Evaluating Florida's Medicaid

Provider Service Network Demonstration

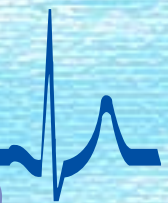## Patient Experience Analysis

Final Project Report
June, 2004

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Acknowledgements

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Preface

Florida's PSN Demonstration Project

Continuing increases in the cost of medical care threaten the viability of Medicaid programs in numerous states, and most have responded with various cost-containment initiatives. In Florida, programs have included aggressive use of HMOs, case management programs, an innovative prescription drug cost containment program, and many other interventions.

One such program is a demonstration project focused on the provision of Medicaid services through a *Provider Sponsored Organization*. A provider sponsored organization (PSO) is one in which a provider organization, or network of organizations, provides medical care services to a defined population and also agrees to perform the associated insurance functions, such as enrollee services, provider credentialing, claims processing, quality assurance, and the like.

Generally speaking, the *concept* of a "provider sponsored organization" can be traced to the 1980s. Further development, primarily associated with the Medicare+Choice program, can be observed throughout the 1990s.[1] The concept is built on a core assumption that medical care costs can be contained when money flows directly from payer to provider, removing the health plan, insurance company or comparable "middle man" from the transaction.[2] The extent to which the anticipated savings can actually be realized under the PSO model is essentially unknown. Specifically, there is scant empirical evidence that moving these functions from an insurance company or health plan to a provider organization such as a PSO will result in overall savings. Clearly, moving functions from one organization to another does not eliminate the activities. Whether or not such relocations might reduce the cost of performing the activities has not been thoroughly examined.

In Florida, the general concept is manifested in a specific demonstration project. Structured around a *Provider Service Network* (PSN) known as the South Florida Community Care Network, the demonstration is intended, in part, to assess the core assumption defined in the previous paragraph with reference to Medicaid. It is anticipated that further savings will be achieved by the coordination and management of care processes and improved efficiencies.

The demonstration can be traced to September 1996, when Governor Lawton Chiles issued an executive order calling for the creation of the Florida Medicaid Reform Task

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[1] See, for example: Hirschfield, E.B., Nino, K., & Jameson, H. (1999) Structuring Provider-Sponsored Organizations: The Legal and Regulatory Hurdles. Journal of Legal Medicine, 20, (3): 297-363. Also see: Davis, G.S. (1997) Provider-sponsored Organizations: The Next Generation of Managed Care? Managed Care, 6, (9): 83-5.

[2] Garriss J., Aistrop J., Slavic B., Wagner K., Calvaruso J., Reiner R., Dille J., & Schrock R. (Jul 5, 1997) Participants in the Medicare Choices Project Say They're Nudging Out the Insurance Middleman—And Insuring Their Own Survival. Hospitals & Health Networks, 71,(13): 32-4, 36.

Force. This 33-member bipartisan advisory group was charged with studying the state's $6.5 billion Medicaid program in order to make recommendations for its reform. One of its recommendations was to develop provider service networks.

The 1997 Florida legislature authorized the establishment of four Medicaid Provider Service Networks. The PSN demonstration was established with these objectives:

- To develop a successful managed care partnership between Florida's Agency for Health Care Administration (AHCA) and various historical high-volume providers of care to Florida's Medicaid enrollees;
- To provide and test a new kind of health care choice for Medicaid enrollees in the demonstration areas;
- To achieve favorable cost savings and improved enrollee health outcomes through enhanced coordination between Medicaid and local indigent health care programs; and
- To improve the quality of life for Medicaid recipients living with chronic health conditions.

The PSN concept originally envisioned networks primarily structured in a fee-for-service model with payment withholds and an administrative allocation. The administrative allocation would be used to cover the costs associated with the development and operation of an administrative infrastructure that would pay off in savings to both AHCA and the PSNs.

After a competitive bidding process, a series of legal protests, and a period of negotiation, the South Florida Community Care Network (SFCCN) became operational on March 1, 2000. SFCCN is a unique partnership of three large public health care systems in Miami-Dade and Broward Counties: the Public Health Trust of Miami-Dade County, Memorial Healthcare System, and the North Broward Hospital District. In its first year of operations, SFCCN enrollment grew to over 24,000 enrollees.

The PSN Evaluation Project

The PSN initiative is of great interest to Medicaid programs in other states, to the federal government (given its funding role in Medicaid and its responsibility for the Medicare program) and to large employers who may consider similar direct contracting initiatives for their employees. To inform such interested parties, Florida's Medicaid Program Development Office determined that the PSN Demonstration Project should be thoroughly evaluated by an independent research organization. The University of Florida was granted that opportunity.

The evaluation consists of three interrelated areas of observation and inquiry.

First, the PSN demonstration project and the resulting organization (SFCCN) are documented and described, using the methodologies of organizational analysis. This aspect of the evaluation is based on a review of all relevant PSN documents, extensive literature and media reviews, and over 40 interviews with various informants, including

AHCA officials, members of the Medicaid Reform Task Force, individuals from organizations involved in various ways with the evolution of the demonstration project, and SFCCN staff. In addition, the organizational studies include quantitative analyses of enrollment trends, provider data, and other statistical information.

Second, the evaluation assesses the experience of the Medicaid enrollees who are, in effect, the subjects of the demonstration project. Their satisfaction with the medical care received is essential if the PSN concept is to be replicated in other settings.

Third, the evaluation examines the fiscal dimensions of the demonstration. Can the PSN in fact provide medical care in a manner that saves the Medicaid program money, but do so without unacceptable sacrifices in the quality or quantity of the care provided?

In order for these studies to have value in a policy context, it is important to include comparisons. Assessments of costs, patient satisfaction or other program attributes are thus typically presented in relation to some referent entity, often another Florida Medicaid program such as MediPass or Medicaid HMOs. It is acknowledged that any such comparative programs have been operative for some time. They have had opportunities to discern and resolve issues, and may no longer be experiencing the "confusion" factors inherently associated with new approaches. Thus caution should be exercised when interpreting observed differences between the PSN and other programs.

Findings from the various components of the PSN evaluation are provided in a series of reports.

Executive Summary

This report describes findings from a series of analyses that explore the PSN demonstration from the enrollee's point of view. Three areas of inquiry are included: a series of patient satisfaction surveys, qualitative research with enrollees in disease management programs, and an analyses of voluntary disenrollees from the PSN to another Medicaid program.

For the surveys, a random sample of enrollees in the South Florida Community Care Network (SFCCN) was interviewed. For the 2001 survey, only adults were included; families with children were also included in 2003. Interviews were conducted by telephone, using a standardized patient satisfaction questionnaire known as the Consumer Assessment of Health Plans Study (CAHPS). For comparative purposes, a similar sample of enrollees participating in Florida's MediPass program was surveyed during the same period of time, using the same questionnaire. Florida's MediPass program is based on a primary care case management model and has been operational since 1991.

In general, participants in both of these Medicaid programs report a high level of satisfaction with the medical care they receive, and with the administrative processes and procedures associated with that care. Specifically:

- A majority of respondents in both programs reported having "no problems" in finding a personal doctor or nurse (73-95%), obtaining referrals when needed (62-79%), or having to delay care while waiting for program approvals (72-88%).
- Fewer than half of respondents in both surveys experienced problems in obtaining information or processing paperwork.
- About three quarters of both PSN and MediPass respondents gave the most favorable score regarding how their doctor or other health care provider communicated with them, including such things as listening carefully, explaining things clearly, and spending sufficient time.
- Very few participants in either program reported having called or written to express complaints about service (2-9%).
- Respondents to all surveys gave very high ratings to the doctors and nurses from whom they had recently received care (76-82% gave the highest ratings), and to their health program overall (60-81% gave the highest ratings).
- Differences in satisfaction and related phenomena continue to be observed between the PSN and MediPass samples. The magnitude of such differences were generally modest. Where observed, the differences indicated a higher level of satisfaction among MediPass enrollees.
- In general, satisfaction scores among families with children were higher than similar measures for adults reporting on their own care.
- Findings between 2001 and 2003 were overall very stable, with similar high ratings of satisfaction. Time between seeking and getting care had increased, and enrollee services for the PSN had improved.

The second section of this report explores the disease state management programs of the PSN, beginning with a description of the operations and measurable indicators for programs targeted to diabetes, asthma, HIV/AIDS and high risk pregnancy. Where data were available, information on outcomes is also included. Additionally, we conducted qualitative research with enrollees in the asthma and diabetes programs, which had been operational for more than two years at the time of our research. Major themes that came out of our interviews and focus groups include the following:

- There was a great deal of variation in the level of participant awareness that they were enrolled in a disease management program.
- Some participants could give practical examples of how the care manager had assisted them, such as arranging transportation, cutting through red tape, and reminding them about diet and exercise.
- Educational classes on how to manage and live with their disease were given as one of the benefits of the program.
- Overall, enrollees were enthusiastic about the quality of their care, and sincerely appreciative of the services provided by Medicaid.

The third element of the report uses administrative data provided by Medicaid to better understand those enrollees who called Medicaid to elect a Medicaid program other than the PSN. The objective was to identify the number and characteristics of those who voluntarily disenrolled from the PSN. Key findings from this analysis included the following:

- Few enrollees chose to voluntarily disenroll from the PSN. On average, only 2.5% of enrollees changed plans each month for which we had enrollment and disenrollment data.
- The most common reasons for people to voluntarily disenroll from the PSN were that their primary care provider is not with the plan (31.1%) or is no longer with the plan (17.1%), or that the enrollee is seeking enhanced benefits (29.0%) from another plan.
- Reasons associated with quality of care, such as long waits, rude treatment and dissatisfaction with the provider, made up only a small minority (about 3.7%) of stated reasons for leaving the PSN.
- Upon leaving the PSN, most enrollees went to a Medicaid HMO (48.3%) or MediPass (45.6%). Hispanics made up the largest group going to MediPass (48.9%), while Blacks were the largest group moving to HMOs (60.0%).

Overview

The analyses described in this report were designed to capture critical aspects of the experience of enrollees in the PSN demonstration. Three different approaches were included: patient satisfaction surveys, qualitative research regarding disease state management programs, and a study of voluntary disenrollment from the PSN.

I. Patient Satisfaction Surveys

Patient satisfaction is an essential element in any comprehensive assessment of medical care or a program for medical care delivery.

In the world of commercial insurance products, dissatisfied enrollees are seen as comparable to unhappy customers. Having too many of them for too long can have severely negative consequences. To the extent that Medicaid programs try to emulate the services and processes observed in the private sector, they too seek a high degree of satisfaction among their enrollees. Furthermore, any attempts to modify the structure or processes of care may meet with resistance unless enrollees can perceive improvements in their own experiences. Such experience is measured, in part, by their satisfaction. Therefore, it is important to assess the satisfaction of enrollees in various Medicaid programs.

To do so well is difficult. It is methodologically complex and has itself been the subject of controversy. Any study of enrollee satisfaction entails decisions and compromises that introduce limitations.

The purpose of the surveys was to assess enrollee satisfaction with this new health care delivery system, and to provide comparisons with enrollees in MediPass during the same time frame.

The surveys utilized a standardized questionnaire, the Consumer Assessment of Health Plans Study (CAHPS) 2.0 Medicaid Adult and Child instruments. The CAHPS is a collaborative project sponsored by the U.S. Agency for Health Care Research and Quality (AHRQ) in order to help consumers identify the best health care plan for them. The survey package was developed by the CAHPS Consortium, a group formed by cooperative agreements between AHRQ and Harvard University, RAND, and the Research Triangle Institute. The CAHPS questionnaires and reports have been thoroughly tested. Detailed documentation on instrument development can be found at http://www.ahcpr.gov/qual/cahps/dept7.htm.

A small number of very minor changes were made for this project. These included (1) adding the specific name of the South Florida Community Care Network, PSN or MediPass as appropriate to various contexts, and (2) using the term "program" instead of "plan," since few recipients think of Medicaid as a "health plan." The text of the complete questionnaire is included as Appendix C to this report.

II. Disease Management

From the beginning of the PSN demonstration, one aspect that set this model apart from other health care plans was the requirement to provide disease state management programs for enrollees with chronic illnesses. This aspect of care was an attraction for some organizations considering operating a PSN, and was an integral part of the demonstration.

We attempt to analyze the disease state management programs in two ways. First, we offer a comprehensive description of the programs based on interviews with providers and staff, as well as reports. Second, we conducted qualitative research with enrollees in these programs, asking their views about the program, whether they feel they benefited from the care, and how the disease management program has impacted their lives.

III. Disenrollee Study

The purpose of this analysis was to describe the number and characteristics of enrollees who voluntarily chose to leave the PSN and enroll in another Medicaid plan, using data provided by the Medicaid contractor who took the phone calls from Medicaid recipients who chose to elect a different plan.

Understanding disenrollment is essential to evaluating the quality of a health care program for several reasons. First, disenrollment can be viewed as a measure of satisfaction, since those leaving the plan are making a choice about their preferences in a health care plan. Second, reducing the number of disenrollees is important to the long-term sustainability of the program. A sufficient number of enrollees is needed to maintain a workable health care system.

Patient Satisfaction Survey

Year 1 (2001)

Introduction and Methodology

Fieldwork

The survey fieldwork was conducted by the University of Florida Bureau of Economic and Business Research (BEBR). The BEBR survey lab uses Sawtooth WinCATI software, a computer-assisted telephone interviewing (CATI) system, to speed the delivery of clean, machine-readable data following completion of the fieldwork. Most interviewers were undergraduate students at the University of Florida. Interviewers represented a wide range of ethnicity, gender and race categories. Bilingual interviewers must have demonstrated a proficiency at speaking without a strong accent in either language. Interviews were conducted during 3-hour shifts on each day of the week, never earlier than 9 a.m. or later than 9 p.m., respondents' local time.

Many of the interviewers had already worked on an HMO survey and were familiar with the CAHPS instrument; new interviewers received the same training that was used in the HMO survey. Additionally, background information about MediPass and the PSN was provided. To enhance the response rate, BEBR procedures include multiple callbacks for phone numbers that are busy or go unanswered. Additionally, callback appointments were scheduled for a future time that was more convenient for the respondent.

During each shift, at least one interviewer was monitored. Without prior notice, a supervisor listened in from a reception-only phone line in another room. The supervisor noted the interviewer's performance and met with the interviewer afterward, offering suggestions for improvement if needed. Additionally, the UF PSN evaluation project coordinator visited the lab during the first few days of interviewing, monitoring several interviews.

Sample

This project interviewed adults age 18 or older for whom a valid telephone number was available, and who were physically able to respond to the survey by telephone. The sample was a randomly selected cross-section of adult enrollees who had been in the PSN or MediPass for at least 6 months prior to the interview. The fieldwork began in late June and was completed in mid-August, 2001. The target was 500 interviews with each group; we completed 517 interviews with PSN enrollees and 506 with MediPass enrollees. The sample was managed in replicates (representative subsamples); once a replicate had been opened, complete call procedures were followed for every phone number.

Language

The interviews were conducted in English, Spanish and Haitian Creole.

The breakdown of interviews by language is as follows:

<table>
<tr><td colspan="5" align="center">Table 1

Number of PSN and MediPass Respondents, by Language of Interview</td></tr>
<tr><td></td><td>English</td><td>Spanish</td><td>Creole</td><td>Total</td></tr>
<tr><td>PSN</td><td>396</td><td>109</td><td>12</td><td>517</td></tr>
<tr><td>MediPass</td><td>359</td><td>143</td><td>4</td><td>506</td></tr>
</table>

Survey Response

In order to maximize response, each telephone number was called up to 10 times, at different times of day, including both weekend and weekday attempts. Overwhelmingly, when we could reach an eligible respondent, they were willing to do the survey. The biggest challenge was the accuracy of the phone numbers or finding someone at home. The final disposition of cases for the survey were as follows:

Table 2

Final Disposition of Telephone Numbers Attempted

	PSN	MediPass
Completed interview	517	506
Refusal/Break-off	84	69
Respondent Unable (impaired, dead, other languages)	302	156
Busy/No answer/Answering machine	404	250
Disconnected/ Telephone problems	530	699
Enrollee not at number	663	727
TOTAL PHONE NUMBERS ATTEMPTED	2500	2411
Percent of phone numbers resulting in an interview	21%	21%
Cooperation rate (eligible contacts who participated)	86%	88%

Thus about 21% percent of the telephone numbers attempted resulted in an interview. The biggest barrier to participation was the viability of the telephone numbers; a significant number of respondents were not at the listed phone number, or it had been disconnected. Overwhelmingly, those eligible respondents who were contacted were willing to complete the interview, with cooperation rates of 72-80% as calculated with AAPOR Cooperation Rate 3.[3]

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[3] The American Association for Public Opinion Research (2000) *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys.*

Data Quality Issues

It should be noted that this study shares the limitations of all survey research, including the bias inherent in self-report. Virtually all measures in the survey reflect enrollees' **perceptions** about their care. A respondent who reports long delays in receiving care, for example, is reporting his or her **perception** of the delay, not an empirically verifiable fact of such delays. And while every item in the survey asks about their care "now" or in the last six months, if enrollees have not changed providers, they may mentally blur together all their care in that setting. Take the example of an enrollee who has been seeing the same physician under MediPass for three years but transferred over to the PSN in March 2000 when his/her doctor joined the PSN. The survey may carefully ask about getting a referral to a specialist in the last 6 months. But instead of accurately isolating only that time period, the respondent may report on their experience in general, during all the time the respondent has seen that provider.

The standard errors and response frequencies (sample size) for all items are given in Appendix A. When there are fewer than 80 responses to an item, the results are not displayed in the "Findings" section of the main report, but are included in Appendix A.

During the time period in which these surveys took place, the Medicaid program was also conducting enrollee satisfaction surveys of Medicaid HMO recipients. It might, therefore, be informative to add a third point of comparison – looking at PSN, MediPass and HMO enrollees. Obviously, any comparison would have to be limited to HMO enrollees in Miami-Dade and Broward Counties, since the PSN and MediPass surveys are limited to those communities. There are, however, significant questions about comparability with the HMO survey data.

Specific issues of comparability range from sample design to implementation and instrumentation. While the PSN and MediPass sample designs were planned for this particular study, the HMO cases were part of a larger statewide design; therefore, the cases that happened to fall into the two counties of interest are not, strictly speaking, a probability sample of Medicaid HMO enrollees in those counties. Since the PSN/MediPass instrument and that of the 2001 HMO study were developed independently, there are slight differences in the questionnaires. The ordering of some questions is slightly different, and about eight items that are asked in the PSN study were not included in the HMO instrument. Further, the HMO study did not include interviews in Creole.

As a consequence of these limitations on comparability, the main focus of this report is the PSN/MediPass comparison. The HMO data, where reasonably comparable, are provided in Appendix A for those readers who are interested in that comparison. Interpretative caution is recommended.

In preparing this report, the research team observed some discrepancies in the demographic attributes noted here and the distribution of those characteristics in the Medicaid database.

The seeming discrepancy regarding "race" is the most obvious. It may arise in part from inconsistencies between the racial codes reported for Medicaid and the race/ethnicity that was self-reported by respondents in our telephone survey. In fact, about 34% of the PSN respondents and 37% of the MediPass respondents reported a different race code in our survey than is in their Medicaid file.

Most of these cases involved people who reported being Hispanic on our survey, but were identified otherwise (most often "other") in the Medicaid database. Individuals who reported being Hispanic on our survey accounted for 68% of the PSN mismatches, and 90% of the MediPass mismatches.

Part of this difference may exist because the survey questionnaire allowed race and ethnicity to be reported separately, first asking whether the respondent was Hispanic, and then asking about race. Or it may be that a Medicaid intake worker coded the race/ethnicity that the person appeared to be, while the survey allowed for self-identification.

The survey followed current guidelines used by the Census Bureau, allowing respondents to report multiple races. However, few respondents took advantage of that opportunity. Those cases do not account for the apparent discrepancies since there were only four in the PSN sample and one in the MediPass (and that particular person was Hispanic, which took precedence for reporting race/ethnicity).

Another potential source of discrepancy is that at each step in the sampling process, a slight amount of divergence was introduced, as outlined in the table below.

It should be understood that the rates of attributes other than race observed in the two samples described in this report may also differ from their counterpart measures in the Medicaid database. Such differences do not constitute "errors." For the most part, they simply reflect the composition of lists that emerge at various stages of any multi-stage sampling procedure.

An example of this process (as it applies to race) is provided in the following table. The column labeled "racial breakdown" is derived from the Medicaid database.

This table outlines the steps to achieve the pool of phone numbers from which the actual phone numbers to be dialed were randomly selected. But the multi-stage process of getting from a full population to the final sample essentially continues after dialing the phone number, as reported in Table 2. For the PSN sample, we had a pool of 5,537 phone numbers. Of those, we had to dial about 2,500 phone numbers to reach our target of 500 interviews. The pattern of outcomes from that step may also affect the observed racial distribution, if certain racial groups are more likely to have interrupted phone service or greater mobility so that they are less likely to be living at the listed phone number.

		PSN		MediPass	
		Enrollment	Racial Breakdown	Enrollment	Racial Breakdown
Step 1	Total Miami-Dade/ Broward Enrollees as of 3/31/01	24,250	White 7.6% Black 50.9% Hisp. 30.5% OTHER 11.0%	153,359	White 11.3% Black 27.1% Hisp. 45.5% OTHER 16.1%
Step 2	Enrollees with phone numbers	~19,400	White 7.9% Black 51.2% Hisp. 28.6% OTHER 12.2%	~124,221	White 12.0% Black 26.9% Hisp. 43.1% OTHER 17.8%
Step 3	Adults age 18 or older as of 5/31/01	(7,387)	White 11.7% Black 47.1% Hisp. 19.9% OTHER 21.2%	(45,142)	White 18.8% Black 22.1% Hisp. 24.2% OTHER 34.7%
Step 4	Adults continuously enrolled in the PSN for a period of 4 or more months from the date of the sample (since the sample was pulled a few months in advance of the fieldwork, all respondents had been enrolled for 6 months at the time the survey was actually conducted).	6,464 (5,759)	White 12.1% Black 48.9% Hisp. 15.4% OTHER 23.5%	43,990 (38,614)	White 19.5% Black 21.4% Hisp. 21.8% OTHER 37.0%
Step 5	Deleted multiple family members/multiple entries with the same address	(5,537)	White 12.0% Black 49.1% Hisp. 14.8% OTHER 24.1%	(35,017)	White 19.7% Black 21.5% Hisp. 20.8% OTHER 37.8%

Table 3

Notes: Numbers in parentheses are from Florida Medicaid (they are NOT negative numbers).

Step 2. Phone numbers were missing for 20% of PSN and 19% of MediPass enrollees.

Step 3. Only adults were interviewed; we used the adult CAHPS Medicaid module and IRB approval was for adults only. Had the interviews been spread out among both adults and children, the cell sizes would have been very small. At the request of the Agency, we may focus on children in a later survey, but for the first pass, we started with adults only.

Step 4. Only those who had been continuously enrolled for six months at the time of interview were included in the study. Since most enrollees stay with their provider, PSN enrollment patterns are determined in part by a provider's decision to switch into the PSN. Thus enrollment is not uniform over time, but involves mass transfers of many patients when a provider switches to the PSN. Reinstatements into the PSN were not incorporated.

Step 5. Deleting duplicate addresses helped ensure that households were not sampled more than once.

Key Findings:
PSN and MediPass
2001 Survey

Respondent Characteristics

Most respondents for both surveys were Black or Hispanic. Black respondents were the largest group in the PSN (52.2%), while Hispanics were the majority (54.4%) in the MediPass sample. Since adult Medicaid recipients are overwhelmingly female, it is not surprising that our sample was also mostly female, including 69.2% of respondents in the PSN and 83.4% of MediPass respondents.

There were very similar patterns in education level in both groups, with almost half of respondents reporting less than a high school diploma, and a minority reporting any college. There were similar distributions of health status, with just over 18% reporting "Poor" health and another half of respondents reporting "Fair/Good."

Getting Care That Is Needed

Overwhelmingly, most respondents from both groups reported that they have "No problems" getting care. There are similar rates of having "No problems" on the issue of finding a personal doctor or nurse they were happy with, and for getting the care that they or a doctor believed necessary.

There were some slight differences when it came to getting a referral to a specialist, with 79.0% of MediPass enrollees reporting "No problems," while 68.9% of PSN enrollees reported "No problems."   About 20.3% of PSN enrollees reported such referrals caused "Big problems," while only 13.2% of MediPass enrollees reported "Big problems" getting a referral. This may be due to the time necessary to work out continuity-of-care issues following a plan change.

This same issue (time lag due to program requirements) may also explain differences in responses to the question about delaying care while waiting for approval from the program: 82.5% of MediPass respondents said there were "No problems" while 75.1% of PSN enrollees reported "No problems."

There were some differences in the reported wait between making an appointment and actually seeing a provider for regular or routine care, with 36.2% of PSN respondents reporting that they could be seen within three days, while 65.6% of MediPass respondents reported being seen within three days.

The two groups had similar waits between trying to get care and actually seeing a provider for an illness or injury, with 61.5% of PSN and 65.9% of MediPass respondents getting care the same day they first sought care.

Getting Care Without Long Waits

There were some differences in the percentage of respondents who said they could get the help or advice they needed when they called the doctor's office during regular office hours. Specifically, 48.8% of PSN and 71.4% of MediPass respondents reported "Always" getting that help.

When it came to getting treatment as soon as they wanted when they were sick or injured, 58.1% of PSN and 74.1% of MediPass respondents said they "Always" got the care as soon as they wanted.

For routine care, about 60% of PSN and 70.8% of MediPass respondents said they "Always" got an appointment as soon as they wanted.

About 39.5% of PSN and 27.4% of MediPass respondents reported that they "Always" had to wait more than 15 minutes past their appointment time to see their health care provider.

Number of visits

Both samples showed similar patterns of health care utilization in the last 6 months. About 5.6% of PSN and 7.0% of MediPass respondents had 3 or more visits to the emergency room. About 39.1% of PSN and 30.3% of MediPass respondents had at least one visit to the ER, and for those reporting at least one ER visit, the mean number of visits was 1.96 for the PSN and 2.19 for MediPass. About 71.6% of PSN and 78.1% of MediPass respondents had at least one visit to a doctor's office or clinic.

How Well Doctors Communicate

Overwhelmingly, patients in both plans felt that their health care provider listened carefully to them, explained things in a way they could understand, and showed respect for what they had to say. The lowest scores were on the issue of whether doctors "spent enough time" with them, but even there, 70.2% of PSN and 73.5% of MediPass respondents said the doctor "Always" spent enough time with them.

Language Barriers

Only a small minority of respondents (7.2% for PSN and 5.3% for MediPass) said that they "Always" had a hard time speaking with or understanding a health care provider because they spoke different languages. This low rate might be due, in part, to the bias of a telephone survey, in that some of the patients who had problems understanding might also have been unable to participate in a phone survey. About 12.6% of PSN and 5.7% of MediPass respondents said that they needed an interpreter to help them speak with doctors.

How People Rated Their Health Care and Providers

When asked to give a rating from 0 to 10 to their personal doctor or nurse, specialist, and health care overall, most people in both programs gave the top rankings. The lowest ratings—which were still very favorable overall —were for rating "their health program now." About 55.6% of PSN and 69.1% of MediPass respondents gave a rating of 9 or 10.

Courtesy, Respect and Helpfulness of Medical Office Staff

Most respondents in both programs felt that office staff treated them with courtesy and respect, and were as helpful as they should be. About 81.6% of PSN and 86.0% of MediPass respondents reported that office staff "Always" treated them with respect and courtesy.

Program Enrollee Service

Most respondents reported "No problems" in getting the help they needed when they called the program's enrollee service department or filed paperwork. There was a difference between the programs in that 39.1% of PSN and 16.6% of MediPass respondents reported some problems in finding or understanding the information they needed in the written materials from their program.

Enrollment

As expected, more MediPass enrollees had been in the program a year or longer (78.6%, compared to 65.7% for the PSN respondents). About half of respondents (55.0% for PSN and 50.2% for MediPass) reported that they did not choose the particular program, but had been told which program they were in. These findings for PSN enrollees are unexpected, since in fact almost all PSN enrollees were transitioned into the PSN with their primary care provider. However, they still could feel they had chosen the PSN if they read the materials, understood that they could choose a different provider, and perceived the decision to stay with their doctor as making a choice to change over to the PSN.

Program Information

Most respondents (64.4% for PSN and 67.8% for MediPass) found that all of the information they were given about their program proved to be correct based on their experience with the program.

Complaints/Grievances

About 9.1% of PSN and 3.6% of MediPass respondents reported that they had called or written their program with a complaint or grievance in the last 6 months. The rate for PSN enrollees may be slightly higher because they had more recently received information which explained the complaint procedures, at the time the PSN was initiated.

PSN Respondent Characteristics
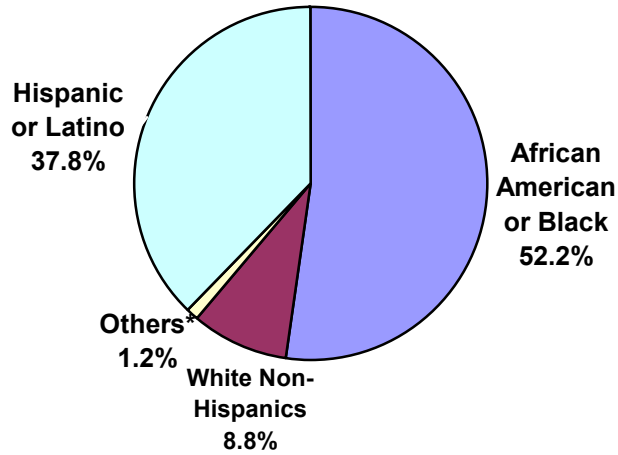
Race/Ethnicity (Q57, 58)

- Hispanic or Latino 37.8%
- African American or Black 52.2%
- Others* 1.2%
- White Non-Hispanics 8.8%

* Others include Asian, Native Hawaiian or other Pacific Islander, and American Indian or Alaska Native.

Age

- Age 65 or over 9.8%
- Age 18-24 14.3%
- Age 25-34 12.9%
- Age 35-44 21.0%
- Age 45-54 19.0%
- Age 55-64 22.9%

Gender

- Male 30.8%
- Female 69.2%

Education (Q56)

- 4-year college degree or higher 5.0%
- 8th grade or less 19.0%
- Some college or 2-year degree 14.1%
- High school or GED 36.2%
- Some high school 25.7%

Health Status (Q51)

- Poor 18.3%
- Excellent 11.0%
- Very Good 15.9%
- Good 28.7%
- Fair 26.1%

MediPass Respondent Characteristics

Race/Ethnicity (Q57, 58)

- African American 40.9%
- Hispanic or Latino 54.4%
- White Non-Hispanic 4.4%
- Others* 0.2%

* Others include Asian, Native Hawaiian or other Pacific Islander, and American Indian or Alaska Native.

Gender

- Male 16.6%
- Female 83.4%

Age

- Age 65 or over 1.4%
- Age 55-64 13.2%
- Age 45-54 17.6%
- Age 35-44 25.9%
- Age 25-34 11.8%
- Age 18-24 30.1%

Education (Q56)

- 4-year degree or higher 3.2%
- Some college or 2-year degree 12.6%
- High school or GED 38.4%
- Some high school 30.0%
- 8th grade or less 15.8%

Health Status (Q51)

- Poor 18.7%
- Fair 23.9%
- Good 25.7%
- Very good 14.1%
- Excellent 17.5%
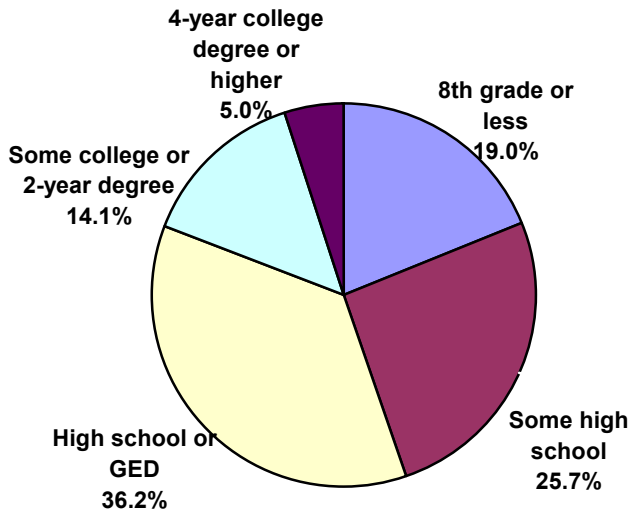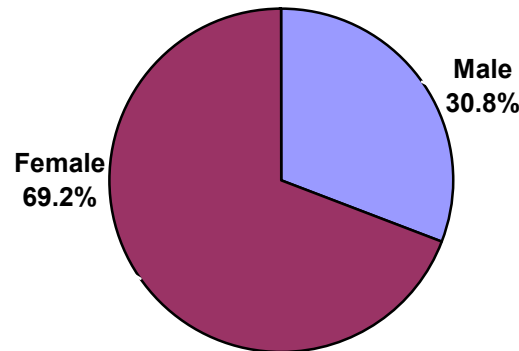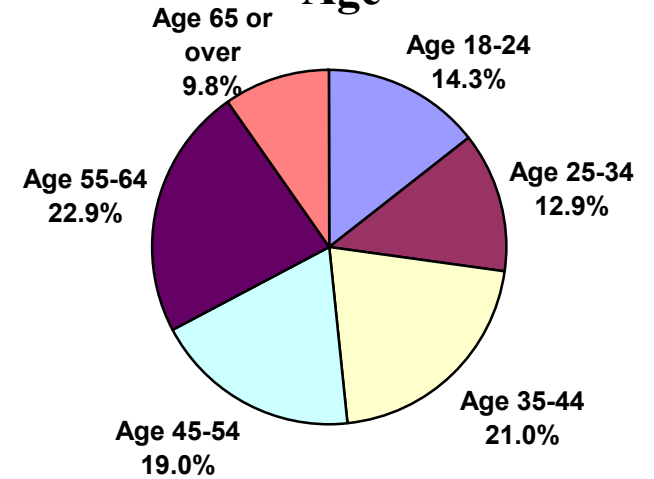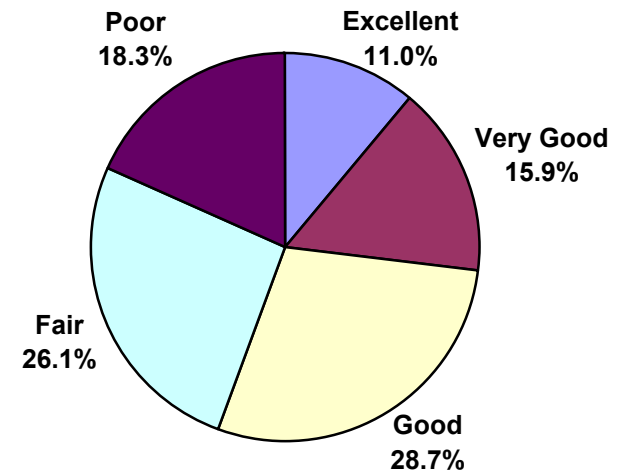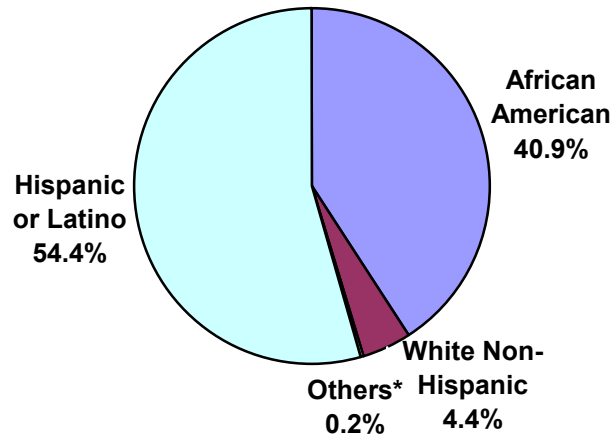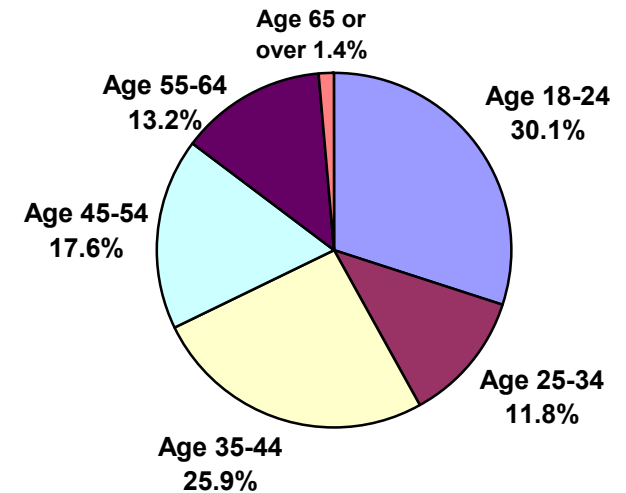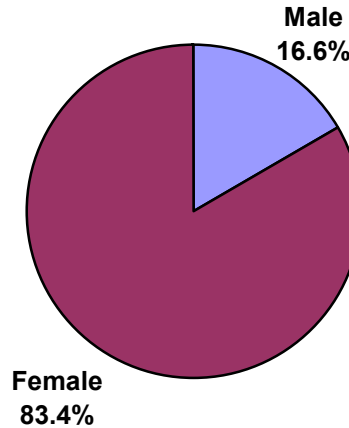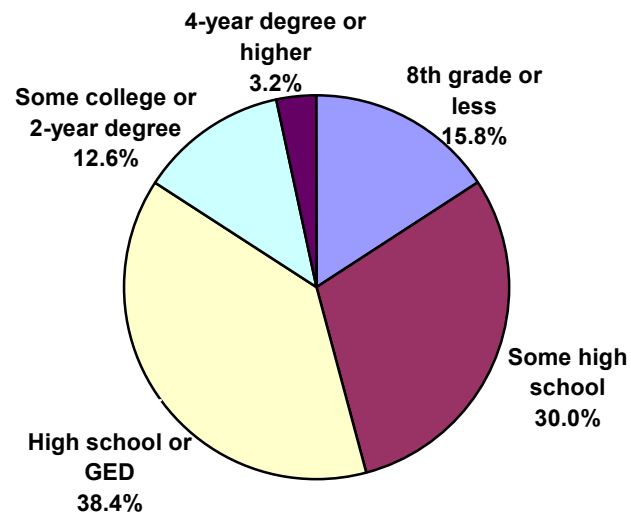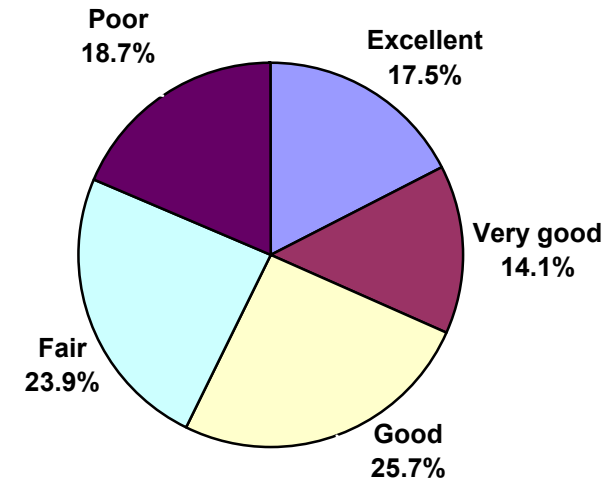
Getting care
that is needed

The bar graphs show answers to survey questions
that asked people, **in the last 6 months,
how much of a problem it was to:**

**Find a personal doctor or nurse
they were happy with. Q4**

	BIG problems	SMALL problems	NO problems
PSN	11.8%	11.0%	77.2%
MediPass	10.4%	8.1%	81.5%

**Get a referral to a specialist
that they wanted to see. Q8**

	BIG problems	SMALL problems	NO problems
PSN	20.3%	10.8%	68.9%
MediPass	13.2%	7.8%	79.0%

**Get the care they or a doctor
believed necessary. Q22**

	BIG problems	SMALL problems	NO problems
PSN	12.7%	15.8%	71.5%
Medipass	7.4%	14.6%	78.0%

**Delay care while waiting for
approval from your program.
Q23**

	BIG problems	SMALL problems	NO problems
PSN	12.9%	12.0%	75.1%
MediPass	7.4%	10.1%	82.5%

The bar graphs show answers to survey questions
that asked people, **in the last 6 months,
how many days did you usually have to:**

| Same day to 3 days | 4 to 14 days | 15 to 29 days | 30 days or longer |

Wait between making an appointment and actually seeing a provider for regular or routine care. Q16

	Same day to 3 days	4 to 14 days	15 to 29 days	30 days or longer
PSN	36.2%	28.4%	10.5%	24.9%
Medipass	65.6%	26.2%	2.5%	5.7%

| Same day | 1 to 3 days | 4 to 14 days | 15 days or longer |

Wait between trying to get care and actually seeing a provider for an illness or injury. Q19

	Same day	1 to 3 days	4 to 14 days	15 days or longer
PSN	61.5%	14.9%	8.7%	14.9%
MediPass	65.9%	17.4%	13.8%	3.0%

Getting care
without long waits

Never or Sometimes   Usually   Always

The bar graphs show answers to survey questions that asked people, **in the last 6 months, how often did they:**

Get the help or advice they needed when they called the doctor's office during regular office hours. Q13

	Never or Sometimes	Usually	Always
PSN	39.2%	12.0%	48.8%
MediPass	21.2%	7.4%	71.4%

Get treatment as soon as they wanted when they were sick or injured. Q18

	Never or Sometimes	Usually	Always
PSN	33.5%	8.4%	58.1%
MediPass	17.5%	8.4%	74.1%

Get an appointment as soon as they wanted for regular or routine health care. Q15

	Never or Sometimes	Usually	Always
PSN	29.4%	10.6%	60.0%
MediPass	14.6%	14.6%	70.8%

Wait more than 15 minutes past their appointment time to see the person they went to see. Q24

	Never or Sometimes	Usually	Always
PSN	47.1%	13.4%	39.5%
MediPass	66.0%	6.6%	27.4%

Number of visits

The bar graphs show answers to survey questions that asked people, **in the last 6 months, how many times did you:**

| | None | 1 to 2 times | 3 to 5 times | 6 times or more |

Go to an emergency room to get care for yourself. Q20

	None	1 to 2 times	3 to 5 times	6 times or more
PSN	60.9%	33.4%	3.5%	2.1%
MediPass	69.7%	23.2%	5.4%	1.6%

| | None | 1 to 4 times | 5 to 9 times | 10 times or more |

Go to a doctor's office or clinic to get care for yourself. Q21

	None	1 to 4 times	5 to 9 times	10 times or more
PSN	28.4%	43.7%	17.3%	10.5%
MediPass	21.9%	42.4%	26.0%	9.6%

How well doctors communicate

Never or Sometimes   Usually   Always

The bar graphs show answers to survey questions that asked people **how often their doctor or other health provider:**

Listened carefully to them. Q27

PSN — 13.4% | 8.4% | 78.2%

MediPass — 9.5% | 5.0% | 85.4%

Explained things in a way they could understand. Q29

PSN — 15.2% | 8.7% | 76.1%

MediPass — 14.9% | 5.0% | 80.1%

Showed respect for what they had to say. Q30

PSN — 9.2% | 8.7% | 82.1%

MediPass — 8.5% | 5.3% | 86.2%

Spent enough time with them. Q31

PSN — 18.3% | 11.5% | 70.2%

MediPass — 14.9% | 11.7% | 73.5%

Language barriers

The bar graphs show answers to survey questions that asked people, **in the last 6 months,**

Never or Sometimes   Usually   Always

How often did they have a hard time speaking with or understanding a doctor or other health provider because they spoke DIFFERENT LANGUAGES? Q28

	Never or Sometimes	Usually	Always
PSN	90.0%	2.8%	7.2%
MediPass	93.4%	1.3%	5.3%

Yes   No

Did they need an interpreter to help them speak with doctors or other health providers? Q33

	Yes	No
PSN	12.6%	87.4%
MediPass	5.7%	94.3%

How people rated their health care and providers

Rating of 6 or lower | Rating of 7 or 8 | Rating of 9 or 10

The bar graphs show answers to survey questions that asked people **the rating of the following** on a scale of 10:

0="the worst experience possible" to 10="the best experience possible"

Rate their personal doctor or nurse now. Q6

	Rating of 6 or lower	Rating of 7 or 8	Rating of 9 or 10
PSN	8.4%	15.5%	76.1%
MediPass	5.9%	12.6%	81.5%

Rate the specialist they saw most often in the last 6 months, including a personal doctor if he or she is a specialist. Q10

	Rating of 6 or lower	Rating of 7 or 8	Rating of 9 or 10
PSN	12.5%	14.3%	73.2%
MediPass	8.0%	11.8%	80.2%

Rate all their health care in the last 6 months from all doctors and other health providers. Q32

	Rating of 6 or lower	Rating of 7 or 8	Rating of 9 or 10
PSN	10.7%	24.8%	64.5%
MediPass	10.3%	17.5%	72.2%

Rate their health program now. Q50

	Rating of 6 or lower	Rating of 7 or 8	Rating of 9 or 10
PSN	23.9%	20.4%	55.6%
MediPass	14.7%	16.2%	69.1%

Courtesy, respect, and helpfulness of medical office staff

Never or Sometimes   Usually   Always

The bar graphs show answers to survey questions that asked people **how often the office staff at their doctor's office:**

Treated them with courtesy and respect. Q25

	Never or Sometimes	Usually	Always
PSN	12.5%	5.8%	81.6%
Medipass	9.3%	4.8%	86.0%

Were as helpful as they should be. Q26

	Never or Sometimes	Usually	Always
PSN	18.8%	10.7%	70.5%
MediPass	13.3%	12.0%	74.7%

Program enrollee services

BIG problems   SMALL problems   NO problems

The bar graphs show answers to survey questions that asked people, **in the last 6 months, how much of a problem was it to**:

Get the help they needed when they called program's enrollee services office. Q44

	BIG problems	SMALL problems	NO problems
PSN	30.1%	17.7%	52.2%
MediPass	16.0%	17.3%	66.7%

Find or understand the information they needed in the written materials from their program. Q42

	BIG problems	SMALL problems	NO problems
PSN	24.8%	14.3%	61.0%
MediPass	6.9%	9.7%	83.3%

File the paperwork for their program. Q49

	BIG problems	SMALL problems	NO problems
PSN	16.9%	21.1%	62.0%
MediPass	9.1%	22.7%	68.2%

Enrollment

The bar graphs show answers to survey questions
that asked people about their enrollment:

6 Month or less ↓   **More than 6 months but less than 1 year** ↓   **1 year or longer** ↓

How many months have they been in this program. Q37

	6 Month or less	More than 6 months but less than 1 year	1 year or longer
PSN	12.1%	22.2%	65.7%
Medipass	9.0%	12.4%	78.6%

They chose their program. ↓   **They were told which program they were in.** ↓

Did they choose this program or were they told which program they were in. Q38

	They chose their program	They were told which program they were in
PSN	45.0%	55.0%
MediPass	49.8%	50.2%

Program information

The bar graphs show answers to survey questions
that asked people about their enrollment:

None of it   Some of it   Most of it   All of it

**How much of the information
they were given was correct.
Q40**

	None of it	Some of it	Most of it	All of it
PSN	0.7%	9.3%	25.6%	64.4%
MediPass	0.0%	6.9%	25.3%	67.8%

Complaints/ Grievances

The bar graphs show answers to survey questions that asked people about their experience with the program in processing their complaint:

Yes   No

In the last 6 months, have they called or written their program with a complaint or problem? Q45

	Yes	No
PSN	9.1%	90.9%
MediPass	3.6%	96.4%

Discussion

Overall, enrollees in both programs were satisfied with their care. Both the PSN and MediPass are seen positively as making a difference in the lives of enrollees. For the most part, survey respondents report that they get the health care they need when they need it, and in a manner that treats them with dignity.

There were some modest but statistically significant differences between the two programs in perceptions of enrollees. In general, where there were differences, MediPass had the more positive scores. For example, PSN enrollees reported somewhat longer waits between making an appointment and seeing the health care provider.

It is difficult to assess the impact of expectations on the results. The PSN enrollees had all been contacted in the last year or so, and informed about the change in the program in which they were enrolled. Since "new" is often equated with "improved," they may have anticipated vast differences from other Medicaid programs, far beyond what was ever intended by the program planners and administrators. Lower scores may reflect unmet expectations rather than the actual performance of the PSN.

In addition, some people are not be comfortable with change, and lower scores in part may be a reflection of these individuals' unease with the new procedures, terminology and program.

However, PSN enrollees indicate a lower level of satisfaction than their MediPass counterparts in every one of the 15 measures where a statistically significant difference is observed. Even though the **magnitude** of the differences is typically quite small, the consistency of direction needs attention.

Appendix A

This table presents all survey data. Data are presented in the order of the standard CAHPS telephone script, adhering to that numbering system (thus question 35 was skipped because it was not appropriate for this population.) When data for an item are also presented in the "Findings" section, the corresponding page number is in parentheses under the question descriptor in the far left column. A p-value for testing the statistical significance of the observed difference between the PSN and MediPass responses is also noted for those items. Missing data means the item was not asked. Columns may not sum to 100% due to rounding.

	PSN			MediPass			Medicaid HMO		
Age **(pp. 22, 23)**	n=510			n=499			n=1168		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
18-24	73	14.3	1.55	150	30.1	2.05	239.0	16.3	1.00
25-34	66	12.9	1.49	59	11.8	1.45	262.0	17.9	1.00
35-44	107	21.0	1.80	129	25.9	1.96	257.0	17.5	0.99
45-54	97	19.0	1.74	88	17.6	1.71	192.0	13.1	0.88
55-64	117	22.9	1.86	66	13.2	1.52	218.0	14.9	0.93
65 or older	50	9.8	1.32	7	1.4	0.53	297.0	20.3	1.05
Gender **(pp. 22,23)**	PSN			MediPass			Medicaid HMO		
	n=517			n=506			n=1555		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Male	159	30.8	2.03	84	16.6	1.66	420.0	27.0	0.14
Female	358	69.2	2.03	422	83.4	1.66	1135.0	73.0	0.08
Q3. Received New Doctor or Nurse When Enrolled	PSN			MediPass			Medicaid HMO		
	n=501			n=482			n=1525		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	138	27.5	2.00	136	28.2	2.05	697.8	45.8	0.107
No	363	72.5	2.00	346	71.8	2.05	827.0	54.2	0.096

Q4. How Much of a Problem to Get Satisfactory Doctor or Nurse (p. 24)	PSN			MediPass			Medicaid HMO		
	n=136			n=135			n=671		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	16	11.8	2.77	14	10.4	2.63	72.3	10.8	0.31
Small Problem	15	11.0	2.70	11	8.1	2.36	45.9	6.8	0.41
No Problem	105	77.2	3.61	110	81.5	3.36	552.7	82.4	0.12
	p=0.482								

Q5. Has a Personal Doctor or Nurse	PSN			MediPass			Medicaid HMO		
	n=513			n=504			n=1549		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	317	61.8	2.15	358	71.0	2.02	1147.0	73..7	0.84
No	196	38.2	2.15	146	29.0	2.02	408.0	26.3	0.13

Q6. Rating of Personal Doctor or Nurse (p. 30)	PSN			MediPass			Medicaid HMO		
	n=310			n=356			n=1083		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 through 6	26	8.4	1.58	21	5.9	1.25	99.0	9.1	0.94
7 or 8	48	15.5	2.06	45	12.6	1.76	192.0	17.7	0.29
9 or 10	236	76.1	2.43	290	81.5	2.06	792.0	73.1	0.19
	p=0.086								

Q7. Needed a Specialist	PSN			MediPass			Medicaid HMO		
	n=515			n=503			n=1540		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	215	41.7	2.18	205	40.8	2.19	721.0	46.8	0.11
No	300	58.3	2.18	298	59.2	2.19	819.0	53.2	0.10

Q8. How Much of a Problem to Get Referral for Specialist (p. 24)	PSN			MediPass			Medicaid HMO		
	n=212			n=205			n=712		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	43	20.3	2.77	27	13.2	2.37	116.0	16.2	0.25
Small Problem	23	10.8	2.14	16	7.8	1.88	87.0	12.2	0.30
Not a Problem	146	68.9	3.19	162	79.0	2.85	510.0	71.6	0.13
	p=0.021								

Q9. Saw a Specialist	PSN			MediPass			Medicaid HMO		
	n=511			n=501			n=1539		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	177	34.6	2.11	189	37.7	2.17	653.0	42.4	0.11
No	334	65.4	2.11	312	62.3	2.17	886.0	57.6	0.09

Q10. Rating of Specialist (p. 30)	PSN			MediPass			Medicaid HMO		
	n=168			n=187			n=633		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 through 6	21	12.5	2.56	15	8.0	1.99	70.0	10.9	1.87
7 or 8	24	14.3	2.71	22	11.8	2.36	110.0	17.3	0.38
9 or 10	123	73.2	3.43	150	80.2	2.92	454.0	71.7	0.24
	p=0.098								

Q11. Specialist Same as Personal Doctor	PSN			MediPass			Medicaid HMO		
	n=175			n=188			n=645		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	65	37.1	3.66	50	26.6	3.23	209.0	32.4	0.20
No	110	62.9	3.66	138	73.4	3.23	436.0	67.6	0.13

Q12. Called Doctor's Office for Self During Regular Hours	PSN			MediPass			Medicaid HMO		
	n=515			n=501			n=1546		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	170	33.0	2.07	189	37.7	2.17	577.0	37.3	0.11
No	345	67.0	2.07	312	62.3	2.17	969.0	62.7	0.09

Q13. Received Needed Help or Advice (p. 26)	PSN			MediPass			Medicaid HMO		
	n=166			n=189			n=568		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	65	39.2	3.80	40	21.2	2.98	175.0	8.1	0.31
Usually	20	12.0	2.53	14	7.4	1.91	86.0	22.7	0.30
Always	81	48.8	3.89	135	71.4	3.29	307.0	15.1	0.16
p=0.001									

Q14. Made Appointment for Regular Health Care	PSN			MediPass			Medicaid HMO		
	n=513			n=502			n=1543		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	273	53.2	2.21	298	59.4	2.19	911.0	59.0	0.09
No	240	46.8	2.21	204	40.6	2.19	633.0	41.0	0.11

Q15. Got Appointment for Regular Health Care as Soon as Wanted (p. 26)	PSN			MediPass			Medicaid HMO		
	n=265			n=295			n=899		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	78	29.4	2.80	43	14.6	2.06	213.0	23.8	0.29
Usually	28	10.6	1.89	43	14.6	2.06	154.0	17.1	0.22
Always	159	60.0	3.02	209	70.8	2.65	532.0	59.1	0.12
p=0.001									

Q16. Days Waited Between Making Appointment and Seeing Provider for Routine Care (p. 25)	PSN			MediPass			Medicaid HMO		
	n=257			n=282					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
Same Day to 3 Days	93	36.2	3.00	185	65.6	2.83			
4-14 Days	73	28.4	2.82	74	26.2	2.62			
15-29 Days	27	10.5	1.92	7	2.5	0.93			
30 Days or More	64	24.9	2.70	16	5.7	1.38			
	p=0.001								

Q17. Had Illness or Injury Needing Immediate Care	PSN			MediPass			Medicaid HMO		
	n=515			n=506			n=1548		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	169	32.8	2.07	170	33.6	2.10	542.0	35.0	0.12
No	346	67.2	2.07	336	66.4	2.10	1006.0	65.0	0.09

Q18. Got Immediate Care for Illness or Injury as Soon as Wanted (p. 26)	PSN			MediPass			Medicaid HMO		
	n=167			n=166			n=536		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	56	33.5	3.66	29	17.5	2.96	117.0	21.8	0.37
Usually	14	8.4	2.15	14	8.4	2.16	82.0	15.2	0.29
Always	97	58.1	3.83	123	74.1	3.41	337.0	63.0	0.15
	p=0.001								

Q19. Days Waited Between Trying to Get Care and Seeing Provider for Illness or Injury (p. 25)	PSN			MediPass			Medicaid HMO		
	n=161			n=167					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
Same Day	99	61.5	3.85	110	65.9	3.68			
1-3 Days	24	14.9	2.82	29	17.4	2.94			
4-14 Days	14	8.7	2.23	23	13.8	2.67			
15 or More Days	24	14.9	2.82	5	3.0	1.32			
	p=0.035								
Q20. Number of Times Went to Emergency Room for Care for Self (p. 27)	PSN			MediPass			Medicaid HMO		
	n=512			n=499			n=1546		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
None	312	60.9	2.16	348	69.7	2.06	1057.0	67.9	0.09
1-2 Times	171	33.4	2.09	116	23.2	1.89	401.0	25.9	0.98
3-5 Times	18	3.5	0.81	27	5.4	1.01	70.0	4.5	0.69
6 or More Times	11	2.1	0.64	8	1.6	0.56	19.0	1.0	0.70
	p=0.057								
Q21. Number of Times Went to Doctor's Office or Clinic for Care for Self (p. 27)	PSN			MediPass			Medicaid HMO		
	n=503			n=488			n=1501		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
None	143	28.4	2.01	107	21.9	1.87	384.0	25.6	0.15
1-4 Times	220	43.7	2.21	207	42.4	2.24	800.0	53.2	0.20
5-9 Times	87	17.3	1.69	127	26.0	1.99	208.0	13.9	0.19
10 or More Times	53	10.5	1.37	47	9.6	1.34	109.0	7.3	0.26
	p=0.022								

Q22. How Much of a Problem to Get Necessary Care (p. 24)	PSN			MediPass			Medicaid HMO		
	n=354			n=378			n=1105		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	45	12.7	1.77	28	7.4	1.35	92.0	8.3	0.29
Small Problem	56	15.8	1.94	55	14.6	1.82	137.0	12.4	0.24
Not a Problem	253	71.5	2.40	295	78.0	2.13	876.0	79.2	0.09
	p=0.014								

Q23. Delays While Waiting for Approval from Program (p. 24)	PSN			MediPass			Medicaid HMO		
	n=350			n=377			n=1105		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	45	12.9	1.79	28	7.4	1.35	91.0	8.2	0.28
Small Problem	42	12.0	1.74	38	10.1	1.55	145.0	13.1	0.22
Not a Problem	263	75.1	2.31	311	82.5	1.96	869.0	78.7	0.09
	p=0.008								

Q24. Waited More Than 15 Minutes Past Appointment Time to See Provider (p. 26)	PSN			MediPass			Medicaid HMO		
	n=357			n=376			n=1088		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	168	47.1	2.65	248	66.0	2.45	670.0	61.6	0.15
Usually	48	13.4	1.81	25	6.6	1.29	136.0	12.5	0.23
Always	141	39.5	2.59	103	27.4	2.30	281.0	25.8	0.16
	p=0.001								

Q25. Office Staff at Doctor's Office Were Courteous and Respectful (p. 31)	PSN			MediPass			Medicaid HMO		
	n=359			n=378			n=1107		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	45	12.5	1.75	35	9.3	1.49	131.0	11.8	0.39
Usually	21	5.8	1.24	18	4.8	1.10	92.0	8.3	0.28
Always	293	81.6	2.05	325	86.0	1.79	884.0	79.8	0.09
p=0.108									

Q26. Office Staff at Doctor's Office Were Helpful (p. 31)	PSN			MediPass			Medicaid HMO		
	n=356			n=375			n=1098		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	67	18.8	2.07	50	13.3	1.76	188.0	14.1	0.34
Usually	38	10.7	1.64	45	12.0	1.68	141.0	12.8	0.23
Always	251	70.5	2.42	280	74.7	2.25	768.0	70.0	0.10
p=0.083									

Q27. Doctor or Other Provider Listened Carefully (p. 28)	PSN			MediPass			Medicaid HMO		
	n=358			n=378			n=1106		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	48	13.4	1.80	36	9.5	1.51	137.0	12.4	0.42
Usually	30	8.4	1.47	19	5.0	1.13	120.0	10.8	0.25
Always	280	78.2	2.18	323	85.4	1.82	849.0	76.8	0.10
p=0.022									

Q28. Had Hard Time Speaking With or Understanding Doctor Because of Differing Languages (p. 29)	PSN			MediPass			Medicaid HMO		
	n=359			n=380			n=1110		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	323	90.0	1.59	355	93.4	1.27	1046.0	94.3	0.18
Usually	10	2.8	0.87	5	1.3	0.59	21.0	1.9	0.60
Always	26	7.2	1.37	20	5.3	1.15	43.0	3.9	0.43
	p=0.139								

Q29. Doctor Explained Things so You Could Understand (p. 28)	PSN			MediPass			Medicaid HMO		
	n=356			n=377			n=1110		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	54	15.2	1.90	56	14.9	1.83	150.0	13.5	2.43
Usually	31	8.7	1.50	19	5.0	1.13	103.0	9.3	0.27
Always	271	76.1	2.26	302	80.1	2.06	857.0	77.2	0.09
	p=0.426								

Q30. Doctor Showed Respect for What You Had to Say (p. 28)	PSN			MediPass			Medicaid HMO		
	n=357			n=377			n=1107		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	33	9.2	1.54	32	8.5	1.44	123.0	11.1	0.39
Usually	31	8.7	1.49	20	5.3	1.16	119.0	10.7	0.25
Always	293	82.1	2.03	325	86.2	1.78	865.0	78.1	0.09
	p=0.272								

Q31. Doctor Spent Enough Time With You (p. 28)	PSN			MediPass			Medicaid HMO		
	n=356			n=377			n=1098		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	65	18.3	2.05	56	14.9	1.83	199.0	18.1	0.29
Usually	41	11.5	1.69	44	11.7	1.66	158.0	14.3	0.22
Always	250	70.2	2.43	277	73.5	2.28	742.0	67.5	0.10
	p=0.236								

Q32. Rating of All Health Care, from All Doctors and Health Providers (p. 30)	PSN			MediPass			Medicaid HMO		
	n=355			n=378			n=1082		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 through 6	38	10.7	1.64	39	10.3	1.57	142.0	13.2	0.60
7 or 8	88	24.8	2.29	66	17.5	1.96	239.0	22.1	0.24
9 or 10	229	64.5	2.54	273	72.2	2.31	701.0	64.8	0.17
	p=0.104								

Q33. Needed an Interpreter to Speak with Doctor or Other Health Provider (p. 29)	PSN			MediPass			Medicaid HMO		
	n=517			n=505			n=1546		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	65	12.6	1.46	29	5.7	1.04	114.0	7.4	0.27
No	452	87.4	1.46	476	94.3	1.04	1432.0	92.6	0.07
	p=0.001								

Q34. How Often You Got Needed Interpreter	PSN			MediPass			Medicaid HMO		
	n=64			n=29			n=107		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	18	28.1	5.67	5	17.2	7.14	41.0	39.3	0.67
Usually	2	3.1	2.19	2	6.9	4.79	10.0	9.3	0.72
Always	44	68.8	5.84	22	75.9	8.09	56.0	52.5	0.37

Q36. Use Current Medicaid Program for All or Most of Health Care	PSN			MediPass			Medicaid HMO		
	n=513			n=481			n=1161		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	459	89.5	1.36	412	85.7	1.60	1137.0	98.0	0.08
No	54	10.5	1.36	69	14.3	1.60	23.0	2.0	0.54

Q37. Number of Months in a Row Enrolled (p. 33)	PSN			MediPass			Medicaid HMO		
	n=487			n=453			n=925		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Less than 3 Months	24	4.9	0.98	16	3.5	0.87	60.0	6.5	0.32
3 to 6 Months	35	7.2	1.17	25	5.5	1.07	148.0	15.9	0.23
7 Months to 1 Year	108	22.2	1.88	56	12.4	1.55	302.0	32.6	0.16
More than 1 Year	320	65.7	2.15	356	78.6	1.93	416.0	44.9	0.14
	p=0.001								

Appendix A—Detailed results and standard errors for PSN, MediPass and Medicaid HMOs, 2001

Q38. Chose Program Yourself, or Were Told (p. 33)	PSN			MediPass			Medicaid HMO		
	n=491			n=460			n=1133		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Chose Myself	221	45.0	2.25	229	49.8	2.33	778.0	68.7	0.10
Was Told	270	55.0	2.25	231	50.2	2.33	355.0	31.3	0.15
	p=0.159								

Q39. Received Information About Program When Enrolled	PSN			MediPass			Medicaid HMO		
	n=497			n=475			n=1126		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	314	63.2	2.17	268	56.4	2.28	742.0	65.9	0.10
No	183	36.8	2.17	207	43.6	2.28	384.0	34.1	0.15

Q40. How Much of Given Information Was Correct (p. 34)	PSN			MediPass			Medicaid HMO		
	n=281			n=245			n=713		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
All of It	181	64.4	2.86	166	67.8	2.99	438.0	61.3	0.13
Most of It	72	25.6	2.61	62	25.3	2.78	201.0	28.2	0.19
Some of It	26	9.3	1.73	17	6.9	1.63	66.0	9.2	0.33
None of It	2	0.7	0.50	0	0.0	-	9.0	1.3	0.87
	p=0.218								

Q41. Looked for Information in Written Materials from Program	PSN			MediPass			Medicaid HMO		
	n=512			n=500			n=1530		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	108	21.1	1.80	74	14.8	1.59	483.0	31.6	0.13
No	404	78.9	1.80	426	85.2	1.59	1047.0	68.4	0.09

Q42. How Much of a Problem to Find or Understand Information in Written Materials (p. 32)	PSN			MediPass			Medicaid HMO		
	n=105			n=72			n=477		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	26	24.8	4.23	5	6.9	3.02	40.0	8.4	0.45
Small Problem	15	14.3	3.43	7	9.7	3.52	86.0	18.0	0.31
Not a Problem	64	61.0	4.78	60	83.3	4.42	352.0	73.7	0.15
	p=0.001								

Q43. Called Program's Enrollee Service for Information or Help	PSN			MediPass			Medicaid HMO		
	n=515			n=501			n=1531		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	115	22.3	1.84	76	15.2	1.60	563.0	36.7	0.11
No	400	77.7	1.84	425	84.8	1.60	968.0	63.3	0.09

Q44. How Much of a Problem to Get Needed Help from Program's Enrollee Service (p. 32)	PSN			MediPass			Medicaid HMO		
	n=113			n=75			n=554		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	34	30.1	4.33	12	16.0	4.26	111.0	20.0	0.27
Small Problem	20	17.7	3.61	13	17.3	4.40	103.0	18.5	0.27
Not a Problem	59	52.2	4.72	50	66.7	5.48	341.0	61.5	0.14
	p=0.024								

Q45. Called or Written Program with Complaint or Problem (p. 35)	PSN			MediPass			Medicaid HMO		
	n=516			n=503					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
Yes	47	9.1	1.27	18	3.6	0.83			
No	469	90.9	1.27	485	96.4	0.83			
	p=0.001								

Q46. Length of Time to Resolve Complaint	PSN			MediPass			Medicaid HMO		
	n=47			n=17					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
Same Day	5	10.6	4.55	2	11.8	8.05			
1 Week	3	6.4	3.60	3	17.6	9.53			
2 Weeks	1	2.1	2.13	1	5.9	5.88			
3 Weeks	1	2.1	2.13	2	11.8	8.05			
4 or More Weeks	7	14.9	5.25	3	17.6	9.53			
Still Waiting for Settlement	30	63.8	7.08	6	35.3	11.95			

Q47. Complaint or Problem Settled to Your Satisfaction	PSN			MediPass			Medicaid HMO		
	n=47			n=17					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
Yes	10	21.3	6.03	11	64.7	11.95			
No	10	21.3	6.03	1	5.9	5.88			
Still Waiting for Settlement	27	57.4	7.29	5	29.4	11.39			

Q48. Experience with Paperwork for Program	PSN			MediPass			Medicaid HMO		
	n=507			n=502			n=1531		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	72	14.2	1.55	45	9.0	1.28	254.0	16.6	0.17
No	435	85.8	1.55	457	91.0	1.28	1277.0	83.4	0.08

Q49. How Much of a Problem was it to file Paperwork for Program (p. 32)	PSN			MediPass			Medicaid HMO		
	n=71			n=44			n=249		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	12	16.9	4.48	4	9.1	4.38	38.0	15.2	0.43
Small Problem	15	21.1	4.88	10	22.7	6.39	65.0	26.0	0.36
Not a Problem	44	62.0	5.80	30	68.2	7.10	147.0	58.9	0.22
	p=0.317								

Q50. Rating of Health Program Now (p. 30)	PSN			MediPass			Medicaid HMO		
	n=489			n=482			n=1480		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 through 6	117	23.9	1.93	71	14.7	1.62	262.0	17.8	0.60
7 or 8	100	20.4	1.83	78	16.2	1.68	354.0	23.9	0.20
9 or 10	272	55.6	2.25	333	69.1	2.11	862.0	58.3	0.15
	p=0.001								

Q51. Rating of Overall Health Now (pp. 22, 23)	PSN			MediPass			Medicaid HMO		
	n=509			n=502			n=1532		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Excellent	56	11.0	1.39	88	17.5	1.70	223.0	14.6	0.19
Very Good	81	15.9	1.62	71	14.1	1.56	275.0	18.0	0.16
Good	146	28.7	2.01	129	25.7	1.95	465.0	30.4	0.13
Fair	133	26.1	1.95	120	23.9	1.91	404.0	26.3	0.14
Poor	93	18.3	1.71	94	18.7	1.74	164.0	10.7	0.22

Q52. Smoked at Least 100 Cigarettes in Entire Life	PSN			MediPass			Medicaid HMO		
	n=516			n=502					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
Yes	187	36.2	2.12	179	35.7	2.14			
No	329	63.8	2.12	323	64.3	2.14			

Q53. How Often Currently Smoke	PSN			MediPass			Medicaid HMO		
	n=187			n=179					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
Every Day	73	39.0	3.58	86	48.0	3.74			
Some Days	32	17.1	2.76	40	22.3	3.12			
Not at All	82	43.9	3.64	53	29.6	3.42			

Appendix A—Detailed results and standard errors for PSN, MediPass and Medicaid HMOs, 2001

Q52 and Q53. Frequency Smoked	PSN			MediPass			Medicaid HMO		
	n=516			n=502					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
Never	329	63.8	2.12	323	64.3	2.14			
Have Quit	82	15.9	1.61	53	10.6	1.37			
Some Days	32	6.2	1.06	40	8.0	1.21			
Every Day	73	14.1	1.54	86	17.1	1.68			
	p=0.312								

Q54. How Long Since You Quit Smoking	PSN			MediPass			Medicaid HMO		
	n=81			n=53					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
6 Months or Less	10	12.3	3.68	6	11.3	4.39			
More than 6 Months	71	87.7	3.68	47	88.7	4.39			
	p=0.858								

Q55. Number of Visits that Doctor Advised You to Quit Smoking	PSN			MediPass			Medicaid HMO		
	n=110			n=124					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
None	38	34.5	4.55	44	35.5	4.31			
1 Visit	13	11.8	3.09	14	11.3	2.85			
2-4 Visits	23	20.9	3.90	19	15.3	3.25			
5-9 Visits	11	10.0	2.87	18	14.5	3.18			
10 or More Visits	25	22.7	4.01	29	23.4	3.82			
	p=0.829								

Q56. Highest School Grade Completed (pp. 22, 23)	PSN			MediPass			Medicaid HMO		
	n=505			n=500			n=1512		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
8th Grade or Less	96	19.0	1.75	79	15.8	1.63	296.0	19.6	0.17
Some High School, but Didn't Graduate	130	25.7	1.95	150	30.0	2.05	356.0	23.6	0.14
High School Graduate, or GED	183	36.2	2.14	192	38.4	2.18	526.0	34.8	0.12
Some College or 2-Year College Degree	71	14.1	1.55	63	12.6	1.49	206.0	13.6	0.18
4-Year College Degree or More	25	5.0	0.97	16	3.2	0.79	127.0	8.4	0.40
Q57 and Q58. Race/Ethnicity (pp. 22, 23)	PSN			MediPass			Medicaid HMO		
	n=502			n=496			n=2199		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
White Non-Hispanic	44	8.8	1.26	22	4.4	0.93	812.0	36.9	0.93
Black or African American	262	52.2	2.23	203	40.9	2.21	615.0	28.0	2.2
Hispanic	190	37.8	2.17	270	54.4	2.24	734.0	33.4	2.1
Other	6	1.2	0.49	1	0.2	0.20	38.0	1.7	0.2
Q57. Hispanic or Latino Origin or Descent	PSN			MediPass			Medicaid HMO		
	n=508			n=502			n=1546		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	190	37.4	2.15	270	53.8	2.23	734.0	47.5	0.10
No	318	62.6	2.15	232	46.2	2.23	812.0	52.5	0.09

Q58. Race	PSN			MediPass			Medicaid HMO		
	n=469			n=450			n=1505		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
White	186	39.7	2.26	230	51.1	2.36	852.0	56.6	2.4
Black or African-American	277	59.1	2.27	218	48.4	2.36	615.0	40.1	2.4
Asian	3	0.6	0.37	0	0	-	18.0	1.2	-
Native Hawaiian or Pacific Islander	0	0	-	1	0.2	0.22	9.0	0.6	0.4
American Indian or Alaska Native	3	0.6	0.37	1	0.2	0.22	11.0	0.7	0.4

Q61. Primary Language Spoken at Home	PSN			MediPass			Medicaid HMO		
	n=492			n=484					
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error			
English	337	65.4	2.10	269	53.2	2.22			
Spanish	155	30.1	2.02	215	42.5	2.20			
Other	23	4.5	0.91	22	4.3	0.9			

Patient Satisfaction in Three Medicaid Managed Care Programs: Enrollees' Characteristics and Program Differences

Poster Presentation to the AcademyHealth Annual Research Meeting, Nashville, TN, June 2003

RESEARCH OBJECTIVE

To assess, using multivariate analytic techniques the degree and manner in which Medicaid enrollees' satisfaction with three distinct Medicaid programs is influenced by selected enrollee characteristics.

Specifically, the research explores the degree to which observed differences in the satisfaction expressed by enrollees remain when the characteristics of enrollees are held constant in a multivariate model

STUDY DESIGN

Study Population:

Adult enrollees of three Florida Medicaid programs: MediPass, HMO, and PSN.

Data Source:

The database was constructed from three surveys of Medicaid managed care program enrollees based on the Consumer Assessment of Health Plans Study (CAHPS) 2.0 Medicaid Adult instrument. The data were collected by telephone interview during mid-2001 with enrollees in three Medicaid programs operating in the South Florida market comprised of the Miami-Ft. Lauderdale area: (1) a new health care delivery system-Provider Service Network (PSN); (2) a primary care case management system-MediPass; and (3) HMO. The final dataset contains 2,578 cases: 517 cases from the PSN survey, 506 cases from the MediPass Survey, and 1,555 cases from the HMO survey.

Study Design:

Based on CAHPS 2.0 Medicaid Adult instrument, this study evaluated nine aspects of enrollee satisfaction, including four single-item global ratings:

–the rating of personal doctor or nurse,

–the rating of specialists,

–the rating of quality of health care, and

–the rating of health plan, and five composite ratings of care:

–access to needed care: find personal doctor/nurse they like, get a referral, get the care they or a doctor believed necessary, delay care while waiting for approval;

–promptness of care: get the help or advice they needed when they called the doctor's office during regular office hours, get treatment as soon as they wanted when they were sick or injured, get an appointment as soon as they wanted for regular or routine health care, wait more than 15 minutes past their appointment time to see the person they went to see;

–provider communication: listen carefully to them, explain things in a way they could understand, show respect for what they had to say, spend enough time with them;

–health plan member/customer service: get the help they needed when they called program's enrollee services office, find or understand the information they needed in the written materials from their program, file the paperwork for their program;
–staff helpfulness: treat them with courtesy and respect, are as helpful as they should be. Satisfaction scores were linearly transformed to a possible range of zero to 100. Using multivariate regression analyses, we assessed the significance of enrollee's characteristics for their satisfaction with care. At $\alpha=0.05$, significant characteristics and estimated coefficients are reported. Dependent variables were nine aspects of enrollee satisfaction. Independent variables included four nominal variables (specific program, race/ethnicity, gender, and frequent-user status) and and four ordinal variables (age, education, health status, and length of enrollment). Because 74.1% of the respondents were female, findings based on female enrollee's satisfaction were also reported. Additional analyses were conducted for frequent users who reported having at least three visits to their doctors or clinics during the past six months.

PRINCIPAL FINDINGS

Table 4 shows mean scores for nine dependent variables. On a rating score of zero to 100 points, mean ratings to personal doctors or nurses and to specialists were over 90, and the average scores of quality of health care and health plan were 87.9 and 85.0, respectively. Among the five composite ratings of care, promptness of care received the lowest mean score, 72.5 points, while provider communication and health plan member/customer service were rated the highest, 89.8 out of 100 points.

Table 4. Means and Standard Errors (SE) of Nine Dependent Variables

	Mean	SE
Four Global Ratings:		
Personal doctor or nurse	90.8	0.47
Specialist	90.3	0.63
Health Care	87.9	0.48
Health Plan	85.0	0.48
Five Composite Ratings of Care:		
Access to needed care	89.0	0.46
Promptness of Care	72.5	0.57
Provider communication	89.8	0.45
Health plan customer service	89.8	0.55
Staff helpfulness	84.7	0.77

Controlling for enrollees' characteristics, the specific program (PSN, MediPass, or HMO) remained a significant factor ($\alpha=0.05$) in the ratings of personal doctor or nurse, specialist, health care received and health plan (Table 5). MediPass enrollees had significantly higher scores in seven out of nine aspects of their care than PSN and HMO enrollees. On a rating score of zero to 100 points, PSN respondents rated their specialists 5.2 points lower, and the quality of health care 4.8 points lower than MediPass enrollees did. Similarly, HMO enrollees rated their personal doctor or nurse, quality of health care, and their health plan significantly lower than MediPass enrollees did.

Health status, race/ethnicity, and age were important contributors to several aspects of enrollee satisfaction ratings (Table 5). Enrollees with poorer health status tended to have lower satisfaction scores, ranging from 1.3 to 3.3 points for every one level worse in health status. Black were more satisfied with five out of nine aspects of their care, but were less satisfied with promptness of care than Whites. Compared with Whites, Hispanic respondents gave significantly high ratings in eight out of nine aspects of their satisfaction. Older enrollees rated most (8) aspects of the satisfaction score more positively than other enrollees. For every one age group older, the rating in their satisfaction rose by 1.1 to 2.8 points.

Length of enrollment and frequent-user status also had significant effect on three aspects of satisfaction. Length of enrollment positively affected the rating of access to needed care, staff helpfulness, and their health plan. While frequent-users gave approximate 3.0 points higher on the ratings on their personal doctor and the quality of care than non-frequent users did, their rating on promptness of care was 6.2 higher than non-frequent users. The effect of education attainment on the rating of quality of health care and health plan was small in magnitude but significant.

Table 5. Significant Coefficients (at α=0.05) from Regression Analysis on Nine Aspects of Enrollee Satisfaction

	Global Ratings				Composite Ratings of Care				
	Personal Doctor or Nurse	Specialist	Health Care	Health Plan	Access of needed care	Promptness of Care	Provider Communication	Customer Service	Staff Helpfulness
PSN		-5.2153		-4.825	-3.2804			-6.6574	-2.9074
HMO	-4.428		-3.9975	-5.605					-2.6644
Age(a)	1.0605	2.1753	2.0369	2.7931	1.2075		1.6499	1.1898	1.9307
Education(b)			-0.9278	-0.998					
Health Status(c)	-1.2785	-1.5571	-2.9864	-3.206	-3.3435	1.7032	-1.8861	-3.1284	-1.9661
Black		5.9611	4.9486	10.839		-4.1281	5.9322	7.2602	
Hispanics	5.6272	6.9216	7.5388	12.598	7.948		9.2249	9.5466	4.5905
Other Races	11.8141								
Length of enrollment(d)				2.5392	2.4583				2.7935
Frequent User	2.776		3.2445			6.1727			

a: Seven age groups in the order of coded values (1 to 7): 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, and 75 or older.
 b: Five education levels in the order of coded values (1 to 5): 8th grade or less, some high school, high school graduate or GED, some college or two-year degree, four-year college degree or higher.
c: Five health status levels in the order of coded values (1 to 5): excellent, very good, good, fair, poor.
d: Three length of enrollment in the order of coded values (1 to 3): six months or less, more than six months but less than one year, one year or longer.

Enrollee characteristics affected frequent users' satisfaction ratings differently from those of non-frequent users. Based on frequent users' responses, Table 6 shows significant

coefficient estimates on nine aspects of satisfaction. PSN's frequent users gave significantly low scores on more aspects of their satisfaction than non-frequent users while the effect of the specific program (estimated coefficients for PSN and for HMO) increased. Age, health status, and race/ethnicity remained significant characteristics, but length of enrollment only showed its positive effect on the rating of staff helpfulness. Some characteristics (program, frequent user status, and length of enrollment) were significantly related to satisfaction scores only among female enrollees (Table 7).

Table 6. Significant Coefficients from Regression Analysis on Nine Aspects of Enrollee Satisfaction, at $\alpha=0.05$, Frequent Users Only

	Global Ratings				Composite Ratings of Care				
	Personal Doctor or Nurse	Specialist	Health Care	Health Plan	Access of needed care	Promptness of Care	Provider Communication	Customer Service	Staff Helpfulness
PSN	-4.7364	-6.5095	-5.7467	-6.8256	-3.9439			-8.2369	-4.8322
HMO	-5.3016		-5.5801	-7.9165					-4.8242
Age(a)	1.1617	2.3475	2.0972	3.0085	1.7838		1.7979		1.6342
Education(b)			-1.6931	-1.6898					
Health Status(c)		-2.2222	-2.8074	-3.0855	-3.2992	2.1368	-1.5568	-3.8620	-1.4118
Black		6.7071	6.3319	10.3777		-5.0726	6.4864		
Hispanics	5.7946	7.5025		9.6423			8.7127	10.1864	
Other Races	14.7383	14.3932		17.8458	-17.0476		9.8371	-33.4334	9.9067
Length of enrollment(d)									3.1265

a: Seven age groups in the order of coded values (1 to 7): 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, and 75 or older.
 b: Five education levels in the order of coded values (1 to 5): 8th grade or less, some high school, high school graduate or GED, some college or two-year degree, four-year college degree or higher.
c: Five health status levels in the order of coded values (1 to 5): excellent, very good, good, fair, poor.
d: Three length of enrollment in the order of coded values (1 to 3): six months or less, more than six months but less than one year, one year or longer.

Table 7. Significant Coefficients from Regression Analysis on Nine Aspects of Enrollee Satisfaction, at α=0.05, Female Enrollees Only

	Global Ratings				Composite Ratings of Care				
	Personal Doctor or Nurse	Specialist	Health Care	Health Plan	Access of needed care	Promptness of Care	Provider Communication	Customer Service	Staff Helpfulness
PSN	-3.3467		-3.3706	-4.9328	-3.7388		-2.7167		-3.2758
HMO	-4.7077		-4.6350	-5.6840					-2.9010
Age(a)	0.9705	1.7373	2.0078	2.7845	1.0989		1.7189		2.1362
Education(b)			-1.669						
Health Status(c)	-1.0558		-3.0768	-3.2345	-3.2741		-1.9091	-3.2104	-1.9672
Black				12.1445			6.1731	9.3699	
Hispanics	4.9373	7.9370	7.3424	14.1607	7.0930		9.8047	11.8402	4.5601
Other Races									10.3115
Length of enrollment(d)	-1.8815				2.6849				2.8340
Frequent User	3.1612		3.5344		2.4284	7.6238	2.0215		

CONCLUSIONS:

Although health status, race/ethnicity, and age were significant factors in the satisfaction ratings of Medicaid managed care enrollees, satisfaction score differences by program remain significant. Specifically, PSN and HMO enrollees were slightly less satisfied with many aspects of their care than MediPass enrollees, even after controlling for the enrollee characteristics measured here. In the Miami-Ft. Lauderdale area, MediPass enrollees express higher satisfaction with several aspects of their care than HMO or PSN participants their care, due in part to selected enrollee characteristics (race/ethnicity, age and health status), and in part to program attributes.

IMPLICATIONS FOR POLICY, DELIVERY, OR PRACTICE:

Substantial improvements in satisfaction (overall, for the various programs, and for various subsets of enrollees) would require different interventions, targeted to specific subpopulations within the programs.

Patient Satisfaction Survey

Year 3 (2003)

Introduction and Methodology

Overall, the 2003 study attempted to replicate the instrumentation and sample design used in the 2001 study. Thus, we used the same version of CAHPS even though a new version had been released in the meantime. The same data collection organization conducted both surveys. The only significant change was the addition of a sample of children. Since budgetary constraints meant these additional interviews would be done without increasing the total sample size, the samples for the two groups were smaller than the 2001 survey of adults, yielding less reliable confidence intervals.

Fieldwork

The survey fieldwork was conducted by the University of Florida Bureau of Economic and Business Research (BEBR). The BEBR survey lab uses Sawtooth WinCATI software, a computer-assisted telephone interviewing (CATI) system, to speed the delivery of clean, machine-readable data following completion of the fieldwork. Most interviewers were undergraduate students at the University of Florida. Interviewers represented a wide range of ethnicity, gender and race categories. Bilingual interviewers must have demonstrated a proficiency at speaking without a strong accent in either language. Interviews were conducted during 3-hour shifts on each day of the week, never earlier than 9 a.m. or later than 9 p.m., respondents' local time.

Many of the interviewers had already worked on an HMO survey and were familiar with the CAHPS instrument; new interviewers received the same training as used in the HMO survey. Additionally, background information about MediPass and the PSN was provided. To enhance the response rate, BEBR procedures include multiple callbacks for phone numbers that are busy or go unanswered. Additionally, callback appointments were scheduled for a future time that was more convenient for the respondent.

During each shift, at least one interviewer was monitored. Without prior notice, a supervisor listened in from a reception-only phone line in another room. The supervisor noted the interviewer's performance and met with the interviewer afterward, offering suggestions for improvement if needed. Additionally, the UF PSN evaluation project coordinator visited the lab during the first few days of interviewing, monitoring several interviews.

Sample

This project interviewed adults age 18 or older for whom a valid telephone number was available, and who were physically able to respond to the survey by telephone. For children who were sampled, a parent or guardian over age 18 was interviewed. The sample was a randomly selected cross-section of enrollees who had been in the PSN or MediPass for at least 6 months prior to the interview. CAHPS procedures were followed for sampling adults and children. The fieldwork began in late June and was completed in early August, 2003. The target was 250 interviews with each group; each sample met or exceeded that goal as described in Table 8. The samples were managed in replicates

(representative subsamples); once a replicate had been opened, complete call procedures were followed for every phone number. Language

The interviews were conducted in English, Spanish and Haitian Creole.

The breakdown of interviews by program and language is as follows:

Table 8

Number of PSN and MediPass Respondents, by Language of Interview

	English	Spanish	Creole	Total
PSN adults	155	85	10	250
PSN children	180	61	10	251
MediPass adults	92	155	5	252
MediPass children	112	139	5	256

Survey Response

In order to maximize response, each telephone number was called up to 15 times, at different times of day, including both weekend and weekday attempts. Overwhelmingly, when we could reach an eligible respondent, they were willing to do the survey. The biggest challenge was the accuracy of the phone numbers or finding someone at home. The final disposition of cases for the survey was as follows:

Table 9

Final Disposition of Telephone Numbers Attempted

	PSN		MediPass	
	Adults	Children	Adults	Children
Completed interview	250	251	252	256
Refusal/Break-off	64	61	98	68
Respondents Unable (impaired, dead, other languages)	44	29	59	10
Busy/No answer/Answering machine	91	57	145	117
Disconnected/Telephone problems	252	307	246	243
Enrollee not at number	249	197	324	206
TOTAL PHONE NUMBERS ATTEMPTED	950	902	1,124	900
Percent of phone numbers resulting in an interview	26%	28%	22%	28%
Cooperation rate (eligible contacts who participated)	80%	80%	72%	79%

Thus about 22-28% percent of the telephone numbers attempted resulted in an interview, with slight variation among the samples. The biggest barrier to participation was the viability of the telephone numbers; a significant number of respondents were not at the listed phone number, or it had been disconnected. Overwhelmingly, those eligible respondents who were contacted were willing to complete the interview, with cooperation rates of 72-80% as calculated with AAPOR Cooperation Rate 3.[4]

Data Quality Issues

It should be noted that this study shares the limitations of all survey research, including the bias inherent in self-report. Virtually all measures in the survey reflect enrollees' **perceptions** about their care. A respondent who reports long delays in receiving care, for example, is reporting his or her **perception** of the delay, not an empirically verifiable fact of such delays. And while every item in the survey asks about their care "now" or in the last six months, if enrollees have not changed providers, they may mentally blur together all their care in that setting. Take the example of an enrollee who has been seeing the same physician under MediPass for three years but transferred over to the PSN in March 2000 when his/her doctor joined the PSN. The survey may carefully ask about getting a referral to the specialist in the last 6 months. But instead of accurately isolating only that time period, the respondent may report on their experience in general, during all the time they have seen that provider.

The standard errors and response frequencies (sample size) for all items are given in Appendix B. When there are fewer than 80 responses to an item, the results are not displayed in the "Findings" section of the main report, but are included in Appendix B.

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[4] The American Association for Public Opinion Research (2000) *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys.*

Key Findings:
PSN and MediPass
2003 Survey

Demographics

For the adult sample, Hispanics were the largest group both in the PSN (46.3%) and MediPass (74.1%). Among the survey of children with families, the target children were most often Black in the PSN (60.5%) and Hispanic in the MediPass sample (75.9%). Since adult Medicaid recipients are overwhelmingly female, it is not surprising that our adult sample was also mostly female, including 68.8% of respondents in the PSN and 71.0% of MediPass respondents. Among the children, there was a more even split: The PSN children's sample was 52.2% male and 47.8% female, while the MediPass children were virtually identical at 52.0% male and 48.0% female.

Among adults, there were similar distributions of health status in both groups, with 21-22% reporting "Poor" health and half of respondents reporting "Fair" or "Good." Among children, the rates of poor (1.2%) and fair (about 10%) were virtually identical in the two samples. The rate of "excellent" varied slightly, reported for 37.8% of PSN subjects and 42.5% of MediPass.

Getting Care That Is Needed

Overwhelmingly, most respondents from all groups reported that they have "No problems" getting care. There are high rates of having "No problems" on the issue of finding a personal doctor or nurse with which they were happy, and for getting the care that they or a doctor believed necessary. Families with children gave particularly high scores on the issue of finding a personal doctor or nurse, with 95% of PSN families and 93.9% of MediPass families reporting "no problem," compared to 73.3% of PSN adults and 84.6% of MediPass adults.

There were some slight differences when it came to getting a referral to a specialist, with 77.6% of adult MediPass enrollees reporting "No problems," while 62.2% of PSN enrollees reported "No problems." About 18.9% of PSN enrollees reported such referrals caused "Big problems," while 14.9% of MediPass enrollees reported "Big problems" getting a referral. However, among children the rates are quite similar, with "No problem" being reported by 73.1% of PSN families and 74.4% of MediPass families.

Families with children also reported a slightly more positive experience when it came to delaying care while waiting for approval from the program. For children, those reporting "no problem" were 82.8% of the PSN sample and 88.0% of MediPass. For adults, "no problem" was reported by about 72.3% for the PSN and 76.9% for MediPass

There were some differences in the reported wait between making an appointment and actually seeing a provider for regular or routine care, with 27.8% of PSN adult respondents reporting that they could be seen within three days, while 52.6% of MediPass respondents reported being seen within three days. Among children, 54.4% of PSN and 72.8% of MediPass reported being seen within three days.

When it came to waits between trying to get care and actually seeing a provider for an illness or injury, 44.4% of PSN adults and 51.3% of MediPass adults reported getting

care the same day they first sought care. Among families with children, 70.8% of PSN children and 84.4% of MediPass children were seen the same day.

Getting Care Without Long Waits

There were some differences in the percentage of respondents who said they could get the help or advice they needed when they called the doctor's office during regular office hours. Specifically, 45.9% of PSN and 64.6% of MediPass adult respondents reported "Always" getting that help. For families with children, 54.1% of PSN and of 73.9% MediPass reported "Always" getting needed help or advice.

When it came to getting treatment as soon as they wanted when they were sick or injured, 52.1% of PSN and 63.8% of MediPass adult respondents said they "Always" got the care as soon as they wanted. For children, 67.7% of PSN and 79.5% of MediPass families reported they "always" got treatment as soon as they wanted.

For regular or routine care, about 50.0% of PSN and 65.6% of MediPass adult respondents said they "Always" got an appointment as soon as they wanted. Among families with children, "Always" was reported by 59.0% of PSN and 71.0% of MediPass families.

About 39.7% of PSN and 33.2% of MediPass adult respondents reported that they "Always" had to wait more than 15 minutes past their appointment time to see their health care provider. For children, 34.3% of PSN and 26.2% of MediPass enrollees reported they "Always" had to wait 15 minutes or more.

Number of visits

Both samples showed similar patterns of health care utilization in the last 6 months. About 37.2% of PSN and 30.5% of MediPass adult respondents had at least one visit visits to the emergency room. Among children, 30.2% of PSN and 29.1% of MediPass child enrollees had at least one ER visit.

When it came to adult utilization of doctor's office or clinic visits, there were similar numbers of people with at least one office visit, 81.7% for the PSN and 82.1% for MediPass. However, 27% of PSN adults reported 5 or more visits, while 41.6% of MediPass respondents reported 5 or more visits.

Among the children, 32.4% of PSN child enrollees reported no office visits in the last six months, with less than half that number (10.3%) for the MediPass child enrollees.

How Well Health Care Providers Communicate

Both adult patients and parents in both plans felt that their health care providers listened carefully to them, with 80% or more of each sample saying their provider "Always" listened carefully to them. There were also high scores for showing respect for what the patient had to say. As far as explaining things in a way the patient could understand,

74.0% of PSN adults and 81.2% of MediPass adults said the provider "always" explained things understandably. For families, 73.5% of PSN parents and 85.3% of MediPass parents felt that the provider "always" explained things in a way that the parent could understand, while 69.9% of PSN and 76.6% of MediPass parents felt the provider "always" explained things in a way the child could understand.

When it came to spending enough time with the patient, about 67.9% of PSN adults and 76.8% of MediPass adults said that their provider "Always" spent enough time with them, while "always" was also reported for 71.2% of PSN children and 72.9% of MediPass children.

Language Barriers

A minority of adult respondents (13.3% for PSN and 5.1% for MediPass) said that they "Always" had a hard time speaking with or understanding a health care provider because they spoke different languages. This low rate might be in part due to the bias of a telephone survey, in that some of the patients who had problems understanding might also have been unable to participate in a phone survey. About 12.3% of PSN adults and 15.6% of MediPass respondents said that they needed an interpreter to help them speak with doctors.

Among families, about 12.0% of the PSN and 8.3% of the MediPass sample responded that the parent "always" had a hard time speaking with or understanding a doctor because they spoke different languages. For the children themselves, 9.6% of the PSN and 3.7% of MediPass were reported to "always" have a hard time with language differences.

How People Rated Their Health Care and Providers

When asked to give a rating from 0 to 10 to their personal doctor or nurse, specialist, and health care overall, most people in both programs gave the top rankings. More than three quarters of every sample gave the top ranking to their personal doctor or nurse. The lowest ratings—which were still very favorable—were for rating "their health program now." About 59.7% of PSN adults and 70.2% of MediPass adult respondents gave a rating of 9 or 10. Among families with children, the top rankings were given by 67.2% of PSN families and 81.3% of those in MediPass.

Courtesy, Respect and Helpfulness of Medical Office Staff

Most respondents in both programs felt that office staff treated them with courtesy and respect, and were as helpful as they should be. About 78.0% of PSN adults and 84.7% of MediPass adults reported that office staff "Always" treated them with courtesy and respect. Among families with children, 73.5% of PSN and 85.8% of MediPass families said that they were "Always" treated with courtesy and respect.

Program Enrollee Service

Most respondents reported "No problems" in filing paperwork for their program, or finding or understanding the information they needed in the written materials from their program. When it came to getting the help they needed when they called their program's enrollee services, "No problems" was reported by 59.0% of PSN adults and 54.2% of MediPass adults, and 66.7% of PSN families with children and 75.0% of MediPass families.

Enrollment

Most enrollees have been in their program for more than a year. There were strikingly similar rates for the adults (80.3% for PSN versus 82.5% for Medipass) reporting enrollment for more than a year, and some variation among children (79.5% for PSN versus 86.7% for MediPass). More than half of adult respondents (51.3% for PSN and 64.1% for MediPass) reported that they chose their program rather than being told which program they were in. Among families with children, there were more marked differences, with "chose their program" being reported by 56.3% of PSN and 81.3% of MediPass families.
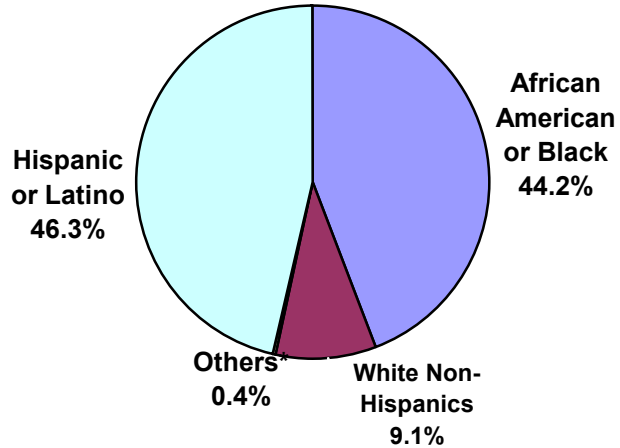
Program Information

Most adult respondents (69.9% for PSN and 74.8% for MediPass) found that all of the information they were given about their program was correct. Among the sample of children, 53.8% of the PSN and 70.8% of MediPass families also reported that "All of it" was correct.

Complaints/Grievances

Only a small minority of enrollees had called or written their program with a complaint or problem. About 7.5% of PSN and 4.8% of MediPass respondents reported that they had called or written their program with a complaint or grievance in the last 6 months. For families with children, the rate was lower: Only 3.2% of PSN and 1.6% of MediPass families reported registering a complaint.
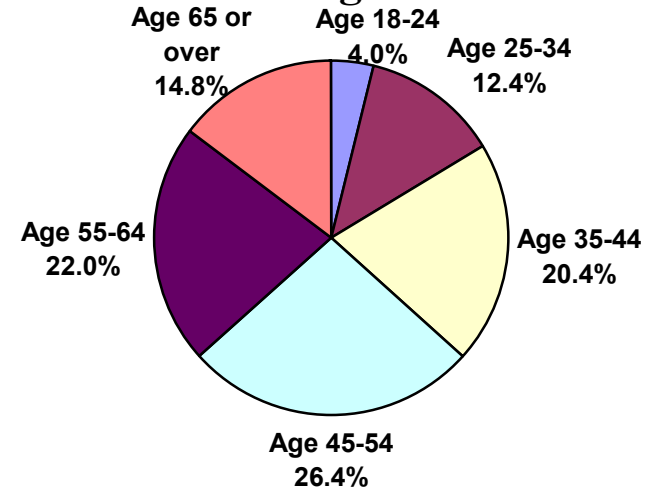
PSN Adults, Respondent Characteristics
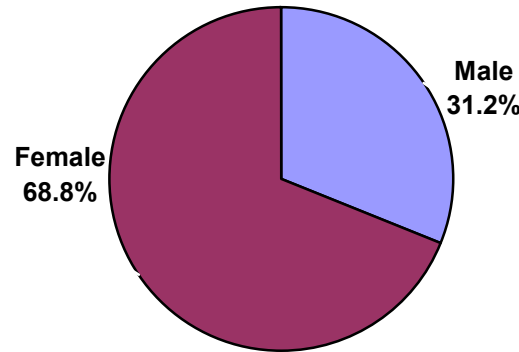
Race/Ethnicity (Q57, 58)

Hispanic or Latino 46.3%

African American or Black 44.2%

Others* 0.4%

White Non-Hispanics 9.1%

* Others include Asian, Native Hawaiian or other Pacific Islander, and American Indian or Alaska Native.

Age

Age 65 or over 14.8%

Age 18-24 4.0%

Age 25-34 12.4%

Age 35-44 20.4%

Age 45-54 26.4%

Age 55-64 22.0%

Gender

Male 31.2%

Female 68.8%

Education (Q56)

4-year college degree or higher 5.2%

Some college or 2-year degree 13.6%

8th grade or less 22.7%

High school or GED 31.9%

Some high school 26.7%

Health Status (Q51)

Poor 21.1%

Excellent 12.0%

Very Good 15.9%

Good 20.7%

Fair 30.3%

MediPass Adults, Respondent Characteristics

Race/Ethnicity (Q57, 58)

- African American 13.4%
- White Non-Hispanic 12.2%
- Others* 0.4%
- Hispanic or Latino 74.1%

* Others include Asian, Native Hawaiian or other Pacific Islander, and American Indian or Alaska Native.

Gender

- Male 29.0%
- Female 71.0%

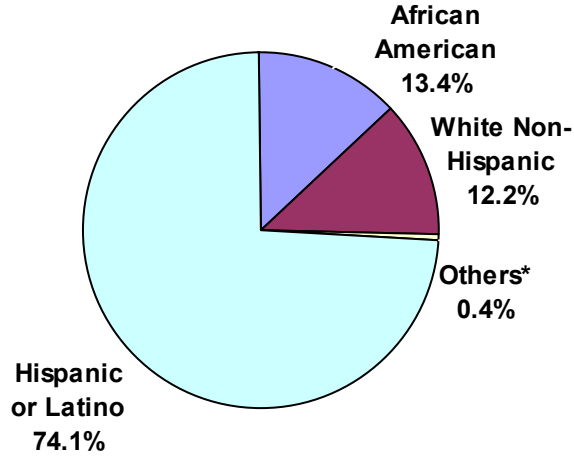## Age

- Age 18-24 3.2%
- Age 25-34 10.4%
- Age 35-44 20.4%
- Age 45-54 19.2%
- Age 55-64 24.4%
- Age 65 or over 22.4%

Education (Q56)

- 4-year degree or higher 8.5%
- 8th grade or less 27.0%
- Some college or 2-year degree 12.9%
- Some high school 19.4%
- High school or GED 32.3%

Health Status (Q51)

- Poor 22.1%
- Excellent 9.6%
- Very good 11.2%
- Good 20.5%
- Fair 36.5%

Getting care
that is needed

BIG problems   SMALL problems   NO problems

The bar graphs show answers to survey questions that asked people, **in the last 6 months, how much of a problem it was to:**

Find a personal doctor or nurse they were happy with. Q4

	BIG problems	SMALL problems	NO problems
PSN	15.1%	11.6%	73.3%
MediPass	10.6%	4.8%	84.6%

Get a referral to a specialist that they wanted to see. Q8

	BIG problems	SMALL problems	NO problems
PSN	18.9%	18.9%	62.2%
MediPass	14.9%	7.5%	77.6%

Get the care they or a doctor believed necessary. Q22

	BIG problems	SMALL problems	NO problems
PSN	14.3%	18.5%	67.2%
Medipass	8.7%	18.5%	72.8%

Delay care while waiting for approval from your program. Q23

	BIG problems	SMALL problems	NO problems
PSN	8.7%	19.0%	72.3%
MediPass	6.7%	16.4%	76.9%

The bar graphs show answers to survey questions that asked people, **in the last 6 months, how many days did you usually have to:**

Same day to 3 days   4 to 14 days   15 to 29 days   30 days or longer

Wait between making an appointment and actually seeing a provider for regular or routine care. Q16

	Same day to 3 days	4 to 14 days	15 to 29 days	30 days or longer
PSN	27.8%	24.3%	11.1%	36.8%
Medipass	52.6%	25.0%	7.2%	15.1%

Same day   1 to 3 days   4 to 14 days   15 days or longer

Wait between trying to get care and actually seeing a provider for an illness or injury. Q19

	Same day	1 to 3 days	4 to 14 days	15 days or longer
PSN	44.4%	22.2%	12.5%	20.8%
MediPass	51.3%	21.8%	16.7%	10.2%

Getting care
without long waits

Never or Sometimes   Usually   Always

The bar graphs show answers to survey questions
that asked people, **in the last 6 months,
how often did they:**

**Get the help or advice they needed
when they called the doctor's office
during regular office hours. Q13**

	Never or Sometimes	Usually	Always
PSN	40.0%	14.1%	45.9%
MediPass	28.1%	7.3%	64.6%

**Get an appointment as soon as
they wanted for regular or routine
health care. Q15**

	Never or Sometimes	Usually	Always
PSN	28.6%	21.4%	50.0%
MediPass	19.9%	14.6%	65.6%

**Get treatment as soon as they
wanted when they were sick or
injured. Q18**

	Never or Sometimes	Usually	Always
PSN	24.7%	23.3%	52.1%
MediPass	21.3%	15.0%	63.8%

**Wait more than 15 minutes past
their appointment time to see the
person they went to see. Q24**

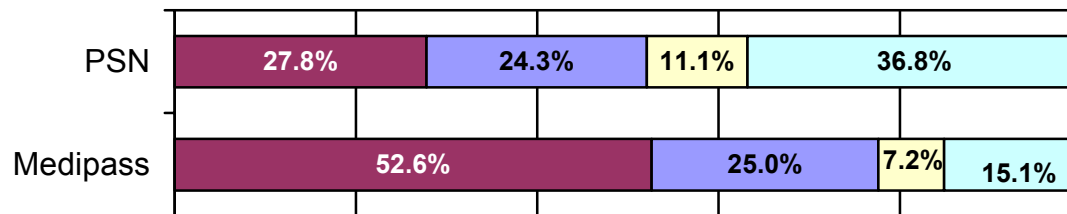|	Never or Sometimes	Usually	Always
PSN	43.8%	16.5%	39.7%
MediPass	54.9%	11.9%	33.2%

Number of visits

The bar graphs show answers to survey questions
that asked people, **in the last 6 months,
how many times did you:**

None   1 to 2 times   3 to 5 times   6 times or more

**Go to an emergency room to get
care for yourself. Q20**

	None	1 to 2 times	3 to 5 times	6 times or more
PSN	62.8%	31.2%	4.8%	1.2%
MediPass	69.5%	24.4%	4.9%	1.2%

None   1 to 4 times   5 to 9 times   10 times or more

**Go to a doctor's office or clinic
to get care for yourself. Q21**

	None	1 to 4 times	5 to 9 times	10 times or more
PSN	18.3%	54.8%	18.7%	8.3%
MediPass	17.9%	40.4%	28.3%	13.3%

How well doctors communicate

Never or Sometimes   Usually   Always

The bar graphs show answers to survey questions that asked people **how often their doctor or other health provider:**

Listened carefully to them. Q27

PSN | 11.3% | 8.7% | 80.0%
MediPass | 9.7% | 6.6% | 83.7%

Explained things in a way they could understand. Q29

PSN | 16.8% | 9.2% | 74.0%
MediPass | 11.2% | 7.6% | 81.2%

Showed respect for what they had to say. Q30

PSN | 12.2% | 8.7% | 79.1%
MediPass | 13.2% | 3.1% | 83.8%

Spent enough time with them. Q31

PSN | 17.6% | 14.5% | 67.9%
MediPass | 12.4% | 10.8% | 76.8%

Language barriers

The bar graphs show answers to survey questions that asked people, **in the last 6 months,**

Never or Sometimes | Usually | Always

How often did they have a hard time speaking with or understanding a doctor or other health provider because they spoke DIFFERENT LANGUAGES? Q28

PSN 82.7% 4.1% 13.3%

MediPass 90.9% 5.1% 4.1%

Yes | No

Did they need an interpreter to help them speak with doctors or other health providers? Q33

PSN 12.3% 87.8%

MediPass 15.6% 84.4%

How people rated their health care and providers

Rating of 6 or lower   Rating of 7 or 8   Rating of 9 or 10

The bar graphs show answers to survey questions that asked people **the rating of the following** on a scale of 10:

0="the worst experience possible" to
10="the best experience possible"

Rate their personal doctor or nurse now. Q6

	Rating of 6 or lower	Rating of 7 or 8	Rating of 9 or 10
PSN	7.3%	15.2%	77.4%
MediPass	9.0%	11.0%	80.0%

Rate the specialist they saw most often in the last 6 months, including a personal doctor if he or she is a specialist. Q10

	Rating of 6 or lower	Rating of 7 or 8	Rating of 9 or 10
PSN	12.4%	23.8%	63.8%
MediPass	7.5%	20.1%	72.4%

Rate all their health care in the last 6 months from all doctors and other health providers. Q32

	Rating of 6 or lower	Rating of 7 or 8	Rating of 9 or 10
PSN	13.8%	19.5%	66.7%
MediPass	11.2%	18.8%	70.1%

Rate all their experience with the health program now. Q50

	Rating of 6 or lower	Rating of 7 or 8	Rating of 9 or 10
PSN	16.9%	23.5%	59.7%
MediPass	10.9%	18.9%	70.2%

Courtesy, respect, and helpfulness of medical office staff

Never or Sometimes   Usually   Always

The bar graphs show answers to survey questions that asked people **how often the office staff at their doctor's office:**

Treated them with courtesy and respect. Q25

PSN | 12.8% | 9.2% | 77.9%
Medipass | 11.2% | 4.1% | 84.7%

Were as helpful as they should be. Q26

PSN | 20.1% | 13.9% | 66.0%
MediPass | 12.2% | 8.2% | 79.6%

Program enrollee services

BIG problems   SMALL problems   NO problems

The bar graphs show answers to survey questions that asked people, **in the last 6 months, how much of a problem was it to**:

Find or understand the information they needed in the written materials from their program. Q42

	BIG problems	SMALL problems	NO problems
PSN	9.4%	20.8%	69.8%
MediPass	6.1%	33.3%	60.6%

Get the help they needed when they called program's enrollee services office. Q44

	BIG problems	SMALL problems	NO problems
PSN	10.2%	30.8%	59.0%
MediPass	22.9%	22.9%	54.2%

File the paperwork for their program. Q49

	BIG problems	SMALL problems	NO problems
PSN	7.9%	18.4%	73.7%
MediPass	15.4%	15.4%	69.2%

Enrollment

The bar graphs show answers to survey questions
that asked people about their enrollment:

6 Month or less	More than 6 months but less than 1 year	1 year or longer

How many months have they been in this program. Q37

	6 Month or less	More than 6 months but less than 1 year	1 year or longer
PSN	8.2%	11.5%	80.3%
Medipass	5.4%	12.1%	82.5%

They chose their program.	They were told which program they were in.

Did they choose this program or were they told which program they were in. Q38

	They chose their program.	They were told which program they were in.
PSN	51.3%	48.7%
MediPass	64.1%	35.9%

Program information

The bar graphs show answers to survey questions
that asked people about their enrollment:

None of it   Some of it   Most of it   All of it

**How much of the information
they were given was correct.
Q40**

PSN
1.2%
9.2% | 19.6% | 69.9%

MediPass
0.6%
4.5% | 20.0% | 74.8%

Complaints/ Grievances

The bar graphs show answers to survey questions that asked people about their experience with the program in processing their complaint:

Yes   No

In the last 6 months, have they called or written their program with a complaint or problem? Q45

	Yes	No
PSN	7.5%	92.5%
MediPass	4.8%	95.2%

PSN Family Survey, Children's Characteristics

Race/Ethnicity (Q61, 62)

Hispanic or Latino 34.6%

Others* 0.8%

White Non-Hispanics 4.1%

African American or Black 60.5%

* Others include Asian, Native Hawaiian or other Pacific Islander, and American Indian or Alaska Native.

Age (CAGE)

Age 13-18 22.3%

Age 0-1 12.1%

Age 2-5 35.6%

Age 6-12 30.0%

Gender (Q60)

Female 47.8%

Male 52.2%

Health Status (Q58)

Fair 10.0%

Poor 1.2%

Excellent 37.8%

Good 27.5%

Very Good 23.5%

MediPass Family Survey, Children's Characteristics
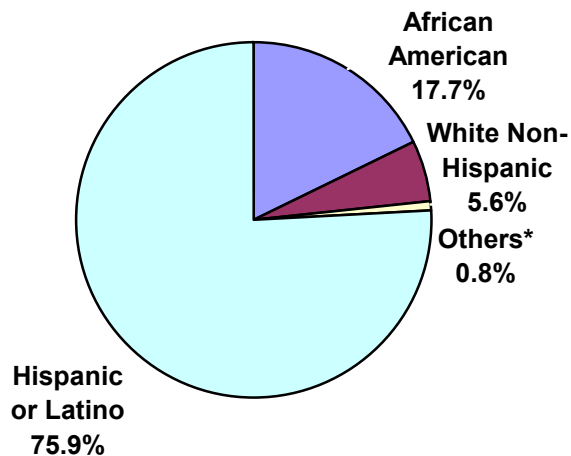
Race/Ethnicity (Q61, 62)

African American 17.7%

White Non-Hispanic 5.6%

Others* 0.8%

Hispanic or Latino 75.9%

* Others include Asian, Native Hawaiian or other Pacific Islander, and American Indian or Alaska Native.

Age (CAGE)

Age 0-1 10.3%

Age 13-18 24.9%

Age 2-5 30.8%

Age 6-12 34.0%

Gender (Q60)

Female 48.0%

Male 52.0%

Health Status (Q58)

Poor 1.2%

Fair 10.2%

Good 20.9%

Excellent 42.5%

Very good 25.2%
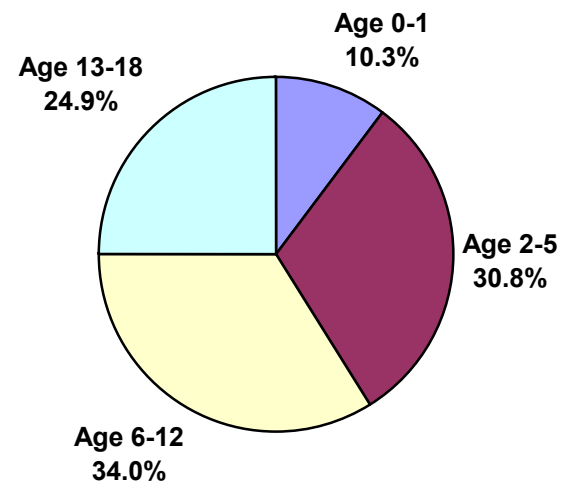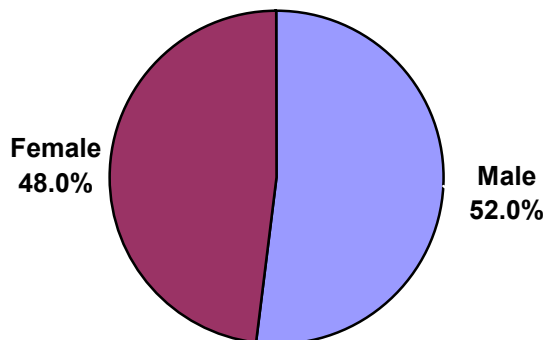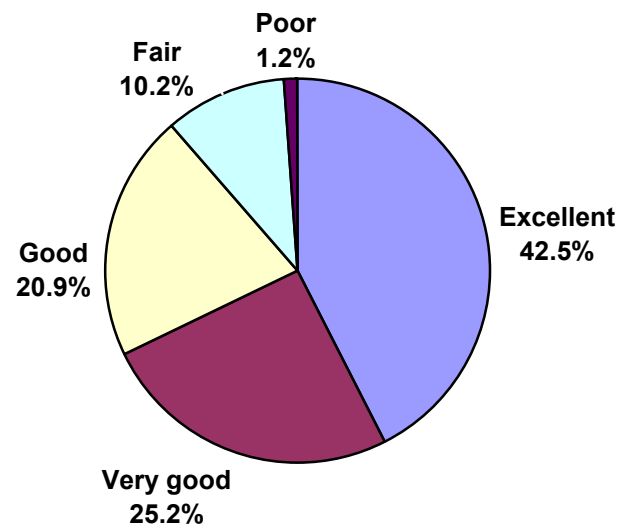
Getting child's needed care

BIG problems   SMALL problems   NO problems

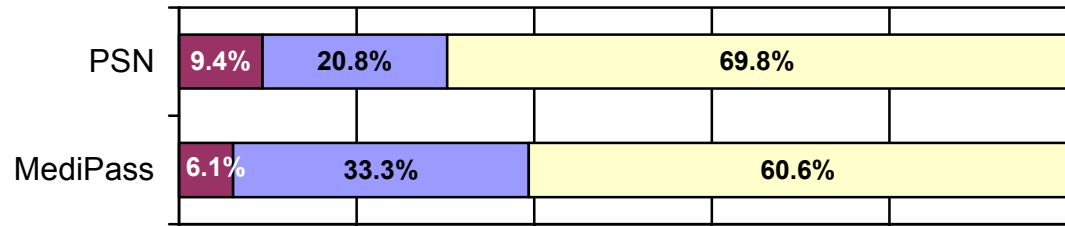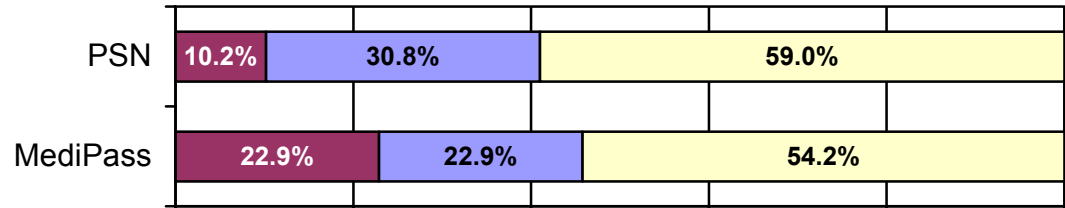The bar graphs show answers to survey questions that asked people, **in the last 6 months, how much of a problem it was to:**
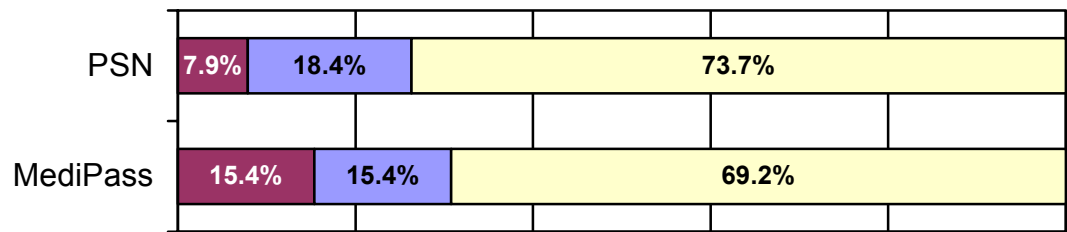
Find a personal doctor or nurse they were happy with. Q4

	BIG problems	SMALL problems	NO problems
PSN	1.7%	3.3%	95.0%
MediPass	2.4%	3.7%	93.9%

Get a referral to a specialist that they wanted to see. Q8

	BIG problems	SMALL problems	NO problems
PSN	17.9%	9.0%	73.1%
MediPass	9.8%	15.9%	74.4%

Get the care they or a doctor believed necessary. Q22

	BIG problems	SMALL problems	NO problems
PSN	5.5%	20.7%	73.8%
Medipass	3.7%	16.1%	80.3%

Delay care while waiting for approval from your program. Q23

	BIG problems	SMALL problems	NO problems
PSN	6.1%	11.0%	82.8%
MediPass	2.8%	9.2%	88.0%

The bar graphs show answers to survey questions
that asked people, **in the last 6 months,
how many days did you usually have to:**

Same day to 3 days   4 to 14 days   15 to 29 days   30 days or longer

**Wait between making an
appointment and actually
seeing a provider for regular or
routine care. Q16**

	Same day to 3 days	4 to 14 days	15 to 29 days	30 days or longer
PSN	54.4%	27.9%	4.4%	13.2%
Medipass	72.8%	18.3%	3.9%	5.0%

Same day   1 to 3 days   4 to 14 days   15 days or longer

**Wait between trying to get care
and actually seeing a provider
for an illness or injury. Q19**

	Same day	1 to 3 days	4 to 14 days	15 days or longer
PSN	70.8%	20.0%	4.6%	4.6%
MediPass	84.4%	11.7%	2.6%	1.3%

Getting care without long waits

Never or Sometimes   Usually   Always

The bar graphs show answers to survey questions that asked people, **in the last 6 months, how often did they:**

Get the help or advice they needed when they called the doctor's office during regular office hours. Q13

PSN | 28.4% | 17.6% | 54.1%
MediPass | 14.1% | 12.0% | 73.9%

Get an appointment as soon as they wanted for regular or routine health care. Q15

PSN | 26.4% | 14.6% | 59.0%
MediPass | 15.1% | 14.0% | 71.0%

Get treatment as soon as they wanted when they were sick or injured. Q18

PSN | 20.0% | 12.3% | 67.7%
MediPass | 7.7% | 12.8% | 79.5%

Wait more than 15 minutes past their appointment time to see the person they went to see. Q24

PSN | 50.6% | 15.1% | 34.3%
MediPass | 63.3% | 10.6% | 26.1%

Number of child's visits

The bar graphs show answers to survey questions
that asked people, **in the last 6 months,
how many times did you:**

None　1 to 2 times　3 to 5 times　6 times or more

**Go to an emergency room to get
care for the child. Q20**

PSN
3.6%
69.8%　25.8%　0.8%

MediPass
2.0%
70.9%　26.8%
0.4%

None　1 to 4 times　5 to 9 times　10 times or more
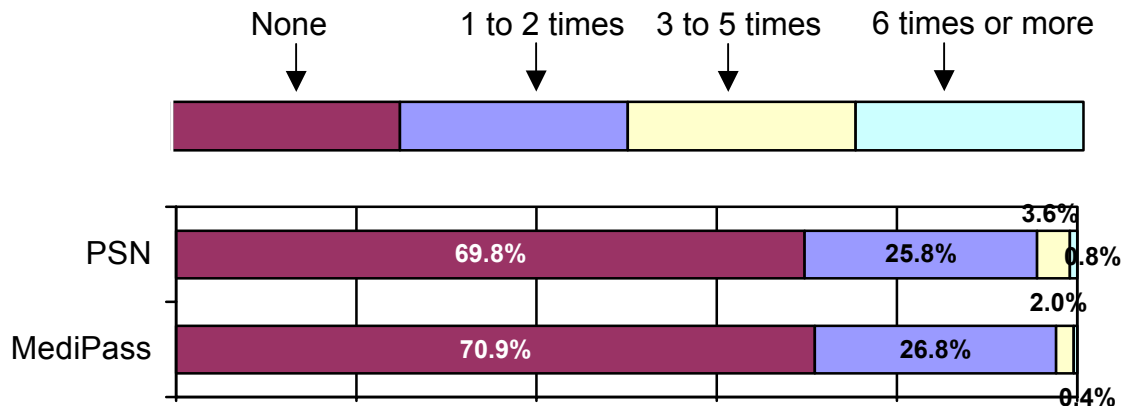
**Go to a doctor's office or clinic
to get care for child. Q21**
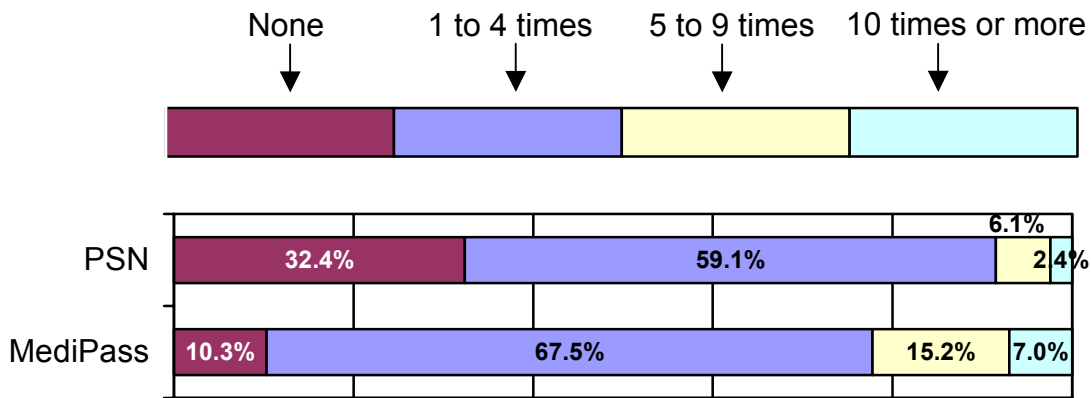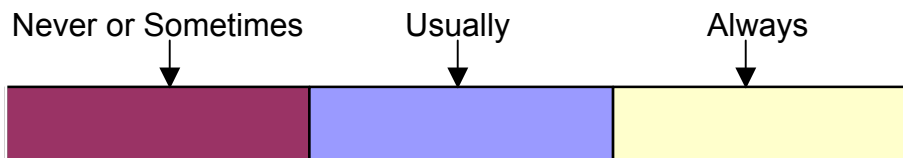
PSN
6.1%
32.4%　59.1%　2.4%

MediPass
10.3%　67.5%　15.2%　7.0%

How well
doctors communicate

Never or Sometimes   Usually   Always

The bar graphs show answers to survey questions that asked people **how often their doctor or other health provider:**

Listened carefully to the parent. Q27

PSN: 12.0% | 7.8% | 80.1%

MediPass: 4.6% | 7.4% | 88.0%
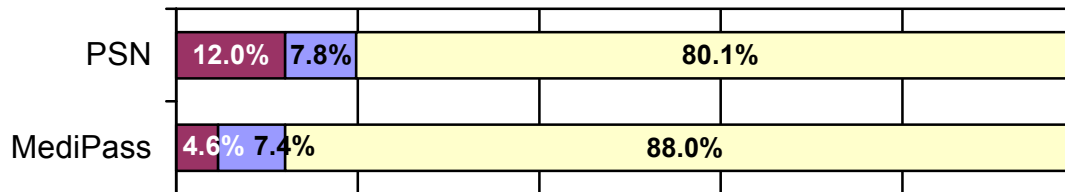
Explained things in a way they parent could understand. Q29

PSN: 20.5% | 6.0% | 73.5%

MediPass: 11.0% | 3.7% | 85.3%
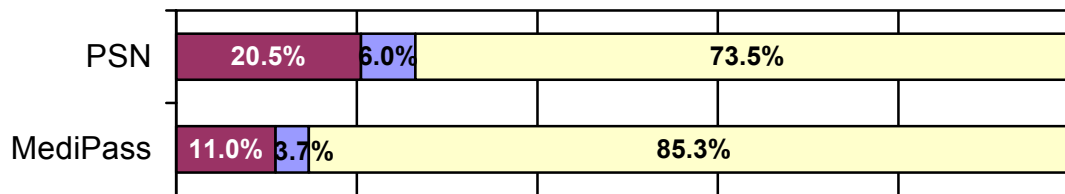
Showed respect for what the parent had to say. Q30
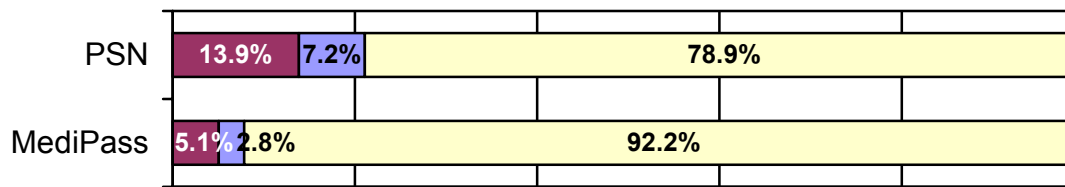
PSN: 13.9% | 7.2% | 78.9%

MediPass: 5.1% | 2.8% | 92.2%

Explained things in a way the child could understand. Q33

PSN: 23.3% | 6.8% | 69.9%

MediPass: 12.1% | 11.2% | 76.6%

Language barriers

The bar graphs show answers to survey questions that asked people, **in the last 6 months,**

Never or Sometimes   Usually   Always

How often did the parent have a hard time speaking with or understanding a doctor or other health provider because they spoke DIFFERENT LANGUAGES? Q28

PSN	85.6%	12.0%
		2.4%
MediPass	90.4%	8.3%
		1.4%
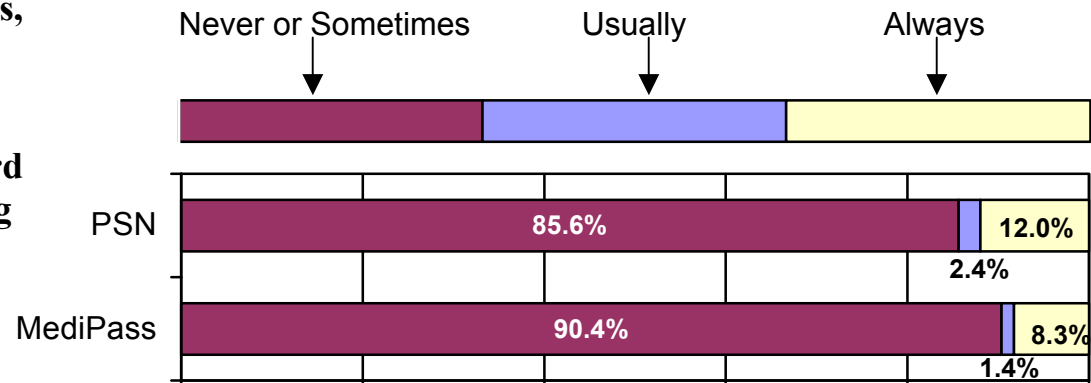
How often did the child have a hard time speaking or understanding doctors because they spoke DIFFERENT LANGUAGES? Q32

PSN	87.7%	2.7%	9.6%
		2.8%
MediPass	93.5%	3.7%
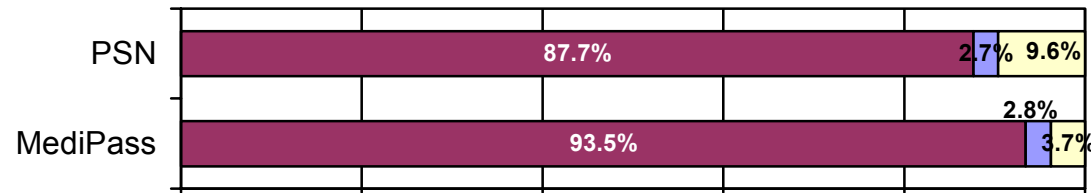
Ratings of child's health care and providers
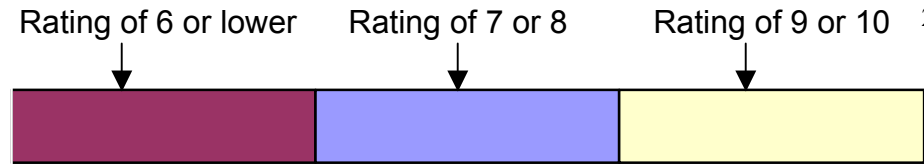
Rating of 6 or lower ↓   Rating of 7 or 8 ↓   Rating of 9 or 10 ↓

The bar graphs show answers to survey questions that asked people **the rating of the following** on a scale of 10:

0="the worst experience possible to"
10="the best experience possible"

Rate the child's personal doctor or nurse now. Q6

	6 or lower	7 or 8	9 or 10
PSN	5.8%	15.1%	79.1%
MediPass	4.4%	15.0%	80.5%
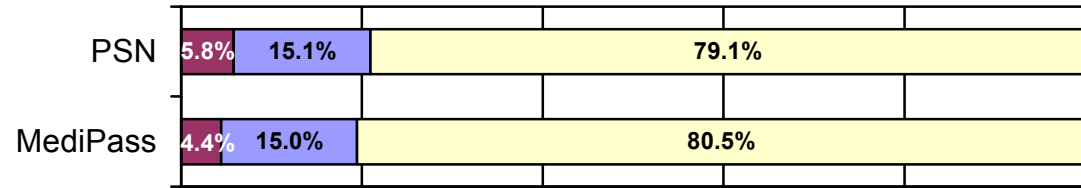
Rate the specialist the child saw most often in the last 6 months, including a personal doctor if he or she is a specialist. Q10

	6 or lower	7 or 8	9 or 10
PSN	11.7%	20.0%	68.3%
MediPass	2.7%	13.5%	83.8%
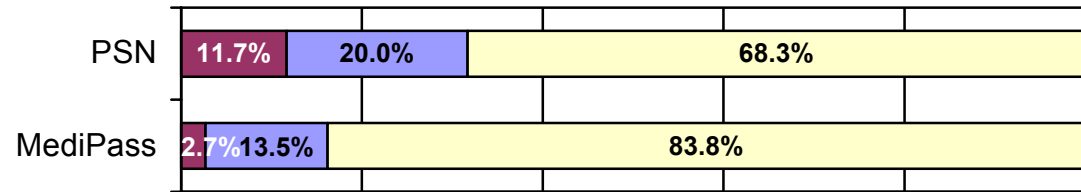
Rate all the child's health care in the last 6 months from all doctors and other health providers. Q35

	6 or lower	7 or 8	9 or 10
PSN	11.0%	20.5%	68.5%
MediPass	2.8%	19.8%	77.4%
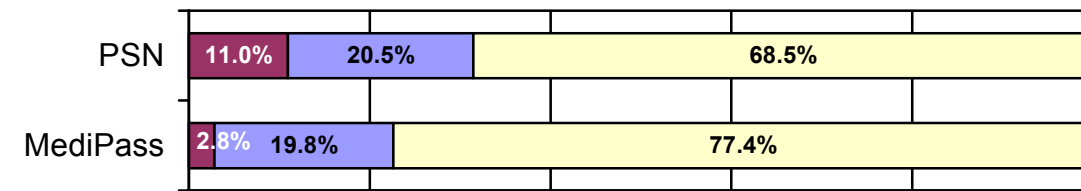
Rate all their experience with the child's health program now. Q57
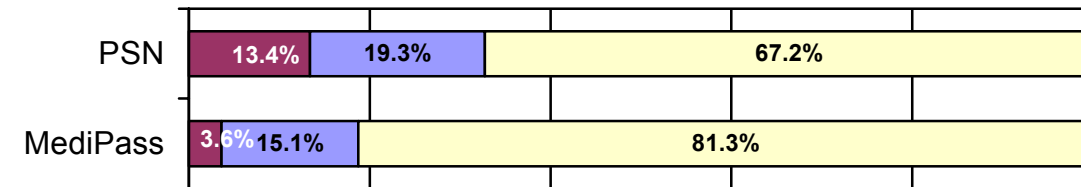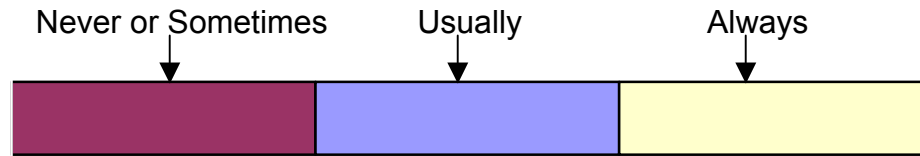
	6 or lower	7 or 8	9 or 10
PSN	13.4%	19.3%	67.2%
MediPass	3.6%	15.1%	81.3%

Courtesy, respect, and helpfulness of medical office staff

Never or Sometimes   Usually   Always

The bar graphs show answers to survey questions that asked people **how often the office staff at their doctor's office:**

Treated them with courtesy and respect. Q25

	Never or Sometimes	Usually	Always
PSN	19.3%	7.2%	73.5%
Medipass	10.1%	4.1%	85.8%

Were as helpful as they should be. Q26

	Never or Sometimes	Usually	Always
PSN	19.0%	17.8%	63.2%
MediPass	7.4%	9.7%	82.9%

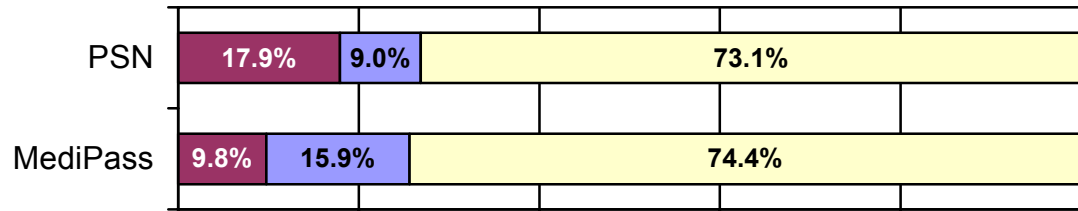# Program enrollee services

BIG problems   SMALL problems   NO problems
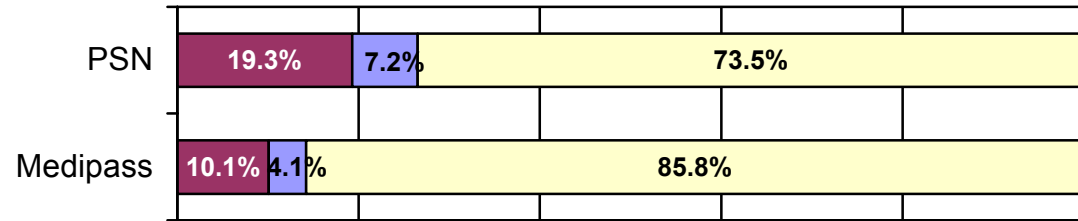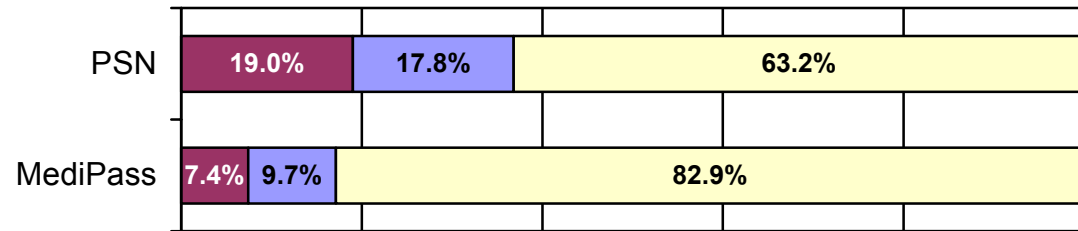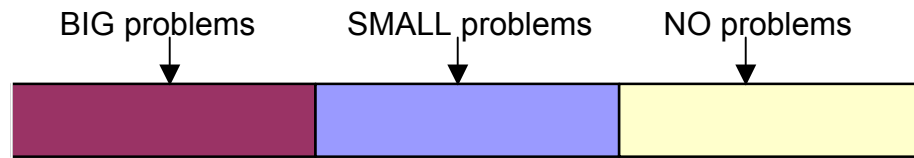
The bar graphs show answers to survey questions
that asked people, **in the last 6 months,
how much of a problem was it to**:

**Find or understand the information
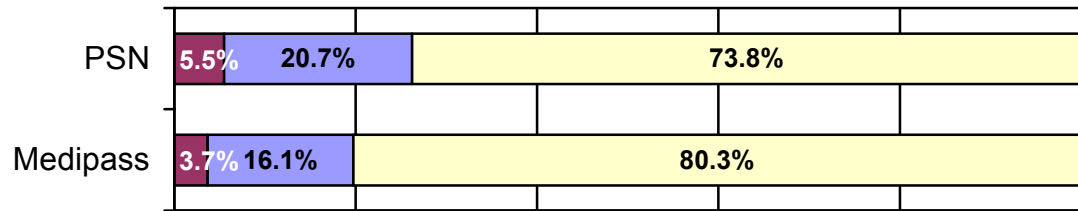they needed in the written materials
from the child's program. Q49**

	BIG problems	SMALL problems	NO problems
PSN	2.7%	10.7%	86.7%
MediPass	5.1%	13.6%	81.4%
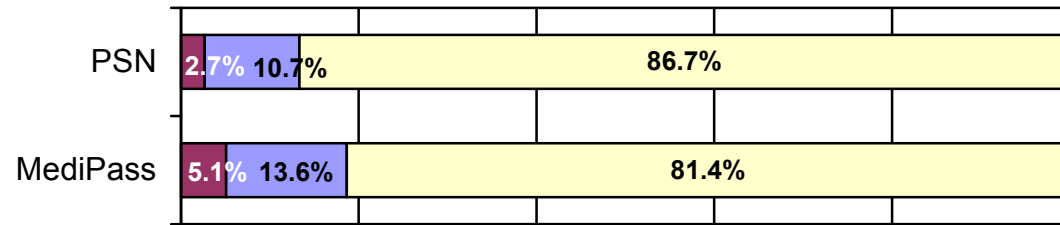
**Get the help they need when they
called the child's program's
enrollee services? Q51**

	BIG problems	SMALL problems	NO problems
PSN	24.4%	8.9%	66.7%
MediPass	15.9%	9.1%	75.0%

**How much of a problem did you
have with paperwork for child's
program? Q56**

	BIG problems	SMALL problems	NO problems
PSN	5.4%	16.2%	78.4%
MediPass	9.5%	19.1%	71.4%
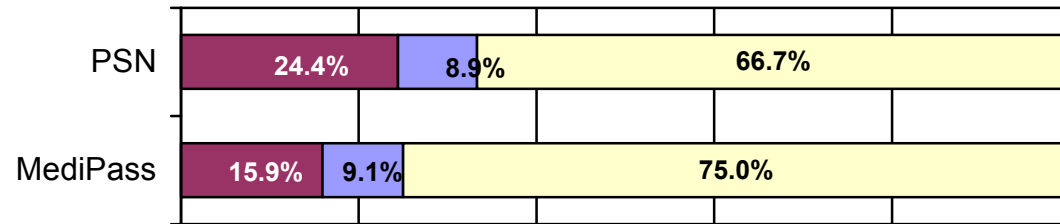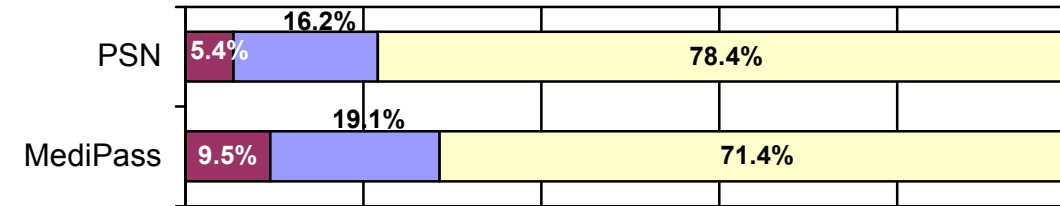
Child's Enrollment

The bar graphs show answers to survey questions
that asked people about their enrollment:

6 Month or less   More than 6 months but less than 1 year   1 year or longer
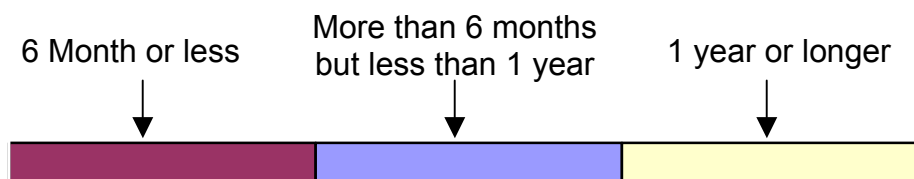
How many months has the child they been in this program. Q44

PSN
7.1%
13.4%
79.5%

MediPass
3.6%
9.7%
86.6%

They chose their program.   They were told which program they were in.
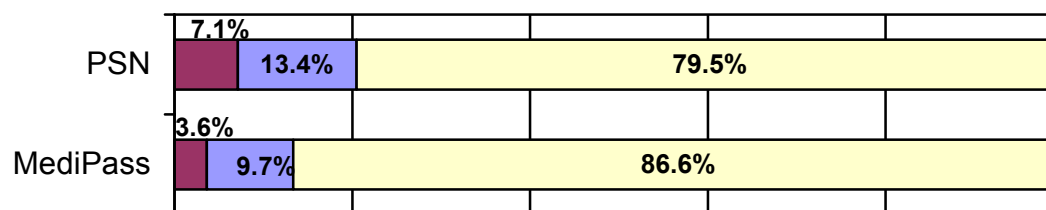
Did they choose this program or were they told which program the child was in. Q45
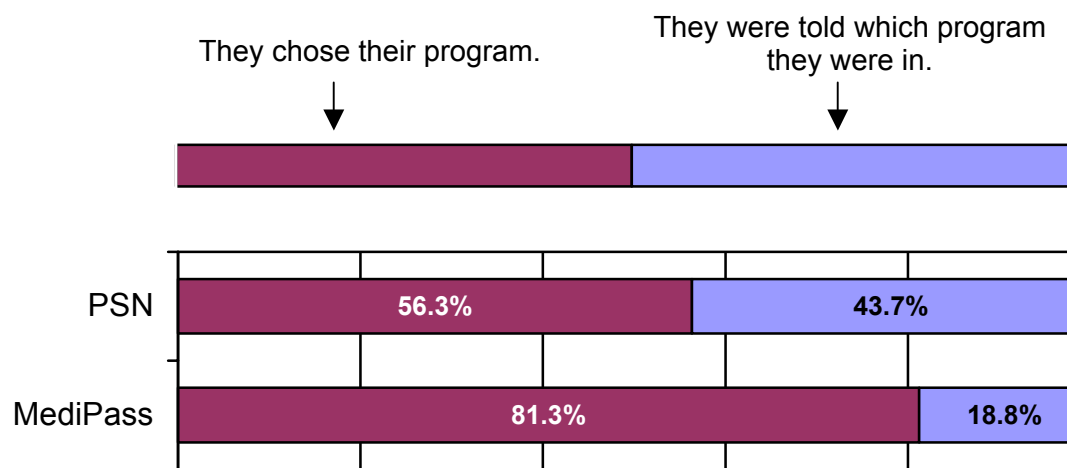
PSN
56.3%
43.7%

MediPass
81.3%
18.8%

Program information

The bar graphs show answers to survey questions that asked people about their enrollment:

| None of it | Some of it | Most of it | All of it |

How much of the information they were given was correct. Q47

PSN
4.0%
15.0% | 27.2% | 53.8%

MediPass
2.4%
6.2% | 20.6% | 70.8%
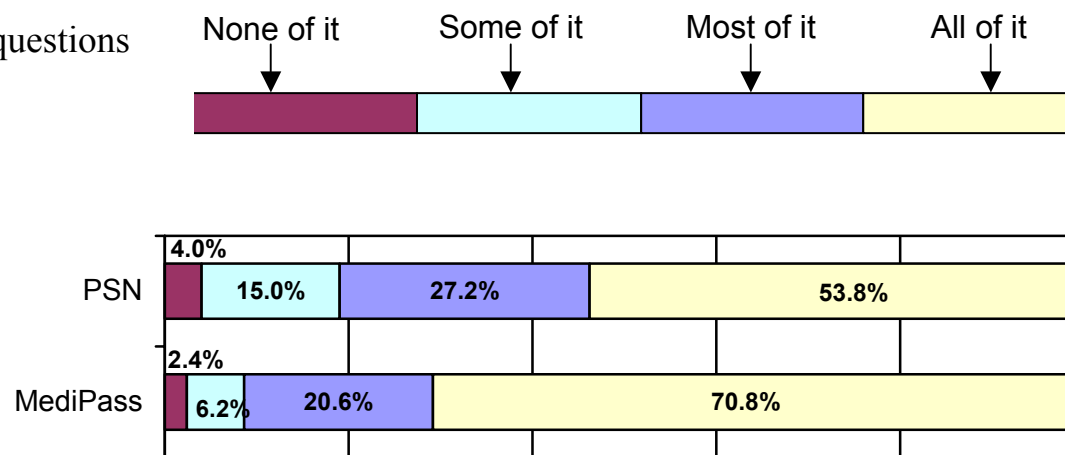
Specialists as Primary Care Providers

| Yes | No |

Was the specialist your child saw most often the same doctor as your child's personal doctor? Q11.
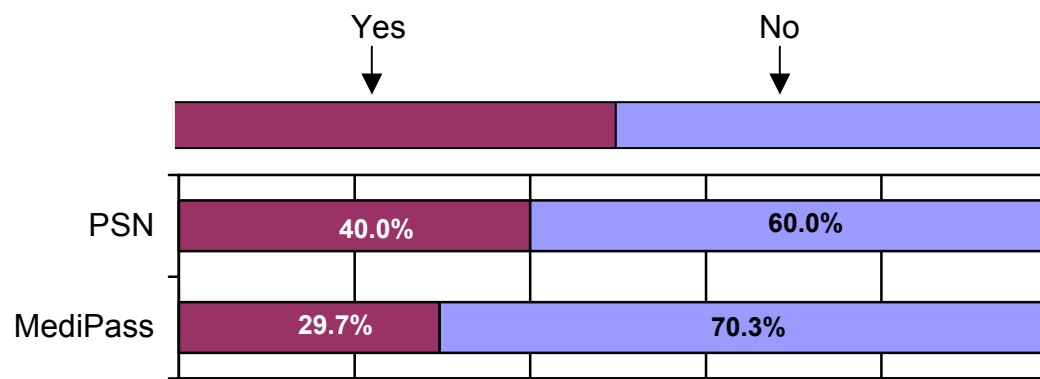
PSN
40.0% | 60.0%

MediPass
29.7% | 70.3%

Complaints/ Grievances

The bar graphs show answers to survey questions
that asked people about their experience with the
program in processing their complaint:

Yes   No

**In the last 6 months, have they
called or written child's program
with a complaint or problem? Q52**

PSN   3.2%   96.8%

MediPass   1.6%   98.4%
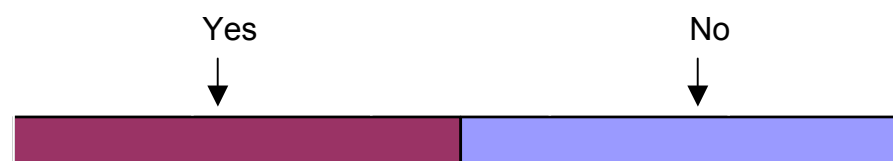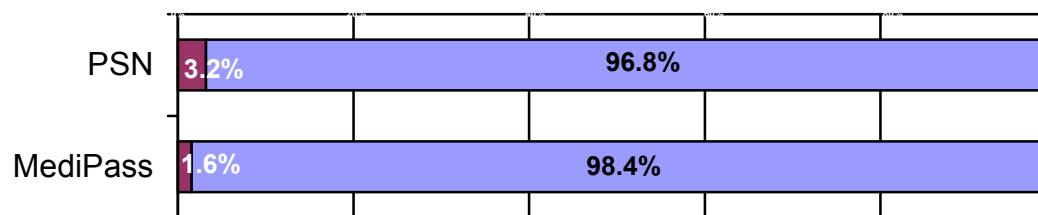
Discussion

Overall, enrollees were satisfied with the health care received for themselves or for their children. Both the PSN and MediPass are seen positively, as making a difference in the lives of their participants. For the most part, survey respondents reported that they or their children get the health care they need when they need it, and in a manner that treats them with dignity.

On many measures of satisfaction, respondents reporting about the care of their children gave higher ratings than respondents reporting on their own care. For example, when it came to finding a personal doctor or nurse that they were happy with, "no problem" was reported for 95.0% of PSN children compared to 73.3% of PSN adults. In MediPass the pattern was similar, with "no problem" reported for 93.9% of children and 84.6% of adults.

Overall, there were some modest but statistically significant differences between the two programs in the perceptions expressed by enrollees. In general, where there were differences, MediPass had the more positive scores. For example, PSN enrollees reported somewhat longer waits between making an appointment and seeing the health care provider.

While PSN enrollees reported lower rates of utilization, fewer visits should not be automatically interpreted negatively. For example, in looking at the children's data, there is a marked difference in the percentage saying that a specialist is their personal doctor (40% for the PSN, compared to about 30% for MediPass). Patients who must see a "gatekeeper" primary care provider who is not a specialist will likely take more visits to accomplish the same number of procedures or tests. So patients with a specialist as their personal doctor may indeed receive a high level of care in fewer visits.

In attempting to understand the differences between the ratings for the PSN and for MediPass, it should be noted that in the 2003 sample, there were significant differences in the demographics of respondents. Not only were there more individuals reporting a race/ethnicity of "Hispanic" in MediPass than for the PSN, but in looking at the primary language spoken at home, the percentage of English speakers was 55.6% for the PSN, but only about half that (27.9%) for MediPass. It is difficult to sort out whether different levels of satisfaction are a result of the different programs, or a reflection of the different groups of enrollees. Some previous studies have found higher rates of satisfaction expressed among Hispanics.[5]

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[5] See for example Roohan P.J., Franko S.J., Anarella J.P., Dellehunt L.K., & Gesten F.C. (2003) Do commercial managed care members rate their health plans differently than Medicaid managed care members? Health Services Research, 38 (4): 1121-1134.

Appendix B

This table presents all the data collected on the surveys. Data are presented in the order of the standard CAHPS telephone script, adhering to that numbering system (thus question 35 is skipped because it was not appropriate for this population.) When data for an item are also presented in the "Findings" section, the corresponding page number is in parentheses under the question descriptor in the far left column. A p-value for testing the statistical significance of the observed difference between the PSN and MediPass responses is also noted for those items. Columns may not sum exactly to 100% due to rounding.

Age (pp. 76, 77)	PSN			MediPass		
	n=251			n=256		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
18-24	10	4.0	1.24	8	3.2	1.11
25-34	31	12.4	2.10	26	10.4	1.93
35-44	51	20.4	2.55	51	20.4	2.55
45-54	66	26.4	2.79	48	19.2	2.49
55-64	55	22.0	2.62	61	24.4	2.72
65 or older	37	14.8	2.25	56	22.4	2.64

Gender (pp. 76, 77)	PSN			MediPass		
	n=253			n=252		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Male	79	31.2	2.92	73	29.0	2.86
Female	174	68.8	2.92	179	71.0	2.86

Q3. Received New Doctor or Nurse When Enrolled	PSN			MediPass		
	n=244			n=247		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	88	36.1	3.08	105	42.5	3.15
No	156	63.9	3.08	142	57.5	3.15

Q4. How Much of a Problem to Get Satisfactory Doctor or Nurse (p. 78)	PSN			MediPass		
	n=86			n=104		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	13	15.1	3.89	11	10.6	3.03
Small Problem	10	11.6	3.48	5	4.8	2.11
No Problem	63	73.3	4.80	88	84.6	3.56
	p=0.119					

Q5. Has a Personal Doctor or Nurse	PSN			MediPass		
	n=249			n=248		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	169	67.9	2.97	203	81.9	2.45
No	80	32.1	2.97	45	18.1	2.45

Q6. Rating of Personal Doctor or Nurse (p. 84)	PSN			MediPass		
	n=164			n=200		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 through 6	12	7.3	2.04	18	9.0	2.03
7 or 8	25	15.2	2.82	22	11.0	2.22
9 or 10	127	77.4	3.27	160	80.0	2.84
	p=0.442					

Q7. Needed a Specialist	PSN			MediPass		
	n=252			n=248		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	117	46.4	3.15	137	55.2	3.16
No	135	53.6	3.15	111	44.8	3.16

Q8. How Much of a Problem to Get Referral for Specialist (p. 78)	PSN			MediPass		
	n=111			n=134		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	21	18.9	3.73	20	14.9	3.09
Small Problem	21	18.9	3.73	10	7.5	2.28
Not a Problem	69	62.2	4.62	104	77.6	3.61
	p=0.012					

Q9. Saw a Specialist	PSN			MediPass		
	n=247			n=252		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	110	44.5	3.17	137	54.4	3.14
No	137	55.5	3.17	115	45.6	3.14

Q10. Rating of Specialist (p. 84)	PSN			MediPass		
	n=105			n=134		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 through 6	13	12.4	3.23	10	7.5	2.28
7 or 8	25	23.8	4.18	27	20.1	3.48
9 or 10	67	63.8	4.71	97	72.4	3.88
	p=0.293					

Q11. Specialist Same as Personal Doctor	PSN			MediPass		
	n=109			n=137		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	44	40.4	4.72	64	46.7	4.28
No	65	59.6	4.72	73	53.3	4.28

Q12. Called Doctor's Office for Self During Regular Hours	PSN			MediPass		
	n=253			n=250		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	87	34.4	2.99	97	38.8	3.09
No	166	65.6	2.99	153	61.2	3.09

Q13. Received Needed Help or Advice (p. 80)	PSN			MediPass		
	n=85			n=196		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	34	40.0	5.35	27	28.1	4.61
Usually	12	14.1	3.80	7	7.3	2.67
Always	39	45.9	5.44	62	64.6	4.91
p=0.037						

Q14. Made Appointment for Regular Health Care	PSN			MediPass		
	n=249			n=247		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	156	62.7	3.07	158	64.0	3.06
No	93	37.3	3.07	89	36.0	3.06

Q15. Got Appointment for Regular Health Care as Soon as Wanted (p. 80)	PSN			MediPass		
	n=154			n=151		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	44	28.6	3.65	30	19.9	3.26
Usually	33	21.4	3.32	22	14.6	2.88
Always	77	50.0	4.04	99	65.6	3.88
p=0.024						

Q16. Days Waited Between Making Appointment and Seeing Provider for Routine Care (p. 79)	PSN			MediPass		
	n=144			n=152		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Same Day to 3 Days	40	27.8	3.75	80	52.6	4.06
4-14 Days	35	24.3	3.59	38	25.0	3.52
15-29 Days	16	11.1	2.63	11	7.2	2.11
30 Days or More	53	36.8	4.03	23	15.1	2.92
	p=0.000					

Q17. Had Illness or Injury Needing Immediate Care	PSN			MediPass		
	n=253			n=251		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	75	29.6	2.88	81	32.3	2.96
No	178	70.4	2.88	170	67.7	2.96

Q18. Got Immediate Care for Illness or Injury as Soon as Wanted (p. 80)	PSN			MediPass		
	n=73			n=80		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	18	24.7	5.08	17	21.3	4.60
Usually	17	23.3	4.98	12	15.0	4.02
Always	38	52.1	5.89	51	63.8	5.41
	p =0.294					

Q19. Days Waited Between Trying to Get Care and Seeing Provider for Illness or Injury (p. 79)	PSN			MediPass		
	n=72			n=78		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Same Day	32	44.4	5.90	40	51.3	5.70
1-3 Days	16	22.2	4.93	17	21.8	4.70
4-14 Days	9	12.5	3.92	13	16.7	4.25
15 or More Days	15	20.8	4.82	8	10.2	3.46
p=0.320						

Q20. Number of Times Went to Emergency Room for Care for Self (p. 81)	PSN			MediPass		
	n=250			n=246		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
None	157	62.8	3.06	171	69.5	2.94
1-2 Times	78	31.2	2.94	60	24.4	2.74
3-5 Times	12	4.8	1.35	12	4.9	1.38
6 or More Times	3	1.2	0.69	3	1.2	0.70
p=0.406						

Q21. Number of Times Went to Doctor's Office or Clinic for Care for Self (p. 81)	PSN			MediPass		
	n=241			n=240		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
None	44	18.3	2.49	43	17.9	2.48
1-4 Times	132	54.8	3.21	97	40.4	3.17
5-9 Times	45	18.7	2.52	68	28.3	2.91
10 or More Times	20	8.30	1.78	32	13.3	2.20
p=0.0053						

Q22. How Much of a Problem to Get Necessary Care (p. 78)	PSN			MediPass		
	n=189			n=195		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	27	14.3	2.55	17	8.7	2.03
Small Problem	35	18.5	2.83	36	18.5	2.79
Not a Problem	127	67.2	3.42	142	72.8	3.19
p=0.221						
Q23. Delays While Waiting for Approval from Program (p. 78)	PSN			MediPass		
	n=195			n=195		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	17	8.7	2.03	13	6.7	1.79
Small Problem	37	19.0	2.82	32	16.4	2.66
Not a Problem	141	72.3	3.21	150	76.9	3.02
p=0.557						
Q24. Waited More Than 15 Minutes Past Appointment Time to See Provider (p. 80)	PSN			MediPass		
	n=194			n=193		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	85	43.8	3.57	106	54.9	3.59
Usually	32	16.5	2.67	23	11.9	2.34
Always	77	39.7	3.52	64	33.2	3.40
p=0.084						

Covert
Overt

Q25. Office Staff at Doctor's Office Were Courteous and Respectful (p. 85)	PSN			MediPass		
	n=195			n=196		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	25	12.8	2.40	22	11.2	2.26
Usually	18	9.2	2.08	8	4.1	1.42
Always	152	77.9	2.98	166	84.7	2.58
	p=0.099					

Q26. Office Staff at Doctor's Office Were Helpful (p. 85)	PSN			MediPass		
	n=194			n=196		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	39	20.1	2.88	24	12.2	2.35
Usually	27	13.9	2.49	16	8.2	1.96
Always	128	66.0	3.41	156	79.6	2.89
	p=0.011					

Q27. Doctor or Other Provider Listened Carefully (p. 82)	PSN			MediPass		
	n=195			n=196		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	22	11.3	2.27	19	9.7	2.12
Usually	17	8.7	2.03	13	6.6	1.78
Always	156	80.0	2.87	164	83.7	2.65
	p=0.623					

Q28. Had Hard Time Speaking With or Understanding Doctor Because of Differing Languages (p. 83)	PSN			MediPass		
	n=196			n=197		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	162	82.7	2.71	179	90.9	2.06
Usually	8	4.1	1.42	8	4.1	1.41
Always	26	13.3	2.43	10	5.1	1.57
	p=0.019					
Q29. Doctor Explained Things so You Could Understand (p. 82)	PSN			MediPass		
	n=196			n=197		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	33	16.8	2.68	22	11.2	2.25
Usually	18	9.2	2.07	15	7.6	1.89
Always	145	74.0	3.14	160	81.2	2.79
	p=0.203					

Q30. Doctor Showed Respect for What You Had to Say (p. 82)	PSN			MediPass		
	n=196			n=197		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	24	12.2	2.35	26	13.2	2.42
Usually	17	8.7	2.02	6	3.0	1.23
Always	155	79.1	2.91	165	83.8	2.63
	p=0.060					

Q31. Doctor Spent Enough Time With You (p. 82)	PSN			MediPass		
	n=193			n=194		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	34	17.6	2.75	24	12.4	2.37
Usually	28	14.5	2.54	21	10.8	2.24
Always	131	67.9	3.37	149	76.8	3.04
	p=0.145					

Q32. Rating of All Health Care, from All Doctors and Health Providers (p. 84)	PSN			MediPass		
	n=195			n=197		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 through 6	27	13.8	2.48	22	11.2	2.25
7 or 8	38	19.5	2.84	37	18.8	2.79
9 or 10	130	66.7	3.38	138	70.1	3.27
	p=0.687					

Q33. Needed an Interpreter to Speak with Doctor or Other Health Provider (p. 83)	PSN			MediPass		
	n=253			n=250		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	31	12.3	2.07	39	15.6	2.30
No	222	87.7	2.07	211	84.4	2.30
	p=0.279					

Q34. How Often You Got Needed Interpreter	PSN			MediPass		
	n=31			n=36		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	7	22.6	7.63	9	25.0	7.32
Usually	3	9.7	5.40	2	5.6	3.87
Always	21	67.7	8.53	25	69.4	7.79

Q36. Use Current Medicaid Program for All or Most of Health Care	PSN			MediPass		
	n=250			n=247		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	236	94.4	1.46	237	96.0	1.26
No	14	5.6	1.46	10	4.0	1.26

Q37. Number of Months in a Row Enrolled (p. 87)	PSN			MediPass		
	n=243			n=240		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Less than 3 Months	8	3.3	1.15	4	1.7	0.83
3 to 6 Months	12	4.9	1.39	9	3.8	1.23
7 Months to 1 Year	28	11.5	2.05	29	12.1	2.11
More than 1 Year	195	80.3	2.56	198	82.5	2.46
	p=0.619					

Q38. Chose Program Yourself, or Were Told (p. 87)	PSN			MediPass		
	n=230			n=231		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Chose Myself	118	51.3	3.30	148	64.1	3.16
Was Told	112	48.7	3.30	83	35.9	3.16
	p=0.0058					

Q39. Received Information About Program When Enrolled	PSN			MediPass		
	n=236			n=234		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	182	77.1	2.74	171	73.1	2.91
No	54	22.9	2.74	63	26.9	2.91

Q40. How Much of Given Information Was Correct (p. 88)	PSN			MediPass		
	n=163			n=155		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
All of It	114	69.9	3.61	116	74.8	3.50
Most of It	32	19.6	3.12	31	20.0	3.22
Some of It	15	9.2	2.27	7	4.5	1.67
None of It	2	1.2	0.86	1	0.6	0.65
	p=0.382					

Q41. Looked for Information in Written Materials from Program	PSN			MediPass		
	n=244			n=243		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	55	22.5	2.7	33	13.6	2.20
No	189	77.5	2.7	210	86.4	2.20

Q42. How Much of a Problem to Find or Understand Information in Written Materials (p. 86)	PSN			MediPass		
	n=53			n=33		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	5	9.4	4.05	2	6.1	4.22
Small Problem	11	20.8	5.62	11	33.3	8.33
Not a Problem	37	69.8	6.37	20	60.6	8.64
	p=0.412					
Q43. Called Program's Enrollee Service for Information or Help	PSN			MediPass		
	n=247			n=248		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	48	19.4	2.52	39	15.7	2.32
No	199	80.6	2.52	209	84.3	2.32
Q44. How Much of a Problem to Get Needed Help from Program's Enrollee Service (p. 86)	PSN			MediPass		
	n=48			n=39		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	11	22.9	6.13	4	10.2	4.92
Small Problem	11	22.9	6.13	12	30.8	7.49
Not a Problem	26	54.2	7.27	23	59.0	7.98
	p=0.281					

Q45. Called or Written Program with Complaint or Problem (p. 89)	PSN			MediPass		
	n=252			n=251		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	19	7.5	1.67	12	4.8	1.35
No	233	92.5	1.67	239	95.2	1.35
	p=0.199					

Q46. Length of Time to Resolve Complaint	PSN			MediPass***		
	n=19			n=12		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Same Day	7	36.8	11.37	1	8.3	8.33
1 Week	0	-	-	4	33.3	14.21
2 Weeks	0	-	-	2	16.7	11.24
4 or More Weeks	1	5.3	5.26	0	-	-
Still Waiting for Settlement	11	57.9	11.64	5	41.7	14.86

Q47. Complaint or Problem Settled to Your Satisfaction	PSN			MediPass		
	n=8			n=7		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	6	75.0	16.37	6	85.7	14.29
No	2	25.0	16.37	1	14.3	14.29
Still Waiting for Settlement	0	-	-	0	-	-

Q48. Experience with Paperwork for Program	PSN			MediPass		
	n=252			n=245		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	38	15.1	2.26	26	10.6	1.97
No	214	84.9	2.26	219	89.4	1.97

Q49. How Much of a Problem was the Paperwork for Program (p. 86)	PSN			MediPass		
	n=38			n=26		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	3	7.9	4.43	4	15.4	7.22
Small Problem	7	18.4	6.37	4	15.4	7.22
Not a Problem	28	73.7	7.24	18	69.2	9.23
	p=0.638					

Q50. Rating of Health Program Now (p. 84)	PSN			MediPass		
	n=243			n=238		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 through 6	41	16.9	2.41	26	10.9	2.03
7 or 8	57	23.5	2.72	45	18.9	2.54
9 or 10	145	59.7	3.15	167	70.2	2.97
	p=0.042					

Q51. Rating of Overall Health Now (pp. 76, 77)	PSN			MediPass		
	n=251			n=249		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Excellent	30	12.0	2.05	24	9.6	1.87
Very Good	40	15.9	2.31	28	11.2	2.01
Good	52	20.7	2.56	51	20.5	2.56
Fair	76	30.3	2.91	91	36.5	3.06
Poor	53	21.1	2.58	55	22.1	2.63

Q52. Smoked at Least 100 Cigarettes in Entire Life	PSN			MediPass		
	n=252			n=248		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	108	42.9	3.12	94	37.9	3.09
No	144	57.1	3.12	154	62.1	3.09

Q53. How Often Currently Smoke	PSN			MediPass		
	n=108			n=93		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Every Day	38	35.2	4.62	41	44.1	5.18
Some Days	18	16.7	3.60	14	15.1	3.73
Not at All	52	48.1	4.83	38	40.9	5.13

Q52 and Q53. Frequency Smoked	PSN			MediPass		
	n=252			n=248		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never	144	57.1	3.13	154	62.3	3.09
Have Quit	52	20.6	0.05	38	15.4	5.18
Some Days	18	7.1	0.04	14	5.67	3.73
Every Day	38	15.1	4.62	41	16.6	5.13
	p=0.434					

Q54. How Long Since You Quit Smoking	PSN			MediPass		
	n=50			n=38		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
6 Months or Less	6	12.0	4.64	3	7.9	4.43
More than 6 Months	44	88.0	4.64	35	92.1	4.43
	p=0.533					

Q55. Number of Visits that Doctor Advised You to Quit Smoking	PSN			MediPass		
	n=56			n=55		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
None	10	17.9	5.16	21	38.2	6.61
1 Visit	4	7.1	3.47	6	10.9	4.24
2-4 Visits	17	30.4	6.20	6	10.9	4.24
5-9 Visits	10	17.9	5.16	10	18.2	5.25
10 or More Visits	15	26.8	5.97	12	21.8	5.62
	p=0.046					

Q56. Highest School Grade Completed (pp. 76, 77)	PSN			MediPass		
	n=251			n=248		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
8th Grade or Less	57	22.7	2.65	67	27.0	2.83
Some High School, but Didn't Graduate	67	26.7	2.80	48	19.4	2.51
High School Graduate, or GED	80	31.9	2.95	80	32.3	2.97
Some College or 2-Year College Degree	34	13.6	2.16	32	12.9	2.13
4-Year College Degree or More	13	5.2	1.40	21	8.5	1.77
Q57 and Q58. Race/Ethnicity (pp. 76, 77)	PSN			MediPass		
	n=242			n=247		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
White Non-Hispanic	22	9.1	1.85	30	12.2	0.93
Black or African American	107	44.2	3.20	107	13.4	2.21
Hispanic	112	46.3	3.21	183	74.1	2.24
Other	1	0.4	0.41	1	0.4	0.20
Q57. Hispanic or Latino Origin or Descent	PSN			MediPass		
	n=243			n=248		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	112	46.1	3.20	183	73.8	2.80
No	131	53.9	3.20	65	26.2	2.80

	PSN			MediPass		
Q58. Race	n=237			n=217		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
White	98	41.4	3.21	169	77.9	2.82
Black or African-American	135	57.0	3.22	45	20.7	2.76
Asian	3	1.3	0.73	0	0	-
American Indian or Alaska Native	1	0.4	0.42	3	1.4	0.79
Q59. Primary Language Spoken at Home	PSN			MediPass		
	n=252			n=251		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
English	140	55.6	3.14	70	27.9	2.84
Spanish	92	36.5	3.04	168	66.9	2.98
Other	20	7.9	1.71	13	5.2	1.40

This table presents all the data collected on the surveys. Data are presented in the order of the standard CAHPS telephone script, adhering to that numbering system. When data for that item are also presented in the "Findings" section, the corresponding page number is in parentheses under the question descriptor in the far left column. A p-value for testing the statistical significance of the observed difference between the PSN and MediPass responses is also noted for those items. Columns may not sum exactly to 100% due to rounding.

Age (Parent)	PSN			MediPass		
	n=251			n=256		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
18-24	32	12.7	2.11	17	6.6	1.56
25-34	90	35.8	3.03	90	35.2	2.99
35-44	83	33.1	2.98	108	42.2	3.09
45-54	28	11.2	1.99	27	10.5	1.92
55-64	11	4.4	1.29	8	3.1	1.09
65 or older	7	2.8	1.04	6	2.3	0.95

Age (Child) (pp. 90, 91)	PSN			MediPass		
	n=247			n=253		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0-1	30	12.1	2.08	26	10.3	1.91
2-5	88	35.6	3.05	78	30.8	2.91
6-12	74	30.0	2.92	86	34.0	2.98
13-18	55	22.3	2.65	63	24.9	2.72

Gender (parent)	PSN			MediPass		
	n=251			n=256		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Male	16	6.4	1.55	20	7.8	1.68
Female	235	93.6	1.55	236	92.2	1.68

Relation to child	PSN			MediPass		
	n=251			n=255		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Mother or father	220	87.6	2.08	237	92.9	1.61
Grandparent	20	8.0	1.71	15	5.9	1.48
Auntie or uncle	6	2.4	0.97	2	0.8	0.55
Older brother or sister	1	0.4	0.40	-	-	-
Other relative	-	-	-	1	0.4	0.39
Legal guardian	4	1.6	0.79	-	-	-

Q3. Received New Doctor or Nurse When Enrolled	PSN			MediPass		
	n=242			n=250		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	60	24.8	2.78	82	32.8	2.98
No	182	75.2	2.78	168	67.2	2.98

Q4. How Much of a Problem to Get Satisfactory Doctor or Nurse (p. 92)	PSN			MediPass		
	n=60			n=82		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	2	3.3	2.34	3	3.7	2.09
Small Problem	1	1.7	1.67	2	2.4	1.71
No Problem	57	95.0	2.84	77	93.9	2.66
	p=0.946					

Q5. Has a Personal Doctor or Nurse	PSN			MediPass		
	n=247			n=255		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	180	72.9	2.83	228	89.4	1.93
No	67	27.1	2.83	27	10.6	1.93

Q6. Rating of Personal Doctor or Nurse (p. 98)	PSN			MediPass		
	n=172			n=226		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 through 6	10	5.8	1.79	10	4.4	1.37
7 or 8	26	15.1	2.74	34	15.0	2.38
9 or 10	136	79.1	3.11	182	80.5	2.64
	p=0.8186					

Q7. Needed a Specialist	PSN			MediPass		
	n=249			n=256		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	69	27.7	2.84	84	32.8	2.94
No	180	72.3	2.84	172	67.2	2.94

Q8. How Much of a Problem to Get Referral for Specialist (p. 92)	PSN			MediPass		
	n=67			n=82		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	12	17.9	4.72	8	9.8	3.30
Small Problem	6	9.0	3.51	13	15.9	4.06
Not a Problem	49	73.1	5.46	61	74.4	4.85
	p=0.205					

Q9. Saw a Specialist	PSN			MediPass		
	n=250			n=253		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	61	24.4	2.72	74	29.2	2.87
No	189	75.6	2.72	179	70.8	2.87

Q10. Rating of Specialist (p. 98)	PSN			MediPass		
	n=60			n=74		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 through 6	7	11.7	4.18	2	2.7	1.90
7 or 8	12	20.0	5.21	10	13.5	4.00
9 or 10	41	68.3	6.06	62	83.8	4.31
	p=0.057					

Q11. Specialist Same as Personal Doctor (p. 102)	PSN			MediPass		
	n=60			n=74		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	24	40.0	6.38	22	29.7	5.35
No	36	60.0	6.38	52	70.3	5.35

Q12. Called Doctor's Office for Self During Regular Hours	PSN			MediPass		
	n=250			n=252		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	74	29.6	2.89	93	36.9	3.05
No	176	70.4	2.89	159	63.1	3.05

Q13. Received Needed Help or Advice (p. 94)	PSN			MediPass		
	n=74			n=92		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	21	28.4	5.28	13	14.1	3.65
Usually	13	17.6	4.45	11	12.0	3.40
Always	40	54.1	5.83	68	73.9	4.60
p=0.026						

Q14. Made Appointment for Regular Health Care	PSN			MediPass		
	n=251			n=252		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	145	57.8	3.12	186	73.8	2.78
No	106	42.2	3.12	66	26.2	2.78

Q15. Got Appointment for Regular Health Care as Soon as Wanted (p. 94)	PSN			MediPass		
	n=144			n=186		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	38	26.4	3.69	28	15.1	2.63
Usually	21	14.6	2.95	26	14.0	2.55
Always	85	59.0	4.11	132	71.0	3.34
p=0.031						

Q16. Days Waited Between Making Appointment and Seeing Provider for Routine Care (p. 93)	PSN			MediPass		
	n=136			n=180		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Same Day to 3 Days	74	54.4	4.29	131	72.8	3.33
4-14 Days	38	27.9	3.86	33	18.3	2.89
15-29 Days	6	4.4	1.77	7	3.9	1.45
30 Days or More	18	13.2	2.92	9	5.0	1.63
p=0.004						

Q17. Had Illness or Injury Needing Immediate Care	PSN			MediPass		
	n=250			n=256		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	66	26.4	2.79	78	30.5	2.88
No	184	73.6	2.79	178	69.5	2.88

Q18. Got Immediate Care for Illness or Injury as Soon as Wanted (p. 84)	PSN			MediPass		
	n=65			n=78		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	13	20.0	5.00	6	7.7	3.04
Usually	8	12.3	4.11	10	12.8	3.81
Always	44	67.7	5.85	62	79.5	4.60
p =0.098						

Q19. Days Waited Between Trying to Get Care and Seeing Provider for Illness or Injury (p. 93)	PSN			MediPass		
	n=65			n=77		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Same Day	46	70.8	5.69	65	84.4	4.16
1-3 Days	13	20.0	5.00	9	11.7	3.69
4-14 Days	3	4.6	2.62	2	2.6	1.82
15 or More Days	3	4.6	2.62	1	1.3	1.30
p=0.246						

Q20. Number of Times Went to Emergency Room for Care for Self (p. 95)	PSN			MediPass		
	n=248			n=254		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
None	173	69.8	2.92	180	70.9	2.86
1-2 Times	64	25.8	2.78	68	26.8	2.78
3-5 Times	9	3.6	1.19	5	2.0	0.87
6 or More Times	2	0.8	0.57	1	0.4	0.39
p=0.646						

Q21. Number of Times Went to Doctor's Office or Clinic for Care for Self (p. 95)	PSN			MediPass		
	n=247			n=243		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
None	80	32.4	2.98	25	10.3	1.95
1-4 Times	146	59.1	3.13	164	67.5	3.01
5-9 Times	15	6.1	1.52	37	15.2	2.31
10 or More Times	6	2.4	0.98	17	7.0	1.64
p=0.000						

Q22. How Much of a Problem to Get Necessary Care (p. 92)	PSN			MediPass		
	n=164			n=218		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	9	5.5	1.78	8	3.7	1.28
Small Problem	34	20.7	3.18	35	16.1	2.49
Not a Problem	121	73.8	3.45	175	80.3	2.70
p=0.312						

Q23. Delays While Waiting for Approval from Program (p. 92)	PSN			MediPass		
	n=163			n=217		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	10	6.1	1.89	6	2.8	1.12
Small Problem	18	11.0	2.46	20	9.2	1.97
Not a Problem	135	82.8	2.96	191	88.0	2.21
p=0.212						

Q24. Waited More Than 15 Minutes Past Appointment Time to See Provider (p. 94)	PSN			MediPass		
	n=166			n=218		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	84	50.6	3.89	138	63.3	3.27
Usually	25	15.1	2.78	23	10.6	2.09
Always	57	34.3	3.70	57	26.1	2.98
p=0.044						

Q25. Office Staff at Doctor's Office Were Courteous and Respectful (p. 99)	PSN			MediPass		
	n=166			n=218		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	32	19.3	3.07	22	10.1	2.04
Usually	12	7.2	2.02	9	4.1	1.35
Always	122	73.5	3.44	187	85.8	2.37
p=0.011						

Q26. Office Staff at Doctor's Office Were Helpful (p. 99)	PSN			MediPass		
	n=163			n=216		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	31	19.0	3.08	16	7.4	1.79
Usually	29	17.8	3.00	21	9.7	2.02
Always	103	63.2	3.79	179	82.9	2.57
p=0.0001						

Q27. Doctor or Other Provider Listened Carefully (p. 96)	PSN			MediPass		
	n=166			n=217		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	20	12.0	2.53	10	4.6	1.42
Usually	13	7.8	2.09	16	7.4	1.78
Always	133	80.1	3.11	191	88.0	2.21
p=0.0258						

Q28. Had Hard Time Speaking With or Understanding Doctor Because of Differing Languages (p. 97)	PSN			MediPass		
	n=167			n=218		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	143	85.6	2.72	197	90.4	2.00
Usually	4	2.4	1.19	3	1.4	0.79
Always	20	12.0	2.52	18	8.3	1.87
	p=0.350					
Q29. Doctor Explained Things so You Could Understand (p. 96)	PSN			MediPass		
	n=166			n=218		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	34	20.5	3.14	24	11.0	2.12
Usually	10	6.0	1.85	8	3.7	1.28
Always	122	73.5	3.44	186	85.3	2.40
	p=0.0158					

Q30. Doctor Showed Respect for What You Had to Say (p. 96)	PSN			MediPass		
	n=166			n=217		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	23	13.9	2.69	11	5.1	1.49
Usually	12	7.2	2.02	6	2.8	1.12
Always	131	78.9	3.18	200	92.2	1.83
	p=0.001					
Q31. Child Old Enough to Talk to Doctor by Self	PSN			MediPass		
	n=165			n=218		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	74	44.8	3.88	107	49.1	3.39
No	91	55.2	3.88	111	50.9	3.39
	p=0.412					
Q32. In Last 6 Months Child Had Difficulty Speaking or Understanding Doctors/Health Providers Due to Different Languages (p. 97)	PSN			MediPass		
	n=73			n=107		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	64	87.7	3.87	100	93.5	2.40
Usually	2	2.7	1.92	3	2.8	1.60
Always	7	9.6	3.47	4	3.7	1.84
	p=0.277					

Q33. Did Doctors/Other Health Providers Explain in a Way Child Could Understand? (p. 96)	PSN			MediPass		
	n=73			n=107		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	17	23.3	4.98	13	12.1	3.17
Usually	5	6.8	2.98	12	11.2	3.06
Always	51	69.9	5.41	82	76.6	4.11
	p=0.115					

Q34. How Often Doctors or Other Health Providers	PSN			MediPass		
	n=73			n=107		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	11	15.1	4.21	17	15.9	3.55
Usually	10	13.7	4.05	12	11.2	3.06
Always	52	71.2	5.33	78	72.9	4.32

Q35. Rating of all Child's Health Care from Doctors and Health Provider (p. 98)	PSN			MediPass		
	n=73			n=106		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0 to 6	8	11.0	3.68	3	2.8	1.61
7 or 8	15	20.5	4.76	21	19.8	3.89
9 or 10	50	68.5	5.47	82	77.4	4.08

Q36. Needed Interpreter to help speak with Child's Doctor/Health Providers	PSN			MediPass		
	n=251			n=255		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	24	9.6	1.86	21	8.2	1.72
No	227	90.4	1.86	234	91.8	1.72
	p=0.601					

Q37. How Often Did You Get Interpreter	PSN			MediPass		
	n=23			n=21		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	6	26.1	9.36	7	33.3	10.5
Usually	-	-	-	6	28.6	10.1
Always	17	73.9	9.36	8	38.1	10.9
	p=0.012					

Q38. Child Needed Interpreter to Help Speak with Doctors/Health Providers	PSN			MediPass		
	n=74			n=107		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	-	-	-	3	2.8	1.60
No	74	100.0	0.00	104	97.2	1.60

Q39. How Often did Child Get Interpreter	PSN			MediPass		
				n=3		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Never or Sometimes	-	-	-	2	66.7	33.3
Usually	-	-	-	1	33.3	33.3

	PSN			MediPass		
Q40. Reminders from Doctor's Office or Clinic	n=12			n=7		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	8	66.7	14.2	3	42.9	20.2
No	4	33.3	14.2	4	57.1	20.2
Q41. Since Child was Born Has Child Gone for a Check-Up	PSN			MediPass		
	n=14			n=8		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	13	92.9	7.14	7	87.5	12.5
No	1	7.1	7.14	1	12.5	12.5
Q42. Did You Get Appointment for Child's First Visit to Doctor for Check Up When Needed	PSN			MediPass		
	n=14			n=8		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	13	92.9	7.14	5	62.5	18.3
No	1	7.1	7.14	3	37.5	18.3
Q43. Use Medicaid Program for All or Most of Child's Care	PSN			MediPass		
	n=248			n=256		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	240	96.8	1.12	249	97.3	1.02
No	8	3.2	1.12	7	2.7	1.02
p=0.746						

Q44. Months in a Row Child Has been in Program (p. 101)	PSN			MediPass		
	n=239			n=247		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Less than 3 months	5	2.1	0.93	3	1.2	0.70
3-6 months	12	5.0	1.42	6	2.4	0.98
7 months-1 year	32	13.4	2.21	24	9.7	1.89
More than 1 year	190	79.5	2.62	214	86.6	2.17
	p=0.178					

Q45. Choose Child's Plan or Were Told Program Child Was in (p. 101)	PSN			MediPass***		
	n=229			n=240		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Chose Plan	129	56.3	3.28	195	81.3	2.52
Was Told	100	43.7	3.28	45	18.8	2.52
	p=0.000					

Q46. Get Information about Health Plan Services When Child Enrolled	PSN			MediPass		
	n=240			n=250		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	191	79.6	2.61	217	86.8	2.15
No	49	20.4	2.61	33	13.2	2.15
	p=0.033					

Q47. How Much of Information Given Before Enrollment was Correct (p.102)	PSN			MediPass		
	n=173			n=209		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
All	93	53.8	3.80	148	70.8	3.15
Most	47	27.2	3.39	43	20.6	2.80
Some	26	15.0	2.72	13	6.2	1.67
None	7	4.0	1.50	5	2.4	1.06
p=0.003						

Q48. Did You Look for Information in Written Materials from Child's Program (p. 13)	PSN			MediPass		
	n=248			n=253		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	77	31.0	2.94	59	23.3	2.66
No	171	69.0	2.94	194	76.7	2.66
p=0.053						

Q49. Problem Finding or Understanding Information in Written Materials (p. 100)	PSN			MediPass		
	n=75			n=59		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	2	2.7	1.87	3	5.1	2.88
Small Problem	8	10.7	3.59	8	13.6	4.50
Not a Problem	65	86.7	3.95	48	81.4	5.11
p=0.859						

Q50. Did you Call Program's Enrollee Service for Information or Help	PSN			MediPass		
	n=249			n=253		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	45	18.1	2.44	45	17.8	2.41
No	204	81.9	2.44	208	82.2	2.10
p=0.934						

Q51. How Much of a Problem to Get Help with Child's Program Enrollee Service	PSN			MediPass		
	n=45			n=44		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	11	24.4	6.48	7	15.9	5.58
Small Problem	4	8.9	4.29	4	9.1	4.38
No Problem	30	66.7	7.11	33	75.0	6.60
p=0.605						

Q52. Called or Written Child's Program with Complaint or Problem (p. 103)	PSN			MediPass		
	n=251			n=255		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	8	3.2	1.11	4	1.6	0.78
No	243	96.8	1.11	251	98.4	0.78
p=0.233						

Q53. How long for Program to Resolve Complaint	PSN			MediPass		
	n=8			n=4		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
1 Week	2	25.0	16.4	3	75.0	25.00
2 Weeks	1	12.5	12.5	-	-	-
4 Weeks or More	1	12.5	12.5	-	-	-
Waiting	4	50.0	18.9	1	25.0	25.00
	p=0.431					

Q54. Was Complaint or Problem Settled to Your Satisfaction?	PSN			MediPass		
	n=4			n=3		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	4	100.0	0.00	3	100.0	0.00
No	-	-	-	-	-	-
Still Waiting	-	-	-	-	-	-

Q55. Did You Have Any Experiences with Paperwork for Child's Program	PSN			MediPass		
	n=250			n=254		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	37	14.8	2.25	42	16.5	2.34
No	213	85.2	2.25	212	83.5	2.34
	p=0.593					

Q56. How much of a Problem Did You Have With Paperwork for Child's Program (p. 100)	PSN			MediPass		
	n=37			n=42		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Big Problem	2	5.4	3.77	4	9.5	4.58
Small Problem	6	16.2	6.14	8	19.0	6.13
No Problem	29	78.4	6.86	30	71.4	7.06
p=0.724						

Q57. How Would You Rate Your Experience with the Health Plan Now (p. 98)	PSN			MediPass		
	n=238			n=251		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
0-6	32	13.4	2.22	9	3.6	1.18
7 or 8	46	19.3	2.56	38	15.1	2.27
9 or 10	160	67.2	3.05	204	81.3	2.47
0.0001						

Q58. How Would You Rate Child's Overall Health Now (p. 90, 91)	PSN			MediPass		
	n=251			n=254		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Excellent	95	37.8	3.07	108	42.5	3.11
Very Good	59	23.5	2.68	64	25.2	2.73
Good	69	27.5	2.82	53	20.9	2.55
Fair	25	10.0	1.89	26	10.2	1.91
Poor	3	1.2	0.69	3	1.2	0.68
p=0.537						

Q59. Does Child Have Emotional, Developmental or	PSN			MediPass		
	n=246			n=254		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Yes	31	12.6	2.12	54	21.3	2.57
No	215	87.4	2.12	200	78.7	2.57
p=0.010						

Q60. Gender (child) (pp. 90, 91)	PSN			MediPass		
	n=251			n=256		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Male	131	52.2	3.16	133	52.0	3.13
Female	120	47.8	3.16	123	48.0	3.13

Q61. Is Child of Hispanic or Latino Origin	PSN			MediPass		
	n=246			n=252		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
Hispanic	84	34.1	3.03	189	75.0	2.73
Non-Hispanic	162	65.9	3.03	63	25.0	2.73
p=0.000						

Q64. Highest Grade or Level of School Completed	PSN			MediPass		
	n=249			n=254		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
8th Grade or Less	22	8.8	1.80	29	11.4	2.00
Some High School	65	26.1	2.79	48	18.9	2.46
High School or GED	114	45.8	3.16	96	37.8	3.05
Some College	33	13.3	2.15	45	17.7	2.40
College Grade	-	-	-	-	-	-
More than College	15	6.0	1.51	36	14.2	2.19
=0.004						

Q65. Main Language Spoken at Home	PSN			MediPass		
	n=251			n=255		
	Frequency	Percent	Standard Error	Frequency	Percent	Standard Error
English	149	59.4	3.11	86	33.7	2.97
Spanish	64	25.5	2.76	151	59.2	3.08
Other	38	15.1	2.27	18	7.1	1.61
p=0.000						

Appendix C

Survey Questionnaires

PSN Evaluation Patient Satisfaction Survey

(HELLO) Hello, my name is_____ and I'm calling from the University of Florida.

INTERVIEWER: PRESS 1 TO CONTINUE WITH SURVEY *(go to HOME)*
PRESS 3 TO CONTINUE IN SPANISH
PRESS 5 IF ANOTHER LANGUAGE *(go to LANG)*

(LANG)

INTERVIEWER   PRESS 1 IF IT SOUNDS LIKE HAITIAN CREOLE
PRESS 2 IF IT SOUNDS LIKE AN ORIENTAL LANGUAGE
PRESS 3 IF NOT SURE/OTHER (specify)

(HOME) Is this the home of [NAME]? We are conducting research sponsored by Medicaid concerning customer satisfaction with their health plans in Florida.

May I please speak with [NAME]?

    1 Yes
    2 No – *reschedule*

(PROCEED) Your name was selected at random from a list provided by Medicaid. All your answers will be completely confidential and of course you do not have to answer any questions you do not wish to.

NOTE: THEY MAY KNOW THE PLAN AS EITHER MEDICAID, THE SOUTH FLORIDA COMMUNITY CARE NETWORK OR "THE P.S.N."

IF NECESSARY—The entire survey should take around 10 minutes.

    1 – Proceed

 (AGE)   May I have your age?

    (18-110)
    -9 – Not Available

(ISEX)   [IF NECESSARY] Are you male or female?

    1 Male
    2 Female

(Q1) Our records show that you are now in South Florida Community Care
Network PSN. Is that right?

    1 Yes   ➡ Go to Question 3
    2 No
    -8 Don't know
    -9 Not available

(Q2) What is the name of your health plan?

    RECORD PLAN NAME

(Q3) The next questions ask about your own health care. Please do not include
care you got when you stayed overnight in a hospital or times you went for dental
care visits.

For the purposes of this survey, a personal doctor or nurse is the health
provider who knows you best. This can be a general doctor, a specialist
doctor, a nurse practitioner, or a physician assistant.

When you were enrolled in this program or at any time since then, did you
get a new personal doctor or nurse?

    1 Yes
    2 No ➡   *Go to Question 5*
    -8 Don't know
    -9 Not available

(Q4) With the choices available to you, how much of a problem, if any, was it to
get a personal doctor or nurse you are happy with?
Would you say that it was……..[READ CHOICES]

    1 A big problem
    2 A small problem
    3 Not a problem
    -8 Don't know
    -9 Not available

(Q5) Do you have one person you think of as your personal doctor or nurse?

    1 Yes
    2 No   ➡ *Go to Question 7*
    -8 Don't know
    -9 Not available

(Q6) We want to know your rating of <u>your personal doctor or nurse</u>.

Using a scale <u>from 0 to 10</u> where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse <u>now</u>?

(0-10)
   -8 Don't know
   -9 Not available

(Q7) The next questions are about specialists. <u>Specialists</u> are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. Please <u>do not</u> include dental visits.

In the last 6 months, did you or a doctor think you needed to see a specialist?

   1 Yes
   2 No   ➔ *Go to Question 9*
   -8 Don't know
   -9 Not available

(Q8) In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?
Would you say that it was........[READ LIST]

   1 A big problem
   2 A small problem
   3 Not a problem
   -8 Don't know
   -9 Not available

(Q9) In the last 6 months, did you see a specialist?

   1 Yes
   2 No   ➔ *Go to Question 12*
   -8 Don't know
   -9 Not available

(Q10) We want to know your rating of the <u>specialist you saw most often</u> in the last 6 months, including a personal doctor if he or she is a specialist.

Using a scale<u> from 0 to 10</u> where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

(0-10)
   -8 Don't know
   -9 Not available

(Q11) In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?

    1 Yes
    2 No
    -8 Don't know
    -9 Not available

(Q12) In the last 6 months, did you call a doctor's office or clinic <u>during regular office hours</u> to get help or advice <u>for yourself</u>?

    1 Yes
    2 No ➜ Go to Question 14
    -8 Don't know
    -9 Not available

(Q13) In the last 6 months, when you called during regular office hours, how often did you <u>get</u> the help or advice you needed?
Would that be never, sometimes, usually or always?

    1 NEVER
    2 SOMETIMES
    3 USUALLY
    4 ALWAYS
    -8 Don't know
    -9 Not available

(Q14) The next questions refer to health providers. A <u>health provider</u> could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 6 months, did you make any appointments with a doctor or other health provider for <u>regular or routine</u> health care?

    1 Yes
    2 No ➜ Go to Question 17
    -8 Don't know
    -9 Not available

(Q15) In the last 6 months, how often did you get an appointment for <u>regular or routine</u> health care as soon as you wanted?
Would that be never, sometimes, usually or always?

    1 NEVER
    2 SOMETIMES
    3 USUALLY
    4 ALWAYS
    -8 Don't know
    -9 Not available

(Q16) In the last 6 months, how many DAYS did you usually have to wait between making an appointment for REGULAR OR ROUTINE care and actually seeing a provider?

INTERVIEWER - READ CHOICES

   1   Same Day
   2   1 day
   3   2 days
   4   3days
   5   4-7 days
   6   8-14 days
   7   15-29 days
   8   30 days or longer
  -8. don't know
  -9. not available

(Q17) In the last 6 months, did you have an <u>illness or injury</u> that needed care right away from a doctor's office, clinic or emergency room?

   1 Yes
   2 No   ➔   Go to Question 20
  -8 Don't know
  -9 Not available

(Q18) In the last 6 months, when you needed care right away for an <u>illness or injury</u>, how often did you get care as soon as you wanted?
Would that be never, sometimes, usually or always?

   1 NEVER
   2 SOMETIMES
   3 USUALLY
   4 ALWAYS
  -8 Don't know
  -9 Not available

(Q19) In the last 6 months, how LONG did you usually have to wait between trying to get care and actually seeing a provider for an ILLNESS OR INJURY?

INTERVIEWER – READ CHOICES

    1. same day
    2. 1 day
    3. 2 days
    4. 3 days
    5. 4-7 days
    6. 8-14 days
    7. 15-29 days
    8. 30 days or longer
    -8. don't know
    -9. not available

(Q20) In the last 6 months, how many times did you go to an <u>emergency room</u> to get care for yourself?

    (0-182)
     -8 Don't know
     -9 Not available

(Q21) In the last 6 months, not counting times you went to an emergency room, how many times did you go to a <u>doctor's office or clinic</u> to get care for yourself?
Would you say…[READ LIST]

    1 None ➔ Go to Question 33
    2 1 time
    3 2 times
    4 3 times
    5 4 times
    6 5 to 9 times
    7 10 or more times

(Q22) In the last 6 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?
Would you say it was…[READ CHOICES]

    1 A big problem
    2 A small problem
    3 Not a problem
    -8 Don't know
    -9 Not available

(Q23) In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your program?
Would you say it was…[READ CHOICES]

    1 A big problem
    2 A small problem
    3   Not a problem
    -8 Don't know
    -9 Not available

(Q24) In the last 6 months, how often did you wait in the doctor's office or clinic <u>more than 15 minutes</u> past your appointment time to see the person you went to see?
Would that be never, sometimes, usually or always?

    1 NEVER
    2 SOMETIMES
    3 USUALLY
    4 ALWAYS
    -8 Don't know
    -9 Not available

(Q25) In the last 6 months, how often did office staff at a doctor's office or clinic treat you with <u>courtesy and respect</u>?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 NEVER
    2 SOMETIMES
    3 USUALLY
    4 ALWAYS
    -8 Don't Know
    -9 Not Available

(Q26) In the last 6 months, how often were office staff at a doctor's office or clinic as <u>helpful</u> as you thought they should be?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 Never
    2 Sometimes
    3 Usually
    4 Always
    -8 Don't Know
    -9 Not Available

(Q27) In the last 6 months, how often did doctors or other health providers <u>listen carefully to you</u>?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 Never
    2 Sometimes
    3 Usually
    4 Always
  -8 Don't Know
  -9 Not Available

(Q28) In the last 6 months, how often did you have a hard time SPEAKING WITH OR UNDERSTANDING a doctor or other health provider because you spoke different languages?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 Never
    2 Sometimes
    3 Usually
    4 Always
  -8 Don't Know
  -9 Not Available

(Q29) In the last 6 months, how often did doctors or other health providers <u>explain things</u> in a way you could understand?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 Never
    2 Sometimes
    3 Usually
    4 Always
  -8 Don't know
  -9 Not available

(Q30) In the last 6 months, how often did doctors or other health providers show <u>respect for what you had to say</u>?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 Never
    2 Sometimes
    3 Usually
    4 Always
  -8 Don't know
  -9 Not available

(Q31) In the last 6 months, how often did doctors or other health providers <u>spend enough time</u> with you?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 Never
    2 Sometimes
    3 Usually
    4 Always
  -8 Don't know
  -9 Not available

(Q32) We want to know your rating of all your health care in the last 6 months from <u>all doctors and other health providers</u>.

Using a scale <u>from 0 to 10</u> where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?

(0-10)
  -8 Don't know
  -9 Not available

(Q33) Sometimes people need an interpreter. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you NEED an interpreter to help you speak with doctors or other health providers?

    1 Yes
    2 No ➜   Go to Question 36
  -8 Don't Know
  -9 Not Available

Q34. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one? Would that be never, sometimes, usually, or always?

1. NEVER
2. SOMETIMES
3. USUALLY
4. ALWAYS
-8 Don't know
-9 Not Available

Q35. The next questions ask about your experience with your health plan.

Some states pay health plans to care for people covered by Medicaid. With these health plans, you may have to choose a doctor from the plan list or go to a clinic or health care center on the plan list.

Are you covered by a health plan like THIS?

1. Yes
2. No
-8. Don't know
-9. Not Available

(Q36) The next questions ask about your experience with Medicaid, including Medipass, the South Florida Community Care Network and others.

Do you use your current Medicaid program for all or most of your health care?

1   Yes
2   No

(Q37) How many months in a row have you been in this program?
Was it ….[READ LIST]

1   Less than 3 months
2   up to 6 months
3   months up to a year
4   more than a year
-8 Don't know
-9 Not available

(Q38) Did you choose this program or were you told which program you were in?

    1 I chose my program.
    2 I was told which program I was in.
    -8 Don't know
    -9 Not Available

(Q39) Health plans offer information about plan services in writing, by telephone, or in person. Did you get any information ABOUT this program when you enrolled?

    1 Yes
    2 No   ➔   *Go to Question 41*

(Q40) How much of the information you were given ~~BEFORE you signed up for the plan~~ was correct?

INTERVIEWER – READ CHOICES IF NECESSARY

    1 All of it

    2 Most of it

    3 Some of it

    4 None of it

    -8 Don't know

    -9 Not Available

(Q41) In the last 6 months, did you look for any <u>information in written materials</u> from this program?

    1 Yes
    2 No ➔ *Go to Question 43*
    -8 Don't know
    -9 Not available

(Q42) In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?
Would you say it was…[READ CHOICES]

    1 A big problem
    2 A small problem
    3 Not a problem
    -8 Don't know
    -9 Not available

(Q43) In the last 6 months, did you call your program's <u>enrollee service</u> to get information or help?

    1 Yes
    2 No   ➔ Go to Question 45
    -8 Don't know
    -9 Not available

(Q44) In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your program's enrollee service?
Would you say it was…[READ CHOICES]

    1 A big problem
    2 A small problem
    3 Not a problem
    -8 Don't know
    -9 Not available

(Q45) In the last 6 months, have you called or written your program with a complaint or problem?

    1. Yes
    2. No   ➔ *Go to Question 48*
    -8. Don't know
    -9. Not Available

(Q46) How long did it take for the program to RESOLVE your complaint?

    1. Same day
    2. 1 week
    3. 2 weeks
    4. 3 weeks
    5. 4 or more weeks
    6. I am still waiting for it to be settled.
    -8. Don't know
    -9. Not Available

(Q47) Was your COMPLAINT OR PROBLEM settled to your satisfaction?

    1. Yes
    2. No
    3. I am still waiting for it to be settled.
    -8. Don't know
    -9. Not Available

(Q48) Health plans often require you to do some paperwork. <u>Paperwork</u> means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

In the last 6 months, did you have any experiences with paperwork for your program?

1   Yes
2   No   ➔   Go to Question 50
-8 Don't know
-9 Not available

(Q49) In the last 6 months, how much of a problem, if any, did you have with paperwork for your program?
Would you say it was…[READ LIST]

1   A big problem
2   A small problem
3   Not a problem
-8 Don't know
-9 Not available

(Q50) We want to know your rating of all your experience with <u>your program.</u>

Use <u>any number from 0 to 10</u> where 0 is the worst health program possible, and 10 is the best health program possible. How would you rate your health plan <u>now</u>?
(0-10)
-8 Don't know
-9 Not available

(Q51) Now, we just have a few questions about you.

In general, how would you rate <u>your overall health</u> now?
[READ LIST]

1   Excellent
2   Very good
3   Good
4   Fair
5   Poor
-8 Don't know
-9 Not available

(Q52) Have you ever SMOKED at least 100 cigarettes in your entire life?
1. Yes
2. No   ➔   *Go to Question 56*
-8. Don't know
-9. Not Available

(Q53) Do you now smoke every day, some days or not at all?

   1. Every day ➔   *Go to Question 55*
   2. Some days ➔   *Go to Question 55*
   3. Not at all
   -8. Don't know
   -9. Not Available

(Q54) How long has it been since you QUIT SMOKING cigarettes?

INTERVIEWER – READ CHOICES
   1. 6 months or less
   2. More than 6 months ➔   *Go to Question 56*
   -8. Don't know
   -9. Not available

(Q55) In the last 6 months, on how many visits were you ADVISED TO QUIT smoking by a doctor or other health provider in your program?

INTERVIEWER – READ CHOICES
   1. None
   2. 1 visit
   3. 2 to 4 visits
   4. 5 to 9 visits
   5. 10 or more visits
   -7. I had no visits in the last 6 months.
   -8. Don't know
   -9. Not Available

(Q56) What is the highest grade or level of school that you have <u>completed</u>?
     Is it… [READ LIST]

   1   8th grade or less
   2   Some high school, but did not graduate
   3   High school graduate or GED
   4   Some college or 2-year degree
   5   4-year college graduate
   6   More than 4-year college degree
   -8 Don't know
   -9 Not available

 (Q57) Are you of Hispanic or Latino origin or descent?

     1 Yes, Hispanic or Latino
     2 No, Not Hispanic or Latino
     -8 Don't know
     -9 Not available

(Q58) What is your race? Are you…
[SELECT ALL THAT APPLY].

1   White
2   Black or African-American
3   Asian
4   Native Hawaiian or other Pacific Islander
5   American Indian or Alaska Native
No answer/no more

(Q61) What language do you MAINLY speak at home?
1. English
2. Spanish
3. Other language (please specify)
-8. Don't Know
-9. Not Available

ThankYou.

Thank you very much for your help with this survey.

PSN Evaluation Patient Satisfaction Survey
Families With Children

(HELLO) Hello, my name is_____ and I'm calling from the University of Florida.

INTERVIEWER: PRESS 1 TO CONTINUE WITH SURVEY *(go to HOME)*
                         PRESS 3 TO CONTINUE IN SPANISH
                         PRESS 5 IF ANOTHER LANGUAGE *(go to LANG)*

(LANG)

INTERVIEWER   PRESS 1 IF IT SOUNDS LIKE HAITIAN CREOLE
                         PRESS 2 IF IT SOUNDS LIKE AN ORIENTAL LANGUAGE
                         PRESS 3 IF NOT SURE/OTHER (specify)

(HOME) Is this the home of [NAME]? We are conducting research sponsored by Medicaid concerning customer satisfaction with their health plans in Florida.

May I please speak with the parent or guardian of [NAME]?

      1 Yes
      2 No – *reschedule*

(PROCEED) Your child's name was selected at random from a list provided by Medicaid. All your answers will be completely confidential and of course you do not have to answer any questions you do not wish to.

NOTE: THEY MAY KNOW THE PLAN AS EITHER MEDICAID, THE SOUTH FLORIDA COMMUNITY CARE NETWORK OR "THE P.S.N."

IF NECESSARY—The entire survey should take around 10 minutes.

      1 – Proceed

(RAGE)   May I have your age?

      (18-110)
      If less than age 18: "Thank you for your interest, but we are only talking to parents who are 18 years old or older." TERMINATE CALL
      -9 – Not Available

(RELT) How are you related to [NAME]?
      1   Mother or father
      2   Grandparent
      3   Aunt or uncle
      4   Older brother or sister
      5   Other Relative
      6   Legal guardian

(CAGE)   And what is [NAME]'s age?
     (0-18)

(Q1) Our records show that [NAME] is now in South Florida Community Care Network PSN. Is that right?

    1 Yes ➔ Go to Q3
    2 No
    -8 Don't know
    -9 Not available

(Q2) What is the name of your child's health plan?

    RECORD PLAN NAME

(Q3) The next questions ask about <u>your child's</u> health care. Please <u>do not</u> include care you got when he or she stayed overnight in a hospital or times your child went for dental care visits.

    For the purposes of this survey, <u>a personal doctor or nurse</u> is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

    When your child was enrolled in this program or at any time since then, did he or she get a <u>new</u> personal doctor or nurse?

    1 Yes
    2 No ➔   *Go to Question 5*
    -8 Don't know
    -9 Not available

(Q4) With the choices your child's program gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with? Would you say that it was……..[READ CHOICES]

    1 A big problem
    2 A small problem
    3 Not a problem
    -8 Don't know
    -9 Not available

(Q5) Do you have one person you think of as your child's personal doctor or nurse?

    1 Yes
    2 No   ➔ *Go to Question 7*
    -8 Don't know
    -9 Not available

(Q6) We want to know your rating of <u>your child's personal doctor or nurse</u>.

Using a scale <u>from 0 to 10</u> where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse <u>now</u>?

    (0-10)
    -8 Don't know
    -9 Not available

(Q7) The next questions are about specialists. <u>Specialists</u> are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. Please <u>do not</u> include dental visits.

In the last 6 months, did you or a doctor think your child needed to see a specialist?

    1 Yes
    2 No   ➔ *Go to Question 9*
    -8 Don't know
    -9 Not available

(Q8) In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?
Would you say that it was……..[READ LIST]

    1 A big problem
    2 A small problem
    3 Not a problem
    -8 Don't know
    -9 Not available

(Q9) In the last 6 months, did your child see a specialist?

    1 Yes
    2 No   ➔ *Go to Question 12*
    -8 Don't know
    -9 Not available

(Q10) We want to know your rating of the <u>specialist your child saw most often</u> in the last 6 months, including a personal doctor if he or she is a specialist.

Using a scale <u>from 0 to 10</u> where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

(0-10)
   -8 Don't know
   -9 Not available

(Q11) In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

   1 Yes
   2 No
   -8 Don't know
   -9 Not available

(Q12) In the last 6 months, did you call a doctor's office or clinic <u>during regular office hours</u> to get help or advice <u>for your child</u>?

   1 Yes
   2 No   ➜   Go to Question 14
   -8 Don't know
   -9 Not available

(Q13) In the last 6 months, when you called during regular office hours, how often did you <u>get</u> the help or advice you needed for your child?
Would that be never, sometimes, usually or always?

   1 NEVER
   2 SOMETIMES
   3 USUALLY
   4 ALWAYS
   -8 Don't know
   -9 Not available

(Q14) The next questions refer to health providers. A <u>health provider</u> could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 6 months, did you make any appointments for your child with a doctor or other health provider for <u>regular or routine</u> health care?

   1 Yes
   2 No   ➜   Go to Question 17
   -8 Don't know
   -9 Not available

(Q15) In the last 6 months, how often did your child get an appointment for
<u>regular or routine</u> health care as soon as you wanted?
Would that be never, sometimes, usually or always?

      1 NEVER
      2 SOMETIMES
      3 USUALLY
      4 ALWAYS
     -8 Don't know
     -9 Not available

 (Q16) In the last 6 months, how many DAYS did you usually have to wait
between making an appointment for REGULAR OR ROUTINE care for your child
and actually seeing a provider?

INTERVIEWER - READ CHOICES

      1 Same Day
      2 1 day
      3 2 days
      4 3days
      5 4-7 days
      6 8-14 days
      7 15-29 days
      8 30 days or longer
    -8. don't know
    -9. not available

(Q17) In the last 6 months, did your child have an <u>illness or injury</u> that needed
care right away from a doctor's office, clinic or emergency room?

      1 Yes
      2 No   ➜   Go to Question 20
     -8 Don't know
     -9 Not available

(Q18) In the last 6 months, when your child needed care right away for an <u>illness
or injury</u>, how often did you get care as soon as you wanted?
Would that be never, sometimes, usually or always?

      3 NEVER
      4 SOMETIMES
      5 USUALLY
      6 ALWAYS
     -8 Don't know
     -9 Not available

(Q19) In the last 6 months, how LONG did you usually have to wait between trying to get care and actually seeing a provider for your child's ILLNESS OR INJURY?

INTERVIEWER – READ CHOICES

1. same day
2. 1 day
3. 2 days
4. 3 days
5. 4-7 days
6. 8-14 days
7. 15-29 days
8. 30 days or longer
-8. don't know
-9. not available

(Q20) In the last 6 months, how many times did your child go to an <u>emergency room</u>?

(0-182)
-8 Don't know
-9 Not available

(Q21) In the last 6 months, not counting times you went to an emergency room, how many times did your child go to a <u>doctor's office or clinic</u>?
Would you say…[READ LIST]

1   None ➔   Go to Question 36
2   1 time
3   2 times
4   3 times
5   4 times
6   5 to 9 times
7   10 or more times
-8 Don't know
-9 Not available

(Q22) In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?
Would you say it was…[READ CHOICES]

1 A big problem
2 A small problem
3 Not a problem
-8 Don't know
-9 Not available

(Q23) In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's program? Would you say it was…[READ CHOICES]

    1 A big problem
    2 A small problem
    3   Not a problem
   -8 Don't know
   -9 Not available

(Q24) In the last 6 months, how often did your child wait in the doctor's office or clinic <u>more than 15 minutes</u> past your appointment time to see the person your child went to see?
Would that be never, sometimes, usually or always?

    1 NEVER
    2 SOMETIMES
    3 USUALLY
    4 ALWAYS
   -8 Don't know
   -9 Not available

(Q25) In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with <u>courtesy and respect</u>?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 NEVER
    2 SOMETIMES
    3 USUALLY
    4 ALWAYS
   -8 Don't Know
   -9 Not Available

(Q26) In the last 6 months, how often were office staff at your child's doctor's office or clinic as <u>helpful</u> as you thought they should be?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 Never
    2 Sometimes
    3 Usually
    4 Always
   -8 Don't Know
   -9 Not Available

(Q27) In the last 6 months, how often did your child's doctors or other health
providers <u>listen carefully to you</u>?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 Never
    2 Sometimes
    3 Usually
    4 Always
  -8 Don't Know
  -9 Not Available

(Q28) In the last 6 months, how often did you have a hard time SPEAKING WITH
OR UNDERSTANDING your child's doctors or other health providers because
you spoke different languages?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 Never
    2 Sometimes
    3 Usually
    4 Always
  -8 Don't Know
  -9 Not Available

(Q29) In the last 6 months, how often did your child's doctors or other health
providers <u>explain things</u> in a way you could understand?

INTERVIEWER – REPEAT SCALE IF NECESSARY

    1 Never
    2 Sometimes
    3 Usually
    4 Always
  -8 Don't know
  -9 Not available

(Q30) In the last 6 months, how often did your child's doctors or other health providers show <u>respect for what you had to say</u>?

INTERVIEWER – REPEAT SCALE IF NECESSARY

      1 Never
      2 Sometimes
      3 Usually
      4 Always
      -8 Don't know
      -9 Not available

(Q31) Is your child old enough to talk with doctors about his or her health care?

      1 Yes
      2 No – *go to Q36*
      -8 Don't know – *go to Q36*
      -9 Not available – *go to Q36*

(Q32) In the last 6 months, how often did <u>your child</u> have a hard time <u>speaking with or understanding</u> doctors or other health providers because they spoke different languages?

      1 Never
      2 Sometimes
      3 Usually
      4 Always
      -8 Don't Know
      -9 Not Available

(Q33) In the last 6 monhs, how often did doctors or other health providers <u>explain</u> things in a way <u>your child</u> could understand?

      1 Never
      2 Sometimes
      3 Usually
      4 Always
      -8 Don't Know
      -9 Not Available

(Q34) In the last 6 months, how often did doctors or other health providers <u>spend enough time with your child</u>?

       1 Never
       2 Sometimes
       3 Usually
       4 Always
     -8 Don't know
     -9 Not available

(Q35) We want to know your rating of all your child's health care in the last 6 months from <u>all doctors and other health providers</u>.

Using a scale <u>from 0 to 10</u> where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

(0-10)
   -8 Don't know
   -9 Not available

(Q36) Sometimes people need an interpreter. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you NEED an interpreter to help you speak with your child's doctors or other health providers?

       1 Yes
       2 No ➔ *If Q31=1, go to Q38; if Q31 was not asked or =2, -8, -9, then go to Q43*
     -8 Don't Know ➔ *If Q31=1, go to Q38; if Q31 was not asked or =2, -8, -9, then go to Q43*
     -9 Not Available➔ *If Q31=1, go to Q38; if Q31 was not asked or =2, -8, -9, then go to Q43*

(Q37) In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one? Would that be never, sometimes, usually, or always?

     1. NEVER
     2. SOMETIMES
     3. USUALLY
     4. ALWAYS
   -8 Don't know
   -9 Not Available

After Q 37. If Q31=1 ask Q38 else go to AGETEST

(Q38) In the last 6 months, did <u>your child need</u> an interpreter to help him or her speak with doctors or other health providers?

      1 Yes
      2 No ➔   *Go to AGETEST*
      -8 Don't Know
      -9 Not Available

(Q39) In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did you get one? Would that be never, sometimes, usually, or always?

      1. NEVER
      2. SOMETIMES
      3. USUALLY
      4. ALWAYS
      -8 Don't know
      -9 Not Available

AGE TEST: If CAGE greater or equal to 3, go to Q36 else ask REMIND

(REMIND) Reminders from the doctor's office or clinic or from the health program can come to you by mail, by telephone, or in-person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

      1 Yes
      2 No
      -8 Don't Know
      -9 Not Available

(REMIND2) Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how she was doing or for shots or drops?

      1 Yes
      2 No
      -8 Don't Know
      -9 Not Available

(REMIND3) Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?

      1 Yes
      2 No
      -8 Don't Know
      -9 Not Available

(Q43) The next questions ask about your experience with <u>Medicaid, including Medipass, the South Florida Community Care Network and others</u>.

Do you use your current Medicaid program for <u>all or most of your child's health care</u>?

      1 Yes
      2 No
      -8 Don't Know
      -9 Not Available

(Q44) How many months <u>in a row</u> has your child been in this program?
     Was it ….[READ LIST]

      1 Less than 3 months
      2 3 up to 6 months
      3 7 months up to a year
      4 more than a year
      -8 Don't know
      -9 Not available

(Q45) Did you choose your child's program or were you told which program your child was in?

      1 I chose my child's program.
      2 I was told which program my child was in.
      -8 Don't know
      -9 Not Available

(Q46) Health plans offer information about plan services in writing, by telephone, or in person. Did you get any information ABOUT this program when your child was enrolled?

      1 Yes
      2 *No* ➜   *Go to Q41*
      -8 Don't Know
      -9 Not Available

(Q47) How much of the information you were given before you signed your child up for the plan was correct?

INTERVIEWER – READ CHOICES IF NECESSARY

    1 All of it
    2 Most of it
    3 Some of it
    4 None of it
    -8 Don't know
    -9 Not Available

(Q48) In the last 6 months, did you look for any <u>information in written materials</u> from your child's program?

    1 Yes
    2 No   ➔ *Go to Q50*
    -8 Don't know
    -9 Not available

(Q49) In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?
Would you say it was…[READ CHOICES]

    1 A big problem
    2 A small problem
    3 Not a problem
    -8 Don't know
    -9 Not available

(Q50) In the last 6 months, did you call the program's <u>enrollee service</u> to get information or help?

    1 Yes
    2 No   ➔ Go to Question 52
    -8 Don't know
    -9 Not available

(Q51) In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called you child's program's enrollee service?
Would you say it was…[READ CHOICES]

    1 A big problem
    2 A small problem
    3 Not a problem
    -8 Don't know
    -9 Not available

(Q52) In the last 6 months, have you called or written your child's program with a complaint or problem?

      1. Yes
      2. No   ➔   *Go to Question 55*
      -8. Don't know
      -9. Not Available

(Q53) How long did it take for the program to RESOLVE your complaint?

      1. Same day
      2. 1 week
      3. 2 weeks
      4. 3 weeks
      5. 4 or more weeks
      6. I am still waiting for it to be settled.
      -8. Don't know
      -9. Not Available

(Q54) Was your COMPLAINT OR PROBLEM settled to your satisfaction?

      1. Yes
      2. No
      3. I am still waiting for it to be settled.
      -8. Don't know
      -9. Not Available

(Q55) Health plans often require you to do some paperwork. <u>Paperwork</u> means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

In the last 6 months, did you have any experiences with paperwork for your child's program?

      1 Yes
      2 No   ➔ Go to Q57
      -8 Don't know
      -9 Not available

(Q56) In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's program?
Would you say it was…[READ LIST]

      1 A big problem
      2 A small problem
      3 Not a problem
      -8 Don't know
      -9 Not available

(Q57) We want to know your rating of all your experience with <u>your child's program.</u>

Use <u>any number from 0 to 10</u> where 0 is the worst health program possible, and 10 is the best health program possible. How would you rate your health plan <u>now</u>?

(0-10)
   -8 Don't know
   -9 Not available

(Q58) In general, how would you rate <u>your child's overall health</u> now?
      [READ LIST]

   1   Excellent
   2   Very good
   3   Good
   4   Fair
   5   Poor
   -8 Don't know
   -9 Not available

(Q59) Does your child have any kind of emotional, developmental or behavioral difficulty now for which he or she has received treatment or counseling?

   1   Yes
   2   No
   -8 Don't Know
   -9 Not Available

(Q60) Is your child male or female?

   1. Male
   2. Female
   -8 Don't know
   -9 Not available

(Q61) Is your child of Hispanic or Latino origin or descent?

      1 Yes, Hispanic or Latino
      2 No, Not Hispanic or Latino
      -8 Don't know
      -9 Not available

(Q62) What is your child's race? Would you say…
[SELECT ALL THAT APPLY].

1   White
2   Black or African-American
3   Asian
4   Native Hawaiian or other Pacific Islander
5   American Indian or Alaska Native
-8 No answer/no more

(RSEX)   Now, we just have a few questions about you.

[IF NECESSARY] Are you male or female?

1   Male
2   Female
-8 Don't know
-9 Not available

(Q64) What is the highest grade or level of school that you have <u>completed</u>?
Is it… [READ LIST]

1   8th grade or less
2   Some high school, but did not graduate
3   High school graduate or GED
4   Some college or 2-year degree
5   4-year college graduate
6   More than 4-year college degree
-8 Don't know
-9 Not available

(Q65) What language do you MAINLY speak at home?
1.   English
2.   Spanish
3.   Other language (please specify)
-8. Don't Know
-9. Not Available

(ThankYou)

Thank you very much for your help with this survey.

Comparison of 2001 to 2003 Survey Results

For the adult sample, using the same instrument and methodology allowed us to make comparisons between the survey results from 2001 to 2003.

Overall, the findings were stable. Only slight differences were observed, in many cases within the margin of error so that "no change" was the net result.   For example, when it came to rating their "personal doctor or nurse now," the top ratings were given by 77.4% of PSN respondents in 2003, compared to 76.1% in 2001. For MediPass, the top ratings were reported by 80.0% of respondents in 2003 and 81.5% in 2001. Similar patterns were observed for ratings of "all health care" and "all their experience with the health program."

Given the overall high ratings to both programs, this is good news.

However, there was a shift in perceptions of specialist care. The percentage of those giving the top rating scores dropped in both programs, from 73.2% to 63.8% in the PSN and 80.2% to 72.4% in MediPass.

In both programs, there was also a shift in the waiting time between trying to get care and actually seeing a provider between 2001 and 2003. For those seeking an appointment for regular or routine care, the percentage reported being seen in 3 days or less dropped from 36.2% to 27.8% for the PSN, and 65.6% to 52.6% for MediPass. For patients needing treatment for an illness or injury, the percentage who reported being seen the same day dropped from 61.5% to 44.4% for the PSN and from 65.9% to 51.3% for MediPass.

The reported number of ER visits remained stable from 2001 to 2003, with the percentage of enrollees having at least one ER visit declining only slightly for the PSN (39.1% to 37.2%) and remaining unchanged for MediPass (30.3% to 30.5%). When it came to doctor's office or clinic visits, the percentage of enrollees having at least one visit had increased for both programs, and shifted so that the 2003 rates became almost identical between the PSN (81.7%, up from 71.6%) and MediPass (82.1%, up from 78.1%). However the PSN rate of those reporting 5 visits or more was the same (dropping only from 27.8% to 27.0%) while the MediPass percentage of those with 5 or more visits increased slightly from 35.6% to 41.6%.

In the area of enrollee services, there were marked increases in PSN enrollees' reports that they had "no problem" getting the help they needed when calling the program's enrollee services office, rising from 52.2% to 69.8%. For MediPass, that rate declined slightly from 66.7% to 60.6%.

II. Disease Management Programs

Program Description

Introduction

This report describes and assesses the goals, plans, and outcomes to date of the disease state management component of the PSN project.

One of the objectives of the PSN demonstration as outlined by the 1997 Florida legislature was to improve the quality of life for Medicaid recipients living with chronic health conditions. Another objective was to achieve cost savings. Disease management programs have been implemented to accomplish both objectives. The disease management program was an attractive aspect of the PSN concept for many of the organizations that chose to participate in the PSN.

Disease management is based on the premise that a small percentage of very sick patients consume the most resources. Disease management programs target patients with chronic diseases and provide intensive case management to serve their needs in a proactive manner.[6] This may reduce the number of expensive visits to the emergency room and prevent disease complications. The net effect should be a cost savings, as well as better quality of life for patients. Medicaid programs seem likely to benefit from implementing such services, due to the large numbers of enrollees suffering from chronic illnesses. The SFCCN provider manual states:

> The South Florida Community Care Network defines disease management
> as a comprehensive, integrated approach to care that focuses on both
> clinical and non-clinical intervention when and where they are likely to
> have the most impact. It is proactive and preventive in nature and engages
> the enrollee as a partner of the healthcare team. The SFCCN will work
> with providers and enrollees to improve clinical outcomes and systems
> efficiencies. The goal is health management and illness avoidance as well
> as improved adherence to your (the physician's) treatment plan.

As outlined in the contract, the PSN was to develop and implement disease management programs for enrollees living with asthma, AIDS, diabetes, and hemophilia (although the contract acknowledged that due to the limited number of potential enrollees with hemophilia, that program might be deferred). The contract also noted that the PSN "may develop and implement additional disease management programs," which might include cancer, sickle-cell anemia, end-stage renal disease, hypertension, and congestive heart failure.

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[6] Sidorov, J., Gabbay, R., Harris, R., Shull, R.D., Girolami, S., Tomcavage, J., Starkey, R., & Hughes, R. (2000) Disease management for diabetes mellitus: Impact on hemoglobin A(1C), American Journal of Managed Care, 6 (11): 1217-1226. See also Rossiter, L.F., Whitehurst-Cook, M.Y., Small, R.E., Shasky, C., Bovbjerg, V.E., Penberthy, L., Okasha, A., Green, J., Ibrahim, IA., Yang, S., & Lee, K (2000) The impact of disease management on outcomes and cost of care: A study of low income asthma patients, Inquiry, 37 (2): 188-202.

Disease management programs for diabetes and asthma were implemented in the first year of operation; additionally, a program for HIV/AIDS was implemented in March 2001 and a high-risk pregnancy program was implemented in September 2001. Although a program for hemophilia had been considered, it was ultimately decided that the minimal number of enrollees with that condition did not warrant implementation of the program.

Each health system is responsible for administering the SFCCN Disease Management Program developed by a Disease Management Subcommittee that reports to the SFCCN Medical Operations Committee.

Each program was required to include the following:
- Provider and recipient profiling
- Specialized disease-specific physician care
- Intensive care management
- Provider education
- Enrollee education
- Clinical practice guidelines
- Severity and risk assessment of the patient population
- Initial screening to verify the enrollee's diagnosis, any complications, and the severity of the enrollee's illness
- Interventions designed to improve compliance
- Interventions designed to prevent acute events

Some of the health systems that participate in the PSN had experience with some disease management initiatives, but not full-fledged programs. Thus participation in the PSN allowed them to more systematically design and fully implement comprehensive disease management programs. Each health system had strengths that they could share with the others to build a stronger program overall.

The PSN staff felt they were in a better position to do a good job of disease management than the MediPass program, because whereas the MediPass disease management programs were subcontracted to a private firms, the PSN staff has direct access to records, especially emergency room records and patients that allow more timely intervention. The PSN providers also participated in development of the disease management programs, resulting in a program that providers found to be acceptable and workable, and in which they had vested interest. It is a mark of the success of these programs that recently contracts were changed so that the same team of people who are conducting the HIV/AIDS disease management programs for the PSN will also be providing some of the same services for MediPass patients in Miami-Dade and Broward Counties.

Patients are identified for inclusion in the disease management programs in several different ways:
1. The Agency identifies some.
2. The PSN does claims analysis, including pharmaceutical usage.

3. The PSN works with clinic staff.
4. The PSN monitors ERs and inpatient admissions.
5. Some are self-referred.
6. Health risk assessments/physician referral.

Patients are notified of their enrollment in the program via a letter, and are considered enrolled unless they decline.

Disease State Management Programs

The following are the disease state management programs that are currently in operation in the SFCCN.

Asthma

Intervention guidelines were developed for the various risk factors for both adult and pediatric asthma. The instrument that was selected for the initial assessment of both pediatric and adult patients was the Mini Asthma Quality of Life questionnaire. This instrument was developed by Elizabeth F. Juniper of McMaster University in Canada, and has been thoroughly tested and evaluated for validity. The questionnaire is administered to the patient if 7 years of age or older, and to the caregiver of younger children. The form is to be completed when the patient first visits the clinic, so that conversations with health providers about the patient's disease state do not bias the answers. After six months, the enrollee is given a follow-up questionnaire.

There are six measurable indicators for which the asthma program provides outcomes, for each of the three health systems. These indicators include the following:

1. Inpatient admissions – The number and percentage of disease management enrollees who are admitted to the hospital with a primary diagnosis of asthma
2. Average length of stay – The average number of hospital days for enrollees admitted with asthma related conditions
3. Readmission – Number of readmissions within 30 days with the same primary diagnosis of asthma
4. Emergency room visits – Number and percentage of asthma enrollees who are seen in the emergency room with a primary diagnosis of asthma
5. Use of an inhaled corticosteroids – Number and percentage of patients with two emergency room visits and/or one hospitalization who are on an inhaled corticosteroids
6. Rescue medications – Number and percentage of enrollees on rescue medications

Over time the disease management program should result in reduced rates for the first four indicators, and increased percentages for the last two. For better asthma control, persistent asthma sufferers should use inhaled corticosteriods daily. Patients should benefit from access to rescue medications. There is certainly interplay among these indicators, as it is expected that use of an inhaled corticosteroid will be associated with a decrease in visits to the emergency room.

During the first year of the asthma program's operation, 2,447 individuals were enrolled. Of these, most (2,040) had been enrolled for more than six months. Inpatient admissions averaged 3.7 admissions per 1000 enrollee months, with enrollees who had been in the disease management program for more than 6 months having a lower rate of only 3.2 per 1000 enrollee months. The average length of stay was 3.1 days per admission and only a

small number (14 patients) were re-admitted. There were 327 emergency room visits for a rate of 13.1 visits per 1000 enrollee months. About 71.1 percent of enrollees are on inhaled corticosteroids, and 32.2 percent utilize rescue medications.

Patient and family education is one of the major components of the asthma program, and all the health systems have held workshops and classes to help patients understand their disease and how they can monitor their condition and use preventive treatments.

Diabetes

At the initial assessment, the diabetes program uses a Risk Stratification Tool to help the care manager determine the patient's risk level. The care manager then follows guidelines for appropriate interventions based on the patient's risk level; those at increased risk will receive more face-to-face interaction with the care manager, and a possible referral to a nutritionist. Quality of life is assessed using the SF-12 survey instrument.

Standards of care were developed for diabetes patients as follows:

TEST/REFERRAL	STANDARD OF CARE
Blood Pressure	Every clinic visit
Weight	Every clinic visit
Foot Inspection	Every clinic visit
HgA1c	Every 3 months
Microalbumin – dip stick	Every 6 months
Urinary protein – 24 hour	Once per year
Eye exam	Once per year
Foot exam for sensation	Once per year for low risk
Dentist	Once per year
Podiatrist Nephrologist Neurologist Social Worker Nutritionist/Dietician	As needed

There are six measurable indicators for which the diabetes program provides figures, from each health system and for the SFCCN combined. These indicators include the following:
1. Inpatient admissions – The number and percentage of disease management enrollees who are admitted to the hospital with a primary or secondary diagnosis of diabetes
2. Average length of stay – The average number of hospital days for enrollees admitted with a primary or secondary diagnosis of diabetes
3. Readmission – Number of readmissions within 30 days of discharge with the same primary diagnosis [Note: It is not necessary that diabetes be the primary diagnosis here, just that the primary diagnosis (be it gangrene or renal disease, etc.) stays the same]

4. Emergency room visits – Number and percentage of diabetes enrollees who were seen in the emergency room with a primary or secondary diagnosis of diabetes
5. Average HgA1c – This is the sum of all A1c scores divided by the total number of HgA1cs performed
6. Diabetes retinal exams – Number and percentage of enrollees who have received annual comprehensive eye exams through dilated pupils to screen for retinal vascular damage

Over time the rates for the first four indicators are expected to decrease. The Hemoglobin A1c (HgA1c) is an indicator related to how well the enrollee has been controlling his or her blood sugar over the past 3 months. The HgA1c test gives a measurement of the amount of glucose that has been attached to the blood's hemoglobin over the past 3 to 4 months; the goal is to have enrollees' levels average less than 8, and it is expected that this figure will decrease over time. Lastly, it is hoped that the percent of enrollees receiving annual eye exams will increase. Patients often have no noticeable symptoms before major damage is done, and it takes a comprehensive eye exam, with a referral to a qualified professional, to recognize such damage. With early detection and treatment, the risk for visual impairments and blindness can be reduced.

During the first year of its operation, the diabetes program had 809 enrollees, with just over half (427) being enrolled for more than 6 months. Inpatient admissions averaged 9.9 admissions per 1000 enrollee months, while the average length of stay was 5.6 days per admission and only a small number (4 patients) were re-admitted. There were 141 emergency room visits for a rate of 23.6 visits per 1000 enrollee months. The average HgA1c level was 8.21, approaching the target. There were only 21 annual retinal exams reported during the first year, but hopefully this is a problem in the reporting process rather than an indication of substandard care.

HIV/AIDS Program

This program became operational on March 1, 2001. The measurable indicators include the following:

1. Inpatient Admissions – The number and percentage of disease management enrollees who are admitted to the hospital with a primary or secondary diagnosis of HIV/AIDS.
2. Average Length of Inpatient Stay – The average number of hospital days for enrollees admitted with a primary or secondary diagnosis of HIV/AIDS.
3. Inpatient Re-Admissions – Number of readmissions within 30 days of discharge with the same primary diagnosis.
4. Emergency Room Usage – Number and percentage of diabetes enrollees who were seen in the emergency room with a primary or secondary diagnosis of HIV/AIDS.

5. CD4 Test Performed - Also known as T4 tests or T-cell counts, this test measures the number of CD4 cells in the blood, and provides an indication of how much damage HIV is doing to the immune system.

6. Viral Load Test - Blood test that measures the amount of HIV-RNA in the blood and provides information for monitoring disease progression and determining the dosage of anti-viral drugs.

In its first year of operation, 510 enrollees were served, with 350 of them enrolled for more than 6 months. The measurable indicators reported for the first year are as follows:

	North Broward Hospital District	Memorial Health Care System	Public Health Trust
Enrollees	48	25	437
Inpatient Admissions	111.11 per 1000 enrollee months	10.64 per 1000 enrollee months	47.99 per 1000 enrollee months
Average Length Of Stay	5.86 days per admission	3.5 days per admission	7.4 days per admission
Inpatient Re-admissions	.30 per admission	.50 per admission	.31 per admission
Emergency Room Usage	19.32 visits per 1000 enrollee months	.01 visits per 1000 enrollee months	14.06 visits per 1000 enrollee months
Number of Enrollees with CD4 Performed	18 (94%)	3 (21%)	182 (57%)
Number of Enrollees with Viral Loads Performed	18 (94%)	4 (29%)	138 (43%)

High-risk Pregnancy Program

This program was implemented in September 2001. When an enrollee is identified as being pregnant, a care manager helps arrange an initial prenatal visit, if not already established, and notifies Department of Children and Families of the pregnancy via the DCF-2039 form. The care manager performs a risk assessment with a screening form, and refers the enrollee to the Women, Infants and Children (WIC) nutrition program and other appropriate community resources. Enrollees are given educational materials and enrolled in childbirth education classes. Transportation needs are assessed, and the enrollee is instructed on the provider's responsibility to provide HIV pre-counseling and offer testing. Throughout the pregnancy, the care manager continues to monitor the enrollee's compliance with prenatal visits and make referrals to appropriate community resources. The care manager assists in assignment of a pediatrician, and closes out the case after postpartum care and initial newborn visit are completed.

The Public Health Trust has developed an incentive program for patients at various stages of their participation as follows:

Procedure	Incentive
Early prenatal care (first visit in first trimester)	Maternity t-shirt
Attending all visits and delivering at the network hospital	Baby car seat
Attend childbirth education class	Gift pack; various gifts at each session plus bathtub for completing the entire series
Complete family planning services	Infant cradle rocker
Newborn check-up	Gift pack

Even if a patient chooses not to actively participate in the program, the care manager continues to monitor attendance at office visits. The contact letter notifies enrollees that if they miss three consecutive appointments within a six-month period, they can be disenrolled from SFCCN.

The quality indicators for this program are the AHCA quality indicators related to obstetrics and newborns, including timing of prenatal visits, prenatal visits, completion of the Florida Healthy Start Prenatal Risk Screening form, completion of WIC referral, documentation of HIV pre-counseling and testing offered, diabetic screening, low birth weight infants, Apgar scores, Cesarean section rates, and six-week postpartum care.

Data from this program was not yet available at the time of this report.

Discussion

SFCCN produced reports giving data for the measurable indicators for the respective programs at the end of each disease management program's first year of operation. While data for the first year will serve as a benchmark for future years, it should also be recognized that this initial time period reflects a process of refinement as each new program is implemented for the first time, and everyone associated with the program becomes accustomed to both the process and the reporting requirements.

Beyond the reported statistics, many people in the PSN organization feel that there have been additional benefits, as expressed in our qualitative interviews with providers and PSN administrators.

Some feel that the disease management program has opened the lines of communication between hospitals and providers, and among providers. Others observed that patients in disease management programs are more likely to participate in their own care and be more receptive to change. Bonding with the care manager seems to play an important role in the efficacy of the program. In South Broward, this was the first program of its kind, and generated interest in the possibilities for further enhanced collaboration.

One of the challenges is that since the claims system feeds into disease management, errors in coding diagnoses could result in missing people. However, providers felt that the PSN disease management program gave them greater flexibility in identifying patients who should be enrolled in disease management. Other challenges include the transience of this population and difficulty communicating (only 25% have telephones).

In general, the diabetes program had a more favorable impression across interviews at different points in time and various sites; physicians seemed to think the diabetes patients received good followup, especially ensuring the patient got specialty care. Primary care providers reported good communication with care managers.

While the diabetes program has met with widespread approval, the asthma program has received more mixed reviews. While some physicians are very positive about the effectiveness, others said the asthma program had been disappointing in that it has not noticeably improved patient care, and physicians still feel they are limited in the ability to refer patients, with subspecialty referral problems a particular concern. However, it should be noted that there is a general shortage of such specialists in South Florida; even patients with private insurance may have trouble with access to specialists.

Some people noted that these disease management programs had a positive "spillover effect" that affected more than PSN enrollees. Once enrolled in the disease management programs, the people would likely be followed by care managers even if they lost Medicaid eligibility. Further, some of the educational programs are designed for and targeted to PSN disease management enrollees but open to the public.

Providers said that they would like to see the disease management programs exapanded to include the following:

- Obesity (particularly childhood obesity)
- Violence prevention
- Teen pregnancy (already covered in high-risk pregnancy, but some providers felt a separate program was warranted)
- Pain management

Overall, the reaction of providers was positive: "Our beds are full, so if we can manage care to keep people out of the ER and hospital, then it is a good thing," one said. Another noted that with the case manager, "There's been a noticeable improvement in patients' knowledge about the disease."

Qualitative Research With Disease Management Enrollees

Introduction

One innovative part of the PSN demonstration has been the implementation of disease management programs for enrollees with chronic illness. In periodic interviews with PSN health care providers conducted as part of the organizational analyses, the disease management programs are often mentioned as a part of the PSN system that works well, and provides "value added" to Medicaid recipients. But a missing piece of the evaluation was the patient's point of view.

When we became interested in exploring the enrollees' view of these disease management programs, the original thought was to conduct a survey. However, we found there was no rigorously tested and widely accepted survey instrument available for this type of evaluation. Moreover, with a survey, responses would be limited by the questions that are asked. Therefore, we opted to conduct qualitative research that would provide flexibility in exploring the wide range of issues that may be salient to enrollees in these programs.

There were four groups of people that we hoped to reach:
- English-speaking enrollees in the asthma disease management program
- Spanish-speaking enrollees in the asthma disease management program
- English-speaking enrollees in the diabetes disease management program
- Spanish-speaking enrollees in the diabetes disease management program

The University of Florida Survey Research Center (SRC) at the Bureau of Business and Economic Research was subcontracted to recruit the participants and moderate a small number of focus groups. Participants for focus groups were recruited using currently accepted best practices.[7] Potential participants were initially contacted by telephone about two weeks prior to the scheduled date, and were taken from a list of disease management enrollees provided by the PSN. For the diabetes patients, only those over 18 were considered. For asthma patients, if the enrollee was under age 18, a parent or guardian was invited to participate in the discussion.

Following the telephone contact, those who agreed to participate received a letter that gave directions to the location, contact telephone numbers, and more information about the purpose and scope of the discussion. The day before the session, the individuals received a reminder phone call.

The groups were held in locations near many enrollees' home addresses, at places well known in the community and conveniently located near mass transportation. Both had bus stops immediately outside the building and a rail stop less than two blocks away.

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[7] Krueger, R.A., & Casey, M.A. (2000) *Focus Groups: A Practical Guide for Applied Research*, Sage Publications, Third Edition.

Light refreshments were provided, specifically targeted to be acceptable to a diabetic diet for that group. Participants were given a $25 WalMart gift card, and a letter again stating the purpose of the discussion and giving our contact information.

Although the ideal was to conduct four focus groups, we recognized that recruiting sufficient numbers of people for the groups might not be possible due to the limited number of patients in these programs and the health status and transportation barriers some enrollees face. The contingency plan was to conduct individual qualitative interviews rather than focus groups. The initial recruitment phone script required that if someone was not able to attend a focus group, they were also asked about willingness to participate in a qualitative interview at their home.

This process recruited 15 enrollees for the English Diabetes group and 12 English Asthma group, with both sessions held October 24-25, 2003. Although a few Spanish Diabetes patients had agreed to participate in the focus group, there were not sufficient numbers to make a group. Therefore, all the Spanish interviews were conducted as individual interviews, following a similar outline to the content covered in the focus groups. In total, four participants came to each of the focus groups, and an additional five interviews were conducted in Spanish. All the interviews were audiotaped and transcribed, with the Spanish interviews translated into English.

The caveats associated with survey research also apply to these findings: these comments reflect the enrollees' perceptions, and may or may not be accurate. In many instances, participants would talk about their "social worker" and we were not sure whether it was a social worker or a nurse care manager. Additionally, many of their complaints had to do with their disease itself or the health system in general, and could not really be addressed by the disease management program. Yet all those issues were sometimes intertwined from the patient's point of view and must be understood in that context.

This study was designed to be exploratory in nature, and findings are not generalizeable to the rest of the population. However, this was a valuable first step toward examining the issues surrounding disease management programs from the enrollees' perspective.

Major Themes

Awareness of enrollment in the disease management program
We found a great deal of variation in the extent to which people recognized that they were enrolled in the disease management program
- Some were very aware. They knew their care manager by name, had her contact information, and called her whenever they had questions.
- Some knew that they saw an extra nurse when they went for their visits
- Some reported getting a letter "out of the blue" inviting them to a class
- Some insisted that only their doctor cared for them, and there had been no letter and was no nurse or care manager involved.

Extra Assistance from Disease Management
For enrollees who were aware that they were enrolled in the program, they could clearly identify "extra" or additional help that they received from the care manager, including the following:
- Nurses provided detailed information about the effect of carpeting and pets on asthma.
- One child found out about asthma camp and had a great experience.
- Diabetes patients talked about help in getting shoes.
- Extra help on how to use equipment.
- "A little book to look up what foods are best for me."
- "She always checks."
- Arranged for transportation to the classes.
- Called and moved up the time for an MRI so that he didn't have to wait so long.
- "Tells me the best places to get things I need for a good price. Like where to find whole wheat bread cheapest."
- "I never had a social worker beside me, and now I have two. The social worker…she knows…I mean, the hospital is my second house. I have no veins! They cannot find veins in me because I've been injected so many times. The social workers help me to avoid being hyper…stressed. And to avoid thinking things."
- One diabetes patient referred to her care manager as "a handywoman….Because she is a nurse, she's a social worker, she is the one teaching the classes. She is very nice and she teaches me a lot of things."

Difference in their lives from disease management
For enrollees who were aware that they are enrolled in the program, they found the disease management program had an impact on their day-to-day lives. Some examples:
- Some of the diabetes patients reported that they had fewer emergency room visits in the last few years since participating in the disease management program.
- "I feel a whole lot better. I'm taking better care of myself."
- "She is really nice. Really nice and very helpful. If I have questions, I have her number, her cell phone number and her number at work. If I have any problems I

can call her. Before I started seeing her, though, I used to wake up in the morning with my sugar so low."
- "It's not like a monkey on my back, but they are on me. If I mention something to them it's done, I don't have to worry about it."

Classes
Many participants brought up the classes as something that positively impacted their care and ability to manage their condition.
- One participant was disappointed because classes were suspended until January
- "It teaches you how to use your rescue inhaler, it shows you what you call a peak monitor…that let's me know that he is in danger and he needs to go to the hospital."
- "The meetings help remind me…I have been checking and controlling what I eat."
- "The classes that I went to made me remember many things."
- "Get to ask lots of questions."
- "I kept denying, I'm not diabetic, no I don't need to be here. But they were very helpful, definitely. They told me a lot of things about it. When they gave me the kit at the class and told me to start taking my blood sugar, I found out that I was a little bit more diabetic than I thought."
- Some participants noted that the classes discussed overall health (exercise, cholesterol levels) as well as their particular disease.

Written Educational Materials
Enrollees said that they received a lot of written materials, brochures and pamphlets, through the disease management program.
- Some participants complained that the brochures were repetitive, that they kept giving out the same materials over and over.
- Some participants found them to be clear and understandable, but one commented, "I went to nursing school but if I hadn't been, I would be lost."
- A mom of an asthma patient said that all her information was in English; she would like materials that were translated into Haitian Creole.
- A diabetes patient said he appreciated that all materials were in three languages.
- One asthma patient gets e-mails from the American lung association.

Ratings of Care

Overall, all participants rated their care very positively.

- One patient called their doctor "electrifying."
- A Spanish speaker described their provider as, "American but great person."
- When asked to rate their overall care on a scale from 1 to 10, one participant said "28!"
- A common specific complaint was a long wait at the clinic. An additional complaint was the long wait to get an appointment (upon followup questioning, this was often with a specialist). The long days of testing at the hospital were also very exhausting
- "I think they do everything they possibly can. They make suggestions that would help you, and they call."
- "Don't change a thing…it's excellent."

Changes in Care

Some of the participants had been receiving Medicaid for many years, some more than 10 years. For those people in particular we tried to find out if their care had changed in the last few years since the introduction of the disease management programs.

- One mom wished they had sent the letter eight years ago when her son was first diagnosed. It would have been good to have those classes right away.
- Another woman who was diagnosed with diabetes two decades ago talked about what a shock it was and how little training she got. A nurse just came to her bed and said, "Here's your package…this is for you to inject yourself because you are a diabetic." The woman said, "I started screaming. It was like a shower bath with cold water."
- A diabetes patient for many years reported that her care manager had "straightened her out" and she hadn't needed an ER visit in more than a year.

Unmet Needs

Although patients who knew they were enrolled in the program and could identify their care manager were very satisfied, patients who were unaware of their enrollment in disease management reported significant unmet needs, including the following:

- Confusion with glucose monitor.
- Not told about mass transit passes for Medicaid recipients.
- Don't get visits often enough (one participant reported being scared to cut their own toenails, but knew they had to be cut.)
- "A telephone number that I could call somebody and ask them to take care or do something for me?"
- Language barriers were a significant problem for some; "He talks to me in English and Spanish, but very little. He doesn't have a nurse."

Social Support
It seems clear that one of the positive functions of the classes is not just transferring information, but also providing a forum for patients and family to share their experiences and concerns. It may be that the disease management programs would be enhanced by adding a social support mechanism independent of the classes.

- "I liked the classes a lot because I get to hear of other people's experiences and things."
- One mother of an asthmatic patient said she had been contacted once about an "Asthma Moms" support group, but hadn't heard anything else and hoped it would be functioning soon.
- At the end of our formal discussion, two of the moms had a long conversation about the pros and cons of continuing with a local doctor versus moving to the larger clinic at Jackson.

Gratitude
When asked what they would like to tell the people who run Medicaid about this program, many used the opportunity to express profound gratitude for the care they received.

- "They fight for the health and well being of everyone…for humanity."
- "If someone that pays their own bills has a priority over me, there is nothing wrong with that, but that's not what I've seen."
- "We are having hard times now and we really appreciate it."
- "I would like to thank them. I would like them to know that Medicaid is good because they help you out if you have a problem, they always help you. If it wasn't for them, my daughter wouldn't be here right now."

Appendix D
Methodological Details on Recruitment

Recruiting for focus groups must be done within a fairly narrow window of time, not starting too far in advance (lest people forget or be unsure about their schedule) and finishing enough days before the session to allow time for the letter to arrive. All our recruitment calls were made from two weeks to six days prior to the session.

We found that some of the listings provided by the PSN were unusable due to missing information. For example, the asthma list for one of the subnetworks had 80 cases where the birth date was missing. Since this data point was essential to our recruitment strategy and IRB requirements, those individuals were not called. Additionally, we used the zip code map to prioritize our calls, first calling those who were closest to the focus group sites.

The final outcome of the initial recruitment calls was as follows:

32	committed to focus group
14	agreed to in-house interview but not focus group
66	break-off or refusal
1391	no answer/answering machine/busy
10	unable: language/physical/mental
271	disconnected/number changed
203	named person not there
105	said they were not in program
349	could not reach named person

In our experience, a lot of the "no answer" calls were probably disconnected. In addition to having a hard time tracking down the named individuals, we also reached a significant number of people who said they were not in the program; however, in some cases they may have been saying this as a polite way of refusing to participate.

III. Disenrollee Study

Introduction

The objective of this study was to examine the number and characteristics of enrollees who voluntarily chose to leave the PSN and elected another Medicaid plan instead. Disenrollment is important for two reasons.

First, it can be viewed as a measure of satisfaction, since those who leave the plan are "voting with their feet." Second, minimizing numbers of disenrollees, especially for reasons that could be controlled by the PSN through improved performance, is crucial to the continued viability of the program. For a health plan to succeed, it must have a sufficient number of enrollees to keep the infrastructure in operation.

Enrollment in the PSN has come through three sources:
1. Enrollees who voluntarily moved from MediPass to PSN with their primary care provider when the provider made the decision to affiliate with the PSN.
2. New Medicaid recipients who had not expressed a plan preference and who were assigned to the PSN during a time period when mandatory assignment was functioning.
3. Those who elected to enroll in the PSN.

Each of these enrollees had an opportunity for voluntary disenrollment, at the beginning of their PSN enrollment and on an annual basis.

For our analysis of voluntary disenrollment, we looked primarily at one year, between July 2001 to June 2002. The time period was selected after consultation with AHCA and SFCCN, based on comparability with other evaluation efforts and avoiding the initial start-up phase. This is the first full fiscal year after the PSN's first year of operation.

This study examined data provided by the state contractor that handles enrollment processes, which was Benova, Inc. during that time period. Every time an enrollee initiated a change to another Medicaid plan, the reason for changing was noted; that stated reason was used in these analyses.

The advantage of this approach is that we have this information for the entire universe of voluntary disenrollees, including every individual who changed from the PSN to another Medicaid plan. Another advantage is that this stated reason was given at the time of disenrollment and has not been muddied by subsequent experiences. For example, in surveys that ask disenrollees about their reasons some weeks later, their intervening experience may color their responses. They may have actually disenrolled because they thought they would get better care elsewhere. If it turned out that the care was not better, then they may cite the location of the office as a reason for changing, even though that was a secondary concern.

It should be noted that these reasons are recorded only for those who effect a change in plans and call the toll-free number for Benova. But they may get calls from persons who are not currently eligible to change plans, and those who have a complaint. The PSN

encourages enrollees who are unhappy with their care to first change providers within the PSN.

This study only included beneficiaries switching from the PSN to a comparable plan. The initial data set had included a few individuals who had switched to Children's Medical Services, but since that option is not available to most PSN enrollees, those individuals were dropped from this analysis. We also deleted some who were dually eligible for Medicaid and Medicare, and some who had either lost eligibility for Medicaid or had moved out of the plan service area.

We examined the demographic characteristics of disenrollees, and the plans that disenrollees chose when they left the PSN. We also reviewed disenrollment over the entire operating life of the PSN, to see if patterns of disenrollment could be observed.

For some of these analyses, we use the concept of "person-months." For each month, the plan into which an individual is enrolled is indicated. For an individual whose coverage can be followed for the entire period, his/her contribution to the coverage period would be 12 months. The sum of total months contributed by all individuals who were being followed during the coverage period is person-months, i.e. it shows how much time (months) all individuals contributed (were covered) during the specified period. Our data showed that for the target period, the number of person-months was 53,197. Disenrollment occurs to any individual at any month during the target period when he/she voluntarily decides to shift from PSN to another plan. Multiple disenrollments are possible for an individual during the target period. The total number of months in which individuals disenrolled from PSN for the entire target period gives the total person-months of disenrollment. The data showed a total of 5,083 person-months of disenrollment for the target period.

Key Findings

Demographic Characteristics of PSN disenrollees

Chart 1. Gender of voluntary disenrollees from the PSN, July 2001 to June 2002

	Frequency	Percent
Male	2,081	43.0
Female	2,755	57.0
Total	**4,836**	**100.0**

NOTE: Cases with "unkown" gender are not included

Evaluating Florida's Medicaid PSN Demonstration Project
Patient Experience Analyses
Final Report, June 2004
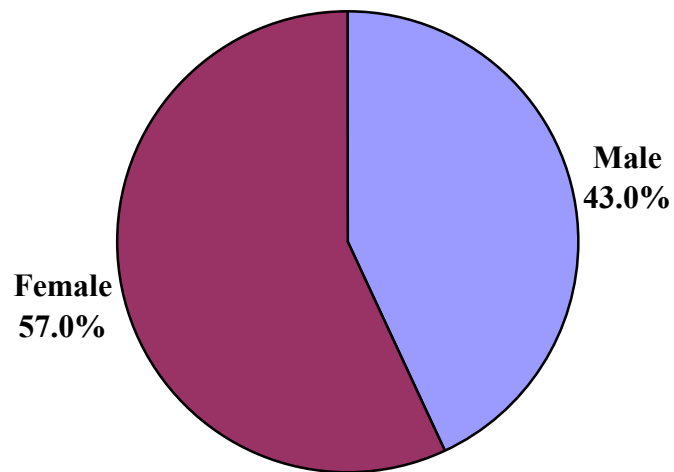
Chart 2. Race/ethnicity of voluntary disenrollees from the PSN,
July 2001 to June 2002

	Frequency	Percent
Black	2,142	44.2%
Hispanic	1,840	38.0%
White	385	7.9%
Other	479	9.9%
Total	**4,846**	**100.0%**

NOTE:
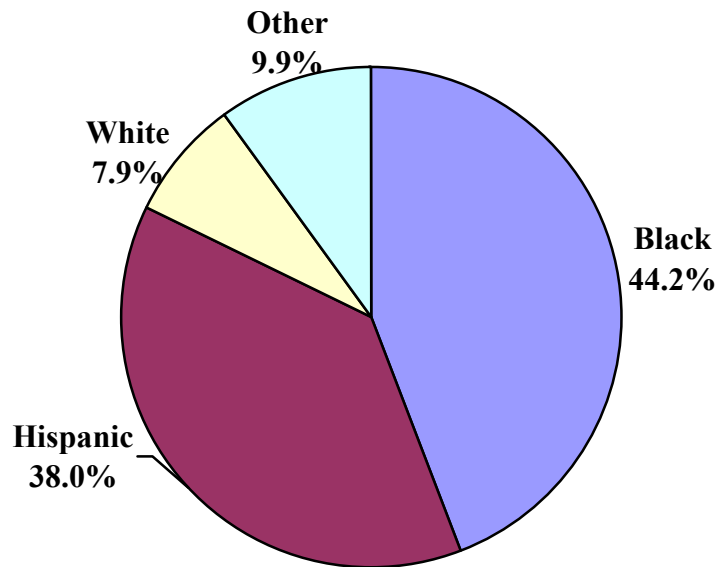
Chart 3a. Reasons for voluntary disenrollment from the PSN,
July 2001 to June 2002

	Frequency	Percent
PCP not in the plan	1,505	31.1%
Enhanced benefits by other plans	1,407	29.0%
Provider no longer with the plan	830	17.1%
Other reasons	447	9.2%
Providers too far away	177	3.7%
Problems with provider	178	3.7%
Switched to same plan as other family members	163	3.4%
Problems getting specialist care	93	1.9%
Problems with services	27	0.6%
Enrollment problems	19	0.4%
Total	4,846	100.0%

Chart 3b. Reasons for voluntary disenrollment from the PSN,
July 2001 to June 2002
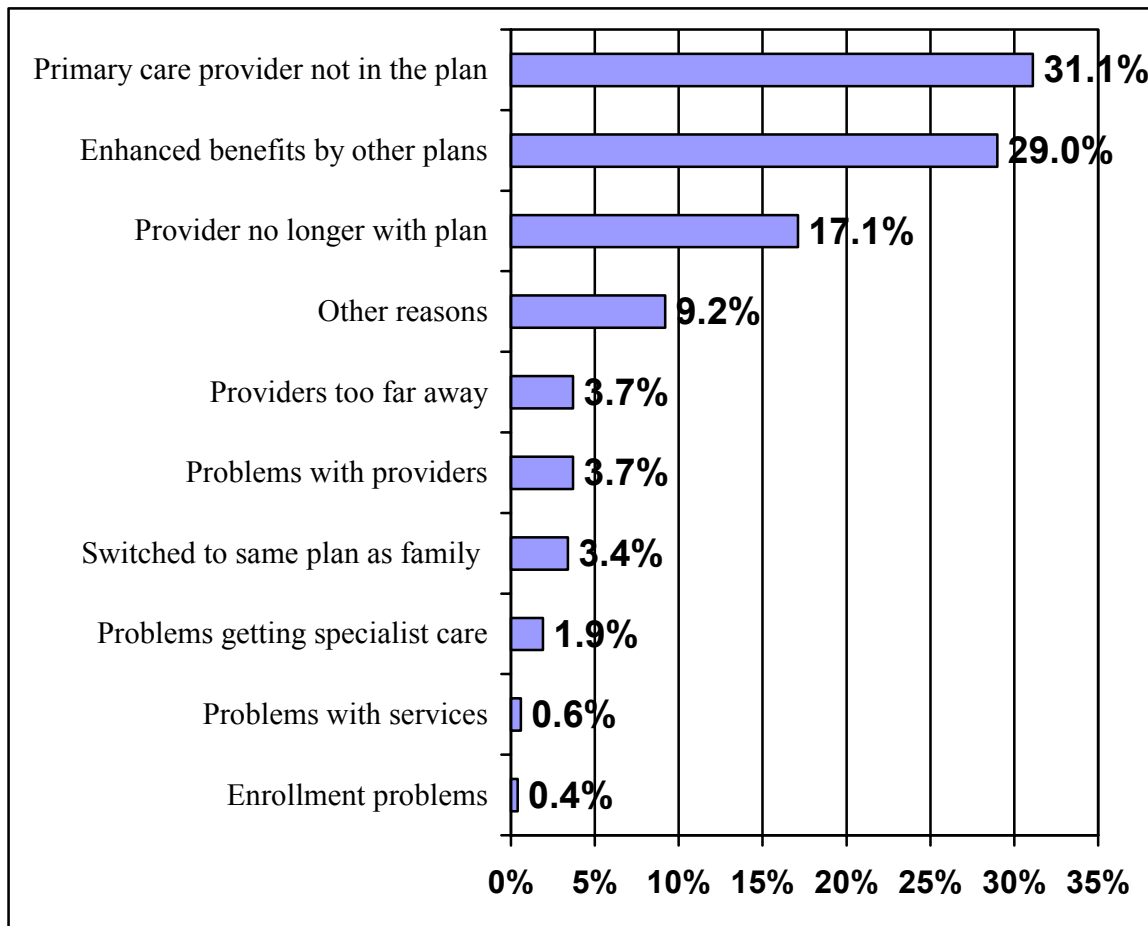
Chart 4. Reasons for Disenrollment by Race, July 2001 to June 2002

Reason	White	Black	Hispanic	Other	TOTAL
Primary care provider not in the Plan	131	493	698	183	1505
	34.0%	23.0%	37.9%	38.1%	31.1%
Enhanced benefits	85	861	356	105	1407
	22.1%	40.2%	19.3%	21.9%	29.0%
Provider no longer in Plan	85	283	403	59	830
	22.1%	13.2%	21.9%	12.3%	17.1%
Other reasons	40	225	130	52	447
	10.4%	10.5%	7.1%	10.9%	9.2%
Providers too far away	11	56	87	23	177
	2.9%	2.6%	4.7%	4.8%	3.7%
Problems with Provider	9	82	65	22	178
	2.3%	3.8%	3.5%	4.6%	3.7%
Switched to same Plan as other family members	6	97	60	0	163
	1.6%	4.5%	3.3%	0.0%	3.4%
Problems getting specialist care	13	29	24	27	93
	3.4%	1.4%	1.3%	5.6%	1.9%
Problems with services	4	8	11	4	27
	1.0%	0.4%	0.6%	0.8%	0.6%
Enrollment Problems	1	8	6	4	19
	0.3%	0.4%	0.3%	0.8%	0.4%
TOTAL	**385**	**2142**	**1840**	**479**	**4846**
	100%	**100%**	**100%**	**100.0%**	**100%**

Chart 5. Type of enrollment following voluntary PSN disenrollment, July 2001 to June 2002

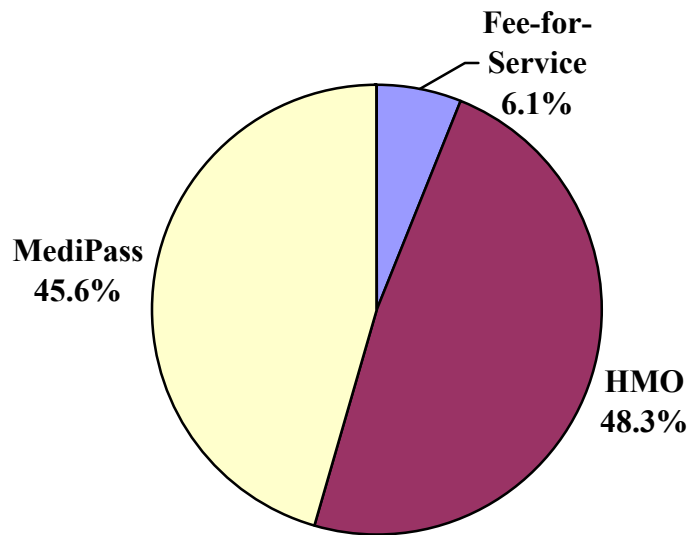|	Frequency	Percent
Fee-for Service	293	6.1
HMO	2,310	48.3
MediPass	2,176	45.6

Chart 6. Type of enrollment following voluntary disenrollment by race, July 2001 to June 2002

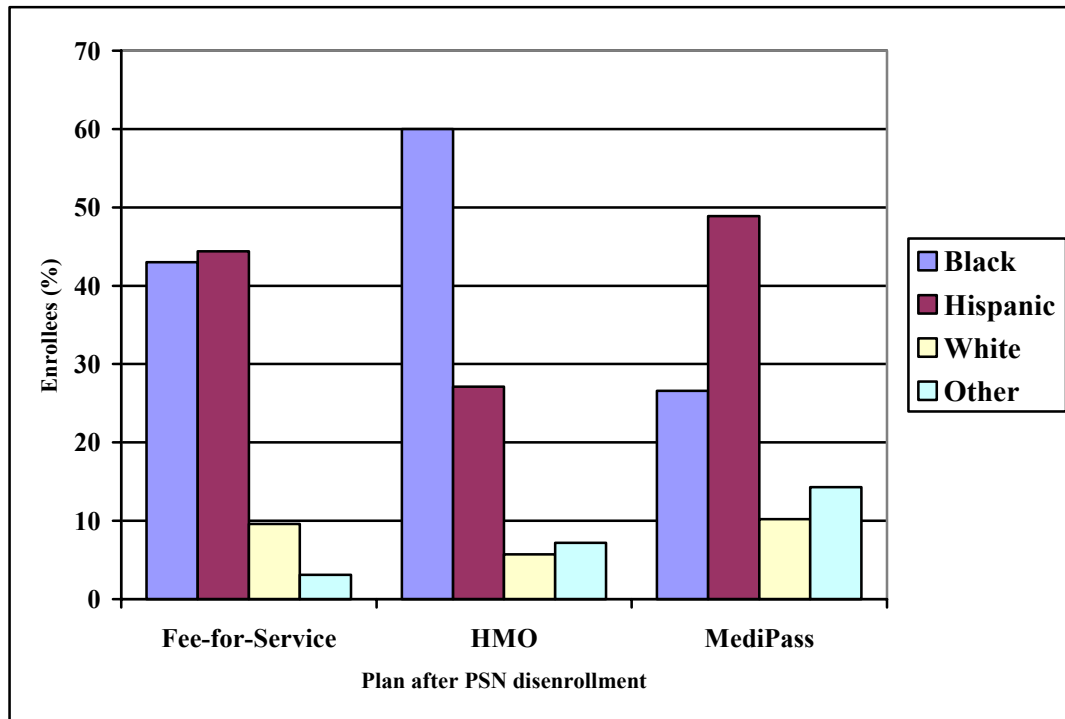| Race	Fee-for-Service		HMO		MediPass	
	Number	Percent	Number	Percent	Number	Percent
Black	126	43.0	1,385	60.0	578	26.6
Hispanic	130	44.4	626	27.1	1,065	48.9
White	28	9.6	132	5.7	222	10.2
Other	9	3.1	167	7.2	311	14.3
TOTAL	**293**	**100.0**	**2,310**	**100**	**2,176**	**100.0**

Chart 7. Type of enrollment following voluntary disenrollment by gender, July 2001 to June 2002

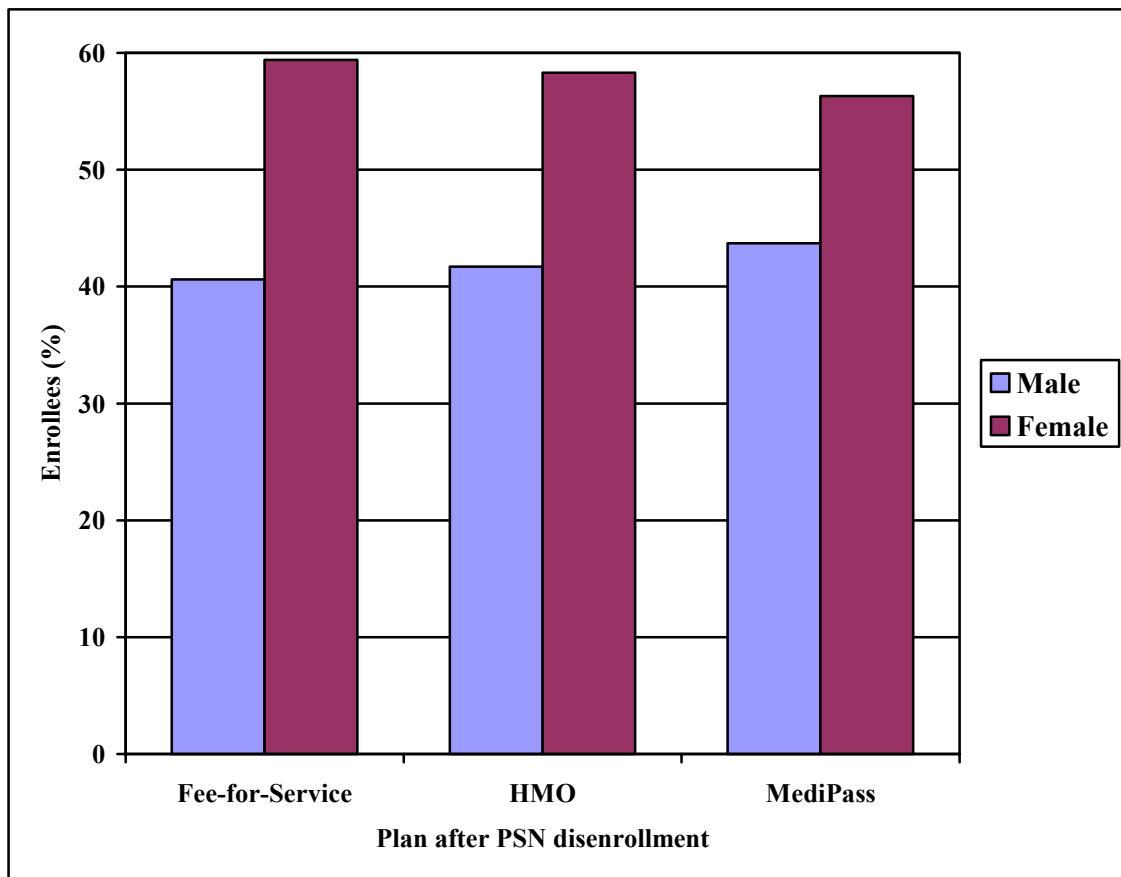| Gender	Fee-for-Service		HMO		MediPass	
	Number	Percent	Number	Percent	Number	Percent
Male	119	40.6	964	41.7	951	43.7
Female	174	59.4	1,346	58.3	1,225	56.3
TOTAL	**293**	**100.0**	**2,310**	**100.0**	**2,176**	**100.0**

Chart 8. PSN Voluntary Disenrollment as a percentage of Enrollment, January 2001 to March 2002

Month	Dade	Broward	Total	Disenrollment	% Disenrollment
Jan-01	17,076	5,598	22,674	730	3.2%
Feb-01	17,596	5,823	23,419	469	2.0%
Mar-01	17,983	6,067	24,050	779	3.2%
Apr-01	17,370	6,098	23,468	800	3.4%
May-01	17,079	6,025	23,104	589	2.5%
Jun-01	17,247	6,203	23,450	696	3.0%
Jul-01	16,783	6,082	22,865	884	3.9%
Aug-01	15,975	5,798	21,773	537	2.5%
Sep-01	15,410	5,487	20,897	486	2.3%
Oct-01	14,694	5,240	19,934	413	2.1%
Nov-01	14,252	5,139	19,391	390	2.0%
Dec-01	13,865	5,145	19,010	324	1.7%
Jan-02	13,281	4,944	18,225	358	2.0%
Feb-02	12,890	4,704	17,594	300	1.7%
Mar-02	12,646	4,531	17,177	314	1.8%

Discussion

All in all, the greatest number of voluntary disenrollments involved the primary care provider. Disenrollees indicated that they left the PSN because their PCP is not in the plan (1,505 disenrollments during the target year) or because their provider is no longer with the plan (830). Together, these reasons accounted for nearly half (48.2%) of voluntary disenrollments.

In a program where providers brought their panels along to the new plan, how could this be? First, some of these were newly eligible Medicaid patients, who may have had an existing relationship with a physician and wanted to be able to continue seeing the same doctor even after Medicaid was paying the bills. This doctor may have only accepted fee-for-service Medicaid, for example, or been part of an HMO. Second, some MediPass patients were actually seeing a different doctor than their provider of record. So from their point of view, the provider of record may have changed to the PSN, but "their" doctor stayed with MediPass, and they were genuinely surprised to get the welcome letter from the PSN. In addition, there may be confusion over which doctor is "theirs," when providers have similar last names.

The results of this study clearly show that most disenrollments are not an expression of dissatisfaction with the level of care provided by the PSN. The seven stated reasons related to "problems with providers" (long waits, rude treatment, dissatisfaction with provider, etc.) combined made up only a small fraction (3.7%) of disenrollments. Of course, it is important to keep in mind that some who called with such complaints may have been ineligible to disenroll from the PSN at the time of their call, or they may have opted to first try another PSN provider.

About 177 disenrollees reported that the provider's office was too far away. While this was only a small percentage of total disenrollment (3.7%), it represents a significant minority, and gives a glimpse into the life of those on Medicaid. Was it really the total distance in miles that was intimidating, or the two bus transfers that would be required in order to reach the office? Was the patient aware of free public transportation available to Medicaid recipients?

For 93 disenrollees, the reason given involved access to specialist care. There was no follow-up to see whether their new plan allowed the specialist care that they felt was needed. This is an important caveat and consideration, because in South Florida there are widespread shortages of specialists that even affects people with private insurance coverage.

Blacks had the highest rate of leaving the PSN for enhanced benefits in another plan; about 40.2% of Blacks gave that reason, compared to 19.3% for Hispanics, 22.1% for Non-Hispanic Whites, 21.9% for Other.

About 698 Hispanics gave the disenrollment reason that their primary care provider is not in the plan, compared to 131 Non-Hispanic Whites, 493 Blacks, and 183 Other. It is

unknown from this data whether reliance on their accustomed provider for Spanish language services played a part in their decision, and thus made Hispanics more likely to disenroll for this reason. However, the literature[7] and our qualitative interviews with disease management enrollees suggest that Spanish-speaking Hispanics find a health care provider's Spanish-speaking ability to be essential, and even losing a bilingual nurse from the provider's office will likely make a difference in care from the patient's point of view.

It is also important to keep in mind that all of these reasons are based on the enrollees' perceptions, and may or may not have basis in reality. For example, those who thought they might get enhanced benefits might actually be disappointed upon utilizing their new plan; our limited analyses were unable to track such consequences.

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[7] See for example Garcia J.A., Paterniti D.A., Romano P.S., & Kravitz R.L. (2003) Patient preferences for physician characteristics in university-based primary care clinics. Ethnicity and Disease, 13(2):259-67.

Conclusions

Overall, patient experience with the PSN is positive. All three approaches find favorable indicators.

The patient satisfaction surveys found high levels of satisfaction with the care received.

The disease management programs are providing crucial services to patients with chronic illnesses, improving their quality of life as well as eliminating the need for costly interventions.

The disenrollee study shows that only a small fraction (around 2.5%) of PSN enrollees choose to voluntarily disenroll from the program, and only a small minority of those (3.7%) report problems with providers as the reason.