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June 20, 2006

Jacquelyn Shearer
Managed Health Services Indiana, Inc.
1099 N. Meridan, Suite 400
Indianapolis, IN 46204-1041

Re: 2006 Final Report for the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey

Dear Jacquelyn,

The Myers Group is pleased to present your 2006 Final Report for the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey. As a leader in the managed care survey industry with over 200 health plan submissions to NCQA this year, you can be assured that your reports will be accurate, comprehensive, user-friendly, and will provide essential information for use in your quality improvement initiatives.

On behalf of TMG, I thank you for the privilege to serve as your 2006 CAHPS survey vendor. We sincerely appreciate the confidence you have placed in us in helping you achieve your research objectives, and we look forward to working with you again in the future.

Sincerely,

A.C. Myers
Chief Executive Officer
The Myers Group

Managed Health Services Indiana, Inc.

CAHPS® 2006 Medicaid Adult Survey

Project Number 42940

FINAL REPORT

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1. Executive Summary

The Myers Group, an NCQA-Certified HEDIS®[1] Survey Vendor, was selected by **Managed Health Services Indiana, Inc.** to conduct its 2006 Consumer Assessment of Health Plans (CAHPS®[2]) 3.0H Medicaid Adult Member Satisfaction Survey. Using a l mixed (mail and telephone) survey administration methodology (following NCQA protocol), The Myers Group collected 246 responses from the eligible member population from January through May of 2006, yielding a response rate of 12.4%[3]. Information obtained from consumer surveys allows plans to measure how well they are meeting their members' expectations and needs. Based on the data collected, this report summarizes the results, assists in identifying member satisfaction strengths and opportunities, and aids in assessing NCQA accreditation standings.

The 2006 and 2005 Summary Rate composite and rating scores for Managed Health Services Indiana, Inc. are presented below. In order to assess how your member satisfaction scores compare with other Medicaid adult plans, a national benchmark, Quality Compass®[4] 2005, is also provided.

Composites/Ratings	2006 Summary Rates	2005 Summary Rates	Quality Compass 2005 (Medicaid Adult-Public Report)
Getting Needed Care	72.9%	77.9%	74.9%
Getting Care Quickly	72.2%	72.3%	73.5%
How Well Doctors Communicate	83.4%	86.5%	86.8%
Courteous and Helpful Office Staff	85.5%	85.7%	88.9%
Customer Service	67.9%	67.7%	70.4%
Rating of Personal Doctor (Q5)	72.9%	77.7%	77.6%
Rating of Specialist (Q11)	74.4%	85.1%	76.1%
Rating of Health Care (Q35)	68.3%	65.8%	73.8%
Rating of Health Plan (Q52)	65.0%	66.3%	72.8%
Effectiveness of Care Measures			
Advising Smokers to Quit (ASTQ)	69.8%	NA	67.7%
Discussing Smoking Cessation Medications	21.3%	NA	32.4%
Discussing Smoking Cessation Strategies	29.1%	NA	34.0%

1 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
2 CAHPS® is registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
3 Please refer to Section 2 - Project Overview for the calculation used to determine response rate.
4 The source for the benchmark data contained in this publication is Quality Compass® 2005 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation, or conclusion based on this data is solely that of The Myers Group, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. The number of plan-specific samples used in the Quality Compass 2005 (Public-Report) measure is 64.

CAHPS® 3.0H Medicaid Adult Survey

Topics included in the CAHPS® 3.0H Medicaid Adult Survey include:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff
- Customer Service
- Provider and Plan Ratings
- Effectiveness of Care Measure

Throughout this report results are shown as "Summary Rates." Summary Rates represent the percentage of respondents who answer in the most positive way, as defined by NCQA.

The Getting Needed Care composite measures the experiences members had in the last six months when attempting to get care from doctors and specialists. The Summary Rate represents the percentage of members who responded "Not a problem."

The Getting Care Quickly composite measures the member's experiences with receiving care or advice in a reasonable time and includes experiences with time spent in the office waiting room. The Summary Rate represents the percentage of members who responded "Always" or "Usually."

The How Well Doctors Communicate composite measures how well providers listen, explain, spend enough time with, and show respect for what members have to say. The Summary Rate represents the percentage of respondents reporting "Always" or "Usually."

The Courteous and Helpful Office Staff composite measures the member's treatment by office staff in the last six months. The Summary Rate represents the percentage of members who responded "Always" or "Usually."

The Customer Service composite measures how much of a problem it was for members to get information and get help from customer service in the last six months. The Summary Rate represents the percentage of members who responded "Not a problem."

There are four questions with responses scaled 0 to 10 in the CAHPS® 3.0H survey: *Rating of Doctor* (Q5), *Rating of Specialist* (Q11), *Rating of Health Care* (Q35), and *Rating of Health Plan* (Q52). Zero represents "worst possible" and 10 represents "best possible." The Summary Rate represents the percentage of respondents who rated the question an 8, 9, or 10.

Effectiveness of Care Measures includes The Medical Assistance with Smoking Cessation measure. The Medical Assistance with Smoking Cessation measure evaluates three components. These are 1) the percentage of smokers or people who have recently stopped smoking who received advice to quit smoking from their practitioner 2) the percentage whose practitioner discussed smoking cessation *medications* and 3) the percentage whose practitioner discussed smoking cessation *strategies*. The Summary Rate for these measures is the percentage of respondents indicating their practitioner had advised them to quit smoking (ASTQ) or discussed a smoking cessation medication or strategy with them on at least one occasion in the past 6 months. The Summary Rate for these measures is a rolling average, which is the combination of two years of data.

Accreditation 2005 Scoring

NCQA requires Managed Care Organizations (MCOs) to submit specified HEDIS measures and HEDIS/CAHPS® 3.0H survey results. These results count for 33 percent of a plan's accreditation score.

CAHPS® 3.0H Measures

NCQA determines the HEDIS/CAHPS® 3.0H results portion of the score by comparing the MCOs' results to a national benchmark (the 90th percentile of national results) and to national thresholds (the 75th, 50th, and 25th percentiles). NCQA does not take into account regional thresholds for CAHPS® measures due to the fact that variations in the regional data are not as pronounced.

To take into account inherent sampling variation, prior to scoring, NCQA will add points to each one of the CAHPS® ratings and composites. The table on the following page shows the results for your plan.

The first two columns show your plan's Three-Point Score before and after the sampling variation adjustments. The third column represents the approximate threshold your plan achieved when compared to the benchmark.

Because benchmark data is provided to the public only to the hundredth of a percentage point and NCQA assigns points calculated to the thousandths, results are approximate. Furthermore, the following point system applies only to those seeking initial accreditation. When calculating Accreditation points the point system used must be the same point system used when the plan was initially accredited. For example, if a plan was initially accredited in 2003 then the point system that would be used to rescore their HEDIS/CAHPS® 3.0H results is the point system for Accreditation 2003 scoring.

Of the 33 points possible for HEDIS measures and CAHPS® results, a total of 14 points may be awarded for the CAHPS® portion and are distributed if the plan meets or exceeds the following percentile scores: 90th (1.400), 75th (1.232), 50th (0.952), 25th (0.560), and 0 (0.280). For Rating of Health Plan the following points will be distributed: 90th (2.800), 75th (2.464), 50th (1.904), 25th (1.120), and 0 (0.560).

Composite/Rating Item	Three-Point Score	Adjusted Three-Point Score	Approximate Plan Percentile Threshold
Getting Needed Care	2.60	2.65	50th
Getting Care Quickly	2.17	2.22	50th
How Well Doctors Communicate	2.45	2.50	50th
Courteous and Helpful Office Staff	2.49	2.54	25th
Customer Service	*	*	*
Rating of Personal Doctor (Q5)	2.33	2.40	25th
Rating of Specialist (Q11)	*	*	*
Rating of Health Care (Q35)	2.26	2.33	25th
Rating of Health Plan (Q52)	2.23	2.30	25th

An asterisk (*) shown indicates one or more attributes have less than 100 valid responses; therefore the Three-Point Score cannot be calculated. The measure would receive an *NA* by NCQA audit. If the audited report rate for a measure is *NA*, the points available for that measure are redistributed among the remaining required measures. However, an organization cannot have more than four *NAs* on CAHPS® results or four *NAs* on HEDIS results, and may not exceed six *NAs* on all HEDIS clinical measures and CAHPS® results combined. Organizations with more than four HEDIS measures or four CAHPS® *NAs* or that exceed the total of six *NAs* are scored based on the standards score only and the accreditation status is capped at Commendable. A measure that is not compliant with the HEDIS Audit Standards and is significantly biased will receive an *NR* on the audit. Measures that receive *NR* receive no points for that measure.

HEDIS Measures

In addition to the 14 points possible for CAHPS® results, plans can also meet the ASTQ HEDIS measure requirement through administration of the CAHPS 3.0H survey. There are a total of 12 HEDIS measures required for the Medicaid product lines (HMO and POS), worth a combined total of 19 points.

To take into account sampling variation, NCQA adds 5 percentage points to each HEDIS measure result prior to scoring. Adjusted HEDIS measures are then compared to the

national benchmark (90th percentile) and national thresholds (75th, 50th, and 25th). The table below shows the ASTQ Score for Managed Health Services Indiana, Inc., as well as the national benchmark and thresholds.

***Medicaid* Advising Smokers to Quit Measure**

	Percentiles (Rolling Average)			
	90th	**75th**	**50th**	**25th**
National	73%	69%	64%	60%
Your Plan's 2006 ASTQ Score			69.8%	
Your Plan's Adjusted 2006 ASTQ Score			**74.8%**	

Quality Improvement Activity (QIA)
In addition to the 33 points possible for HEDIS measures and CAHPS® results, significant improvement over a 3-year period in certain HEDIS and CAHPS® rates could substitute for a Quality Improvement Activity (QIA).

Note: *See the* 2006 Standards and Guidelines for the Accreditation of MCOs *for further details about required HEDIS results and scoring.*

Opportunity Analysis of Health Plan Rating:

How members rate their health plan (Q52) is an important indicator of plan quality. It is also the most heavily weighted CAHPS® measure in the HEDIS audit process, and is worth twice as many points as all other measures. Therefore, it is important for plans to focus their attention on this rating measure. Satisfaction is influenced by the quality of service provided by the plan, the quality of care provided by the plan and the cost of the plan to the member.

Some composites will impact the *Rating of Health Plan* satisfaction among your health plan members more than others, and are considered Key Drivers. Key Drivers are those health plan service areas that are positively tied to the overall rating of the health plan. A regression analysis was performed using The Myers Group Book of Business (2005[5]). This analysis measures the relationships between each composite area and overall health plan rating. It is used to determine which areas of service have the greatest effect on members' overall satisfaction, which helps participating MCOs to develop a strategy to focus attention on the Key Driver service measure.

Regression analysis produces a number, called a beta coefficient (β), which represents the degree to which the composite area impacts overall satisfaction; the larger the beta coefficient, the greater the impact that area has on satisfaction. Three composites have been identified as *Key Drivers* based on regression analysis: Customer Service (β=0.772[6]), How Well Doctors Communicate (β=0.562), and Getting Needed Care (β=0.539).

Depending on your health plan's composite percentile ranking when compared to Quality Compass 2005 (Public Report), The Myers Group provides the following information for use in developing your action plans:

Strength (Market & Maintain)

Among the sample of health plan members surveyed, no *Key Drivers of Overall Satisfaction* are identified which rate at or above the 75th percentile when compared to the Quality Compass 2005 (Public Report) Summary Rates.

[5] TMG Book of Business (2005) consists of 44 Medicaid adult survey results, which were submitted to NCQA in 2005.
[6] Numbers shown are beta coefficients (found with respondent-level composites scaled 0-3, See Regression Analysis in *Technical Notes*). Within the context of the statistical model, the larger the coefficient, the stronger its influence on the dependent variable (Q52 – Overall Satisfaction with Health Plan), with all other composites held constant.

Opportunity (Investigate & Improve)

Although these plan service areas are also considered *Key Drivers of Overall Satisfaction* among your health plan members, your Summary Rates fall below the 50th percentile when compared to the Quality Compass 2005 (Public Report). Therefore, the following areas are considered opportunities for your plan.

	Percentile Ranking	Summary Rate
➢ Customer Service	32nd	67.9%
➢ Getting Needed Care	35th	72.9%
➢ How Well Doctors Communicate	16th	83.4%

To Monitor

Among the sample of health plan members surveyed, no *Key Drivers of Overall Satisfaction* are identified which rate between the 50th and 75th percentile when compared to the Quality Compass 2005 (Public Report) Summary Rates.

Key Drivers of Overall Health Care Rating:

How members rate their health care (Q35) is an important measure of quality, as it gives members an opportunity to rate all of the health care they have received in the last 6 months. The Rating of Health Care provides feedback to health plans to improve their members' quality of care. For further analysis, a regression analysis was performed on The Myers Group Book of Business (2005) to determine the *Key Drivers for the Rating of Health Care*.

Three composites have been identified as *Key Drivers for the Rating of Health Care* based on regression analysis: How Well Doctors Communicate (β=1.416), Getting Needed Care (β=0.507), and Courteous and Helpful Office Staff (β=0.353). The *Rating of Health Care* is also highly correlated with the *Rating of Personal Doctor*.

How Well Doctors Communicate is the area most highly associated with health care satisfaction. A positive relationship between doctor and patient is an important part of health care. It is critical for the provider to listen carefully, to develop trust necessary for clear communication and to explain diagnoses and treatments in a way that is easily understood. Health plans should have a sufficient provider network to allow providers to spend an adequate amount of time with each patient.

Getting Needed Care is a key indicator of access to care. The ability to make appointments and see a provider is critical to ensuring that illness is prevented, or that an existing illness does not progress further. It is the responsibility of the health plan to ensure that their provider network is large enough to provide appropriate access to plan members.

Below are your plan's percentile rankings in these areas when compared to the Quality Compass 2005 (Public Report) as well as your plan's Summary Rates. High ratings in these areas are essential to members' satisfaction with the care they receive.

	Plan Percentile Ranking	Summary Rate
➢ How Well Doctors Communicate	16th	83.4%
➢ Getting Needed Care	35th	72.9%
➢ Courteous and Helpful Office Staff	14th	85.5%

Rankings below the 50th percentile would indicate that this is an area that should be investigated by the health plan. TMG offers *Patient Satisfaction with Physician* studies to help further drill down areas that may need attention to better provide care to plan members.

Noteworthy Findings and Conclusions

As stated at the beginning of this Executive Summary, information obtained from consumer surveys allows plans to measure how well they are meeting their members' expectations and needs. This analysis can also reveal areas of improvement and target areas where improvement is needed to increase the quality of care provided.

The following section identifies significant[7] trend and benchmark comparisons with respect to composite and rating areas. For additional detailed analysis of trending and benchmarking refer to Sections 3 and 4.

- **Trending** – One crucial measure of a health plan's ability to manage care is its capacity to demonstrate improvement in key areas over time. The CAHPS® 3.0H survey allows plans to track changes in results that are important to them, and to measure the plan's success in those areas in order to more effectively meet members needs and expectations:
    - Composites: When compared to 2005[8]:
        - Your plan shows no significant changes in the five composite areas.
    - Ratings: When compared to 2005:
        - Your plan shows no significant changes in the four rating areas.
    - Attributes: The survey questions that comprise the composites are called attributes. There are 16 attributes in the Medicaid adult survey. The attributes that have shown significant differences in Summary Rate when compared to 2005 are listed below. Beside each attribute is the corresponding composite.
        - All attributes show no significant difference in Summary Rates when compared to 2005.

[7] To be "significant," differences must be attributed to real changes or variations, and not to chance. TMG uses a mathematical procedure to judge whether differences are due to true differences in the populations or may be attributed to chance. When a difference is determined to be significant, the chance that it is not truly different is set to be 5% (or 1 in 20), That is, comparisons are determined to be significant at 95% significance level.
[8] For a detailed analysis of trend information please refer to Section 3 of this report.

- **National Benchmark** – In order to assess how your member satisfaction scores compare with other plans, a national benchmark, Quality Compass 2005, is also provided. Quality Compass is a national database, created by NCQA to provide health plans with comparative information on the quality of the nation's managed care plans. In 2005 there were 64 Medicaid adult plans that chose to release their results publicly. Those plans form the Quality Compass 2005 – Public Report Benchmark:
  - Composites: When compared to the national Quality Compass Benchmark:
    - Your plan shows no significant differences in the five composite areas.
  - Ratings: When compared to the national Quality Compass Benchmark:
    - Your plan scores significantly lower than the benchmark in the following rating area: Rating of Health Plan.

New in 2006 – NCQA/TMG Survey and Reporting Changes

- The 2006 CAHPS® 3.0H Adult Member Satisfaction Surveys have been modified in the area of Medical Assistance with Smoking Cessation. Members who recently quit smoking are removed from the denominator and two questions to identify recent quitters are deleted from the survey tool. The questionnaire has been renumbered starting with Q54 in the adult Medicaid survey. Per NCQA directive, HEDIS 2005 data will NOT be recalculated excluding recent quitters and the 2005 data will be used as is.

- There are no survey measures eligible for rotation in HEDIS 2006.

- The Myers Group has added an additional year of trend data. Section 3 of this report shows four years of plan data (2006, 2005, 2004 and 2003) along with significance testing of the 2006 data compared to each of the previous years for which data is shown. There is also an additional year of demographic trending (2005 and 2004) with significance testing in Section 2, Page 2D.

- The Myers Group has added the plan's exact percentile ranking (instead of the threshold ranking used previously) when comparing to the 2005 Quality Compass Public Report (Section 4, Page 4A). Percentile rankings are shown for Composites, Attributes, Ratings and HEDIS measures.

2. Project Overview

Your Account Executive for this project is Nanette Lovins (803-396-2651), and your Project Manager is Kelly Stegall (770-978-3173, ext. 317). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Account Executive or your Project Manager. Additionally, please feel free to call Debbie Torre, Director of Operations, at 770-978-3173, Ext. 308.

Background

The Myers Group was selected by Managed Health Services Indiana, Inc. to conduct its 2006 CAHPS® 3.0H Medicaid Adult Member Satisfaction Survey. Consumer Assessment of Health Plans (CAHPS®) is a set of survey tools developed to assess patient satisfaction with their health plan. Developed jointly by the Agency for Healthcare Research and Quality (AHRQ) and NCQA, the CAHPS® 3.0H survey is the most comprehensive tool available for assessing consumers' experiences with their health plans.

This report summarizes results derived from the CAHPS® 3.0H Medicaid Adult survey as applied to a random sample of your health plan members and presents the findings by plan service area (composite) and by each individual question (attribute). The topics covered by the CAHPS® 3.0H survey are: (Ratings) Personal Doctor, Specialist Seen Most Often, Health Care, and Health Plan and (Composites) Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Courteous and Helpful Office Staff, and Customer Service.

In general, satisfaction is presented by Summary Rates or the percent of respondents who choose the most positive question responses as specified by NCQA. In many cases, scores are also shown alongside a national benchmark called Quality Compass 2005 in order to offer your plan an assessment of how well it performs in comparison to other plans.

Response Rate

The required sample size is 1,350 in accordance with the NCQA protocol for adult Medicaid plans, although plans may choose to over-sample or augment[9] their population if necessary. Your plan's sample size is 2,025. After adjusting for ineligible members, your survey response rate was 12.4%. A survey is included as a valid completion if the member appropriately responds to Question 1 and answers at least 80% of the survey questions (not including Questions 48, 49, 54-57, or custom questions). The overall NCQA target number of complete responses is 411.

NCQA allows members to submit surveys through a mail-only or mixed (mail and phone) methodology. Your health plan's 246 valid responses were submitted to TMG via the following data collection methods: 157 Mail (M), and 89 Telephone (T).

[9] Although plans may choose to augment their population, augments are not included in the Response Rate calculation or survey disposition groupings.

A response rate is only calculated for those members who were eligible and able to respond. According to NCQA protocol, ineligible members include those who are deceased, do not meet the eligible population criteria, have a language barrier, or are either mentally or physically incapacitated. Non-respondents include those members who have refused to participate in the survey, could not be reached due to a bad address or telephone number, or members that reached a maximum attempt threshold and were unable to be contacted during the survey time period. NCQA also considers surveys that have been returned with less than 80% of the questions answered a non-response.

The table below shows the total number of members in the sample that fell into each of the various disposition categories. Depending upon the survey protocol, some of the groupings below may not apply.

Disposition Group	Disposition Category	N
Ineligible	Deceased (M20/T20)	0
	Does not meet criteria (M21/T21)	35
	Language barrier (M22/T22)	3
	Mentally/physically incapacitated (M24/T24)	1
	Total Ineligible	**39**
Non-response	Bad address/phone (M23/T23)	115
	Incomplete (M31/T31)	11
	Refusal (M32/T32)	33
	Maximum attempts made (M33/T33)	1581
	Total Non-response	**1740**

Ineligible surveys are subtracted from the sample size when computing a response rate as shown below.

$$\frac{\text{Completed mail and telephone surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response rate}$$

Using the final figures from Managed Health Services Indiana, Inc.'s Medicaid Adult survey, the numerator and denominator used to compute your response rate are presented below.

$$\frac{89\ (\text{Phone}) + 157\ (\text{Mail})}{2{,}025\ (\text{sample}) - 39\ (\text{ineligible})} = \frac{246}{1{,}986} = 12.4\%$$

Refer to the *Technical Notes* for protocol used to calculate the response rate and administer the survey.

Profile of Survey Respondents

The characteristics of respondents surveyed should be representative of your member population. The Myers Group follows NCQA protocol to help achieve a representative sample of your plan's member population. Page 2A shows the percentage of respondents by demographic category (age, gender, duration with plan, education, health status, ethnicity, and race) within your respondent group.

The demographic makeup of your plan's member base may not mirror the "average" plan; therefore, caution is recommended when making comparisons to benchmark data. Page 2B shows a graphical presentation of your plan's demographics compared to the 2005 Quality Compass (Public Report). Page 2C provides the percentage of respondents by demographic category compared to the 2005 Quality Compass (Public Report) measures. Page 2D provides the percentage of respondents by demographic category compared to your plan's 2005 and 2003 demographics. To help you identify how your plan's population compares to other plans and to previous year's data, significant differences are highlighted and are determined by a Z-test for statistical significance. (Refer to the *Technical Notes* for more information on this topic.)

- **Demographic Comparisons (Benchmark)**: Page 2C shows there are significant differences between your plan and Quality Compass 2005 in the following demographic categories: Gender, Age, Race, Education, and Duration with Plan.

- **Demographic comparisons (Trending)**: Page 2D shows there have been significant changes between your 2006 population and that of 2005 in the following demographic category: Duration with Plan.

Through years of experience and analysis of our current Book of Business, The Myers Group has observed that the demographics of a response group may have an effect on the overall satisfaction results. The comments and charts below represent generalized results. Your plan results are presented in the Segmentation Section (Section 6) and may differ from the TMG Book of Business (2005). Although differences may occur, it is more likely attributable to sampling error. Therefore, attention should be directed towards general observations and less to specific variations.

- Older members give higher ratings of overall satisfaction.

Demographic Category		TMG Book of Business Q52 Summary Rate
Age	55 or Older	77.2%
	45 – 54	71.2%
	35 – 44	70.3%
	18 – 34	68.7%

- More educated members give lower ratings of overall satisfaction.

Demographic Category		TMG Book of Business Q52 Summary Rate
Education	4-YR College or more	65.7%
	Some College or 2-YR degree	66.5%
	High school	73.3%

- Members who have been with a plan longer give a higher rating of overall satisfaction.

Demographic Category		TMG Book of Business Q52 Summary Rate
Duration with Plan	5 years or more	75.7%
	1 to 5 years	69.7%
	Less than 1 year	68.3%

- Members who report better health status give higher ratings of overall satisfaction.

Demographic Category		TMG Book of Business Q52 Summary Rate
Health Status	Excellent	84.8%
	Very Good	75.8%
	Good	66.9%
	Fair	66.8%
	Poor	61.5%

A higher proportion of these types of respondents could affect the satisfaction scores. The full detail of demographic results for your plan is shown in the Segmentation Analysis – Section 6.

Charts 2A – 2D

Profile of Survey Respondents

Survey Demographic Comparisons

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

*Health status is defined by member

*Race/Ethnicity figures will not equal 100% because they are separate questions. "Other" includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and respondents who answered "Other."

Profile of Survey Respondents

Managed Health Services Indiana, Inc.

Quality Compass® (Public-Report) Comparisons Charts

Medicaid Adult Survey

246 Total Respondents

*Health status is defined by member

Profile of Survey Respondents

Managed Health Services Indiana, Inc.

Quality Compass® (Public Report) Comparisons

Medicaid Adult Survey

246 Total Respondents

Demographic	Category	2006	QC 2005 (Medicaid Adult)*	Significance Testing**
Gender	**Male**	10.3%	24.3%	**Below**
	Female	89.7%	75.7%	**Above**
Age	**18 - 34**	61.3%	40.8%	**Above**
	35 - 44	28.0%	22.5%	**Above**
	45 - 54	7.8%	17.9%	**Below**
	55 or older	2.9%	18.8%	**Below**
Race/Ethnicity* **	**White**	68.4%	56.8%	**Above**
	Black/African-American	25.2%	22.6%	Not sig.
	Hispanic/Latino	4.2%	15.0%	**Below**
	Asian	0.8%	4.1%	**Below**
	Other	5.6%	14.3%	**Below**
Education	**High School Graduate or less**	65.0%	66.4%	Not sig.
	Some College	32.1%	27.6%	Not sig.
	College Graduate or more	2.9%	6.1%	**Below**
Duration with Plan	**Less than 2 years**	41.8%	33.6%	**Above**
	2 to 5 years	40.1%	39.2%	Not sig.
	5 years or more	18.1%	27.2%	**Below**
Health Status	**Excellent/Very good**	35.1%	36.6%	Not sig.
	Good	35.5%	31.3%	Not sig.
	Fair/Poor	29.3%	32.1%	Not sig.

** NCQA 2005 Quality Compass® (Public-Report) (File 6) mean score (64 samples with 100 valid responses or more per item). See Technical Notes for more information.*

*** Significance Testing - "Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Not Sig." denotes that there was insufficient support to conclude that there was a significant difference in percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

**** Race/Ethnicity figures will not equal 100% because they are separate questions. "Other" includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and respondents who answered "Other."*

Profile of Survey Respondents

Demographic Trending

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Demographic	Category	2006	2005	2003	Significance Testing*	
					2006 to 2005	2006 to 2004
Gender	**Male**	10.3%	7.6%	5.5%	**Not sig.**	**Sig. increase**
	Female	89.7%	92.4%	94.5%	**Not sig.**	**Sig. decrease**
Age	**18 - 34**	61.3%	64.6%	66.8%	**Not sig.**	**Not sig.**
	35 - 44	28.0%	23.1%	21.4%	**Not sig.**	**Sig. increase**
	45 - 54	7.8%	9.7%	9.4%	**Not sig.**	**Not sig.**
	55 or older	2.9%	2.6%	2.4%	**Not sig.**	**Not sig.**
Race/Ethnicity**	**White**	68.4%	63.1%	45.1%	**Not sig.**	**Sig. increase**
	Black/African-American	25.2%	29.6%	44.9%	**Not sig.**	**Sig. decrease**
	Hispanic/Latino	4.2%	3.2%	8.8%	**Not sig.**	**Sig. decrease**
	Asian	0.8%	0.5%	0.6%	**Unable to Test**	**Unable to Test**
	Other	5.6%	6.9%	9.3%	**Not sig.**	**Not sig.**
Education	**High School Graduate or less**	65.0%	62.6%	77.5%	**Not sig.**	**Sig. decrease**
	Some College	32.1%	34.9%	18.7%	**Not sig.**	**Sig. increase**
	College Graduate or more	2.9%	2.6%	3.7%	**Not sig.**	**Not sig.**
Duration with Plan	**Less than 2 years**	41.8%	53.2%	31.7%	**Sig. decrease**	**Sig. increase**
	2 to 5 years	40.1%	31.1%	37.9%	**Not sig.**	**Not sig.**
	5 years or more	18.1%	15.8%	30.4%	**Not sig.**	**Sig. decrease**
Health Status	**Excellent/Very good**	35.1%	41.1%	39.5%	**Not sig.**	**Not sig.**
	Good	35.5%	29.4%	34.6%	**Not sig.**	**Not sig.**
	Fair/Poor	29.3%	29.4%	25.9%	**Not sig.**	**Not sig.**

** Significance Testing - "Sig. increase" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher for 2006 when compared to previous years. "Sig. decrease" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower for 2006 when compared to previous years. "Not Sig." denotes that there was insufficient support to conclude that there was a significant difference between the percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

*** Race/Ethnicity figures will not equal 100% because they are separate questions. "Other" includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and respondents who answered "Other."*

3. Trend Comparisons

The CAHPS® 3.0H survey is designed to use composite scores to facilitate the aggregation of information and the communication of results. Questions are combined into composite categories comprising a particular service area managed by your plan. These composites, the questions that make up composites (attributes) and rating questions are shown on the following trend pages. Trending to 2005 and 2003 data is also shown when available.

Page 3A — Three-Year Trend Comparisons
Shows how your health plan's 2006 composite, attribute, and rating Summary Rates compare to your scores from 2005 and 2003. Significant differences are highlighted.

Page 3B-3C — Three-Year Trend Comparisons
Shows a graphical presentation of a year-to-year comparison of Summary Rate Composites and Rating Scores. Page 3B shows composite results, and Page 3C shows rating scores.

Charts 3A – 3C

Three Year Trend Comparisons

Managed Health Services Indiana, Inc.

Composites, Attributes, and Ratings of Member Satisfaction

Medicaid Adult Survey

246 Total Respondents

Composite/Attribute/Rating Item	2006		2005		2003		Significance Testing**	
	Valid n	Summary Rate*	Valid n	Summary Rate*	Valid n	Summary Rate*	2006 to 2005	2006 to 2003
Getting Needed Care		**72.9%**		**77.9%**		**77.2%**	**Not sig.**	**Not sig.**
Q7. Getting a provider you are happy with	151	64.2%	130	74.6%	395	75.4%	**Not sig.**	**Sig. decrease**
Q9. Seeing a specialist	93	64.5%	82	64.6%	176	70.5%	**Not sig.**	**Not sig.**
Q24. Getting care, tests, or treatments necessary	138	80.4%	113	85.0%	205	73.2%	**Not sig.**	**Not sig.**
Q26. Delays in care while waiting for approval	188	82.4%	161	87.6%	411	89.5%	**Not sig.**	**Sig. decrease**
Getting Care Quickly		**72.2%**		**72.3%**		**72.1%**	**Not sig.**	**Not sig.**
Q14. Getting the help/advice you needed	158	81.6%	138	81.2%	351	82.1%	**Not sig.**	**Not sig.**
Q16. Obtaining care right away for an illness/injury/condition	108	79.6%	90	81.1%	229	77.7%	**Not sig.**	**Not sig.**
Q19. Obtaining care when wanted, not when needed right away	168	79.2%	140	80.0%	350	82.3%	**Not sig.**	**Not sig.**
Q27. Waiting time in the doctor's office	188	48.4%	160	46.9%	414	46.4%	**Not sig.**	**Not sig.**
How Well Doctors Communicate		**83.4%**		**86.5%**		**83.6%**	**Not sig.**	**Not sig.**
Q30. Doctors listening carefully to you	190	83.2%	163	89.6%	418	84.0%	**Not sig.**	**Not sig.**
Q32. Doctors explaining things in an understandable way	191	86.4%	163	85.3%	418	85.2%	**Not sig.**	**Not sig.**
Q33. Doctors showing respect for what you had to say	188	85.6%	163	89.0%	419	84.7%	**Not sig.**	**Not sig.**
Q34. Doctors spending enough time with you	190	78.4%	162	82.1%	419	80.4%	**Not sig.**	**Not sig.**
Courteous and Helpful Office Staff		**85.5%**		**85.7%**		**84.8%**	**Not sig.**	**Not sig.**
Q28. Office staff treating you with courtesy and respect	190	88.4%	162	89.5%	418	87.8%	**Not sig.**	**Not sig.**
Q29. Office staff as helpful as you thought they should be	190	82.6%	161	82.0%	417	81.8%	**Not sig.**	**Not sig.**
Customer Service		**67.9%**		**67.7%**		**69.8%**	**Not sig.**	**Not sig.**
Q43. Finding/understanding information	58	70.7%	39	59.0%	114	78.1%	**Not sig.**	**Not sig.**
Q45. Getting help when calling customer service	66	65.2%	51	76.5%	122	61.5%	**Not sig.**	**Not sig.**
Rating of Personal Doctor (Q5)	**203**	**72.9%**	**157**	**77.7%**	**511**	**74.8%**	**Not sig.**	**Not sig.**
Rating of Specialist (Q11)	**82**	**74.4%**	**67**	**85.1%**	**159**	**79.2%**	**Not sig.**	**Not sig.**
Rating of Health Care (Q35)	**189**	**68.3%**	**161**	**65.8%**	**417**	**79.4%**	**Not sig.**	**Sig. decrease**
Rating of Health Plan (Q52)	**243**	**65.0%**	**193**	**66.3%**	**611**	**75.9%**	**Not sig.**	**Sig. decrease**
Effectiveness of Care Measures Rolling Average								
Advising Smokers to Quit (ASTQ)	**179**	**69.8%**	**81**	**NA**	**NA**	**NA**	**NA**	**NA**
Smoking Cessation - Medication	**178**	**21.3%**	**80**	**NA**	**NA**	**NA**	**NA**	**NA**
Smoking Cessation - Strategies	**179**	**29.1%**	**80**	**NA**	**NA**	**NA**	**NA**	**NA**

** Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. See Technical Notes for more information.*

*** Significance Testing - "Sig. increase" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher for 2006 when compared to previous years. "Sig. decrease" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower for 2006 when compared to previous years. "Not Sig." denotes that there was insufficient support to conclude that there was a significant difference between the percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.*

Three Year Trend Comparisons

Managed Health Services Indiana, Inc.

Composites of Member Satisfaction

Medicaid Adult Survey

246 Total Respondents

Note: Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS 3.0H guidelines and generally represent the most favorable response percentages. Refer to the Technical Notes for more information.

Three Year Trend Comparisons

Ratings of Member Satisfaction

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Note: Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS 3.0H guidelines and generally represent the most favorable response percentages. Refer to the Technical Notes for more information.

4. Benchmark Comparisons

The CAHPS® 3.0H survey is designed to use composite scores to facilitate the aggregation of information and the communication of results. Questions are combined into the following composite categories comprising a particular service area managed by your plan. (For question text, please refer to the survey instrument in the Technical Notes.)

Getting Needed Care (Questions 7, 9, 24, and 26)
The level of difficulty reported with the following: getting access to physicians, specialists, and necessary care; and delays while waiting for approval for care.

Getting Care Quickly (Questions 14, 16, 19, and 27)
Satisfaction with the frequency of getting help/advice when calling the physician's office, getting appointments for routine and illness/injury care, and time spent waiting past appointment time to see a provider.

How Well Doctors Communicate (Questions 30, 32, 33, and 34)
Satisfaction with how frequently providers listen, explain care issues, show respect, and spend enough time with members.

Courteous and Helpful Office Staff (Questions 28 and 29)
Satisfaction with how frequently the office staff shows courtesy, respect and helpfulness to members.

Customer Service (Questions 43 and 45)
The level of difficulty members have with understanding the plan's written materials and getting help when calling customer service.

In general, Quality Compass data is used as a benchmark for comparison to see how well your plan performs in comparison to those plans that allow their data to be used and reported as a Quality Compass 2005 Medicaid adult (Public-Report) measure (64 samples). Quality Compass 2005 Medicaid adult (All Plans) data are also presented to access how your health plan compares to a larger sample of plans (approximately 77) administering the CAHPS® 3.0H Medicaid adult survey. A comparison is also made to NCQA's Three-Point benchmark scale used for accreditation through the organization. NCQA's accreditation benchmark is comprised of data from Medicaid adult plans that reported their scores to the organization.

Your plan's 2006 member satisfaction summary data, as well as several benchmarks for comparison, are all organized into the following tables and charts.

Page 4A — 2005 Quality Compass (Medicaid Adult – Public Report) Percentiles
Shows how your health plan's composite, attribute and rating Summary Rates compare to the mean and percentiles (25th, 50th, 75th, and 90th) scores generated from the 64 Medicaid adult samples nationwide who chose to report their plan-level scores publicly. Your plan's percentile ranking is shown beside each score.

Page 4B — 2005 Quality Compass (Medicaid Adult – Public Report and All Plans)
Shows how your health plan's composite, attribute, and rating Summary Rates compare to the mean score for the Medicaid Adult Public Report and All Plans benchmarks. The Public Report benchmark includes the Medicaid adult plans that submitted to NCQA and chose to report their plan-level scores publicly. The All Plans benchmark includes approximately 77 samples of Medicaid adult plans that submitted to NCQA. Significant differences are highlighted.

Page 4C — 2005 National CAHPS® Benchmarking Database (NCBD)
Shows how your health plan's composite, attribute, and rating Summary Rates compare to the NCBD Benchmark. *Note: NCBD Summary Rate definitions are not the same as NCQA Summary Rate definitions. Your plan's Summary Rate has been recalculated on this page to match NCBD Summary Rate definitions*. The NCBD Summary Rate definitions are shown in the second column of this table. The NCBD data presented includes the summary-level distribution of 76 Medicaid Adult CAHPS® 3.0 Health Plan Survey results from 2005.

Charts 4A – 4C

Benchmark Comparisons

Managed Health Services Indiana, Inc.

2005 Quality Compass® (Public Report) Percentiles

Medicaid Adult Survey

246 Total Respondents

Composite/Attribute/Rating Item	Summary Rate*	Your Plan's Ranking**	Quality Compass (Public Report)*** Mean & Percentiles				
			Mean	25th	50th	75th	90th
Getting Needed Care	**72.9%**	**35th**	**74.9%**	**70.4%**	**75.5%**	**78.8%**	**82.7%**
Q7. Getting a provider you are happy with	**64.2%**	**17th**	69.8%	66.1%	68.9%	74.2%	77.7%
Q9. Seeing a specialist	**64.5%**	**33rd**	67.8%	63.2%	68.0%	73.7%	78.4%
Q24. Getting care, tests, or treatments necessary	**80.4%**	**63rd**	77.4%	73.0%	77.5%	82.6%	86.1%
Q26. Delays in care while waiting for approval	**82.4%**	**33rd**	85.0%	80.6%	85.6%	89.5%	91.9%
Getting Care Quickly	**72.2%**	**36th**	**73.5%**	**69.9%**	**73.6%**	**77.8%**	**81.5%**
Q14. Getting the help/advice you needed	**81.6%**	**45th**	82.3%	79.5%	82.7%	86.3%	88.9%
Q16. Obtaining care right away for an illness/injury/condition	**79.6%**	**32nd**	82.2%	78.1%	82.5%	86.6%	88.8%
Q19. Obtaining care when wanted, not when needed right away	**79.2%**	**36th**	80.2%	77.1%	81.0%	84.5%	86.2%
Q27. Waiting time in the doctor's office	**48.4%**	**46th**	49.2%	42.3%	48.9%	55.4%	63.1%
How Well Doctors Communicate	**83.4%**	**16th**	**86.8%**	**84.9%**	**87.3%**	**89.0%**	**91.5%**
Q30. Doctors listening carefully to you	**83.2%**	**11th**	87.6%	86.1%	88.6%	89.8%	91.5%
Q32. Doctors explaining things in an understandable way	**86.4%**	**36th**	86.7%	84.2%	87.0%	89.1%	91.6%
Q33. Doctors showing respect for what you had to say	**85.6%**	**16th**	88.9%	88.0%	89.3%	91.0%	92.7%
Q34. Doctors spending enough time with you	**78.4%**	**10th**	83.8%	81.3%	84.2%	86.6%	88.9%
Courteous and Helpful Office Staff	**85.5%**	**14th**	**88.9%**	**87.5%**	**89.3%**	**91.7%**	**93.0%**
Q28. Office staff treating you with courtesy and respect	**88.4%**	**16th**	91.3%	90.0%	91.5%	93.7%	94.8%
Q29. Office staff as helpful as you thought they should be	**82.6%**	**15th**	86.4%	84.9%	87.0%	89.5%	91.0%
Customer Service	**67.9%**	**32nd**	**70.4%**	**66.2%**	**69.6%**	**74.2%**	**79.3%**
Q43. Finding/understanding information	**70.7%**	**49th**	71.5%	67.7%	70.7%	77.6%	80.8%
Q45. Getting help when calling customer service	**65.2%**	**23rd**	69.7%	65.4%	70.0%	73.6%	77.3%
Rating of Personal Doctor (Q5)	**72.9%**	**<10th**	**77.6%**	**74.6%**	**77.2%**	**80.3%**	**84.2%**
Rating of Specialist (Q11)	**74.4%**	**33rd**	**76.1%**	**72.8%**	**76.5%**	**79.2%**	**81.5%**
Rating of Health Care (Q35)	**68.3%**	**12th**	**73.8%**	**70.1%**	**73.6%**	**77.8%**	**81.0%**
Rating of Health Plan (Q52)	**65.0%**	**<10th**	**72.8%**	**68.6%**	**72.2%**	**77.0%**	**81.6%**

Effectiveness of Care Measures Rolling Average	Your Plan Summary Rate*	Your Plan's Ranking**	Quality Compass (Public Report)*** Summary Rates				
			Mean	25th	50th	75th	90th
Advising Smokers to Quit (ASTQ)	**69.8%**	**55th**	**67.7%**	**64.8%**	**69.0%**	**72.3%**	**74.4%**
Smoking Cessation - Medication	**21.3%**	**<10th**	**32.4%**	**28.5%**	**31.7%**	**35.8%**	**40.9%**
Smoking Cessation - Strategies	**29.1%**	**19th**	**34.0%**	**29.7%**	**33.5%**	**37.2%**	**41.5%**

** Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. See Technical Notes for more information.*

*** Ranking indicates where your plan's Summary Rate ranks when compared to all other Medicaid Adult plans that publicly reported their results. Summary Rates that are below the 10th percentile are shown as "<10th."*

**** NCQA 2005 Quality Compass® (Public-Report), 64 samples that chose to publicly report their Summary Rates to NCQA. See Technical Notes for more information.*

Benchmark Comparisons

Managed Health Services Indiana, Inc.

2005 Quality Compass® (Public-Report & All Plans)

Medicaid Adult Survey

246 Total Respondents

Composite/Attribute/Rating Item	Summary Rate 2006	QC 2005 (Public Report)*	QC 2005 (All Plans)*	Significance Testing**	
				2006 to Public Report	2006 to All Plans
Getting Needed Care	**72.9%**	**74.9%**	**74.3%**	Not sig.	Not sig.
Q7. Getting a provider you are happy with	64.2%	69.8%	69.5%	Not sig.	Not sig.
Q9. Seeing a specialist	64.5%	67.8%	66.1%	Not sig.	Not sig.
Q24. Getting care, tests, or treatments necessary	80.4%	77.4%	76.5%	Not sig.	Not sig.
Q26. Delays in care while waiting for approval	82.4%	85.0%	85.1%	Not sig.	Not sig.
Getting Care Quickly	**72.2%**	**73.5%**	**73.0%**	Not sig.	Not sig.
Q14. Getting the help/advice you needed	81.6%	82.3%	81.6%	Not sig.	Not sig.
Q16. Obtaining care right away for an illness/injury/condition	79.6%	82.2%	81.7%	Not sig.	Not sig.
Q19. Obtaining care when wanted, not when needed right away	79.2%	80.2%	80.3%	Not sig.	Not sig.
Q27. Waiting time in the doctor's office	48.4%	49.2%	48.4%	Not sig.	Not sig.
How Well Doctors Communicate	**83.4%**	**86.8%**	**86.6%**	Not sig.	Not sig.
Q30. Doctors listening carefully to you	83.2%	87.6%	87.6%	Not sig.	Not sig.
Q32. Doctors explaining things in an understandable way	86.4%	86.7%	86.6%	Not sig.	Not sig.
Q33. Doctors showing respect for what you had to say	85.6%	88.9%	88.8%	Not sig.	Not sig.
Q34. Doctors spending enough time with you	78.4%	83.8%	83.4%	**Below**	Not sig.
Courteous and Helpful Office Staff	**85.5%**	**88.9%**	**88.6%**	Not sig.	Not sig.
Q28. Office staff treating you with courtesy and respect	88.4%	91.3%	91.1%	Not sig.	Not sig.
Q29. Office staff as helpful as you thought they should be	82.6%	86.4%	86.1%	Not sig.	Not sig.
Customer Service	**67.9%**	**70.4%**	**69.7%**	Not sig.	Not sig.
Q43. Finding/understanding information	70.7%	71.5%	70.8%	Not sig.	Not sig.
Q45. Getting help when calling customer service	65.2%	69.7%	68.3%	Not sig.	Not sig.
Rating of Personal Doctor (Q5)	**72.9%**	**77.6%**	**77.4%**	Not sig.	Not sig.
Rating of Specialist (Q11)	**74.4%**	**76.1%**	**76.0%**	Not sig.	Not sig.
Rating of Health Care (Q35)	**68.3%**	**73.8%**	**73.0%**	Not sig.	Not sig.
Rating of Health Plan (Q52)	**65.0%**	**72.8%**	**71.6%**	**Below**	**Below**
Effectiveness of Care Measures Rolling Average					
Advising Smokers to Quit (ASTQ)	**69.8%**	**67.7%**	**67.0%**	Not sig.	Not sig.
Smoking Cessation - Medication	**21.3%**	**32.4%**	**31.7%**	**Below**	**Below**
Smoking Cessation - Strategies	**29.1%**	**34.0%**	**33.3%**	Not sig.	Not sig.

** NCQA 2005 Quality Compass® (Public-Report, File 6) mean score (64 samples). NCQA 2005 Quality Compass® All Plans (File 6) mean score (estimated sample size - 77 samples).*

*** Significance Testing - "Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Not Sig." denotes that there was insufficient support to conclude that there was a significant difference in percentages. All significance testing is performed at the 95% significance level. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.*

Note: Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages.

Benchmark Comparisons

2005 NCBD Benchmark

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Composite/Attribute/Rating Item	NCBD Summary Rate Definition	Your Plan Summary Rate*	NCBD Benchmark Summary Rate**	Significance Testing: Your Plan to NCBD
Getting Needed Care* **	**Not a Problem**	**64%**	**66%**	**Not sig.**
Q7. Getting a provider you are happy with	Not a Problem	**64%**	**67%**	Not sig.
Q9. Seeing a specialist		**65%**	**64%**	Not sig.
Q24. Getting care, tests, or treatments necessary		**80%**	**75%**	Not sig.
Q26. Delays in care while waiting for approval***		**46%**	**56%**	Not sig.
Getting Care Quickly	**Always**	**45%**	**45%**	**Not sig.**
Q14. Getting the help/advice you needed	Always	**59%**	**56%**	Not sig.
Q16. Obtaining care right away for an illness/injury/condition		**55%**	**56%**	Not sig.
Q19. Obtaining care when wanted, not when needed right away		**46%**	**48%**	Not sig.
Q27. Waiting time in the doctor's office		**20%**	**21%**	Not sig.
How Well Doctors Communicate	**Always**	**62%**	**62%**	**Not sig.**
Q30. Doctors listening carefully to you	Always	**64%**	**64%**	Not sig.
Q32. Doctors explaining things in an understandable way		**67%**	**63%**	Not sig.
Q33. Doctors showing respect for what you had to say		**64%**	**66%**	Not sig.
Q34. Doctors spending enough time with you		**52%**	**54%**	Not sig.
Courteous and Helpful Office Staff	**Always**	**64%**	**67%**	**Not sig.**
Q28. Office staff treating you with courtesy and respect	Always	**69%**	**74%**	Not sig.
Q29. Office staff as helpful as you thought they should be		**58%**	**60%**	Not sig.
Customer Service* **	**Not a Problem**	**73%**	**70%**	**Not sig.**
Q43. Finding/understanding information	Not a Problem	**71%**	**70%**	Not sig.
Q45. Getting help when calling customer service		**65%**	**67%**	Not sig.
Q51 Experience with plan paperwork***		**84%**	**74%**	Not sig.
Rating of Personal Doctor (Q5)	**9-10**	**52%**	**59%**	**Below**
Rating of Specialist (Q11)	**9-10**	**57%**	**59%**	**Not sig.**
Rating of Health Care (Q35)	**9-10**	**48%**	**54%**	**Not sig.**
Rating of Health Plan (Q52)	**9-10**	**45%**	**51%**	**Not sig.**

** Summary Rates as defined by National CAHPS® Benchmarking Database (NCBD), represent the percentage of respondents answering in the most positive way. Your Summary Rates are recalulated to match the NCBD benchmark Summary Rate definition, and are shown in the column labeled "Your Plan's Summary Rate."*

*** Source for benchmark data is NCBD 2005 Chartbook, which presents 76 summary-level results for the CAHPS® 3.0 Health Plan Survey. NCBD benchmark also includes results from CAHPS® surveys that have not been administered according to CAHPS® 3.0H specification. See Technical Notes for more information.*

**** NCBD calculates Q26 differently from NCQA. NCQA includes those respondents answering "No, I did not need approval for care, tests or treatments," in Q25 into "Not a problem" in Q26 - NCBD does not. Your Summary Rate for Q26 has been recalculated to compare to NCBD benchmark. Likewise, Q51 is also recalculated based on Q50. Therefore, with the recalculations of these attributes, their respective composites' Summary Rate Scores will differ as well. Additionally, the composite "Customer Service" includes Q51 per NCBD definition. NCQA does not include this question for the Customer Service Medicaid composite.*

Global Proportions

Pages 4D-4F show a graphical presentation of the percentage of members who responded to each response choice, organized by composite category and the attributes contained within each composite. Also shown are graphical presentations of each of the four global rating questions.

Global proportions are a useful tool for understanding how dissatisfied, or even neutral, respondents are when they rate a particular service or service area. Summary Rate scores alone are not as complete an indication of performance.

Global proportion example:
Summary Rate - 75% (Always - 2%, Usually - 73%), Sometimes - 2%, Never - 23%

By focusing on all the response categories of a question, a high satisfaction, or Summary Rate score, becomes less powerful as: (1) a relatively large percentage of members are found to be dissatisfied ("Never") and (2) a large proportion of the Summary Rate responses are "Usually" responses, rather than the more favorable response of "Always." As an example, the first case would show a lower average rating than the second, even though the Summary Rates are equal.

	Summary Rate ("Usually"/"Always" %)	"Sometimes" (%)	"Never" (%)
Case 1.	*65%*	*0%*	*35%*
Case 2.	*65%*	*35%*	*0%*

Charts 4D – 4F

Global Proportions

Composite/Attribute Response Distributions

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Getting Needed Care	Valid n	Big problem	Small problem	Not a Problem
			13%	14%	73%
7	Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?	151	17%	19%	64%
9	In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?	93	19%	16%	65%
24	In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?	138	7%	13%	80%
26	In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?	188	10%	8%	82%

Q#	Getting Care Quickly	Valid n	Never/ Sometimes	Usually	Always
			28%	27%	45%
14	In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?	158	18%	23%	59%
16	In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?	108	20%	25%	55%
19	In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?	168	21%	33%	46%
27	In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?	188	52%	28%	20%

Global Proportions

Composite/Attribute Response Distributions

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	How Well Doctors Communicate	Valid n	Never/ Sometimes	Usually	Always
			17%	22%	62%
30	In the last 6 months, how often did doctors or other health providers listen carefully to you?	190	17%	19%	64%
32	In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?	191	14%	19%	67%
33	In the last 6 months, how often did doctors or other health providers show respect for what you had to say?	188	14%	21%	64%
34	In the last 6 months, how often did doctors or other health providers spend enough time with you?	190	22%	27%	52%

Q#	Courteous and Helpful Office Staff	Valid n	Never/ Sometimes	Usually	Always
			14%	22%	64%
28	In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?	190	12%	19%	69%
29	In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?	190	17%	25%	58%

Global Proportions

Composite/Attribute Response Distributions

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Customer Service	Valid n	Big problem	Small problem	Not a Problem
			12%	20%	68%
43	In the last 6 months, how much of a problem, if any, was it to find or understand this information?	58	12%	17%	71%
45	In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?	66	12%	23%	65%

Q#	Rating Questions	Valid n	0-6	7-8	9-10
5	What number would you use to rate your personal doctor or nurse?	203	19%	29%	52%
11	What number would you use to rate the specialist?	82	20%	23%	57%
35	What number would you use to rate all your health care in the last 6 months?	189	22%	30%	48%
52	What number would you use to rate your health plan?	243	21%	34%	45%

Accreditation Assessment

Composites are converted into a Three-Point score per NCQA specifications and compared against NCQA Three-Point percentile thresholds. Thresholds are based on HEDIS/CAHPS® benchmark data from other Medicaid adult survey results.

In addition to conducting an on-site survey to determine the MCO's compliance with the 2005 Standards (worth 67.0 points), NCQA determines how well the MCO performs on selected audited measures from HEDIS/CAHPS® Percentiles (worth 33 points for those seeking **initial Accreditation**[10].) To do this, NCQA will evaluate the MCO's results by product line for each required Effectiveness of Care measure. A total of 19 points is possible for this portion.

In addition to conducting an on-site survey to determine the MCO's compliance with the 2005 Standards (worth 67 points), NCQA determines how well the MCO performs on selected audited measures from HEDIS/CAHPS® Percentiles (worth 33 points). To do this, NCQA will evaluate the MCO's results by product line for each required Effectiveness of Care measure. A total of 19 points is possible for this portion. NCQA also will compare the MCO's consumer survey results (CAHPS® 3.0H survey) by product line to national percentiles. These will be the 25th, 50th, 75th, and 90th percentiles. A total of 14 points is possible with 1.400 points per composite/ratings item except the Rating of Health Plan with a possible 2.800 points. The following points will be distributed if the plan meets or exceeds the following percentile scores: 90th (1.400), 75th (1.232), 50th (0.952), 25th (0.560), and 0 (0.280). For the Rating of Health Plan the following points will be distributed if the plan meets or exceeds the following percentile scores: 90th (2.800), 75th (2.464), 50th (1.904), 25th (1.120), and 0 (0.560).

Note: Plan Three-Point Scores do not include the additional points added by NCQA to account for sampling variation. Adjusted Three-Point Scores take into account inherent sampling variations that NCQA adds. Each of the four rating questions (Q5, Q11, Q35, and Q52) and Customer Service receive an additional 0.07 points. Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composite means each receive 0.05 additional points. Also note, NCQA assigns points based upon a plan's ability to meet or exceed thresholds calculated to the thousandths. The thresholds shown on the following page (made available to the public) are shown only to the hundredths and do not represent the final threshold used to determine the distribution of points for accreditation. Plan percentile thresholds and points earned are approximations only.

Chart 4G

[10] *When calculating Accreditation points the point system used must be the same point system used when the plan was initially accredited. For example, if a plan was initially accredited in 2003 then the point system that would be used to rescore their HEDIS/CAHPS® 3.0H results is the point system for Accreditation 2003 scoring.*

Accreditation Assessment

HEDIS/CAHPS Three-Point Score Thresholds

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

	Three-Point Score	Adjusted Three-Point Score	Plan Percentile Threshold	Approximate Points Awarded	HEDIS/CAHPS® Percentiles			
					25th	50th	75th	90th
NCQA Accreditation Points					**0.560**	**0.952**	**1.232**	**1.400**
Getting Needed Care	**2.599**	**2.649**	**50th**	**0.952**	2.52	2.63	2.69	2.75
Getting Care Quickly	**2.172**	**2.222**	**50th**	**0.952**	2.11	2.18	2.24	2.29
How Well Doctors Communicate	**2.451**	**2.501**	**50th**	**0.952**	2.41	2.46	2.51	2.55
Courteous and Helpful Office Staff	**2.492**	**2.542**	**25th**	**0.560**	2.51	2.56	2.60	2.66
Customer Service	*	*	*	*	2.44	2.52	2.60	2.70
Rating of Personal Doctor (Q5)	**2.325**	**2.395**	**25th**	**0.560**	2.37	2.44	2.50	2.54
Rating of Specialist (Q11)	*	*	*	*	2.39	2.44	2.49	2.55
Rating of Health Care (Q35)	**2.265**	**2.335**	**25th**	**0.560**	2.27	2.36	2.45	2.49
NCQA Accreditation Points (Rating of Health Plan only)					**1.120**	**1.904**	**2.464**	**2.800**
Rating of Health Plan (Q52)	**2.235**	**2.305**	**25th**	**1.120**	2.22	2.34	2.41	2.48

** The average number of valid responses for this measure is less than 100, therefore the 3-point score cannot be calculated. The points possible for that measure will be distributed among other measures. See Technical Notes for further details.*

Source for HEDIS/CAHPS® Measures: http://www.ncqa.org/Programs/accreditation/mco/MCO2006BT.pdf

5. Member Satisfaction Summary

The proportion of respondents that fall into each response category for all questions is shown beginning on Page 5A. Benchmark data, and trend information are also presented where available.

Not all questions are included in composite calculations. Therefore, the following code found in the table below is used to indicate which attributes are included in the corresponding composite calculations. Their code can be found under the question number in the following charts beginning on Page 5A.

Code	Composite
GNC	Getting Needed Care
GCQ	Getting Care Quickly
HWDC	How Well Doctors Communicate
CHOS	Courteous and Helpful Office Staff
CS	Customer Service

Custom Questions

Your plan's custom questions are shown beginning on Page 5Q. All custom questions are shown in this section, regardless of their placement in the survey tool. Your plan's Summary Rate for the current year is shown alongside the Summary Rate for the same question from the previous year (if asked the previous year). The Summary Rates shown represent the percentage of respondents who answered in a positive way. Not all questions are designed for Summary Rates, such as "Mark all that apply" questions. In that case, an "NA" is shown under the Summary Rate column.

To the right of the Summary Rate column is a column for The Myers Group Book of Business Custom Question Benchmark (2005) and a column for the corresponding correlation coefficient.[11] A correlation analysis was run using The Myers Group Book of Business (2005) against Q52 (Rating of Health Plan.)

Please note that not every custom question has a benchmark for comparison.

Charts 5A – 5Q

[11] Refer to the Correlation Coefficient in the *Glossary of Terms* at the conclusion of this report.

Question Summaries

PCP Availability

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
3	**How many months or years in a row have you been in this health plan?**	237	Less than 6 mos 3.4%; At least 6 mos but < 1 yr 16.0%; At least 1 yr but < 2 yrs 22.4%; At least 2 yrs but < 5 yrs 40.1%; 5 or more years 18.1%	**NA**	NA	NA	**NA**	**NA**
4	**Do you have one person you think of as your personal doctor or nurse?**	244	Yes 85.7%; No 14.3%	**85.7%**	80.7%	81.7%	**Not sig.**	**Not sig.**
5	**What number would you use to rate your personal doctor or nurse?** (If "Yes" in Q4)	203	0 - 3 4.4%; 4 - 7 22.7%; 8 - 10 72.9%	**72.9%**	77.7%	77.6%	**Not sig.**	**Not sig.**
6	**Did you have the same personal doctor or nurse before you joined this health plan?**	207	Yes 42.5%; No 57.5%	**42.5%**	38.6%	45.6%	**Not sig.**	**Not sig.**
7 GNC	**Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?** (If "No" in Q6)	151	A big problem 16.6%; A small problem 19.2%; Not a problem 64.2%	**64.2%**	74.6%	69.8%	**Not sig.**	**Not sig.**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Managed Health Services Indiana, Inc.

Access to Specialist

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
8	**In the last 6 months, did you or a doctor think you needed to see a specialist?**	245	Yes 38.8%; No 61.2%	**38.8%**	42.1%	44.4%	**Not sig.**	**Not sig.**
9 GNC	**In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?** (If "Yes" in Q8)	93	A big problem 19.4%; A small problem 16.1%; Not a problem 64.5%	**64.5%**	64.6%	67.8%	**Not sig.**	**Not sig.**
10	**In the last 6 months, did you see a specialist?**	245	Yes 33.5%; No 66.5%	**33.5%**	33.7%	39.6%	**Not sig.**	**Below**
11	**What number would you use to rate the specialist?** (If "Yes" in Q10)	82	0 - 3 7.3%; 4 - 7 18.3%; 8 - 10 74.4%	**74.4%**	85.1%	76.1%	**Not sig.**	**Not sig.**
12	**In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?** (If "Yes" in Q10)	82	Yes 31.7%; No 68.3%	**31.7%**	19.4%	25.0%	**Not sig.**	**Not sig.**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Calling the Doctor's Office

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
13	**In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?**	246	Yes: 64.2%; No: 35.8%	**64.2%**	70.1%	58.2%	**Not sig.**	**Not sig.**
14 GCQ	**In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?** (If "Yes" in Q13)	158	Never: 4.4%; Sometimes: 13.9%; Usually: 22.8%; Always: 58.9%	**81.6%**	81.2%	82.3%	**Not sig.**	**Not sig.**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Access to Urgent Care

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
15	**In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room or doctor's office?**	245	Yes: 45.3%; No: 54.7%	**45.3%**	45.5%	43.8%	**Not sig.**	**Not sig.**
16 GCQ	**In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?** (If "Yes" in Q15)	108	Never: 4.6%; Sometimes: 15.7%; Usually: 25.0%; Always: 54.6%	**79.6%**	81.1%	82.2%	**Not sig.**	**Not sig.**
17	**In the last 6 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?** (If "Yes" in Q15)	105	Same day: 52.4%; 1 day: 17.1%; 2 days: 11.4%; 3 days: 7.6%; 4-7 days: 4.8%; 8-14 days: 3.8%; 15 days or longer: 2.9%	**52.4%**	59.1%	53.8%	**Not sig.**	**Not sig.**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Managed Health Services Indiana, Inc.

Access to Regular/ Routine

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
18	**In the last 6 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?**	244	Yes: 69.3%; No: 30.7%	**69.3%**	71.9%	66.3%	**Not sig.**	**Not sig.**
19 GCQ	**In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?** (If "Yes" in Q18)	168	Never: 4.8%; Sometimes: 16.1%; Usually: 32.7%; Always: 46.4%	**79.2%**	80.0%	80.2%	**Not sig.**	**Not sig.**
20	**In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?** (If "Yes" in Q18)	162	Same day: 11.7%; 1 day: 21.0%; 2-3 days: 35.2%; 4-7 days: 13.0%; 8-14 days: 9.3%; 15-30 days: 7.4%; 31 days or longer: 2.5%	**90.1%**	93.5%	88.1%	**Not sig.**	**Not sig.**
21	**In the last 6 months, how many times did you go to an emergency room to get care for yourself?**	245	None: 66.5%; 1 time: 19.6%; 2-4 times: 12.7%; 5 or more times: 1.2%	**66.5%**	63.6%	69.0%	**Not sig.**	**Not sig.**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Getting Care/ Doctor's Office Staff

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
22	**In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?**	246	None 22.4%; 1 15.9%; 2 15.4%; 3 12.6%; 4 8.9%; 5 to 9 15.4%; 10 or more 9.3%	**22.4%**	18.1%	22.9%	**Not sig.**	**Not sig.**
23	**In the last 6 months, did you or a doctor believe you needed any care, tests, or treatment?** (If "1" or higher in Q22)	189	Yes 74.1%; No 25.9%	**74.1%**	71.4%	73.9%	**Not sig.**	**Not sig.**
24 GNC	**In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?** (If "1" or higher in Q22 and "Yes" in Q23)	138	A big problem 6.5%; A small problem 13.0%; Not a problem 80.4%	**80.4%**	85.0%	77.4%	**Not sig.**	**Not sig.**
25	**In the last 6 months, did you need approval from your health plan for any care, tests, or treatment?** (If "1" or higher in Q22)	188	Yes 32.4%; No 67.6%	**32.4%**	32.3%	36.6%	**Not sig.**	**Not sig.**
26 GNC	**In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?** (If "1" or higher in Q22 and "No" in Q25)	188	A big problem 9.6%; A small problem 8.0%; Not a problem*** 82.4%	**82.4%**	87.6%	85.0%	**Not sig.**	**Not sig.**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

**** "Not a Problem" in Q26 includes those respondents who said "No" in Q25.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Managed Health Services Indiana, Inc.

Experience with Your Doctor

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)				Plan's Summary Rate		Quality Compass® (PR)*	Significance Testing**	
							2006	2005	2005	2006 to 2005	2006 to QC
30 HWDC	**In the last 6 months, how often did doctors or other health providers listen carefully to you?** (If "1" or higher in Q22)	190	Never 4.7%	Sometimes 12.1%	Usually 19.5%	Always 63.7%	**83.2%**	89.6%	87.6%	**Not sig.**	**Not sig.**
31	**In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?**	190	Never 84.2%	Sometimes 9.5%	Usually 1.1%	Always 5.3%	**93.7%**	93.8%	92.4%	**Not sig.**	**Not sig.**
32 HWDC	**In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?** (If "1" or higher in Q22)	191	Never 3.1%	Sometimes 10.5%	Usually 19.4%	Always 67.0%	**86.4%**	85.3%	86.7%	**Not sig.**	**Not sig.**
33 HWDC	**In the last 6 months, how often did doctors or other health providers show respect for what you had to say?** (If "1" or higher in Q22)	188	Never 4.8%	Sometimes 9.6%	Usually 21.3%	Always 64.4%	**85.6%**	89.0%	88.9%	**Not sig.**	**Not sig.**
34 HWDC	**In the last 6 months, how often did doctors or other health providers spend enough time with you?** (If "1" or higher in Q22)	190	Never 5.8%	Sometimes 15.8%	Usually 26.8%	Always 51.6%	**78.4%**	82.1%	83.8%	**Not sig.**	**Below**
35	**What number would you use to rate all your health care in the last 6 months?** (If "1" or higher in Q22)	189	0 - 3 5.3%	4 - 7 26.5%	8 - 10 68.3%		**68.3%**	65.8%	73.8%	**Not sig.**	**Not sig.**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Interpreter Services

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
36	**In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?**	243	Yes: 0.8%; No: 99.2%	**0.8%**	1.5%	4.5%	**Unable to Test**	**Below**
37	**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?** (If "Yes" in Q36)	2	Never: 50.0%; Sometimes: 0.0%; Usually: 0.0%; Always: 50.0%	**50.0%**	33.3%	59.3%	**Unable to Test**	**Unable to Test**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Health Plan Enrollment

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
38	**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?**	239	Yes 78.2%; No 21.8%	**78.2%**	83.7%	71.6%	**Not sig.**	**Above**
39	**Did you choose your health plan or were you told which plan you were in?** (If "Yes" in Q38)	184	I chose my plan 20.1%; Was told 79.9%	**20.1%**	23.5%	70.1%	**Not sig.**	**Below**
40	**Did you get any information about your health plan before you signed up for it?** (If "Yes" in Q38)	182	Yes 46.7%; No 53.3%	**46.7%**	48.1%	65.6%	**Not sig.**	**Below**
41	**How much of the information you were given before you signed up for the plan was correct?** (If "Yes" in both Q38 and Q40)	82	All of it 68.3%; Most of it 24.4%; Some of it 6.1%; None of it 1.2%	**68.3%**	70.7%	57.3%	**Not sig.**	**Above**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Getting Care/ Doctor's Office Staff

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)				Plan's Summary Rate		Quality Compass® (PR)*	Significance Testing**	
			Never	Sometimes	Usually	Always	2006	2005	2005	2006 to 2005	2006 to QC
27 GCQ	**In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?** (If "1" or higher in Q22)	188	30.3%	21.3%	28.2%	20.2%	**48.4%**	46.9%	49.2%	**Not sig.**	**Not sig.**
28 CHOS	**In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?** (If "1" or higher in Q22)	190	3.2%	8.4%	18.9%	69.5%	**88.4%**	89.5%	91.3%	**Not sig.**	**Not sig.**
29 CHOS	**In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?** (If "1" or higher in Q22)	190	3.7%	13.7%	24.7%	57.9%	**82.6%**	82.0%	86.4%	**Not sig.**	**Not sig.**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Plan Communications

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
42	**In the last 6 months, did you look for any information about how your health plan works in written materials or on the Internet?**	241	Yes: 24.1%; No: 75.9%	**24.1%**	19.9%	22.0%	**Not sig.**	**Not sig.**
43 CS	**In the last 6 months, how much of a problem, if any, was it to find or understand this information?** (If "Yes" in Q42)	58	A big problem: 12.1%; A small problem: 17.2%; Not a problem: 70.7%	**70.7%**	59.0%	71.5%	**Not sig.**	**Not sig.**
44	**In the last 6 months, did you call your health plan's customer service to get information or help?**	241	Yes: 28.2%; No: 71.8%	**28.2%**	27.6%	31.7%	**Not sig.**	**Not sig.**
45 CS	**In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?** (If "Yes" in Q44)	66	A big problem: 12.1%; A small problem: 22.7%; Not a problem: 65.2%	**65.2%**	76.5%	69.7%	**Not sig.**	**Not sig.**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Complaint/ Problem Resolution

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
46	**In the last 12 months, have you called or written your health plan with a complaint or problem?**	242	Yes: 10.7%; No: 89.3%	**10.7%**	5.1%	8.7%	**Sig. increase**	**Not sig.**
47	**How long did it take for the health plan to resolve your complaint?** (If "Yes" in Q46)	26	Same day: 15.4%; 2-7 days: 3.8%; 8-14 days: 3.8%; 15-21 days: 3.8%; More than 21 days: 7.7%; Still waiting 8+ days: 65.4%	**19.2%**	33.3%	NA	**Unable to Test**	**NA**
48	**Was your complaint or problem settled to your satisfaction?** (If "Yes" in Q46 and "Same day" to "More than 21 days" in Q47)	9	Yes: 44.4%; No: 55.6%	**44.4%**	100.0%	NA	**Unable to Test**	**NA**
49	**How long have you been waiting for your health plan to resolve your complaint?** (If "Yes" in Q46 and "I am still waiting for it to be settled" in Q47)	17	1-7 days: 0.0%; 8-14 days: 11.8%; 15-21 days: 5.9%; More than 21 days: 82.4%	**0.0%**	0.0%	6.3%	**Unable to Test**	**Unable to Test**
50	**In the last 12 months, did you have to fill out any paperwork for your health plan?**	244	Yes: 14.3%; No: 85.7%	**14.3%**	19.1%	17.9%	**Not sig.**	**Not sig.**
51	**In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?** (If "Yes" in Q50)	241	A big problem: 0.4%; A small problem: 1.7%; Not a problem***: 97.9%	**97.9%**	97.0%	95.6%	**Not sig.**	**Not sig.**
52	**What number would you use to rate your health plan?**	243	0 - 3: 4.5%; 4 - 7: 30.5%; 8 - 10: 65.0%	**65.0%**	66.3%	72.8%	**Not sig.**	**Below**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

**** "Not a Problem" in Q51 includes those respondents who said they had no experience with paperwork in Q50.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Question Summaries

Health Status and Smoking Questions

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rate 2006	Plan's Summary Rate 2005	Quality Compass® (PR)* 2005	Significance Testing** 2006 to 2005	Significance Testing** 2006 to QC
53	**In general, how would you rate your overall health now?**	242	Excellent 9.1%; Very good 26.0%; Good 35.5%; Fair 19.0%; Poor 10.3%	**35.1%**	41.1%	36.6%	**Not sig.**	**Not sig.**
54	**Do you now smoke cigarettes every day, some days, or not at all?** (If "Yes" in Q53)	237	Every day 30.8%; Some days 13.9%; Not at all 55.3%	**55.3%**	NA	NA	**NA**	**NA**
55	**In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?** (If "Every day" or "Some days" in Q54)	98	None 36.7%; 1 visit 16.3%; 2 to 4 visits 34.7%; 5 to 9 visits 6.1%; 10 or more visits 6.1%	**63.3%**	77.8%	67.7%	**Sig. decrease**	**Not sig.**
56	**Discussing Smoking Cessation Medications: On how many visits was medication recommended or discussed to assist you with quitting smoking?** (If "Every day" or "Some days" in Q54)	98	None 82.7%; 1 visit 8.2%; 2-4 visits 6.1%; 5-9 visits 1.0%; 10 or more visits 2.0%	**17.3%**	26.3%	32.4%	**Not sig.**	**NA**
57	**Discussing Smoking Cessation Strategies: On how many visits did your doctor or health provider recommend or discuss methods or strategies?** (If "Every day" or "Some days" in Q54)	99	None 78.8%; 1 visit 7.1%; 2-4 visits 10.1%; 5-9 visits 3.0%; 10 or more visits 1.0%	**21.2%**	38.8%	34.0%	**Sig. decrease**	**NA**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information. The benchmark data for questions 55-57 are the HEDIS rolling average results.*

*** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Note: Select Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. Other Summary Rates were selected by TMG to facilitate comparisons. Refer to the Technical Notes for more information.

Effectiveness of Care Measures

Rolling Average Methodology*

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

HEDIS Measure	Valid n	Category Responses (Summary Rate responses in gray)				All Summary Rates Are Rolling Averages			Significance Testing***	
						Plan's Summary Rate		Quality Compass® (PR) **		
						2006	2005	2005	2006 to 2005	2006 to QC
Advising Smokers to Quit (ASTQ) (2 year rolling average of Q55)	179	2006 Valid n: 98	2006 - 1 or more visits: 63.3%	2005 Valid n: 81	2005 - 1 or more visits: 77.8%	**69.8%**	NA	67.7%	**NA**	**Not Sig.**
Discussing Smoking Cessation Medications (2 year rolling average of Q56)	178	2006 Valid n: 98	2006 - 1 or more visits: 17.3%	2005 Valid n: 80	2005 - 1 or more visits: 26.3%	**21.3%**	NA	32.4%	**NA**	**Below**
Discussing Smoking Cessation Strategies (2 year rolling average of Q57)	179	2006 Valid n: 99	2006 - 1 or more visits: 21.2%	2005 Valid n: 80	2005 - 1 or more visits: 38.8%	**29.1%**	NA	34.0%	**NA**	**Not Sig.**

** For rolling average methodology a score can be obtained one of two ways:* ***(1)*** *If at least a hundred responses were achieved by combining 2005 scores and 2006 scores the rolling average score is the average of the 2005 and 2006 scores.* ***(2)*** *If there were no scores for 2005, but there were at least 100 responses for 2006, the rolling average is the 2006 score. If the combined responses for 2006 and 2005 do not achieve at least 100 responses then the measure will receive an "NA."*

*** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). Refer to the Technical Notes for more information.*

**** Significance Testing - "Sig. decrease"/"Below" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase"/"Above" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

Question Summaries

Managed Health Services Indiana, Inc.

Demographics/ Completing this Survey

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses						
58	**What is your age now?**	243	18-24 25.9%	25-34 35.4%	35-44 28.0%	45-54 7.8%	55-64 2.5%	65-74 0.0%	75 or older 0.4%
59	**Are you male or female?**	242	Male 10.3%	Female 89.7%					
60	**What is the highest grade or level of school that you have completed?**	243	8th grade or less 3.7%	Some high school 17.7%	High school graduate/GED 43.6%	Some college or 2-year degree 32.1%	4-year college 2.9%	More than 4-year college degree 0.0%	
61	**Are you of Hispanic or Latino origin or descent?**	239	Yes. 4.2%	No 95.8%					
62	**What is your race? (Please mark one or more)**	250 *	White 68.4%	Black/African-American 25.2%	Asian 0.8%	Native Hawaiian or other Pacific Islander 0.0%	American Indian or Alaska Native 2.8%	Other 2.8%	

** The base for the Race question is the total number of responses, not total respondents, since respondents may select more than one option.*

Question Summaries

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

Language/Completing this Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses				
63	**What language do you mainly speak at home?**	243	English 99.6%	Spanish 0.4%	Other 0.0%		
64	**Did someone help you complete this survey?**	156	Yes 4.5%	No 95.5%			
65	**How did that person help you? (Please mark one or more)**	5	Read questions to me 80.0%	Wrote down my answers 40.0%	Answered for me 20.0%	Translated questions 0.0%	Helped in some other way 0.0%

Question Summaries

Custom Questions

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Q#	Survey Item	Valid n	Category Responses (Summary Rate responses in gray)	Plan's Summary Rates 2006	Plan's Summary Rates 2005	TMG Book of Business - 2005* Summary Rate	TMG Book of Business - 2005* Correlation with Q52	Significance Testing** 2006 to 2005	Significance Testing** 2006 to TMG BoB
66	In the last 6 months, how many times did you go to the emergency room to get care for yourself because your doctor was not able to see you during regular office hours?	239	None: 82.0%; 1 time: 10.0%; 2 times: 4.2%; 3 or more times: 3.8%	**82.0%**	NA	75.9%	0.097	**NA**	**Above**
67	Are you aware that you can call your health plan's After Hours program to speak to a nurse if you have an illness or injury that occurs after your doctor's office has closed?	235	Yes: 64.3%; No: 35.7%	**64.3%**	NA	66.4%	0.086	**NA**	**Not sig.**
68	How would you rate Managed Health Services' Member services' timeliness in responding to your request for information or help?	223	Excellent: 24.7%; Very good: 28.7%; Good: 34.5%; Fair: 7.6%; Poor: 4.5%	**53.4%**	NA	56.9%	0.597	**NA**	**Not sig.**
69	Do you intend to switch to a different health plan when you next have an opportunity?	230	Definitely not: 39.6%; Probably not: 41.3%; Probably yes: 13.9%; Definitely yes: 5.2%	**80.9%**	78.8%	78.3%	0.311	**Not sig.**	**Not sig.**
70	In the last 6 months, how much of a problem, if any, was it to get the prescription medicine you needed through your health plan?	237	A big problem: 12.2%; A small problem: 23.6%; Not a problem: 64.1%	**64.1%**	70.3%	71.4%	0.252	**Not sig.**	**Below**

** The Myers Group Book of Business consists of the results of 44 Medicaid Adult health plans surveyed by The Myers Group in 2005 that submitted data to NCQA.*

** "Sig. decrease" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower (using a 0.025 level of significance). "Sig. increase" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher (using a 0.025 level of significance). "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test.*

6. *Member Satisfaction Segmentation*

The CAHPS® 3.0H survey asks demographic questions about the respondent. This information allows for a market segmentation of your members. Reviewing the set of measures across the assortment of demographic categories may indicate a health plan's overall ability to meet the needs of a varied population.

Page 6A shows a segmentation of Rating of Health Plan (Q52) results by demographic categories. Across the top of the table are scores "0-3," "4-7," and "8-10." Down the far left column are the different demographic categories. The numbers in the table represent the percentage of respondents from each demographic category that rated the health plan either 0-3, 4-7, or 8-10.

For example, in the table below, the percentages represent the respondents with a high school education or less. The interpretation would be "Of the respondents with a high school education or less, 10% rated their plan "0-3," 30% rated their plan "4-7" and 60% rated their plan "8-10."

	Rated Plan "0-3"	Rated Plan "4-7"	Rated Plan "8-10"
High School or less	10%	30%	60%

Pages 6B-F present Summary Rates[12] for attributes, ratings, and composite scores organized across:

- Age (Q58)
- Education (Q60)
- Ethnicity (Q61)
- Race (Q62)
- Data collection mode (Mail or Telephone)

The percentages represent the Summary Rate for each segment of the demographic category. In the example shown below, the Summary Rate for the Rating of Health Plan is the percentage of respondents who rated their health plan an 8, 9, or 10. The interpretation of this example would be, "Of the respondents with a high school education or less, 63% gave their health plan a rating of 8, 9, or 10. The respondents with some college education, 58%, gave their health plan a rating of 8, 9, or 10."

	High School or Less	Some College or More
Q52.Rating of Health Plan	63%	58%

Charts 6A – 6F

[12] Refer to the Summary Rate in the *Technical Notes* for the Summary Rate definition for each composite.

Segmentation Analysis

Rating of Health Plan (Q52) by Demographics

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

246 Total Respondents

Survey Item		0-3		4-7		8-10	
		Valid n*	%	Valid n*	%	Valid n*	%
AGE	18 to 34	5	3.4%	49	33.1%	94	63.5%
	35 to 44	5	7.5%	21	31.3%	41	61.2%
	45 to 54	1	5.3%	4	21.1%	14	73.7%
	55 plus	0	0.0%	0	0.0%	6	100.0%
EDUCATION	High School or less	6	3.9%	41	26.5%	108	69.7%
	Some College or more	5	5.9%	32	37.6%	48	56.5%
DURATION WITH PLAN	Less than 2 years	5	5.1%	35	35.7%	58	59.2%
	2 years or more	6	4.4%	37	27.0%	94	68.6%
ETHNICITY	Hispanic/Latino	0	0.0%	2	20.0%	8	80.0%
	Non Hispanic/ Latino	11	4.8%	72	31.7%	144	63.4%
RACE	White	6	3.6%	59	34.9%	104	61.5%
	Black/African American	4	6.3%	16	25.4%	43	68.3%
	Other	1	6.7%	5	33.3%	9	60.0%
DISPOSITION	Mail	10	6.5%	51	32.9%	94	60.6%
	Phone	1	1.1%	23	26.1%	64	72.7%

** Valid n refers to total number of respondents answering the response item within the subgroup under the column heading.*

Segmentation Analysis

Managed Health Services Indiana, Inc.

2006 Plan Summary Rates by Respondent Age (Q58)

Medicaid Adult Survey

246 Total Respondents

	Survey Item	18 - 34		35 - 44		45 - 54		55 or older		Range*
		Valid n**	%	Valid n**	%	Valid n**	%	Valid n**	%	
7	Getting a provider you are happy with	101	63.4%	35	65.7%	10	70.0%	3	66.7%	*
9	Seeing a specialist	46	60.9%	35	62.9%	9	77.8%	3	100.0%	*
14	Getting the help/advice you needed	88	83.0%	51	76.5%	12	91.7%	4	100.0%	*
16	Obtaining care right away for an illness/injury/condition	66	83.3%	31	71.0%	8	75.0%	3	100.0%	*
19	Obtaining care when wanted, not when needed right away	96	77.1%	54	83.3%	12	66.7%	4	100.0%	*
24	Getting care, tests, or treatments necessary	69	76.8%	48	83.3%	13	84.6%	6	83.3%	*
26	Delays in care while waiting for approval	104	87.5%	59	72.9%	16	75.0%	6	100.0%	*
27	Waiting time in the doctor's office	106	47.2%	58	50.0%	15	40.0%	6	66.7%	*
28	Office staff treating you with courtesy and respect	106	86.8%	59	89.8%	16	93.8%	6	100.0%	*
29	Office staff as helpful as you thought they should be	106	81.1%	59	81.4%	16	87.5%	6	100.0%	*
30	Doctors listening carefully to you	106	83.0%	59	83.1%	16	75.0%	6	100.0%	*
32	Doctors explaining things in an understandable way	107	86.0%	59	88.1%	16	75.0%	6	100.0%	*
33	Doctors showing respect for what you had to say	105	85.7%	59	84.7%	15	86.7%	6	100.0%	*
34	Doctors spending enough time with you	106	75.5%	59	83.1%	16	68.8%	6	100.0%	*
43	Finding/understanding information	33	72.7%	16	56.3%	6	83.3%	0	0.0%	*
45	Getting help when calling customer service	39	71.8%	23	52.2%	3	66.7%	1	100.0%	*
	Composites & Ratings									
	Getting Needed Care		72.1%		71.2%		76.8%		87.5%	*
	Getting Care Quickly		72.6%		70.2%		68.3%		91.7%	*
	How Well Doctors Communicate		82.5%		84.7%		76.4%		100.0%	*
	Courteous and Helpful Office Staff		84.0%		85.6%		90.6%		100.0%	*
	Customer Service		72.3%		54.2%		75.0%		50.0%	*
5	Rating of personal doctor or nurse	116	75.0%	61	67.2%	18	72.2%	6	83.3%	*
11	Rating of the specialist	42	71.4%	27	81.5%	10	60.0%	3	100.0%	*
35	Rating of all health care	105	71.4%	59	61.0%	16	62.5%	6	100.0%	*
52	Rating of the health plan	148	63.5%	67	61.2%	19	73.7%	6	100.0%	*

** Range - Not included due to the small sample size of segments.*

*** Valid n refers to total number of respondents answering the item within the subgroup under the column heading.*

Note: Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. See Technical Notes for more information.

Segmentation Analysis

Managed Health Services Indiana, Inc.

2006 Plan Summary Rates by Respondent Education (Q60)

Medicaid Adult Survey

246 Total Respondents

	Survey Item	High School Graduate or less		Some College or more		Range*
		Valid n**	%	Valid n**	%	
7	Getting a provider you are happy with	96	67.7%	54	59.3%	8.4%
9	Seeing a specialist	58	67.2%	34	61.8%	5.5%
14	Getting the help/advice you needed	98	83.7%	57	78.9%	4.7%
16	Obtaining care right away for an illness/injury/condition	72	81.9%	35	74.3%	7.7%
19	Obtaining care when wanted, not when needed right away	99	84.8%	67	71.6%	13.2%
24	Getting care, tests, or treatments necessary	83	80.7%	53	79.2%	1.5%
26	Delays in care while waiting for approval	117	85.5%	68	76.5%	9.0%
27	Waiting time in the doctor's office	115	53.0%	70	40.0%	13.0%
28	Office staff treating you with courtesy and respect	116	92.2%	71	83.1%	9.1%
29	Office staff as helpful as you thought they should be	116	84.5%	71	78.9%	5.6%
30	Doctors listening carefully to you	116	83.6%	71	81.7%	1.9%
32	Doctors explaining things in an understandable way	117	82.9%	71	91.5%	8.6%
33	Doctors showing respect for what you had to say	116	86.2%	69	85.5%	0.7%
34	Doctors spending enough time with you	117	76.9%	70	80.0%	3.1%
43	Finding/understanding information	32	71.9%	24	66.7%	5.2%
45	Getting help when calling customer service	35	65.7%	30	66.7%	1.0%
	Composites & Ratings					
	Getting Needed Care		75.3%		69.2%	6.1%
	Getting Care Quickly		75.9%		66.2%	9.7%
	How Well Doctors Communicate		82.4%		84.7%	2.3%
	Courteous and Helpful Office Staff		88.4%		81.0%	7.4%
	Customer Service		68.8%		66.7%	2.1%
5	Rating of personal doctor or nurse	130	76.9%	71	64.8%	12.1%
11	Rating of the specialist	55	70.9%	26	80.8%	9.9%
35	Rating of all health care	115	70.4%	71	64.8%	5.6%
52	Rating of the health plan	155	69.7%	85	56.5%	13.2%

** Range - percentage point difference between Summary Rate percentages shown. The larger the number, the greater the difference in summary scores between segment groups for any given item.*

*** Valid N refers to total number of respondents answering the item within the subgroup under the column heading.*

Note: Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. See Technical Notes for more information.

Segmentation Analysis

Managed Health Services Indiana, Inc.

2006 Plan Summary Rates by Respondent Ethnicity (Q61)

Medicaid Adult Survey

246 Total Respondents

	Survey Items	Hispanic/Latino		Non-Hispanic/Latino		Range*
		Valid n**	%	Valid n**	%	
7	Getting a provider you are happy with	5	40.0%	142	64.8%	*
9	Seeing a specialist	4	50.0%	87	64.4%	*
14	Getting the help/advice you needed	5	80.0%	147	82.3%	*
16	Obtaining care right away for an illness/injury/condition	6	83.3%	99	78.8%	*
19	Obtaining care when wanted, not when needed right away	7	85.7%	158	79.1%	*
24	Getting care, tests, or treatments necessary	6	100.0%	128	78.9%	*
26	Delays in care while waiting for approval	9	88.9%	173	81.5%	*
27	Waiting time in the doctor's office	9	44.4%	174	48.9%	*
28	Office staff treating you with courtesy and respect	9	77.8%	175	89.7%	*
29	Office staff as helpful as you thought they should be	9	77.8%	175	82.9%	*
30	Doctors listening carefully to you	9	88.9%	175	82.9%	*
32	Doctors explaining things in an understandable way	9	88.9%	176	86.4%	*
33	Doctors showing respect for what you had to say	9	100.0%	174	85.6%	*
34	Doctors spending enough time with you	9	77.8%	175	78.3%	*
43	Finding/understanding information	1	100.0%	54	68.5%	*
45	Getting help when calling customer service	2	50.0%	63	65.1%	*
	Composites & Ratings					
	Getting Needed Care		69.7%		72.4%	*
	Getting Care Quickly		73.4%		72.3%	*
	How Well Doctors Communicate		88.9%		83.3%	*
	Courteous and Helpful Office Staff		77.8%		86.3%	*
	Customer Service		75.0%		66.8%	*
5	Rating of personal doctor or nurse	9	77.8%	190	72.1%	*
11	Rating of the specialist	4	75.0%	76	75.0%	*
35	Rating of all health care	9	88.9%	174	67.2%	*
52	Rating of the health plan	10	80.0%	227	63.4%	*

** Range - Not included due to small sample size of segments.*

*** Valid n refers to total number of respondents answering the item within the subgroup under the column heading.*

Note: Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. See Technical Notes for more information.

Segmentation Analysis

Managed Health Services Indiana, Inc.

2006 Plan Summary Rates by Race (Q62)

Medicaid Adult Survey

246 Total Respondents

	Survey Items	White		Black or African-American		Other***		Range*
		Valid n**	%	Valid n**	%	Valid n**	%	
7	Getting a provider you are happy with	103	65.0%	40	62.5%	12	33.3%	2.5%
9	Seeing a specialist	69	65.2%	18	55.6%	7	42.9%	9.7%
14	Getting the help/advice you needed	114	85.1%	34	73.5%	11	72.7%	11.6%
16	Obtaining care right away for an illness/injury/condition	76	82.9%	26	65.4%	9	66.7%	17.5%
19	Obtaining care when wanted, not when needed right away	122	80.3%	38	84.2%	12	66.7%	3.9%
24	Getting care, tests, or treatments necessary	102	82.4%	29	72.4%	7	71.4%	9.9%
26	Delays in care while waiting for approval	135	81.5%	42	83.3%	13	76.9%	1.9%
27	Waiting time in the doctor's office	134	49.3%	44	43.2%	13	53.8%	6.1%
28	Office staff treating you with courtesy and respect	135	89.6%	44	86.4%	13	92.3%	3.3%
29	Office staff as helpful as you thought they should be	136	84.6%	44	75.0%	12	83.3%	9.6%
30	Doctors listening carefully to you	135	83.0%	44	79.5%	13	76.9%	3.4%
32	Doctors explaining things in an understandable way	136	85.3%	44	88.6%	13	92.3%	3.3%
33	Doctors showing respect for what you had to say	134	86.6%	43	81.4%	12	83.3%	5.2%
34	Doctors spending enough time with you	135	78.5%	44	70.5%	12	75.0%	8.1%
43	Finding/understanding information	37	67.6%	14	78.6%	6	83.3%	11.0%
45	Getting help when calling customer service	46	58.7%	18	72.2%	5	60.0%	13.5%
	Composites & Ratings							
	Getting Needed Care		73.5%		68.5%		56.1%	5.1%
	Getting Care Quickly		74.4%		66.6%		65.0%	7.8%
	How Well Doctors Communicate		83.3%		80.0%		81.9%	3.3%
	Courteous and Helpful Office Staff		87.1%		80.7%		87.8%	6.4%
	Customer Service		63.1%		75.4%		71.7%	12.3%
5	Rating of personal doctor or nurse	146	73.3%	48	72.9%	13	38.5%	0.4%
11	Rating of the specialist	61	72.1%	14	85.7%	6	83.3%	13.6%
35	Rating of all health care	135	68.1%	44	61.4%	12	66.7%	6.8%
52	Rating of the health plan	169	61.5%	63	68.3%	15	60.0%	6.7%

** Range - percentage point difference between Summary Rate percentages shown. The larger the number, the greater the difference in Summary Rates between segment groups for any given item. Due to small segmentation sample size "Other" is not included in range calculations.*

*** Valid n refers to total number of respondents answering the item within the subgroup under the column heading.*

**** "Other" includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and respondents who answered "Other."*

Note: Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. See Technical Notes for more information.

Segmentation Analysis

Managed Health Services Indiana, Inc.

2006 Plan Summary Rates by Data Collection Mode

Medicaid Adult Survey

246 Total Respondents

	Survey Items	Mail		Phone		Range*
		Valid n**	%	Valid n**	%	
7	Getting a provider you are happy with	95	60.0%	56	71.4%	11.4%
9	Seeing a specialist	66	65.2%	27	63.0%	2.2%
14	Getting the help/advice you needed	110	80.9%	48	83.3%	2.4%
16	Obtaining care right away for an illness/injury/condition	77	75.3%	31	90.3%	15.0%
19	Obtaining care when wanted, not when needed right away	119	76.5%	49	85.7%	9.2%
24	Getting care, tests, or treatments necessary	100	80.0%	38	81.6%	1.6%
26	Delays in care while waiting for approval	129	79.8%	59	88.1%	8.3%
27	Waiting time in the doctor's office	129	44.2%	59	57.6%	13.4%
28	Office staff treating you with courtesy and respect	130	88.5%	60	88.3%	0.1%
29	Office staff as helpful as you thought they should be	130	80.8%	60	86.7%	5.9%
30	Doctors listening carefully to you	130	81.5%	60	86.7%	5.1%
32	Doctors explaining things in an understandable way	131	84.0%	60	91.7%	7.7%
33	Doctors showing respect for what you had to say	128	82.8%	60	91.7%	8.9%
34	Doctors spending enough time with you	130	77.7%	60	80.0%	2.3%
43	Finding/understanding information	47	70.2%	11	72.7%	2.5%
45	Getting help when calling customer service	54	59.3%	12	91.7%	32.4%
	Composites & Ratings					
	Getting Needed Care		71.2%		76.0%	4.8%
	Getting Care Quickly		69.2%		79.2%	10.0%
	How Well Doctors Communicate		81.5%		87.5%	6.0%
	Courteous and Helpful Office Staff		84.6%		87.5%	2.9%
	Customer Service		64.7%		82.2%	17.5%
5	Rating of personal doctor or nurse	133	67.7%	70	82.9%	15.2%
11	Rating of the specialist	60	71.7%	22	81.8%	10.2%
35	Rating of all health care	129	63.6%	60	78.3%	14.8%
52	Rating of the health plan	155	60.6%	88	72.7%	12.1%

** Range - percentage point difference between summary rate percentages shown. The larger the number, the greater the difference in summary scores between segment groups for any given item.*

*** Valid n refers to total number of respondents answering the item within the subgroup under the column heading.*

Note: Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. See Technical Notes for more information.

7. Opportunity Analysis for the Rating of Health Plan

For the *Rating of Health Plan* measure (Q52), respondents were asked to rate their health plan overall, with 0 representing "Worst Health Plan Possible" and 10 representing "Best Health Plan Possible." The NCQA defined Summary Rate for this measure is the percentage of respondents who rated their health plan an 8, 9, or 10. Member's rating of their health plan is an important gauge of plan quality, and is also the most heavily weighted CAHPS® measure in the HEDIS audit process.

Members set standards for health plan performance whether consciously or subconsciously. Standards are usually set higher for those plan services that are deemed important to each member. These plan services are the *Key Drivers of Satisfaction*.

A multiple linear regression analysis was run on The Myers Group Book of Business (2005), which consists of 44 Medicaid adult plans. Through this analysis we were able to identify *Key Drivers* of member's overall satisfaction with their health plan.

The opportunity analysis below, and on Page 7A places your plan's composites into action categories based upon the results of our regression analysis and a comparison of how your plan scores relative to Quality Compass 2005 (Public Report). Those composites found to be *Key Drivers* of overall satisfaction with the health plan (as determined by the regression analysis) are placed into one of the following categories:

Plan Strength (Market & Maintain):	A *Key Driver of Satisfaction* and the plan rates at or above the 75th percentile when compared to the Quality Compass 2005 (Public Report).
Plan Opportunity (Investigate & Improve):	A *Key Driver of Satisfaction* but the plan rates below the 50th percentile when compared to the Quality Compass 2005 (Public Report).
Monitor:	A *Key Driver of Satisfaction*, but the rates between the 50th and 75th percentile when compared to Quality Compass 2005 (Public Report). These Key Drivers could become a strength or opportunity depending on the plan's success in that area.

The results from Managed Health Services Indiana, Inc.'s Opportunity Analysis on the next page reveal the following composites as Strengths, Opportunities or Monitors:

Plan Strength (Market & Maintain)

- None

Plan Opportunities (Investigate & Improve)

	Percentile Ranking	Summary Rate
➢ Customer Service	32nd	67.9%
➢ Getting Needed Care	35th	72.9%
➢ How Well Doctors Communicate	16th	83.4%

Plan Monitor

- None

Page 7B provides attribute correlations by the *Rating of Health Plan* (Q52). The correlations show the strength of the linear relationship between the individual attribute and the *Rating of Health Plan*. The correlation value can range from -1 to +1 with values close to +1 indicating a strong positive correlation. This analysis indicates that low attribute values are tied to low rating values and high attribute values are tied to high rating values.

Charts 7A – 7B

Opportunity Analysis

Composite Key Drivers of the Rating of Health Plan (Q52)

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

Key Drivers are those composite areas found to have the most positive impact on overall rating of health plan determined by the regression analysis. (See Technical Notes for details of Regression Analysis.) The chart above shows a graphical presentation of each Key Driver and the overall rating question (Q52). **Your plan's Summary Rate (in bold)** is compared to Quality Compass® 2005 (Public Report) Percentiles. The Quality Compass® **25th** and **90th** percentile are indicated. Your plan's percentile ranking is also shown. The numbers shown below each Key Driver name is the beta coefficient (found with respondent-level composites scaled 0-3). Within the test of the statistical model, the larger the coefficient, the stronger its influence on Overall Rating of Health Plan (Q52), with all other composites held constant.

Plan Strength (75th percentile or higher)	Monitor (Between 50th and 75th percentile)	Plan Opportunities (Below 50th percentile)
None	None	Customer Service Getting Needed Care How Well Doctors Communicate

Attribute Analysis

Managed Health Services Indiana, Inc.

Attribute and Ratings Correlations with Rating of Health Plan (Q52)

Medicaid Adult Survey

	Attributes	Correlation Coefficient	Summary Rate 2006	Quality Compass 2005 (Public Report)*	Comparison to Quality Compass® *(Significant difference)*
Getting Needed Care	Q7. Getting a provider you are happy with	0.399	64.2%	69.8%	**Not sig.**
	Q9. Seeing a specialist	0.420	64.5%	67.8%	**Not sig.**
	Q24. Getting care, tests, or treatments necessary	0.362	80.4%	77.4%	**Not sig.**
	Q26. Delays in care while waiting for approval	0.493	82.4%	85.0%	**Not sig.**
Getting Care Quickly	Q14. Getting the help/advice you needed	0.321	81.6%	82.3%	**Not sig.**
	Q16. Obtaining care right away for an illness/injury/condition	0.286	79.6%	82.2%	**Not sig.**
	Q19. Obtaining care when wanted, not when needed right away	0.401	79.2%	80.2%	**Not sig.**
	Q27. Waiting time in the doctor's office	0.270	48.4%	49.2%	**Not sig.**
How Well Doctors Communicate	Q30. Doctors listening carefully to you	0.497	83.2%	87.6%	**Not sig.**
	Q32. Doctors explaining things in an understandable way	0.284	86.4%	86.7%	**Not sig.**
	Q33. Doctors showing respect for what you had to say	0.432	85.6%	88.9%	**Not sig.**
	Q34. Doctors spending enough time with you	0.390	78.4%	83.8%	**Below**
Courteous and Helpful Office Staff	Q28. Office staff treating you with courtesy and respect	0.345	88.4%	91.3%	**Not sig.**
	Q29. Office staff as helpful as you thought they should be	0.367	82.6%	86.4%	**Not sig.**
Customer Service	Q43. Finding/understanding information	0.463	70.7%	71.5%	**Not sig.**
	Q45. Getting help when calling customer service	0.520	65.2%	69.7%	**Not sig.**
Rating Questions	Q5. Rating of personal doctor or nurse	0.401	72.9%	77.6%	**Not sig.**
	Q11. Rating of specialist	0.137	74.4%	76.1%	**Not sig.**
	Q35. Rating of health care	0.484	68.3%	73.8%	**Not sig.**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). See Technical Notes for more information.*

Note: Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS ® 3.0H guidelines and generally represent the most favorable response percentages. See Technical Notes for more information.

8. Key Driver Analysis for the Rating of Health Care

How members rate their health care (Q35) is an important measure of quality by giving members an opportunity to rate all of the health care they have received in the last twelve months. This rating also provides feedback to health plans to help improve their members' quality of care. For further analysis, TMG performed a regression analysis on The Myers Group Book of Business to determine the *Key Drivers of the Rating of Health Care*.

On Page 8A three composites have been identified as *Key Drivers of the Rating of Health Care* based on the regression analysis: How Well Doctors Communicate (β=1.416), Getting Needed Care (β=0.507), and Courteous and Helpful Office Staff (β=0.353). In addition, the *Rating of Health Care* is highly correlated with the *Rating of Personal Doctor*.

How Well Doctors Communicate is the area most highly associated with health care satisfaction. A positive relationship between doctor and patient is an important part of health care. It is critical for the provider to listen carefully, to develop trust necessary for clear communication and to explain diagnoses and treatments in a way that is easily understood. Health plans should have a sufficient provider network to allow providers to spend an adequate amount of time with each patient.

Getting Needed Care is a key indicator of access to care. The ability to make appointments and see a provider is important to ensuring that illness is prevented, or that an existing illness does not progress further. It is the responsibility of the health plan to ensure that their provider network is large enough to provide appropriate access to plan members.

Below are your plan's percentile rankings in these areas when compared to the Quality Compass 2005 (Public Report) and your plan's Summary Rates. High ratings in these areas are essential to members' satisfaction with the care they receive.

	Plan Percentile Ranking	Summary Rate
➢ How Well Doctors Communicate	16th	83.4%
➢ Getting Needed Care	35th	72.9%
➢ Courteous and Helpful Office Staff	14th	85.5%

Percentile rankings below the 50th percentile would indicate that this is an area that should be investigated by the health plan. TMG offers *Patient Satisfaction with Physician* studies to help further drill down areas that may need attention to better provide care to plan members.

Page 8B provides attribute correlations by the *Rating of Health Care* (Q35).

Charts 8A – 8B

Opportunity Analysis

Composite Key Drivers of the Rating of Health Care (Q35)

Managed Health Services Indiana, Inc.

Medicaid Adult Survey

Key Drivers are those composite areas found to have the most impact on member's rating of health care determined by the regression analysis. (See Technical Notes for details of Regression Analysis.) The chart above shows each Key Driver and the rating of health care question (Q35). **Your plan's Summary Rate (in bold)** is compared to Quality Compass® 2005 (Public Report) Percentiles. The Quality Compass® **25th** and **90th** percentile are indicated. Your plan's percentile ranking is also shown. The numbers shown below each Key Driver name is the beta coefficient (found with respondent-level composites scaled 0-3). Within the context of the statistical model, the larger the coefficient, the stronger its influence on Rating of Health Care (Q35), with all other composites held constant.

Attribute Analysis

Managed Health Services Indiana, Inc.

Attribute and Ratings Correlations with Rating of Health Care (Q35)

Medicaid Adult Survey

	Attributes	Correlation Coefficient	Summary Rate 2006	Quality Compass 2005 (Public Report)*	Comparison to Quality Compass® *(Significant difference)*
Getting Needed Care	Q7. Getting a provider you are happy with	0.618	64.2%	69.8%	**Not sig.**
	Q9. Seeing a specialist	0.216	64.5%	67.8%	**Not sig.**
	Q24. Getting care, tests, or treatments necessary	0.406	80.4%	77.4%	**Not sig.**
	Q26. Delays in care while waiting for approval	0.360	82.4%	85.0%	**Not sig.**
Getting Care Quickly	Q14. Getting the help/advice you needed	0.452	81.6%	82.3%	**Not sig.**
	Q16. Obtaining care right away for an illness/injury/condition	0.524	79.6%	82.2%	**Not sig.**
	Q19. Obtaining care when wanted, not when needed right away	0.464	79.2%	80.2%	**Not sig.**
	Q27. Waiting time in the doctor's office	0.481	48.4%	49.2%	**Not sig.**
How Well Doctors Communicate	Q30. Doctors listening carefully to you	0.739	83.2%	87.6%	**Not sig.**
	Q32. Doctors explaining things in an understandable way	0.617	86.4%	86.7%	**Not sig.**
	Q33. Doctors showing respect for what you had to say	0.726	85.6%	88.9%	**Not sig.**
	Q34. Doctors spending enough time with you	0.658	78.4%	83.8%	**Below**
Courteous and Helpful Office Staff	Q28. Office staff treating you with courtesy and respect	0.688	88.4%	91.3%	**Not sig.**
	Q29. Office staff as helpful as you thought they should be	0.681	82.6%	86.4%	**Not sig.**
Customer Service	Q43. Finding/understanding information	0.414	70.7%	71.5%	**Not sig.**
	Q45. Getting help when calling customer service	0.364	65.2%	69.7%	**Not sig.**
Rating Questions	Q5. Rating of personal doctor or nurse	0.772	72.9%	77.6%	**Not sig.**
	Q11. Rating of specialist	0.451	74.4%	76.1%	**Not sig.**
	Q52. Rating of health plan	0.484	65.0%	72.8%	**Below**

** NCQA 2005 Quality Compass® (Public Report) mean score (64 adult Medicaid samples). See Technical Notes for more information.*

Note: Summary Rates are defined by NCQA in its HEDIS 2006 CAHPS® 3.0H guidelines and generally represent the most favorable response percentages. See Technical Notes for more information.

9. Technical Notes

Presented alphabetically by subject area

Composite Categories

The NCQA core survey includes five composite categories. Each composite category represents an overall aspect of plan quality and is comprised of similar questions. For each composite, an overall score is computed. NCQA defines the composite score as the average of the Summary Rate or Three-Point scores of the questions comprising a composite. For example, the Getting Needed Care composite is the average of the Summary Rate scores or Three-Point scores of Q7, Q9, Q24, and Q26.

Demographic Categories

TMG collapses the age, race, duration, and education group categories into fewer segments than those defined by the CAHPS® 3.0H survey. The consolidation of the demographic categories with small samples allows for more valid between-group statistical comparisons.

Age	
CAHPS®	TMG
18 – 24 25 – 34	18 – 34
35 – 44 45 – 54	35 – 44 45 – 54
55 – 64 65 – 74 75 or older	55 or older

Education	
CAHPS®	TMG
8th grade or less Some high school High school graduate/GED	High school graduate/GED or less
Some college/2-year degree	Some college/2-year degree
4-year college degree More than 4-year college degree	College graduate or more

Race/Ethnicity	
CAHPS®	TMG
White	White
Black/African-American	Black/African-American
Asian	Asian
Native Hawaiian/Pacific Islander American Indian/Alaska Native Other	Other
Hispanic/Latino	Hispanic/Latino
Not Hispanic/Latino	Not Hispanic/Latino

Duration with Plan	
CAHPS®	TMG
Less than 1 year At least 1 year but less than 2 years	Less than 2 years
At least 2 years but less than 5 years	2 to 5 years
5 or more years	5 years or more

NCQA Point System Used for Consumer Survey Measures for Accreditation

In addition to conducting an on-site survey to determine the MCO's compliance with the 2006 Standards (worth 67 points), NCQA determines how well the MCO performs on selected CAHPS 3.0H measures (worth 33 points). To do this, NCQA will evaluate the MCO's results by product line for each required Effectiveness of Care measure. A total of 19.0 points is possible for this portion. NCQA also will compare the MCO's consumer survey results (CAHPS® 3.0H survey) by product line to national percentiles (the 25th, 50th, 75th, and 90th percentiles). A total of 14.0 points is possible.

Plan Percentile Meets or Exceeds	Rating of Health Plan (Q52)	All Other Measures
90th	2.80	1.40
75th	2.464	1.232
50th	1.904	0.952
25th	1.120	0.560
0	0.560	0.280

To take into account inherent sampling variation prior to scoring, NCQA will add 0.07 to each of the four CAHPS® 3.0H rating questions' means (Q5, Q11, Q35, and Q52); 0.07 to the Customer Service composite means; and 0.05 to the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composite means.

Example: A plan's rating score for their personal doctor is 2.46. Add 0.07 for sampling variations to arrive at the new score, 2.53. This score would fall above the 75th and below the 90th percentile, therefore receiving 1.40 points toward the 14.0 possible total.

Opportunity Analysis (see Regression Analysis)

Quality Compass 2005 (Medicaid Adult-All Plans, File 6) data benchmark is a collection of CAHPS 3.0H mean summary ratings for those Medicaid adult plans (an estimated 77 samples) *allowing NCQA to use their data to be compiled into an aggregate, or national summary, without releasing their plan-level scores*.

Quality Compass 2005 (Medicaid Adult- Public Report, File 6) data benchmark is a collection of CAHPS 3.0H mean summary ratings for those Medicaid adult plans (64 samples) *choosing to report their scores publicly, in addition to submitting their scores to be compiled anonymously* into a Quality Compass aggregate*, or national summary.*

Rating Questions

There are four rating questions that ask respondents to rate: (1) their PCP or nurse, (2) the specialist seen most often, (3) all their health care, and (4) the health plan. For each rating question, respondents were asked to provide ratings using an 11-point scale with "0" representing the worst rating and "10" the best rating.

Ratings

- *Personal Doctor or Nurse*
- *Specialist*
- *All Health Care Providers*
- *Health Plan*

Regression Analysis

Regression estimates are measures of association between independent variables and a dependent variable (overall satisfaction), while controlling for the effect of other variables through the use of a statistical model. A backward elimination, respondent-level, multiple linear regression model was fitted to The Myers Group Book of Business for Medicaid Adults (44 Medicaid Adult plans that submitted to NCQA in 2005). The dependent variable in the model is measured by Question 52 (*"What number would you use to rate your health plan?")* scaled from 0 to 10 (*"Worst health plan possible"* to *"Best health plan possible"*) and Question 35 (*"What number would you use to rate your health care?"*) scaled from 0 to 10 (*"Worst health care possible" to "Best health care possible"*). All composite questions are evaluated as potential independent variables in the analysis. These questions are scaled from 0 to 3 for Three-Point scales (as 0, 1.5, and 3) and 0 to 3 (0, 1, 2, and 3) for four-point scales in the direction of least favorable response to most favorable response.

Correlation analysis is run between attributes and the overall satisfaction variable as measured by Question 52 (*"What number would you use to rate your health plan?"*), as well as between attributes and by Question 35 ("*What number would you use to rate all your health care in the last 6 months?*"). The Pearson's product moment correlation coefficient, *r,* is used to measure the strength of the linear association between each attribute and the overall satisfaction variable (Question 52 and, separately, Question 35).

Opportunity Analysis

A multiple linear regression analysis was run on The Myers Group Book of Business for Medicaid adult plans. (The Myers Group Book of Business consists of 44 Medicaid Adult sample that submitted to NCQA in 2005.) The dependent variable is either the health plan rating (Q52) or the health care rating (Q35). The independent variables were the five respondent-level composite variables and indicator variables for the health plan. Those composite variables found to have a significant positive influence (as found by testing individual beta coefficients with a 0.05 level of significance) on overall satisfaction are reported as Key Drivers of overall satisfaction. The numbers reported below each composite name are beta coefficients. These coefficients indicate the amount of change that takes place in the dependent variable for a one-unit change in the respondent level composite independent variable in the rescaled 0-3 units (with all other independent variables unchanged). Within the context of the model, the higher the beta score, the larger the effect the composite has on overall satisfaction, with all other composites held constant.

If the composite Summary Rate percentage is greater than or equal to the 75th percentile of the Quality Compass 2005 (Public Report) Summary Rates and the composite is determined to be a Key Driver by the multiple linear regression analysis, the composite is considered a plan Strength. If the composite is a Key Driver and the Summary Rate is less than the 50th percentile when compared to the Quality Compass 2005 (Public Report) Summary Rates, the composite is considered an Opportunity. If a Key Driver has a Summary Rate that falls between the 50th and 75th percentile when compared to Quality Compass scores, it is suggested that it be monitored as it could become a Strength or Opportunity in the future, depending on the plan's success in that area.

Response Rate

The sample size for adult Medicaid health plans is 1,350 in accordance with NCQA protocol, although plans may choose to over-sample their population if necessary (please refer to the *Glossary of Terms* for more information on over-samples.) CAHPS® 3.0H prescribes that a survey will be included in the analysis only if the member appropriately responds to Question 1 on the CAHPS® 3.0H Medicaid Adult Member Satisfaction Survey and at least 80% of all survey items (excluding Questions 48, 49, 54-57, and custom questions).

Ineligible members include those who are deceased, members who do not meet the eligible population criteria, members with a language barrier, and members who are mentally or physically incapacitated. Non-response includes bad addresses and non-working/unlisted phone numbers, or where the member is unknown at the dialed phone number. The overall NCQA target number for complete responses is 411.

The formula for determining the response rate is:

$$\frac{\text{Completed mail and telephone}}{\text{Final sample size} - \text{Ineligible surveys}} = \text{Response rate}$$

Sampling Error

Sampling error can be thought of as the extent to which survey results may differ from what would be obtained if every eligible member in the sample had been surveyed. The size of such error depends largely on the percentage distributions (i.e., the number of respondents selecting each answer category) and the number of members surveyed. The more disproportionate the percentage distributions or the larger the sample size, the smaller the error.

The following tables may be used in estimating approximate sampling error. The first table shows the range (plus or minus the figure shown) within which the population percentage could be expected to lay **95*** out of 100 times a sample of that size and percentage distribution would be selected. The second table shows the range (plus or minus the figure shown) within which the population percentage could be expected to lay **90*** out of 100 times a sample of that size and percentage distribution would be selected.

Valid Responses	Percentage Distribution				
	50/50	60/40	70/30	80/20	90/10
50	13.9	13.6	12.7	11.1	8.3
100	9.8	9.6	9.0	7.8	5.9
200	6.9	6.8	6.4	5.5	4.2
300	5.7	5.5	5.2	4.5	3.4
400	4.9	4.8	4.5	3.9	2.9
500	4.4	4.3	4.0	3.5	2.6
750	3.6	3.5	3.3	2.9	2.1
850	3.4	3.3	3.1	2.7	2.0

* 95% confidence interval

Valid Responses	Percentage Distribution				
	50/50	60/40	70/30	80/20	90/10
50	11.6	11.4	10.7	9.3	7.0
100	8.2	8.1	7.5	6.6	4.9
200	5.8	5.7	5.3	4.7	3.5
300	4.7	4.7	4.4	3.8	2.8
400	4.1	4.0	3.8	3.3	2.5
500	3.7	3.6	3.4	2.9	2.2
750	3.0	2.9	2.8	2.4	1.8
850	2.8	2.8	2.6	2.3	1.7

*90% confidence interval

The sampling error table is used in the following manner. Assume that "Overall Rating of the Health Plan" received a Summary Rate of seventy percent (70.0%) from a sample of 500 valid responses. For a 95% confidence interval, look at the first table where the sample size of 500 intersects the percentage distribution of 70/30. The margin of error for this sample size is four percentage points (4.0%). Therefore, on average, in 95 out of 100 samples, the 95% confidence interval (e.g., 66.0% to 74.0%) will span the true unknown population percentage.

Statistical Significance

A statistically significant hypothesis testing result means that—based on the sample(s), conditions/assumptions, and level of significance—there is sufficient evidence to conclude the alternate hypothesis. For example, when testing for a difference between a population Summary Rate and a set constant score (e.g., Quality Compass score), statistical significance would mean that there is sufficient support for the statement that there is a difference between the population Summary Rate and the set constant score. As another example, when testing to see if there is a difference between last year's population Summary Rate and this year's population Summary Rate—statistical significance would mean that there is sufficient evidence for the statement that the population Summary Rate are different.

Summary Rate

Summary Rates are single statistics generated for a survey question as specified by NCQA. In general, Summary Rates represent the percentage of respondents who chose the most favorable response option(s) ("Always" and "Usually", "Not a Problem" or "8" to "10"). Not all questions are assigned a Summary Rate by NCQA.

Summary Rate categories for the rating questions represent respondents who answered "8," "9," or "10." In addition to the traditional NCQA Defined Summary Rate calculation for rating questions (responses "8", "9", and "10"), Summary Rates are also calculated using "9" and "10" (see banner tables for the new Summary Rates calculations).

Members who respond "No" to Q25 are included in the numerator and denominator of the Q26 Question Summary Rate calculation.

Members who respond "I am still waiting for it to be settled" to Q47 and "8-14 days," "15-21 days" or "More than 21 days" to Q49 are included in the denominator of the Q47 Question Summary Rate calculation.

Members who respond "No" to Q50 are included in the numerator and denominator of the Q51 Question Summary Rate calculation.

Survey Administration Protocol

The CAHPS® 3.0H protocol allows plans to select one of two options for survey administration: a 5-wave mail-only methodology or a mixed methodology (mail and telephone), which includes 4-wave mail (two questionnaire mailings and two reminder post cards) with telephone follow-up of at least 3 attempts. The sample size for Medicaid adult plans seeking accreditation from NCQA is 1,350 members.

Mixed Methodology Tasks	Time Frame
First questionnaire and cover letter sent to the member.	0 days
A postcard reminder is sent to non-respondents 4 to 10 days after the first questionnaire.	4-10 days
A second questionnaire with replacement cover letter is sent to non-respondents approximately 35 days after the mailing of the first questionnaire.	35 days
A second postcard reminder is sent to non-respondents 4 to 10 days after mailing the second questionnaire.	39-45 days
Telephone calls by CATI (computer-assisted telephone interviews) are conducted for non-respondents approximately 21 days after the mailing of the second questionnaire.	56 days
Telephone contact is made to all non-respondents such that at least 3 calls are attempted at different times of day, on different days and in different weeks.	56-70 days
Telephone follow-up is completed approximately 14 days after initiation.	70 days

Mail-Only Methodology Tasks	Time Frame
First questionnaire and cover letter sent to the member.	0 days
A postcard reminder is sent to non-respondents 4 to 10 days after the first questionnaire.	4-10 days
A second questionnaire with replacement cover letter is sent to non-respondents approximately 35 days after the mailing of the first questionnaire.	35 days
A second postcard reminder is sent to non-respondents 4 to 10 days after mailing the second questionnaire.	39-45 days
A third questionnaire and cover letter is sent to non-respondents approximately 25 days after mailing the second questionnaire.	60 days
Allow 21 days for the third questionnaire to be returned by the member.	81 days

Three-Point Scores

Three-Point scoring assigns a value of 1, 2, or 3 to each question response category and then computes a numerical average based upon the valid responses for each question. The Three-Point values are assigned to question answer categories as follows:

Response Choice 1	Score Value
A big problem	1
A small problem	2
Not a problem	3

Response Choice 2	Score Value
Never	1
Sometimes	1
Usually	2
Always	3

Response Choice 3	Score Value
0-6	1
7 & 8	2
9 & 10	3

The "mean of means" method is used in computing the Three-Point composite score. Each question is weighted equally within a composite regardless of the number of valid responses. These composite scores may be in slight variance to the scores shown elsewhere in the report (comparisons by member age, gender, etc.) where scores are calculated as weighted means based on the actual number of respondents answering each question.

Valid Surveys/Unanswered Questions

CAHPS® 3.0H prescribes that a survey will be included in the analysis only if the member appropriately responds to Question 1 *("Yes"* response to *"Our records show that you are now in (Plan Name). Is that right?")* *and* if the member appropriately responds to at least 80% of the standard survey questions. If a respondent did not answer a particular question, that response is considered "missing."

If a respondent answered a question by marking more than one response (not including Q60 & Q62), that response is considered a "multiple mark". A missing/multiple mark response is NOT assigned any value or used to calculate satisfaction scores.

Z-Test

To test for true differences in member satisfaction score(s), statistical inference methods are applied. In particular, hypothesis testing is done to draw conclusions about differences in scores between a populations and a set constant (e.g., a plan's Summary Rate versus the NCQA Quality Compass Summary Rate) or between different populations (e.g., a plan's Summary Rate for this year versus the Summary Rate for last year). The hypothesis of no difference is rejected if the absolute value of the test statistic exceeds a critical value corresponding to a level of significance. The test statistic used depends on which of these types of hypothesis tests are performed.

When checking for statistically significant differences between a Summary Rate for a population and a set constant score (e.g., NCQA Quality Compass Summary Rate) - with various conditions/assumptions - TMG utilizes the following test statistic:

$$z = \frac{\hat{p} - p_0}{\sqrt{\frac{p_0 q_0}{n}}}$$

where

$\hat{p}$ = Summary Rate from the sample

p_0 = Set constant score for comparison

q_0 = 1 – (Set constant score) = $(1 - p_0)$

n = Sample size

For hypothesis testing of composites, n equals the maximum denominator of the composite questions. With a large sample size (generally n>30, technically $np_0 \geq 5$ and $nq_0 \geq 5$), the z-statistic has a distribution that can be treated as the standard normal distribution. Thus, the hypothesis that the population Summary Rate equals the set constant score, p_0, is rejected at a 0.05 level of significance when the absolute value of the z-statistic exceeds 1.96 (obtained from cumulative standard normal distribution table).

The second hypothesis-testing situation involves testing for statistically significant differences between two population percents (or proportions), e.g., two population Summary Rates. When comparing the population percentages (or proportions)—with various conditions/ assumptions—the appropriate test statistic is the z-statistic as follows:

$$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}\hat{q}\left(\frac{1}{n_1} + \frac{1}{n_2}\right)}}$$

where

$\hat{p}_1$ = Summary Rates from the 1st sample

$\hat{p}_2$ = Summary Rates from the 2nd sample

n_1 = Size of the sample from the 1st population

n_2 = Size of the sample from the 2nd population

$\hat{p}$ = Pooled Summary Rate,

$$\hat{p} = \frac{n_1\hat{p}_1 + n_2\hat{p}_2}{n_1 + n_2}$$

$\hat{q}$ = 1 – (Pooled Summary Rate)

For hypothesis testing of composites, n equals the maximum denominator of the composite questions. With large sample sizes ($n_1\hat{p}_1 \geq 5$, $n_1(1-\hat{p}_1) \geq 5$, $n_2\hat{p}_2 \geq 5$, and $n_2(1-\hat{p}_2) \geq 5$) the z-statistic has a distribution that can be treated as the standard normal distribution. Thus, the hypothesis that the populations under comparison have equal population Summary Rates is rejected at a 0.05 level of significance when the absolute value of the z-statistic exceeds 1.96 (obtained from cumulative standard normal distribution table).

With large sample sizes (generally n>30), the z-statistic has a standard normal distribution. Thus, the hypothesis that the populations under comparison have equal satisfaction scores is rejected at a 0.05 level of significance when the absolute value of the z-statistic exceeds 1.96 (obtained from cumulative standard normal distribution table).

Question Scoring

NCQA Summary Rate & Three-Point Categories for Composite Questions

Composites/ Response choices	Summary Rate	Three-Point	Questions/Attributes
Getting Needed Care			
A big problem		1	Q7 – With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with? Q9 – 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? Q24 – In the last 6 months, how much of a problem, if any, was it to get care that you or a doctor believed necessary? Q26 - In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?
A small problem		2	
Not a problem	Summary Rate	3	
Getting Care Quickly			
Never/Sometimes		1	Q14 – In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed? Q16 – In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted? Q19 – In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted? Q27 – In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?
Usually	Summary Rate	2	
Always	Summary Rate	3	
How Well Doctors Communicate			
Never/Sometimes		1	Q30 – In the last 6 months, how often did doctors or other health providers listen carefully to you? Q32 – In the last 6 months, how often did doctors or other health providers explain things in a way you could understand? Q33 – In the last 6 months, how often did doctors or other health providers show respect for what you had to say? Q34 - In the last 6 months, how often did doctors or other health providers spend enough time with you?
Usually	Summary Rate	2	
Always	Summary Rate	3	
Courteous and Helpful Office Staff			
Never/Sometimes		1	Q28 – In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect? Q29 – In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?
Usually	Summary Rate	2	
Always	Summary Rate	3	
Customer Service			
A big problem		1	Q43 – In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials? Q45 – In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?
A small problem		2	
Not a problem	Summary Rate	3	

Sample Survey Tool

55. In the last 6 months, on how many visits were you **advised to quit** smoking by a doctor or other health provider in your plan?
- ☐0 None
- ☐1 1 visit
- ☐2 2 to 4 visits
- ☐3 5 to 9 visits
- ☐4 10 or more visits
- ☐5 I had no visits in the last 6 months

56. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?
- ☐0 None
- ☐1 1 visit
- ☐2 2 to 4 visits
- ☐3 5 to 9 visits
- ☐4 10 or more visits
- ☐5 I had no visits in the last 6 months

57. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?
- ☐0 None
- ☐1 1 visit
- ☐2 2 to 4 visits
- ☐3 5 to 9 visits
- ☐4 10 or more visits
- ☐5 I had no visits in the last 6 months

58. What is your age now?
- ☐1 18 to 24
- ☐2 25 to 34
- ☐3 35 to 44
- ☐4 45 to 54
- ☐5 55 to 64
- ☐6 65 to 74
- ☐7 75 or older

59. Are you male or female?
- ☐1 Male
- ☐2 Female

60. What is the highest grade or level of school that you have **completed**?
- ☐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

61. Are you of Hispanic or Latino origin or descent?
- ☐1 Yes, Hispanic or Latino
- ☐2 No, not Hispanic or Latino

62. What is your race? *(Please mark one or more)*
- ☐A White
- ☐B Black or African-American
- ☐C Asian
- ☐D Native Hawaiian or other Pacific Islander
- ☐E American Indian or Alaska Native
- ☐F Other

63. What language do you **mainly** speak at home?
- ☐1 English
- ☐2 Spanish
- ☐3 Some other language

64. Did someone help you complete this survey?
- ☐1 Yes . . . . . **Go to Question 65**
- ☐2 No . . . . . **Go to Question 66**

65. How did that person help you? *(Mark all that apply)*
- ☐A Read the questions to me.
- ☐B Wrote down the answers I gave.
- ☐C Answered the questions for me.
- ☐D Translated the questions into my language.
- ☐E Helped in some other way *(please print)*

66. In the last 6 months, how many times did you go to the emergency room to get care for yourself because your doctor was not able to see you during regular office hours?
- ☐0 None
- ☐1 1 time
- ☐2 2 times
- ☐3 3 or more times

67. Are you aware that you can call your health plan's After Hours program to speak to a nurse if you have an illness or injury that occurs after your doctor's office has closed?
- ☐1 Yes
- ☐2 No

68. How would you rate Managed Health Services' Member services' timeliness in responding to your request for information or help?
- ☐1 Excellent
- ☐2 Very good
- ☐3 Good
- ☐4 Fair
- ☐5 Poor

69. Do you intend to switch to a different health plan when you next have an opportunity?
- ☐1 Definitely not
- ☐2 Probably not
- ☐3 Probably yes
- ☐4 Definitely yes

70. In the last 6 months, how much of a problem, if any, was it to get the prescription medicine you needed through your health plan?
- ☐1 A big problem
- ☐2 A small problem
- ☐3 Not a problem

Thank You

Please return the completed survey in the postage paid envelope.

42940

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Managed Health Services

MAS

Answer **all** the questions by marking the box to the left of your answer with blue or black ink. Like this ■, this ☑, or this ☒
You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this: ☑ Yes .....**Go to Question 3**
*All information that would let someone identify you or your family will be kept private. The Myers Group will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you have returned your survey so we don't have to send you reminders. If you want to know more about this study, please call The Myers Group at 1-800-692-0041.*

1. Our records show that you are now in **Managed Health Services.** Is that right?
- ☐1 Yes . . . . . **Go to Question 3**
- ☐2 No . . . . . **Go to Question 2**

2. What is the name of your health plan? *(Please print)*

3. How many months or years **in a row** have you been in this health plan?
- ☐1 Less than 6 months
- ☐2 At least 6 months but less than 1 year
- ☐3 At least 1 year but less than 2 years
- ☐4 At least 2 years but less than 5 years
- ☐5 5 or more years

Your Personal Doctor or Nurse

*The next questions ask about **your own** health care. **Do not** include care you got when you stayed overnight in a hospital. **Do not** include the times you went for dental care visits.*

4. *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.*
Do you have one person you think of as your personal doctor or nurse?
- ☐1 Yes . . . . . **Go to Question 5**
- ☐2 No . . . . . **Go to Question 7**

5. Using **any number from 0 to 10**, where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible, what number would you use to rate your personal doctor or nurse?

Worst personal doctor or nurse possible										**Best** personal doctor or nurse possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

6. Did you have the same personal doctor or nurse **before** you joined this health plan?
- ☐1 Yes . . . . . **Go to Question 8**
- ☐2 No . . . . . **Go to Question 7**

7. Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?
- ☐1 A big problem
- ☐2 A small problem
- ☐3 Not a problem

Getting Health Care From a Specialist

*When you answer the next questions, **do not** include dental visits.*

8. ***Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.*
In the last 6 months, did you or a doctor think you needed to see a specialist?
- ☐1 Yes . . . . . **Go to Question 9**
- ☐2 No . . . . . **Go to Question 10**

9. In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?
- ☐1 A big problem
- ☐2 A small problem
- ☐3 Not a problem

10. In the last 6 months, did you see a specialist?
- ☐1 Yes . . . . . **Go to Question 11**
- ☐2 No . . . . . **Go to Question 13**

11. We want to know your rating of the **specialist you saw most often** in the last 6 months. Using **any number from 0 to 10**, where 0 is the worst specialist possible, and 10 is the best specialist possible, what number would you use to rate the specialist?

Worst specialist possible										**Best** specialist possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

12. In the last 6 months, not counting the times you needed health care right away, was the specialist you saw most often the same doctor as your personal doctor?
- ☐1 Yes
- ☐2 No

Your Health Care in the Last 6 Months

13. In the last 6 months, did you call a doctor's office or clinic **during regular office hours** to get help or advice **for yourself**?
- ☐1 Yes . . . . . **Go to Question 14**
- ☐2 No . . . . . **Go to Question 15**

14. In the last 6 months, when you called during regular office hours, how often did you **get** the help or advice you **needed**?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

15. In the last 6 months, did you have an illness, injury, or condition that **needed care right away** in a clinic, emergency room or doctor's office?
- ☐1 Yes . . . . . **Go to Question 16**
- ☐2 No . . . . . **Go to Question 18**

Please continue inside ➢➢➢

16. In the last 6 months, when you **needed care right away** for an illness, injury, or condition, how often did you get care as soon as you wanted?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

17. In the last 6 months, when you **needed care right away** for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?
- ☐01 Same day
- ☐02 1 day
- ☐03 2 days
- ☐04 3 days
- ☐05 4 - 7 days
- ☐06 8 - 14 days
- ☐07 15 days or longer

18. *A **health provider** 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, not counting the times you needed health care right away, did you make any **appointments** with a doctor or other health provider for health care?
- ☐1 Yes . . . . . **Go to Question 19**
- ☐2 No . . . . . **Go to Question 21**

19. In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

20. In the last 6 months, not counting the times you needed health care right away, how many **days** did you usually have to wait between making an **appointment** and actually **seeing a provider**?
- ☐01 Same day
- ☐02 1 day
- ☐03 2 - 3 days
- ☐04 4 - 7 days
- ☐05 8 - 14 days
- ☐06 15 - 30 days
- ☐07 31 days or longer

21. In the last 6 months, how many times did you go to an **emergency room** to get care for yourself?
- ☐0 None
- ☐1 1
- ☐2 2
- ☐3 3
- ☐4 4
- ☐5 5 to 9
- ☐6 10 or more

22. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a **doctor's office or clinic** to get care for yourself?
- ☐0 None . . . . . **Go to Question 36**
- ☐1 1 . . . . . **Go to Question 23**
- ☐2 2 . . . . . **Go to Question 23**
- ☐3 3 . . . . . **Go to Question 23**
- ☐4 4 . . . . . **Go to Question 23**
- ☐5 5 to 9 . . . . . **Go to Question 23**
- ☐6 10 or more . . . . . **Go to Question 23**

23. In the last 6 months, did you or a doctor believe you needed any care, tests or treatment?
- ☐1 Yes . . . . . **Go to Question 24**
- ☐2 No . . . . . **Go to Question 25**

24. In the last 6 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?
- ☐1 A big problem
- ☐2 A small problem
- ☐3 Not a problem

25. In the last 6 months, did you need approval from your health plan for any care, tests or treatment?
- ☐1 Yes . . . . . **Go to Question 26**
- ☐2 No . . . . . **Go to Question 27**

26. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?
- ☐1 A big problem
- ☐2 A small problem
- ☐3 Not a problem

27. In the last 6 months, how often were you taken to the exam room **within 15 minutes** of your appointment?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

28. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with **courtesy and respect**?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

29. In the last 6 months, how often were office staff at a doctor's office or clinic as **helpful** as you thought they should be?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

30. In the last 6 months, how often did doctors or other health providers **listen carefully to you**?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

31. In the last 6 months, how often did you have a hard time **speaking with or understanding** a doctor or other health providers because you spoke different languages?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

32. In the last 6 months, how often did doctors or other health providers **explain things** in a way you could understand?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

33. In the last 6 months, how often did doctors or other health providers show **respect for what you had to say**?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

34. In the last 6 months, how often did doctors or other health providers **spend enough time** with you?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

35. Using **any number from 0 to 10**, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Worst health care possible										**Best** health care possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

36. *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 . . . . . **Go to Question 37**
- ☐2 No . . . . . **Go to Question 38**

37. 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?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

Your Health Plan

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

38. *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 . . . . . **Go to Question 39**
- ☐2 No . . . . . **Go to Question 42**

39. Did you choose your health plan or were you told which plan you were in?
- ☐1 I chose my plan
- ☐2 I was told which plan I was in

40. *You can get information about plan services in writing, by telephone, on the Internet, or in person.*
Did you get any information **about** your health plan before you signed up for it?
- ☐1 Yes . . . . . **Go to Question 41**
- ☐2 No . . . . . **Go to Question 42**

41. How much of the information you were given **before** you signed up for the plan was correct?
- ☐1 All of it
- ☐2 Most of it
- ☐3 Some of it
- ☐4 None of it

42. In the last 6 months, did you look for any **information** about how your health plan works **in written materials or on the Internet**?
- ☐1 Yes . . . . . **Go to Question 43**
- ☐2 No . . . . . **Go to Question 44**

43. In the last 6 months, how much of a problem, if any, was it to find or understand this information?
- ☐1 A big problem
- ☐2 A small problem
- ☐3 Not a problem

44. In the last 6 months, did you call your health plan's **customer service** to get information or help?
- ☐1 Yes . . . . . **Go to Question 45**
- ☐2 No . . . . . **Go to Question 46**

45. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?
- ☐1 A big problem
- ☐2 A small problem
- ☐3 Not a problem

46. In the last 6 months, have you called or written your health plan with a complaint or problem?
- ☐1 Yes . . . . . **Go to Question 47**
- ☐2 No . . . . . **Go to Question 50**

47. How long did it take for the health plan to **resolve** your complaint?
- ☐1 Same day . . . . . **Go to Question 48**
- ☐2 2 - 7 days . . . . . **Go to Question 48**
- ☐3 8 - 14 days . . . . . **Go to Question 48**
- ☐4 15 - 21 days . . . . . **Go to Question 48**
- ☐5 More than 21 days . . . . . **Go to Question 48**
- ☐6 I am still waiting for it to be settled . . . . . **Go to Question 49**

48. Was your **complaint or problem** settled to your satisfaction?
- ☐1 Yes . . . . . **Go to Question 50**
- ☐2 No . . . . . **Go to Question 50**

49. How long have you been waiting for the health plan to **resolve** your complaint?
- ☐1 1 - 7 days
- ☐2 8 - 14 days
- ☐3 15 - 21 days
- ☐4 More than 21 days

50. In the last 6 months, did you have to fill out any paperwork for your health plan?
- ☐1 Yes . . . . . **Go to Question 51**
- ☐2 No . . . . . **Go to Question 52**

51. In the last 6 months, how much of a problem, if any, did you have with paperwork for your health plan?
- ☐1 A big problem
- ☐2 A small problem
- ☐3 Not a problem

52. Using **any number from 0 to 10**, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

Worst health plan possible										**Best** health plan possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

About You

53. In general, how would you rate **your overall health** now?
- ☐1 Excellent
- ☐2 Very good
- ☐3 Good
- ☐4 Fair
- ☐5 Poor

54. Do you now smoke cigarettes 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 . . . . . **Go to Question 58**
- ☐4 Don't know . . . . . **Go to Question 58**

Please continue on back ➢➢➢

10. Banner Tables

The tables in the following section show detailed results for each question in your survey. Responses are organized across the banner table by: (1) all respondents (Total), (2) demographic groups (age, education, ethnicity, and race), and (3) other member characteristics (duration with the plan and data collection mode). In order to aid you in viewing the data contained in these tables, the following explanation is provided.

The different categories by which the data are "sliced" are presented as column headers. Each category has a set of possible response choices that are listed immediately below the headers. The left-most column in each table is labeled "Total" and shows results for the entire set of valid responses.

On the left side of the page, are three row headers: "Total," "Total Valid Responses," and "No Answer." "Total" represents the number of possible responses that meet the criteria for inclusion into the given question. For questions that are asked of all respondents, this figure will typically equal 246, which is the valid number of responses to the current survey. "Total Valid Responses" shows how many of the total respondents provided valid answers to the given question. Finally, "No Answer" is the number of individuals who did not respond to the question, even though they were eligible to do so.

It should be noted that, in some cases, a survey response choice shows only the number of respondents providing that answer with no percentage. These response options are not considered valid responses by NCQA guidelines, and are therefore omitted from the percentage calculations.

In some tables, an additional row is added to show Summary Rates. These scores are a single question response or combination of question responses considered to be favorable. It is included at the bottom of each of these tables and is shown with the response option, or options, that make up the score listed beside it.

Information regarding the statistical testing of results is shown in the lower left corner of each table. The first line displays the Comparison Groups. These are the columns (denoted by upper-case letters and separated by a slash (/)) in which statistical tests are run. Columns (F) and (G), for example, show results for the groups that rated their health plan "0-7" and "8-10". These columns are compared in the statistical test to each other, but not to any other columns. If a letter is present, whether upper- or lower-case, its corresponding percentage is significantly higher than the specified percentages within its comparison group. **Note** that when comparing groups, the Z-Test is only valid for large sample sizes (generally, n>=30). (See Z-Test in *Technical Notes*.)

The second line shows the type or types of statistical tests that are included in the table. The last two lines define the meaning of the upper- and lower-case letters. If a percentage has an upper-case letter beneath it, a difference exists at the 0.05 level of significance. A lower-case letter denotes a difference at the 0.10 level of significance. A banner table example is presented below with key points noted.

		========= GENDER =========	
	Total	Male	Female
	(A)	(B)	(C)
Total	433[1]	22	407
Total Valid Responses	429[2] 100.0%	22 100.0%	403 100.0%
No Answer	4[3]	-	4
Yes	198 46.2%	6 27.3%	189 46.9% B[4]
No	231 53.8%	16 72.7 c[5]	214 53.1%

1 – For the given question, 433 respondents were eligible to answer. For questions asked of all respondents, this figure will equal the number of complete surveys. In other cases, it will equal the number of appropriate responses to a gate question. Gate questions are those that filter out respondents who would not logically be able to answer follow-up questions. For example, a person who says that they do not have a personal doctor would not be able to provide a doctor rating, and so they are filtered out of the response set for the rating question.

2 – Of those who were eligible to answer this question, 429 provided valid responses.

3 – Four respondents–all Female–who were eligible to answer the question did not provide an answer.

4 – Females and Males provided significantly different percentage of “Yes” responses. The “B” below the percentage refers to the group in column B – in this case, Males – and signifies that the 46.9% is significantly different than the 27.3%. Because the “B” is capitalized, we know that the difference is significant at the 0.05 level of significance.

5 – Females and Males provided significantly different percentages of “No” responses. As in the previous note, the “c” refers to the group in column C–Females–and is significant at the 0.10 level of significance.

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Page 3.....Q4. Do you have one person you think of as your personal doctor or nurse?

Page 4.....Q5. What number would you use to rate your personal doctor or nurse?

Page 6.....Q6. Did you have the same personal doctor or nurse before you joined this health plan?

Page 7.....Q7. (GNC)Since you joined your health plan, how much of a problem,if any, was it to get a personal doctor or nurse you are happy with?

Page 8.....Q8. In the last 6 months, did you or a doctor think you needed to see a specialist?

Page 9.....Q9. (GNC)In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?

Page 10.....Q10. In the last 6 months, did you see a specialist?

Page 11.....Q11. What number would you use to rate the specialist?

Page 13.....Q12. In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?

Page 14.....Q13. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

Page 15.....Q14. (GCQ)In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

Page 16.....Q15. In the last 6 months, did you have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office?

Page 17.....Q16. (GCQ)In the last 6 months, when you needed care right away for an illness, injury or condition, how often did you get care as soon as you wanted?

Page 18.....Q17. In the last 6 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?

Page 19.....Q18. In the last 6 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?

Page 20.....Q19. (GCQ)In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?

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Page 21.....Q20. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?

Page 22.....Q21. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

Page 23.....Q22. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

Page 24.....Q23. In the last 6 months, did you or a doctor believe you needed any care, tests, or treatment?

Page 25.....Q24. (GNC)In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?

Page 26.....Q25. In the last 6 months, did you need approval from your health plan for any care, test, or treatment?

Page 27.....Q26. (GNC)In the last 6 months, how much of a problem, if any, were delays in the health care while you waited for approval from your health plan?

Page 28.....Q27. (GCQ)In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?

Page 29.....Q28. (CHOS)In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

Page 30.....Q29. (CHOS)In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

Page 31.....Q30. (HWDC)In the last 6 months, how often did doctors or other health providers listen carefully to you?

Page 32.....Q31. In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?

Page 33.....Q32. (HWDC)In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?

Page 34.....Q33. (HWDC)In the last 6 months, how often did doctors or other health providers show respect for what you had to say?

Page 35.....Q34. (HWDC)In the last 6 months, how often did doctors or other health providers spend enough time with you?

Page 36.....Q35. What number would you use to rate all your health care in the last 6 months?

Page 38.....Q36. In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?

Page 39.....Q37. 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?

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Page 40.....Q38. Some states pay health plans to care for people covered by Medicaid. 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?

Page 41.....Q39. Did you choose your health plan or were you told which plan you were in?

Page 42.....Q40. Did you get any information about your health plan before you signed up for it?

Page 43.....Q41. How much of the information you were given before you signed up for the plan was correct?

Page 44.....Q42. In the last 6 months, did you look for any information about how your health plan works in written materials or on the Internet?

Page 45.....Q43. (CS)In the last 6 months, how much of a problem, if any, was it to find or understand this information?

Page 46.....Q44. In the last 6 months, did you call your health plan's customer service to get information or help?

Page 47.....Q45. (CS)In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

Page 48.....Q46. In the last 6 months, have you called or written your health plan with a complaint or problem?

Page 49.....Q47. How long did it take for the health plan to resolve your complaint?

Page 50.....Q48. Was your complaint or problem settled to your satisfaction?

Page 51.....Q49. How long have you been waiting for your health plan to resolve your complaint?

Page 52.....Q50. In the last 6 months, did you have to fill out any paperwork for your health plan?

Page 53.....Q51. In the last 6 months, how much of a problem, if any, did you have with paperwork for your health plan?

Page 54.....Q52. What number would you use to rate your health plan?

Page 56.....Q53. In general, how would you rate your overall health now?

Page 57.....Q54. Do you now smoke cigarettes every day, some days, or not at all?

Page 58.....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 plan?

Page 59.....Q56. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

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Page 60.....Q57. On how many visits did your doctor or health provider recommend or discuss methods or strategies (other than medication) to assist you with quitting smoking?

Page 61.....Q58. What is your age now?

Page 62.....Q59. Are you male or female?

Page 63.....Q60. What is the highest grade or level of school that you have completed?

Page 64.....Q61. Are you of Hispanic or Latino origin or descent?

Page 65.....Q62. What is your race? Please mark one or more.

Page 66.....Q63. What language do you mainly speak at home?

Page 67.....Q64. Did someone help you complete this survey?

Page 68.....Q65. How did that person help you? Check all that apply.

Page 69.....Q66. In the last 6 months, how many times did you go to the emergency room to get care for yourself because your doctor was not able to see you during regular office hours?

Page 70.....Q67. Are you aware that you can call your health plan's After Hours program to speak to a nurse if you have an illness or injury that occurs after your doctor's office has closed?

Page 71.....Q68. How would you rate Managed Health Services' Member services' timeliness in responding to your request for information or help?

Page 72.....Q69. Do you intend to switch to a different health plan when you next have an opportunity?

Page 73.....Q70. In the last 6 months, how much of a problem, if any, was it to get the prescription medicine you needed through your health plan?

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Q1. Our records show that you are now in Managed Health Services. Is that right?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Valid Responses	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yes	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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Q3. How many months or years in a row have you been in this health plan?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	237	143	66	19	6	151	83	99	138	9	222	166	61	15	154	83
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	9	6	2	-	1	7	2	-	-	1	7	5	2	-	3	6
Less than 6 months	8	4	1	3	-	5	3	8	-	1	7	6	1	-	4	4
	3.4%	2.8%	1.5%	15.8%		3.3%	3.6%	8.1%		11.1%	3.2%	3.6%	1.6%		2.6%	4.8%
				c												
At least 6 months but less than 1 year	38	30	6	1	1	24	14	38	-	-	38	30	8	4	27	11
	16.0%	21.0%	9.1%	5.3%	16.7%	15.9%	16.9%	38.4%			17.1%	18.1%	13.1%	26.7%	17.5%	13.3%
		CD														
At least 1 year but less than 2 years	53	33	13	4	1	24	28	53	-	1	51	41	10	1	38	15
	22.4%	23.1%	19.7%	21.1%	16.7%	15.9%	33.7%	53.5%		11.1%	23.0%	24.7%	16.4%	6.7%	24.7%	18.1%
							F					N				
At least 2 years but less than 5 years	95	54	34	6	1	63	31	-	95	3	91	63	29	7	59	36
	40.1%	37.8%	51.5%	31.6%	16.7%	41.7%	37.3%		68.8%	33.3%	41.0%	38.0%	47.5%	46.7%	38.3%	43.4%
			bE													
5 or more years	43	22	12	5	3	35	7	-	43	4	35	26	13	3	26	17
	18.1%	15.4%	18.2%	26.3%	50.0%	23.2%	8.4%		31.2%	44.4%	15.8%	15.7%	21.3%	20.0%	16.9%	20.5%
					b	G				k						

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

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Q4. Do you have one person you think of as your personal doctor or nurse?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	244	147	68	19	7	156	85	99	136	10	228	170	63	15	156	88
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	2	-	-	-	2	-	-	2	-	1	1	-	-	1	1
Yes	209	121	62	18	6	135	72	83	117	9	195	150	49	13	137	72
	85.7%	82.3%	91.2%	94.7%	85.7%	86.5%	84.7%	83.8%	86.0%	90.0%	85.5%	88.2%	77.8%	86.7%	87.8%	81.8%
			b	B								m				
No	35	26	6	1	1	21	13	16	19	1	33	20	14	2	19	16
	14.3%	17.7%	8.8%	5.3%	14.3%	13.5%	15.3%	16.2%	14.0%	10.0%	14.5%	11.8%	22.2%	13.3%	12.2%	18.2%
		cD											l			

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

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Q5. What number would you use to rate your personal doctor or nurse?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	209	121	62	18	6	135	72	83	117	9	195	150	49	13	137	72
Total Valid Responses	203	116	61	18	6	130	71	82	113	9	190	146	48	13	133	70
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	5	1	-	-	5	1	1	4	-	5	4	1	-	4	2
10 - Best personal doctor or nurse possible	78	51	19	5	3	65	13	26	47	3	72	53	23	4	50	28
	38.4%	44.0%	31.1%	27.8%	50.0%	50.0%	18.3%	31.7%	41.6%	33.3%	37.9%	36.3%	47.9%	30.8%	37.6%	40.0%
		c				G										
9	27	12	9	4	1	14	12	7	19	-	27	20	7	-	17	10
	13.3%	10.3%	14.8%	22.2%	16.7%	10.8%	16.9%	8.5%	16.8%		14.2%	13.7%	14.6%		12.8%	14.3%
									h							
8	43	24	13	4	1	21	21	23	19	4	38	34	5	1	23	20
	21.2%	20.7%	21.3%	22.2%	16.7%	16.2%	29.6%	28.0%	16.8%	44.4%	20.0%	23.3%	10.4%	7.7%	17.3%	28.6%
							F	i				Mn				o
7	16	12	3	-	1	9	7	8	7	-	16	11	5	1	14	2
	7.9%	10.3%	4.9%		16.7%	6.9%	9.9%	9.8%	6.2%		8.4%	7.5%	10.4%	7.7%	10.5%	2.9%
															P	
6	10	5	4	1	-	4	6	3	7	2	8	5	3	2	7	3
	4.9%	4.3%	6.6%	5.6%		3.1%	8.5%	3.7%	6.2%	22.2%	4.2%	3.4%	6.3%	15.4%	5.3%	4.3%
5	13	5	5	3	-	8	5	7	6	-	13	11	2	3	9	4
	6.4%	4.3%	8.2%	16.7%		6.2%	7.0%	8.5%	5.3%		6.8%	7.5%	4.2%	23.1%	6.8%	5.7%
4	7	3	4	-	-	4	3	3	4	-	7	5	1	1	6	1
	3.4%	2.6%	6.6%			3.1%	4.2%	3.7%	3.5%		3.7%	3.4%	2.1%	7.7%	4.5%	1.4%
3	2	2	-	-	-	1	1	1	1	-	2	1	1	-	1	1
	1.0%	1.7%				0.8%	1.4%	1.2%	0.9%		1.1%	0.7%	2.1%		0.8%	1.4%
2	3	1	2	-	-	1	2	2	1	-	3	3	-	-	3	-
	1.5%	0.9%	3.3%			0.8%	2.8%	2.4%	0.9%		1.6%	2.1%			2.3%	
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0 - Worst personal doctor or nurse possible	4	1	2	1	-	3	1	2	2	-	4	3	1	1	3	1
	2.0%	0.9%	3.3%	5.6%		2.3%	1.4%	2.4%	1.8%		2.1%	2.1%	2.1%	7.7%	2.3%	1.4%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q5. What number would you use to rate your personal doctor or nurse?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
HEDIS/CAHPS SUMMARY RATE - 8-10	148	87	41	13	5	100	46	56	85	7	137	107	35	5	90	58
	72.9%	75.0%	67.2%	72.2%	83.3%	76.9%	64.8%	68.3%	75.2%	77.8%	72.1%	73.3%	72.9%	38.5%	67.7%	82.9%
						g						N	N			O
HEDIS/CAHPS SUMMARY RATE - 9-10	105	63	28	9	4	79	25	33	66	3	99	73	30	4	67	38
	51.7%	54.3%	45.9%	50.0%	66.7%	60.8%	35.2%	40.2%	58.4%	33.3%	52.1%	50.0%	62.5%	30.8%	50.4%	54.3%
						G			H				N			
Mean	8.10	8.35	7.62	7.72	9.00	8.40	7.54	7.74	8.27	8.22	8.06	8.03	8.40	6.62	7.93	8.41

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q6. Did you have the same personal doctor or nurse before you joined this health plan?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	209	121	62	18	6	135	72	83	117	9	195	150	49	13	137	72
Total Valid Responses	207	120	61	18	6	134	71	81	117	9	193	148	49	13	135	72
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	1	1	-	-	1	1	2	-	-	2	2	-	-	2	-
Yes	88	42	32	9	4	58	28	43	38	5	81	63	22	3	57	31
	42.5%	35.0%	52.5%	50.0%	66.7%	43.3%	39.4%	53.1%	32.5%	55.6%	42.0%	42.6%	44.9%	23.1%	42.2%	43.1%
			B					I								
No	119	78	29	9	2	76	43	38	79	4	112	85	27	10	78	41
	57.5%	65.0%	47.5%	50.0%	33.3%	56.7%	60.6%	46.9%	67.5%	44.4%	58.0%	57.4%	55.1%	76.9%	57.8%	56.9%
		C							H							

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q7. (GNC)Since you joined your health plan, how much of a problem,if any, was it to get a personal doctor or nurse you are happy with?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	154	104	35	10	3	97	56	54	98	5	145	105	41	12	97	57
Total Valid Responses	151	101	35	10	3	96	54	51	98	5	142	103	40	12	95	56
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	3	-	-	-	1	2	3	-	-	3	2	1	-	2	1
Not a problem	97	64	23	7	2	65	32	31	64	2	92	67	25	4	57	40
	64.2%	63.4%	65.7%	70.0%	66.7%	67.7%	59.3%	60.8%	65.3%	40.0%	64.8%	65.0% N	62.5% n	33.3%	60.0%	71.4%
A small problem	29	21	7	-	1	16	13	8	21	2	27	21	7	4	21	8
	19.2%	20.8%	20.0%		33.3%	16.7%	24.1%	15.7%	21.4%	40.0%	19.0%	20.4%	17.5%	33.3%	22.1%	14.3%
A big problem	25	16	5	3	-	15	9	12	13	1	23	15	8	4	17	8
	16.6%	15.8%	14.3%	30.0%		15.6%	16.7%	23.5%	13.3%	20.0%	16.2%	14.6%	20.0%	33.3%	17.9%	14.3%
HEDIS/CAHPS SUMMARY RATE - Not a problem	97	64	23	7	2	65	32	31	64	2	92	67	25	4	57	40
	64.2%	63.4%	65.7%	70.0%	66.7%	67.7%	59.3%	60.8%	65.3%	40.0%	64.8%	65.0% N	62.5% n	33.3%	60.0%	71.4%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q8. In the last 6 months, did you or a doctor think you needed to see a specialist?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	245	148	68	19	7	157	85	99	138	10	229	171	63	15	156	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	1	1	-	-	-	1	-	-	-	-	-	-	-	-	1	-
Yes	95	46	35	11	3	59	35	36	58	4	89	71	18	8	68	27
	38.8%	31.1%	51.5%	57.9%	42.9%	37.6%	41.2%	36.4%	42.0%	40.0%	38.9%	41.5%	28.6%	53.3%	43.6%	30.3%
			B	B								m		m	P	
No	150	102	33	8	4	98	50	63	80	6	140	100	45	7	88	62
	61.2%	68.9%	48.5%	42.1%	57.1%	62.4%	58.8%	63.6%	58.0%	60.0%	61.1%	58.5%	71.4%	46.7%	56.4%	69.7%
		CD											ln			O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q9. (GNC)In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	95	46	35	11	3	59	35	36	58	4	89	71	18	8	68	27
Total Valid Responses	93	46	35	9	3	58	34	35	57	4	87	69	18	7	66	27
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	-	-	2	-	1	1	1	1	-	2	2	-	1	2	-
Not a problem	60	28	22	7	3	39	21	23	37	2	56	45	10	3	43	17
	64.5%	60.9%	62.9%	77.8%	100.0% BC	67.2%	61.8%	65.7%	64.9%	50.0%	64.4%	65.2%	55.6%	42.9%	65.2%	63.0%
A small problem	15	7	7	1	-	8	6	7	8	-	15	12	3	1	12	3
	16.1%	15.2%	20.0%	11.1%		13.8%	17.6%	20.0%	14.0%		17.2%	17.4%	16.7%	14.3%	18.2%	11.1%
A big problem	18	11	6	1	-	11	7	5	12	2	16	12	5	3	11	7
	19.4%	23.9%	17.1%	11.1%		19.0%	20.6%	14.3%	21.1%	50.0%	18.4%	17.4%	27.8%	42.9%	16.7%	25.9%
HEDIS/CAHPS SUMMARY RATE - Not a problem	60	28	22	7	3	39	21	23	37	2	56	45	10	3	43	17
	64.5%	60.9%	62.9%	77.8%	100.0% BC	67.2%	61.8%	65.7%	64.9%	50.0%	64.4%	65.2%	55.6%	42.9%	65.2%	63.0%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q10. In the last 6 months, did you see a specialist?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	245	148	68	19	7	157	85	99	137	10	228	171	62	15	156	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	1	1	-	-	-	1	-	-	1	-	1	-	1	-	1	-
Yes	82	42	27	10	3	55	26	29	52	4	76	61	14	6	60	22
	33.5%	28.4%	39.7%	52.6%	42.9%	35.0%	30.6%	29.3%	38.0%	40.0%	33.3%	35.7%	22.6%	40.0%	38.5%	24.7%
				B								M			P	
No	163	106	41	9	4	102	59	70	85	6	152	110	48	9	96	67
	66.5%	71.6%	60.3%	47.4%	57.1%	65.0%	69.4%	70.7%	62.0%	60.0%	66.7%	64.3%	77.4%	60.0%	61.5%	75.3%
		D											L			O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q11. What number would you use to rate the specialist?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	82	42	27	10	3	55	26	29	52	4	76	61	14	6	60	22
Total Valid Responses	82 100.0%	42 100.0%	27 100.0%	10 100.0%	3 100.0%	55 100.0%	26 100.0%	29 100.0%	52 100.0%	4 100.0%	76 100.0%	61 100.0%	14 100.0%	6 100.0%	60 100.0%	22 100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 - Best specialist possible	30 36.6%	15 35.7%	10 37.0%	3 30.0%	2 66.7%	25 45.5% G	4 15.4%	13 44.8%	16 30.8%	2 50.0%	27 35.5%	21 34.4%	7 50.0%	2 33.3%	22 36.7%	8 36.4%
9	17 20.7%	7 16.7%	7 25.9%	3 30.0%	-	8 14.5%	9 34.6% f	7 24.1%	10 19.2%	1 25.0%	16 21.1%	15 24.6% M	1 7.1%	1 16.7%	9 15.0%	8 36.4% o
8	14 17.1%	8 19.0%	5 18.5%	-	1 33.3%	6 10.9%	8 30.8% F	6 20.7%	8 15.4%	-	14 18.4%	8 13.1%	4 28.6%	2 33.3%	12 20.0%	2 9.1%
7	5 6.1%	5 11.9%	-	-	-	4 7.3%	1 3.8%	1 3.4%	4 7.7%	-	5 6.6%	4 6.6%	1 7.1%	-	4 6.7%	1 4.5%
6	2 2.4%	2 4.8%	-	-	-	1 1.8%	1 3.8%	-	2 3.8%	-	2 2.6%	2 3.3%	-	1 16.7%	1 1.7%	1 4.5%
5	6 7.3%	3 7.1%	2 7.4%	1 10.0%	-	5 9.1%	1 3.8%	1 3.4%	5 9.6%	-	5 6.6%	5 8.2%	-	-	6 10.0%	-
4	2 2.4%	1 2.4%	-	1 10.0%	-	1 1.8%	1 3.8%	-	2 3.8%	1 25.0%	1 1.3%	1 1.6%	-	-	1 1.7%	1 4.5%
3	4 4.9%	1 2.4%	2 7.4%	1 10.0%	-	3 5.5%	1 3.8%	1 3.4%	3 5.8%	-	4 5.3%	4 6.6%	-	-	3 5.0%	1 4.5%
2	1 1.2%	-	-	1 10.0%	-	1 1.8%	-	-	1 1.9%	-	1 1.3%	1 1.6%	-	-	1 1.7%	-
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0 - Worst specialist possible	1 1.2%	-	1 3.7%	-	-	1 1.8%	-	-	1 1.9%	-	1 1.3%	-	1 7.1%	-	1 1.7%	-
HEDIS/CAHPS SUMMARY RATE - 8-10	61 74.4%	30 71.4%	22 81.5%	6 60.0%	3 100.0% BCD	39 70.9%	21 80.8%	26 89.7% I	34 65.4%	3 75.0%	57 75.0%	44 72.1%	12 85.7%	5 83.3%	43 71.7%	18 81.8%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q11. What number would you use to rate the specialist?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
HEDIS/CAHPS SUMMARY RATE - 9-10	47 57.3%	22 52.4%	17 63.0%	6 60.0%	2 66.7%	33 60.0%	13 50.0%	20 69.0% i	26 50.0%	3 75.0%	43 56.6%	36 59.0%	8 57.1%	3 50.0%	31 51.7%	16 72.7% o
Mean	8.10	8.24	8.11	7.10	9.33	8.07	8.08	8.83	7.65	8.25	8.11	8.07	8.43	8.50	7.93	8.55

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q12. In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	82	42	27	10	3	55	26	29	52	4	76	61	14	6	60	22
Total Valid Responses	82	42	27	10	3	55	26	29	52	4	76	61	14	6	60	22
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yes	26	14	7	4	1	19	7	12	14	2	24	21	2	3	22	4
	31.7%	33.3%	25.9%	40.0%	33.3%	34.5%	26.9%	41.4%	26.9%	50.0%	31.6%	34.4% m	14.3%	50.0%	36.7% p	18.2%
No	56	28	20	6	2	36	19	17	38	2	52	40	12	3	38	18
	68.3%	66.7%	74.1%	60.0%	66.7%	65.5%	73.1%	58.6%	73.1%	50.0%	68.4%	65.6%	85.7% l	50.0%	63.3%	81.8% o

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q13. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	246 100.0%	149 100.0%	68 100.0%	19 100.0%	7 100.0%	158 100.0%	85 100.0%	99 100.0%	138 100.0%	10 100.0%	229 100.0%	171 100.0%	63 100.0%	15 100.0%	157 100.0%	89 100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yes	158 64.2%	88 59.1%	51 75.0% B	12 63.2%	4 57.1%	98 62.0%	57 67.1%	66 66.7%	85 61.6%	5 50.0%	147 64.2%	114 66.7% m	34 54.0%	11 73.3%	110 70.1% P	48 53.9%
No	88 35.8%	61 40.9% C	17 25.0%	7 36.8%	3 42.9%	60 38.0%	28 32.9%	33 33.3%	53 38.4%	5 50.0%	82 35.8%	57 33.3%	29 46.0% l	4 26.7%	47 29.9%	41 46.1% O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q14. (GCQ)In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	158	88	51	12	4	98	57	66	85	5	147	114	34	11	110	48
Total Valid Responses	158	88	51	12	4	98	57	66	85	5	147	114	34	11	110	48
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Always	93	54	25	9	3	60	31	38	51	2	87	68	18	6	64	29
	58.9%	61.4%	49.0%	75.0%	75.0%	61.2%	54.4%	57.6%	60.0%	40.0%	59.2%	59.6%	52.9%	54.5%	58.2%	60.4%
				c												
Usually	36	19	14	2	1	22	14	16	18	2	34	29	7	2	25	11
	22.8%	21.6%	27.5%	16.7%	25.0%	22.4%	24.6%	24.2%	21.2%	40.0%	23.1%	25.4%	20.6%	18.2%	22.7%	22.9%
Sometimes	22	13	8	-	-	9	12	10	11	1	19	12	7	2	17	5
	13.9%	14.8%	15.7%			9.2%	21.1%	15.2%	12.9%	20.0%	12.9%	10.5%	20.6%	18.2%	15.5%	10.4%
							f									
Never	7	2	4	1	-	7	-	2	5	-	7	5	2	1	4	3
	4.4%	2.3%	7.8%	8.3%		7.1%		3.0%	5.9%		4.8%	4.4%	5.9%	9.1%	3.6%	6.3%
HEDIS/CAHPS SUMMARY RATE - Always/Usually	129	73	39	11	4	82	45	54	69	4	121	97	25	8	89	40
	81.6%	83.0%	76.5%	91.7%	100.0%	83.7%	78.9%	81.8%	81.2%	80.0%	82.3%	85.1%	73.5%	72.7%	80.9%	83.3%
					BC											
HEDIS/CAHPS SUMMARY RATE - Always	93	54	25	9	3	60	31	38	51	2	87	68	18	6	64	29
	58.9%	61.4%	49.0%	75.0%	75.0%	61.2%	54.4%	57.6%	60.0%	40.0%	59.2%	59.6%	52.9%	54.5%	58.2%	60.4%
				c												

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q15. In the last 6 months, did you have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	245	149	68	18	7	157	85	99	137	10	228	170	63	15	156	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	1	-	-	1	-	1	-	-	1	-	1	1	-	-	1	-
Yes	111	68	31	8	3	73	36	44	64	6	101	76	27	10	79	32
	45.3%	45.6%	45.6%	44.4%	42.9%	46.5%	42.4%	44.4%	46.7%	60.0%	44.3%	44.7%	42.9%	66.7%	50.6%	36.0%
														lm	P	
No	134	81	37	10	4	84	49	55	73	4	127	94	36	5	77	57
	54.7%	54.4%	54.4%	55.6%	57.1%	53.5%	57.6%	55.6%	53.3%	40.0%	55.7%	53.3%	57.1%	33.3%	49.4%	64.0%
												n	n			O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q16. (GCQ)In the last 6 months, when you needed care right away for an illness, injury or condition, how often did you get care as soon as you wanted?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	111	68	31	8	3	73	36	44	64	6	101	76	27	10	79	32
Total Valid Responses	108	66	31	8	3	72	35	42	63	6	99	76	26	9	77	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	2	-	-	-	1	1	2	1	-	2	-	1	1	2	1
Always	59	36	15	5	3	42	16	25	32	1	55	41	15	1	38	21
	54.6%	54.5%	48.4%	62.5%	100.0%	58.3%	45.7%	59.5%	50.8%	16.7%	55.6%	53.9%	57.7%	11.1%	49.4%	67.7%
					BCD						J	N	N			o
Usually	27	19	7	1	-	17	10	10	16	4	23	22	2	5	20	7
	25.0%	28.8%	22.6%	12.5%		23.6%	28.6%	23.8%	25.4%	66.7%	23.2%	28.9%	7.7%	55.6%	26.0%	22.6%
										K		M		M		
Sometimes	17	8	7	2	-	10	7	6	11	1	16	12	5	3	15	2
	15.7%	12.1%	22.6%	25.0%		13.9%	20.0%	14.3%	17.5%	16.7%	16.2%	15.8%	19.2%	33.3%	19.5%	6.5%
															P	
Never	5	3	2	-	-	3	2	1	4	-	5	1	4	-	4	1
	4.6%	4.5%	6.5%			4.2%	5.7%	2.4%	6.3%		5.1%	1.3%	15.4%		5.2%	3.2%
													l			
HEDIS/CAHPS SUMMARY RATE	86	55	22	6	3	59	26	35	48	5	78	63	17	6	58	28
- Always/Usually	79.6%	83.3%	71.0%	75.0%	100.0%	81.9%	74.3%	83.3%	76.2%	83.3%	78.8%	82.9%	65.4%	66.7%	75.3%	90.3%
					BC							m				O
HEDIS/CAHPS SUMMARY RATE	59	36	15	5	3	42	16	25	32	1	55	41	15	1	38	21
- Always	54.6%	54.5%	48.4%	62.5%	100.0%	58.3%	45.7%	59.5%	50.8%	16.7%	55.6%	53.9%	57.7%	11.1%	49.4%	67.7%
					BCD						J	N	N			o

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q17. In the last 6 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	111	68	31	8	3	73	36	44	64	6	101	76	27	10	79	32
Total Valid Responses	105 100.0%	65 100.0%	30 100.0%	7 100.0%	3 100.0%	70 100.0%	35 100.0%	41 100.0%	61 100.0%	6 100.0%	96 100.0%	74 100.0%	25 100.0%	9 100.0%	74 100.0%	31 100.0%
No Answer	6	3	1	1	-	3	1	3	3	-	5	2	2	1	5	1
Same day	55 52.4%	34 52.3%	15 50.0%	4 57.1%	2 66.7%	40 57.1%	15 42.9%	25 61.0%	29 47.5%	1 16.7%	51 53.1% J	43 58.1% N	10 40.0% N	1 11.1%	36 48.6%	19 61.3%
1 day	18 17.1%	14 21.5%	4 13.3%	-	-	9 12.9%	9 25.7%	5 12.2%	12 19.7%	2 33.3%	16 16.7%	11 14.9%	5 20.0%	3 33.3%	14 18.9%	4 12.9%
2 days	12 11.4%	7 10.8%	4 13.3%	-	1 33.3%	10 14.3%	2 5.7%	5 12.2%	7 11.5%	1 16.7%	11 11.5%	7 9.5%	5 20.0%	1 11.1%	8 10.8%	4 12.9%
3 days	8 7.6%	5 7.7%	1 3.3%	2 28.6%	-	6 8.6%	2 5.7%	2 4.9%	5 8.2%	1 16.7%	7 7.3%	5 6.8%	3 12.0%	1 11.1%	6 8.1%	2 6.5%
4-7 days	5 4.8%	2 3.1%	3 10.0%	-	-	1 1.4%	4 11.4% f	2 4.9%	3 4.9%	1 16.7%	4 4.2%	3 4.1%	-	2 22.2%	4 5.4%	1 3.2%
8-14 days	4 3.8%	1 1.5%	3 10.0%	-	-	3 4.3%	1 2.9%	1 2.4%	3 4.9%	-	4 4.2%	3 4.1%	1 4.0%	-	4 5.4%	-
15 days or longer	3 2.9%	2 3.1%	-	1 14.3%	-	1 1.4%	2 5.7%	1 2.4%	2 3.3%	-	3 3.1%	2 2.7%	1 4.0%	1 11.1%	2 2.7%	1 3.2%
HEDIS/CAHPS SUMMARY RATE - Same day	55 52.4%	34 52.3%	15 50.0%	4 57.1%	2 66.7%	40 57.1%	15 42.9%	25 61.0%	29 47.5%	1 16.7%	51 53.1% J	43 58.1% N	10 40.0% N	1 11.1%	36 48.6%	19 61.3%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q18. In the last 6 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	244	148	67	19	7	158	83	99	136	10	228	171	61	15	155	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	1	1	-	-	-	2	-	2	-	1	-	2	-	2	-
Yes	169	97	54	12	4	100	67	75	90	7	159	123	38	12	120	49
	69.3%	65.5%	80.6%	63.2%	57.1%	63.3%	80.7%	75.8%	66.2%	70.0%	69.7%	71.9%	62.3%	80.0%	77.4%	55.1%
			B				F								P	
No	75	51	13	7	3	58	16	24	46	3	69	48	23	3	35	40
	30.7%	34.5%	19.4%	36.8%	42.9%	36.7%	19.3%	24.2%	33.8%	30.0%	30.3%	28.1%	37.7%	20.0%	22.6%	44.9%
		C				G										O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q19. (GCQ)In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	169	97	54	12	4	100	67	75	90	7	159	123	38	12	120	49
Total Valid Responses	168	96	54	12	4	99	67	75	89	7	158	122	38	12	119	49
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	1	1	-	-	-	1	-	-	1	-	1	1	-	-	1	-
Always	78	47	23	4	3	50	27	40	36	-	76	56	20	4	49	29
	46.4%	49.0%	42.6%	33.3%	75.0%	50.5%	40.3%	53.3%	40.4%		48.1%	45.9%	52.6%	33.3%	41.2%	59.2%
								i								O
Usually	55	27	22	4	1	34	21	23	32	6	49	42	12	4	42	13
	32.7%	28.1%	40.7%	33.3%	25.0%	34.3%	31.3%	30.7%	36.0%	85.7%	31.0%	34.4%	31.6%	33.3%	35.3%	26.5%
										K						
Sometimes	27	19	6	2	-	12	14	9	16	1	25	19	4	1	21	6
	16.1%	19.8%	11.1%	16.7%		12.1%	20.9%	12.0%	18.0%	14.3%	15.8%	15.6%	10.5%	8.3%	17.6%	12.2%
Never	8	3	3	2	-	3	5	3	5	-	8	5	2	3	7	1
	4.8%	3.1%	5.6%	16.7%		3.0%	7.5%	4.0%	5.6%		5.1%	4.1%	5.3%	25.0%	5.9%	2.0%
														l		
HEDIS/CAHPS SUMMARY RATE	133	74	45	8	4	84	48	63	68	6	125	98	32	8	91	42
- Always/Usually	79.2%	77.1%	83.3%	66.7%	100.0%	84.8%	71.6%	84.0%	76.4%	85.7%	79.1%	80.3%	84.2%	66.7%	76.5%	85.7%
					BCD	G										
HEDIS/CAHPS SUMMARY RATE	78	47	23	4	3	50	27	40	36	-	76	56	20	4	49	29
- Always	46.4%	49.0%	42.6%	33.3%	75.0%	50.5%	40.3%	53.3%	40.4%		48.1%	45.9%	52.6%	33.3%	41.2%	59.2%
								i								O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q20. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	169	97	54	12	4	100	67	75	90	7	159	123	38	12	120	49
Total Valid Responses	162	95	51	11	3	95	66	73	85	6	153	117	37	12	114	48
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	7	2	3	1	1	5	1	2	5	1	6	6	1	-	6	1
Same day	19	10	7	1	1	11	8	8	11	-	19	14	4	2	16	3
	11.7%	10.5%	13.7%	9.1%	33.3%	11.6%	12.1%	11.0%	12.9%		12.4%	12.0%	10.8%	16.7%	14.0%	6.3%
1 day	34	18	13	2	-	24	10	16	18	1	32	24	12	3	25	9
	21.0%	18.9%	25.5%	18.2%		25.3%	15.2%	21.9%	21.2%	16.7%	20.9%	20.5%	32.4%	25.0%	21.9%	18.8%
2-3 days	57	35	15	4	2	30	26	23	32	2	54	42	11	2	36	21
	35.2%	36.8%	29.4%	36.4%	66.7%	31.6%	39.4%	31.5%	37.6%	33.3%	35.3%	35.9%	29.7%	16.7%	31.6%	43.8%
												n				
4-7 days	21	13	5	3	-	11	10	9	10	1	19	15	5	1	14	7
	13.0%	13.7%	9.8%	27.3%		11.6%	15.2%	12.3%	11.8%	16.7%	12.4%	12.8%	13.5%	8.3%	12.3%	14.6%
8-14 days	15	9	6	-	-	9	6	7	8	1	14	13	-	3	13	2
	9.3%	9.5%	11.8%			9.5%	9.1%	9.6%	9.4%	16.7%	9.2%	11.1%		25.0%	11.4%	4.2%
															p	
15-30 days	12	9	2	1	-	6	6	7	5	1	11	6	4	1	8	4
	7.4%	9.5%	3.9%	9.1%		6.3%	9.1%	9.6%	5.9%	16.7%	7.2%	5.1%	10.8%	8.3%	7.0%	8.3%
31 days or longer	4	1	3	-	-	4	-	3	1	-	4	3	1	-	2	2
	2.5%	1.1%	5.9%			4.2%		4.1%	1.2%		2.6%	2.6%	2.7%		1.8%	4.2%
HEDIS/CAHPS SUMMARY RATE	146	85	46	10	3	85	60	63	79	5	138	108	32	11	104	42
- Same day-14 days	90.1%	89.5%	90.2%	90.9%	100.0%	89.5%	90.9%	86.3%	92.9%	83.3%	90.2%	92.3%	86.5%	91.7%	91.2%	87.5%
					BC											

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q21. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	245	148	68	19	7	157	85	98	138	10	228	171	63	14	156	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	1	1	-	-	-	1	-	1	-	-	1	-	-	1	1	-
None	163	94	48	14	5	103	59	64	92	5	156	119	39	9	102	61
	66.5%	63.5%	70.6%	73.7%	71.4%	65.6%	69.4%	65.3%	66.7%	50.0%	68.4%	69.6%	61.9%	64.3%	65.4%	68.5%
1 time	48	29	12	4	2	29	18	20	27	3	42	28	15	2	31	17
	19.6%	19.6%	17.6%	21.1%	28.6%	18.5%	21.2%	20.4%	19.6%	30.0%	18.4%	16.4%	23.8%	14.3%	19.9%	19.1%
2 times	19	15	3	1	-	14	5	9	9	1	17	14	4	2	10	9
	7.8%	10.1%	4.4%	5.3%		8.9%	5.9%	9.2%	6.5%	10.0%	7.5%	8.2%	6.3%	14.3%	6.4%	10.1%
3 times	5	2	3	-	-	2	2	-	5	-	5	3	3	-	4	1
	2.0%	1.4%	4.4%			1.3%	2.4%		3.6%		2.2%	1.8%	4.8%		2.6%	1.1%
4 times	7	6	1	-	-	6	1	4	3	1	5	5	1	1	6	1
	2.9%	4.1%	1.5%			3.8%	1.2%	4.1%	2.2%	10.0%	2.2%	2.9%	1.6%	7.1%	3.8%	1.1%
5 to 9 times	2	1	1	-	-	2	-	-	2	-	2	1	1	-	2	-
	0.8%	0.7%	1.5%			1.3%			1.4%		0.9%	0.6%	1.6%		1.3%	
10 times or more	1	1	-	-	-	1	-	1	-	-	1	1	-	-	1	-
	0.4%	0.7%				0.6%		1.0%			0.4%	0.6%			0.6%	

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q22. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	246 100.0%	149 100.0%	68 100.0%	19 100.0%	7 100.0%	158 100.0%	85 100.0%	99 100.0%	138 100.0%	10 100.0%	229 100.0%	171 100.0%	63 100.0%	15 100.0%	157 100.0%	89 100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
None	55 22.4%	42 28.2% C	9 13.2%	3 15.8%	1 14.3%	41 25.9% g	14 16.5%	20 20.2%	32 23.2%	1 10.0%	53 23.1%	35 20.5%	19 30.2%	2 13.3%	26 16.6%	29 32.6% O
1	39 15.9%	20 13.4%	13 19.1%	5 26.3%	-	27 17.1%	11 12.9%	14 14.1%	24 17.4%	2 20.0%	35 15.3%	28 16.4%	9 14.3%	1 6.7%	23 14.6%	16 18.0%
2	38 15.4%	22 14.8%	13 19.1% D	1 5.3%	1 14.3%	19 12.0%	18 21.2% f	16 16.2%	22 15.9%	2 20.0%	34 14.8%	28 16.4%	9 14.3%	4 26.7%	30 19.1% P	8 9.0%
3	31 12.6%	17 11.4%	12 17.6%	2 10.5%	-	18 11.4%	13 15.3%	12 12.1%	18 13.0%	4 40.0% k	27 11.8%	19 11.1%	9 14.3%	3 20.0%	19 12.1%	12 13.5%
4	22 8.9%	11 7.4%	9 13.2%	1 5.3%	-	11 7.0%	11 12.9%	8 8.1%	14 10.1%	-	22 9.6%	19 11.1% m	3 4.8%	-	15 9.6%	7 7.9%
5 to 9	38 15.4%	22 14.8%	9 13.2%	5 26.3%	2 28.6%	27 17.1%	10 11.8%	16 16.2%	18 13.0%	1 10.0%	35 15.3%	24 14.0%	13 20.6% n	1 6.7%	28 17.8%	10 11.2%
10 or more	23 9.3%	15 10.1%	3 4.4%	2 10.5%	3 42.9% bC	15 9.5%	8 9.4%	13 13.1%	10 7.2%	-	23 10.0%	18 10.5% M	1 1.6%	4 26.7% M	16 10.2%	7 7.9%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q23. In the last 6 months, did you or a doctor believe you needed any care, tests, or treatment?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	189	105	59	16	6	116	70	78	105	9	175	136	43	13	129	60
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	2	-	-	-	1	1	1	1	-	1	-	1	-	2	-
Yes	140	70	48	14	6	85	53	58	77	6	130	104	29	7	100	40
	74.1%	66.7%	81.4%	87.5%	100.0%	73.3%	75.7%	74.4%	73.3%	66.7%	74.3%	76.5%	67.4%	53.8%	77.5%	66.7%
			B	B	BC											
No	49	35	11	2	-	31	17	20	28	3	45	32	14	6	29	20
	25.9%	33.3%	18.6%	12.5%		26.7%	24.3%	25.6%	26.7%	33.3%	25.7%	23.5%	32.6%	46.2%	22.5%	33.3%
		CD														

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q24. (GNC)In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	140	70	48	14	6	85	53	58	77	6	130	104	29	7	100	40
Total Valid Responses	138 100.0%	69 100.0%	48 100.0%	13 100.0%	6 100.0%	83 100.0%	53 100.0%	56 100.0%	77 100.0%	6 100.0%	128 100.0%	102 100.0%	29 100.0%	7 100.0%	100 100.0%	38 100.0%
No Answer	2	1	-	1	-	2	-	2	-	-	2	2	-	-	-	2
Not a problem	111 80.4%	53 76.8%	40 83.3%	11 84.6%	5 83.3%	67 80.7%	42 79.2%	47 83.9%	60 77.9%	6 100.0% K	101 78.9%	84 82.4%	21 72.4%	5 71.4%	80 80.0%	31 81.6%
A small problem	18 13.0%	12 17.4% c	3 6.3%	2 15.4%	1 16.7%	11 13.3%	7 13.2%	6 10.7%	11 14.3%	-	18 14.1%	14 13.7%	4 13.8%	-	13 13.0%	5 13.2%
A big problem	9 6.5%	4 5.8%	5 10.4%	-	-	5 6.0%	4 7.5%	3 5.4%	6 7.8%	-	9 7.0%	4 3.9%	4 13.8%	2 28.6%	7 7.0%	2 5.3%
HEDIS/CAHPS SUMMARY RATE - Not a problem	111 80.4%	53 76.8%	40 83.3%	11 84.6%	5 83.3%	67 80.7%	42 79.2%	47 83.9%	60 77.9%	6 100.0% K	101 78.9%	84 82.4%	21 72.4%	5 71.4%	80 80.0%	31 81.6%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q25. In the last 6 months, did you need approval from your health plan for any care, test, or treatment?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	188	104	59	16	6	117	68	77	105	9	173	135	42	13	129	59
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	3	-	-	-	-	3	2	1	-	3	1	2	-	2	1
Yes	61	26	25	8	2	34	26	22	38	2	59	46	13	5	50	11
	32.4%	25.0%	42.4%	50.0%	33.3%	29.1%	38.2%	28.6%	36.2%	22.2%	34.1%	34.1%	31.0%	38.5%	38.8%	18.6%
			B	b											P	
No	127	78	34	8	4	83	42	55	67	7	114	89	29	8	79	48
	67.6%	75.0%	57.6%	50.0%	66.7%	70.9%	61.8%	71.4%	63.8%	77.8%	65.9%	65.9%	69.0%	61.5%	61.2%	81.4%
		Cd														O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q26. (GNC)In the last 6 months, how much of a problem, if any, were delays in the health care while you waited for approval from your health plan?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	188	104	59	16	6	117	68	77	105	9	173	135	42	13	129	59
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	3	-	-	-	-	3	2	1	-	3	1	2	-	2	1
Not a problem	155	91	43	12	6	100	52	68	81	8	141	110	35	10	103	52
	82.4%	87.5%	72.9%	75.0%	100.0%	85.5%	76.5%	88.3%	77.1%	88.9%	81.5%	81.5%	83.3%	76.9%	79.8%	88.1%
		C			BCD			I								
A small problem	15	6	6	3	-	7	8	3	12	-	15	11	4	1	10	5
	8.0%	5.8%	10.2%	18.8%		6.0%	11.8%	3.9%	11.4%		8.7%	8.1%	9.5%	7.7%	7.8%	8.5%
									H							
A big problem	18	7	10	1	-	10	8	6	12	1	17	14	3	2	16	2
	9.6%	6.7%	16.9%	6.3%		8.5%	11.8%	7.8%	11.4%	11.1%	9.8%	10.4%	7.1%	15.4%	12.4%	3.4%
			b												P	
HEDIS/CAHPS SUMMARY RATE - Not a problem	155	91	43	12	6	100	52	68	81	8	141	110	35	10	103	52
	82.4%	87.5%	72.9%	75.0%	100.0%	85.5%	76.5%	88.3%	77.1%	88.9%	81.5%	81.5%	83.3%	76.9%	79.8%	88.1%
		C			BCD			I								

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q27. (GCQ)In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	188	106	58	15	6	115	70	78	105	9	174	134	44	13	129	59
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	1	1	1	-	2	1	1	1	-	2	2	-	-	2	1
Always	38	23	11	3	-	24	13	16	20	2	34	23	12	3	20	18
	20.2%	21.7%	19.0%	20.0%		20.9%	18.6%	20.5%	19.0%	22.2%	19.5%	17.2%	27.3%	23.1%	15.5%	30.5%
																O
Usually	53	27	18	3	4	37	15	21	29	2	51	43	7	4	37	16
	28.2%	25.5%	31.0%	20.0%	66.7%	32.2%	21.4%	26.9%	27.6%	22.2%	29.3%	32.1%	15.9%	30.8%	28.7%	27.1%
					BcD							M				
Sometimes	40	21	15	3	1	20	20	19	21	1	39	33	6	3	35	5
	21.3%	19.8%	25.9%	20.0%	16.7%	17.4%	28.6%	24.4%	20.0%	11.1%	22.4%	24.6%	13.6%	23.1%	27.1%	8.5%
							f					m			P	
Never	57	35	14	6	1	34	22	22	35	4	50	35	19	3	37	20
	30.3%	33.0%	24.1%	40.0%	16.7%	29.6%	31.4%	28.2%	33.3%	44.4%	28.7%	26.1%	43.2%	23.1%	28.7%	33.9%
													L			
HEDIS/CAHPS SUMMARY RATE	91	50	29	6	4	61	28	37	49	4	85	66	19	7	57	34
- Always/Usually	48.4%	47.2%	50.0%	40.0%	66.7%	53.0%	40.0%	47.4%	46.7%	44.4%	48.9%	49.3%	43.2%	53.8%	44.2%	57.6%
						g										o
HEDIS/CAHPS SUMMARY RATE	38	23	11	3	-	24	13	16	20	2	34	23	12	3	20	18
- Always	20.2%	21.7%	19.0%	20.0%		20.9%	18.6%	20.5%	19.0%	22.2%	19.5%	17.2%	27.3%	23.1%	15.5%	30.5%
																O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q28. (CHOS)In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	190	106	59	16	6	116	71	79	105	9	175	135	44	13	130	60
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	1	1	-	-	-	1	-	-	1	-	1	1	-	-	1	-
Always	132	68	43	13	6	89	41	53	74	6	122	91	31	8	86	46
	69.5%	64.2%	72.9%	81.3%	100.0%	76.7%	57.7%	67.1%	70.5%	66.7%	69.7%	67.4%	70.5%	61.5%	66.2%	76.7%
					BCd	G										
Usually	36	24	10	2	-	18	18	17	19	1	35	30	7	4	29	7
	18.9%	22.6%	16.9%	12.5%		15.5%	25.4%	21.5%	18.1%	11.1%	20.0%	22.2%	15.9%	30.8%	22.3%	11.7%
															p	
Sometimes	16	11	3	1	-	6	9	6	9	2	12	10	4	1	11	5
	8.4%	10.4%	5.1%	6.3%		5.2%	12.7%	7.6%	8.6%	22.2%	6.9%	7.4%	9.1%	7.7%	8.5%	8.3%
							f									
Never	6	3	3	-	-	3	3	3	3	-	6	4	2	-	4	2
	3.2%	2.8%	5.1%			2.6%	4.2%	3.8%	2.9%		3.4%	3.0%	4.5%		3.1%	3.3%
HEDIS/CAHPS SUMMARY RATE - Always/Usually	168	92	53	15	6	107	59	70	93	7	157	121	38	12	115	53
	88.4%	86.8%	89.8%	93.8%	100.0%	92.2%	83.1%	88.6%	88.6%	77.8%	89.7%	89.6%	86.4%	92.3%	88.5%	88.3%
					BC	g										
HEDIS/CAHPS SUMMARY RATE - Always	132	68	43	13	6	89	41	53	74	6	122	91	31	8	86	46
	69.5%	64.2%	72.9%	81.3%	100.0%	76.7%	57.7%	67.1%	70.5%	66.7%	69.7%	67.4%	70.5%	61.5%	66.2%	76.7%
					BCd	G										

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q29. (CHOS)In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	190	106	59	16	6	116	71	78	106	9	175	136	44	12	130	60
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	1	1	-	-	-	1	-	1	-	-	1	-	-	1	1	-
Always	110	56	34	11	6	75	32	47	58	5	100	76	25	6	70	40
	57.9%	52.8%	57.6%	68.8%	100.0%	64.7%	45.1%	60.3%	54.7%	55.6%	57.1%	55.9%	56.8%	50.0%	53.8%	66.7%
					BCD	G										o
Usually	47	30	14	3	-	23	24	18	29	2	45	39	8	4	35	12
	24.7%	28.3%	23.7%	18.8%		19.8%	33.8%	23.1%	27.4%	22.2%	25.7%	28.7%	18.2%	33.3%	26.9%	20.0%
							F									
Sometimes	26	16	9	1	-	13	13	11	14	2	23	16	9	1	20	6
	13.7%	15.1%	15.3%	6.3%		11.2%	18.3%	14.1%	13.2%	22.2%	13.1%	11.8%	20.5%	8.3%	15.4%	10.0%
Never	7	4	2	1	-	5	2	2	5	-	7	5	2	1	5	2
	3.7%	3.8%	3.4%	6.3%		4.3%	2.8%	2.6%	4.7%		4.0%	3.7%	4.5%	8.3%	3.8%	3.3%
HEDIS/CAHPS SUMMARY RATE	157	86	48	14	6	98	56	65	87	7	145	115	33	10	105	52
- Always/Usually	82.6%	81.1%	81.4%	87.5%	100.0%	84.5%	78.9%	83.3%	82.1%	77.8%	82.9%	84.6%	75.0%	83.3%	80.8%	86.7%
					BC											
HEDIS/CAHPS SUMMARY RATE	110	56	34	11	6	75	32	47	58	5	100	76	25	6	70	40
- Always	57.9%	52.8%	57.6%	68.8%	100.0%	64.7%	45.1%	60.3%	54.7%	55.6%	57.1%	55.9%	56.8%	50.0%	53.8%	66.7%
					BCD	G										o

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q30. (HWDC)In the last 6 months, how often did doctors or other health providers listen carefully to you?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	190	106	59	16	6	116	71	78	106	9	175	135	44	13	130	60
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	1	1	-	-	-	1	-	1	-	-	1	1	-	-	1	-
Always	121	66	38	10	4	81	37	52	64	5	111	82	31	7	77	44
	63.7%	62.3%	64.4%	62.5%	66.7%	69.8%	52.1%	66.7%	60.4%	55.6%	63.4%	60.7%	70.5%	53.8%	59.2%	73.3%
						G										O
Usually	37	22	11	2	2	16	21	11	25	3	34	30	4	3	29	8
	19.5%	20.8%	18.6%	12.5%	33.3%	13.8%	29.6%	14.1%	23.6%	33.3%	19.4%	22.2%	9.1%	23.1%	22.3%	13.3%
							F		h			M				
Sometimes	23	13	6	4	-	12	11	12	11	1	21	19	5	2	17	6
	12.1%	12.3%	10.2%	25.0%		10.3%	15.5%	15.4%	10.4%	11.1%	12.0%	14.1%	11.4%	15.4%	13.1%	10.0%
Never	9	5	4	-	-	7	2	3	6	-	9	4	4	1	7	2
	4.7%	4.7%	6.8%			6.0%	2.8%	3.8%	5.7%		5.1%	3.0%	9.1%	7.7%	5.4%	3.3%
HEDIS/CAHPS SUMMARY RATE	158	88	49	12	6	97	58	63	89	8	145	112	35	10	106	52
- Always/Usually	83.2%	83.0%	83.1%	75.0%	100.0%	83.6%	81.7%	80.8%	84.0%	88.9%	82.9%	83.0%	79.5%	76.9%	81.5%	86.7%
					BCD											
HEDIS/CAHPS SUMMARY RATE	121	66	38	10	4	81	37	52	64	5	111	82	31	7	77	44
- Always	63.7%	62.3%	64.4%	62.5%	66.7%	69.8%	52.1%	66.7%	60.4%	55.6%	63.4%	60.7%	70.5%	53.8%	59.2%	73.3%
						G										O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q31. In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	190	107	59	15	6	116	71	79	105	9	175	135	44	13	130	60
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	1	-	-	1	-	1	-	-	1	-	1	1	-	-	1	-
Never	160	85	54	12	6	97	60	67	87	9	146	114	36	11	109	51
	84.2%	79.4%	91.5%	80.0%	100.0%	83.6%	84.5%	84.8%	82.9%	100.0%	83.4%	84.4%	81.8%	84.6%	83.8%	85.0%
			B		BCd					K						
Sometimes	18	13	3	2	-	12	6	6	12	-	17	13	4	-	11	7
	9.5%	12.1%	5.1%	13.3%		10.3%	8.5%	7.6%	11.4%		9.7%	9.6%	9.1%		8.5%	11.7%
		c														
Usually	2	2	-	-	-	1	1	1	1	-	2	1	1	-	2	-
	1.1%	1.9%				0.9%	1.4%	1.3%	1.0%		1.1%	0.7%	2.3%		1.5%	
Always	10	7	2	1	-	6	4	5	5	-	10	7	3	2	8	2
	5.3%	6.5%	3.4%	6.7%		5.2%	5.6%	6.3%	4.8%		5.7%	5.2%	6.8%	15.4%	6.2%	3.3%
HEDIS/CAHPS SUMMARY RATE - Never/Sometimes	178	98	57	14	6	109	66	73	99	9	163	127	40	11	120	58
	93.7%	91.6%	96.6%	93.3%	100.0%	94.0%	93.0%	92.4%	94.3%	100.0%	93.1%	94.1%	90.9%	84.6%	92.3%	96.7%
					B					K						
HEDIS/CAHPS SUMMARY RATE - Never	160	85	54	12	6	97	60	67	87	9	146	114	36	11	109	51
	84.2%	79.4%	91.5%	80.0%	100.0%	83.6%	84.5%	84.8%	82.9%	100.0%	83.4%	84.4%	81.8%	84.6%	83.8%	85.0%
			B		BCd					K						

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q32. (HWDC)In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Always	128	71	41	10	4	80	46	53	69	6	118	87	32	9	81	47
	67.0%	66.4%	69.5%	62.5%	66.7%	68.4%	64.8%	67.1%	65.1%	66.7%	67.0%	64.0%	72.7%	69.2%	61.8%	78.3%
																O
Usually	37	21	11	2	2	17	19	17	20	2	34	29	7	3	29	8
	19.4%	19.6%	18.6%	12.5%	33.3%	14.5%	26.8%	21.5%	18.9%	22.2%	19.3%	21.3%	15.9%	23.1%	22.1%	13.3%
							F									
Sometimes	20	11	6	3	-	15	5	7	13	1	18	16	3	-	16	4
	10.5%	10.3%	10.2%	18.8%		12.8%	7.0%	8.9%	12.3%	11.1%	10.2%	11.8%	6.8%		12.2%	6.7%
Never	6	4	1	1	-	5	1	2	4	-	6	4	2	1	5	1
	3.1%	3.7%	1.7%	6.3%		4.3%	1.4%	2.5%	3.8%		3.4%	2.9%	4.5%	7.7%	3.8%	1.7%
HEDIS/CAHPS SUMMARY RATE	165	92	52	12	6	97	65	70	89	8	152	116	39	12	110	55
- Always/Usually	86.4%	86.0%	88.1%	75.0%	100.0%	82.9%	91.5%	88.6%	84.0%	88.9%	86.4%	85.3%	88.6%	92.3%	84.0%	91.7%
					BCD		f									
HEDIS/CAHPS SUMMARY RATE	128	71	41	10	4	80	46	53	69	6	118	87	32	9	81	47
- Always	67.0%	66.4%	69.5%	62.5%	66.7%	68.4%	64.8%	67.1%	65.1%	66.7%	67.0%	64.0%	72.7%	69.2%	61.8%	78.3%
																O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q33. (HWDC)In the last 6 months, how often did doctors or other health providers show respect for what you had to say?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	188	105	59	15	6	116	69	78	104	9	174	134	43	12	128	60
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	2	-	1	-	1	2	1	2	-	2	2	1	1	3	-
Always	121	64	40	10	5	79	40	52	63	6	112	84	28	7	76	45
	64.4%	61.0%	67.8%	66.7%	83.3%	68.1%	58.0%	66.7%	60.6%	66.7%	64.4%	62.7%	65.1%	58.3%	59.4%	75.0%
																O
Usually	40	26	10	3	1	21	19	15	25	3	37	32	7	3	30	10
	21.3%	24.8%	16.9%	20.0%	16.7%	18.1%	27.5%	19.2%	24.0%	33.3%	21.3%	23.9%	16.3%	25.0%	23.4%	16.7%
Sometimes	18	11	5	1	-	9	8	9	9	-	16	14	4	-	14	4
	9.6%	10.5%	8.5%	6.7%		7.8%	11.6%	11.5%	8.7%		9.2%	10.4%	9.3%		10.9%	6.7%
Never	9	4	4	1	-	7	2	2	7	-	9	4	4	2	8	1
	4.8%	3.8%	6.8%	6.7%		6.0%	2.9%	2.6%	6.7%		5.2%	3.0%	9.3%	16.7%	6.3%	1.7%
															p	
HEDIS/CAHPS SUMMARY RATE	161	90	50	13	6	100	59	67	88	9	149	116	35	10	106	55
- Always/Usually	85.6%	85.7%	84.7%	86.7%	100.0%	86.2%	85.5%	85.9%	84.6%	100.0%	85.6%	86.6%	81.4%	83.3%	82.8%	91.7%
					BC					K						o
HEDIS/CAHPS SUMMARY RATE	121	64	40	10	5	79	40	52	63	6	112	84	28	7	76	45
- Always	64.4%	61.0%	67.8%	66.7%	83.3%	68.1%	58.0%	66.7%	60.6%	66.7%	64.4%	62.7%	65.1%	58.3%	59.4%	75.0%
																O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q34. (HWDC)In the last 6 months, how often did doctors or other health providers spend enough time with you?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	190	106	59	16	6	117	70	78	106	9	175	135	44	12	130	60
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	1	1	-	-	-	-	1	1	-	-	1	1	-	1	1	-
Always	98	52	31	9	4	67	30	41	53	3	91	70	20	6	61	37
	51.6%	49.1%	52.5%	56.3%	66.7%	57.3%	42.9%	52.6%	50.0%	33.3%	52.0%	51.9%	45.5%	50.0%	46.9%	61.7%
						g										o
Usually	51	28	18	2	2	23	26	21	28	4	46	36	11	3	40	11
	26.8%	26.4%	30.5%	12.5%	33.3%	19.7%	37.1%	26.9%	26.4%	44.4%	26.3%	26.7%	25.0%	25.0%	30.8%	18.3%
			d				F								p	
Sometimes	30	22	5	3	-	17	13	13	17	1	28	22	10	1	20	10
	15.8%	20.8%	8.5%	18.8%		14.5%	18.6%	16.7%	16.0%	11.1%	16.0%	16.3%	22.7%	8.3%	15.4%	16.7%
		C														
Never	11	4	5	2	-	10	1	3	8	1	10	7	3	2	9	2
	5.8%	3.8%	8.5%	12.5%		8.5%	1.4%	3.8%	7.5%	11.1%	5.7%	5.2%	6.8%	16.7%	6.9%	3.3%
						G										
HEDIS/CAHPS SUMMARY RATE - Always/Usually	149	80	49	11	6	90	56	62	81	7	137	106	31	9	101	48
	78.4%	75.5%	83.1%	68.8%	100.0%	76.9%	80.0%	79.5%	76.4%	77.8%	78.3%	78.5%	70.5%	75.0%	77.7%	80.0%
					BCD											
HEDIS/CAHPS SUMMARY RATE - Always	98	52	31	9	4	67	30	41	53	3	91	70	20	6	61	37
	51.6%	49.1%	52.5%	56.3%	66.7%	57.3%	42.9%	52.6%	50.0%	33.3%	52.0%	51.9%	45.5%	50.0%	46.9%	61.7%
						g										o

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q35. What number would you use to rate all your health care in the last 6 months?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	191	107	59	16	6	117	71	79	106	9	176	136	44	13	131	60
Total Valid Responses	189 100.0%	105 100.0%	59 100.0%	16 100.0%	6 100.0%	115 100.0%	71 100.0%	77 100.0%	106 100.0%	9 100.0%	174 100.0%	135 100.0%	44 100.0%	12 100.0%	129 100.0%	60 100.0%
No Answer	2	2	-	-	-	2	-	2	-	-	2	1	-	1	2	-
10 - Best health care possible	59 31.2%	32 30.5%	16 27.1%	5 31.3%	4 66.7% bC	44 38.3% G	14 19.7%	20 26.0%	35 33.0%	3 33.3%	53 30.5%	36 26.7%	17 38.6%	5 41.7%	37 28.7%	22 36.7%
9	32 16.9%	13 12.4%	15 25.4% B	4 25.0%	-	18 15.7%	13 18.3%	14 18.2%	17 16.0%	1 11.1%	31 17.8%	29 21.5% M	3 6.8%	-	19 14.7%	13 21.7%
8	38 20.1%	30 28.6% CD	5 8.5%	1 6.3%	2 33.3%	19 16.5%	19 26.8%	17 22.1%	20 18.9%	4 44.4%	33 19.0%	27 20.0%	7 15.9%	3 25.0%	26 20.2%	12 20.0%
7	19 10.1%	10 9.5%	7 11.9%	2 12.5%	-	9 7.8%	10 14.1%	7 9.1%	12 11.3%	-	19 10.9%	15 11.1%	6 13.6%	1 8.3%	13 10.1%	6 10.0%
6	12 6.3%	5 4.8%	7 11.9%	-	-	7 6.1%	5 7.0%	4 5.2%	8 7.5%	-	12 6.9%	8 5.9%	4 9.1%	-	10 7.8%	2 3.3%
5	14 7.4%	8 7.6%	3 5.1%	2 12.5%	-	8 7.0%	5 7.0%	8 10.4%	6 5.7%	-	12 6.9%	9 6.7%	3 6.8%	2 16.7%	11 8.5%	3 5.0%
4	5 2.6%	3 2.9%	1 1.7%	1 6.3%	-	4 3.5%	1 1.4%	3 3.9%	2 1.9%	1 11.1%	4 2.3%	4 3.0%	1 2.3%	-	3 2.3%	2 3.3%
3	6 3.2%	3 2.9%	2 3.4%	1 6.3%	-	4 3.5%	2 2.8%	3 3.9%	3 2.8%	-	6 3.4%	5 3.7%	1 2.3%	1 8.3%	6 4.7%	-
2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	1 0.5%	-	1 1.7%	-	-	-	1 1.4%	1 1.3%	-	-	1 0.6%	1 0.7%	-	-	1 0.8%	-
0 - Worst health care possible	3 1.6%	1 1.0%	2 3.4%	-	-	2 1.7%	1 1.4%	-	3 2.8%	-	3 1.7%	1 0.7%	2 4.5%	-	3 2.3%	-

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q35. What number would you use to rate all your health care in the last 6 months?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
HEDIS/CAHPS SUMMARY RATE	129	75	36	10	6	81	46	51	72	8	117	92	27	8	82	47
- 8-10	68.3%	71.4%	61.0%	62.5%	100.0%	70.4%	64.8%	66.2%	67.9%	88.9%	67.2%	68.1%	61.4%	66.7%	63.6%	78.3%
					BCD					k						O
HEDIS/CAHPS SUMMARY RATE	91	45	31	9	4	62	27	34	52	4	84	65	20	5	56	35
- 9-10	48.1%	42.9%	52.5%	56.3%	66.7%	53.9%	38.0%	44.2%	49.1%	44.4%	48.3%	48.1%	45.5%	41.7%	43.4%	58.3%
						G										o
Mean	7.92	7.98	7.66	7.81	9.33	8.06	7.68	7.75	7.94	8.33	7.89	7.90	7.75	7.83	7.64	8.50

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q36. In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	243	146	68	19	7	155	85	97	138	10	226	169	63	14	155	88
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	3	-	-	-	3	-	2	-	-	3	2	-	1	2	1
Yes	2	-	2	-	-	2	-	-	2	-	2	2	-	-	1	1
	0.8%		2.9%			1.3%			1.4%		0.9%	1.2%			0.6%	1.1%
No	241	146	66	19	7	153	85	97	136	10	224	167	63	14	154	87
	99.2%	100.0%	97.1%	100.0%	100.0%	98.7%	100.0%	100.0%	98.6%	100.0%	99.1%	98.8%	100.0%	100.0%	99.4%	98.9%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q37. 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?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	2	-	2	-	-	2	-	-	2	-	2	2	-	-	1	1
Total Valid Responses	2	-	2	-	-	2	-	-	2	-	2	2	-	-	1	1
	100.0%		100.0%			100.0%			100.0%		100.0%	100.0%			100.0%	100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Always	1	-	1	-	-	1	-	-	1	-	1	1	-	-	-	1
	50.0%		50.0%			50.0%			50.0%		50.0%	50.0%				100.0%
Usually	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sometimes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Never	1	-	1	-	-	1	-	-	1	-	1	1	-	-	1	-
	50.0%		50.0%			50.0%			50.0%		50.0%	50.0%			100.0%	
HEDIS/CAHPS SUMMARY RATE - Always/Usually	1	-	1	-	-	1	-	-	1	-	1	1	-	-	-	1
	50.0%		50.0%			50.0%			50.0%		50.0%	50.0%				100.0%
HEDIS/CAHPS SUMMARY RATE - Always	1	-	1	-	-	1	-	-	1	-	1	1	-	-	-	1
	50.0%		50.0%			50.0%			50.0%		50.0%	50.0%				100.0%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q38. Some states pay health plans to care for people covered by Medicaid. 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?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	239	145	67	18	6	152	84	96	135	10	222	165	62	15	154	85
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	7	4	1	1	1	6	1	3	3	-	7	6	1	-	3	4
Yes	187	111	55	14	5	118	67	76	105	8	173	127	50	13	130	57
	78.2%	76.6%	82.1%	77.8%	83.3%	77.6%	79.8%	79.2%	77.8%	80.0%	77.9%	77.0%	80.6%	86.7%	84.4%	67.1%
															P	
No	52	34	12	4	1	34	17	20	30	2	49	38	12	2	24	28
	21.8%	23.4%	17.9%	22.2%	16.7%	22.4%	20.2%	20.8%	22.2%	20.0%	22.1%	23.0%	19.4%	13.3%	15.6%	32.9%
																O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q39. Did you choose your health plan or were you told which plan you were in?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	187	111	55	14	5	118	67	76	105	8	173	127	50	13	130	57
Total Valid Responses	184	110	53	14	5	116	66	75	103	8	170	126	48	13	127	57
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	1	2	-	-	2	1	1	2	-	3	1	2	-	3	-
I chose my plan	37	26	7	3	-	26	11	13	22	1	34	21	13	6	25	12
	20.1%	23.6%	13.2%	21.4%		22.4%	16.7%	17.3%	21.4%	12.5%	20.0%	16.7%	27.1%	46.2%	19.7%	21.1%
		c												L		
I was told which plan I was in	147	84	46	11	5	90	55	62	81	7	136	105	35	7	102	45
	79.9%	76.4%	86.8%	78.6%	100.0%	77.6%	83.3%	82.7%	78.6%	87.5%	80.0%	83.3%	72.9%	53.8%	80.3%	78.9%
			b		BCd							N				

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q40. Did you get any information about your health plan before you signed up for it?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	187	111	55	14	5	118	67	76	105	8	173	127	50	13	130	57
Total Valid Responses	182	108	53	14	5	114	66	76	101	7	169	123	50	13	127	55
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	3	2	-	-	4	1	-	4	1	4	4	-	-	3	2
Yes	85	51	22	9	3	56	29	35	48	5	76	55	22	4	56	29
	46.7%	47.2%	41.5%	64.3%	60.0%	49.1%	43.9%	46.1%	47.5%	71.4%	45.0%	44.7%	44.0%	30.8%	44.1%	52.7%
No	97	57	31	5	2	58	37	41	53	2	93	68	28	9	71	26
	53.3%	52.8%	58.5%	35.7%	40.0%	50.9%	56.1%	53.9%	52.5%	28.6%	55.0%	55.3%	56.0%	69.2%	55.9%	47.3%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q41. How much of the information you were given before you signed up for the plan was correct?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	85	51	22	9	3	56	29	35	48	5	76	55	22	4	56	29
Total Valid Responses	82	49	21	9	3	54	28	33	47	5	74	53	21	4	55	27
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	2	1	-	-	2	1	2	1	-	2	2	1	-	1	2
All of it	56	36	13	5	2	38	18	22	32	2	51	31	18	3	36	20
	68.3%	73.5%	61.9%	55.6%	66.7%	70.4%	64.3%	66.7%	68.1%	40.0%	68.9%	58.5%	85.7% L	75.0%	65.5%	74.1%
Most of it	20	8	8	3	1	13	7	6	14	3	17	16	3	1	15	5
	24.4%	16.3%	38.1% b	33.3%	33.3%	24.1%	25.0%	18.2%	29.8%	60.0% k	23.0%	30.2%	14.3%	25.0%	27.3%	18.5%
Some of it	5	5	-	-	-	3	2	4	1	-	5	5	-	-	3	2
	6.1%	10.2%				5.6%	7.1%	12.1% i	2.1%		6.8%	9.4%			5.5%	7.4%
None of it	1	-	-	1	-	-	1	1	-	-	1	1	-	-	1	-
	1.2%			11.1%			3.6%	3.0%			1.4%	1.9%			1.8%	

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q42. In the last 6 months, did you look for any information about how your health plan works in written materials or on the Internet?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	241	146	67	18	7	156	82	96	136	10	224	166	63	14	152	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	3	1	1	-	2	3	3	2	-	5	5	-	1	5	-
Yes	58	33	16	6	-	32	24	32	25	1	54	37	14	6	47	11
	24.1%	22.6%	23.9%	33.3%		20.5%	29.3%	33.3%	18.4%	10.0%	24.1%	22.3%	22.2%	42.9%	30.9%	12.4%
								I							P	
No	183	113	51	12	7	124	58	64	111	9	170	129	49	8	105	78
	75.9%	77.4%	76.1%	66.7%	100.0%	79.5%	70.7%	66.7%	81.6%	90.0%	75.9%	77.7%	77.8%	57.1%	69.1%	87.6%
					BCD				H							O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q43. (CS)In the last 6 months, how much of a problem, if any, was it to find or understand this information?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	58	33	16	6	-	32	24	32	25	1	54	37	14	6	47	11
Total Valid Responses	58 100.0%	33 100.0%	16 100.0%	6 100.0%	-	32 100.0%	24 100.0%	32 100.0%	25 100.0%	1 100.0%	54 100.0%	37 100.0%	14 100.0%	6 100.0%	47 100.0%	11 100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Not a problem	41 70.7%	24 72.7%	9 56.3%	5 83.3%	-	23 71.9%	16 66.7%	23 71.9%	17 68.0%	1 100.0% K	37 68.5%	25 67.6%	11 78.6%	5 83.3%	33 70.2%	8 72.7%
A small problem	10 17.2%	7 21.2%	3 18.8%	-	-	6 18.8%	4 16.7%	6 18.8%	4 16.0%	-	10 18.5%	7 18.9%	2 14.3%	1 16.7%	8 17.0%	2 18.2%
A big problem	7 12.1%	2 6.1%	4 25.0%	1 16.7%	-	3 9.4%	4 16.7%	3 9.4%	4 16.0%	-	7 13.0%	5 13.5%	1 7.1%	-	6 12.8%	1 9.1%
HEDIS/CAHPS SUMMARY RATE - Not a problem	41 70.7%	24 72.7%	9 56.3%	5 83.3%	-	23 71.9%	16 66.7%	23 71.9%	17 68.0%	1 100.0% K	37 68.5%	25 67.6%	11 78.6%	5 83.3%	33 70.2%	8 72.7%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q44. In the last 6 months, did you call your health plan's customer service to get information or help?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	241	144	68	19	7	156	82	98	135	10	225	169	61	14	152	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	5	-	-	-	2	3	1	3	-	4	2	2	1	5	-
Yes	68	41	23	3	1	37	30	34	34	3	64	47	18	5	56	12
	28.2%	28.5%	33.8%	15.8%	14.3%	23.7%	36.6%	34.7%	25.2%	30.0%	28.4%	27.8%	29.5%	35.7%	36.8%	13.5%
			d				F								P	
No	173	103	45	16	6	119	52	64	101	7	161	122	43	9	96	77
	71.8%	71.5%	66.2%	84.2%	85.7%	76.3%	63.4%	65.3%	74.8%	70.0%	71.6%	72.2%	70.5%	64.3%	63.2%	86.5%
				c		G										O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q45. (CS)In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	68	41	23	3	1	37	30	34	34	3	64	47	18	5	56	12
Total Valid Responses	66 100.0%	39 100.0%	23 100.0%	3 100.0%	1 100.0%	35 100.0%	30 100.0%	32 100.0%	34 100.0%	2 100.0%	63 100.0%	46 100.0%	18 100.0%	5 100.0%	54 100.0%	12 100.0%
No Answer	2	2	-	-	-	2	-	2	-	1	1	1	-	-	2	-
Not a problem	43 65.2%	28 71.8%	12 52.2%	2 66.7%	1 100.0% BC	23 65.7%	20 66.7%	21 65.6%	22 64.7%	1 50.0%	41 65.1%	27 58.7%	13 72.2%	3 60.0%	32 59.3%	11 91.7% O
A small problem	15 22.7%	7 17.9%	7 30.4%	1 33.3%	-	8 22.9%	6 20.0%	6 18.8%	9 26.5%	1 50.0%	14 22.2%	13 28.3%	3 16.7%	2 40.0%	14 25.9% p	1 8.3%
A big problem	8 12.1%	4 10.3%	4 17.4%	-	-	4 11.4%	4 13.3%	5 15.6%	3 8.8%	-	8 12.7%	6 13.0%	2 11.1%	-	8 14.8%	-
HEDIS/CAHPS SUMMARY RATE - Not a problem	43 65.2%	28 71.8%	12 52.2%	2 66.7%	1 100.0% BC	23 65.7%	20 66.7%	21 65.6%	22 64.7%	1 50.0%	41 65.1%	27 58.7%	13 72.2%	3 60.0%	32 59.3%	11 91.7% O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q46. In the last 6 months, have you called or written your health plan with a complaint or problem?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	242	147	68	18	7	156	84	97	136	9	227	169	61	14	154	88
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	4	2	-	1	-	2	1	2	2	1	2	2	2	1	3	1
Yes	26	14	10	1	1	16	9	12	13	2	23	17	7	2	22	4
	10.7%	9.5%	14.7%	5.6%	14.3%	10.3%	10.7%	12.4%	9.6%	22.2%	10.1%	10.1%	11.5%	14.3%	14.3%	4.5%
															P	
No	216	133	58	17	6	140	75	85	123	7	204	152	54	12	132	84
	89.3%	90.5%	85.3%	94.4%	85.7%	89.7%	89.3%	87.6%	90.4%	77.8%	89.9%	89.9%	88.5%	85.7%	85.7%	95.5%
																O

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q47. How long did it take for the health plan to resolve your complaint?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	26	14	10	1	1	16	9	12	13	2	23	17	7	2	22	4
Total Valid Responses	26 100.0%	14 100.0%	10 100.0%	1 100.0%	1 100.0%	16 100.0%	9 100.0%	12 100.0%	13 100.0%	2 100.0%	23 100.0%	17 100.0%	7 100.0%	2 100.0%	22 100.0%	4 100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Same day	4 15.4%	1 7.1%	2 20.0%	-	1 100.0% BC	4 25.0%	-	-	4 30.8%	-	3 13.0%	1 5.9%	3 42.9% l	-	4 18.2%	-
2-7 days	1 3.8%	1 7.1%	-	-	-	1 6.3%	-	1 8.3%	-	-	1 4.3%	-	-	1 50.0%	1 4.5%	-
8-14 days	1 3.8%	1 7.1%	-	-	-	-	1 11.1%	-	1 7.7%	-	1 4.3%	1 5.9%	-	-	1 4.5%	-
15-21 days	1 3.8%	1 7.1%	-	-	-	-	1 11.1%	1 8.3%	-	-	1 4.3%	-	-	-	1 4.5%	-
More than 21 days	2 7.7%	1 7.1%	1 10.0%	-	-	2 12.5%	-	-	2 15.4%	1 50.0%	1 4.3%	2 11.8%	1 14.3%	-	1 4.5%	1 25.0%
Still waiting to settle (Q49. 1-7 days)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Still waiting to settle (Q49. 8 or more days)	17 65.4%	9 64.3%	7 70.0%	1 100.0% BC	-	9 56.3%	7 77.8%	10 83.3% I	6 46.2%	1 50.0%	16 69.6%	13 76.5%	3 42.9%	1 50.0%	14 63.6%	3 75.0%
HEDIS/CAHPS SUMMARY RATE - Same day-7 days	5 19.2%	2 14.3%	2 20.0%	-	1 100.0% BC	5 31.3%	-	1 8.3%	4 30.8%	-	4 17.4%	1 5.9%	3 42.9% l	1 50.0%	5 22.7%	-

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q48. Was your complaint or problem settled to your satisfaction?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	9	5	3	-	1	7	2	2	7	1	7	4	4	1	8	1
Total Valid Responses	9	5	3	-	1	7	2	2	7	1	7	4	4	1	8	1
	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yes	4	2	1	-	1	3	1	-	4	-	3	2	2	-	4	-
	44.4%	40.0%	33.3%		100.0%	42.9%	50.0%		57.1%		42.9%	50.0%	50.0%		50.0%	
					BC											
No	5	3	2	-	-	4	1	2	3	1	4	2	2	1	4	1
	55.6%	60.0%	66.7%			57.1%	50.0%	100.0%	42.9%	100.0%	57.1%	50.0%	50.0%	100.0%	50.0%	100.0%
								I		K				LM		O
HEDIS/CAHPS SUMMARY RATE - Yes	4	2	1	-	1	3	1	-	4	-	3	2	2	-	4	-
	44.4%	40.0%	33.3%		100.0%	42.9%	50.0%		57.1%		42.9%	50.0%	50.0%		50.0%	
					BC											

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q49. How long have you been waiting for your health plan to resolve your complaint?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	17	9	7	1	-	9	7	10	6	1	16	13	3	1	14	3
Total Valid Responses	17 100.0%	9 100.0%	7 100.0%	1 100.0%	-	9 100.0%	7 100.0%	10 100.0%	6 100.0%	1 100.0%	16 100.0%	13 100.0%	3 100.0%	1 100.0%	14 100.0%	3 100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1-7 days	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8-14 days	2 11.8%	2 22.2%	-	-	-	-	2 28.6%	1 10.0%	1 16.7%	-	2 12.5%	1 7.7%	1 33.3%	-	2 14.3%	-
15-21 days	1 5.9%	-	1 14.3%	-	-	1 11.1%	-	1 10.0%	-	-	1 6.3%	1 7.7%	-	-	-	1 33.3%
More than 21 days	14 82.4%	7 77.8%	6 85.7%	1 100.0%	-	8 88.9%	5 71.4%	8 80.0%	5 83.3%	1 100.0% k	13 81.3%	11 84.6%	2 66.7%	1 100.0%	12 85.7%	2 66.7%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q50. In the last 6 months, did you have to fill out any paperwork for your health plan?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	244	148	68	18	7	157	84	99	136	9	229	170	62	15	155	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	1	-	1	-	1	1	-	2	1	-	1	1	-	2	-
Yes	35	25	7	3	-	21	13	22	13	1	34	29	4	1	29	6
	14.3%	16.9%	10.3%	16.7%		13.4%	15.5%	22.2%	9.6%	11.1%	14.8%	17.1%	6.5%	6.7%	18.7%	6.7%
								I				M			P	
No	209	123	61	15	7	136	71	77	123	8	195	141	58	14	126	83
	85.7%	83.1%	89.7%	83.3%	100.0%	86.6%	84.5%	77.8%	90.4%	88.9%	85.2%	82.9%	93.5%	93.3%	81.3%	93.3%
					BCd				H				L			O
HEDIS/CAHPS SUMMARY RATE	35	25	7	3	-	21	13	22	13	1	34	29	4	1	29	6
- Yes	14.3%	16.9%	10.3%	16.7%		13.4%	15.5%	22.2%	9.6%	11.1%	14.8%	17.1%	6.5%	6.7%	18.7%	6.7%
								I				M			P	

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q51. In the last 6 months, how much of a problem, if any, did you have with paperwork for your health plan?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	241	147	67	17	7	155	83	97	135	9	226	167	62	15	152	89
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	2	1	2	-	3	2	2	3	1	3	4	1	-	5	-
Not a problem	236	142	67	17	7	153	80	94	133	9	221	164	61	15	149	87
	97.9%	96.6%	100.0%	100.0%	100.0%	98.7%	96.4%	96.9%	98.5%	100.0%	97.8%	98.2%	98.4%	100.0%	98.0%	97.8%
			B	B	B					K				l		
A small problem	4	4	-	-	-	2	2	2	2	-	4	3	1	-	2	2
	1.7%	2.7%				1.3%	2.4%	2.1%	1.5%		1.8%	1.8%	1.6%		1.3%	2.2%
A big problem	1	1	-	-	-	-	1	1	-	-	1	-	-	-	1	-
	0.4%	0.7%					1.2%	1.0%			0.4%				0.7%	
HEDIS/CAHPS SUMMARY RATE - Not a problem	236	142	67	17	7	153	80	94	133	9	221	164	61	15	149	87
	97.9%	96.6%	100.0%	100.0%	100.0%	98.7%	96.4%	96.9%	98.5%	100.0%	97.8%	98.2%	98.4%	100.0%	98.0%	97.8%
			B	B	B					K				l		

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q52. What number would you use to rate your health plan?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	243 100.0%	148 100.0%	67 100.0%	19 100.0%	6 100.0%	155 100.0%	85 100.0%	98 100.0%	137 100.0%	10 100.0%	227 100.0%	169 100.0%	63 100.0%	15 100.0%	155 100.0%	88 100.0%
No Answer	3	1	1	-	1	3	-	1	1	-	2	2	-	-	2	1
10 - Best health plan possible	77 31.7%	46 31.1%	18 26.9%	7 36.8%	5 83.3% BCD	63 40.6% G	13 15.3%	27 27.6%	46 33.6%	3 30.0%	71 31.3%	45 26.6%	24 38.1%	7 46.7%	47 30.3%	30 34.1%
9	32 13.2%	21 14.2%	6 9.0%	5 26.3%	-	18 11.6%	14 16.5%	15 15.3%	16 11.7%	2 20.0%	30 13.2%	23 13.6%	7 11.1%	1 6.7%	16 10.3%	16 18.2%
8	49 20.2%	27 18.2%	17 25.4% d	2 10.5%	1 16.7%	27 17.4%	21 24.7%	16 16.3%	32 23.4%	3 30.0%	43 18.9%	36 21.3% N	12 19.0%	1 6.7%	31 20.0%	18 20.5%
7	33 13.6%	22 14.9%	11 16.4%	-	-	18 11.6%	15 17.6%	14 14.3%	18 13.1%	-	33 14.5%	25 14.8%	9 14.3%	1 6.7%	20 12.9%	13 14.8%
6	14 5.8%	11 7.4%	3 4.5%	-	-	6 3.9%	8 9.4%	8 8.2%	6 4.4%	-	14 6.2%	12 7.1%	2 3.2%	1 6.7%	11 7.1%	3 3.4%
5	19 7.8%	11 7.4%	4 6.0%	4 21.1%	-	12 7.7%	6 7.1%	10 10.2%	8 5.8%	1 10.0%	18 7.9%	16 9.5%	3 4.8%	1 6.7%	14 9.0%	5 5.7%
4	8 3.3%	5 3.4%	3 4.5%	-	-	5 3.2%	3 3.5%	3 3.1%	5 3.6%	1 10.0%	7 3.1%	6 3.6%	2 3.2%	2 13.3%	6 3.9%	2 2.3%
3	2 0.8%	1 0.7%	1 1.5%	-	-	-	2 2.4%	2 2.0%	-	-	2 0.9%	2 1.2%	-	-	1 0.6%	1 1.1%
2	1 0.4%	-	-	1 5.3%	-	1 0.6%	-	-	1 0.7%	-	1 0.4%	1 0.6%	-	-	1 0.6%	-
1	2 0.8%	1 0.7%	1 1.5%	-	-	1 0.6%	1 1.2%	-	2 1.5%	-	2 0.9%	1 0.6%	1 1.6%	-	2 1.3%	-
0 - Worst health plan possible	6 2.5%	3 2.0%	3 4.5%	-	-	4 2.6%	2 2.4%	3 3.1%	3 2.2%	-	6 2.6%	2 1.2%	3 4.8%	1 6.7%	6 3.9%	-
SUMMARY - 0-3	11 4.5%	5 3.4%	5 7.5%	1 5.3%	-	6 3.9%	5 5.9%	5 5.1%	6 4.4%	-	11 4.8%	6 3.6%	4 6.3%	1 6.7%	10 6.5% P	1 1.1%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q52. What number would you use to rate your health plan?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
SUMMARY - 4-7	74	49	21	4	-	41	32	35	37	2	72	59	16	5	51	23
	30.5%	33.1%	31.3%	21.1%		26.5%	37.6%	35.7%	27.0%	20.0%	31.7%	34.9%	25.4%	33.3%	32.9%	26.1%
							f									
HEDIS/CAHPS SUMMARY RATE - 8-9-10	158	94	41	14	6	108	48	58	94	8	144	104	43	9	94	64
	65.0%	63.5%	61.2%	73.7%	100.0%	69.7%	56.5%	59.2%	68.6%	80.0%	63.4%	61.5%	68.3%	60.0%	60.6%	72.7%
					BCD	G										O
HEDIS/CAHPS SUMMARY RATE - 9-10	109	67	24	12	5	81	27	42	62	5	101	68	31	8	63	46
	44.9%	45.3%	35.8%	63.2%	83.3%	52.3%	31.8%	42.9%	45.3%	50.0%	44.5%	40.2%	49.2%	53.3%	40.6%	52.3%
				C	BC	G										o
Mean	7.83	7.86	7.48	8.05	9.67	8.08	7.36	7.62	7.93	8.10	7.78	7.72	7.90	7.53	7.54	8.33

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q53. In general, how would you rate your overall health now?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	242	147	68	19	7	157	84	97	137	10	228	170	62	15	155	87
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	4	2	-	-	-	1	1	2	1	-	1	1	1	-	2	2
Excellent	22	20	2	-	-	19	3	6	15	-	21	15	7	2	14	8
	9.1%	13.6%	2.9%			12.1%	3.6%	6.2%	10.9%		9.2%	8.8%	11.3%	13.3%	9.0%	9.2%
		C				G										
Very good	63	49	11	2	-	33	30	32	30	5	57	43	17	4	43	20
	26.0%	33.3%	16.2%	10.5%		21.0%	35.7%	33.0%	21.9%	50.0%	25.0%	25.3%	27.4%	26.7%	27.7%	23.0%
		CD					F	i								
Good	86	54	27	4	1	56	30	38	45	3	82	65	20	4	53	33
	35.5%	36.7%	39.7%	21.1%	14.3%	35.7%	35.7%	39.2%	32.8%	30.0%	36.0%	38.2%	32.3%	26.7%	34.2%	37.9%
			de													
Fair	46	19	17	6	4	29	17	15	28	-	45	30	13	2	26	20
	19.0%	12.9%	25.0%	31.6%	57.1%	18.5%	20.2%	15.5%	20.4%		19.7%	17.6%	21.0%	13.3%	16.8%	23.0%
			B	b	Bc											
Poor	25	5	11	7	2	20	4	6	19	2	23	17	5	3	19	6
	10.3%	3.4%	16.2%	36.8%	28.6%	12.7%	4.8%	6.2%	13.9%	20.0%	10.1%	10.0%	8.1%	20.0%	12.3%	6.9%
			B	Bc		G			H							
HEDIS/CAHPS SUMMARY RATE - Excellent/Very Good	85	69	13	2	-	52	33	38	45	5	78	58	24	6	57	28
	35.1%	46.9%	19.1%	10.5%		33.1%	39.3%	39.2%	32.8%	50.0%	34.2%	34.1%	38.7%	40.0%	36.8%	32.2%
		CD														

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
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Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q54. Do you now smoke cigarettes every day, some days, or not at all?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	237	146	64	19	7	152	84	96	132	10	223	166	60	15	150	87
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	1	3	-	-	4	-	2	4	-	3	2	2	-	4	2
Every day	73	43	23	6	1	53	20	34	38	2	71	55	14	5	52	21
	30.8%	29.5%	35.9%	31.6%	14.3%	34.9% g	23.8%	35.4%	28.8%	20.0%	31.8%	33.1%	23.3%	33.3%	34.7% p	24.1%
Some days	33	22	7	2	2	19	14	16	14	1	31	23	10	1	24	9
	13.9%	15.1%	10.9%	10.5%	28.6%	12.5%	16.7%	16.7%	10.6%	10.0%	13.9%	13.9%	16.7%	6.7%	16.0%	10.3%
Not at all	131	81	34	11	4	80	50	46	80	7	121	88	36	9	74	57
	55.3%	55.5%	53.1%	57.9%	57.1%	52.6%	59.5%	47.9%	60.6% h	70.0%	54.3%	53.0%	60.0%	60.0%	49.3%	65.5% O
Don't know	3	2	1	-	-	2	1	1	2	-	3	3	1	-	3	-

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

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 plan?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	106	65	30	8	3	72	34	50	52	3	102	78	24	6	76	30
Total Valid Responses	98 100.0%	59 100.0%	29 100.0%	7 100.0%	3 100.0%	66 100.0%	32 100.0%	46 100.0%	48 100.0%	3 100.0%	94 100.0%	71 100.0%	23 100.0%	6 100.0%	70 100.0%	28 100.0%
No Answer	2	1	1	-	-	1	1	-	2	-	2	2	-	-	2	-
None	36 36.7%	21 35.6%	13 44.8%	2 28.6%	-	23 34.8%	13 40.6%	16 34.8%	19 39.6%	1 33.3%	34 36.2%	24 33.8%	12 52.2% n	1 16.7%	23 32.9%	13 46.4%
1 visit	16 16.3%	12 20.3%	4 13.8%	-	-	9 13.6%	7 21.9%	9 19.6%	7 14.6%	1 33.3%	15 16.0%	13 18.3% M	1 4.3%	2 33.3%	14 20.0% p	2 7.1%
2 to 4 visits	34 34.7%	20 33.9%	8 27.6%	5 71.4% BC	1 33.3%	23 34.8%	11 34.4%	16 34.8%	17 35.4%	1 33.3%	33 35.1%	24 33.8%	8 34.8%	3 50.0%	24 34.3%	10 35.7%
5 to 9 visits	6 6.1%	4 6.8%	1 3.4%	-	1 33.3%	6 9.1%	-	2 4.3%	3 6.3%	-	6 6.4%	5 7.0%	1 4.3%	-	5 7.1%	1 3.6%
10 or more visits	6 6.1%	2 3.4%	3 10.3%	-	1 33.3%	5 7.6%	1 3.1%	3 6.5%	2 4.2%	-	6 6.4%	5 7.0%	1 4.3%	-	4 5.7%	2 7.1%
Had no visits	6	5	-	1	-	5	1	4	2	-	6	5	1	-	4	2
CURRENT YEAR SUMMARY RATE - CURRENT YEAR ASTQ RATE	62 63.3%	38 64.4%	16 55.2%	5 71.4%	3 100.0% BCd	43 65.2%	19 59.4%	30 65.2%	29 60.4%	2 66.7%	60 63.8%	47 66.2%	11 47.8%	5 83.3% m	47 67.1%	15 53.6%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q56. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	106	65	30	8	3	72	34	50	52	3	102	78	24	6	76	30
Total Valid Responses	98	58	30	7	3	66	32	45	49	3	94	71	23	6	70	28
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	2	-	-	-	1	1	1	1	-	2	2	-	-	2	-
None	81	51	23	6	1	54	27	37	41	3	77	57	20	6	58	23
	82.7%	87.9%	76.7%	85.7%	33.3%	81.8%	84.4%	82.2%	83.7%	100.0%	81.9%	80.3%	87.0%	100.0%	82.9%	82.1%
		E		e						K				Lm		
1 visit	8	3	4	-	1	5	3	4	4	-	8	8	-	-	7	1
	8.2%	5.2%	13.3%		33.3%	7.6%	9.4%	8.9%	8.2%		8.5%	11.3%			10.0%	3.6%
2 to 4 visits	6	3	2	1	-	4	2	2	4	-	6	4	2	-	3	3
	6.1%	5.2%	6.7%	14.3%		6.1%	6.3%	4.4%	8.2%		6.4%	5.6%	8.7%		4.3%	10.7%
5 to 9 visits	1	1	-	-	-	1	-	1	-	-	1	1	-	-	1	-
	1.0%	1.7%				1.5%		2.2%			1.1%	1.4%			1.4%	
10 or more visits	2	-	1	-	1	2	-	1	-	-	2	1	1	-	1	1
	2.0%		3.3%		33.3%	3.0%		2.2%			2.1%	1.4%	4.3%		1.4%	3.6%
Had no visits	6	5	-	1	-	5	1	4	2	-	6	5	1	-	4	2
CURRENT YEAR SUMMARY RATE - Discussing Smoking Cessation Medications	17	7	7	1	2	12	5	8	8	-	17	14	3	-	12	5
	17.3%	12.1%	23.3%	14.3%	66.7%	18.2%	15.6%	17.8%	16.3%		18.1%	19.7%	13.0%		17.1%	17.9%
					Bd											

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q57. On how many visits did your doctor or health provider recommend or discuss methods or strategies (other than medication) to assist you with quitting smoking?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total Eligible	106	65	30	8	3	72	34	50	52	3	102	78	24	6	76	30
Total Valid Responses	99 100.0%	59 100.0%	30 100.0%	7 100.0%	3 100.0%	67 100.0%	32 100.0%	46 100.0%	49 100.0%	3 100.0%	95 100.0%	72 100.0%	23 100.0%	6 100.0%	71 100.0%	28 100.0%
No Answer	1	1	-	-	-	-	1	-	1	-	1	1	-	-	1	-
None	78 78.8%	46 78.0%	24 80.0%	6 85.7%	2 66.7%	53 79.1%	25 78.1%	32 69.6%	43 87.8% H	3 100.0% K	74 77.9%	55 76.4%	19 82.6%	6 100.0% LM	56 78.9%	22 78.6%
1 visit	7 7.1%	3 5.1%	4 13.3%	-	-	3 4.5%	4 12.5%	6 13.0% I	1 2.0%	-	7 7.4%	7 9.7%	-	-	6 8.5%	1 3.6%
2 to 4 visits	10 10.1%	7 11.9%	2 6.7%	1 14.3%	-	7 10.4%	3 9.4%	6 13.0%	4 8.2%	-	10 10.5%	7 9.7%	3 13.0%	-	6 8.5%	4 14.3%
5 to 9 visits	3 3.0%	3 5.1%	-	-	-	3 4.5%	-	2 4.3%	1 2.0%	-	3 3.2%	3 4.2%	-	-	3 4.2%	-
10 or more visits	1 1.0%	-	-	-	1 33.3%	1 1.5%	-	-	-	-	1 1.1%	-	1 4.3%	-	-	1 3.6%
Had no visits	6	5	-	1	-	5	1	4	2	-	6	5	1	-	4	2
CURRENT YEAR SUMMARY RATE - Discussing Smoking Cessation Strategies	21 21.2%	13 22.0%	6 20.0%	1 14.3%	1 33.3%	14 20.9%	7 21.9%	14 30.4% I	6 12.2%	-	21 22.1%	17 23.6%	4 17.4%	-	15 21.1%	6 21.4%

Comparison Groups: BCDE/FG/HI/JK/LMN/OP
Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Lower case letters indicate significance at the 90% level.

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q58. What is your age now?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	243 100.0%	149 100.0%	68 100.0%	19 100.0%	7 100.0%	158 100.0%	84 100.0%	97 100.0%	137 100.0%	10 100.0%	228 100.0%	170 100.0%	62 100.0%	15 100.0%	156 100.0%	87 100.0%
No Answer	3	-	-	-	-	-	1	2	1	-	1	1	1	-	1	2
18 to 24	63 25.9%	63 42.3%	-	-	-	43 27.2%	20 23.8%	24 24.7%	35 25.5%	6 60.0%	55 24.1%	43 25.3%	16 25.8%	5 33.3%	38 24.4%	25 28.7%
25 to 34	86 35.4%	86 57.7%	-	-	-	54 34.2%	32 38.1%	43 44.3%	41 29.9%	1 10.0%	83 36.4%	56 32.9%	24 38.7%	6 40.0%	56 35.9%	30 34.5%
35 to 44	68 28.0%	-	68 100.0%	-	-	41 25.9%	26 31.0%	20 20.6%	46 33.6%	1 10.0%	67 29.4%	53 31.2%	16 25.8%	2 13.3%	46 29.5%	22 25.3%
45 to 54	19 7.8%	-	-	19 100.0%	-	14 8.9%	5 6.0%	8 8.2%	11 8.0%	2 20.0%	16 7.0%	15 8.8%	3 4.8%	1 6.7%	12 7.7%	7 8.0%
55 to 64	6 2.5%	-	-	-	6 85.7%	5 3.2%	1 1.2%	2 2.1%	4 2.9%	-	6 2.6%	3 1.8%	2 3.2%	1 6.7%	4 2.6%	2 2.3%
65 to 74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
75 or older	1 0.4%	-	-	-	1 14.3%	1 0.6%	-	-	-	-	1 0.4%	-	1 1.6%	-	-	1 1.1%

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q59. Are you male or female?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	242 100.0%	146 100.0%	68 100.0%	19 100.0%	7 100.0%	157 100.0%	83 100.0%	97 100.0%	136 100.0%	10 100.0%	226 100.0%	170 100.0%	61 100.0%	15 100.0%	154 100.0%	88 100.0%
No Answer	4	3	-	-	-	1	2	2	2	-	3	1	2	-	3	1
Male	25 10.3%	15 10.3%	7 10.3%	2 10.5%	1 14.3%	19 12.1%	6 7.2%	9 9.3%	15 11.0%	1 10.0%	22 9.7%	17 10.0%	5 8.2%	1 6.7%	12 7.8%	13 14.8%
Female	217 89.7%	131 89.7%	61 89.7%	17 89.5%	6 85.7%	138 87.9%	77 92.8%	88 90.7%	121 89.0%	9 90.0%	204 90.3%	153 90.0%	56 91.8%	14 93.3%	142 92.2%	75 85.2%

Managed Health Services Indiana, Inc.
2006 CAHPS 3.0H Medicaid Adult Survey (42940)

Q60. What is the highest grade or level of school that you have completed?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	243 100.0%	149 100.0%	67 100.0%	19 100.0%	7 100.0%	158 100.0%	85 100.0%	98 100.0%	136 100.0%	10 100.0%	228 100.0%	170 100.0%	62 100.0%	15 100.0%	156 100.0%	87 100.0%
No Answer	3	-	1	-	-	-	-	1	2	-	1	1	1	-	1	2
8th grade or less	9 3.7%	3 2.0%	1 1.5%	3 15.8%	2 28.6%	9 5.7%	-	1 1.0%	8 5.9%	3 30.0%	5 2.2%	5 2.9%	1 1.6%	1 6.7%	6 3.8%	3 3.4%
Some high school, but did not graduate	43 17.7%	29 19.5%	7 10.4%	4 21.1%	3 42.9%	43 27.2%	-	14 14.3%	25 18.4%	-	43 18.9%	31 18.2%	12 19.4%	1 6.7%	24 15.4%	19 21.8%
High school graduate or GED	106 43.6%	65 43.6%	33 49.3%	7 36.8%	1 14.3%	106 67.1%	-	38 38.8%	65 47.8%	3 30.0%	100 43.9%	74 43.5%	28 45.2%	6 40.0%	71 45.5%	35 40.2%
Some college or 2-year degree	78 32.1%	48 32.2%	24 35.8%	4 21.1%	1 14.3%	-	78 91.8%	44 44.9%	32 23.5%	4 40.0%	73 32.0%	56 32.9%	18 29.0%	7 46.7%	54 34.6%	24 27.6%
4-year college graduate	7 2.9%	4 2.7%	2 3.0%	1 5.3%	-	-	7 8.2%	1 1.0%	6 4.4%	-	7 3.1%	4 2.4%	3 4.8%	-	1 0.6%	6 6.9%
More than 4-year college degree	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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Q61. Are you of Hispanic or Latino origin or descent?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	239 100.0%	145 100.0%	68 100.0%	18 100.0%	7 100.0%	154 100.0%	84 100.0%	98 100.0%	133 100.0%	10 100.0%	229 100.0%	171 100.0%	59 100.0%	15 100.0%	152 100.0%	87 100.0%
No Answer	7	4	-	1	-	4	1	1	5	-	-	-	4	-	5	2
Yes, Hispanic or Latino	10 4.2%	7 4.8%	1 1.5%	2 11.1%	-	6 3.9%	4 4.8%	2 2.0%	7 5.3%	10 100.0%	-	3 1.8%	-	4 26.7%	6 3.9%	4 4.6%
No, not Hispanic or Latino	229 95.8%	138 95.2%	67 98.5%	16 88.9%	7 100.0%	148 96.1%	80 95.2%	96 98.0%	126 94.7%	-	229 100.0%	168 98.2%	59 100.0%	11 73.3%	146 96.1%	83 95.4%

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Q62. What is your race? Please mark one or more.

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Valid Responses	250	151	71	19	7	159	89	101	142	7	239	182	70	23	163	87
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
White	171	99	53	15	3	110	60	77	89	3	168	171	5	5	116	55
	68.4%	65.6%	74.6%	78.9%	42.9%	69.2%	67.4%	76.2%	62.7%	42.9%	70.3%	94.0%	7.1%	21.7%	71.2%	63.2%
Black or African-American	63	40	16	3	3	41	21	19	42	-	59	5	63	2	34	29
	25.2%	26.5%	22.5%	15.8%	42.9%	25.8%	23.6%	18.8%	29.6%		24.7%	2.7%	90.0%	8.7%	20.9%	33.3%
Asian	2	2	-	-	-	2	-	2	-	-	2	-	1	2	2	-
	0.8%	1.3%				1.3%		2.0%			0.8%		1.4%	8.7%	1.2%	
Native Hawaiian or other Pacific Islander	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
American Indian or Alaska Native	7	3	2	1	1	3	4	2	5	1	6	4	1	7	6	1
	2.8%	2.0%	2.8%	5.3%	14.3%	1.9%	4.5%	2.0%	3.5%	14.3%	2.5%	2.2%	1.4%	30.4%	3.7%	1.1%
Other	7	7	-	-	-	3	4	1	6	3	4	2	-	7	5	2
	2.8%	4.6%				1.9%	4.5%	1.0%	4.2%	42.9%	1.7%	1.1%		30.4%	3.1%	2.3%

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Q63. What language do you mainly speak at home?

		========== AGE ==========				== EDUCATION ==		== DURATION === W/PLAN		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	243 100.0%	148 100.0%	68 100.0%	19 100.0%	7 100.0%	158 100.0%	84 100.0%	97 100.0%	137 100.0%	10 100.0%	228 100.0%	171 100.0%	61 100.0%	15 100.0%	156 100.0%	87 100.0%
No Answer	3	1	-	-	-	-	1	2	1	-	1	-	2	-	1	2
English	242 99.6%	147 99.3%	68 100.0%	19 100.0%	7 100.0%	158 100.0%	83 98.8%	97 100.0%	136 99.3%	9 90.0%	228 100.0%	171 100.0%	61 100.0%	14 93.3%	155 99.4%	87 100.0%
Spanish	1 0.4%	1 0.7%	-	-	-	-	1 1.2%	-	1 0.7%	1 10.0%	-	-	-	1 6.7%	1 0.6%	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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Q64. Did someone help you complete this survey?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	157	94	46	12	4	101	55	69	85	6	146	116	34	12	157	-
Total Valid Responses	156 100.0%	94 100.0%	45 100.0%	12 100.0%	4 100.0%	100 100.0%	55 100.0%	69 100.0%	84 100.0%	6 100.0%	145 100.0%	115 100.0%	34 100.0%	12 100.0%	156 100.0%	-
No Answer	1	-	1	-	-	1	-	-	1	-	1	1	-	-	1	-
Yes	7 4.5%	7 7.4%	-	-	-	6 6.0%	1 1.8%	1 1.4%	6 7.1%	-	5 3.4%	5 4.3%	1 2.9%	-	7 4.5%	-
No	149 95.5%	87 92.6%	45 100.0%	12 100.0%	4 100.0%	94 94.0%	54 98.2%	68 98.6%	78 92.9%	6 100.0%	140 96.6%	110 95.7%	33 97.1%	12 100.0%	149 95.5%	-

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Q65. How did that person help you? Check all that apply.

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	7	7	-	-	-	6	1	1	6	-	5	5	1	-	7	-
Total Valid Responses	7	7	-	-	-	7	-	1	6	-	6	6	-	-	7	-
Total Respondents	5	5	-	-	-	5	-	1	4	-	4	4	-	-	5	-
	100.0%	100.0%				100.0%		100.0%	100.0%		100.0%	100.0%			100.0%	
Read the questions to me	4	4	-	-	-	4	-	1	3	-	3	3	-	-	4	-
	80.0%	80.0%				80.0%		100.0%	75.0%		75.0%	75.0%			80.0%	
Wrote down the answers I gave	2	2	-	-	-	2	-	-	2	-	2	2	-	-	2	-
	40.0%	40.0%				40.0%			50.0%		50.0%	50.0%			40.0%	
Answered the questions for me	1	1	-	-	-	1	-	-	1	-	1	1	-	-	1	-
	20.0%	20.0%				20.0%			25.0%		25.0%	25.0%			20.0%	
Translated the questions into my language	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Helped in some other way	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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Q66. In the last 6 months, how many times did you go to the emergency room to get care for yourself because your doctor was not able to see you during regular office hours?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	239	146	68	17	7	154	84	96	135	10	226	169	61	15	154	85
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	7	3	-	2	-	4	1	3	3	-	3	2	2	-	3	4
None	196	118	54	17	6	129	67	77	113	9	185	139	49	12	120	76
	82.0%	80.8%	79.4%	100.0%	85.7%	83.8%	79.8%	80.2%	83.7%	90.0%	81.9%	82.2%	80.3%	80.0%	77.9%	89.4%
1 time	24	16	7	-	1	12	11	13	10	1	22	15	7	3	19	5
	10.0%	11.0%	10.3%		14.3%	7.8%	13.1%	13.5%	7.4%	10.0%	9.7%	8.9%	11.5%	20.0%	12.3%	5.9%
2 times	10	6	4	-	-	7	3	2	7	-	10	10	1	-	8	2
	4.2%	4.1%	5.9%			4.5%	3.6%	2.1%	5.2%		4.4%	5.9%	1.6%		5.2%	2.4%
3 or more times	9	6	3	-	-	6	3	4	5	-	9	5	4	-	7	2
	3.8%	4.1%	4.4%			3.9%	3.6%	4.2%	3.7%		4.0%	3.0%	6.6%		4.5%	2.4%
TMG SUMMARY RATE - None	196	118	54	17	6	129	67	77	113	9	185	139	49	12	120	76
	82.0%	80.8%	79.4%	100.0%	85.7%	83.8%	79.8%	80.2%	83.7%	90.0%	81.9%	82.2%	80.3%	80.0%	77.9%	89.4%

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Q67. Are you aware that you can call your health plan's After Hours program to speak to a nurse if you have an illness or injury that occurs after your doctor's office has closed?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	235	142	68	17	7	152	82	94	132	10	220	165	59	14	153	82
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	11	7	-	2	-	6	3	5	6	-	9	6	4	1	4	7
Yes	151	92	41	13	4	104	47	57	90	6	140	107	39	9	97	54
	64.3%	64.8%	60.3%	76.5%	57.1%	68.4%	57.3%	60.6%	68.2%	60.0%	63.6%	64.8%	66.1%	64.3%	63.4%	65.9%
No	84	50	27	4	3	48	35	37	42	4	80	58	20	5	56	28
	35.7%	35.2%	39.7%	23.5%	42.9%	31.6%	42.7%	39.4%	31.8%	40.0%	36.4%	35.2%	33.9%	35.7%	36.6%	34.1%
TMG SUMMARY RATE - Yes	151	92	41	13	4	104	47	57	90	6	140	107	39	9	97	54
	64.3%	64.8%	60.3%	76.5%	57.1%	68.4%	57.3%	60.6%	68.2%	60.0%	63.6%	64.8%	66.1%	64.3%	63.4%	65.9%

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Q68. How would you rate Managed Health Services' Member services' timeliness in responding to your request for information or help?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	223	135	63	18	6	145	77	88	128	9	210	157	57	14	150	73
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	23	14	5	1	1	13	8	11	10	1	19	14	6	1	7	16
Excellent	55	34	14	6	1	42	13	24	30	2	52	38	14	3	34	21
	24.7%	25.2%	22.2%	33.3%	16.7%	29.0%	16.9%	27.3%	23.4%	22.2%	24.8%	24.2%	24.6%	21.4%	22.7%	28.8%
Very good	64	40	13	5	5	39	25	24	37	3	59	47	16	3	40	24
	28.7%	29.6%	20.6%	27.8%	83.3%	26.9%	32.5%	27.3%	28.9%	33.3%	28.1%	29.9%	28.1%	21.4%	26.7%	32.9%
Good	77	47	26	4	-	48	29	28	46	4	72	54	20	6	52	25
	34.5%	34.8%	41.3%	22.2%		33.1%	37.7%	31.8%	35.9%	44.4%	34.3%	34.4%	35.1%	42.9%	34.7%	34.2%
Fair	17	9	6	2	-	9	7	8	9	-	17	13	4	-	16	1
	7.6%	6.7%	9.5%	11.1%		6.2%	9.1%	9.1%	7.0%		8.1%	8.3%	7.0%		10.7%	1.4%
Poor	10	5	4	1	-	7	3	4	6	-	10	5	3	2	8	2
	4.5%	3.7%	6.3%	5.6%		4.8%	3.9%	4.5%	4.7%		4.8%	3.2%	5.3%	14.3%	5.3%	2.7%
TMG SUMMARY RATE - Excellent/Very good	119	74	27	11	6	81	38	48	67	5	111	85	30	6	74	45
	53.4%	54.8%	42.9%	61.1%	100.0%	55.9%	49.4%	54.5%	52.3%	55.6%	52.9%	54.1%	52.6%	42.9%	49.3%	61.6%

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Q69. Do you intend to switch to a different health plan when you next have an opportunity?

		AGE				EDUCATION		DURATION W/PLAN		ETHNICITY		RACE			MODE OF DATA COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	230	137	67	18	7	151	78	91	130	9	216	163	57	14	154	76
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	16	12	1	1	-	7	7	8	8	1	13	8	6	1	3	13
Definitely Not	91	47	33	7	4	71	20	31	56	3	85	60	24	7	65	26
	39.6%	34.3%	49.3%	38.9%	57.1%	47.0%	25.6%	34.1%	43.1%	33.3%	39.4%	36.8%	42.1%	50.0%	42.2%	34.2%
Probably Not	95	58	25	8	3	56	39	33	58	4	89	70	23	5	55	40
	41.3%	42.3%	37.3%	44.4%	42.9%	37.1%	50.0%	36.3%	44.6%	44.4%	41.2%	42.9%	40.4%	35.7%	35.7%	52.6%
Probably Yes	32	23	7	2	-	18	13	19	13	2	30	23	10	1	26	6
	13.9%	16.8%	10.4%	11.1%		11.9%	16.7%	20.9%	10.0%	22.2%	13.9%	14.1%	17.5%	7.1%	16.9%	7.9%
Definitely Yes	12	9	2	1	-	6	6	8	3	-	12	10	-	1	8	4
	5.2%	6.6%	3.0%	5.6%		4.0%	7.7%	8.8%	2.3%		5.6%	6.1%		7.1%	5.2%	5.3%
TMG SUMMARY RATE - Definitely Not/Probably Not	186	105	58	15	7	127	59	64	114	7	174	130	47	12	120	66
	80.9%	76.6%	86.6%	83.3%	100.0%	84.1%	75.6%	70.3%	87.7%	77.8%	80.6%	79.8%	82.5%	85.7%	77.9%	86.8%

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Q70. In the last 6 months, how much of a problem, if any, was it to get the prescription medicine you needed through your health plan?

		========== AGE ==========				== EDUCATION ==		== DURATION W/PLAN ===		== ETHNICITY ==		========= RACE =======			=MODE OF DATA= COLLECTION	
	Total	18-34	35-44	45-54	55+	HS/ GED/ Less	Some Colg/ Grad	<2 Yrs	2 Yrs+	Hspnc/ Latino	Not Hspnc Latino	White	Black/ African Am.	Other	Mail	Phone
Total Eligible	246	149	68	19	7	158	85	99	138	10	229	171	63	15	157	89
Total Valid Responses	237	144	68	17	7	153	83	93	135	10	222	166	60	15	157	80
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	9	5	-	2	-	5	2	6	3	-	7	5	3	-	-	9
A big problem	29	14	14	-	1	22	7	9	20	-	29	22	7	3	21	8
	12.2%	9.7%	20.6%		14.3%	14.4%	8.4%	9.7%	14.8%		13.1%	13.3%	11.7%	20.0%	13.4%	10.0%
A small problem	56	26	22	6	2	32	23	20	36	2	54	44	10	3	43	13
	23.6%	18.1%	32.4%	35.3%	28.6%	20.9%	27.7%	21.5%	26.7%	20.0%	24.3%	26.5%	16.7%	20.0%	27.4%	16.3%
Not a problem	152	104	32	11	4	99	53	64	79	8	139	100	43	9	93	59
	64.1%	72.2%	47.1%	64.7%	57.1%	64.7%	63.9%	68.8%	58.5%	80.0%	62.6%	60.2%	71.7%	60.0%	59.2%	73.8%
TMG SUMMARY RATE - Not a problem	152	104	32	11	4	99	53	64	79	8	139	100	43	9	93	59
	64.1%	72.2%	47.1%	64.7%	57.1%	64.7%	63.9%	68.8%	58.5%	80.0%	62.6%	60.2%	71.7%	60.0%	59.2%	73.8%

11. Glossary of Terms

Accreditation is an official authorization or designation to an organization determined by a set of industry-derived standards.

Attributes are the questions that relate to a specific service area or composite as defined by NCQA.

Augment - Plans may augment the sample by using a stratified sample to target specific responses in a particular segment, such as region, language, or member status. These responses are for internal use only, and are not to be included in the HEDIS sample or reported to public entities. Project deliverables for augmented samples can range from banner tables and/or a segmentation chart, to question summaries and finally, a complete Final Report.

Composites are the mean of the Summary Rates of attributes within a given service area as specified by NCQA. Each composite category represents an overall aspect of plan quality and is comprised of similar questions.

Confidence level is the degree of confidence, expressed as a percentage, which a reported number's true value is between the lower and upper specified range.

Correlation Coefficient is a statistical measure of how closely two variables or measures are related to each other. Correlation coefficients are usually reported as r-values.

Disposition (Disposition Category) is the final status assignment given to a member record within the sample. The category signifies both the survey administration protocol used to complete the survey (M=Mail, and T=Phone) and the status of the record (M10= mail complete, T22= phone, language barrier). All record code assignments of "10" are considered valid responses according to NCQA.

Global Proportions is a breakout of response option results according to the Three-Point Score definition. Refer to the Three-Point Score below.

Key Drivers are composites that have been found to impact overall health plan ratings (Q52) or health care rating (Q35) among the plan members as determined by regression analysis.

NCBD is the 2005 National CAHPS® Benchmarking Database. The NCBD data presented include summary-level distribution of 76 Medicaid CAHPS® 3.0 Health Plan Survey results from 2005.

NCQA HEDIS Compliance Audit is a two-part program comprising an information-systems capabilities assessment (IS standards) and an evaluation of the health plan's ability to comply with HEDIS specifications (HD standards). NCQA-Certified auditors use standard audit methodologies to enable purchasers to make reliable comparisons among health plans.

Over-sampling -The required sample size for adult Medicaid plans is 1,350 in accordance with NCQA protocol. The overall NCQA target number of complete responses is 411. Therefore, plans may choose to over-sample their population to achieve this target number if necessary. NCQA allows over-sampling of up to 30% of the database to aid plans in receiving a suitable amount of survey returns.

Quality Compass 2005 (Medicaid Adult- All Plans, File 6) data benchmark is a collection of CAHPS® 3.0H mean summary ratings for those Medicaid adult plans (an estimated 77 samples) *allowing NCQA to use their data to be compiled into an aggregate, or national summary, without releasing their plan-level scores*.

Quality Compass 2005 (Medicaid Adult- Public Report, File 6) data benchmark is a collection of CAHPS® 3.0H mean summary ratings for those Medicaid adult plans (64 samples) *choosing to report their scores publicly, in addition to submitting their scores to be compiled anonymously into a Quality Compass® aggregate, or national summary.*

Rating questions use a scale of 0 to 10 for assessing overall experience (doctor, specialist, health care and health plan) with zero being the worst and 10 being the best.

Significance test is a test to determine if an observed difference is too large to have occurred by chance alone.

Summary Rates are single statistics generated for a survey question. In general, Summary Rates represent the percentage of respondents who chose the most favorable response option(s) ("Always" and "Usually," "Not a Problem," or "8" to "10"). Not all questions are assigned a Summary Rate by NCQA.

The Myers Group Book of Business consists of the results of 44 Medicaid adult health plans surveyed by The Myers Group in 2005, which submitted data to NCQA.

Three-Point Score is the result of the process of assigning a value of 1, 2, or 3 to each question response category and then computing a numerical average based upon the valid responses for each question. The Three-Point values are assigned to question answer categories as follows:

Response Choice 1	Score Value
A big problem	1
A small problem	2
Not a problem	3

Response Choice 2	Score Value
Never	1
Sometimes	1
Usually	2
Always	3

Response Choice 3	Score Value
0-6	1
7 & 8	2
9 & 10	3

Trending is the practice of looking at several years of data in a comparative format to identify trends or common links.