The Texas STAR Managed Care Organization and Primary Care Case Management Adult Enrollee CAHPS® Health Plan Survey Report Fiscal Year 2007

Measurement Period: January 2007 – April 2007

Prepared by

Texas External Quality Review Organization
Institute for Child Health Policy
University of Florida
Gainesville, Florida

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Table of Contents

Table of Tables

Table of Figures

Overview

Report Title:	**The Texas STAR Managed Care Organization and Primary Care Case Management Adult Enrollee CAHPS® Health Plan Survey Report for Fiscal Year 2007**
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Purpose

The purpose of this report is to present the results of telephone surveys conducted with adults enrolled in two Texas Medicaid Managed Care Programs: (1) the STAR Managed Care Organization (MCO) Program and (2) the Primary Care Case Management (PCCM) Program. The telephone survey included the Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Health Plan Survey 4.0, which is designed to gather information from Medicaid beneficiaries about their satisfaction with their health care. This report provides results from surveys fielded from January 2007 through April 2007 and focuses on adults enrolled during Fiscal Year 2006. Specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health status of adults enrolled in the STAR MCO Program and the PCCM Program,
- document the presence of a personal doctor,
- describe enrollees' satisfaction with their health care,
- describe the need for and availability of specialty care for enrollees,
- compare the satisfaction scores of adults enrolled in the PCCM Program to those enrolled in the MCOs participating in the STAR MCO Program, and
- describe smoking behaviors of adult enrollees and smoking cessation strategies offered by physicians.

Summary of Major Findings

- Both STAR MCO Program and PCCM Program enrollees are racially and ethnically diverse. The racial and ethnic breakdowns of respondents from both programs are similar. Forty percent of STAR MCO Program enrollees and 41 percent of PCCM Program enrollees were Hispanic. Twenty-seven percent of STAR enrollees were Black, non-Hispanic and 27 percent were White, non-Hispanic. In the PCCM Program, 38 percent of the enrollees were White, non-Hispanic and 14 percent were Black, non-Hispanic.
- The SF-36 scores for the STAR MCO Program adult participants and PCCM Program adult participants are significantly lower than national norms for all eight physical and mental health domains. Further, the SF-36 scores for PCCM Program adult participants were significantly lower than those for STAR MCO Program participants, indicating that PCCM Program enrollees are less healthy overall than STAR MCO Program participants.
- Overall, 77 percent of PCCM respondents and 68 percent of STAR respondents reported they had a specific person—a personal doctor or nurse—from whom they received health

care. PCCM enrollees were much more likely to have a personal doctor who was up-to-date on the care received from other providers when compared to STAR enrollees. Sixty-six percent of PCCM respondents reported their personal doctor was always up-to-date on care received from other providers compared to 46 percent of STAR MCO respondents.

- Overall, 29 percent of respondents enrolled in the STAR MCO Program and 35 percent of respondents enrolled in the PCCM Program reported they tried to make an appointment to see a specialist in the past six months. STAR MCO Program enrollees had more difficulties securing appointments for specialty care than PCCM Program enrollees. Seventeen percent of STAR MCO respondents reported that it was never easy to get an appointment with a specialist compared to only five percent of PCCM respondents.
- For both the PCCM and the STAR MCO Programs, a significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 20 and 25 percent of enrollees in the PCCM Program needing home health, special equipment, or specialized therapies reported that it was never easy to obtain these services. In the STAR MCO Program, 20 to 36 percent of the enrollees reported that it was never easy to obtain specialized therapies, special equipment, or home health services.
- Of those who needed care, tests, or treatment, the majority of respondents reported that obtaining needed care was always or usually easy. More enrollees in the PCCM Program indicated that getting needed care was always or usually easy than in the STAR MCO Program (71 percent and 67 percent, respectively).
- The overall CAHPS® Health Plan Survey composite scores for STAR MCO Program enrollees and the PCCM Program enrollees were higher than the Medicaid national mean score for the communication with doctors and customer service. The PCCM Program and STAR MCO Program enrollees' ratings for the remaining domains ─ getting needed care and getting care quickly ─ showed some variation when compared to those of Medicaid plans reporting to the National Committee for Quality Assurance (NCQA). The variation in the getting care quickly domain was not pronounced. Specifically, the NCQA average rating for getting care quickly was 77.3; the rating in the PCCM Program was 76.9; and in the STAR MCO Program, the rating was 73.3. The greatest variance among these domains was in getting needed care. Although the PCCM Program rating of 73.3 was close to the NCQA average of 75.6, the STAR MCO Program rating for this domain was lower at 65.3.
- There were some significant differences among the MCOs in their performance on the CAHPS® Health Plan Survey composite scores after controlling for enrollee health status, race/ethnicity, and education. FIRSTCARE had the highest score in three (i.e., getting needed care, doctor's communication, and health plan customer service) of the four CAHPS® Health Plan Survey domains. Texas Children's had the highest score in the getting care quickly domain. Amerigroup serving Travis SDA had significantly lower scores in all of the four CAHPS® Health Plan Survey domains. Amerigroup – Dallas and Superior – Travis had significantly lower scores in three of the four CAHPS® Health Plan Survey domains (getting needed care, getting care quickly, and doctor's communication and getting needed care, getting care quickly, and customer service, respectively). Superior – El Paso had significantly lower scores in two of the four CAHPS® Health Plan Survey domains (getting needed care and customer service). Amerigroup serving Harris and Tarrant SDAs and Community First had significantly lower scores in one of the four CAHPS® Health Plan Survey domains (getting care quickly for Amerigroup – Harris and getting needed care for Amerigroup – Tarrant and Community First).
- Obesity was a major problem among respondents in both the STAR MCO and PCCM Programs. Based on their body mass index (BMI) scores, almost half are considered

obese (43 percent of STAR enrollees and 44 percent of PCCM enrollees). These rates are higher than the overall national average, which is estimated to be 32 percent by the National Center for Health Statistics. There was some variation between the MCOs in obesity rates. FIRSTCARE had the smallest percentage of enrollees that were considered to be obese (30 percent) and Texas Children's had the largest percentage of obese enrollees (50 percent).

- The majority of survey respondents reported that they were not current smokers (73 percent of STAR MCO enrollees and 71 percent of PCCM enrollees). Many enrollees who currently smoke were advised during at least one visit to quit smoking (50 percent in the STAR MCO Program and 63 percent in the PCCM Program); however, few reported that their doctors provided smoking cessation strategies. Twenty-four percent of STAR MCO Program smokers and 30 percent of PCCM Program smokers reported that their doctor discussed smoking cessation programs; 20 percent of STAR MCO Program smokers and 26 percent of PCCM smokers reported that their doctor recommended a medication to assist in smoking cessation.

EQRO Recommendations

The Texas Health and Human Services Commission (HHSC) may wish to consider the following strategies when developing future Medicaid policy.

- **Strategies to increase performance related to getting needed care.** Overall, respondents in the STAR MCO Program rated this composite lower than respondents in plans reporting to NCQA. Strategies should be developed to address deficits in the area of getting needed care to include: (1) reviewing MCO provider panels to ensure adequate numbers of primary care and specialty providers and (2) reviewing procedures that would ensure the availability of personal doctors, especially after hours.

- **Monitor access to specialized services for STAR MCO and PCCM Program enrollees.** Overall, the SF-36 health status scores for PCCM Program adult enrollees were lower than those of STAR MCO Program adult enrollees, indicating greater health limitations. However, enrollees in both programs reported a need for specialty care and services. Moreover, enrollees in both programs reported that it was not easy to get these services. A focus study should be conducted to examine the adequacy of provider specialty panels and barriers to the receipt of specialty care services from the perspective of providers and beneficiaries.

- **Strategies to reduce obesity.** Obesity is a major problem among respondents in both the STAR MCO and PCCM Programs. Given the wide range of health problems, the impact on enrollees' emotional well-being, and medical expenditures associated with this condition, strategies should be considered to encourage physicians to provide information on dietary and physical behaviors that would support the maintenance of a healthy weight. Additionally, there was some variation between MCOs/SDAs. Health plans with a larger percentage of obese enrollees should make sure they are screening carefully for health problems associated with obesity, such as diabetes and hypertension.

- **Strategies to increase physician adherence to smoking cessation guidelines.** While the majority of smoking respondents indicated their physician advised them to quit smoking during at least one office visit, less than half indicated that a specific strategy or medication was recommended as prescribed by the Agency for Health Care Policy and Research

Guidelines. An educational campaign should be considered to encourage physicians to provide specific, evidence-based smoking cessation instructions to enrollees who smoke.

Introduction

Assessing enrollees' satisfaction with their health care is an important measure of the quality of health care provided by managed care organizations (MCOs). Studies have shown that positive enrollee satisfaction ratings are linked to positive health care outcomes.[1] Satisfaction with health care is also associated with positive health care behaviors, such as adhering to treatment plans and appropriate use of preventive health care services.[2]

The purpose of this report is to present the results of telephone surveys with adults enrolled in two Texas Medicaid Programs: (1) the Texas Medicaid Managed Care Program known as the STAR MCO Program and (2) the Texas Medicaid Managed Care Program known as the Primary Care Case Management (PCCM) Program. This report provides results from surveys conducted from January 2007 through April 2007 and focuses on adults enrolled during Fiscal Year 2006. Specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health status of adults enrolled in the STAR MCO Program and the PCCM Program,
- document the presence of a personal doctor,
- describe enrollees' satisfaction with their health care,
- describe the need for and availability of specialty care for enrollees,
- compare the satisfaction scores of adults enrolled in the PCCM Program to those enrolled in the MCOs participating in the STAR MCO Program, and
- describe smoking behaviors of adult enrollees and smoking cessation strategies offered by physicians.

Methods

Sample Selection Procedures

A stratified random sample of enrollees was selected to participate in this survey. To be eligible for inclusion in the sample, the enrollee had to be over the age of 18 and enrolled in the STAR MCO Program or in the PCCM Program September 2005 expansion areas for nine continuous months in 2006.[3] The continuous enrollment criterion was chosen to ensure enrollees had sufficient experience to respond to the questions about the STAR MCO Program or the PCCM Program. The sample was stratified to include representation from the PCCM Program and the eight STAR MCOs. Two MCOs—Amerigroup and Superior—were further sub-divided by Service Delivery Area (SDA). There were a total of 13 strata for the STAR MCO Program and one stratum for the PCCM Program (See **Table 1**).

For the STAR MCO Program, a target was set to complete 2,600 telephone surveys. There were 2,237 completed surveys for STAR respondents.[4] The target for the PCCM Program was 600 telephone surveys and 600 surveys were completed. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure there was a large enough sample to allow for comparisons between MCOs and with the PCCM Program. The confidence interval information provided is based on a hypothetical item with a uniformly distributed response. The information presented is provided as a "worst case" guideline only. Using a 95 percent confidence interval, the responses provided within the tables and figures are within ±2.19 percentage points of the "true" responses for the enrollees of the STAR MCO Program.[5] The "true"

response is the response that would be obtained if there were no measurement error. The confidence interval for the PCCM Program enrollee responses is ±3.99 percentage points. The stratification strategy along with the number of complete interviews is shown in **Table 1**.

Table 1. MCO Stratification Strategy

Survey Areas	Completed Interviews (N=2,837)
Amerigroup	
Dallas SDA	200
Harris SDA	200
Tarrant SDA	201
Travis SDA	123
Community First	187
Community Health Choice	191
El Paso First	200
FIRSTCARE	113
Parkland Community	200
Superior	
Bexar SDA	182
El Paso SDA	184
Travis SDA	187
Texas Children's	69
STAR TOTAL	**2,237**
PCCM	600
PCCM TOTAL	**600**

For the STAR MCO Program, an average of 8.59 attempts was made per phone number to contact the enrollees. The response rate was 48 percent and the cooperation rate was 68 percent.[6] These response and cooperation rates are comparable to those obtained with other low-income families in Medicaid.[7, 8, 9]

For the PCCM Program enrollees, there was an average of 6.33 attempts made per phone number to contact the enrollees. The response rate was 54 percent and the cooperation rate was 71 percent.

Survey responders were compared to those who could not be located and to those who were located but refused to participate on the following characteristics: enrollee race/ethnicity, gender, and age. There were significant differences between survey responders, those not located, and those refusing to participate in the STAR MCO and PCCM samples. Most of the significant differences between survey responders, those not located, and those refusing to participate were related to age and racial/ethnic groups. Specifically, the following significant differences were found:

- In most of the STAR MCO/SDA samples, (1) those 36 through 50 years of age (compared to those 18 through 35 years of age) and (2) those above 51 years of age (compared to those 18 through 35 years of age) were more likely to be located and to respond to the survey. These STAR MCO/SDA samples included Amerigroup – Dallas, Amerigroup – Harris, Amerigroup – Tarrant, Community First, Community Health Choice, El Paso First, Parkland Community, Superior – Bexar, Superior – El Paso, and Superior – Travis.

- In the Amerigroup – Travis and FIRSTCARE samples, those above 51 years of age (compared to those 18 through 35 years of age) were more likely to be located and to respond to the survey.
- In the Amerigroup – Tarrant and Superior – Travis samples, the Black, non-Hispanic racial/ethnic group (compared to the White, non-Hispanic racial/ethnic group) and in the Amerigroup – Harris sample, the Other, non-Hispanic racial/ethnic group (compared to the White, non-Hispanic racial/ethnic group) were less likely to be located and to respond to the survey.
- In the Amerigroup – Harris and FIRSTCARE samples, the Hispanic racial/ethnic group (compared to the White, non-Hispanic racial/ethnic group) were more likely to be located and to respond to the survey.
- In the Superior – Bexar sample, females (compared to males) were more likely to be located and to respond to the survey.
- In the PCCM sample, (1) those 36 through 50 years of age (compared to those 18 through 35 years of age), (2) those above 51 years of age (compared to those 18 through 35 years of age), (3) females (compared to males), and (4) Hispanic and Other, non-Hispanic racial/ethnic groups (compared to the White, non-Hispanic racial/ethnic group) were more likely to be located and to respond to the survey.

Due to these significant differences between survey responders, those not located, and those refusing to participate, weights were developed for the STAR MCO and PCCM samples.

The weights developed consisted of three components.[10] First, a base sampling weight for each respondent with a completed survey was calculated. The base sampling weight relied on the probability of selection in a stratified random sampling for the STAR MCO Program where representations from 13 STAR MCO/SDAs were included. For the PCCM Program, the base sampling weight relied on the probability of selection in a simple random sampling. Second, base sampling weights were adjusted to compensate for those who could not be located and for those who were located but refused to participate. The adjustment factors were derived by modeling the probability of a sampled adult STAR MCO (or PCCM) enrollee responding to the survey as a function of the following characteristics: enrollee race/ethnicity, gender, and age.[11] Third, post-stratification techniques were used to adjust for any remaining discrepancies between the estimated number of adult beneficiaries and the total number of adult beneficiaries enrolled in 13 STAR MCO/SDAs (or in PCCM Program September 2005 expansion areas). For the STAR MCO Program, post-stratification adjustments were conducted at the MCO level and relied on the following characteristics: enrollee age and race/ethnicity. Distributions of these enrollee characteristics were obtained from the information found in the Fiscal Year 2006 enrollment files for the STAR MCO Program. For the PCCM Program, post-stratification adjustments were conducted at the program level and relied on the following characteristics: enrollee age and race/ethnicity. Distributions of these enrollee characteristics were obtained from the information found in the Fiscal Year 2006 enrollment files for the PCCM Program September 2005 expansion areas.

Data Sources

Two primary data sources were used to conduct this evaluation. First, a third party administrator provided enrollment files for the STAR MCO Program and the PCCM Program to the Institute for Child Health Policy (ICHP). These files were used to (1) identify the adult enrollees who met the sample selection criteria, (2) obtain contact information for the enrollees, and (3) compare the socio-demographic characteristics of survey participants with those not located or those refusing to participate. Second, telephone survey data from persons over the age of 18 who were enrolled in the STAR MCO Program and the PCCM Program September 2005 expansion areas for nine months or longer in Fiscal Year 2006 were used. These surveys were conducted in January 2007 through April 2007.

Measures

The STAR MCO/PCCM Adult Enrollee CAHPS® Health Plan Survey is comprised of the following sections: (1) the Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Health Plan Survey 4.0[12,13] (described below), (2) the RAND® 36-Item Health Survey, Version 1.0 (described below), and (3) demographic questions.

The CAHPS® Health Plan Survey 4.0 was used to assess enrollees' satisfaction with their health care.[14] Specifically, the Medicaid module with supplemental questions addressing behavioral health care, need for personal assistance care, smoking behaviors, and smoking cessation was used. The CAHPS® Health Plan Survey contains composites, which are scores that combine results for closely related survey items to provide comprehensive yet concise results for multiple survey questions.[15] Psychometric analyses indicate that the composite scores are a reliable and valid measure of member experiences.[16, 17] CAHPS® Health Plan Survey composite scores address the following domains: (1) getting needed care, 2) getting care quickly, (3) doctor's communication, and (4) health plan customer service, information, and paperwork. Using this composite scoring method, a mean score was calculated for each of the four areas that could range from 0 to 100 points with higher scores indicating greater satisfaction.

The RAND® 36-Item Health Survey (SF-36) was created to survey health status in the Medical Outcomes Study.[18] The SF-36 was designed for use in health policy evaluations and general population surveys. The SF-36 assesses eight separate health concepts: (1) limitations in physical activities because of health problems; (2) limitations in social activities because of physical or emotional problems; (3) limitations in usual role activities because of physical health problems; (4) bodily pain; (5) general mental health; (6) limitations in usual role activities because of emotional problems; (7) vitality (energy and fatigue); and (8) general health perceptions. The survey was designed for administration in person or by telephone by a trained interviewer.

ICHP developed the question series about socio-demographic characteristics, household information, and access to telephone service and the Internet. These items have been used in more than 25,000 surveys with Medicaid and CHIP enrollees in Texas and in Florida. The items were adapted from questions used in the National Health Interview Survey,[19] the Current Population Survey,[20] and the National Survey of America's Families.[21] The entire telephone survey takes approximately 30 minutes to complete.

Individuals could refuse to respond to particular items or indicate that they did not know the answer to particular questions. These responses are indicated by the categories "refused" and "don't know." These responses most frequently occurred at rates that ranged between 0.0 and 0.5 percent of responses in the STAR sample and at rates that ranged between 0.0 and 2.5 percent of responses in the PCCM sample.

Survey Data Collection Techniques

Letters written in English and Spanish were sent to all potential participants in the sample explaining the purpose of the study and requesting their participation. The Bureau of Economic and Business Research (BEBR) at the University of Florida conducted the telephone surveys using computer-assisted-telephone-interviewing (CATI). Calls were made in English and in Spanish from 10 a.m. Central Time to 9 p.m. Central Time, 7 days a week. Calls were rotated throughout the morning, afternoon, and evening using the Sawtooth® Software System in order to maximize the likelihood of reaching the enrollees.

A maximum number of attempts were made to reach an enrollee, and if the enrollee was not reached after that time, the software system selected the next individual on the list. A maximum of 32 attempts were made to reach PCCM enrollees, and a maximum of 39 attempts were made to reach STAR MCO enrollees. The maximum number of attempts was higher for the STAR MCO Program as part of the effort to attain the targeted number of completes in that program, especially in those health plans with only a small available sample. Bad phone numbers were sent to a company that specializes in locating individuals, and any updated information was loaded back into the software system. Further attempts were made to reach the adult enrollee using the updated contact information. No financial incentives were offered to participate in the surveys. The respondent was selected by asking to speak to the person in the household who was enrolled in either the STAR MCO Program or the PCCM Program.

Historically, there has been concern that results of telephone surveys are biased because they do not include responses from populations that do not have phones. This is a particularly important issue with Medicaid recipients who, due to low incomes, may not have telephone service. However, research has shown that "transient" telephone households—those who have lost or gained telephone service in the recent past—are similar demographically to households without telephone service.[22] In an attempt to understand potential sources of bias in this survey, respondents were asked questions about their telephone service in the past six months. Nine percent of respondents in the PCCM Program and 13 percent of respondents who were enrolled in the STAR MCO Program cited an interruption in telephone service. For PCCM enrollees who had interrupted service, 64 percent reported they were without telephone service due to cost. For STAR enrollees who reported breaks in service, 77 percent cited cost as the main reason for the interruption. For both PCCM and STAR respondents, those with transient telephone service were compared with individuals who reported no break in telephone service across several demographic factors, including race/ethnicity, gender, education, and marital status. In the PCCM sample, males (compared to females) were more likely to report interruptions in telephone service in the past six months. In the STAR MCO sample, college graduates (compared to those who did not graduate from high school), those who reported being single (compared to those who are divorced, separated, or widowed), and the Other, non-Hispanic racial/ethnic group (compared to the White, non-Hispanic racial/ethnic group) were less likely to report interruptions in telephone service in the past six months. This may indicate some potential bias in the PCCM and STAR MCO satisfaction results.

Data Analysis

Descriptive statistics were calculated using SPSS® Version 14.0. Chi-square tests and logistic regression models, calculated using STATA® Version 8, were used in this report. Descriptive results for each item for each STAR MCO and PCCM are provided to HHSC.

Results

Demographics

The demographic characteristics of enrollees in the STAR MCO and PCCM Programs are important to assess. Research has shown disparities exist among racial and ethnic groups in regard to health status, health outcomes, and access to health care.[23] Due to the rich diversity evident among the population in the State of Texas and the importance of ensuring accessible health care for low-income individuals, assessing demographic characteristics of the enrollees in the STAR MCO and PCCM Programs is crucial.

Table 2 displays the demographic characteristics of respondents who participated in the 2007 STAR MCO/PCCM Adult Enrollee CAHPS® Health Plan Survey. The racial/ethnic breakdown of the STAR MCO and PCCM Program enrollees were fairly similar. The largest racial/ethnic group in both programs was Hispanic. Specifically, 40 percent of STAR MCO Program enrollees and 41 percent of PCCM Program enrollees were Hispanic. Twenty-seven percent of STAR enrollees were Black, non-Hispanic and 27 percent were White, non-Hispanic. A small minority of STAR enrollees (two percent) reported Other, non-Hispanic as their racial/ethnic group. There were nearly as many respondents in the PCCM Program who were White, non-Hispanic (38 percent) as Hispanic (41 percent). Fourteen percent of PCCM enrollees were Black, non-Hispanic, and a small minority (two percent) reported Other, non-Hispanic as their racial/ethnic group.

The most frequently reported marital status category for respondents in both the STAR MCO and PCCM Programs was “single.” Fifty-two percent of STAR respondents reported being single and 39 percent of PCCM respondents reported being single. The next highest category for marital status of respondents was married (25 percent for STAR and 32 percent for PCCM). The third most often reported category for marital status was separated for STAR (eight percent) and divorced for PCCM (13 percent). The majority of respondents from the STAR MCO Program lived in single-parent households (54 percent). This differs from the respondents from the PCCM Program who reported living in single-parent and two-parent households in equal proportions (42 percent).

Survey results indicated some variability in respondent educational status. More STAR MCO Program respondents reported higher educational status than PCCM respondents. Sixty-three percent of STAR enrollees reported having at least a high school education or GED while 55 percent of PCCM enrollees reported having at least a high school diploma or GED.

The average age of STAR MCO Program enrollees was 30 years (std. err. = 0.21 years). PCCM Program enrollees were somewhat older at 34 years on average (std. err. = 0.57 years). The majority of the survey respondents for both STAR and PCCM were female (89 percent and 76 percent, respectively).

Table 2. Demographic Characteristics of Enrollees Participating in the STAR MCO Program/PCCM Program CAHPS® Health Plan Survey[1]

Respondent Demographics		STAR MCO		PCCM	
		N	Percent	N	Percent
Race/ Ethnicity[2]	Refused	2,001	1.1%	1,763	1.0%
	Do not know	4,373	2.5%	7,350	4.1%
	White, non-Hispanic	47,606	27.0%	68,345	37.8%
	Black, non-Hispanic	48,354	27.4%	26,059	14.4%
	Hispanic	70,416	39.9%	74,495	41.2%
	Other, non-Hispanic	3,747	2.1%	2,763	1.5%
	Total	176,497	100.0%	180,776	100.0%
Marital Status	Refused	525	0.3%	1,397	0.8%
	Do not know	278	0.2%	919	0.5%
	Married	44,697	25.3%	57,817	32.0%
	Unmarried partner	8,777	5.0%	9,330	5.2%
	Divorced	13,454	7.6%	23,324	12.9%
	Separated	14,061	8.0%	13,413	7.4%
	Single	92,121	52.2%	69,542	38.5%
	Widowed	2,592	1.5%	5,034	2.8%
	Total	176,505	100.0%	180,776	100.0%
Household Type	Refused	2,101	1.2%	3,489	1.9%
	Do not know	2,261	1.3%	4,943	2.7%
	Single parent household	96,072	54.4%	75,087	41.5%
	Two parent household	64,835	36.7%	76,346	42.2%
	Not a parent	11,235	6.4%	20,910	11.6%
	Total	176,505	100.0%	180,776	100.0%
Education	Refused	999	0.6%	1,993	1.1%
	Do not know	745	0.4%	1,276	0.7%
	Less than high school	64,326	36.4%	77,912	43.1%
	High school diploma or GED	59,675	33.8%	54,384	30.1%
	Some vocational/college	36,342	20.6%	33,400	18.5%
	AA degree or higher	14,418	8.2%	11,812	6.5%
	Total	176,505	100.0%	180,776	100.0%
Age	Weighted Mean	29.7		34.3	
	Standard Error	0.21 (N=2,237)		0.57 (N=600)	

[1] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

[2] One respondent refused to answer the race/ethnicity question in the STAR MCO sample. As a result, weighted percentages relied on 2,236 responses with complete information on the race/ethnicity question.

Table 2. Demographic Characteristics of Enrollees Participating in the STAR MCO Program/PCCM Program CAHPS® Health Plan Survey (Continued)[3]

Gender	Refused	0	0.0%	0	0.0%
	Do not know	0	0.0%	0	0.0%
	Male	18,844	10.7%	43,552	24.1%
	Female	157,661	89.3%	137,224	75.9%
	Total	176,505	100.0%	180,776	100.0%

Health Status

Survey respondents were asked a series of questions about their health status. Rating health status is important for two major reasons. First, this information forms a baseline from which to track changes in health status over time. Second, such information can assist in program planning and financing. Assessing the percentage of enrollees served who are in poor health or who have chronic conditions is important to ensure adequate provider access, appropriate range of services, and financing for health services.

As previously described, the health status of STAR MCO Program and PCCM Program enrollees was assessed using the RAND® 36-Item Health Survey, Version 1.0 (SF-36). Overall, the SF-36 scores for the STAR MCO Program adult participants and PCCM Program adult participants are significantly lower than national norms for all eight physical and mental health domains.[24] Also, the SF-36 scores for PCCM Program adult participants were significantly lower than those for STAR MCO Program participants (See **Table 3 and Figure 1**). For both STAR MCO Program and PCCM Program respondents, the smallest disparity from general United States (U.S.) population scores was on the emotional well-being scale (U.S. norm=74.7, STAR MCO mean=71.5, and PCCM mean=61.7). The largest disparity from the U.S. scores was in the area of role limitations due both to physical health (13 percentage points) and emotional problems (13 percentage points) for the STAR MCO Program. The largest disparity from the U.S. scores was in the area of role limitations due to emotional problems (31 percentage points) for the PCCM Program. The largest disparity in scores between STAR MCO Program respondents and PCCM Program respondents was in the area of role limitations due to emotional problems (18 percentage points).

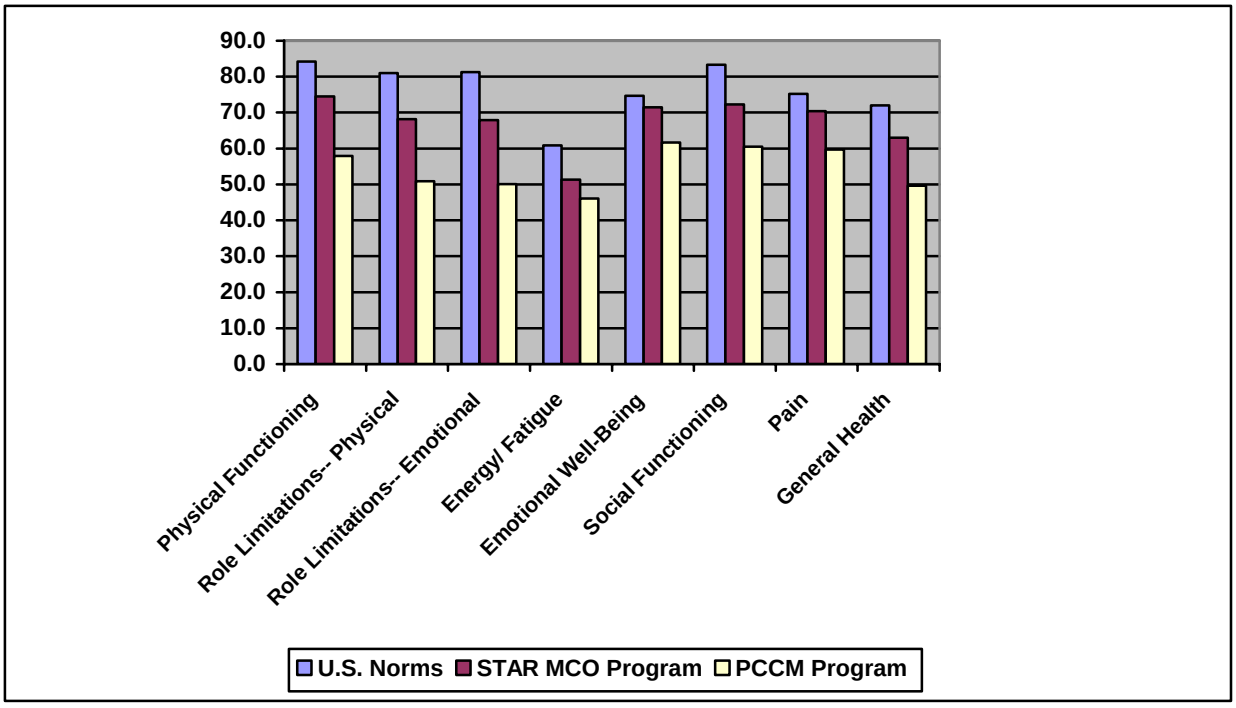
The differences in these scores reflect the fact that the adult population of the STAR MCO Program and the PCCM Program are unique populations compared to the society at large and compared with each other. Poverty and, possibly, lack of insurance coverage and access to health services prior to enrollment in Medicaid are likely to contribute to the significantly higher rates of poor physical and mental health compared to the U.S. general population. Enrollees with poor health status present unique challenges to the health care delivery system because their needs for health care services, including specialty services, are higher than those who are healthy.

[3] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Table 3. RAND® SF-36 Health Survey Results: STAR MCO Program and PCCM Program Enrollees Compared to National Norms

SF-36 Health Domains	National Norms for the U.S.		STAR MCO Program Enrollees		PCCM Program Enrollees	
	Mean	Std. Dev.[4]	Weighted Mean	Std. Error	Weighted Mean	Std. Error
Physical Functioning	84.2	23.3	74.5	0.8	57.9	2.0
Role Limitations Due to Physical Health	81.0	34.0	68.2	1.0	50.9	2.4
Role Limitations Due to Emotional Problems	81.3	33.0	67.9	1.1	50.1	2.5
Energy/Fatigue	60.9	21.0	51.3	0.6	46.1	1.6
Emotional Well-Being	74.7	18.1	71.5	0.6	61.7	1.6
Social Functioning	83.3	22.7	72.3	0.8	60.5	2.0
Pain	75.2	23.7	70.4	0.9	59.7	2.0
General Health	72.0	20.3	63.0	0.7	49.6	1.7

Figure 1. RAND® SF-36 Health Survey Results: STAR MCO Program and PCCM Program Enrollees Compared to National Norms



[4] Please note that 'National Norms for the U.S.' column in this table reports results on SF-36 scores as presented in: Ware, J. E., M Kosinski and B. Gandek. 2005. *SF-36 Health Survey: Manual and Interpretation*. Lincoln, RI. Ware et al. report on mean scores and standard deviations but not on standard errors. As a result, we are unable to report on the standard errors in the 'National Norms for the U.S.' column but have kept the information on standard deviations for informational purposes.

Personal Doctor

Having a particular person or place one goes for sick and preventive care contributes to improved health outcomes.[25, 26] Health care consumers perceive primary care as an integral aspect of the health care system and appreciate the role of primary care providers in coordinating quality care.[27] In addition to coordination of care, continuity with the same health care provider is highly valued by patients and contributes to receipt of preventive care and prompt detection and treatment of health care problems.[28]

Information is presented in this section using questions from the CAHPS® Health Plan Survey about the presence of a *personal doctor* or *nurse* as a usual source of care. Overall, 77 percent of PCCM respondents and 68 percent of STAR respondents reported that they had a personal doctor or nurse (See **Table 4**). For STAR MCO Program respondents, there is some variation in the percent of adult enrollees with a personal doctor or nurse by MCO or MCO SDA (See **Figure 2**). Respondents receiving services through the Community First health plan report the highest percentage of enrollees with a personal doctor or nurse (76 percent). Respondents receiving services through Superior – El Paso and Texas Children's health plans report the lowest percentage of adult enrollees with a personal doctor or nurse (59 percent).

Figure 2. Percentage of STAR/PCCM Adult Enrollees with a Personal Doctor or Nurse by MCO/MCO Site (Using the CAHPS® Health Plan Survey)

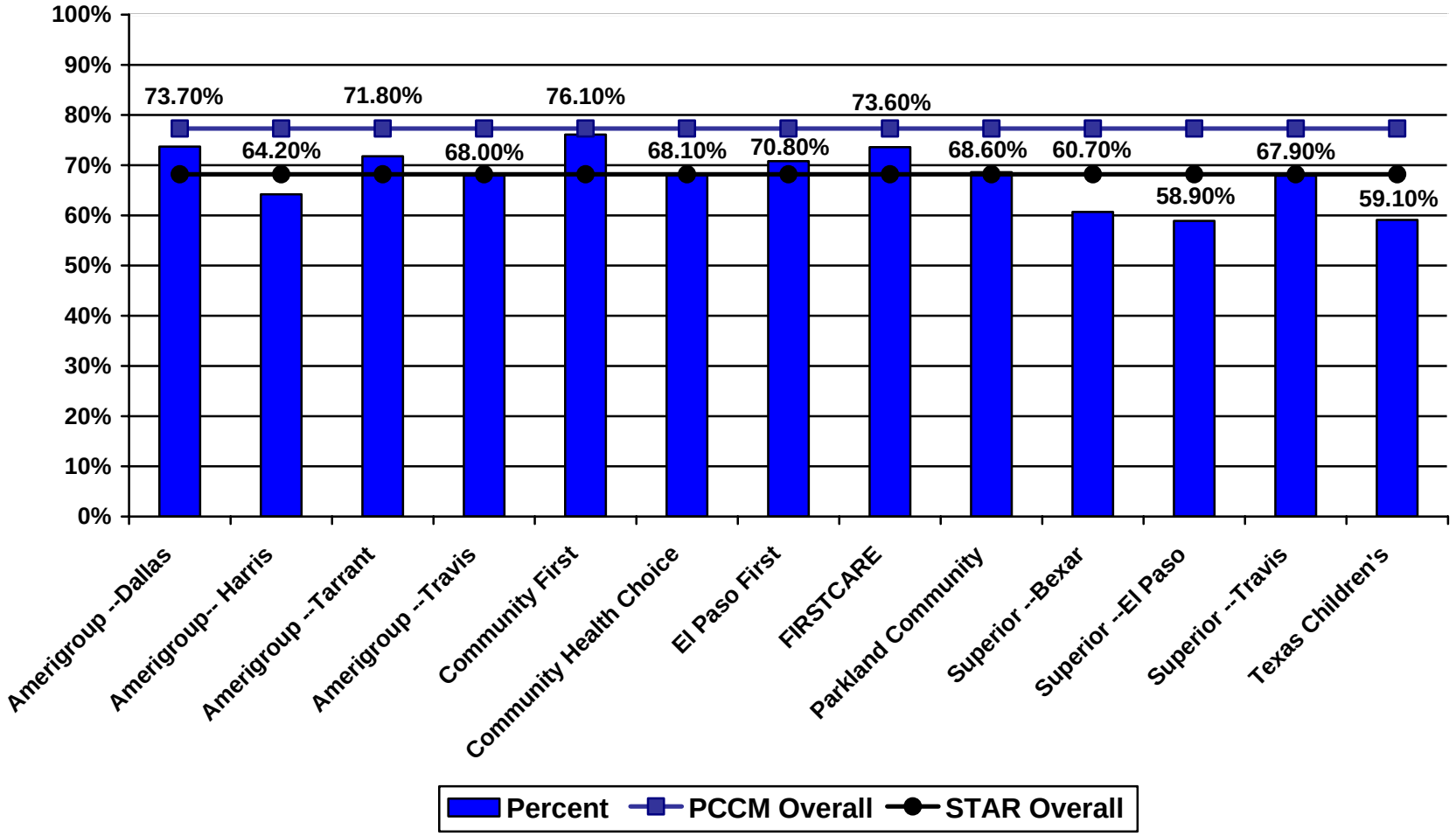


Table 4 also provides a breakdown of the type of health care provider named as a personal doctor or nurse. Seventy-eight percent of STAR MCO respondents and 77 percent of PCCM respondents (who reported they had a personal doctor or nurse) reported the provider was a general doctor. Nineteen percent of STAR MCO respondents and 15 percent of PCCM respondents reported the personal doctor or nurse was a specialty physician. Four percent of STAR MCO respondents and eight percent of PCCM respondents did not know the physician type of their personal doctor or they refused to answer this question.

Respondents who reported they had a personal doctor or nurse also provided information on the length of time they had been seen by this person. Responses indicated a higher percentage of respondents enrolled in PCCM had greater longevity with their providers than STAR MCO enrollees. Thirty-three percent of PCCM Program respondents reported they had been with their usual health care provider over five years while 21 percent of STAR MCO Program enrollees reported they had the same health care provider for five years or more. Also, while 19 percent of respondents enrolled in the PCCM Program reported they had been going to their personal doctor or nurse for less than one year, 30 percent of STAR MCO Program enrollees reported less than one year of care with their personal doctor or nurse. The majority of respondents reported that it was always or usually easy to get a personal doctor or nurse they were happy with—63 percent for STAR MCO Program respondents and 68 percent for PCCM Program respondents.

Table 4. STAR MCO Program and PCCM Program Adult Enrollees' Personal Doctor[5]

Personal Doctor		STAR MCO		PCCM	
		N	Percent	N	Percent
Do you have one person you think of as your personal doctor?	Refused	0	0.0%	807	0.4%
	Do not know	628	0.4%	2,849	1.6%
	Yes	120,349	68.2%	139,779	77.3%
	No	55,528	31.5%	37,341	20.7%
	Total	176,505	100.0%	180,776	100.0%
Is this person a general doctor or a specialist doctor?	Refused	330	0.3%	2,403	1.7%
	Do not know	3,808	3.2%	8,619	6.2%
	General doctor	93,979	78.1%	107,714	77.1%
	Specialist doctor	22,233	18.5%	21,044	15.1%
	Total	120,349	100.0%	139,779	100.0%
How many months or years have you been going to your personal doctor or nurse?	Refused	970	0.8%	421	0.3%
	Do not know	2,459	2.0%	4,858	3.5%
	Less than 6 months	15,059	12.5%	13,075	9.4%
	At least 6 months but less than 1 year	21,431	17.8%	12,880	9.2%
	At least 1 year but less than 2 years	24,060	20.0%	23,095	16.5%
	At least 2 years but less than 5 years	31,651	26.3%	38,987	27.9%
	5 years or more	24,720	20.5%	46,462	33.2%
	Total	120,349	100.0%	139,779	100.0%

[5] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Table 4. STAR MCO Program and PCCM Program Adult Enrollees' Personal Doctor (Continued)[6]

Since you joined your health plan, how often was it easy to get a personal doctor you are happy with?	Refused	286	0.4%	182	0.3%
	Do not know	675	0.9%	1,227	1.7%
	Never	8,106	11.0%	9,500	13.1%
	Sometimes	18,470	25.1%	12,397	17.1%
	Usually	12,687	17.2%	18,369	25.4%
	Always	33,387	45.4%	30,681	42.4%
	Total	73,612	100.0%	72,356	100.0%

Table 5 provides information on (1) communication between the respondent's personal doctor and other doctors and health care providers and (2) the availability of the respondent's personal doctor by phone during and after office hours.

As shown in **Table 5**, nearly half the enrollees in both programs (43 percent in the STAR MCO Program and 49 percent in the PCCM Program) received care from a provider other than their personal doctor in the last six months. PCCM enrollees were much more likely to have a personal doctor who was up-to-date on care received from other providers when compared to STAR enrollees. Sixty-six percent of PCCM respondents reported their personal doctor was always up-to-date on care received from other providers compared to just 46 percent of STAR MCO respondents. Almost one-quarter (23 percent) of STAR MCO respondents felt their personal doctor was never up-to-date on care received from other providers; in contrast, only 9 percent of PCCM respondents felt their personal doctor was never up-to-date.

Respondents were also asked about the availability and accessibility of their personal doctor by phone. Results were similar between the two programs. Over half of the respondents needed to phone their personal doctor during office hours (55 percent in the STAR MCO Program and 56 percent in the PCCM Program). Sixty-seven percent of PCCM enrollees always received the help they needed when they phoned during regular office hours compared to 59 percent of STAR MCO enrollees. Around one-fifth of the respondents needed to phone their personal doctor after office hours (20 percent in the STAR MCO Program and 19 percent in the PCCM Program). Fifty-nine percent of STAR MCO enrollees always received the help or advice they needed when they phoned after regular office hours compared to 52 percent of PCCM enrollees. Fourteen percent of STAR MCO enrollees and 12 percent of PCCM enrollees indicated they never received the help they needed after regular business hours. Respondents were asked about why they did not receive the help they needed by phone after hours. The most common response in both programs was that no one from their personal doctor's office returned their phone call after leaving a message (55 percent in the STAR MCO Program and 71 percent in the PCCM Program).

[6] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Table 5. STAR MCO Program and PCCM Program Adult Enrollees' Personal Doctor Availability and Communications with Other Providers[7]

Personal Doctor Availability and Communication with Other Providers		STAR MCO		PCCM	
		N	Percent	N	Percent
In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?	Refused	171	0.1%	131	0.1%
	Do not know	574	0.5%	350	0.3%
	Yes	51,895	43.1%	67,802	48.5%
	No	67,710	56.3%	71,496	51.1%
	Total	120,349	100.0%	139,779	100.0%
In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Refused	172	0.3%	0	0.0%
	Do not know	1,324	2.6%	1,300	1.9%
	Never	12,097	23.3%	5,729	8.5%
	Sometimes	7,150	13.8%	5,389	7.9%
	Usually	7,263	14.0%	10,688	15.8%
	Always	23,890	46.0%	44,695	65.9%
	Total	51,895	100.0%	67,802	100.0%
In the last 6 months, did you phone your personal doctor's office during regular office hours to get help or advice for yourself?	Refused	177	0.1%	321	0.2%
	Do not know	390	0.3%	182	0.1%
	Yes	66,112	54.9%	78,574	56.2%
	No	53,671	44.6%	60,702	43.4%
	Total	120,349	100.0%	139,779	100.0%
In the last 6 months, when you phoned your personal doctor's office during regular hours, how often did you get the help or advice you wanted?	Refused	162	0.2%	0	0.0%
	Do not know	64	0.1%	128	0.2%
	Never	4,002	6.1%	1,555	2.0%
	Sometimes	12,230	18.5%	13,967	17.8%
	Usually	10,438	15.8%	9,975	12.7%
	Always	39,216	59.3%	52,950	67.4%
	Total	66,112	100.0%	78,574	100.0%
In the last 6 months, did you phone your personal doctor's office after regular office hours to get advice or help?	Refused	157	0.1%	182	0.1%
	Do not know	571	0.5%	74	0.1%
	Yes	24,072	20.0%	25,845	18.5%
	No	95,550	79.4%	113,678	81.3%
	Total	120,349	100.0%	139,779	100.0%

[7] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Table 5. STAR MCO Program and PCCM Program Adult Enrollees' Personal Doctor Availability and Communications with Other Providers (Continued)[8]

In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you wanted?	Refused	9	0.0%	38	0.1%
	Do not know	86	0.4%	260	1.0%
	Never	3,445	14.3%	3,210	12.4%
	Sometimes	3,551	14.8%	5,128	19.8%
	Usually	2,715	11.3%	3,900	15.1%
	Always	14,266	59.3%	13,310	51.5%
	Total	24,072	100.0%	25,845	100.0%
Were any of these a reason you did not get the help or advice you wanted when you phoned after regular office hours?[9]	Refused	316	3.3%	93	0.8%
	Do not know	167	1.7%	1,023	8.4%
	You did not know what number to call	2,549	26.3%	3,842	31.4%
	You left a message but no one returned your call	5,373	55.3%	8,638	70.6%
	You could not leave a message at the number you phoned	2,614	26.9%	5,130	41.9%
	Another doctor was covering for your personal doctor	2,412	24.8%	5,369	43.9%
	Some other reason	2,775	28.6%	4,220	34.5%

Enrollee Satisfaction with Their Health Care – Descriptive Results

The importance of enrollees' satisfaction with their health care was described in the introductory section of this report. **Table 6** lists the mean composite scores for the four CAHPS® Health Plan Survey domains for the STAR MCO and PCCM Programs overall and by MCO and SDA. These are descriptive results only. The four domains include:

1) Getting needed care,
2) Getting care quickly,
3) Doctor's communication, and
4) Health plan customer service.

[8] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

[9] Respondents had the option to choose more than one answer; therefore, percentages for this question do not add up to 100 percent. Percentages represent the number of respondents who selected that response divided by the total number of respondents for that question (9,710 in the STAR MCO Program and 12,237 in the PCCM Program).

Both the lowest and highest scores for each domain in **Table 6** are shaded. As previously described, each of the domains had a possible score ranging from 0 to 100 with higher scores indicating greater satisfaction.

The overall scores for both PCCM Program and STAR MCO Program enrollees were higher than the Medicaid national mean for doctor's communication and health plan customer service.[10] The Medicaid national mean scores are the scores from Medicaid managed care plans that choose to report their CAHPS® Health Plan Survey results to the National Committee for Quality Assurance (NCQA).[29] The last reporting period publicly available for national comparison is calendar year 2002. While PCCM and STAR scores were slightly higher for communication with doctors (88.2 and 86.0, respectively, compared to the national average of 85.8), there was greater variance in the customer service score. While the national Medicaid plan mean for customer service was reported to be 67.2, PCCM Program enrollees rated health plan customer service almost 10 points higher at 77.0. STAR MCO Program enrollees rated health plan customer service at 77.6 ─ a little over 10 points higher than the national average.

The PCCM Program and STAR MCO Program enrollees' ratings for the remaining domains ─ getting needed care and getting care quickly ─ showed some variation when compared to those of Medicaid plans reporting to NCQA. The variation in the getting care quickly domain was not pronounced. Specifically, NCQA average rating for getting care quickly was 77.3; the rating in the PCCM Program was 76.9; and in the STAR MCO Program, it was 73.3. The greatest variance among these domains was in getting needed care. Although the PCCM Program rating of 73.3 was close to the NCQA average of 75.6, the STAR MCO Program rating for this domain was lower at 65.3.

Overall, there were only small levels of variation in satisfaction ratings between PCCM Program and STAR MCO Program enrollees with the exception of the domain of getting needed care. For three out of four domains, the difference in scores was less than four points. However, STAR MCO Program enrollees rated getting needed care eight points lower than PCCM Program enrollees.

The CAHPS® Health Plan Survey composite scores reveal some variability among MCO and MCO SDA performance. FIRSTCARE had the highest score of all MCOs/MCO SDAs for three of the four domains: getting needed care, doctor's communication, and health plan customer service. Texas Children's had the highest score for getting care quickly. Amerigroup ─ Travis had the lowest score for two of the four domains, getting needed care and getting care quickly. Parkland Community had the lowest rating for customer service, and Amerigroup ─ Dallas had the lowest rating for doctor's communication.

[10] It should be noted that Medicaid national means for these domains rely on an earlier version of the CAHPS® Health Plan Survey. As described earlier, this report uses information from the newest version of CAHPS®, i.e., CAHPS® Health Plan Survey 4.0. As such, part of the differences in the Medicaid national means and the PCCM or STAR MCO Program means may be due to the differences in survey items used in scoring these domains.

Table 6. Descriptive Results - Average CAHPS® Health Plan Survey Cluster Scores: Enrollee Satisfaction with Their Health Care

CAHPS® Cluster Scores	Getting Needed Care	Getting Care Quickly	Doctor's Communication	Customer Service
National Medicaid CAHPS® Health Plan Survey Mean	**75.6**	**77.3**	**85.8**	**67.2**
PCCM Overall	**73.3**	**76.9**	**88.2**	**77.0**
STAR MCO Overall	**65.3**	**73.3**	**86.0**	**77.6**
Amerigroup ─ Dallas	58.4	71.5	77.4	76.6
Amerigroup ─ Harris	65.1	69.7	89.5	78.6
Amerigroup ─ Tarrant	64.2	78.8	88.1	80.2
Amerigroup ─ Travis	52.5	61.9	80.1	75.0
Community First	61.6	71.8	79.6	73.6
Community Health Choice	71.4	74.7	89.5	84.5
El Paso First	69.7	75.5	87.4	76.4
FIRSTCARE	81.9	71.8	90.7	86.6
Parkland Community	62.3	71.1	83.7	70.2
Superior ─ Bexar	73.6	75.9	88.3	80.6
Superior ─ El Paso	67.5	71.5	85.1	75.2
Superior ─ Travis	57.1	69.9	87.8	70.9
Texas Children's	78.2	82.7	86.7	81.9

Enrollee Satisfaction with Their Health Care – Multivariate Results

Satisfaction with health care can be influenced by several factors, including enrollee health status[30] and enrollee socio-demographic characteristics.[31] Therefore, to compare enrollee satisfaction with care for each of the previously described CAHPS® Health Plan Survey clusters for each MCO, we controlled for enrollee health status, race, and education.

The health and socio-demographic variables used in the logistic regression models were constructed as follows:

(1) Enrollee health status was measured by the RAND® SF-36 general health category. This is a composite score rated on a scale from 0 to 100. A higher score indicates better general health.
(2) Enrollee race/ethnicity was categorized as White, non-Hispanic; Black, non-Hispanic; Hispanic; or Other, non-Hispanic. White, non-Hispanic was the reference group.
(3) Educational status was categorized as less than a high school education, a high school diploma or GED, some college or vocational school, and a college degree or higher. Those who had less than a high school education were the reference group.

To select a reference group for the MCOs, the MCO with the highest score for each CAHPS® Health Plan Survey cluster was selected. The purpose of the reference group is to provide a point of comparison. Therefore, the results of each MCO are compared to the results of the highest scoring MCO for each cluster after controlling for race/ethnicity, health status, and educational status. The MCOs can have scores that are statistically significantly lower than or not significantly different from the MCO serving as the reference.

The outcome variable was the likelihood that the enrollee would usually or always have positive experiences for each cluster. A score of 75 points or higher was used to indicate that the experience was usually or always positive.

Table 7 contains a summary of the logistic regression results for each CAHPS® Health Plan Survey cluster. The reference MCO is indicated using the abbreviation "Ref." For MCOs with scores that are not significantly different from the reference MCO, the abbreviation "NS" is used. For MCOs scoring significantly lower than the reference MCO after considering the covariates in the model, a "–" is used. The logistic regression results showing the coefficient estimates and confidence intervals are contained in Appendix A.

FIRSTCARE had the highest score for the *Getting Needed Care* cluster. After controlling for enrollee race/ethnicity, health status, and education, Amerigroup serving Dallas, Tarrant, and Travis SDAs, Community First, and Superior serving El Paso and Travis SDAs had scores for the *Getting Needed Care* cluster that were significantly lower than the reference group scores.

For the *Getting Care Quickly* cluster, Texas Children's had the highest score. After controlling for enrollee race/ethnicity, health status, and education, Amerigroup serving Dallas, Harris, and Travis SDAs and Superior serving Travis SDA had scores that were significantly lower than the reference group scores in the *Getting Care Quickly* cluster.

FIRSTCARE had the highest score for the *Doctor's Communication* cluster. After controlling for race/ethnicity, health status, and education, the scores for enrollees in Amerigroup serving Dallas and Travis SDAs were significantly lower than those of enrollees of FIRSTCARE.

FIRSTCARE had the highest score for the *Health Plan Customer Service* cluster. Amerigroup serving Travis SDA and Superior serving El Paso and Travis SDAs had significantly lower scores than the scores for FIRSTCARE in the *Health Plan Customer Service* cluster.

Table 7. Logistic Regression Results – CAHPS® Health Plan Survey Cluster Scores: Differences Between STAR MCOs in Adult Enrollee Satisfaction Controlling for Race/Ethnicity, Health Status, and Education

MCO/MCO Sites	Getting Needed Care	Getting Care Quickly	Doctor's Communication	Customer Service
Amerigroup ─ Dallas	–	–	–	NS
Amerigroup ─ Harris	NS	–	NS	NS
Amerigroup ─ Tarrant	–	NS	NS	NS
Amerigroup ─ Travis	–	–	–	–
Community First	–	NS	NS	NS
Community Health Choice	NS	NS	NS	NS
El Paso First	NS	NS	NS	NS
FIRSTCARE	Ref	NS	Ref	Ref
Parkland Community	NS	NS	NS	NS
Superior ─ Bexar	NS	NS	NS	NS
Superior ─ El Paso	–	NS	NS	–
Superior ─ Travis	–	–	NS	–
Texas Children's	NS	Ref	NS	NS
Key: "Ref" = reference MCO; "NS" = not significant; "–" = score significantly lower than reference.				

Specialty Services

The implementation of managed care, particularly for those with special health care needs, sometimes raises questions about potential barriers to health care services.[32] The impact of managed care is of particular concern for individuals with complex physical or emotional disorders who may require many specialty services. Relatively healthy individuals may also require specialty services for acute conditions at various times.

Table 8 depicts the percentage of respondents reporting they tried to make an appointment to see a physician specialist. Overall, 29 percent of respondents enrolled in the STAR MCO Program and 35 percent of respondents enrolled in the PCCM Program reported they tried to make an appointment with a specialist in the past six months. There was some variation among the STAR MCO Program health plans and SDAs with respondents served by Community First reporting the highest percentage of adult enrollees who tried to make an appointment to see a specialist (36 percent) and respondents served by Amerigroup in the Harris SDA reporting the lowest percentage of enrollees who needed to see a specialist (20 percent).

Of those who needed to see a specialist, 58 percent of STAR MCO Program respondents and 74 percent of PCCM Program respondents reported that obtaining specialty care was always or usually easy. A smaller percentage of STAR and PCCM enrollees reported that getting an appointment with a specialist was sometimes easy (24 percent and 21 percent, respectively). Almost one-fifth (17 percent) of STAR MCO Program enrollees and a small minority (5 percent) of PCCM Program enrollees who stated they needed specialty care reported that it was never easy to secure a needed specialist. Respondents who were provided care by Amerigroup ─ Travis represented the highest percentage of respondents who reported that it was never easy to access specialty care (34 percent), closely followed by Superior ─ Travis (32 percent). Thus, the respondents from the Travis SDA from both Amerigroup and Superior reported more problems obtaining appointments for specialty care than any of the other health plans or SDAs. Respondents served by FIRSTCARE had the lowest percentage (three percent) who reported that it was never easy to access specialist care.

Table 8. STAR MCO Program and PCCM Program Adult Enrollees' Experiences with Specialty Care[11]

Specialty Care		STAR MCO		PCCM	
		N	Percent	N	Percent
In the last 6 months, did you try to make an appointment to see a specialist?	Refused	184	0.1%	0	0.0%
	Do not know	443	0.3%	948	0.5%
	Yes	50,458	28.6%	63,598	35.2%
	No	125,420	71.1%	116,230	64.3%
	Total	176,505	100.0%	180,776	100.0%

[11] Due to the weighting and due to carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages resulting from rounding.

Table 8. STAR MCO Program and PCCM Program Adult Enrollees' Experiences with Specialty Care (Continued)[12]

In the last 6 months, how often was it easy to get a referral to a specialist you needed to see?	Refused	98	0.2%	1,357	2.1%
	Do not know	402	0.8%	2,088	3.3%
	Never	9,667	19.2%	8,820	13.9%
	Sometimes	10,200	20.2%	9,235	14.5%
	Usually	7,555	15.0%	10,256	16.1%
	Always	22,535	44.7%	31,841	50.1%
	Total	50,458	100.0%	63,598	100.0%
In the last 6 months, how often was it easy to get appointments with specialists?	Refused	42	0.1%	153	0.2%
	Do not know	244	0.5%	203	0.3%
	Never	8,752	17.3%	3,222	5.1%
	Sometimes	12,020	23.8%	13,294	20.9%
	Usually	9,105	18.0%	11,166	17.6%
	Always	20,294	40.2%	35,560	55.9%
	Total	50,458	100.0%	63,598	100.0%
How many specialists have you seen in the last 6 months?	Refused	0	0.0%	0	0.0%
	Do not know	87	0.2%	292	0.5%
	None	8,166	16.2%	6,356	10.0%
	1 specialist	22,574	44.7%	25,594	40.2%
	2 specialists	9,765	19.4%	16,929	26.6%
	3 specialists	4,890	9.7%	7,070	11.1%
	4 specialists	3,285	6.5%	3,077	4.8%
	5 or more specialists	1,691	3.4%	4,279	6.7%
	Total	50,458	100.0%	63,598	100.0%
In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?	Refused	20	0.0%	173	0.3%
	Do not know	251	0.6%	145	0.3%
	Yes	13,084	31.0%	22,420	39.4%
	No	28,851	68.4%	34,212	60.1%
	Total	42,206	100.0%	56,950	100.0%

Table 9 provides information on the percentage of respondents reporting a need for specialized treatments or therapies such as specialized medical equipment or devices; special therapy such as physical, occupational, or speech therapy; or home health care. Overall, a higher percentage of respondents enrolled in the PCCM Program reported a need for specialized equipment, therapies, and assistance compared to respondents enrolled in the STAR MCO Program, and the difference was seen uniformly over these three types of required services. Sixteen percent of respondents enrolled in the PCCM Program reported a need for special equipment compared to 11 percent of respondents enrolled in the STAR MCO Program. Fourteen percent of PCCM Program respondents reported needing special therapies while eight percent of STAR MCO Program

[12] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

respondents required such care. Twelve percent of PCCM Program enrollees required home health care while only seven percent of STAR MCO Program enrollees reported a need.

The difference in the reported need for specialized services corresponds to the reported differences in limitations in physical functioning. Overall, a higher percentage of respondents enrolled in the PCCM Program stated they had an impairment or health problem that interfered with daily living skills compared to STAR MCO respondents (See **Table 9**). Almost half (45 percent) of PCCM enrollees reported having a physical or medical condition that seriously interferes with their independence or quality of life compared to only about one-fifth (22 percent) of STAR MCO enrollees.

Table 9 also provides information regarding respondents' experiences obtaining needed specialized therapies, equipment, or assistance. For both the PCCM Program and the STAR MCO Program, a significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 20 and 25 percent of enrollees in the PCCM Program needing home health care, special equipment, or specialized therapies reported that it was never easy to obtain these services. In the STAR MCO Program, 20 to 36 percent of the enrollees reported that it was never easy to obtain specialized therapies, special equipment, or home health services.

Table 9. STAR MCO Program and PCCM Program Adult Enrollees' Experiences with and Need for Specialized Services[13]

Specialized Services		STAR MCO		PCCM	
		N	Percent	N	Percent
In the last 6 months, did you have a health problem for which you needed special medical equipment?	Refused	24	0.0%	1,490	0.8%
	Do not know	250	0.1%	998	0.6%
	Yes	19,777	11.2%	29,565	16.4%
	No	156,453	88.6%	148,723	82.3%
	Total	176,505	100.0%	180,776	100.0%
In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?	Refused	97	0.5%	203	0.7%
	Do not know	404	2.0%	435	1.5%
	Never	4,000	20.2%	6,051	20.5%
	Sometimes	4,198	21.2%	8,349	28.2%
	Usually	2,025	10.2%	3,082	10.4%
	Always	9,053	45.8%	11,444	38.7%
	Total	19,777	100.0%	29,565	100.0%
In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?	Refused	400	0.2%	91	0.1%
	Do not know	330	0.2%	1,120	0.6%
	Yes	13,804	7.8%	25,217	13.9%
	No	161,971	91.8%	154,348	85.4%
	Total	176,505	100.0%	180,776	100.0%

[13] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Table 9. STAR MCO Program and PCCM Program Adult Enrollees' Experiences with and Need for Specialized Services (Continued)[14]

In the last 6 months, how often was it easy to get the special therapy you needed through your health plan?	Refused	177	1.3%	179	0.7%
	Do not know	125	0.9%	0	0.0%
	Never	3,600	26.1%	5,155	20.4%
	Sometimes	3,065	22.2%	6,987	27.7%
	Usually	1,918	13.9%	3,947	15.7%
	Always	4,920	35.6%	8,949	35.5%
	Total	13,804	100.0%	25,217	100.0%
In the last 6 months, did you need someone to come into your home to give you home health care or assistance?	Refused	134	0.1%	0	0.0%
	Do not know	168	0.1%	422	0.2%
	Yes	12,261	6.9%	21,963	12.1%
	No	163,943	92.9%	158,391	87.6%
	Total	176,505	100.0%	180,776	100.0%
In the last 6 months, how often was it easy to get the home health care you needed through your health plan?	Refused	62	0.5%	277	1.3%
	Do not know	550	4.5%	1,874	8.5%
	Never	4,428	36.1%	5,475	24.9%
	Sometimes	1,472	12.0%	4,247	19.3%
	Usually	1,532	12.5%	1,149	5.2%
	Always	4,218	34.4%	8,941	40.7%
	Total	12,261	100.0%	21,963	100.0%
Do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?	Refused	270	0.2%	62	0.0%
	Do not know	206	0.1%	1,025	0.6%
	Yes	16,758	9.5%	33,152	18.3%
	No	159,271	90.2%	146,537	81.1%
	Total	176,505	100.0%	180,776	100.0%
Do you need help with routine needs, such as everyday household chores, doing necessary business, shopping, or other purposes?	Refused	509	0.3%	292	0.2%
	Do not know	261	0.1%	911	0.5%
	Yes	28,672	16.2%	57,769	32.0%
	No	147,063	83.3%	121,804	67.4%
	Total	176,505	100.0%	180,776	100.0%
Do you have a physical/ medical condition that seriously interferes with your independence or quality of life?	Refused	487	0.3%	1,051	0.6%
	Do not know	889	0.5%	3,045	1.7%
	Yes	39,076	22.1%	80,506	44.5%
	No	136,053	77.1%	96,174	53.2%
	Total	176,505	100.0%	180,776	100.0%

[14] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Overall, a substantial percentage of respondents reported needing a specialty physician or access to specialized medical treatment, therapy, or equipment. A significant number of those who require these specialized services report experiencing problems obtaining needed care. Potential barriers to specialty care and services need to be identified and strategies developed with the health plans to address those barriers. Potential barriers could include inadequate provider panels, inadequate care coordination, or restrictive prior authorization procedures.

Access to Needed Care

Managed care plans use a range of strategies to coordinate health care and control costs, such as requirement for prior approval for specific types of care, disease management programs, and pharmacy formularies. While these strategies ensure efficiency, they should be monitored to ensure they do not impede access to care for disabled or chronically ill individuals.

Table 10 shows information on the percentage of respondents who needed care, tests, or treatment and their experiences obtaining care. Overall, 43 percent of STAR MCO Program enrollees and 40 percent of PCCM Program enrollees needed care, tests, or treatment. Of those who needed these services, the majority of respondents reported that obtaining needed care was always or usually easy. More enrollees in the PCCM Program indicated that getting needed care was always or usually easy than in the STAR MCO Program (71 percent and 67 percent, respectively).

Enrollees in both programs were generally satisfied with their access to prescription medication, urgent care, and routine health care. Eighty-four percent of STAR MCO respondents and 82 percent of PCCM respondents said it was always or usually easy to get prescription medications through their health plans. Seventy-three percent of STAR respondents and 77 percent of PCCM respondents agreed they always or usually had access to an urgent care appointment as soon as it was needed. Sixty-nine percent of STAR respondents and 73 percent of PCCM respondents reported they always or usually got appointments for routine care as soon as they thought it was needed. Although the majority of respondents reported timely access to health care, approximately one-quarter of the respondents in both programs reported they only received timely access to care sometimes or never (29 percent of STAR MCO respondents and 24 percent of PCCM respondents).

Table 10. STAR MCO Program and PCCM Program Adult Enrollees' Access to Needed Care[15]

Access to Needed Care		STAR MCO		PCCM	
		N	Percent	N	Percent
In the last 6 months, did you try to get any kind of care, tests, or treatment through your health plan?	Refused	557	0.3%	0	0.0%
	Do not know	677	0.4%	1,490	0.8%
	Yes	75,959	43.0%	72,287	40.0%
	No	99,312	56.3%	106,999	59.2%
	Total	176,505	100.0%	180,776	100.0%

[15] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Table 10. STAR MCO Program and PCCM Program Adult Enrollees' Access to Needed Care (Continued)[16]

In the last 6 months, how often was it easy to get the care, tests, or treatment through your health plan?	Refused	121	0.2%	145	0.2%
	Do not know	220	0.3%	1,569	2.2%
	Never	7,682	10.1%	4,536	6.3%
	Sometimes	17,010	22.4%	14,553	20.1%
	Usually	15,997	21.1%	18,709	25.9%
	Always	34,929	46.0%	32,775	45.3%
	Total	75,959	100.0%	72,287	100.0%
In the last 6 months, how often did you get the prescription medicine you needed through your health plan?	Refused	159	0.1%	1,721	1.4%
	Do not know	513	0.4%	522	0.4%
	Never	1,826	1.5%	1,148	1.0%
	Sometimes	16,418	13.6%	18,048	15.2%
	Usually	16,371	13.5%	13,991	11.8%
	Always	85,807	70.9%	83,524	70.2%
	Total	121,094	100.0%	118,954	100.0%
In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?	Refused	326	0.5%	1,194	1.6%
	Do not know	882	1.3%	1,085	1.4%
	Never	1,732	2.5%	1,515	2.0%
	Sometimes	15,971	23.1%	13,431	17.6%
	Usually	10,110	14.6%	12,771	16.7%
	Always	40,097	58.0%	46,279	60.7%
	Total	69,118	100.0%	76,275	100.0%
Not counting the times you needed care right away, how often did you get an appointment for your health care as soon as you thought you needed?	Refused	386	0.3%	326	0.3%
	Do not know	1,415	1.2%	3,036	2.6%
	Never	4,497	3.8%	5,352	4.5%
	Sometimes	29,704	25.4%	23,237	19.6%
	Usually	19,922	17.0%	17,291	14.6%
	Always	61,189	52.2%	69,428	58.5%
	Total	117,113	100.0%	118,670	100.0%

[16] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Table 10. STAR MCO Program and PCCM Program Adult Enrollees' Access to Needed Care (Continued)[17]

In the last 6 months, not counting the times you needed care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?	Refused	1,468	1.3%	1,479	1.2%
	Do not know	3,585	3.1%	10,726	9.0%
	Same day	23,335	19.9%	21,588	18.2%
	1 day	15,950	13.6%	19,371	16.3%
	2-3 days	30,795	26.3%	25,169	21.2%
	4-7 days	22,054	18.8%	20,227	17.0%
	8-14 days	8,957	7.6%	8,084	6.8%
	15-30 days	6,764	5.8%	8,627	7.3%
	31-60 days	1,996	1.7%	2,468	2.1%
	61-90 days	932	0.8%	357	0.3%
	91 days or longer	1,277	1.1%	573	0.5%
	Total	117,113	100.0%	118,670	100.0%

Health Behaviors and Health Promotion Practices

A number of health behaviors and health promotion practices can reduce illness and health care costs. Such practices include flu shots, maintaining a healthy weight, and smoking cessation. The Centers for Disease Control recommends that individuals at high risk for influenza, such as those age 50 or older, residents of long-term care facilities, and people who have chronic medical problems should receive an annual flu shot to prevent adverse health outcomes such as hospitalization or death. The Agency for Health Care Policy and Research Smoking Cessation Clinical Practice Guidelines recommend that primary care physicians identify smokers, treat every smoker with a cessation or motivational intervention, offer nicotine replacement except in special circumstances, and schedule follow-up contact to occur after cessation.[33]

Table 11 provides information regarding flu shots, obesity, smoking behaviors, and smoking cessation for respondents enrolled in the STAR MCO and PCCM Programs. Twenty-one percent of respondents enrolled in the STAR MCO Program and 24 percent of respondents enrolled in the PCCM Program reported receiving a flu shot during the 2006 flu season.

Reporting on obesity rates is new for the State Fiscal Year 2007 report. This has been added due to the current national focus on this problem. Obesity appears to be a major problem among respondents in both the STAR MCO and PCCM Programs. Based on body mass index (BMI), almost half of all survey respondents were considered obese (43 percent of STAR enrollees and 44 percent of PCCM enrollees).[18] These rates are higher than the overall average for the United States, which is estimated to be 32 percent by the National Center for Health Statistics.[34] The rate of obesity is expected to be higher in the study population due to higher rates of obesity in Texas and especially in Medicaid populations.[35] One quarter was overweight (25 percent of STAR respondents and 26 percent of PCCM respondents) and just over one quarter was considered to

[17] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

[18] Claims and encounter data was used to determine the date of the first pregnancy diagnostic code for women. Women who were estimated to be three to nine months pregnant at the time of the interview were excluded from BMI calculations and tabulations because it was unclear if they were reporting their pregnancy or pre-pregnancy weights. This excluded 13.73 percent of the STAR respondents and 3.85 percent of the PCCM respondents.

be at a normal weight (30 percent of STAR respondents and 27 percent of PCCM respondents).[36,37] Looking at the rates of obesity is important due to the wide range of health problems associated with this condition. Besides poor health, obesity leads to higher medical expenditures, especially by Medicaid, which serves a population with higher rates of obesity than the general population. There was an estimated $75 billion spent in the United States on obesity-attributable medical expenditures in 2003, and about half of that was covered by Medicare and Medicaid. In Texas in 2003, it is estimated that Medicaid spent more than $1 billion on obesity-related expenditures.[35]

Figure 3 gives the rates of obesity by race and ethnicity. The group with the highest percentage of obese respondents was Black, non-Hispanic in the STAR MCO Program (47 percent). The group with the highest percentage of obese respondents was Hispanic in the PCCM Program (46 percent). Other research shows that although prevalence of obesity does not vary much in men according to race and ethnicity, prevalence rates in women vary significantly by race and ethnicity. One study found the prevalence rate in White, non-Hispanic women to be 30 percent, the rate in Mexican American women was 40 percent, and 50 percent of Black, non-Hispanic women were obese.[38] This finding is pertinent to this survey because of the high percentage of women and minority respondents. One would therefore expect the rates of obesity to be higher than the overall U.S. population rates because of the disproportionate number of women and minorities included in the survey sample.

Figure 4 shows the percentage of obese enrollees by MCOs/SDAs. There is some variation between the MCOs/SDAs. FIRSTCARE had the smallest percentage of obese enrollees with 30 percent considered to be obese. This is lower than the national average of 32 percent. Texas Children's had the largest percentage of obese enrollees with 50 percent having a BMI greater than 30. Full results from the BMI calculations can be found in Appendix B. The health plans could potentially use this information to target screening programs. Health plans with a higher percentage of obese enrollees may need to screen more carefully for potential health problems related to obesity, such as diabetes and hypertension. One study examined predictors of insulin resistance, which can lead to both Type 2 diabetes and hypertension. The authors found they could predict the presence of insulin resistance with a sensitivity of 79 percent and specificity of 80 percent with no blood sample. The criteria were either a BMI greater than 29 or a BMI greater than 27 and a family history of diabetes. If a patient met either of these criteria, they were considered to have tested positive for insulin resistance.[39] The high correlation between obesity and chronic illness could be used to identify patients earlier and potentially reduce the overall cost of treatment.

Smoking is another behavioral health topic that can have a significant impact on the health of the enrollee. The majority of survey respondents reported they were not current smokers (73 percent of STAR MCO enrollees and 71 percent of PCCM enrollees).[19] Current smokers were more likely to smoke every day compared to some days. Of the smokers in the STAR MCO Program, 56 percent smoked every day compared to 44 percent who reported smoking some days. Of the smokers in the PCCM Program, 62 percent smoked every day compared to 38 percent who smoked only some days. Many enrollees who currently smoke and had at least one doctor's visit in the last six months were advised to quit smoking (50 percent in the STAR MCO Program and 63 percent in the PCCM Program); however, few reported that their doctors provided them with

[19] The smoking questions have changed from CAHPS® 3.0 to the new version (CAHPS® 4.0). In the previous version, "smoker" was defined as anyone who had smoked 100 cigarettes over their lifetime, regardless of how often they currently smoke. This question was left out of version 4.0, which asks only about current smoking habits. Therefore, the percentages of non-smokers appear to have increased dramatically from Fiscal Year 2005, but this is most likely due to the change in the CAHPS® questions, not a change in the actual numbers of non-smokers.

strategies to cease smoking. Twenty-four percent of STAR smokers and 30 percent of PCCM smokers reported that their doctors or health providers discussed methods to assist with smoking cessation. Even fewer respondents reported their doctors advised them to use a nicotine replacement medication. Twenty percent of STAR smokers and 26 percent of PCCM smokers reported that their doctors or health providers recommended a medication such as nicotine gum or a nicotine patch to assist in smoking cessation.[20]

Table 11. Health Behaviors of STAR MCO Program and PCCM Program Adult Enrollees[21]

Health Behaviors		STAR MCO		PCCM	
		N	Percent	N	Percent
Have you had a flu shot since September 1, 2006?	Refused	22	0.0%	0	0.0%
	Do not know	925	0.5%	1,380	0.8%
	Yes	36,648	20.8%	44,129	24.4%
	No	138,910	78.7%	135,267	74.8%
	Total	176,505	100.0%	180,776	100.0%
Body Mass Index[22]	Underweight	3,624	2.8%	5,333	3.7%
	Normal weight	38,536	29.7%	37,910	26.5%
	Overweight	32,075	24.7%	37,036	25.9%
	Obese	55,504	42.8%	62,759	43.9%
	Total	129,739	100.0%	143,038	100.0%
Do you now smoke every day, some days, or not at all?	Refused	315	0.2%	284	0.2%
	Do not know	323	0.2%	347	0.2%
	Every day	26,729	15.1%	32,453	18.0%
	Some days	20,853	11.8%	19,552	10.8%
	Not at all	128,285	72.7%	128,140	70.9%
	Total	176,505	100.0%	180,776	100.0%

[20] Percentages here represent everyone who had a doctor discuss smoking cessation out of the total number of smokers who had a doctor's visit in the last six months. In other words, respondents who did not go to the doctor in the last six months, as well as those who responded "do not know" and "refused," were excluded from the denominator in this calculation.

[21] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

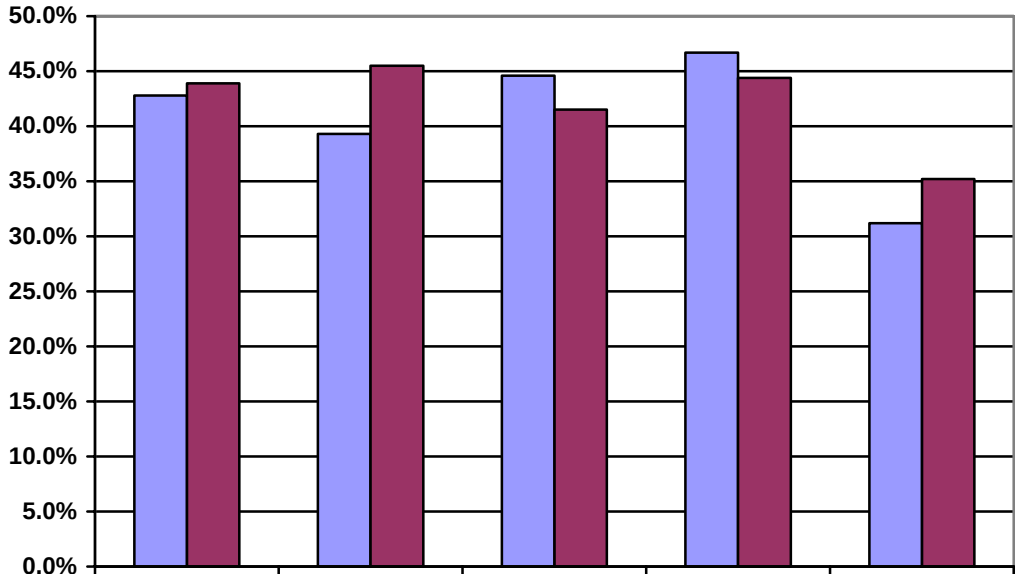
[22] This was calculated with the formula (weight in pounds / (height in inches)^2)*703 taken from CDC's website.[36] Classification into categories by BMI was done according to the National Heart, Blood, and Lung Institute.[37] The calculation of BMI uses four different variables. If one is missing, BMI cannot be calculated for that individual. Thus, there is more missing data for this calculation than is usual for this report.

Table 11. Health Behaviors of STAR MCO Program and PCCM Program Adult Enrollees (Continued)[23]

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?	Refused	454	1.0%	1,734	3.3%
	Do not know	480	1.0%	1,370	2.6%
	None	22,358	47.0%	16,200	31.2%
	1 visit	4,563	9.6%	8,458	16.3%
	2-4 visits	9,448	19.9%	7,619	14.7%
	5-9 visits	4,061	8.5%	6,352	12.2%
	10 or more visits	4,317	9.1%	5,102	9.8%
	I had no visits in the last 6 months	1,902	4.0%	5,170	9.9%
	Total	47,582	100.0%	52,005	100.0%
On how many visits was medication recommended or discussed to assist you with quitting smoking?	Refused	332	0.7%	320	0.6%
	Do not know	461	1.0%	1,098	2.1%
	None	35,881	75.4%	31,701	61.0%
	1 visit	3,790	8.0%	6,781	13.0%
	2-4 visits	3,701	7.8%	3,093	5.9%
	5-9 visits	800	1.7%	592	1.1%
	10 or more visits	517	1.1%	826	1.6%
	I had no visits in the last 6 months	2,100	4.4%	7,594	14.6%
	Total	47,582	100.0%	52,005	100.0%
In the last 6 months, on how many visits did your doctor discuss methods and strategies (other than medication) to assist you with quitting smoking?	Refused	344	0.7%	86	0.2%
	Do not know	474	1.0%	3,110	6.0%
	None	34,221	71.9%	31,024	59.7%
	1 visit	3,880	8.2%	4,851	9.3%
	2-4 visits	5,106	10.7%	4,697	9.0%
	5-9 visits	1,013	2.1%	1,900	3.7%
	10 or more visits	676	1.4%	1,807	3.5%
	I had no visits in the last 6 months	1,868	3.9%	4,529	8.7%
	Total	47,582	100.0%	52,005	100.0%

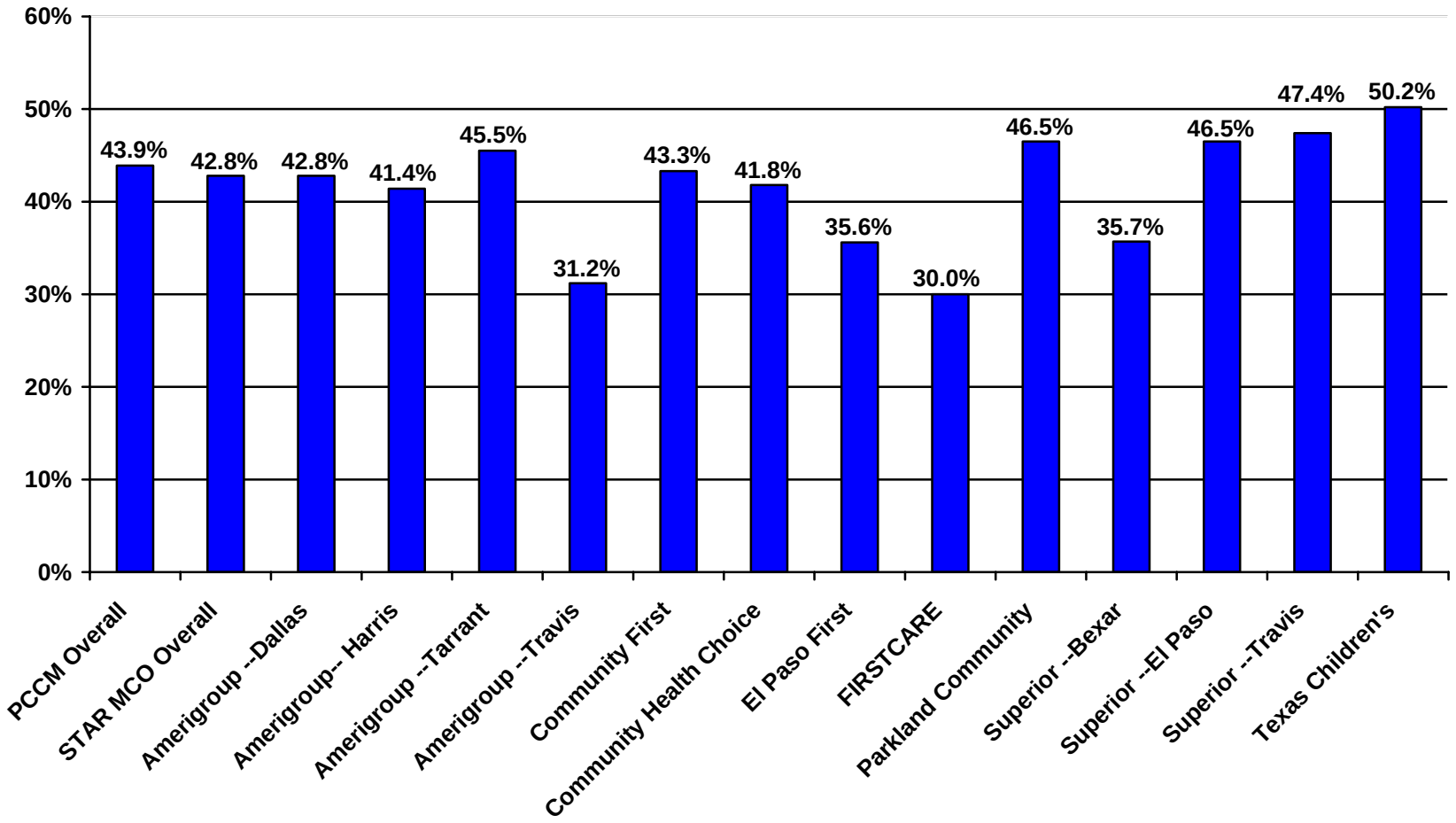
[23] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Figure 3. Obesity by Race/Ethnicity



	Total	Hispanic	White, non-Hispanic	Black, non-Hispanic	Other, non-Hispanic
STAR MCO	42.8%	39.3%	44.6%	46.7%	31.2%
PCCM	43.9%	45.5%	41.5%	44.4%	35.2%

Figure 4. Obesity by Program and MCO/ MCO Sites



Summary and Recommendations

The major findings of this survey are as follows:

- Both STAR MCO Program and PCCM Program enrollees are racially and ethnically diverse. The racial and ethnic breakdowns of respondents from both programs are similar. Forty percent of STAR MCO Program enrollees and 41 percent of PCCM Program enrollees were Hispanic. Twenty-seven percent of STAR enrollees were Black, non-Hispanic, and 27 percent were White, non-Hispanic. In the PCCM Program, 38 percent of the enrollees were White, non-Hispanic and 14 percent were Black, non-Hispanic.
- The SF-36 scores for the STAR MCO Program adult participants and PCCM Program adult participants are significantly lower than national norms for all eight physical and mental health domains. Also, the SF-36 scores for PCCM Program adult participants were significantly lower than those for STAR MCO Program participants, indicating that PCCM Program enrollees are less healthy overall than STAR MCO Program participants.
- Overall, 77 percent of PCCM respondents and 68 percent of STAR respondents reported they had a specific person—a personal doctor or nurse—from whom they received health care. PCCM enrollees were much more likely to have a personal doctor who was up-to-date on care received from other providers when compared to STAR enrollees. Sixty-six percent of PCCM respondents reported their personal doctor was always up-to-date on care received from other providers compared to 46 percent of STAR MCO respondents.
- Overall, 29 percent of respondents enrolled in the STAR MCO Program and 35 percent of respondents enrolled in the PCCM Program reported they tried to make an appointment to see a specialist in the past six months. STAR MCO Program enrollees had more difficulties securing appointments for specialty care than PCCM Program enrollees. Seventeen percent of STAR MCO respondents reported that it was never easy to get an appointment with a specialist compared to only five percent of PCCM respondents.
- For both the PCCM and the STAR MCO Programs, a significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 20 and 25 percent of enrollees in the PCCM Program needing home health, special equipment, or specialized therapies reported that it was never easy to obtain these services. In the STAR MCO Program, 20 to 36 percent of the enrollees reported that it was never easy to obtain specialized therapies, special equipment, or home health services.
- Of those who needed care, tests, or treatment, the majority of respondents reported that obtaining needed care was always or usually easy. More enrollees in the PCCM Program indicated that getting needed care was always or usually easy than in the STAR MCO Program (71 percent and 67 percent, respectively).
- The overall CAHPS® Health Plan Survey composite scores for STAR MCO Program enrollees and the PCCM Program enrollees were higher than the Medicaid national mean score for the communication with doctors and customer service domains. The PCCM Program and STAR MCO Program enrollees' ratings for the remaining domains ─ getting needed care and getting care quickly ─ showed some variation when compared to those of Medicaid plans reporting to NCQA. The variation in the getting care quickly domain was not pronounced. Specifically, the NCQA average rating for getting care quickly was 77.3; the rating in the PCCM Program was 76.9; and in the STAR MCO Program, the rating was 73.3. The greatest variance among these domains was in getting needed care. Although the PCCM Program rating of 73.3 was close to the NCQA average of 75.6, the STAR MCO Program rating for this domain was lower at 65.3.

- There were some significant differences among the MCOs in their performance on the CAHPS® Health Plan Survey composite scores after controlling for enrollee health status, race/ethnicity, and education. FIRSTCARE had the highest score in three (i.e., getting needed care, doctor's communication, and health plan customer service) of the four CAHPS® Health Plan Survey domains. Texas Children's had the highest score in the getting care quickly domain. Amerigroup serving Travis SDA had significantly lower scores in all of the four CAHPS® Health Plan Survey domains. Amerigroup – Dallas and Superior – Travis had significantly lower scores in three of the four CAHPS® Health Plan Survey domains (getting needed care, getting care quickly, and doctor's communication and getting needed care, getting care quickly, and customer service, respectively). Superior – El Paso had significantly lower scores in two of the four CAHPS® Health Plan Survey domains (getting needed care and customer service). Amerigroup serving Harris and Tarrant SDAs and Community First had significantly lower scores in one of the four CAHPS® Health Plan Survey domains (getting care quickly for Amerigroup – Harris and getting needed care for Amerigroup – Tarrant and Community First).
- Obesity was a major problem among respondents in both the STAR MCO and PCCM Programs. Based on body mass index (BMI) scores, almost half are considered obese (43 percent of STAR enrollees and 44 percent of PCCM enrollees). These rates are higher than the overall average for the United States, which is estimated to be 32 percent by the National Center for Health Statistics. There was some variation between the MCOs in obesity rates. FIRSTCARE had the smallest percentage of enrollees that were considered to be obese (30 percent) and Texas Children's had the largest percentage of obese enrollees (50 percent).
- The majority of survey respondents reported that they were not current smokers (73 percent of STAR MCO enrollees and 71 percent of PCCM enrollees). Many enrollees who currently smoke were advised during at least one visit to quit smoking (50 percent in the STAR MCO Program and 63 percent in the PCCM Program); however, few reported that their doctors provided them with smoking cessation strategies. Twenty-four percent of STAR MCO Program smokers and 30 percent of PCCM Program smokers reported that their doctor discussed smoking cessation programs; 20 percent of STAR MCO Program smokers and 26 percent of PCCM smokers reported that their doctor recommended a medication to assist in smoking cessation.

The Texas HHSC may wish to consider the following strategies when working with the STAR MCO plans and with the PCCM Program to improve enrollee satisfaction with care.

- **Strategies to increase performance related to getting needed care.** Overall, respondents in the STAR MCO Program rated this composite lower than respondents in plans reporting to NCQA. Strategies should be developed to address deficits in the area of getting needed care to include: (1) reviewing MCO provider panels to ensure adequate numbers of primary care and specialty providers and (2) reviewing procedures that would ensure the availability of personal doctors, especially after hours.

- **Monitor access to specialized services for STAR MCO and for PCCM Program enrollees.** Overall, the SF-36 health status scores for PCCM Program adult enrollees were lower than those of STAR MCO Program adult enrollees, indicating greater health limitations. However, enrollees in both programs reported a need for specialty care and services. Moreover, enrollees in both programs reported that it was not easy to get these services. A focus study should be conducted to examine the adequacy of provider specialty panels and barriers to the receipt of specialty care services.

- **Strategies to reduce obesity.** Obesity is a major problem among respondents in both the STAR MCO and PCCM Programs. Given the wide range of health problems, the impact on enrollees' emotional well-being, and medical expenditures associated with this condition, strategies such as an educational campaign should be considered to encourage physicians to provide information on dietary and physical behaviors that would support the maintenance of a healthy weight. Additionally, there was some variation between MCOs/SDAs. Health plans with a larger percentage of obese enrollees should make sure they are screening carefully for health problems associated with obesity, such as diabetes and hypertension.

- **Strategies to increase physician adherence to smoking cessation guidelines should be considered.** While the majority of smoking respondents indicated their physician advised them to quit smoking during at least one office visit, less than half indicated that a specific strategy or medication was recommended as prescribed by the Agency for Health Care Policy and Research Guidelines. An educational campaign should be considered to encourage physicians to provide specific, evidence-based smoking cessation instructions to enrollees who smoke.

Appendix A. Logistic Regression Results for the CAHPS® Health Plan Survey Cluster Scores

(Yellow highlights indicate significant differences between the MCO scores and the reference group)

Likelihood of Usually or Always Getting Needed Care (MCO Reference = FIRSTCARE)

need1	Coef.	Std. Err.	t	P>|t|	[95% Conf.	Interval]
general	.011016	.0028274	3.90	0.000	.0054688	.0165633
hispanic	-.0936498	.2045614	-0.46	0.647	-.4949899	.3076904
black	-.0986876	.2267365	-0.44	0.663	-.5435342	.346159
other	-1.09888	.507667	-2.16	0.031	-2.094899	-.1028599
hsgrad1	-.0723969	.1987961	-0.36	0.716	-.4624257	.317632
somecoll1	.1238137	.2122304	0.58	0.560	-.2925728	.5402001
collgrad1	.2130684	.2900427	0.73	0.463	-.3559822	.782119
ameridallas	-.929347	.446335	-2.08	0.038	-1.805036	-.053658
ameriharris	-.7253372	.4434923	-1.64	0.102	-1.595449	.1447745
ameritarrant	-1.175962	.459552	-2.56	0.011	-2.077582	-.2743416
ameritravis	-1.292052	.459818	-2.81	0.005	-2.194194	-.3899097
comfirst	-.9524936	.4496123	-2.12	0.034	-1.834612	-.0703747
chc	-.5097136	.4365131	-1.17	0.243	-1.366132	.3467052
elpaso	-.6625951	.4356669	-1.52	0.129	-1.517354	.1921635
park	-.799644	.4598012	-1.74	0.082	-1.701753	.102465
supbexar	-.4722594	.4434943	-1.06	0.287	-1.342375	.3978562
supelpaso	-1.002455	.4606662	-2.18	0.030	-1.906262	-.0986494
suptravis	-1.242814	.4471657	-2.78	0.006	-2.120133	-.3654956
txchildren	-.1114557	.510359	-0.22	0.827	-1.112757	.8898455
_cons	.0157087	.4243513	0.04	0.970	-.8168492	.8482666

Likelihood of Usually or Always Getting Care Quickly (MCO Reference = Texas Children's)

quick1	Coef.	Std. Err.	t	P>|t|	[95% Conf.	Interval]
general	-.0008323	.0024462	-0.34	0.734	-.0056304	.0039658
hispanic	-.1081692	.178908	-0.60	0.546	-.4590866	.2427483
black	-.0144965	.1926449	-0.08	0.940	-.3923582	.3633652
other	-.1939741	.4833692	-0.40	0.688	-1.142074	.7541263
hsgrad1	-.0666081	.1667309	-0.40	0.690	-.393641	.2604249
somecoll1	.3975715	.1796496	2.21	0.027	.0451993	.7499436
collgrad1	.3958979	.2600615	1.52	0.128	-.1141975	.9059933
ameridallas	-.7784706	.3846481	-2.02	0.043	-1.532935	-.024006
ameriharris	-.7885142	.3701483	-2.13	0.033	-1.514538	-.0624899
ameritarrant	-.5169254	.3872209	-1.33	0.182	-1.276436	.2425857
ameritravis	-1.119137	.4024165	-2.78	0.005	-1.908453	-.3298207
comfirst	-.6613504	.3877462	-1.71	0.088	-1.421892	.099191
chc	-.4344174	.3737955	-1.16	0.245	-1.167595	.2987606
elpaso	-.5559425	.3824949	-1.45	0.146	-1.306184	.1942988
fcare	-.7726132	.4139184	-1.87	0.062	-1.58449	.0392636
park	-.7456098	.3916507	-1.90	0.057	-1.51381	.0225899
supbexar	-.5552865	.3923181	-1.42	0.157	-1.324795	.2142224
supelpaso	-.7328161	.3957474	-1.85	0.064	-1.509051	.0434193
suptravis	-1.20489	.3782052	-3.19	0.001	-1.946717	-.4630624
_cons	.8246703	.3751652	2.20	0.028	.0888057	1.560535

Likelihood of Usually or Always Having Positive Experience With Doctor's Communication (MCO Reference = FIRSTCARE)

doctor1	Coef.	Std. Err.	t	P>|t|	[95% Conf.	Interval]
general	.0129483	.0029202	4.43	0.000	.0072195	.0186771
hispanic	.1228499	.2379292	0.52	0.606	-.3439068	.5896066
black	.188367	.2265777	0.83	0.406	-.256121	.6328551
other	.3214499	.4978084	0.65	0.519	-.6551239	1.298024
hsgrad1	-.1059099	.2223267	-0.48	0.634	-.5420585	.3302386
somecoll1	-.1835715	.2332124	-0.79	0.431	-.6410752	.2739321
collgrad1	-.3021163	.33369	-0.91	0.365	-.9567315	.3524988
ameridallas	-1.050469	.4628251	-2.27	0.023	-1.958414	-.1425233
ameriharris	-.2987198	.4907097	-0.61	0.543	-1.261368	.6639283
ameritarrant	-.5410335	.4804611	-1.13	0.260	-1.483576	.4015093
ameritravis	-1.069224	.4912571	-2.18	0.030	-2.032946	-.1055023
comfirst	-.8448001	.4616312	-1.83	0.067	-1.750404	.0608034
chc	-.4349002	.47852	-0.91	0.364	-1.373635	.5038347
elpaso	-.3812223	.4767604	-0.80	0.424	-1.316505	.5540608
park	-.7383845	.4894569	-1.51	0.132	-1.698575	.2218059
supbexar	-.1440779	.4965002	-0.29	0.772	-1.118085	.8299297
supelpaso	-.7364477	.4932088	-1.49	0.136	-1.703998	.2311031
suptravis	-.2099889	.4965728	-0.42	0.672	-1.184139	.764161
txchildren	-.4234027	.5805891	-0.73	0.466	-1.562371	.7155659
_cons	.9771519	.4469905	2.19	0.029	.1002698	1.854034

Likelihood of Usually or Always Having Positive Experience With Health Plan Customer Service (MCO Reference = FIRSTCARE)

custserv1	Coef.	Std. Err.	t	P>|t|	[95% Conf.	Interval]
general	.009551	.0029813	3.20	0.001	.003701	.015401
hispanic	-.0304272	.2302723	-0.13	0.895	-.4822773	.421423
black	.0492553	.2539119	0.19	0.846	-.4489815	.5474922
other	-.3189712	.6284239	-0.51	0.612	-1.552092	.9141495
hsgrad1	-.1246594	.2053949	-0.61	0.544	-.5276942	.2783755
somecoll1	.2290168	.2228905	1.03	0.304	-.2083486	.6663821
collgrad1	-.1352966	.318128	-0.43	0.671	-.759541	.4889479
ameridallas	-.5736095	.4745637	-1.21	0.227	-1.504819	.3576
ameriharris	-.7714479	.4742035	-1.63	0.104	-1.701951	.1590548
ameritarrant	-.7388126	.4782339	-1.54	0.123	-1.677224	.1995987
ameritravis	-.9736576	.4822132	-2.02	0.044	-1.919877	-.0274379
comfirst	-.6375446	.4629573	-1.38	0.169	-1.545979	.2708901
chc	-.4277135	.4570344	-0.94	0.350	-1.324526	.4690993
elpaso	-.8774929	.4601372	-1.91	0.057	-1.780394	.0254083
park	-.9343214	.5064369	-1.84	0.065	-1.928074	.0594309
supbexar	-.588237	.4802841	-1.22	0.221	-1.530671	.3541973
supelpaso	-1.067425	.4923428	-2.17	0.030	-2.033521	-.1013285
suptravis	-1.17024	.4791999	-2.44	0.015	-2.110546	-.229933
txchildren	-.4010007	.5495793	-0.73	0.466	-1.479409	.6774076
_cons	.4567044	.4572496	1.00	0.318	-.4405305	1.353939

Appendix B. Body Mass Index by Race/Ethnicity and STAR MCO/MCO Sites[24]

Body Mass Index by Race/Ethnicity		STAR MCO*		PCCM	
		Count	Column N %	Count	Column N %
Hispanic	Underweight	1,056	2.1%	1,462	2.7%
	Normal weight	13,981	28.1%	12,767	23.7%
	Overweight	15,184	30.5%	15,141	28.1%
	Obese	19,527	39.3%	24,521	45.5%
	Total	49,749	100.0%	53,890	100.0%
White, non-Hispanic	Underweight	1,200	3.4%	1,578	2.6%
	Normal weight	10,746	30.7%	17,963	29.8%
	Overweight	7,456	21.3%	15,737	26.1%
	Obese	15,651	44.6%	24,985	41.5%
	Total	35,054	100.0%	60,264	100.0%
Black, non-Hispanic	Underweight	1,075	2.9%	2,293	10.7%
	Normal weight	11,216	30.0%	5,782	27.1%
	Overweight	7,617	20.4%	3,796	17.8%
	Obese	17,436	46.7%	9,466	44.4%
	Total	37,344	100.0%	21,336	100.0%
Other, non-Hispanic	Underweight	159	5.1%	0	0.0%
	Normal weight	938	30.1%	915	45.6%
	Overweight	1,043	33.5%	386	19.2%
	Obese	972	31.2%	707	35.2%
	Total	3,112	100.0%	2,007	100.0%
Do not know	Underweight	110	3.2%	0	0.0%
	Normal weight	1,099	32.0%	292	6.4%
	Overweight	614	17.9%	1,794	39.4%
	Obese	1,616	47.0%	2,463	54.1%
	Total	3,439	100.0%	4,549	100.0%
Refused	Underweight	25	2.4%	0	0.0%
	Normal weight	556	53.8%	191	19.3%
	Overweight	159	15.4%	183	18.4%
	Obese	294	28.4%	618	62.3%
	Total	1,034	100.0%	992	100.0%
Total	Underweight	3,624	2.8%	5,333	3.7%
	Normal weight	38,536	29.7%	37,910	26.5%
	Overweight	32,075	24.7%	37,036	25.9%
	Obese	55,496	42.8%	62,759	43.9%
	Total	129,731	100.0%	143,038	100.0%

*There was one missing data point for race/ethnicity, so the total for BMI by race/ethnicity is slightly lower than the total for the BMI calculation alone.

[24] Due to weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Body Mass Index by MCO/MCO Sites[25]		STAR MCO	
		Count	Column N %
Amerigroup — Dallas	Underweight	140	1.4%
	Normal weight	2,832	29.0%
	Overweight	2,614	26.8%
	Obese	4,177	42.8%
	Total	9,762	100.0%
Amerigroup — Harris	Underweight	626	3.9%
	Normal weight	5,270	32.5%
	Overweight	3,619	22.3%
	Obese	6,712	41.4%
	Total	16,227	100.0%
Amerigroup — Tarrant	Underweight	288	1.5%
	Normal weight	7,123	36.3%
	Overweight	3,281	16.7%
	Obese	8,916	45.5%
	Total	19,608	100.0%
Amerigroup — Travis	Underweight	41	0.9%
	Normal weight	1,845	41.7%
	Overweight	1,158	26.2%
	Obese	1,382	31.2%
	Total	4,427	100.0%
Community First	Underweight	502	5.5%
	Normal weight	2,191	24.1%
	Overweight	2,465	27.1%
	Obese	3,934	43.3%
	Total	9,091	100.0%
Community Health Choice	Underweight	622	4.6%
	Normal weight	3,346	25.0%
	Overweight	3,825	28.6%
	Obese	5,597	41.8%
	Total	13,391	100.0%
El Paso First	Underweight	81	1.3%
	Normal weight	2,242	37.1%
	Overweight	1,562	25.9%
	Obese	2,152	35.6%
	Total	6,038	100.0%
FIRSTCARE	Underweight	87	3.7%
	Normal weight	855	36.5%
	Overweight	696	29.7%
	Obese	703	30.0%
	Total	2,342	100.0%

[25] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Body Mass Index by MCO/MCO Sites (Continued)[26]		STAR MCO	
		Count	Column N %
Parkland Community	Underweight	382	2.5%
	Normal weight	3,994	26.3%
	Overweight	3,755	24.7%
	Obese	7,054	46.5%
	Total	15,185	100.0%
Superior — Bexar	Underweight	326	3.4%
	Normal weight	2,528	26.0%
	Overweight	3,402	35.0%
	Obese	3,468	35.7%
	Total	9,724	100.0%
Superior — El Paso	Underweight	65	1.1%
	Normal weight	1,642	27.3%
	Overweight	1,510	25.1%
	Obese	2,794	46.5%
	Total	6,011	100.0%
Superior — Travis	Underweight	464	3.3%
	Normal weight	3,719	26.3%
	Overweight	3,245	23.0%
	Obese	6,706	47.4%
	Total	14,135	100.0%
Texas Children's	Underweight	0	0.0%
	Normal weight	949	25.0%
	Overweight	941	24.8%
	Obese	1,907	50.2%
	Total	3,798	100.0%
Total	Underweight	3,624	2.8%
	Normal weight	38,536	29.7%
	Overweight	32,075	24.7%
	Obese	55,504	42.8%
	Total	129,739	100.0%

[26] Due to the weighting and carrying percentages out to only one decimal place, there may be very small differences in total numbers and percentages that result from rounding.

Notes

[1] Wickizer, T.M., G. Franklin, D. Fulton-Kehoe, J. A. Turner, R. Mootz, and T. Smith-Weller. 2004. "Patient Satisfaction, Treatment Experience, and Disability Outcomes in a Population-Based Cohort of Injured Workers in Washington State: Implications for Quality Improvement." *Health Services Research* 39 (4 Pt 1): 727-748.

[2] Pascoe, G.C. 1983. "Patient Satisfaction in Primary Health Care: A Literature Review and Analysis." *Evaluation and Program Planning* 6 (3-4): 185-210.

[3] Primary Care Case Management (PCCM) was originally a health plan model within the STAR Program which enrollees could select for their health care coverage. On September 1, 2005, PCCM exited from within the STAR areas it covered, except for the Southeast Region Service Area, and expanded to a total 197 Texas counties. The PCCM Program enrollees surveyed were those who resided within the expansion counties.

[4] One of the reasons that there were fewer than the targeted 2,600 completed surveys was that the enrollment data contained a high percentage of incorrect or outdated address and telephone information, making it difficult to contact adult STAR MCO Program enrollees. Additionally, there was not sufficient samples for three of the health plans. In these health plans, Amerigroup –Travis, FIRSTCARE, and Texas Children's, the number of members who met the eligibility criteria was not large enough to be able to get the targeted number of completed interviews.

[5] All statistical analyses, including survey responses, are measured with error. This can be offset by gathering more data (repeatedly or from more people in the population of interest). The "true" response can also be thought of as the actual response or the response we would get from the survey if there was no error or if no mistakes were made. Another way of looking at this is to take a question such as "Do you have one person you think of as your personal doctor or nurse?" In the STAR MCO survey, for example, 68.18 percent of respondents replied "yes" to this question. Due to our confidence interval, we can say that we are 95 percent certain that the "true" response lies between 70.37 percent and 65.99 percent.

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[11] Levy, P. S., and S. Lemeshow. 1999. Sampling of Populations: Methods and Applications. New York NY: John Wiley & Sons.

[12] U.S. Agency for Healthcare Research and Quality (AHRQ) has changed the name "CAHPS®" to encompass the overall program. As a result, changes have been made in this report to reflect changes made by AHRQ, and "CAHPS® Version 3.0" has been renamed as "CAHPS® Health Plan Survey 3.0."

Please see "What 'CAHPS®' means." for these changes. [Accessed on February 8, 2007]. Available at https://www.cahps.ahrq.gov/CAHPS_UsageGuide.asp.

[13] U.S. Agency for Healthcare Research and Quality (AHRQ) has released a new version of the CAHPS® Health Plan Survey for adult beneficiaries. This report relies on the new version, CAHPS® Health Plan Survey 4.0.

[14] National Committee for Quality Assurance. 2002. *HEDIS® 2003: Specifications for Survey Measures*. Washington, D.C.

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