The Texas STAR Managed Care Organization
and
Primary Care Case Management
Adult Enrollee CAHPS Health Plan Survey Report
Fiscal Year 2005

Measurement Period:
April 2005 – July 2005

Prepared by

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Overview

Report Title:	**The Texas STAR Managed Care Organization and Primary Care Case Management Adult Enrollee CAHPS Health Plan Survey Report for Fiscal Year 2005**
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Purpose

The purpose of this report is to present the results of telephone surveys 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 3.0, which is designed to gather information from Medicaid beneficiaries about their satisfaction with their health care. This report provides results from surveys fielded from April 2005 through July 2005 and focuses on adults enrolled during State Fiscal Year 2005. 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 for nine months or longer,
- document the presence of a usual source of care,
- 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 and 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-seven percent of STAR MCO Program enrollees were Hispanic compared to 50 percent of PCCM Program enrollees. For STAR, the next largest racial/ethnic group was White, non-Hispanic followed by Black, non-Hispanic and Other, non-Hispanic. For PCCM, the next largest racial/ethnic group was Black, non-Hispanic followed by White, non-Hispanic and Other, 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, 74 percent of PCCM respondents and 67 percent of STAR respondents reported they had a specific person—personal doctor or nurse—who provided health care for them. Seventy-eight percent of STAR respondents and 84 percent of PCCM respondents reported they had a particular place to go if they are sick and need health care.
- Overall, 43 percent of respondents enrolled in the STAR MCO Program and 53 percent of respondents enrolled in the PCCM Program reported they needed to see a specialist in the past six months. Almost one-quarter (24 percent) of STAR MCO Program enrollees and one-fifth (19 percent) of PCCM Program enrollees who stated they needed specialty care reported experiencing a "big" problem when trying to obtain specialty care.
- For both the PCCM and the STAR MCO Programs, a significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 35 percent and 51 percent of enrollees in both programs needing home health, special equipment, or specialized therapies reported problems accessing such care.
- Overall, 31 percent of respondents enrolled in the STAR MCO Program needed approval from their MCO for selected services, and 38 percent of respondents enrolled in the PCCM Program needed approval. A significant number of respondents indicated there were problems obtaining approval for care. Twenty-three percent of STAR MCO Program enrollees and 24 percent of PCCM Program enrollees who needed approval reported obtaining approval was a "big" problem.
- The overall CAHPS Health Plan Survey scores for both PCCM Program and STAR MCO Program enrollees were higher than the Medicaid national mean for the getting needed care and customer service composites. However, scores for the getting care quickly, communication with doctors, and courtesy of office staff composites were lower among the STAR MCO Program and PCCM Program enrollees when compared to Medicaid health plans reporting to the National Committee for Quality Assurance (NCQA). Overall, there were only small levels of variation in satisfaction ratings between PCCM Program and STAR MCO Program enrollees.
- There were some significant differences between the MCOs in their performance on the CAHPS Health Plan Survey composite scores after controlling for enrollee health status, race/ethnicity, and education. Superior serving Travis SDA had significantly lower scores in all of the five CAHPS Health Plan Survey domains. Community First and Texas Children's had significantly lower scores in three of the five CAHPS Health Plan Survey domains.
- The majority of survey respondents (62 percent STAR enrollees; 59 percent PCCM enrollees) reported that they had never been smokers or had quit smoking (13 percent STAR enrollees; 12 percent PCCM enrollees). The majority of those who did smoke reported they were advised during at least one visit with their doctor to quit smoking (59 percent in the STAR MCO Program and 64 percent in the PCCM Program); however, fewer than half reported their doctor provided them with specific strategies to stop smoking. Twenty-eight percent of STAR MCO Program smokers and 34 percent of PCCM Program smokers reported that their doctor discussed smoking cessation programs, and 23 percent of STAR MCO Program smokers and 22 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 care quickly, communication with doctors, and courtesy of office staff should be explored.** Overall, respondents in both the STAR MCO Program and PCCM Program rated these composites lower than respondents in plans reporting to NCQA. Strategies should be developed to address deficits in the area of getting care quickly to include: (1) reviewing MCO provider panels to ensure adequate numbers of primary care and specialty providers and (2) reviewing prior authorization procedures to ensure that care can be rendered quickly. One strategy to improve doctor communication and courtesy of office staff is providing feedback on the results of this survey to the MCOs and encouraging them to share this information with their providers.

- **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 that 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 experiencing a "big" problem obtaining needed specialized services. A focus study should be conducted examining the adequacy of provider specialty panels and barriers to the receipt of specialty care services.

- **Strategies to increase physician adherence to smoking cessation guidelines should be considered.** While the majority of smoking respondents indicated that 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 that is known as the STAR MCO Program and (2) the Texas Medicaid Managed Care Program that is known as the Primary Care Case Management (PCCM) Program. This report provides results from surveys fielded from April 2005 through July 2005 and focuses on adults enrolled during fiscal year 2005. 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 for nine months or longer,
- document the presence of a usual source of care,
- describe enrollees' satisfaction with their health care,
- describe the need for and availability of specialty care for enrollees,
- compare the enrollees' satisfaction scores of adults enrolled in the PCCM Program and the managed care organizations (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 for nine continuous months in the past year. The continuous enrollment criterion was chosen to ensure that 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 12 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 2,400 telephone surveys. There were 2,361 completed surveys for STAR respondents.[3] The target for the PCCM Program was 400. There were 401 completed surveys for PCCM respondents. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure that there was a sufficient sample size to allow for comparisons between MCOs and with the PCCM Program. The enrollee satisfaction survey is comprised of many different types of questions, and the confidence interval information provided is based on selected items with uniformly distributed responses. The information presented is provided as a "worst case" guideline only. Using a 95 percent confidence interval, the responses provided in the tables and figures are within ±1.9

percentage points of the "true" response for the enrollees of the STAR MCO Program.[4] 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 ±4.87 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=2,762)
Amerigroup	
Dallas SDA	198
Harris SDA	165
Tarrant SDA	239
Community First	202
Community Health Choice	201
El Paso First	202
FIRSTCARE	194
Parkland	200
Superior	
Bexar SDA	200
El Paso SDA	201
Travis SDA	200
Texas Children's	159
STAR TOTAL	**2,361**
PCCM	401
PCCM TOTAL	**401**

For the STAR MCO Program, 16,074 attempts were made to contact the enrollees. Using the contact information provided, 82 percent of families were located and 31 percent refused to participate. The response rate was 54 percent and the cooperation rate was 68 percent.[5] These contact, refusal, response, and participation rates are comparable to those obtained with other low-income families in Medicaid. [6, 7, 8] There were 2,361 completed surveys.

For the PCCM Program enrollees, there were 2,810 attempts to contact enrollees via telephone. Using the contact information provided, 78 percent of families were located and 37 percent refused to participate. The response rate was 53 percent and the cooperation rate was 69 percent. There were 401 completed surveys.

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, age, and family income. No significant differences were found between survey responders, those not located, and those refusing to participate. Due to the random sample selection procedures and the lack of significant differences between responders and non-responders on key socio-demographic indices, the results of this survey are believed to be representative of the larger group of STAR MCO Program and PCCM Program enrollees.

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 compared to 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 for nine months or longer in fiscal year 2005 were used. These surveys were conducted in April 2005 through July 2005.

Measures

The STAR MCO/PCCM Adult Enrollee CAHPS Health Plan Survey is comprised of the following sections (1) a household listing table containing questions about the number of people in the household, their relationship to the PCCM or STAR MCO Program enrollee, and their insurance and health status, (2) questions about the presence of a usual source of care for the enrollee, (3) the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 3.0[9] (described below), (4) the RAND 36-Item Health Survey, Version 1.0 (described below), (5) a series of questions about family members' employment status and access to employer-based health insurance, and (6) demographic questions.

The household listing table was developed originally for use in the Florida KidCare evaluation and adopted for use for the adult STAR MCO Program and PCCM Program population. It was developed in consultation with survey-design experts from Mathematica and the Urban Institute. The question series has been used in approximately 25,000 surveys conducted with adult Medicaid recipients and families of child Medicaid recipients in Texas, Florida, and New Hampshire.

The CAHPS Health Plan Survey 3.0 was used to assess enrollees' satisfaction with their health care.[10] 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.[11] Psychometric analyses indicate that the composite scores are a reliable and valid measure of member experiences.[12, 13] CAHPS Health Plan Survey composite scores address the following domains: (1) getting needed care, 2) getting care quickly, (3) doctor's communication, (4) interactions with the doctor's office staff, and (5) health plan customer service. Using this composite scoring method, a mean score was calculated for each of the five 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.[14] 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 by a trained interviewer in person or by telephone.

ICHP developed the question series about employment, access to employer-based coverage, and socio-demographic characteristics. 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,[15] the Current Population Survey,[16] and the National Survey of America's Families.[17] The entire telephone survey takes approximately 45 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 occurred in less than one percent of the cases. Individuals could also provide additional open-ended responses not covered by pre-existing survey categories. If these responses could be meaningfully grouped in a single category, they were grouped under a single heading. Items that could not be meaningfully grouped together were noted as "other." The items were initially grouped into meaningful categories when possible by a Research Assistant. These groupings were then reviewed by a Research Coordinator and the Project Director before they were finalized.

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 minimum of 38 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. Bad phone numbers were sent to a company that specializes in locating individuals, and any updated information was loaded back into the software system, and 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 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.[18] 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. Ten percent of respondents in the PCCM Program and 11 percent of respondents who were enrolled in the STAR MCO Program cited an interruption in telephone service. For PCCM enrollees who had interrupted service, 50 percent reported that they were without telephone service due to cost. For STAR enrollees who reported breaks in service, 74 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, gender, education, and marital status. There was only one statistically significant difference found among PCCM enrollees. Analysis indicated that a higher percentage of women (10 percent) reported interruptions in telephone service in the past six months than men (4 percent) (X^2=12.95; p=.044). This may indicate some potential bias in PCCM satisfaction results in that fewer female respondents than expected may be included in the survey.

Data Analysis

Descriptive statistics, Chi-square tests, and logistic regression models, calculated using STATA Version 8, were used in this report.[19] Descriptive results for each item for each MCO and for PCCM enrollees are provided to HHSC.

Results

Demographics

The demographic characteristics of enrollees of the STAR MCO and PCCM Programs are important to assess. Research has shown that disparities exist among racial and ethnic groups in regard to health status, health outcomes, and access to health care.[20] 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 2005 STAR MCO/PCCM Adult Enrollee CAHPS Health Plan Survey. The racial/ethnic breakdown of the STAR MCO and PCCM Program enrollees were fairly similar. Forty-seven percent of STAR MCO Program enrollees who responded to the survey were Hispanic compared to 50 percent of the PCCM Program enrollees. The next largest racial/ethnic group for the STAR MCO Program was White, non-Hispanic (25 percent) followed by Black, non-Hispanic (24 percent) and Other, non-Hispanic (5 percent). For the PCCM Program, the second largest racial/ethnic group was Black, non-Hispanic (26 percent) followed by White, non-Hispanic (20 percent) and Other, non-Hispanic (5 percent).

The most frequently reported marital status category for respondents in both the STAR MCO and PCCM Programs was “single.” Forty-two percent of STAR respondents reported being single while 37 percent of PCCM respondents reported being single. The next two highest categories for marital status of respondents were married (28 percent for STAR; 20 percent for PCCM) and divorced (13 percent for STAR; 20 percent for PCCM). The majority of the households the respondents lived in were single-parent households (53 percent for STAR; 55 percent for PCCM).

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

The average age of STAR MCO Program enrollees who responded to the survey was 36 years (± 15.02 years). PCCM Program enrollees who responded to the survey were somewhat older – 41

years (± 14.24 years). The majority of the survey respondents for both STAR and PCCM were female, 90 percent and 88 percent respectively.

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

Respondent Demographics	STAR MCO		PCCM	
	N	Percent	N	Percent
Respondent Race/Ethnicity				
White, non-Hispanic	580	24.57	79	19.70
Black, non-Hispanic	566	23.97	103	25.69
Hispanic	1,102	46.68	199	49.63
Other, non-Hispanic	113	4.79	20	4.99
Respondent Marital Status				
Married	654	27.70	80	19.95
Common law	90	3.81	14	3.49
Divorced	317	13.43	80	19.95
Separated	236	10.00	55	13.72
Single	983	41.63	147	36.66
Widowed	74	3.13	20	4.99
Don't Know	4	0.17	2	0.50
Refused	3	0.13	3	0.75
Household Type				
Single parent	1249	52.90	222	55.36
Two parent	743	31.47	89	22.19
Not a parent	307	13.00	74	18.45
Don't Know	33	1.40	9	2.24
Refused	29	1.23	7	1.75
Respondent Education				
Less than High School	753	31.89	175	43.64
High School Diploma or GED	669	28.34	108	26.93
Some Vocational/College	740	31.34	82	20.45
AA Degree or Higher	179	7.58	29	7.23
Don't Know	8	0.34	3	0.75
Refused	12	0.51	4	1.00
Mean Age of Respondent/Standard Deviation	36.19 (±15.02)		40.78 (±14.24)	
Respondent Gender				
Male	234	9.92	49	12.22
Female	2,125	90.04	352	87.78
Don't Know	0	0.00	0	0.00
Refused	1	0.04	0	0.00

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.

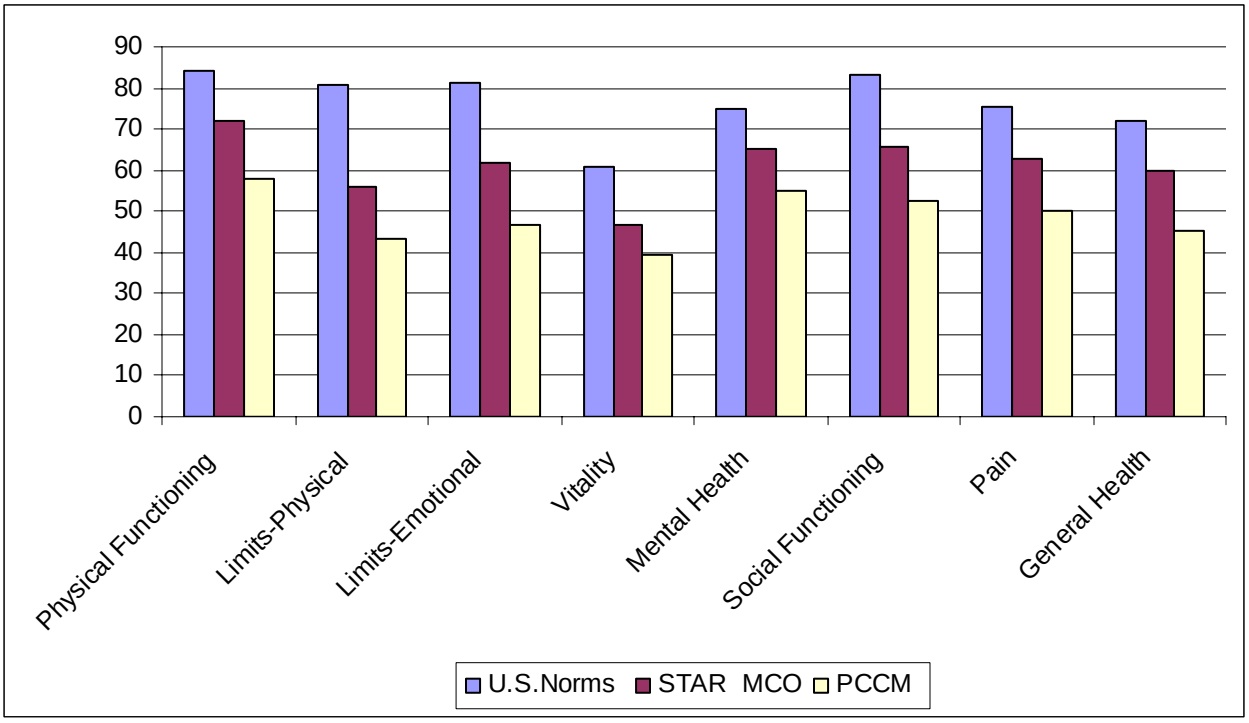
As previously described, the health status of STAR MCO Program and PCCM Program enrollees was assessed using the RAND 36-Item Health Survey, Version 1.0 (SF-36). Overall, the SF-36 scores for the STAR MCO Program adult participants and PCCM Program adult participants are significantly lower than national norms for all eight physical and mental health domains. 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 (10 percent and 20 percent, respectively). The largest disparity from the U.S. scores was in the area of role limitations due to physical disabilities. For STAR, the disparity was 25 percent, and for PCCM, the disparity was 38 percent. 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 (15 percent).

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 their 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.

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		PCCM	
	Mean	sd	Mean	sd	Mean	sd
Physical Functioning	84.2	23.3	72.1	33.2	58.0	34.6
Role Limitations Due to Physical Health	81.0	34.0	55.9	40.7	43.3	42.0
Role Limitations Due to Emotional Problems	81.3	33.0	61.6	40.5	46.7	42.3
Energy/Fatigue	60.9	21.0	46.7	23.0	39.3	22.5
Emotional Well-Being	74.7	18.1	65.2	27.1	54.8	28.1
Social Functioning	83.3	22.7	65.9	32.1	52.5	32.6
Pain	75.2	23.7	62.9	32.8	50.3	34.1
General Health	72.0	20.3	59.8	26.6	45.3	25.9

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



Usual Source of Care

Having a usual source of care—a particular person or place one goes for sick and preventive care—contributes to improved health outcomes. [21, 22] 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.[23] 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.[24]

Information is presented in this section using questions from (1) the CAHPS Health Plan Survey about the presence of a *personal doctor or nurse* as a usual source of care and (2) the Primary Care Assessment Tool[25] about the presence of a *person or place* as the usual source of care. Among adults, there is some evidence to suggest that having a usual person as opposed to a usual place as the source of care promotes the use of some preventive services, such as blood pressure and cholesterol level checkups.[26] Therefore, enrollees were asked questions about the availability of a personal doctor or nurse (a usual person as the source of care) and about the availability of a usual person or place.

Overall, 74 percent of PCCM respondents and 67 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 Superior Bexar Service Delivery Area report the highest percentage of enrollees with a personal doctor or nurse – 79 percent. Respondents receiving services through El Paso First report the lowest percentage of adult enrollees with a personal doctor or nurse – 56 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)

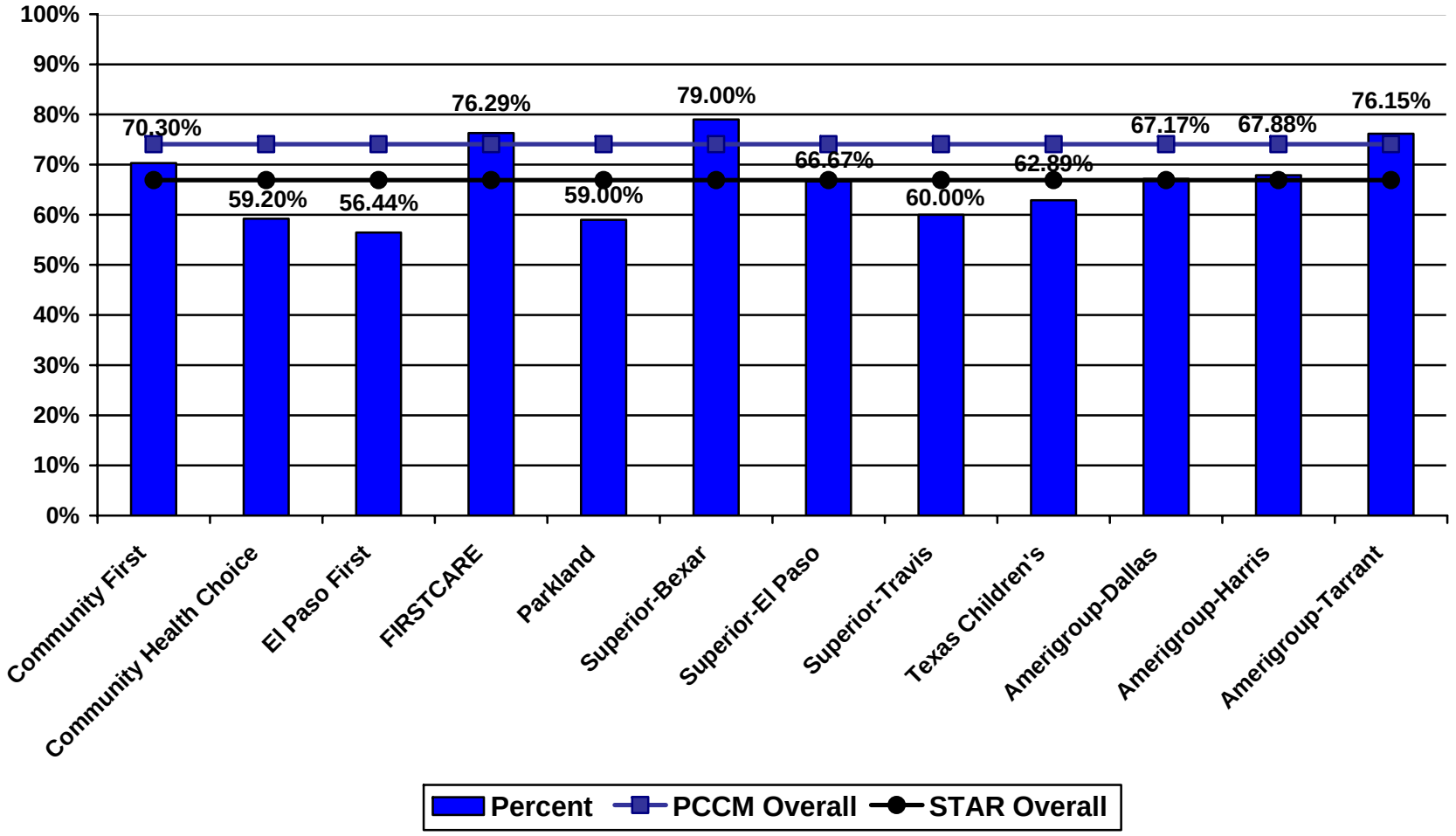


Table 4 also provides a breakdown of the type of health care provider named as a personal doctor or nurse. Sixty-five percent of STAR MCO respondents and 64 percent of PCCM respondents who reported that they had a personal doctor or nurse reported that the provider was a general doctor. Twenty-four percent of STAR MCO respondents and 22 percent of PCCM respondents reported that the personal doctor or nurse was a specialty physician. Eight percent of STAR MCO respondents and 10 percent of PCCM respondents indicated the personal doctor or nurse was a physician's assistant or a nurse.

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 that a higher percentage of respondents enrolled in PCCM had greater longevity with their providers. Thirty-six percent of PCCM Program respondents reported that they had been with their usual health care provider over five years while 23 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 being 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 they did not have a problem getting a personal doctor or nurse that they were happy with—71 percent for STAR MCO Program respondents and 72 percent for PCCM Program respondents.

Table 4. STAR MCO Program and PCCM Program Adult Enrollees' Usual Source of Care-Person

Usual Source of Care	STAR MCO		PCCM	
	N	Percent	N	Percent
Do you have one person you think of as your personal doctor or nurse?				
Yes	1,580	66.92	297	74.06
No	762	32.27	100	24.94
Don't Know	16	0.68	3	0.75
Refused	3	0.13	1	0.25
Is this person a general doctor, a specialist doctor, a physician's assistant, or a nurse? (STAR, N= 1,580; PCCM, N= 297)[1]				
General doctor (Family practice or general pediatrician)	1,027	65.00	190	63.97
Specialist doctor	383	24.24	66	22.22
Physician's assistant	66	4.18	14	4.71
Nurse	64	4.05	16	5.39
Don't Know	37	2.34	10	3.37
Refused	3	0.19	1	0.34

[1] The number of adult enrollees responding to individual items will vary from the total number of surveys because some items have particular sequences where questions are only asked based on responses to other questions.

Table 4. STAR MCO Program and PCCM Program Adult Enrollees' Usual Source of Care-Person (Continued)

Usual Source of Care	STAR MCO		PCCM	
	N	Percent	N	Percent
How many months or years have you been going to your personal doctor or nurse? (STAR, N= 1,580; PCCM, N= 297)				
Less than 6 months	173	10.95	30	10.10
At least 6 months but less than 1 year	296	18.73	26	8.75
At least 1 year but less than 2 years	303	19.18	50	16.84
At least 2 years but less than 5 years	418	26.46	78	26.26
5 years or more	371	23.48	108	36.36
Don't Know	10	0.63	4	1.35
Refused	9	0.57	1	0.34
Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your personal doctor or nurse?	8.73 (±2.29)		8.75 (±2.32)	
Did you have the same personal doctor or nurse before you joined this health plan? (STAR, N= 1,580; PCCM, N= 297)				
Yes	562	35.57	112	37.71
No	1,006	63.67	183	61.62
Don't Know	12	0.76	1	0.34
Refused	0	0.00	1	0.34
Since you joined this health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with? (STAR, N= 1,799; PCCM, N= 287)				
A big problem	222	12.34	42	14.63
A small problem	271	15.06	38	13.24
Not a problem	1,275	70.87	207	72.13
Don't Know	19	1.06	0	0.00
Refused	12	0.67	0	0.00

Table 5 provides information about respondents who report a *person or place* as a usual source of care. Overall, 78 percent of STAR MCO respondents and 84 percent of PCCM respondents report that they have a particular doctor's office, clinic health center, or other place where they can go if they are sick and they need advice about their health. The majority of respondents reported using a physician's office located outside of a hospital (44 percent for STAR; 45 percent for PCCM) followed by a walk-in clinic (11 percent for STAR; 14 percent for PCCM) as their usual place of care. Nine percent of STAR MCO Program enrollees and 5 percent of PCCM Program enrollees report using the emergency room as their usual source of care. Parkland had the highest percentage of enrollees who used the emergency room as their usual source of care (18 percent).

Table 5. STAR MCO Program and PCCM Program Adult Enrollees' Usual Source of Care-Person or Place

Usual Source of Care	STAR MCO		PCCM	
	N	Percent	N	Percent
Is there currently a particular doctor's office, clinic, health center, or other place that you go to when you are sick or need advice about your health?				
Yes	1,843	78.06	338	84.29
No	505	21.39	61	15.21
Don't Know	11	0.47	1	0.25
Refused	2	0.08	1	0.25
For those who have a usual source of care, what kind of place is that? (STAR, N= 1,843; PCCM, N= 338)				
Hospital emergency room	157	8.52	17	5.03
A clinic at a hospital	175	9.50	31	9.17
A particular doctor's office outside of a hospital	803	43.57	153	45.27
A particular doctor's office inside of a hospital	119	6.46	17	5.03
An HMO-run clinic	33	1.79	9	2.66
A community health center	129	7.00	18	5.33
A school clinic	12	0.65	2	0.59
A local health department	5	0.27	2	0.59
A walk-in clinic	204	11.07	47	13.91
Another type of place	154	8.36	34	10.06
Don't Know	47	2.55	5	1.48
Refused	5	0.27	3	0.89

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 five CAHPS Health Plan Survey domains for the STAR MCO and PCCM Programs overall and by MCO and SDA. These are descriptive results only. The five domains include:

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

Both the lowest and highest score for each domain in **Table 6** are shaded. Also, 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 getting needed care and customer service. 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)[27]. The last reporting period available for national comparison is calendar year 2002. While PCCM and STAR scores were slightly higher for getting needed care (77.06 and 79.13 compared to the national average of 75.60), there was greater variance in the customer service score. While the national

Medicaid plan mean for customer service was reported to be 67.20, PCCM Program enrollees rated health plan customer service almost 11 points higher at 77.92. STAR MCO Program enrollees rated health plan customer service at 83.79—almost 17 points higher than the national average.

The PCCM Program and STAR MCO Program enrollees' ratings for the remaining domains—getting care quickly, doctor's communication, and doctor's office staff—were lower than those of Medicaid plans reporting to the NCQA. The greatest variance among these domains was in getting care quickly. The NCQA average for getting care quickly was 77.30 points while PCCM Program enrollees rated this domain at 64.62 and STAR MCO Program enrollees rated this domain at 62.82.

Overall, there were only small levels of variation in satisfaction ratings between PCCM Program and STAR MCO Program enrollees. For four out of five domains, the difference in scores was less than three points. However, STAR MCO Program enrollees rated health plan customer service almost six points higher than PCCM Program enrollees rated this domain.

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 five domains: getting care quickly, doctor's communication, and doctor's office staff. Texas Children's and Superior-Travis SDA had the lowest score of all MCOs/MCO SDAs for two domains. Texas Children's had the lowest score for enrollee experiences with how well doctors communicate and enrollee experiences with courtesy, respect, and helpfulness of the doctor's office staff. Superior-Travis had the lowest scores for enrollees' experiences with getting needed care and health plan customer service.

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

MCO/SDA	Getting Needed Care	Getting Care Quickly	Doctor's Communication	Office Staff	Customer Service
National Medicaid CAHPS Health Plan Survey Mean	**75.60**	**77.30**	**85.80**	**88.20**	**67.20**
PCCM Overall	**77.06**	**64.62**	**83.36**	**86.21**	**77.92**
STAR Overall	**79.13**	**62.82**	**84.04**	**85.28**	**83.79**
Community First	79.88	57.38	81.56	80.93	81.14
Community Health Choice	82.83	67.39	83.83	85.06	87.04
El Paso First	82.93	64.49	83.97	86.68	88.74
FIRSTCARE	82.01	68.48	90.05	90.84	87.86
Parkland	77.78	59.79	83.21	86.45	82.54
Superior-Bexar	78.14	62.45	85.74	87.26	81.11
Superior-El Paso	81.28	64.95	83.87	85.56	87.45
Superior-Travis	71.15	58.65	80.85	82.85	73.80
Texas Children's	77.41	61.12	80.00	78.85	85.94
Amerigroup-Dallas	76.92	57.80	82.90	86.29	85.63
Amerigroup-Harris	82.43	66.40	84.24	84.27	88.43
Amerigroup-Tarrant	77.63	64.74	86.28	86.14	79.81
Note: Highest and lowest scores for each domain are shaded.					

Enrollee Satisfaction with Their Health Care – Multivariate Results

Satisfaction with health care can be influenced by several factors, including enrollee health status[28] and enrollee socio-demographic characteristics.[29] 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 category general health. This is a composite score rated from a possible 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. White, non-Hispanic is the reference group.
(3) Educational status was grouped as less than a high school education, a high school diploma or GED, some college or vocational school, and a college degree. 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 significantly lower than or not significantly different from the MCO serving as the reference.

The outcome variable was the odds 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 or odds ratio 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 odds ratios and confidence intervals are contained in Appendix A.

El Paso First had the highest score of any MCO for the *Getting Needed Care* cluster. After controlling for enrollee health status, race/ethnicity, and education, Superior serving the Travis SDA and Texas Children's were significantly different in their scores from the reference group. Enrollees of Superior serving Travis SDA had odds of usually or always getting needed care that were 47 percent less than those of enrollees in El Paso First while enrollees of Texas Children's had odds that were 43 percent less than those in El Paso First.

For the *Getting Care Quickly* cluster, FIRSTCARE had the highest score. After controlling for enrollee health status, race/ethnicity, and education, Community First, Parkland, Superior serving Travis SDA, and Amerigroup in the Dallas SDA were significantly different in their scores from the reference group. Enrollees in these MCOs had odds of usually or always getting care quickly that were 42 percent to 52 percent less than those of enrollees in FIRSTCARE.

FIRSTCARE had the highest score for the *Doctor's Communication* cluster. After controlling for race/ethnicity and health status, the scores for enrollees in El Paso First and in Superior serving Bexar SDA were not significantly different than those of enrollees of FIRSTCARE. Enrollees in the remaining MCOs had odds of usually or always having positive doctor communication that were 47 percent to 68 percent less than those of enrollees in the reference MCO.

FIRSTCARE also had the highest score for the *Doctor's Office Staff* cluster. After controlling for enrollee health status, race/ethnicity, and education, Community First, Community Health Choice, Superior serving Travis SDA, Texas Children's, and Amerigroup serving Harris SDA were significantly different in their scores from the reference group. Enrollees in these MCOs had odds of usually or always having a positive experience with their doctor's office staff that were 49 percent to 61 percent less than those of enrollees in FIRSTCARE.

El Paso First had the highest score for the *Health Plan Customer Service* cluster. Superior serving the Travis SDA had significantly lower scores than El Paso First. The odds of enrollees served by Superior in the Travis SDA of usually or always having positive experiences with their health plan customer service were 48 percent lower than enrollees of El Paso First.

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	Office Staff	Customer Service
Community First	NS	-	-	-	NS
Community Health Choice	NS	NS	-	-	NS
El Paso First	Ref	NS	NS	NS	Ref
FIRSTCARE	NS	Ref	Ref	Ref	NS
Parkland	NS	-	-	NS	NS
Superior-Bexar	NS	NS	NS	NS	NS
Superior-El Paso	NS	NS	-	NS	NS
Superior-Travis	-	-	-	-	-
Texas Children's	-	NS	-	-	NS
Amerigroup-Dallas	NS	-	-	NS	NS
Amerigroup-Harris	NS	NS	-	-	NS
Amerigroup-Tarrant	NS	NS	-	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.[30] 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 that they needed to see a physician specialist. Overall, 43 percent of respondents enrolled in the STAR MCO Program and 53 percent of respondents enrolled in the PCCM Program reported they needed to see a specialist in the past six months. There was some variation among the STAR MCO Program health plans and SDAs with respondents served by Superior in the Bexar SDA reporting the highest percentage of adult enrollees who needed to see a specialist (50 percent) and respondents with enrollees served by Amerigroup in the Harris SDA reporting the lowest percentage of enrollees who needed to see a specialist (37 percent).

Of those who needed to see a specialist, 62 percent of STAR MCO Program respondents and 67 percent of PCCM Program respondents reported that obtaining specialty care was not a problem. A smaller percentage of STAR and PCCM enrollees reported they had a "small" problem obtaining specialty care (13 percent and 14 percent, respectively). Almost one-quarter (24 percent) of STAR MCO Program enrollees and one-fifth (19 percent) of PCCM Program enrollees who stated they needed specialty care reported experiencing a "big" problem when trying to secure a needed specialist. Respondents who were provided care by Superior in the Travis SDA represented the

highest percentage of respondents who reported a “big” problem in accessing specialist care (40 percent). Respondents served by El Paso First had the lowest percentage (13 percent) who reported a “big” problem in accessing specialist care.

Table 8. STAR MCO Program and PCCM Program Adult Enrollees’ Experiences with Specialty Care

Specialist Care	STAR MCO		PCCM	
	N	Percent	N	Percent
In the last 6 months, did you or a doctor think you needed to see a specialist?				
Yes	1,004	42.52	214	53.37
No	1,345	56.97	185	46.13
Don't Know	10	0.42	2	0.50
Refused	2	0.08	0	0.00
In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see? (STAR, N= 1,004; PCCM, N= 211)				
A big problem	238	23.71	40	18.96
A small problem	133	13.25	30	14.22
Not a problem	622	61.95	141	66.82
Don't Know	9	0.90	0	0.00
Refused	2	0.20	0	0.00
In the last 6 months, did you see a specialist?				
Yes	882	37.36	191	47.63
No	1,469	62.22	206	51.37
Don't Know	9	0.38	4	1.00
Refused	1	0.04	0	0.00
Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate your specialist?	8.53 (± 2.55)		8.70 (± 2.63)	
In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor? (STAR, N= 882; PCCM, N= 191)				
Yes	334	37.87	86	45.03
No	537	60.88	102	53.40
Don't Know	8	0.91	2	1.05
Refused	3	0.34	1	0.52

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 is provided in **Table 9.** 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. Twenty-seven percent of respondents enrolled in the PCCM Program reported a need for special equipment compared to 19 percent of respondents enrolled in the STAR MCO Program. Twenty-two percent of PCCM Program respondents reported needing special therapies while 12 percent of STAR MCO Program respondents required such. The greatest difference was found in the reported need for home health care. Twenty-one percent of PCCM Program enrollees required such care while only 10 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 that they had impairment or health problems that interfered with daily living skills (See **Table 9**). Between 16 percent and 43 percent of respondents enrolled in the PCCM Program reported some type of limitation while 9 percent to 26 percent of respondents enrolled in the STAR MCO Program reported a limitation.

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 35 percent and 51 percent of enrollees in both programs needing home health, special equipment, or specialized therapies reported problems accessing care.

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

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 equipment, such as a cane, a wheelchair, or oxygen equipment? (STAR, N= 1,799; PCCM, N= 311)				
Yes	349	19.40	85	27.33
No	1,448	80.49	225	72.35
Don't Know	2	0.11	1	0.32
Refused	0	0.00	0	0.00
In the last 6 months, how much of a problem, if any, was it to get the special equipment you needed through your health plan? (STAR, N= 349; PCCM, N= 85)				
A big problem	80	22.92	15	17.65
A small problem	43	12.32	17	20.00
Not a problem	216	61.89	51	60.00
Don't Know	7	2.01	2	2.35
Refused	3	0.86	0	0.00
In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy? (STAR, N= 1,799; PCCM, N= 311)				
Yes	215	11.95	67	21.54
No	1,580	87.83	243	78.14
Don't Know	2	0.11	1	0.32
Refused	2	0.11	0	0.00
In the last 6 months, how much of a problem, if any, was it to get the special therapy you needed through your health plan? (STAR, N= 215; PCCM, N= 67)				
A big problem	57	26.51	20	29.85
A small problem	53	24.65	6	8.96
Not a problem	100	46.51	40	59.70
Don't Know	2	0.93	1	1.49
Refused	3	1.40	0	0.00

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

Specialized Services	STAR MCO		PCCM	
	N	Percent	N	Percent
In the last 6 months, did you need someone to come into your home to give you home health care or assistance? (STAR, N= 1,799; PCCM, N= 311)				
Yes	176	9.78	64	20.58
No	1,620	90.05	247	79.42
Don't Know	2	0.11	0	0.00
Refused	1	0.06	0	0.00
In the last 6 months, how much of a problem, if any, was it to get the care or assistance you needed through your health plan? (STAR, N= 176; PCCM, N= 64)				
A big problem	46	26.14	20	31.25
A small problem	28	15.91	9	14.06
Not a problem	93	52.84	34	53.13
Don't Know	6	3.41	1	1.56
Refused	3	1.70	0	0.00
Because of any impairment or health problem, do you need the help of other persons with your personal care needs such as eating, dressing, or getting around the house?				
Yes	216	9.15	65	16.21
No	2,135	90.43	334	83.29
Don't Know	7	0.30	0	0.00
Refused	3	0.13	2	0.50
Because of any impairment or health problem, do you need the help of other persons with your routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?				
Yes	472	19.99	156	38.90
No	1,886	79.88	245	61.10
Don't Know	3	0.13	0	0.00
Refused	0	0.00	0	0.00
Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?				
Yes	619	26.22	174	43.39
No	1,706	72.26	213	53.12
Don't Know	29	1.23	13	3.24
Refused	7	0.30	1	0.25
We want to know your rating of how well your health plan has done in providing the equipment, services, and help you need. Using any number from 0 to 10, where 0 is the worst your plan could do and 10 is the best your plan could do, what number would you use to rate your health plan now?	8.08 (± 2.96)		7.68 (± 3.21)	

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 that 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 regarding the percentage of respondents who needed care, tests, or treatment and their experiences obtaining care. Overall, 64 percent of STAR MCO Program enrollees and 72 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 not a problem.

Information about the percentage of enrollees needing approval from their MCO for care, tests, or treatment as well as experiences obtaining approval is also included in **Table 10**. Overall, 31 percent of respondents enrolled in the STAR MCO Program needed approval from their MCO. Thirty-eight percent of respondents enrolled in the PCCM Program needed approval. A significant number of respondents indicated that there were problems obtaining approval for care. Of STAR MCO Program enrollees who needed approval, 47 percent reported that obtaining approval for needed care was not a problem, 30 percent reported that obtaining approval was a “small” problem, and 23 percent reported that obtaining approval was a “big” problem. Of PCCM Program enrollees who needed approval, 44 percent reported that obtaining this approval was not a problem, 32 percent reported that obtaining approval was a “small” problem, and 24 percent reported that obtaining approval was a “big” problem.

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

Access to Needed Care	STAR MCO		PCCM	
	N	Percent	N	Percent
In the last 6 months, did you or a doctor believe you needed any care, tests, or treatment? (STAR, N= 1,799; PCCM, N= 311)				
Yes	1,147	63.76	223	71.70
No	648	36.02	88	28.30
Don't Know	4	0.22	0	0.00
Refused	0	0.00	0	0.00
In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment that you or your doctor believed necessary? (STAR, N= 1,147; PCCM, N= 222)				
A big problem	154	13.43	33	14.87
A small problem	184	16.04	42	18.92
Not a problem	801	69.83	147	66.22
Don't Know	6	0.52	0	0.00
Refused	2	0.17	0	0.00
In the last 6 months, did you need approval for any care, tests, or treatment? (STAR, N= 1,799; PCCM, N= 311)				
Yes	563	31.30	119	38.26
No	1,214	67.48	187	60.13
Don't Know	21	1.17	4	1.29
Refused	1	0.06	1	0.32
In the last 6 months, how much of a problem, if any, were delays in your health care while you waited for approval from your health plan? (STAR, N= 563; PCCM, N= 117)				
A big problem	128	22.74	28	23.93
A small problem	169	30.02	37	31.62
Not a problem	262	46.54	52	44.44
Don't Know	2	0.36	0	0.00
Refused	2	0.36	0	0.00

Health Behaviors and Health Promotion Practices

A number of health behaviors and health promotion practices can reduce illness and health care costs. Two such practices include flu shots and smoking cessation. The Centers for Disease Control recommends that individuals at high risk for influenza such as those 50 years old 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.[31]

Table 11 provides information regarding flu shots, smoking behaviors, and smoking cessation for respondents enrolled in the STAR MCO and PCCM Programs. The percentage of enrollees receiving flu shots in the fall of 2004 is provided for informational purposes only. Possibly due to nationwide flu shot shortages during this time period, the number of respondents reporting receipt

of a flu shot is fairly low. Sixteen percent of respondents enrolled in the STAR MCO Program and 22 percent of respondents enrolled in the PCCM Program reported receiving a flu shot during the 2004 flu season.

The majority of survey respondents reported that they were not smokers (62 percent of STAR MCO enrollees and 59 percent of PCCM enrollees). "Smoker" is defined as having smoked at least 100 cigarettes in a lifetime. Of those respondents who have smoked, a large percentage of respondents enrolled in the STAR MCO Program and in the PCCM Program reported smoking daily (43 percent for STAR; 41 percent for PCCM). Twenty-three percent of respondents in the STAR MCO Program and 28 percent in the PCCM Program who smoked reported they smoked some days. Approximately one-third of STAR MCO Program and PCCM Program enrollees who had ever smoked reported they had quit smoking. The majority of enrollees who currently smoke (64 percent in the PCCM Program and 59 percent in the STAR MCO Program) were advised during at least one visit with their doctors to quit smoking; however, few reported that their doctors provided them with strategies to cease smoking. Twenty-eight percent of STAR smokers and 34 percent of PCCM smokers reported that their doctors or health providers discussed methods to assist them with quitting smoking. Even fewer respondents reported their doctors advised them to use a nicotine replacement medication. Twenty-three percent of STAR smokers and 22 percent of PCCM smokers reported that their doctors or health providers recommended a medication such as nicotine gum or a nicotine patch to assist them in smoking cessation.

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

Health Behaviors	STAR MCO		PCCM	
	N	Percent	N	Percent
Have you had a flu shot since September 1, 2004?				
Yes	386	16.35	90	22.44
No	1,936	82.00	307	76.56
Don't Know	39	1.65	4	1.00
Refused	0	0.00	0	0.00
Have you smoked at least 100 cigarettes in your entire life?				
Yes	884	37.44	158	39.40
No	1,466	62.09	237	59.10
Don't Know	9	0.38	5	1.25
Refused	2	0.08	1	0.25
Do you now smoke everyday, some days, or not at all? (STAR, N= 884; PCCM, N= 158)				
Every day	376	42.53	64	40.51
Some days	199	22.51	44	27.85
Not at all	305	34.50	50	31.65
Don't Know	1	0.11	0	0.00
Refused	3	0.34	0	0.00
How long has it been since you quit smoking cigarettes? (STAR, N= 305; PCCM, N= 50)				
6 months or less	37	12.13	6	12.00
More than 6 months	266	87.21	44	88.00
Don't Know	1	0.33	0	0.00
Refused	1	0.33	0	0.00

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

Health Behaviors	STAR MCO		PCCM	
	N	Percent	N	Percent
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? (STAR, N= 612; PCCM, N= 114)				
None	236	38.56	38	33.33
One visit	79	12.91	17	14.91
2 to 4 visits	133	21.73	25	21.93
5 to 9 visits	52	8.50	10	8.77
10 or more visits	76	12.42	17	14.91
I had no visits in the last 6 months	16	2.61	5	4.39
Don't Know	14	2.29	1	0.88
Refused	6	0.98	1	0.88
On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)? (STAR, N= 612; PCCM, N= 114)				
None	458	74.84	84	73.68
One visit	53	8.66	10	8.77
2 to 4 visits	58	9.48	8	7.02
5 to 9 visits	9	1.47	5	4.39
10 or more visits	14	2.29	1	0.88
I had no visits in the last 6 months	9	1.47	3	2.63
Don't Know	8	1.31	1	0.88
Refused	3	0.49	2	1.75
On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking? (STAR, N= 612; PCCM, N= 114)				
None	424	69.28	70	61.40
One visit	63	10.29	12	10.53
2 to 4 visits	67	10.95	12	10.53
5 to 9 visits	13	2.12	3	2.63
10 or more visits	24	3.92	9	7.89
I had no visits in the last 6 months	10	1.63	5	4.39
Don't Know	7	1.14	3	2.63
Refused	4	0.65	0	0.00

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-seven percent of STAR MCO Program enrollees were Hispanic compared to 50 percent of PCCM enrollees. For STAR, the next largest racial/ethnic group was White, non-Hispanic followed by Black, non-Hispanic and Other, non-Hispanic. For PCCM, the next largest racial/ethnic group was Black, non-Hispanic followed by White, non-Hispanic and Other, non-Hispanic.
- The SF-36 scores for the STAR MCO Program adult participants and PCCM Program adult participants are significantly lower than the U.S. 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, 74 percent of PCCM respondents and 67 percent of STAR respondents reported that they had a specific person—personal doctor or nurse—who provided health care for them. Seventy-eight percent of STAR respondents and 84 percent of PCCM respondents reported they had a particular place to go if they are sick and need health care.
- Overall, 43 percent of respondents enrolled in the STAR MCO Program and 53 percent of respondents enrolled in the PCCM Program reported they needed to see a specialist in the past six months. Almost one-quarter (24 percent) of STAR MCO Program enrollees and one-fifth (19 percent) of PCCM enrollees who stated they needed specialty care reported experiencing a “big” problem when trying to obtain that specialty care.
- For both the PCCM and the STAR MCO Programs, a significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 35 percent and 51 percent of enrollees in both programs who needed home health, special equipment, or specialized therapies reported problems accessing that care or those services.
- Overall, 31 percent of respondents enrolled in the STAR MCO Program needed approval from their MCO for care, tests, or treatment while 38 percent of respondents enrolled in the PCCM Program needed such approval. Twenty-three percent of STAR MCO Program enrollees and 24 percent of PCCM Program enrollees who needed approval reported obtaining approval was a “big” problem.
- CAHPS Health Plan Survey composite scores were calculated for each program and for the STAR MCOs/SDAs. The overall scores for getting needed care and for customer service in the PCCM and STAR MCO Programs were higher than the Medicaid national mean for those Medicaid health plans reporting to NCQA. Scores for both Medicaid programs in Texas were lower than the national mean for getting care quickly, communication with doctors, and courtesy of doctor’s office staff. Overall, there were only small levels of variation in satisfaction ratings between PCCM and STAR MCO Program enrollees.
- There were some significant differences between the MCOs in their performance on the CAHPS Health Plan Survey composites after controlling for enrollee health status, race/ethnicity, and education. In the multivariate analyses, Superior serving Travis SDA had significantly lower scores in all of the five CAHPS Health Plan Survey domains. Community First and Texas Children’s had significantly lower scores in three of the five CAHPS Health Plan Survey domains.
- The majority of survey respondents reported that they had never been smokers or had quit smoking. The majority of those who did smoke reported they were advised during at

least one visit with their doctor to quit smoking; however, fewer than half of these reported that their doctors provided them with specific strategies to stop smoking. Twenty-eight percent of STAR smokers and 34 percent of PCCM smokers reported that their doctor discussed smoking cessation programs, and 23 percent of STAR smokers and 22 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 care quickly, communication with doctors, and courtesy of doctors' office staff should be explored.** Overall, respondents in the STAR MCO and PCCM Programs rated these domains lower than respondents in plans reporting to NCQA. Strategies should be developed to address deficits in the area of getting care quickly to include: (1) reviewing MCO provider panels to ensure adequate numbers of primary care and specialty providers and (2) reviewing prior authorization procedures to ensure that care can be rendered quickly. One strategy to improve doctor communication and interactions with doctor's office staff is providing the CAHPS Health Plan Survey results to the MCOs, the MCO medical directors, and providers and asking them to consider strategies to improve communication.

- **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 that 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 experiencing a "big" problem obtaining needed specialized services. A focus study should be conducted examining the adequacy of provider specialty panels and barriers to the receipt of specialty care services.

- **Strategies to increase physician adherence to smoking cessation guidelines should be considered.** While the majority of smoking respondents indicated that their physician advised them to quit smoking during at least one office visit, less than half indicated 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)

Odds of Usually or Always Getting Needed Care (MCO Reference = El Paso First)

need1	Odds Ratio	Robust Std. Err.	z	P>|z|	[95% Conf.	Interval]
general	1.02486	.0019606	12.84	0.000	1.021025	1.02871
hispanic	1.291724	.1671729	1.98	0.048	1.002325	1.664681
black	1.280524	.1837027	1.72	0.085	.966663	1.696291
other	.7534209	.1802902	-1.18	0.237	.4713559	1.204277
hsgrad1	1.107924	.1425712	0.80	0.426	.8609436	1.425757
somecoll1	.8212204	.0992344	-1.63	0.103	.648041	1.040679
collgrad1	.7346289	.1904871	-1.19	0.234	.4419304	1.221187
comfrst	.9143589	.2182017	-0.38	0.708	.5727786	1.459643
chc	.9781296	.2391611	-0.09	0.928	.6057178	1.57951
fcare	1.027941	.2574337	0.11	0.912	.629211	1.679345
park	.8196767	.1988619	-0.82	0.412	.5094862	1.31872
supbex	.833996	.1959505	-0.77	0.440	.5262245	1.321773
supelpas	.819356	.1846303	-0.88	0.377	.526825	1.274321
suptrav	.5339324	.1237776	-2.71	0.007	.3389678	.8410349
txchildren	.5712134	.1424065	-2.25	0.025	.3504203	.9311238
ameridal	.6623709	.1579165	-1.73	0.084	.4151121	1.056908
amerihar	.8457093	.2210347	-0.64	0.521	.5067001	1.411534
ameritar	.8800808	.2048904	-0.55	0.583	.557642	1.38896

Odds of Usually or Always Getting Care Quickly (MCO Reference = FIRSTCARE)

quick1	Odds Ratio	Robust Std. Err.	z	P>|z|	[95% Conf.	Interval]
general	1.00475	.0018961	2.51	0.012	1.00104	1.008473
hispanic	.7882997	.1015182	-1.85	0.065	.6124528	1.014636
black	.820133	.1134893	-1.43	0.152	.6253106	1.075654
other	1.59313	.3699552	2.01	0.045	1.010616	2.511403
hsgrad1	.8977512	.1129887	-0.86	0.391	.7014972	1.14891
somecoll1	.780912	.0946621	-2.04	0.041	.6157713	.990341
collgrad1	.9592282	.2413389	-0.17	0.869	.5858173	1.570658
comfrst	.4794688	.1132867	-3.11	0.002	.3017465	.7618656
chc	.9553862	.2108672	-0.21	0.836	.6198789	1.472486
elpaso	.8455216	.1981701	-0.72	0.474	.534101	1.338524
park	.5844619	.1359439	-2.31	0.021	.3704841	.9220253
supbex	.7360801	.1677301	-1.34	0.179	.4709364	1.150503
supelpas	1.029731	.2329864	0.13	0.897	.6608938	1.604413
suptrav	.5830415	.1324692	-2.37	0.018	.3735109	.9101138
txchildren	.7551353	.1809083	-1.17	0.241	.4721736	1.207669
ameridal	.5254316	.1237866	-2.73	0.006	.3311168	.8337792
amerihar	.8789955	.2101291	-0.54	0.590	.5501763	1.404337
ameritar	.7407985	.1578381	-1.41	0.159	.4879093	1.124763

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

doctor1	Odds Ratio	Robust Std. Err.	z	P>|z|	[95% Conf.	Interval]
general	1.012846	.0020134	6.42	0.000	1.008907	1.0168
hispanic	.9467731	.1380265	-0.38	0.708	.7114632	1.259909
black	1.13802	.1805353	0.81	0.415	.8339031	1.553047
other	1.083901	.2946867	0.30	0.767	.6361631	1.846762
hsgrad1	1.135937	.1666323	0.87	0.385	.8520993	1.514322
somecoll1	.870298	.1178194	-1.03	0.305	.6674732	1.134755
collgrad1	.704972	.1989798	-1.24	0.215	.4054324	1.225816
comfrst	.3825144	.1072532	-3.43	0.001	.2207901	.6626987
chc	.5083227	.1467434	-2.34	0.019	.2886778	.8950881
elpaso	.588665	.1748833	-1.78	0.074	.3288435	1.053773
park	.4970001	.144759	-2.40	0.016	.2808219	.8795937
supbex	.7423898	.2182235	-1.01	0.311	.4172761	1.32081
supelpas	.4836721	.141103	-2.49	0.013	.2730408	.8567902
suptrav	.3739096	.1067234	-3.45	0.001	.2137036	.6542163
txchildren	.323947	.0960313	-3.80	0.000	.1811935	.5791689
ameridal	.4241341	.1214429	-3.00	0.003	.2419789	.7434107
amerihar	.3973424	.1192737	-3.07	0.002	.2206239	.7156115
ameritar	.5303904	.1481193	-2.27	0.023	.306821	.9168667

Odds of Usually or Always Having Positive Experience With Doctor's Office Staff (MCO Reference = FIRSTCARE)

office1	Odds Ratio	Robust Std. Err.	z	P>|z|	[95% Conf.	Interval]
general	1.009665	.0020458	4.75	0.000	1.005663	1.013682
hispanic	1.156461	.171169	0.98	0.326	.8652541	1.545675
black	1.145247	.1817686	0.85	0.393	.8390739	1.563141
other	1.386998	.3965031	1.14	0.252	.7920298	2.428902
hsgrad1	.9496966	.1416444	-0.35	0.729	.7089748	1.272152
somecoll1	.8658467	.1227185	-1.02	0.309	.6558405	1.143099
collgrad1	.7091082	.2070303	-1.18	0.239	.4001261	1.25669
comfrst	.4200319	.1181488	-3.08	0.002	.2420204	.7289751
chc	.5094902	.1459591	-2.35	0.019	.2905916	.8932821
elpaso	.6225093	.1870068	-1.58	0.115	.345492	1.121641
park	.5976131	.1767458	-1.74	0.082	.3347147	1.067002
supbex	.6994075	.2033289	-1.23	0.219	.3956147	1.236483
supelpas	.6200594	.185466	-1.60	0.110	.345009	1.114387
suptrav	.4425918	.1275745	-2.83	0.005	.2515646	.7786766
txchildren	.3933553	.1171834	-3.13	0.002	.2193845	.7052842
ameridal	.6449176	.1894116	-1.49	0.135	.3626664	1.146836
amerihar	.4994122	.1524663	-2.27	0.023	.274533	.9084975
ameritar	.6022219	.1677178	-1.82	0.069	.3488978	1.039477

Odds of Usually or Always Having Positive Experience With Health Plan Customer Service (MCO Reference = El Paso First)

custserv1	Odds Ratio	Robust Std. Err.	z	P>|z|	[95% Conf.	Interval]
general	1.018195	.00257	7.14	0.000	1.013171	1.023245
hispanic	1.649263	.2871599	2.87	0.004	1.172421	2.320043
black	1.478154	.2703931	2.14	0.033	1.032791	2.115567
other	.9719378	.2993644	-0.09	0.926	.5314492	1.777523
hsgrad1	.8977616	.1658618	-0.58	0.559	.6250304	1.289499
somecoll1	.8798694	.1511813	-0.74	0.456	.6282938	1.232179
collgrad1	.6001357	.1964931	-1.56	0.119	.315903	1.140106
comfrst	1.002061	.340498	0.01	0.995	.5148228	1.95043
chc	1.043026	.3587317	0.12	0.903	.5315431	2.04669
fcare	1.152621	.4138055	0.40	0.692	.5702881	2.329585
park	.9981445	.3542318	-0.01	0.996	.4978634	2.001136
supbex	.8270148	.2878468	-0.55	0.585	.4180692	1.635982
supelpas	.860249	.3037361	-0.43	0.670	.4306085	1.718565
suptrav	.5195202	.1713166	-1.99	0.047	.2722143	.9915029
txchildren	1.039661	.3708688	0.11	0.913	.5167145	2.091863
ameridal	1.0005	.339906	0.00	0.999	.5140825	1.947157
amerihar	1.42713	.5465786	0.93	0.353	.6736906	3.023197
ameritar	.8577459	.283991	-0.46	0.643	.4482646	1.641281

Notes

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[3] The main reason there were fewer than the targeted 2,400 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.

[4] 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 this survey, 66.92 percent of respondents replied "yes" to this question. Due to our confidence interval, we can say that we are 95 percent certain that between 67.82 percent and 65.02 percent of respondents actually replied "yes" to this question.

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