

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

**Measurement Period:
April 2005 – July 2005**

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Overview

Report Title:	The Texas STAR Managed Care Organization and Primary Care Case Management Child 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 conducted with caregivers of children enrolled in two Texas Medicaid Programs: (1) the STAR Managed Care Organization (MCO) Program and (2) the Primary Care Case Management (PCCM) Program. This report provides results from surveys fielded from April 2005 through July 2005 and focuses on children enrolled during fiscal year 2005. Specifically, the intent of this report is to:

- describe the sociodemographic characteristics and health status of children enrolled in the STAR MCO and PCCM Programs for nine months or longer,
- document the presence of a usual source of care,
- describe caregivers' satisfaction with their child's health care,
- describe the need and availability of specialty care for enrollees, and
- compare the enrollee satisfaction scores of caregivers with children enrolled in the PCCM Program and those with children enrolled in the managed care organizations (MCOs) participating in the STAR MCO Program.

Summary of Major Findings

- The majority of children in both programs whose families responded to the survey were Hispanic – 68 percent for STAR and 67 percent for PCCM.
- Eighteen percent of children enrolled in the STAR MCO Program and 22 percent of children enrolled in the PCCM Program were identified as having a special health care need using the Children with Special Health Care Needs (CSHCN) Screener, which is higher than the general population estimate of 12 percent in Texas (also obtained using the CSHCN Screener on the National Survey of CSHCN).
- Overall, 83 percent of PCCM Program respondents and 80 percent of STAR MCO Program respondents reported their child had a specific person—a personal doctor or nurse—who provided health care for their child. Ninety-three percent of respondents with children enrolled in the STAR MCO Program and 95 percent of respondents with children enrolled in the PCCM Program reported there is a particular person or place, such as a particular doctor's office or clinic health center, where they can take their children if they need health care.
- Overall, 20 percent of respondents with children enrolled in the STAR MCO Program and 24 percent of respondents with children enrolled in the PCCM Program reported their child needed to see a specialist in the past six months. Twenty-eight percent of STAR respondents and 17 percent of PCCM respondents reported they had a "small" problem obtaining care, and 17

percent of STAR respondents and 18 percent of PCCM respondents reported experiencing a “big” problem when trying to obtain a needed specialist for their child.

- Fifteen percent of STAR MCO Program respondents and 17 percent of PCCM Program respondents reported their children needed approval from their MCO for care, tests, or treatment. Of those who needed approval, the majority (63 percent for STAR; 70 percent for PCCM) reported that obtaining needed care was not a problem.
- While there are no specific standards or national data for what would constitute an acceptable score for the CAHPS Health Plan Survey composites, a score of 75 points was used to indicate that families “usually” or “always” had positive experiences with a particular composite. Using this criterion, overall the STAR MCO Program performed well in six of the nine CAHPS Health Plan Survey composites and was approximately at 75 points on a seventh CAHPS Health Plan Survey composite. However, improvements are needed in the areas of Getting Care Quickly (54 points) and Care Coordination (69 points) for the STAR MCO Program. Overall, the PCCM Program also performed well in six of the nine CAHPS Health Plan Survey composites and was slightly below 75 points on a seventh CAHPS Health Plan Survey composite. Improvement is needed in the areas of Getting Care Quickly (51 points) and Care Coordination (59 points).
- There were some significant differences between the MCOs in their performance on the CAHPS Health Plan Survey composites after controlling for child enrollee health status, race/ethnicity, and respondent education status. In the multivariate analyses, Community Health Choice and Parkland had significantly lower scores in six of the nine CAHPS Health Plan Survey domains. Superior serving Bexar and Travis SDAs and Amerigroup serving Tarrant SDA had significantly lower scores in five of the nine CAHPS Health Plan Survey domains.

EQRO Recommendations

The Texas Health and Human Services Commission (HHSC) may wish to consider the following strategies when developing future policy regarding health insurance for children receiving Medicaid:

- **Strategies to increase performance related to getting care quickly, care coordination, and family-centered care should be explored.** Getting care quickly and care coordination fell below the 75 point criterion for both the STAR MCO and PCCM Programs. Family-centered care fell slightly below the 75 point criterion for the PCCM Program. Strategies should be developed to address deficiencies in these areas including: (1) reviewing MCO provider panels to ensure adequate numbers of and access to primary and specialty care providers, (2) reviewing procedures that facilitate connections for children and families with needed services and resources, and (3) reviewing authorization procedures to ensure that care can be rendered quickly. In addition, the American Academy of Pediatrics (AAP) has training programs related to providing a medical home, which include components related to family-centered care. This training program may be beneficial for all pediatric providers; however, the PCCM Program, in particular, may want to consider this training program with their provider panels to improve family-centered care.
- **Monitor care of children with special health care needs in the program.** A higher percentage of children with special health care needs are enrolling in the program than what one might expect based on state estimates (18 percent of children enrolled in the STAR MCO Program and 22 percent of children enrolled in the PCCM Program compared to 12 percent in the general Texas population). Based on this finding, HHSC might consider increasing emphasis on monitoring the quality of care for these children by using ongoing indicators specifically addressing CSHCN and/or focus studies.

- **Strategies to address differences in STAR MCO performance should be considered.** Some significant differences exist among MCOs in performance on the CAHPS Health Plan Survey clusters. Eight MCOs/SDAs performed significantly worse than the highest performing MCOs for three or more clusters. A review should be conducted with these MCOs to develop a plan to address consumer satisfaction.

Introduction

Assessing parental satisfaction with their children's health care is an important measure of the quality of children's health care.¹ Studies have shown that satisfaction ratings reflect parent expectations of their children's health care and provide implicit ratings of parents' judgment about the overall delivery of their children's health care services.^{2,3} Parental satisfaction with child health care is also known to be associated with positive health care behaviors such as adhering to treatment plans and appropriate use of preventive health care services.⁴

The purpose of this report is to present the results of telephone surveys with caregivers of children 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 children enrolled during fiscal year 2005. Specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health status of children 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 caregivers' satisfaction with their child's health care,
- describe the need and availability of specialty care for enrollees, and
- compare the enrollees' satisfaction scores of caregivers with children enrolled in the PCCM Program and those with children enrolled in the managed care organizations (MCOs) participating in the STAR MCO Program.

Methods

Sample Selection Procedures

A stratified random sample of families was selected to participate in two surveys. To be eligible for inclusion in the sample, the child had to be enrolled in either the Texas STAR MCO Program or the PCCM Program for nine continuous months in the past year. This criterion was chosen to ensure that the family had sufficient experience with the program to respond to the questions. 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 3,600 telephone surveys. There were 3,606 completed surveys for STAR respondents. The target for the PCCM Program was 400. There were 400 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 ± 1.57 percentage points of the "true" response for the enrollees of the STAR MCO Program.⁵ The "true" response is the response that would be obtained if there was no measurement error. The confidence interval for the PCCM Program enrollee responses is ± 4.90 percentage points. The stratification strategy along with the number of complete interviews is shown in **Table 1**.

Table 1. Survey Stratification Strategy

Survey Areas	Completed Interviews (N=4,006)
Amerigroup	
Dallas SDA	267
Harris SDA	304
Tarrant SDA	331
Community First	302
Community Health Choice	300
El Paso First	300
FIRSTCARE	300
Parkland	301
Superior	
Bexar SDA	301
El Paso SDA	300
Travis SDA	300
Texas Children's	300
STAR TOTAL	3,606
PCCM	400
PCCM TOTAL	400

Attempts were made to contact 8,713 families whose children were participating in the STAR MCO Program. Using the contact information provided, 79 percent of families were located and 24 percent refused to participate. The response rate was 55 percent and the cooperation rate was 67 percent.⁶ There were 3,606 completed surveys. For the PCCM Program, attempts were made to contact 964 families. Seventy-five percent of the families were located and 28 percent refused to participate. The response rate was 53 percent and the cooperation rate was 66 percent. These contact, refusal, response, and participation rates for both programs are comparable to those obtained with other low-income families in Medicaid and in State Children’s Health Insurance Programs (SCHIP).^{7, 8, 9}

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: child race/ethnicity, gender, age, and family income. No significant differences were found between survey responders and those not located and those refusing to participate. Due to 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 established enrollees.

Data Sources

Two primary data sources were used to prepare this report. First, a third party administrator provided enrollment files for the STAR MCO Program and the PCCM Program to the Institute for Child Health Policy (IHP). These files were used to (1) identify the families who met the sample selection criteria, (2) obtain contact information for the families, 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 caregivers of children 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 Child Enrollee CAHPS Health Plan Survey takes 45 minutes to complete and includes the following sections:

- (1) a household listing table,
- (2) questions about the presence of a usual source of care for the child,
- (3) the Consumer Assessment of Healthcare Providers and Systems Health Plan Survey 3.0¹⁰ (described below),
- (4) the Children With Special Health Care Needs (CSHCN) Screener,
- (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. It was later adopted for use for Medicaid and CHIP evaluations in Texas. This section contains questions about the number of people in the household, their relationship to the child enrolled in PCCM or the STAR MCO Program, and their insurance and health status. The household listing table 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 families of Medicaid recipients and CHIP enrollees in Texas, Florida, and New Hampshire.

Families' satisfaction with their children's health care was assessed using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 3.0.¹¹ Specifically, the Medicaid module with supplemental questions addressing care for CSHCN was used. CAHPS Health Plan Survey reporting composites, which are scores that combine results for closely related survey items, were used to provide comprehensive yet concise results for multiple survey questions.¹² Psychometric analyses indicate that the composite scores are a reliable and valid measure of member experiences.^{13, 14} Composite scores were obtained using the CAHPS Health Plan Survey items to address parents' experiences with: (1) getting needed care, (2) getting care quickly, (3) doctor's communication, (4) interactions with the doctor's office staff, (5) health plan customer service, (6) obtaining prescription medicine, (7) getting specialized services for their children, (8) family-centered care, and (9) coordination of their child's care. Using this composite scoring method, a mean score was calculated for each of the nine areas that could range from 0 to 100 points with higher scores indicating greater satisfaction.

The CSHCN Screener was adapted from questions used on the National Health Interview Survey (NHIS) and the Questionnaire for Identifying Children with Chronic Conditions (QuICCC). The CSHCN Screener is used to determine if a child has special health care needs. The CSHCN Screener uses information reported by the respondent to assess whether a child (1) has activity limitations when compared to other

children of his or her age, (2) needs or uses medications, (3) needs or uses specialized therapies such as physical therapy, (4) has an above-routine need for the use of medical, mental health, or educational services, or (5) needs or receives treatment or counseling for an emotional, behavioral, or developmental problem.¹⁵ For each of these areas, the respondent is also asked if the child has limitations, medication dependency, or uses/needs services because of a condition that has lasted or is expected to last for 12 months or longer. The CSHCN Screener is based on the following Maternal and Child Health Bureau definition:

CSHCN are children “who have or are at elevated risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount not usually required by children.”¹⁶

If the child had one or more of the consequences listed above due to a condition that had lasted or was expected to last for 12 months or longer, then he or she was considered to have special health care needs.

The demographic section which includes questions regarding employment, access to employer-based coverage, and socio-demographic characteristics was developed by ICHP and has 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,¹⁷ the Current Population Survey,¹⁸ and the National Survey of America’s Families.¹⁹

Survey respondents were allowed the opportunity to 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 three 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.”

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 40 attempts were made to reach a family, and if the family 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 family 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 most knowledgeable about the child’s health and health care. The respondent also was asked to confirm that the child had been enrolled in either the STAR MCO Program or the PCCM Program for at least nine months and was currently enrolled at the time of the interview.

Historically, there has been concern that telephone surveys are biased in that 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.²⁰ 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. Seven percent of responding families in the PCCM Program and six percent in the STAR MCO Program reported their household had not had a phone in the past six months. For both PCCM and STAR enrollees who had interrupted service, 63 percent reported that they were without telephone service due to cost. 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 were no statistically significant differences found among families with continuous phone service and transient phone service.

Data Analysis

Descriptive statistics, Chi-square tests, and logistic regression models, calculated using STATA Version 8, were used in this report.²¹ Descriptive results for each item for each MCO and for PCCM enrollees are provided to HHSC.

Results

Demographics

The demographic characteristics of families with children who are enrolled in Medicaid programs in Texas are important to assess. Studies have shown that disparities exist among racial and ethnic groups in pediatric health care with regard to access to health care,²² obtaining a usual source of health care,²³ and satisfaction with health care providers.^{24,25} One study, which focused on disparities in children’s access to medical care among Hispanics, revealed that Hispanic children experience difficulties accessing care that is not fully explained by parent’s social or economic status or the child’s health-related quality of life.²⁶ Due to the rich diversity, which includes a high percentage of Hispanic children among the population in the State of Texas, assessing demographic characteristics of child Medicaid enrollees is necessary.

Table 2 displays the demographic characteristics of respondents who participated in the 2005 STAR MCO/PCCM Child Enrollee CAHPS Health Plan Survey. The majority of children in both programs whose families responded to the survey were Hispanic—68 percent for STAR and 67 percent for PCCM. The next largest racial/ethnic group was White, non-Hispanic, which consisted of 14 percent of STAR MCO Program enrollees and 16 percent of PCCM Program enrollees. Black, non-Hispanic children comprised 14 percent of the total population for the STAR MCO Program and 13 percent of the population for the PCCM Program. The category, Other, non-Hispanic, comprised four percent of STAR MCO Program child enrollees and five percent of PCCM Program enrollees.

A slight majority of children whose families responded to the survey resided in two-parent families (56 percent for STAR; 51 percent for PCCM). Forty-one percent of STAR MCO Program households were headed by a single parent while 47 percent of PCCM Program households were single-parent households. For STAR respondents, the largest category of marital status for respondents was married (47 percent) with the next three largest categories being single (27 percent), unmarried partner (9 percent), and divorced (8 percent). For PCCM respondents, the marital status was slightly different. The

largest category of marital status for respondents was married (43 percent) with the next three largest categories being single (30 percent), separated (10 percent), and divorced (7 percent).

Survey results indicated some variability in respondent educational status between the two programs. A higher percentage of respondents with less than a high school education are in the PCCM Program compared to the STAR MCO Program. For the PCCM Program, 49 percent of respondents reported having less than a high school education, 21 percent reported obtaining a diploma or GED, 21 percent reported some college or vocational training, and 9 percent reported having an associate's degree or higher. For the STAR MCO Program, 42 percent of respondents reported having less than a high school education, 24 percent reported obtaining a high school diploma or GED, 24 percent reported some college or vocational training, and 9 percent reported having an associate's degree or higher.

The average age of children whose families responded to the survey for both programs was approximately eight years old. For STAR, the child mean age was 7.81 years (± 5.53 years), and for PCCM, the child mean age was 7.78 years (± 5.32 years). The child gender for both STAR and PCCM were almost equally distributed.

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

Respondent Demographics	STAR MCO		PCCM	
	N	Percent	N	Percent
Child Race/Ethnicity				
White, non-Hispanic	495	13.73	63	15.75
Black, non-Hispanic	496	13.75	50	12.50
Hispanic	2,461	68.25	266	66.50
Other, non-Hispanic	154	4.27	21	5.25
Respondent Marital Status				
Married	1,687	46.78	170	42.50
Unmarried partner	313	8.68	26	6.50
Divorced	301	8.35	29	7.25
Separated	248	6.88	38	9.50
Single	966	26.79	118	29.50
Widowed	82	2.27	16	4.00
Don't Know	3	0.08	3	0.75
Refused	6	0.17	0	0.00
Household Type				
Single parent	1,495	41.46	188	47.00
Two parent	2,021	56.05	205	51.25
Not a parent	30	0.83	1	0.25
Don't Know	42	1.16	4	1.00
Refused	18	0.50	2	0.50
Respondent Education				
Less than High School	1,520	42.15	194	48.50
High School Diploma or GED	875	24.27	84	21.00
Some Vocational/College	851	23.60	83	20.75
AA Degree or Higher	311	8.62	37	9.25
Don't Know	28	0.78	1	0.25
Refused	21	0.58	1	0.25
Mean Age Of Child/Standard Deviation	7.81 (± 5.53)		7.78 (± 5.32)	
Child Age Distribution				
0-4 Years	1,334	36.99	147	36.75
5-9 Years	960	26.62	109	27.25
10-19 Years	1,312	36.38	144	36.00
Child Gender				
Male	1,825	50.61	199	49.75
Female	1,778	49.31	201	50.25
Don't Know ¹	3	0.08	0	0.00
Refused	0	0.00	0	0.00

¹ Respondents answered "Don't Know," and surveyor/researcher was unable to make a determination based on child's name.

Health Status

Quality of care assessments are often reported for children as a group without considering their health status. However, children with special health care needs (CSHCN) comprise a unique group who may be more susceptible to adverse health outcomes than healthy children if there are variations in the quality of their health care. Recent estimates from the 2001 National Survey of CSHCN indicate that 13 percent of children in the United States have a special health care need.²⁷ Previous estimates of the percentages of these children range from 15 percent to 25 percent of the populations studied, depending on the definition of CSHCN used.^{28, 29, 30, 31} Despite differences in how they are identified or in the populations studied, CSHCN require close monitoring to ensure that they have access to high quality health care.^{32, 33}

As previously described, the CSHCN Screener was used to identify the presence of special health care needs among the children who were enrolled in Texas Medicaid programs using information reported by the parent or primary caregiver. Based on the CSHCN Screener results, 18 percent of children enrolled in the STAR MCO Program and 22 percent of children enrolled in the PCCM Program were identified as having a special health care need. Of the total pool of children for the STAR MCO Program, 82 percent were healthy, 3 percent had one condition consequence as the result of their special needs, 11 percent had two condition consequences, and 4 percent had all three condition consequences. For children enrolled in the PCCM Program, 78 percent were classified as having no health care conditions, 4 percent had one condition consequence as the result of their special needs, 14 percent had two condition consequences, and 5 percent had all three condition consequences. Children enrolled in both the STAR MCO Program and the PCCM Program comprised a higher percentage of CSHCN than might be expected based on the national population estimates cited above.³⁴ Furthermore, the National Survey of Children With Special Health Care Needs 2001 (again using the CSHCN Screener) estimates that 12 percent of children in Texas have a special health care need. This finding is not surprising because parents might seek to enroll their children or be encouraged to enroll their children in Medicaid based on the children's needs for health care services.

Usual Source of Care

Having a usual source of care—a particular person or place a child goes for sick and preventive care—facilitates the timely and appropriate use of pediatric services.^{35, 36} Research has shown that children without a usual source of care can be at risk for adverse health outcomes, including not receiving needed immunizations.³⁷ Some studies have also suggested that an identified usual source of care can reduce emergency department visits.^{38, 39}

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 Tool⁴⁰ about the presence of a *person or place* as the usual source of care. Parents 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, 83 percent of respondents with a child enrolled in the PCCM Program and 80 percent of respondents with a child enrolled in the STAR MCO Program reported that their child has a personal doctor or nurse (See **Table 3**). There is some variation in the percent of children with a personal doctor or nurse by MCO or MCO SDA (See **Figure 1**). Respondents with children receiving services through FIRSTCARE report the highest percentage of children with a personal doctor or nurse—86 percent. Respondents receiving services through Superior-Travis report the lowest percentage of children with a personal doctor or nurse—72 percent.

Figure 1. Percentage of STAR MCO/PCCM Child Enrollees with a Personal Doctor or Nurse by MCO/MCO SDA (Using the CAHPS Health Plan Survey)

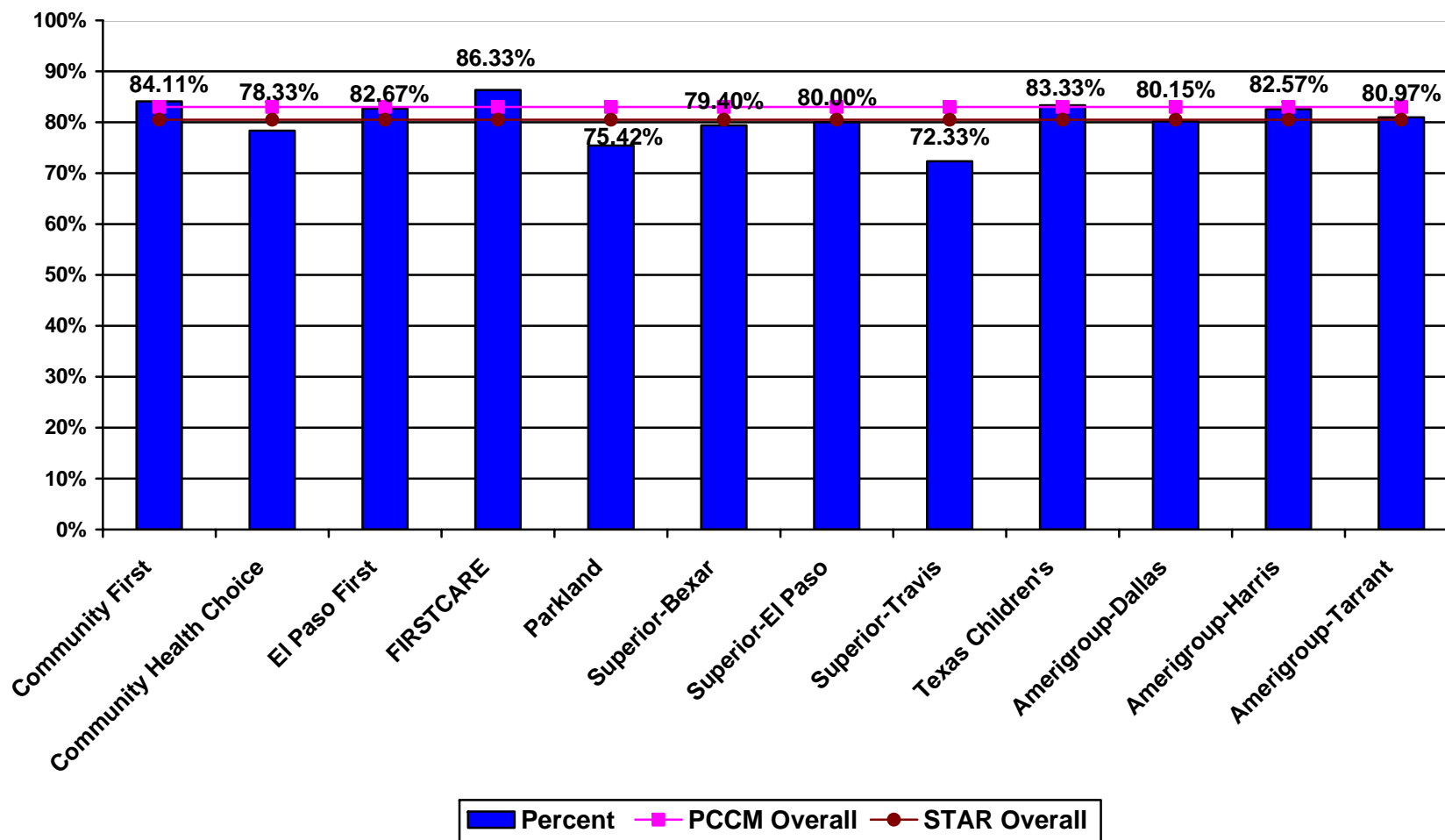


Table 3 also provides a breakdown of the type of health care provider named as a personal doctor or nurse. In the STAR MCO Program, 78 percent of respondents whose children had a personal doctor or nurse reported the provider was a general doctor. Among PCCM Program enrollees, 77 percent of children with a personal doctor or nurse saw a general doctor. The category “general doctor” includes both family doctors and pediatricians. Fourteen percent of STAR MCO respondents and 15 percent of PCCM respondents reported their child’s personal doctor or nurse was a specialty physician. Six percent of STAR respondents and seven percent of PCCM respondents indicated that their child’s personal doctor or nurse was a physician’s assistant or a nurse.

Respondents who reported their children had a personal doctor or nurse also provided information on the length of time their child had been seen by this person. A high percentage of respondents with children enrolled in both programs reported longevity with their child’s provider. Thirty-one percent of STAR MCO Program respondents reported their child had been with this personal doctor or nurse from two to five years while 29 percent of PCCM Program respondents reported their child had the same provider for that length of time. Twenty percent of STAR respondents reported seeing their child’s doctor for five years or more while 23 percent of PCCM respondents reported their child had the same doctor for over five years.

Table 3. 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 child's personal doctor or nurse?				
Yes	2,902	80.48	332	83.00
No	677	18.77	65	16.25
Don't Know	24	0.67	1	0.25
Refused	3	0.08	2	0.50
Is this person a general doctor, a specialist doctor, a physician's assistant, or a nurse? (STAR, N= 2,902; PCCM, N= 332)²				
General doctor (Family practice or general pediatrician)	2,271	78.26	254	76.51
Specialist doctor	407	14.02	51	15.36
Physician's assistant	73	2.52	12	3.61
Nurse	106	3.65	12	3.61
Don't Know	43	1.48	3	0.90
Refused	2	0.07	0	0.00
How many months or years has your child been going to his/her personal doctor or nurse? (STAR, N= 2,902; PCCM, N= 332)				
Less than 6 months	350	12.06	36	10.84
At least 6 months but less than 1 year	407	14.02	35	10.54
At least 1 year but less than 2 years	627	21.61	81	24.40
At least 2 years but less than 5 years	902	31.08	97	29.22
5 years or more	571	19.68	78	23.49
Don't Know	32	1.10	4	1.20
Refused	13	0.45	1	0.30
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 child's personal doctor or nurse?				
	8.82 (± 2.12)		8.83 (± 2.10)	
Did your child have the same personal doctor or nurse before you joined this health plan? (STAR, N= 2,902; PCCM, N= 332)				
Yes	1,191	41.04	156	46.99
No	1,668	57.48	172	51.81
Don't Know	35	1.21	3	0.90
Refused	8	0.28	1	0.30
Since you joined this health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with? (STAR, N= 2,415; PCCM, N= 244)				
A big problem	171	7.08	23	9.43
A small problem	327	13.54	32	13.11
Not a problem	1,900	78.67	187	76.64
Don't Know	12	0.50	0	0.00
Refused	5	0.21	2	0.82

² The number of parents responding to individual items will vary from the total number of surveys conducted because some items have particular sequences where questions are only asked based on responses to other questions.

Table 4 provides information about respondents who report a *person or place* as a usual source of care for their child. Overall, a very high percentage of respondents reported their child has a particular doctor's office, clinic health center, or other place where they can take their child if they are sick and they need advice about their child's health. Ninety-three percent of respondents with children enrolled in the STAR MCO Program and 95 percent of respondents with children enrolled in the PCCM Program reported a person or place as a usual source of care for their child. The majority of respondents reported frequenting a physician's office located outside of a hospital (45 percent for STAR; 50 percent for PCCM) followed by another type of place not listed within the survey (10 percent for both programs) and a walk-in clinic (9 percent for both programs) as the usual place of care for their child. About 8 percent to 9 percent of children in both programs used an emergency room as their usual source of care.

Table 4. 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 take your child if he/she was sick or needed advice about his/her health?				
Yes	3,348	92.85	378	94.50
No	243	6.74	20	5.00
Don't Know	15	0.42	2	0.50
Refused	0	0.00	0	0.00
For children who have a usual source of care, what kind of place is that? (STAR, N= 3,348; PCCM, N= 378)				
Hospital emergency room	294	8.78	32	8.47
A clinic at a hospital	288	8.60	26	6.88
A particular doctor's office outside of a hospital	1,519	45.37	188	49.74
A particular doctor's office inside of a hospital	192	5.73	22	5.82
An HMO-run clinic	69	2.06	9	2.38
A community health center	173	5.17	17	4.50
A school clinic	30	0.90	4	1.06
A local health department	20	0.60	0	0.00
A walk-in clinic	290	8.66	34	8.99
Another type of place	347	10.36	38	10.05
Don't Know	104	3.11	8	2.12
Refused	22	0.66	0	0.00

Parent Satisfaction with Their Children's Health Care – Descriptive Results

The importance of parent satisfaction with their children's health care was described previously in this report. **Table 5** provides the mean scores for the nine CAHPS Health Plan Survey parental satisfaction composites for the PCCM and the STAR MCO Programs overall. Mean composite scores are also provided for the STAR MCO Program by MCO and MCO SDA. The following results are descriptive. The nine CAHPS Health Plan Survey domains are as follows:

- 1) Getting needed care,
- 2) Getting care quickly,
- 3) Doctor's communication,
- 4) Doctor's office staff,
- 5) Health plan customer service,
- 6) Obtaining prescription medicine,
- 7) Getting specialized services for their children,
- 8) Family-centered care, and
- 9) Coordination of their child's care.

Both the lowest and highest score for each domain in **Table 5** are shaded. Also, as previously described, each of the domains had a possible score ranging from 0 to 100.

Overall, the STAR MCO Program fared very well in six out of nine domains scoring at or above 75 points out of a possible 100 points. The STAR Program is almost at 75 points in the getting specialty care domain. Similarly, the PCCM Program fared very well in six out of nine domains scoring at or above 75 points out of a possible 100 points. The PCCM Program is slightly below 75 points in the providing family-centered care domain. Parents' ratings of the two programs with regard to getting care quickly and care coordination were less favorable. The composite score for getting care quickly was 51 points for the PCCM Program and 54 points for the STAR MCO Program. The score for care coordination was 69 points out of a possible 100 points for the STAR MCO Program and 59 points for the PCCM Program.

With the exception of getting specialty care and care coordination, the CAHPS composite scores for the PCCM Program and the STAR MCO Program overall are fairly similar. For seven of the nine domains, there is less than a three-point spread between overall scores for PCCM and STAR. However, there is almost an eleven-point difference for the specialty care domain with the STAR MCO Program respondents rating care lower than respondents served by the PCCM Program. The rating provided by STAR respondents, however, was almost 75 points out of a possible 100 points, indicating that their experiences were close to being usually or always positive. In the care coordination domain, there is a nine-point spread between overall scores for STAR MCO and PCCM Programs.

There is some variability in MCO performance within the STAR MCO Program. FIRSTCARE had the highest score of all MCOs/MCO SDAs for six of the nine domains: parents' experiences with getting needed care, getting care quickly, doctor's communication, office staff, prescription medicine, and family-centered care. Community Health Choice and Amerigroup serving the Harris SDA had the lowest scores of all MCOs and MCO SDAs for three domains. Community Health Choice scored lowest in prescription medication, specialty care, and family-centered care while Amerigroup-Harris had the lowest score for getting care quickly, doctor's communication, and families' experiences with courtesy, respect, and helpfulness of office staff.

Table 5. Descriptive Results - Average CAHPS Health Plan Survey Cluster Scores: Parent Satisfaction with Their Children's Health Care

MCO/MCO Sites	Getting Needed Care	Getting Care Quickly	Doctor's Communication	Office Staff	Customer Service	Prescription Medication	Specialty Care	Family-Centered Care	Care Coordination
PCCM Overall	84.13	50.94	82.42	82.63	87.77	94.26	85.90	72.40	59.29
STAR Overall	84.03	53.53	84.56	84.48	89.42	91.64	74.94	75.29	68.74
Community First	85.12	61.43	85.80	84.88	90.99	93.75	78.81	78.54	68.38
Community Health Choice	84.18	51.85	82.96	83.78	89.43	83.33	59.26	70.61	71.67
El Paso First	82.16	51.77	87.58	88.27	90.11	94.44	85.78	76.99	75.53
FIRSTCARE	86.75	64.94	89.48	90.11	90.02	94.48	83.33	81.48	74.59
Parkland	84.96	48.35	83.20	81.91	88.51	87.88	67.05	76.11	69.74
Superior-Bexar	81.66	52.93	82.37	84.39	89.00	91.30	74.40	73.53	65.31
Superior-El Paso	86.02	51.77	87.97	86.55	90.90	92.99	82.92	76.54	70.45
Superior-Travis	82.67	56.49	82.25	83.71	87.44	88.60	68.89	70.73	68.75
Texas Children's	82.62	52.46	84.68	82.99	88.05	93.70	73.21	73.03	64.00
Amerigroup-Dallas	82.38	49.73	84.67	82.77	89.77	93.42	71.25	77.23	63.83
Amerigroup-Harris	86.12	44.78	81.09	80.75	91.38	94.21	62.50	76.57	66.67
Amerigroup-Tarrant	83.50	54.56	82.87	83.51	88.08	88.85	76.50	72.50	66.41
Note: Highest and lowest scores for each domain are shaded.									

Parent Satisfaction with Their Children’s Health Care – Multivariate Results

Satisfaction with health care can be influenced by factors such as the enrollee’s health status⁴¹ and socio-demographic characteristics.⁴² Therefore, we compared parental satisfaction with care for each of the previously described CAHPS Health Plan Survey composite scores for each MCO after controlling for child health and socio-demographic characteristics.

The following health and socio-demographic variables were used in the logistic regression models:

- (1) Whether the child had a special health care need as measured by the CSHCN Screener (the reference group⁴³ is no special needs) and
- (2) The child’s race/ethnicity characterized as White, non-Hispanic; Black, non-Hispanic; Hispanic; and other (the reference group is White, non-Hispanic).

A reference group for the MCOs was selected by using the MCO with the highest score for each CAHPS Health Plan Survey composite. The purpose of the reference group is to provide a point of comparison for all other MCO scores. Therefore, the results of each MCO are compared to the results of the highest-scoring MCO for each cluster after controlling for the children’s race/ethnicity, health status, and parent education. 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 child 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 6 contains a summary of the logistic regression results for each composite. 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.

For the descriptive analyses, FIRSTCARE had the highest score for the *Getting Needed Care* cluster. After controlling for enrollee health status and race/ethnicity, as well as parental education, El Paso First, Superior in the Bexar SDA, and Amerigroup in the Dallas SDA were significantly different in their scores from the reference MCO. Enrollees in these MCOs had odds of usually or always getting needed care that were 38 percent to 46 percent less than those of enrollees in FIRSTCARE.

For the *Getting Care Quickly* cluster, FIRSTCARE had the highest score. After controlling for parental educational status, enrollee health status, and race/ethnicity, El Paso First, Community First, and Superior in the Travis SDA were not significantly different in their scores from the reference group. Enrollees in the remaining MCOs had odds of usually or always getting care quickly that were 41 percent to 59 percent less than those of enrollees in FIRSTCARE.

FIRSTCARE had the highest score for the *Doctor’s Communication* cluster. After controlling for child race/ethnicity, health status, and parental education, the ratings provided by families of children served by Community First, El Paso First, Superior-El Paso, Texas Children’s, and Amerigroup-Dallas were not significantly different than those of children served by FIRSTCARE. Children in the

other MCOs had odds of usually or always having positive doctor communication that were 43 percent to 53 percent less than those of children in the reference MCO.

FIRSTCARE also had the highest score for the *Doctor's Office Staff* cluster. All other MCOs had scores that were significantly different from the reference MCO, except for El Paso First and Superior in the El Paso SDA.

Amerigroup-Harris had the highest score for the *Health Plan Customer Service* cluster. The scores for the other MCOs were not significantly different than the reference MCO.

FIRSTCARE had the highest score for the *Obtaining Prescription Medication* cluster. Four MCOs had significantly lower scores for this cluster compared to the reference MCO after controlling for the covariates in the model. Those MCOs were Community Health Choice, Parkland, Superior-Travis and Amerigroup-Tarrant.

El Paso First had the highest score for the *Obtaining Specialty Services* cluster. After controlling for parental educational status, enrollee health status, and race/ethnicity, Community First, FIRSTCARE, Superior in the El Paso SDA, Superior in the Bexar SDA, Texas Children's, and Amerigroup in the Tarrant SDA were not significantly different in their scores from the reference group. Enrollees in the remaining MCOs had odds of usually or always obtaining specialty services that were 66 percent to 71 percent less than those of enrollees in El Paso First.

FIRSTCARE had the highest score for the *Family-Centered Care* cluster. After controlling for parental educational status, enrollee health status, and race/ethnicity, Community First, El Paso First, Superior in the El Paso SDA, Amerigroup in the Dallas SDA, and Amerigroup in the Harris SDA were not significantly different in their scores from the reference group. Enrollees in the remaining MCOs had odds of usually or always obtaining specialty services that were 32 percent to 48 percent less than those of enrollees in FIRSTCARE.

El Paso First had the highest score for the *Care Coordination* cluster. None of the MCOs or MCO SDAs had scores that were significantly different from El Paso First after controlling for child race/ethnicity, health status, and parental education.

Table 6. Logistic Regression Results – CAHPS Health Plan Survey Cluster Scores: Differences between MCOs in Parental Satisfaction Controlling for Child Race/Ethnicity and Health Status and Respondent Education

MCO/MCO Sites	Getting Needed Care	Getting Care Quickly	Doctor's Communication	Office Staff	Customer Service	Prescription Medication	Specialty Care	Family-Centered Care	Care Coordination
Community First	NS	NS	NS	-	NS	NS	NS	NS	NS
Community Health Choice	NS	-	-	-	NS	-	-	-	NS
El Paso First	-	NS	NS	NS	NS	NS	Ref	NS	Ref
FIRSTCARE	Ref	Ref	Ref	Ref	NS	Ref	NS	Ref	NS
Parkland	NS	-	-	-	NS	-	-	-	NS
Superior-Bexar	-	-	-	-	NS	NS	NS	-	NS
Superior-El Paso	NS	-	NS	NS	NS	NS	NS	NS	NS
Superior-Travis	NS	NS	-	-	NS	-	-	-	NS
Texas Children's	NS	-	NS	-	NS	NS	NS	-	NS
Amerigroup-Dallas	-	-	NS	-	NS	NS	-	NS	NS
Amerigroup-Harris	NS	-	-	-	Ref	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 for children, particularly those with special health care needs, sometimes raises questions about potential barriers to health care services.⁴⁴ The impact of managed care is of particular concern for children with complex physical or emotional disorders who may require many specialty services. Relatively healthy children may also require specialty services for acute conditions at various times.

Table 7 provides information on the percentage of respondents reporting that their children needed to see a physician specialist. Overall, 20 percent of respondents with children enrolled in the STAR MCO Program and 24 percent of respondents with children enrolled in the PCCM Program reported their child needed to see a specialist in the past six months. There was some variation among health plans/SDAs. Respondents whose children were served by Texas Children's reported the highest percentage of children who needed to see a specialist (26 percent), and respondents whose children were served by FIRSTCARE reported the lowest percentage of children who needed to see a specialist (16 percent).

Of those children who needed to see a specialist, 54 percent of STAR MCO Program respondents and 64 percent of PCCM Program respondents reported obtaining specialty care for their child was not a problem. Twenty-eight percent of STAR respondents and 17 percent of PCCM respondents reported they had a "small" problem obtaining care for their child while 17 percent of STAR MCO respondents and 18 percent of PCCM respondents reported experiencing a "big" problem when trying to obtain a needed specialist for their children. Respondents with children who were provided care by Community First, Community Health Choice, Superior serving the Bexar SDA, Amerigroup serving the Dallas SDA, and Parkland constituted the highest percentage of respondents who reported a "big" problem in accessing specialist care. For the first three plans, 19 percent of respondents reported a "big" problem. For the last two plans, approximately 19 percent of respondents reported a "big" problem. Respondents with children enrolled in Superior serving the Travis SDA, Texas Children's, and El Paso First had the lowest percentages who reported a "big" problem in accessing specialist care. Twelve percent of respondents with children enrolled in Superior in the Travis SDA and 13 percent of respondents with children enrolled in both Texas Children's and El Paso First reported that they had "big" problems.

Table 7. Families' Experiences with Specialty Care

Specialist Care	STAR MCO		PCCM	
	N	Percent	N	Percent
In the last 6 months, did you or a doctor think your child needed to see a specialist?				
Yes	731	20.27	94	23.50
No	2,864	79.42	306	76.50
Don't Know	9	0.25	0	0.00
Refused	2	0.06	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 your child needed to see? (STAR, N= 731; PCCM, N= 94)				
A big problem	121	16.55	17	18.09
A small problem	207	28.32	16	17.02
Not a problem	396	54.17	60	63.83
Don't Know	5	0.68	1	1.06
Refused	2	0.27	0	0.00
In the last 6 months, did your child see a specialist?				
Yes	684	18.97	96	24.00
No	2,913	80.78	303	75.75
Don't Know	8	0.22	1	0.25
Refused	1	0.03	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 child's specialist?	8.67 (± 2.29)		8.70 (± 2.43)	
In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor? (STAR, N= 684; PCCM= 96)				
Yes	282	41.23	31	32.29
No	396	57.89	64	66.67
Don't Know	5	0.73	1	1.04
Refused	1	0.15	0	0.00

Access to Needed Care

Table 8 shows information regarding the percentage of respondents with children enrolled in the STAR MCO Program and the PCCM Program who needed care, tests, or treatment and their experiences obtaining care. Overall for the STAR MCO Program, 31 percent of respondents reported that their children needed care, tests, or treatment. For the PCCM Program, 32 percent of respondents reported their children needed health services. Of the children who needed these services, the majority of respondents (71 percent for STAR; 69 percent for PCCM) reported obtaining needed care was not a problem. Families with children served by Parkland reported the most problems obtaining care compared to other MCOs. For this MCO, approximately 46 percent of respondents reported either a “big” or “small” problem in obtaining needed care for their children.

Table 8 also provides information about the percentage of children who needed approval from their MCO for care, tests, or treatment and their experiences obtaining approval. Fifteen percent of respondents with children enrolled in the STAR MCO Program reported their children needed

approval from their MCO. Of those who needed approval, 63 percent reported obtaining approval was not a problem, 25 percent reported that obtaining approval was a “small” problem, and 11 percent reported that obtaining approval was a “big” problem. These results can be compared to those of respondents with children enrolled in the PCCM Program. Of those children in the PCCM Program who needed approval, 70 percent of their caregivers reported that obtaining approval was not a problem, 25 percent reported that obtaining approval was a “small” problem, and 5 percent reported that obtaining approval was a “big” problem. The PCCM Program findings should be viewed cautiously because only 57 families reported that prior approval was necessary.

Table 8. 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 your child needed any care, tests, or treatment? (STAR, N= 2833; PCCM, N= 336)				
Yes	884	31.20	108	32.14
No	1,941	68.51	227	67.56
Don't Know	8	0.28	1	0.30
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= 884; PCCM, N= 108)				
A big problem	77	8.71	11	10.19
A small problem	177	20.02	22	20.37
Not a problem	624	70.59	75	69.44
Don't Know	5	0.57	0	0.00
Refused	1	0.11	0	0.00
In the last 6 months, did your child need approval for any care, tests, or treatment? (STAR, N= 2833; PCCM, N= 336)				
Yes	427	15.07	57	16.96
No	2,383	84.12	277	82.44
Don't Know	21	0.74	2	0.60
Refused	2	0.07	0	0.00
In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your health plan? (STAR, N= 427; PCCM, N= 57)				
A big problem	49	11.48	3	5.26
A small problem	107	25.06	14	24.56
Not a problem	269	63.00	40	70.18
Don't Know	2	0.47	0	0.00
Refused	0	0.00	0	0.00

Summary and Recommendations

The major findings of this survey are as follows:

- The majority of children in both programs whose families responded to the survey were Hispanic – 68 percent for STAR and 67 percent for PCCM.
- Eighteen percent of children enrolled in the STAR MCO Program and 22 percent of children enrolled in the PCCM Program were identified as having a special health care need (using the CSHCN Screener), which is higher than the general population estimate of 12 percent in Texas (also obtained using the CSHCN Screener on the National Survey of CSHCN).
- Overall, 83 percent of PCCM respondents and 80 percent of STAR respondents reported their child had a specific person—a personal doctor or nurse—who provided health care for their child. Ninety-three percent of respondents with children enrolled in the STAR MCO Program and 95 percent of respondents with children enrolled in the PCCM Program reported there is a particular person or place, such as a particular doctor’s office or clinic health center, where they can take their child if they need health care.
- Overall, 20 percent of respondents with children enrolled in the STAR MCO Program and 24 percent of respondents with children enrolled in the PCCM Program reported their child needed to see a specialist in the past six months. Twenty-eight percent of STAR respondents and 17 percent of PCCM respondents reported they had a “small” problem obtaining care, and 17 percent of STAR respondents and 18 percent of PCCM respondents reported experiencing a “big” problem when trying to obtain a needed specialist for their child.
- Fifteen percent of STAR MCO Program respondents and 17 percent of PCCM Program respondents reported their children needed approval from their MCO for care, tests, or treatment. Of those who needed approval, the majority (63 percent for STAR; 70 percent for PCCM) reported that obtaining needed care was not a problem.
- While there are no specific standards or national data for what would constitute an acceptable score for the CAHPS Health Plan Survey composites, a score of 75 points was used to indicate that families “usually” or “always” had positive experiences with a particular composite. Using this criterion, overall the STAR MCO Program performed well in six of the nine CAHPS Health Plan Survey composites and was approximately at 75 points on a seventh CAHPS Health Plan Survey composite. However, improvements are needed in the areas of Getting Care Quickly (54 points) and Care Coordination (69 points) for the STAR MCO Program. Overall, the PCCM Program also performed well in six of the nine CAHPS Health Plan Survey composites and was slightly below 75 points on a seventh CAHPS Health Plan Survey composite. Improvement is needed in the areas of Getting Care Quickly (51 points) and Care Coordination (59 points).
- There were some significant differences between the MCOs in their performance on the CAHPS composites after controlling for child enrollee health status, race/ethnicity, and respondent education status. In the multivariate analyses, Community Health Choice and Parkland had significantly lower scores in six of the nine CAHPS domains. Superior serving Bexar and Travis SDAs and Amerigroup serving Tarrant SDA had significantly lower scores in five of the nine CAHPS domains.

The Texas HHSC may wish to consider the following strategies when developing future policy regarding health insurance for children receiving Medicaid:

- **Strategies to increase performance related to getting care quickly, care coordination, and family-centered care should be explored.** Getting care quickly and care coordination fell below the 75 point criterion for both the STAR MCO and PCCM Programs. Family-centered care fell slightly below the 75 point criterion for the PCCM Program. Strategies should be developed to address deficiencies in these areas including: (1) reviewing MCO provider panels to ensure adequate numbers of and access to primary and specialty care providers, (2) reviewing procedures that facilitate connections for children and families with needed services and resources, and (3) reviewing authorization procedures to ensure that care can be rendered quickly. In addition, the American Academy of Pediatrics (AAP) has training programs related to providing a medical home, which include components related to family-centered care. While this training program may be beneficial for all pediatric providers, the PCCM Program, in particular, may want to consider this training program with their provider panels to improve family-centered care.
- **Monitor care of children with special health care needs in the program.** A higher percentage of children with special health care needs are enrolling in the program than what one might expect based on state estimates (18 percent of children enrolled in the STAR MCO Program and 22 percent of children enrolled in the PCCM Program compared to 12 percent in the general Texas population). Based on this finding, Texas HHSC might consider increasing emphasis on monitoring the quality of care for these children by using ongoing indicators specifically addressing CSHCN and/or focus studies.
- **Strategies to address differences in STAR MCO performance should be considered.** Some significant differences exist among MCOs in performance on the CAHPS Health Plan Survey clusters. Eight MCOs/SDAs performed significantly worse than the highest performing MCOs for three or more clusters. A review should be conducted with these MCOs to develop a plan to address consumer satisfaction.

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 = FIRSTCARE)

need1	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
shcn	.5444935	.0553382	-5.98	0.000	.4461521	.6645114
hispanic	1.061806	.1331565	0.48	0.632	.8304232	1.357659
black	1.273911	.2057217	1.50	0.134	.9282826	1.748229
other	.6424574	.1479246	-1.92	0.055	.4091256	1.008862
hsgrad1	.8992956	.0988739	-0.97	0.334	.7249638	1.115549
somecoll1	.8333624	.0940475	-1.62	0.106	.667995	1.039668
collgrad1	.6308073	.1256049	-2.31	0.021	.4269799	.9319359
comfrst	.9069538	.2007046	-0.44	0.659	.5877848	1.399433
chc	.7466489	.1642309	-1.33	0.184	.4851639	1.149065
elpasso	.6193154	.1355358	-2.19	0.029	.4033001	.9510326
park	.6579646	.1435888	-1.92	0.055	.4289862	1.009164
supbex	.6180828	.1329211	-2.24	0.025	.4055016	.9421083
supelpas	.8242973	.1846424	-0.86	0.388	.5313919	1.278653
suptrav	.7213974	.1575651	-1.50	0.135	.4701735	1.106856
txchildren	.7364723	.1617199	-1.39	0.164	.4788984	1.132581
ameridal	.5397986	.1179842	-2.82	0.005	.3517094	.8284753
amerihar	.8475015	.1897922	-0.74	0.460	.5464113	1.314502
ameritar	.7275207	.1539153	-1.50	0.133	.480578	1.101354

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

quick1	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
shcn	1.578419	.1602136	4.50	0.000	1.293669	1.925845
hispanic	.5032605	.0608616	-5.68	0.000	.3970572	.6378706
black	.7395624	.1129487	-1.98	0.048	.5482469	.9976391
other	.6838898	.1556875	-1.67	0.095	.4377338	1.06847
hsgrad1	1.094007	.1200143	0.82	0.413	.8823523	1.356433
somecoll1	1.451171	.1595236	3.39	0.001	1.169898	1.800068
collgrad1	1.411596	.2856202	1.70	0.088	.949466	2.098655
comfrst	.8102285	.154515	-1.10	0.270	.5575435	1.177433
chc	.4907855	.0994969	-3.51	0.000	.3298585	.7302234
elpasso	.7484296	.1463953	-1.48	0.138	.5100975	1.098117
park	.5186191	.1051911	-3.24	0.001	.3484978	.7717863
supbex	.5181553	.1033547	-3.30	0.001	.3504884	.7660308
supelpas	.5916342	.1193322	-2.60	0.009	.3984433	.8784964
suptrav	.704255	.1350455	-1.83	0.067	.4836225	1.025542
txchildren	.5361428	.1035189	-3.23	0.001	.367223	.7827645
ameridal	.5114437	.1041099	-3.29	0.001	.3431836	.7622003
amerihar	.4073058	.0814947	-4.49	0.000	.2751758	.60288
ameritar	.5096736	.0969899	-3.54	0.000	.3510024	.7400724

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]	
shcn	.9050073	.1013851	-0.89	0.373	.7265988	1.127222
hispanic	.6378891	.0910113	-3.15	0.002	.4822801	.8437057
black	.9764413	.1782934	-0.13	0.896	.6826859	1.396598
other	.4921054	.1218622	-2.86	0.004	.3028806	.7995484
hsgrad1	1.252719	.1414703	2.00	0.046	1.003985	1.563077
somecoll1	1.435921	.1687813	3.08	0.002	1.140456	1.807934
collgrad1	1.158225	.2410742	0.71	0.480	.7702341	1.741658
comfrst	.8288148	.1903786	-0.82	0.414	.5283682	1.300105
chc	.5162265	.1134462	-3.01	0.003	.3355675	.7941468
elpaso	1.021793	.2430328	0.09	0.928	.6410694	1.628623
park	.5543813	.1241462	-2.63	0.008	.357432	.859852
supbex	.5628839	.1254488	-2.58	0.010	.3636748	.8712131
supelpas	.9575465	.2272393	-0.18	0.855	.6013921	1.524621
suptrav	.5692779	.1258829	-2.55	0.011	.369063	.8781086
txchildren	.6981003	.1546695	-1.62	0.105	.4521969	1.077725
ameridal	.6427457	.1508447	-1.88	0.060	.405763	1.018136
amerihar	.4720977	.1008735	-3.51	0.000	.3105667	.7176437
ameritar	.5394634	.1169647	-2.85	0.004	.3527015	.8251193

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

officel	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
shcn	.905778	.098903	-0.91	0.365	.7312705	1.121929
hispanic	.8689972	.1153254	-1.06	0.290	.669969	1.127151
black	1.124156	.1924826	0.68	0.494	.8036747	1.572435
other	.651681	.1589525	-1.76	0.079	.4040334	1.051121
hsgrad1	1.073115	.121332	0.62	0.533	.8598146	1.33933
somecoll1	1.033893	.1173752	0.29	0.769	.8276387	1.291547
collgrad1	1.01527	.2084808	0.07	0.941	.6788777	1.51835
comfrst	.535128	.1198332	-2.79	0.005	.3450205	.8299852
chc	.516363	.1168067	-2.92	0.003	.3314397	.8044624
elpaso	.8495289	.203809	-0.68	0.497	.5308451	1.359529
park	.5502868	.1258788	-2.61	0.009	.3514599	.8615936
supbex	.5734422	.1302344	-2.45	0.014	.367429	.8949647
supelpas	.6777693	.158234	-1.67	0.096	.4289018	1.071041
suptrav	.5370593	.1211186	-2.76	0.006	.3451897	.8355775
txchildren	.5173424	.1142659	-2.98	0.003	.3355617	.7975975
ameridal	.455164	.1046241	-3.42	0.001	.2900751	.7142091
amerihar	.3955835	.0860963	-4.26	0.000	.2582138	.6060338
ameritar	.539969	.1187657	-2.80	0.005	.3508712	.8309786

Odds of Usually or Always Having Positive Experience With Health Plan Customer Service
(MCO Reference = Amerigroup-Harris)

custserv1	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
shcn	.592105	.0846037	-3.67	0.000	.4474801	.7834725
hispanic	1.537925	.2525746	2.62	0.009	1.114658	2.121918
black	1.757742	.3971175	2.50	0.013	1.128879	2.736923
other	1.448233	.473106	1.13	0.257	.7634306	2.747308
hsgrad1	1.300918	.2204543	1.55	0.121	.933265	1.813406
somecoll1	1.207775	.1953878	1.17	0.243	.8795954	1.6584
collgrad1	.5820944	.1464496	-2.15	0.031	.3554995	.9531206
comfrst	1.08535	.3451858	0.26	0.797	.5819059	2.024355
chc	.9355065	.291349	-0.21	0.830	.5081048	1.722425
elpaso	.8072827	.2518233	-0.69	0.493	.4380284	1.487815
fcare	1.01852	.3099401	0.06	0.952	.5609776	1.849243
park	.8423967	.2624657	-0.55	0.582	.457412	1.551407
supbex	.8284229	.2551737	-0.61	0.541	.4529622	1.515103
supelpas	.8931165	.293034	-0.34	0.730	.4694902	1.698986
suptrav	.7432754	.2248035	-0.98	0.327	.4108696	1.344607
txchildren	.9278677	.2813341	-0.25	0.805	.5121504	1.681027
ameridal	1.008958	.329296	0.03	0.978	.5321869	1.912853
ameritar	.8649751	.2524789	-0.50	0.619	.4881409	1.532717

Odds of Usually or Always Having Positive Experience Obtaining Prescription Medication (MCO Reference = FIRSTCARE)

pm21	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
shcn	.6312986	.1051413	-2.76	0.006	.4554798	.8749848
hispanic	1.07007	.2285909	0.32	0.751	.7040066	1.626477
black	.9058787	.2305578	-0.39	0.698	.5500831	1.491804
other	.9302306	.3520432	-0.19	0.848	.4430531	1.953105
hsgrad1	1.204255	.2702568	0.83	0.408	.7756994	1.869578
somecoll1	.8857537	.1813322	-0.59	0.553	.5929994	1.323036
collgrad1	.6530806	.2115156	-1.32	0.188	.3461665	1.232107
comfrst	.7908449	.314423	-0.59	0.555	.3628037	1.723895
chc	.3004165	.1123302	-3.22	0.001	.1443601	.6251736
elpaso	.7069104	.2921559	-0.84	0.401	.314467	1.589109
park	.3648745	.1473931	-2.50	0.013	.1653087	.805362
supbex	.5862342	.2366048	-1.32	0.186	.2657817	1.293055
supelpas	.613732	.2513101	-1.19	0.233	.2750616	1.369391
suptrav	.4225139	.1631835	-2.23	0.026	.1981936	.9007253
txchildren	.7306756	.2968656	-0.77	0.440	.3295267	1.620162
ameridal	.7114011	.2909139	-0.83	0.405	.3191772	1.585613
amerihar	1.081484	.4937017	0.17	0.864	.4420212	2.646043
ameritar	.4495587	.1676807	-2.14	0.032	.2164198	.933847

Odds of Usually or Always Having Positive Experience Obtaining Specialty Services
(MCO Reference = El Paso First)

special1	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
shcn	.7154561	.1418359	-1.69	0.091	.4851054	1.055188
hispanic	.6850341	.1820669	-1.42	0.155	.4068943	1.153301
black	.5554814	.1727307	-1.89	0.059	.3019831	1.021778
other	.6318863	.3365567	-0.86	0.389	.2224693	1.794766
hsgrad1	1.096114	.2835564	0.35	0.723	.6601704	1.819931
somecoll1	1.07632	.2616639	0.30	0.762	.6683527	1.733312
collgrad1	1.225992	.5381552	0.46	0.643	.5186194	2.898189
comfrst	.5931503	.274647	-1.13	0.259	.2393492	1.469933
chc	.3113524	.1730498	-2.10	0.036	.10475	.9254447
fcare	.6198574	.2949087	-1.01	0.315	.243959	1.57495
park	.3153153	.1537971	-2.37	0.018	.1212176	.8202084
supbex	.4694295	.229621	-1.55	0.122	.1799724	1.224432
supelpas	.7363263	.3773104	-0.60	0.550	.2697088	2.010228
suptrav	.3256977	.1595652	-2.29	0.022	.1246797	.850812
txchildren	.4030618	.1996005	-1.83	0.067	.152703	1.063887
ameridal	.3454696	.1743725	-2.11	0.035	.1284618	.9290644
amerihar	.2925045	.151008	-2.38	0.017	.106339	.8045865
ameritar	.4142251	.2009834	-1.82	0.069	.1600408	1.072117

Odds of Usually or Always Having Positive Experience With Family-Centered Care
(MCO Reference = FIRSTCARE)

famcent1	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
shcn	1.244036	.1278245	2.13	0.034	1.01712	1.521576
hispanic	1.25025	.1434708	1.95	0.052	.9984318	1.565581
black	1.316812	.1935979	1.87	0.061	.9871426	1.756578
other	.6784653	.1429859	-1.84	0.066	.4488877	1.025457
hsgrad1	1.182413	.1132913	1.75	0.080	.9799694	1.426678
somecoll1	1.388785	.1391734	3.28	0.001	1.141128	1.690192
collgrad1	1.050931	.1896007	0.28	0.783	.7379166	1.496723
comfrst	.7842127	.1513281	-1.26	0.208	.5372532	1.144692
chc	.5249299	.0983882	-3.44	0.001	.3635462	.7579543
elpaso	.6955893	.1333542	-1.89	0.058	.4777114	1.012838
park	.6813495	.1306212	-2.00	0.045	.4679361	.9920952
supbex	.5770511	.1087708	-2.92	0.004	.3988116	.8349506
supelpas	.6945163	.1328227	-1.91	0.057	.4774133	1.010347
suptrav	.5179576	.096507	-3.53	0.000	.3594979	.7462632
txchildren	.5735586	.1075341	-2.96	0.003	.397182	.8282587
ameridal	.7398391	.1478682	-1.51	0.132	.5000479	1.094619
amerihar	.7387004	.1416104	-1.58	0.114	.5073309	1.075587
ameritar	.5981973	.1107553	-2.78	0.006	.4161461	.8598903

Odds of Usually or Always Having Positive Experience With Care Coordination
(MCO Reference = El Paso First)

coordcar1	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
shcn	1.468409	.277723	2.03	0.042	1.013579	2.127338
hispanic	1.980812	.4563396	2.97	0.003	1.261082	3.111309
black	2.483106	.7951815	2.84	0.005	1.325591	4.651373
other	1.671456	.7681869	1.12	0.264	.6790317	4.114337
hsgrad1	.6872998	.1795683	-1.44	0.151	.4118659	1.146929
somecoll1	.7863372	.19137	-0.99	0.323	.4880372	1.266965
collgrad1	.6395596	.257902	-1.11	0.268	.290158	1.409703
comfrst	.7230064	.3209153	-0.73	0.465	.3029186	1.725673
chc	.7867535	.4306336	-0.44	0.661	.2691095	2.300108
fcare	1.100432	.5074723	0.21	0.836	.445682	2.717071
park	.6996366	.3514414	-0.71	0.477	.2613948	1.872613
supbex	.7470101	.3544885	-0.61	0.539	.2947098	1.893469
supelpas	.7717902	.3746879	-0.53	0.594	.2980292	1.998664
suptrav	.9013426	.4463423	-0.21	0.834	.3414895	2.379044
txchildren	.5357901	.2464319	-1.36	0.175	.2175164	1.319767
ameridal	.5166458	.2458949	-1.39	0.165	.2032674	1.313161
amerihar	.5932386	.3042115	-1.02	0.309	.2171376	1.620779
ameritar	.7519033	.3459386	-0.62	0.535	.3051672	1.852619

Notes

- ¹ Halfon, N., M. Inkelas, R. Mistry, and L. M. Olson. 2004. "Satisfaction with Health Care for Young Children." *Pediatrics* 113 (6 suppl.): 1965-1972.
- ² Mangione-Smith, R., and E. A. McGlynn. 1998. "Assessing the Quality of Healthcare Provided to Children." *Health Services Research* 33 (4 Pt 2): 1059-1090.
- ³ Darby, C. 2002. "Patient/Parent Assessment of the Quality of Care." *Ambulatory Pediatrics* 2 (4 suppl.): 345-348.
- ⁴ Pascoe, G.C. 1983. "Patient Satisfaction in Primary Health Care: A Literature Review and Analysis." *Evaluation and Program Planning* 6 (3-4): 185-210.
- 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 child's personal doctor or nurse?" In this survey, 83 percent of PCCM respondents replied "yes" to this question. Due to our confidence interval we can say that we are 95 percent certain that between 81.57 percent and 78.43 percent of respondents actually replied "yes" to this question.
- ⁶ American Association of Public Opinion Research. *Standards and Best Practices*. Available at <http://www.aapor.org/standards.asp>.
- ⁷ Anarella, J., P. Roohan, E. Balistreri, and F. Gesten. 2004. "A Survey of Medicaid Recipients with Asthma - Perceptions of Self-Management, Access, and Care." *Chest* 125 (4): 1359-1367.
- ⁸ Dick, A. W., C. Brach, R. A. Allison, E. Shenkman, L. P. Shone, P. G. Szilagyi, J. D. Klein, and E. M. Lewit. 2004. "SCHIP's Impact in Three States: How Do the Most Vulnerable Children Fare?" *Health Affairs* 23 (5): 63-75.
- ⁹ Coughlin, T.A., S. K. Long, and S. Kendell. 2002. "Health Care Access, Use, and Satisfaction Among Disabled Medicaid Beneficiaries." *Health Care Financing Review* 24 (2): 115-136.
- ¹⁰ 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 https://www.cahps.ahrq.gov/CAHPS_UsageGuide.asp for these changes.
- ¹¹ National Committee for Quality Assurance. 2002. *HEDIS 2003: Specifications for Survey Measures*. Washington, D.C.
- ¹² U.S. Agency for Healthcare Research and Quality. 2002. *Article 8: CAHPS Reporting Composites and Global Ratings, CAHPS Survey and Reporting Kit*.
- ¹³ McGee, J., D. E. Kanouse, S. Sofaer, J. L. Hargraves, E. Hoy, and S. Kleimann. 1999. "Making Survey Results Easy to Report to Consumers: How Reporting Needs Guided Survey Design in CAHPS. Consumer Assessment of Health Plans Study." *Medical Care* 37 (3 suppl.): MS32-MS40.
- ¹⁴ Hargraves, J. L., R. D. Hays, and P. D. Cleary. 2003. "Psychometric Properties of the Consumer Assessment of Health Plans Study (CAHPS) 2.0 Adult Core Survey." *Health Services Research* 38 (6 Pt 1): 1509-1527.

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- ¹⁶ Maternal and Child Health Bureau. 1995. *Definition of Children with Special Health Care Needs*. Division of Services for Children with Special Health Care Needs. Rockville, MD.
- ¹⁷ Centers for Disease Control and Prevention, National Center for Health Statistics. *National Health Interview Survey*. See <http://www.cdc.gov/nchs/nhis.htm> for information.
- ¹⁸ U.S. Census Bureau. 2002. *Current Population Survey: Design and Methodology*. Available at <http://www.census.gov/prod/2002pubs/tp63rv.pdf>.
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