# The Texas STAR+PLUS Adult Enrollee CAHPS®
# Health Plan Survey Report
# Fiscal Year 2007

## Measurement Period:
## May 2007 – July 2007

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## Table of Contents



## Table of Tables



## Table of Figures

# Overview

| | |
|---|---|
| **Report Title:** | **The Texas STAR+PLUS Adult Enrollee CAHPS® Health Plan Survey Report for Fiscal Year 2007** |
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## Purpose

This report presents the results of telephone surveys conducted with adults enrolled in the STAR+PLUS Program in Texas. The telephone survey included the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 4.0, which is designed to gather information from Medicaid beneficiaries about their satisfaction with their health care. The surveys were fielded from May 2007 through July 2007 and focus on adults enrolled during Fiscal Year 2006. Specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health status of adults enrolled in the STAR+PLUS Program for nine months or longer,
- document the presence of a personal doctor,
- describe enrollees' satisfaction with their health care,
- describe the need for and availability of specialty care for enrollees,
- compare the satisfaction scores of adults enrolled in the two health plans participating in the STAR+PLUS Program (Amerigroup and Evercare),
- describe enrollees' experiences with care coordination, and
- describe smoking behaviors of adult enrollees and smoking cessation strategies offered by physicians.

## Summary of Major Findings

- STAR+PLUS Program enrollees are racially and ethnically diverse. The most frequently reported race/ethnicity was Black, nonHispanic (54 percent) followed by White, nonHispanic (17 percent) and Hispanic (16 percent). The average age was 46 years.
- The majority of respondents had less than a high school education (52 percent) or a GED or high school diploma (26 percent). Very few respondents reported having a college degree.
- The RAND® SF-36 scores for the STAR+PLUS Program adult participants were significantly lower than national norms for all eight physical and mental health domains. STAR+PLUS enrollees scored an average of 34 points lower than the overall U.S. population. Scores are out of a total of 100 points. The largest difference is in the category of "role limitations due to physical health" (U.S. norm=81.0, STAR+PLUS mean estimate=30.4). Lower health status scores are expected for STAR+PLUS Program enrollees due to the fact that the program serves disabled and chronically ill Medicaid members.
- Overall, 82 percent of enrollees had a specific person—a personal doctor or nurse—from whom they received health care. Enrollees' personal doctors were most often general doctors rather than specialists. The majority of enrollees had been seeing their personal doctor for at least one year, which may indicate greater continuity of care. Only 24

percent of enrollees were with their personal doctor for less than one year and 27 percent of enrollees had the same personal doctor for 5 years or more.

- Fifty-three percent of respondents with a personal doctor needed care from other health providers in the last six months. Communication between respondents' personal doctors and other providers was good. The majority of respondents (56 percent) felt their personal doctor was always up-to-date on care received from other providers.
- Overall, 47 percent of respondents enrolled in the STAR+PLUS Program reported they tried to make an appointment with a specialist in the past six months. Of those who needed to see a specialist, 60 percent of respondents reported obtaining a referral from their health plan for specialty care was "always" or "usually" easy although 15 percent felt it was "never" easy to get a referral for a specialist. Fifty-seven percent of enrollees reported that getting an appointment with a specialist was "always" or "usually" easy, but 14 percent felt that it was "never" easy to get an appointment with a specialist.
- A significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 18 and 28 percent of enrollees in the STAR+PLUS Program who needed home health care, special medical equipment, or specialized therapies reported it was never easy to obtain these services.
- Thirty-one percent of respondents overall indicated they had a care coordinator from their health plan. Evercare had a higher percentage of enrollees with a care coordinator (38 percent) compared to Amerigroup (24 percent). Although more Evercare enrollees had a care coordinator, Amerigroup enrollees tended to report higher rates of satisfaction with their care coordinator's services.
- Overall, 47 percent of STAR+PLUS Program enrollees needed to get some kind of care, tests, or treatment through their health plan. Of those who needed these services, the majority of respondents reported obtaining needed care was "always" easy (47 percent) or "usually" easy (15 percent). However, 14 percent of respondents felt it was "never" easy to get needed care through their health plan.
- The overall scores for STAR+PLUS Program enrollees were lower than the Medicaid national mean for all four domains.[1] However, the STAR+PLUS scores were nearly equal to the national mean for three out of the four domains: (1) *Getting Care Quickly* (less than one point difference), (2) *Doctor's Communication* (three points lower than the national mean), and (3) *Health Plan Customer Service* (two points lower than the national average). STAR+PLUS enrollees' scores for *Getting Needed Care* were much lower (13 points) than the national mean. Logistic regression models were used to compare the scores of the two MCOs; however, the models in these analyses were not significant overall for any domain except *Getting Needed Care*. After controlling for enrollee health status, race/ethnicity, and education level, there was no statistically significant difference between Amerigroup and Evercare in scores for *Getting Needed Care*.
- The majority of STAR+PLUS survey respondents reported they were not current smokers (64 percent). Most smokers were advised during at least one visit to quit smoking (67 percent); however, few reported their doctors provided them with strategies to cease smoking. Forty-one percent of smokers reported their doctors or health providers discussed methods to assist with smoking cessation. Even fewer respondents reported their doctors advised them to use a nicotine replacement medication. Twenty-eight percent of smokers reported their doctors or health providers recommended medication such as nicotine gum or a nicotine patch to assist in smoking cessation.

## EQRO Recommendations

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

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

- **Monitor access to specialized services for STAR+PLUS enrollees.** Because of the unique population served by the STAR+PLUS Program, the majority of adult enrollees had significantly lower SF-36 health status scores than the general population, indicating greater health limitations. Lower overall health status corresponds to higher rates of health care utilization, including medical equipment and specialized services. STAR+PLUS enrollees reported a need for specialty care and services. However, many enrollees reported it was not easy to get these services. A focus study should be conducted to examine the adequacy of provider specialty panels and barriers to the receipt of specialty care services from the perspective of providers and beneficiaries.

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

# Introduction

Assessing enrollees' satisfaction with their health care is an important measure of the quality of health care provided by managed care organizations (MCOs). Studies have shown that positive enrollee satisfaction ratings are linked to positive health care outcomes.[2] 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.[3]

This report presents the results of telephone surveys conducted with adults enrolled in the STAR+PLUS Program in Texas. The telephone survey included the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 4.0, which is designed to gather information from Medicaid beneficiaries about their satisfaction with their health care. The surveys were fielded from May 2007 through July 2007 and focused on adults enrolled during Fiscal Year 2006. Specifically, the intent of this report is to:

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- describe enrollees' experiences with care coordination, and
- describe enrollees' smoking behaviors 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+PLUS Program for nine continuous months in 2006. The continuous enrollment criterion was chosen to ensure enrollees had sufficient experience to respond to the questions about the STAR+PLUS Program. Dual eligibles--enrollees who are eligible for both Medicaid and Medicare--were excluded. The sample was stratified to include representation from the two STAR+PLUS MCOs—Amerigroup and Evercare (see **Table 1**).

A target was set to complete 600 telephone surveys with STAR+PLUS respondents, which was achieved. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure there was a large enough sample to allow for comparisons between the two MCOs. The confidence interval information provided is based on a hypothetical item with a uniformly distributed response. The information presented is provided as a "worst case" guideline only. Using a 95 percent confidence interval, the responses provided in the tables and figures are within ±3.97 percentage points of the "true" responses for the enrollees of the STAR+PLUS Program.[4] The "true" response is the response that would be obtained if there were no measurement error. The stratification strategy along with the number of completed interviews is shown in **Table 1**.

**Table 1. MCO Stratification Strategy**

| MCOs | Unweighted | | Weighted | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| **Amerigroup** | 300 | 50.0% | 12,885 | 46.5% |
| **Evercare** | 300 | 50.0% | 14,814 | 53.5% |
| **Total** | 600 | 100.0% | 27,699 | 100.0% |

An average of 6.76 attempts was made per phone number to contact the enrollees. The response rate was 45 percent and the cooperation rate was 60 percent.[5] These response and cooperation rates are comparable to those obtained with other low-income families in Medicaid.[6, 7, 8]

Survey responders were compared to those who could not be located and to those who were located but refused to participate on the following characteristics: enrollee race/ethnicity, gender, and age. There were significant differences between survey responders, those not located, and those refusing to participate. In the Evercare sample, 1) females (compared to males), (2) those 36 through 50 years of age (compared to those 18 through 35 years of age), and (3) those 51 years of age and above (compared to those 18 through 35 years of age) were more likely to be located and to respond to the survey. In the Amerigroup sample, (1) females (compared to males), (2) those 36 through 50 years of age (compared to those 18 through 35 years of age), and (3) those 51 years of age and above (compared to those 18 through 35 years of age) were more likely to be located and to respond to the survey; and (4) the Other, nonHispanic racial/ethnic group (compared to the White, nonHispanic racial/ethnic group) was less likely to be located and to respond to the survey. Due to these significant differences between survey responders, those not located, and those refusing to participate, weights were developed.

The weights developed consisted of three components.[9] First, a base sampling weight for each respondent with a completed survey was calculated. This base sampling weight relied on the probability of selection in a stratified random sampling where representation from the two STAR+PLUS MCOs—Amerigroup and Evercare—were included. Second, base sampling weights were adjusted to compensate for those who could not be located and those who were located but refused to participate. The adjustment factors were derived by modeling the probability of a sampled adult STAR+PLUS enrollee responding to the survey as a function of the following characteristics: enrollee race/ethnicity, gender, and age.[10] Third, post-stratification techniques were used to adjust for any remaining discrepancies between the estimated number of adult beneficiaries and the total number of adult beneficiaries enrolled in the two STAR+PLUS MCOs. Post-stratification adjustments were conducted at the MCO level and relied on the following characteristics: enrollee age and gender. Distributions of these enrollee characteristics were obtained from the information found in the Fiscal Year 2006 enrollment files for the STAR+PLUS Program.

## *Data Sources*

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

## *Measures*

The STAR+PLUS Adult Enrollee CAHPS® Health Plan Survey is comprised of the following sections: (1) the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 4.0[11,12] (described below), (2) the RAND® 36-Item Health Survey, Version 1.0 (described below), (3) questions regarding care coordination services provided through the STAR+PLUS health plans, and (4) demographic questions.

The CAHPS® Health Plan Survey 4.0 was used to assess enrollees' satisfaction with their health care.[13] 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.[14] Psychometric analyses indicate the composite scores are a reliable and valid measure of member experiences.[15, 16] CAHPS® Health Plan Survey composite scores address the following domains: (1) *Getting Needed Care*, (2) *Getting Care Quickly*, (3) *Doctor's Communication*, and (4) *Health Plan Customer Service*. Using this composite scoring method, a mean score ranging from 0 to 100 was calculated for each of the four areas 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.[17] The SF-36 was designed for use in health policy evaluations and general population surveys. The SF-36 assesses eight separate health concepts: (1) limitations in physical activities because of health problems; (2) limitations in social activities because of physical or emotional problems; (3) limitations in usual role activities because of physical health problems; (4) bodily pain; (5) general mental health; (6) limitations in usual role activities because of emotional problems; (7) vitality (energy and fatigue); and (8) general health perceptions. The survey was designed for administration in person or by telephone by a trained interviewer.

ICHP developed the question series about socio-demographic characteristics, household information, and access to telephone service and the Internet. These items have been used in more than 25,000 surveys with Medicaid and CHIP enrollees in Texas and in Florida. The items were adapted from questions used in the National Health Interview Survey,[18] the Current Population Survey,[19] and the National Survey of America's Families.[20] The entire telephone survey took approximately 36 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 "do not know" and comprise between 0 and 2.2 percent of responses to any given question.

## *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.

As many as 30 attempts were made to reach every STAR+PLUS enrollee in the sample. 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. Further attempts were made to reach the adult enrollee using the updated contact information. No financial incentives were offered to participate in the surveys.

Historically, there has been concern that results of telephone surveys are biased because they do not include responses from populations that do not have phones. This is a particularly important issue with Medicaid recipients who, because of 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.[21] 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. Fourteen percent of respondents who were enrolled in the STAR+PLUS Program cited an interruption in telephone service. Of those, 57 percent reported they were without telephone service due to cost. Respondents with transient telephone service were compared with individuals who reported no break in telephone service across several demographic factors, including race/ethnicity, gender, education, and marital status. Analysis showed there were no significant differences between respondents with and without transient telephone service.

## *Data Analysis*

Descriptive statistics were calculated using SPSS® Version 14.0. Chi-square tests and logistic regression models, calculated using STATA® Version 8, were used in this report. Descriptive results for each survey item are provided to HHSC for the STAR+PLUS Program overall and by health plan.

# Results

## *Demographics*

The demographic characteristics of enrollees in the STAR+PLUS Program are important to assess. Research has shown disparities exist among racial and ethnic groups in regard to health status, health outcomes, and access to health care.[22] Due to the rich diversity evident in the Texas population and the importance of ensuring accessible health care for low-income individuals, assessing demographic characteristics of the enrollees in the STAR+PLUS Program is crucial.

**Table 2** displays the demographic characteristics of respondents who participated in the 2007 STAR+PLUS Adult Enrollee CAHPS® Health Plan Survey. The most frequently reported race/ethnicity was Black, nonHispanic (54 percent) followed by White, nonHispanic (17 percent) and Hispanic (16 percent).

The most frequently reported marital status category for STAR+PLUS enrollees was "single" (45 percent) followed by "married" (17 percent) and "divorced" (16 percent). Half of the enrollees (50 percent) lived in single parent households and almost one quarter lived in two parent households (23 percent). One in five respondents lived in households without children (19 percent).

The majority of respondents (52 percent) reported they had less than a high school education. Twenty-six percent of respondents reported having a GED or high school diploma. Very few enrollees had any college education (see **Table 2**).

The average age of STAR+PLUS Program enrollees was 46 years (std. err. = 0.68 years). The majority of the survey respondents were female (74 percent unweighted and 57 percent weighted).

**Table 2. Demographic Characteristics of Enrollees Participating in the STAR+PLUS Program CAHPS® Health Plan Survey[23]**

| Respondent Demographics | | STAR+PLUS | |
|---|---|---|---|
| | | Weighted Count | Column N % |
| **Race/ Ethnicity** | Refused | 553 | 2.0% |
| | Do not know | 441 | 1.6% |
| | White, nonHispanic | 4,675 | 16.9% |
| | Black, nonHispanic | 14,995 | 54.1% |
| | Hispanic | 4,446 | 16.1% |
| | Other, nonHispanic | 2,590 | 9.4% |
| | Total | 27,699 | 100.0% |
| **Marital Status** | Refused | 258 | 0.9% |
| | Do not know | 317 | 1.1% |
| | Married | 4,628 | 16.7% |
| | Unmarried partner | 1,294 | 4.7% |
| | Divorced | 4,533 | 16.4% |
| | Separated | 2,827 | 10.2% |
| | Single | 12,447 | 44.9% |
| | Widowed | 1,395 | 5.0% |
| | Total | 27,699 | 100.0% |
| **Household Type** | Refused | 928 | 3.4% |
| | Do not know | 1,192 | 4.3% |
| | Single parent household | 13,924 | 50.3% |
| | Two parent household | 6,405 | 23.1% |
| | Not a parent | 5,250 | 19.0% |
| | Total | 27,699 | 100.0% |
| **Education** | Refused | 489 | 1.8% |
| | Do not know | 152 | 0.5% |
| | Less than high school | 14,448 | 52.2% |
| | High school diploma or GED | 7,214 | 26.0% |
| | Some vocational/college | 3,252 | 11.7% |
| | AA degree or higher | 2,145 | 7.7% |
| | Total | 27,699 | 100.0% |
| **Age** | Mean estimate | 46.02 | |
| | Standard error | 0.68 | |
| **Gender** | Refused | 0 | 0.0% |
| | Do not know | 0 | 0.0% |
| | Male | 12,008 | 43.4% |
| | Female | 15,691 | 56.6% |
| | Total | 27,699 | 100.0% |

## *Health Status*

Survey respondents were asked a series of questions about their health status. Rating health status is important for two major reasons. First, this information forms a baseline from which to track changes in health status over time. Second, such information can assist in program planning and financing. Assessing the percentage of enrollees 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.

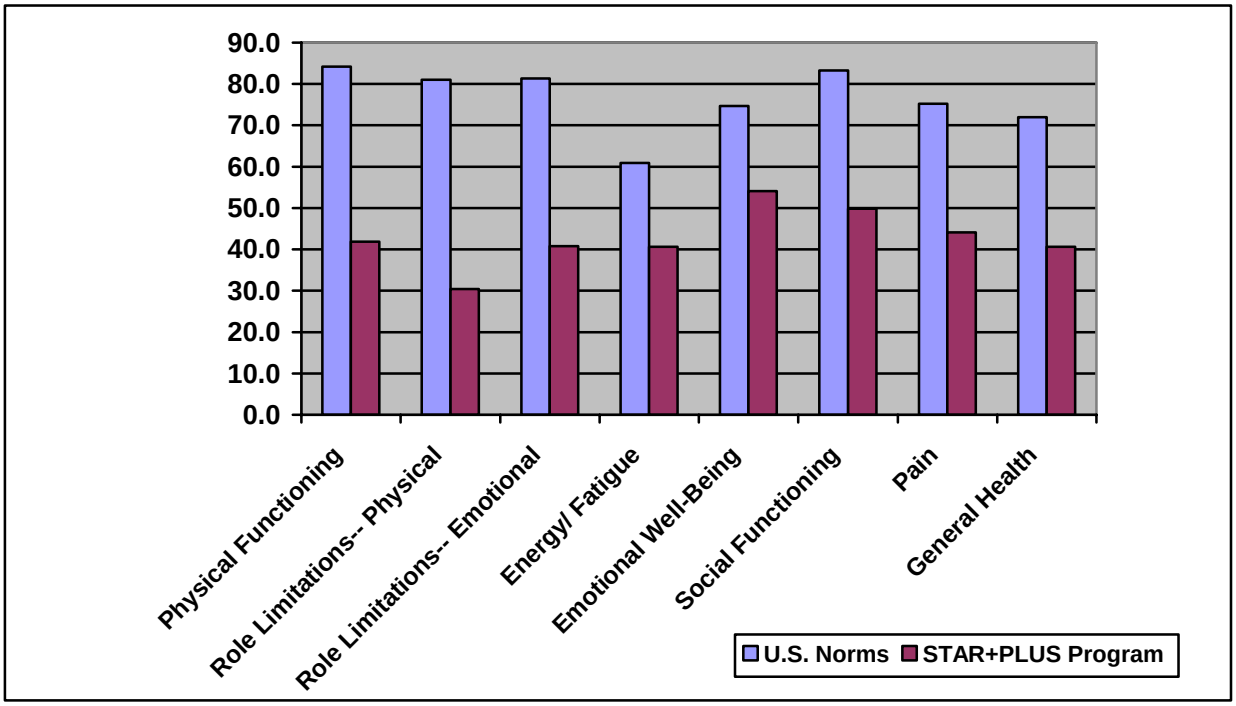
As previously described, the health status of STAR+PLUS Program enrollees was assessed using the RAND® 36-Item Health Survey, Version 1.0 (SF-36). Overall, the SF-36 scores for the STAR+PLUS Program adult participants were significantly lower than national norms for all eight physical and mental health domains[24] (see **Table 3** and **Figure 1**). The smallest disparity from general United States population scores was on the energy/fatigue scale (U.S. norm=60.9, STAR+PLUS mean estimate=40.6). The largest disparity from the U.S. scores was in the area of role limitations due to physical health (U.S. norm=81.0, STAR+PLUS mean estimate=30.4).

The differences in these scores reflect the fact that the adult population of the STAR+PLUS Program is unique compared to the society at large. Lower health status scores are expected for STAR+PLUS enrollees because this program serves disabled and chronically ill Medicaid members. Poverty and, possibly, lack of insurance coverage and access to health services prior to enrollment in Medicaid could also 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 the needs of those who are healthy. One of the ways the STAR+PLUS Program addresses these challenges is by providing a continuum of care for disabled and chronically ill Medicaid patients by integrating acute and long term care services in a managed care environment.

**Table 3. RAND® SF-36 Health Survey Results: STAR+PLUS Program Enrollees Compared to National Norms[25]**

| SF-36 Health Domains | U.S. National Norms | | STAR+PLUS Program Enrollees | |
|---|---|---|---|---|
| | Mean | Std. Dev. | Mean Estimate | Std. Error |
| **Physical Functioning** | 84.2 | 23.3 | 41.9 | 1.4 |
| **Role Limitations Due to Physical Health** | 81.0 | 34.0 | 30.4 | 1.8 |
| **Role Limitations Due to Emotional Problems** | 81.3 | 33.0 | 40.8 | 2.1 |
| **Energy/Fatigue** | 60.9 | 21.0 | 40.6 | 1.1 |
| **Emotional Well-Being** | 74.7 | 18.1 | 54.1 | 1.2 |
| **Social Functioning** | 83.3 | 22.7 | 49.8 | 1.4 |
| **Pain** | 75.2 | 23.7 | 44.1 | 1.6 |
| **General Health** | 72.0 | 20.3 | 40.6 | 1.2 |

**Figure 1. RAND® SF-36 Health Survey Results: STAR+PLUS Program Enrollees Compared to National Norms**

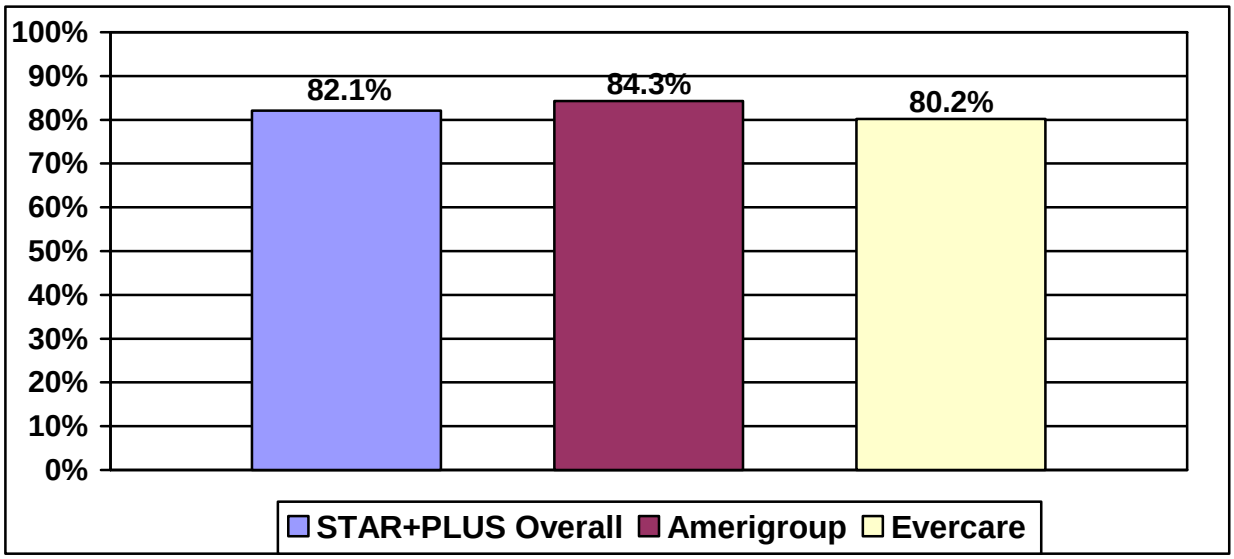



## *Personal Doctor*

Having a particular person or place one goes for sick and preventive care contributes to improved health outcomes.[26, 27] 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.[28] 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.[29]

This section reports on responses to questions from the CAHPS® Health Plan Survey about the presence of a *personal doctor* or *nurse* as a usual source of care. Overall, 82 percent of STAR+PLUS respondents reported they had a personal doctor or nurse (see **Table 4**). There is some slight variation in the percent of adult enrollees with a personal doctor or nurse by MCO (see **Figure 2**). More respondents served by Amerigroup had a personal doctor or nurse (84 percent) than Evercare respondents (80 percent).

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




Most respondents who reported they had a personal doctor or nurse said the provider was a general doctor (67 percent) although some respondents reported their personal doctor was a specialist (22 percent). The reported longevity of respondents' relationships with their personal doctors was long, which may indicate greater continuity of care. Only 24 percent of enrollees had been with their personal doctor for less than one year and 27 percent of enrollees had the same personal doctor for 5 years or more (see **Table 4**). The majority of respondents said it was "always" or "usually" easy to get a personal doctor or nurse they were happy with (63 percent).

**Table 4. STAR+PLUS Program Adult Enrollees' Personal Doctor[30]**

| Personal Doctor | | STAR+PLUS | |
|---|---|---|---|
| | | Weighted Count | Column N % |
| **Do you have one person you think of as your personal doctor?** | Refused | 58 | 0.2% |
| | Do not know | 159 | 0.6% |
| | Yes | 22,739 | 82.1% |
| | No | 4,742 | 17.1% |
| | Total | 27,699 | 100.0% |
| | | | |
| **Is this person a general doctor or a specialist doctor?** | Refused | 482 | 2.1% |
| | Do not know | 1,915 | 8.4% |
| | General doctor | 15,279 | 67.2% |
| | Specialist doctor | 5,063 | 22.3% |
| | Total | 22,739 | 100.0% |
| | | | |
| **How many months or years have you been going to your personal doctor or nurse?** | Refused | 476 | 2.1% |
| | Do not know | 692 | 3.0% |
| | Less than 6 months | 2,599 | 11.4% |
| | 6 months to less than 1 year | 2,868 | 12.6% |
| | 1 year to less than 2 years | 3,510 | 15.4% |
| | 2 years to less than 5 years | 6,489 | 28.5% |
| | 5 years or more | 6,105 | 26.8% |
| | Total | 22,739 | 100.0% |
| | | | |
| **Since you joined your health plan, how often was it easy to get a personal doctor you are happy with?** | Refused | 276 | 1.8% |
| | Do not know | 285 | 1.9% |
| | Never | 1,587 | 10.6% |
| | Sometimes | 3,439 | 23.1% |
| | Usually | 2,852 | 19.1% |
| | Always | 6,476 | 43.4% |
| | Total | 14,915 | 100.0% |

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

Although most enrollees needed care from providers other than their personal doctor, they reported high levels of satisfaction with their personal doctor's knowledge of this care. As shown in **Table 5**, more than half the enrollees (53 percent) received care from a provider other than their personal doctor in the last six months. The majority of STAR+PLUS enrollees felt their personal doctor was always up-to-date on care received from other providers (56 percent). Only ten percent of respondents felt their personal doctor was never up-to-date.

Respondents were also asked about the availability and accessibility of their personal doctor by phone. Enrollees reported a need for assistance over the phone, especially during business hours, and were satisfied with the help provided by their personal doctor's office. More than half of the respondents needed to phone their personal doctor during office hours (59 percent). Seventy-three percent of enrollees "usually" or "always" received the help they needed when they phoned

during regular office hours. One-quarter of the respondents needed to phone their personal doctor after office hours, and most respondents "usually" or "always" received the help they needed (65 percent). Few respondents indicated they never got the help they needed during or after business hours (see **Table 5**).

Respondents who did not always get needed assistance over the phone after hours were asked about the reasons they did not receive the help they needed. The most commonly reported responses were: (1) no one from their personal doctor's office returned their phone call after leaving a message (52 percent), (2) another doctor was covering for their doctor (46 percent), and (3) the enrollee was not able to leave a message (28 percent).[31]

**Table 5. STAR+PLUS Program Adult Enrollees' Personal Doctor Availability and Communications with Other Providers**[32]

| Personal Doctor Availability and Communication with Other Providers | | STAR+PLUS | |
|---|---|---|---|
| | | Weighted Count | Column N % |
| **In the last six months, did you get care from a doctor or other health provider besides your personal doctor?** | Refused | 367 | 1.6% |
| | Do not know | 315 | 1.4% |
| | Yes | 11,964 | 52.6% |
| | No | 10,094 | 44.4% |
| | Total | 22,739 | 100.0% |
| | | | |
| **In the last six months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?** | Refused | 24 | 0.2% |
| | Do not know | 300 | 2.5% |
| | Never | 1,219 | 10.2% |
| | Sometimes | 2,286 | 19.1% |
| | Usually | 1,433 | 12.0% |
| | Always | 6,702 | 56.0% |
| | Total | 11,964 | 100.0% |
| | | | |
| **In the last six months, did you phone your personal doctor's office during regular office hours to get help or advice for yourself?** | Refused | 134 | 0.6% |
| | Do not know | 140 | 0.6% |
| | Yes | 13,438 | 59.1% |
| | No | 9,027 | 39.7% |
| | Total | 22,739 | 100.0% |
| | | | |
| **In the last six months, when you phoned your personal doctor's office during regular hours, how often did you get the help or advice you wanted?** | Refused | 45 | 0.3% |
| | Do not know | 30 | 0.2% |
| | Never | 674 | 5.0% |
| | Sometimes | 2,897 | 21.6% |
| | Usually | 1,968 | 14.6% |
| | Always | 7,825 | 58.2% |
| | Total | 13,438 | 100.0% |
| | | | |
| **In the last six months, did you phone your personal doctor's office after regular office hours to get advice or help?** | Refused | 0 | 0.0% |
| | Do not know | 78 | 0.3% |
| | Yes | 5,638 | 24.8% |
| | No | 17,023 | 74.9% |
| | Total | 22,739 | 100.0% |

**Table 5. STAR+PLUS Program Adult Enrollees' Personal Doctor Availability and Communications with Other Providers (Continued)[33]**

| Personal Doctor Availability and Communication with Other Providers | | STAR+PLUS | |
|---|---|---|---|
| | | Weighted Count | Column N % |
| **In the last six months, when you phoned after regular office hours, how often did you get the help or advice you wanted?** | Refused | 41 | 0.7% |
| | Do not know | 62 | 1.1% |
| | Never | 643 | 11.4% |
| | Sometimes | 1,218 | 21.6% |
| | Usually | 717 | 12.7% |
| | Always | 2,957 | 52.4% |
| | Total | 5,638 | 100.0% |
| | | | |
| **Were any of these a reason you did not get the help or advice you wanted when you phoned after regular office hours?[34]** | Refused | 0 | 0.0% |
| | Do not know | 301 | 11.7% |
| | You did not know what number to call | 650 | 25.2% |
| | Message left but no one returned your call | 1,338 | 51.9% |
| | You could not leave a message | 729 | 28.3% |
| | Another doctor was covering for your doctor | 1,180 | 45.8% |
| | Some other reason | 869 | 33.7% |
| | Total | 2,578 | 100.0% |

## *Enrollee Satisfaction with Their Health Care – Descriptive Results*

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

1) *Getting Needed Care*,
2) *Getting Care Quickly*,
3) *Doctor's Communication*, and
4) *Health Plan Customer Service*.

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 STAR+PLUS Program enrollees were lower than the Medicaid national mean for all four domains.[35] 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).[36] The last reporting period publicly available for national comparison is calendar year 2002. STAR+PLUS scores were nearly equal to the national average for three out of the four domains: (1) *Getting Care Quickly* (less than one point difference), (2) *Doctor's Communication* (about three points lower than the national mean), and (3) *Health Plan Customer Service* (two points lower than the national average). STAR+PLUS enrollees' scores for *Getting Needed Care* were much lower (about 13 points) than the national mean (see **Table 6**).

There were small differences in satisfaction ratings between Amerigroup and Evercare enrollees. Amerigroup scored higher in two domains: *Getting Care Quickly* and *Health Plan Customer Service*. Evercare scored higher in *Getting Needed Care* and *Doctor's Communication*. The differences between scores were not large for any of the domains (see **Table 6**).

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

| CAHPS® Cluster Scores | Getting Needed Care | Getting Care Quickly | Doctor's Communication | Customer Service |
|---|---|---|---|---|
| **2002 National Medicaid CAHPS® Health Plan Survey Mean** | **75.6** | **77.3** | **85.8** | **67.2** |
| **STAR+PLUS Overall** | **62.5** | **76.6** | **83.1** | **65.2** |
| Amerigroup | 59.2 | 79.6 | 81.3 | 66.2 |
| Evercare | 65.4 | 74.2 | 84.7 | 64.2 |

## *Enrollee Satisfaction with Their Health Care – Multivariate Results*

Satisfaction with health care can be influenced by several factors, including enrollee health status[37] and enrollee socio-demographic characteristics.[38] 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/ethnicity, and education.

Although in previous years results were given for all CAHPS® domains, results from logistic regressions for the *Getting Care Quickly, Doctor's Communication,* and *Health Plan Customer Service* clusters are not reported here because none of the overall regression models were statistically significant. The overall regression model for *Getting Needed Care* was statistically significant, and results are presented below and in **Table 7**.

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 ranging from 0 to 100. A higher score indicates better general health.
(2) Enrollee race/ethnicity was categorized as White, nonHispanic; Black, nonHispanic; Hispanic; or Other, nonHispanic. White, nonHispanic is the reference group.
(3) Educational status was categorized as less than a high school education, a high school diploma or GED, some college or vocational school, and a college, associate, or higher education 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 higher 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 the second STAR+PLUS MCO are compared to the results of the higher scoring MCO for each cluster after controlling for race/ethnicity, health status, and educational status. The second STAR+PLUS MCO 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 the enrollee would "usually" or "always" have positive experiences for each cluster. A score of 75 points or higher was used to indicate 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 the second STAR+PLUS MCO with scores that are not significantly different from the reference MCO, the abbreviation "NS" is used. For the second STAR+PLUS MCO 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**.

Evercare's score for the *Getting Needed Care* cluster was higher than Amerigroup's score. After controlling for enrollee health status, race/ethnicity, and education, the scores for this cluster were not significantly different across the two STAR+PLUS MCOs.

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

| MCO | Getting Needed Care | Getting Care Quickly | Doctor's Communication | Customer Service |
|---|---|---|---|---|
| Amerigroup | NS | The logistic regression models were not significant overall; thus, results are not reported. | | |
| Evercare | Ref | | | |
| Key: "Ref" = reference MCO; "NS" = not significant; "-"= score significantly lower than reference. | | | | |

## *Specialty Services*

The implementation of managed care, particularly for those with special healthcare needs, sometimes raises questions about potential barriers to healthcare services.[39] 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** reports on respondents' experiences with receiving specialty care. Overall, 47 percent of respondents enrolled in the STAR+PLUS Program reported they tried to make an appointment with a specialist in the past six months. Of those who needed to see a specialist, 60 percent of respondents reported obtaining a referral from their health plan for specialty care was "usually" or "always" easy although 15 percent felt it was "never" easy to get a referral for a specialist. Fifty-seven percent of enrollees reported getting an appointment with a specialist was "usually" or "always" easy, but 14 percent felt it was "never" easy to get an appointment with a specialist.

**Table 8. STAR+PLUS Program Adult Enrollees' Experiences with Specialty Care[40]**

| Specialty Care | | STAR+PLUS | |
|---|---|---|---|
| | | Weighted Count | Column N % |
| **In the last six months, did you try to make an appointment to see a specialist?** | Refused | 0 | 0.0% |
| | Do not know | 430 | 1.6% |
| | Yes | 12,987 | 46.9% |
| | No | 14,282 | 51.6% |
| | Total | 27,699 | 100.0% |
| | | | |
| **In the last six months, how often was it easy to get a referral to a specialist you needed to see?** | Refused | 120 | 0.9% |
| | Do not know | 132 | 1.0% |
| | Never | 1,995 | 15.4% |
| | Sometimes | 2,959 | 22.8% |
| | Usually | 1,875 | 14.4% |
| | Always | 5,906 | 45.5% |
| | Total | 12,987 | 100.0% |
| | | | |
| **In the last six months, how often was it easy to get appointments with specialists?** | Refused | 144 | 1.1% |
| | Do not know | 62 | 0.5% |
| | Never | 1,824 | 14.0% |
| | Sometimes | 3,570 | 27.5% |
| | Usually | 1,980 | 15.2% |
| | Always | 5,407 | 41.6% |
| | Total | 12,987 | 100.0% |
| | | | |
| **How many specialists have you seen in the last six months?** | Refused | 21 | 0.2% |
| | Do not know | 291 | 2.2% |
| | None | 1,979 | 15.2% |
| | 1 specialist | 4,280 | 33.0% |
| | 2 | 2,416 | 18.6% |
| | 3 | 1,878 | 14.5% |
| | 4 | 1,008 | 7.8% |
| | 5 or more specialists | 1,115 | 8.6% |
| | Total | 12,987 | 100.0% |
| | | | |
| **In the last six months, was the specialist you saw most often the same doctor as your personal doctor?** | Refused | 24 | 0.2% |
| | Do not know | 249 | 2.3% |
| | Yes | 3,683 | 34.4% |
| | No | 6,740 | 63.0% |
| | Total | 10,697 | 100.0% |

**Table 9** provides information on the percentage of respondents reporting a need for specialized treatments or therapies, such as specialized medical equipment or devices; special therapy, such as physical, occupational, or speech therapy; or home health care. Thirty-one percent of respondents reported a need for special equipment. Twenty-five percent of respondents reported needing special therapies. Twenty-three percent of enrollees required home health care. The high level of need for specialized services corresponds to limitations in physical functioning due to the

unique patient population served by the STAR+PLUS Program. Sixty-six percent of STAR+PLUS participants stated they had a physical or medical condition that seriously interferes with their independence or quality of life. A large percentage of respondents also needed help with personal care, e.g. eating or dressing (29 percent), and with routine needs, such as household chores (48 percent).

**Table 9** also provides information regarding respondents' experiences obtaining needed specialized therapies, equipment, or assistance. A significant percentage of STAR+PLUS enrollees who required specialized services reported problems obtaining needed care. Close to half of respondents who needed medical equipment, special therapy, or home health care reported it was "sometimes" or "never" easy to obtain these services (45 percent, 46 percent, and 45 percent, respectively).

In summary, a substantial percentage of respondents reported needing a specialty physician or access to specialized medical treatment, therapy, or equipment. A significant number of those who require these specialized services reported experiencing problems obtaining needed care. 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.

**Table 9. STAR+PLUS Program Adult Enrollees' Experiences with and Need for Specialized Services[41]**

| Specialized Services | | STAR+PLUS | |
|---|---|---|---|
| | | Weighted Count | Column N % |
| **In the last six months, did you have a problem for which you needed special medical equipment?** | Refused | 197 | 0.7% |
| | Do not know | 32 | 0.1% |
| | Yes | 8,711 | 31.4% |
| | No | 18,759 | 67.7% |
| | Total | 27,699 | 100.0% |
| | | | |
| **In the last six months, how often was it easy to get the medical equipment you needed through your health plan?** | Refused | 170 | 2.0% |
| | Do not know | 335 | 3.8% |
| | Never | 2,074 | 23.8% |
| | Sometimes | 1,847 | 21.2% |
| | Usually | 1,375 | 15.8% |
| | Always | 2,910 | 33.4% |
| | Total | 8,711 | 100.0% |
| | | | |
| **In the last six months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?** | Refused | 113 | 0.4% |
| | Do not know | 214 | 0.8% |
| | Yes | 6,917 | 25.0% |
| | No | 20,455 | 73.8% |
| | Total | 27,699 | 100.0% |

**Table 9. STAR+PLUS Program Adult Enrollees' Experiences with and Need for Specialized Services (Continued)[42]**

| Specialized Services | | STAR+PLUS | |
|---|---|---|---|
| | | Weighted Count | Column N % |
| **In the last six months, how often was it easy to get the special therapy you needed through your health plan?** | Refused | 88 | 1.3% |
| | Do not know | 256 | 3.7% |
| | Never | 1,245 | 18.0% |
| | Sometimes | 1,925 | 27.8% |
| | Usually | 914 | 13.2% |
| | Always | 2,488 | 36.0% |
| | Total | 6,917 | 100.0% |
| | | | |
| **In the last six months, did you need someone to come into your home to give you home health care/assistance?** | Refused | 157 | 0.6% |
| | Do not know | 248 | 0.9% |
| | Yes | 6,295 | 22.7% |
| | No | 20,999 | 75.8% |
| | Total | 27,699 | 100.0% |
| | | | |
| **In the last six months, how often was it easy to get the home health care you needed through your health plan?** | Refused | 0 | 0.0% |
| | Do not know | 200 | 3.2% |
| | Never | 1,775 | 28.2% |
| | Sometimes | 1,085 | 17.2% |
| | Usually | 558 | 8.9% |
| | Always | 2,676 | 42.5% |
| | Total | 6,295 | 100.0% |
| | | | |
| **Do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?** | Refused | 24 | 0.1% |
| | Do not know | 132 | 0.5% |
| | Yes | 7,987 | 28.8% |
| | No | 19,556 | 70.6% |
| | Total | 27,699 | 100.0% |
| | | | |
| **Do you need help with routine needs, such as everyday household chores, doing necessary business, shopping, or other purposes?** | Refused | 307 | 1.1% |
| | Do not know | 103 | 0.4% |
| | Yes | 13,186 | 47.6% |
| | No | 14,103 | 50.9% |
| | Total | 27,699 | 100.0% |
| | | | |
| **Do you have a physical/ medical condition that seriously interferes with your independence or quality of life?** | Refused | 290 | 1.0% |
| | Do not know | 506 | 1.8% |
| | Yes | 18,213 | 65.8% |
| | No | 8,690 | 31.4% |
| | Total | 27,699 | 100.0% |

## *Care Coordination*

In the STAR+PLUS Program, all enrollees who receive long-term care services receive care coordination services from their MCO. Long-term care services may include day activity and health services, personal attendant services, and short-term (up to 120 days) nursing facility care. Additional services provided to CBA waiver clients are adaptive aids, adult foster home services, assisted living, emergency response services, medical supplies, minor home modifications, nursing services, respite care, and therapies (occupational, physical, and speech-language). Enrollees who require long-term care services must request care coordination services.[43] Care coordination services, which are intended to coordinate acute and long-term care services, include development of an individual plan of care with the client, family members, and provider, and authorization of long-term care services for the client.

**Table 10** provides information regarding survey respondents who receive care coordination services. Overall, thirty-one percent of respondents indicated they had a care coordinator from their health plan. Evercare had a higher percentage of enrollees with a care coordinator (38 percent) compared to Amerigroup (24 percent). Health plans participating in the STAR+PLUS Program are required to assign a care coordinator for all enrollees accessing long-term care services. In the past, respondent survey data was matched with claims data to determine if long-term care services were utilized in the past year. Due to the transition to a new data warehouse over the past fiscal year, this information was not available. Therefore, it was unclear how many of those without plan-based care coordinators should have had one assigned to them. Of those who reported not having a health plan-based care coordinator, 41 percent reported they would like to have one. Twenty-three percent of those who did not indicate they had a care coordinator associated with their health plan reported they had someone else who coordinated their care. This person was most often a family member or friend (79 percent).

Overall, almost one third of respondents indicated they had a care coordinator from their health plan. Of the respondents with a designated care coordinator, half reported some contact initiated by the coordinator within the past six months (52 percent). For the most part, respondents with a care coordinator reported satisfaction with the coordinator's performance over the past six months. Approximately 65 percent reported it was "somewhat easy," "easy," or "very easy" to get help from their care coordinator (see **Table 10**). Overall, STAR+PLUS respondents reported satisfaction with the care coordinator at solving problems with services, such as housing, meals, and transportation. Seventy-two percent reported they were either "satisfied" or "very satisfied" with the care coordinator's ability to solve problems with their services. Sixty percent reported the care coordinator "usually" or "always" explained things in a way that was understandable.

**Table 10. STAR+PLUS Program Adult Enrollees' Perceptions of Care Coordination Services[44]**

| Care Coordination | | Amerigroup | | Evercare | | Total | |
|---|---|---|---|---|---|---|---|
| | | Weighted Count | Column N % | Weighted Count | Column N % | Weighted Count | Column N % |
| **Do you have a care coordinator from your STAR+PLUS health plan?** | Refused | 221 | 1.7% | 25 | 0.2% | 246 | 0.9% |
| | Do not know | 778 | 6.0% | 738 | 5.0% | 1,516 | 5.5% |
| | Yes | 3,135 | 24.3% | 5,551 | 37.5% | 8,686 | 31.4% |
| | No | 8,751 | 67.9% | 8,499 | 57.4% | 17,250 | 62.3% |
| | Total | 12,885 | 100.0% | 14,814 | 100.0% | 27,699 | 100.0% |
| | | | | | | | |
| **Does anyone help coordinate your care for you?** | Refused | 94 | 1.0% | 0 | 0.0% | 94 | 0.5% |
| | Do not know | 646 | 6.6% | 127 | 1.4% | 773 | 4.1% |
| | Yes | 2,210 | 22.7% | 2,207 | 23.8% | 4,417 | 23.2% |
| | No | 6,800 | 69.7% | 6,929 | 74.8% | 13,729 | 72.2% |
| | Total | 9,750 | 100.0% | 9,263 | 100.0% | 19,013 | 100.0% |
| | | | | | | | |
| **Is this person...** | Refused | 87 | 3.9% | 0 | 0.0% | 87 | 2.0% |
| | Do not know | 0 | 0.0% | 184 | 8.3% | 184 | 4.2% |
| | A family member or friend | 1,850 | 83.7% | 1,627 | 73.7% | 3,477 | 78.7% |
| | Your primary care doctor | 48 | 2.2% | 155 | 7.0% | 203 | 4.6% |
| | A nurse or other health professional in your doctor's office | 24 | 1.1% | 117 | 5.3% | 141 | 3.2% |
| | Home health nurse | 99 | 4.5% | 42 | 1.9% | 141 | 3.2% |
| | Other (specify title) | 103 | 4.6% | 82 | 3.7% | 184 | 4.2% |
| | Total | 2,210 | 100.0% | 2,207 | 100.0% | 4,417 | 100.0% |
| | | | | | | | |
| **Would you like someone from your health plan to be your care coordinator?** | Refused | 108 | 1.1% | 32 | 0.3% | 140 | 0.7% |
| | Do not know | 599 | 6.1% | 675 | 7.3% | 1,274 | 6.7% |
| | Yes | 3,537 | 36.3% | 4,268 | 46.1% | 7,805 | 41.1% |
| | No | 5,507 | 56.5% | 4,288 | 46.3% | 9,794 | 51.5% |
| | Total | 9,750 | 100.0% | 9,263 | 100.0% | 19,013 | 100.0% |

**Table 10. STAR+PLUS Program Adult Enrollees' Perceptions of Care Coordination Services (Continued)[45]**

| Care Coordination | | Amerigroup | | Evercare | | Total | |
|---|---|---|---|---|---|---|---|
| | | Weighted Count | Column N % | Weighted Count | Column N % | Weighted Count | Column N % |
| **In the last six months, has a care coordinator from your STAR+PLUS health plan contacted you?** | Refused | 59 | 1.9% | 0 | 0.0% | 59 | 0.7% |
| | Do not know | 99 | 3.2% | 78 | 1.4% | 177 | 2.0% |
| | Yes | 1,725 | 55.0% | 2,790 | 50.3% | 4,516 | 52.0% |
| | No | 1,252 | 39.9% | 2,683 | 48.3% | 3,935 | 45.3% |
| | Total | 3,135 | 100.0% | 5,551 | 100.0% | 8,686 | 100.0% |
| | | | | | | | |
| **In the last six months, how easy or difficult was it to get help from a care coordinator?** | Refused | 18 | 1.2% | 61 | 2.3% | 79 | 1.9% |
| | Do not know | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | It was very easy | 126 | 8.2% | 460 | 17.5% | 587 | 14.0% |
| | It was easy | 518 | 33.5% | 529 | 20.1% | 1,047 | 25.0% |
| | It was somewhat easy | 400 | 25.9% | 688 | 26.1% | 1,088 | 26.0% |
| | It was somewhat difficult | 336 | 21.7% | 236 | 8.9% | 572 | 13.7% |
| | It was difficult | 39 | 2.5% | 297 | 11.3% | 336 | 8.0% |
| | It was very difficult | 109 | 7.0% | 363 | 13.8% | 472 | 11.3% |
| | Total | 1,546 | 100.0% | 2,634 | 100.0% | 4,180 | 100.0% |
| | | | | | | | |
| **In the last six months, has a care coordinator helped you get services like housing, meals, or transportation?** | Refused | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | Do not know | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | Yes | 1,189 | 37.9% | 1,696 | 30.6% | 2,885 | 33.2% |
| | No | 1,946 | 62.1% | 3,855 | 69.4% | 5,801 | 66.8% |
| | Total | 3,135 | 100.0% | 5,551 | 100.0% | 8,686 | 100.0% |
| | | | | | | | |
| **In the last six months, how satisfied were you with the care coordinator at solving problems with services?** | Refused | 63 | 2.0% | 93 | 1.7% | 156 | 1.8% |
| | Do not know | 34 | 1.1% | 310 | 5.6% | 344 | 4.0% |
| | Very dissatisfied | 29 | 0.9% | 246 | 4.4% | 275 | 3.2% |
| | Dissatisfied | 158 | 5.0% | 651 | 11.7% | 809 | 9.3% |
| | Neither dissatisfied nor satisfied | 302 | 9.6% | 533 | 9.6% | 835 | 9.6% |
| | Satisfied | 1,497 | 47.8% | 2,490 | 44.9% | 3,987 | 45.9% |
| | Very satisfied | 1,052 | 33.6% | 1,227 | 22.1% | 2,279 | 26.2% |
| | Total | 3,135 | 100.0% | 5,551 | 100.0% | 8,686 | 100.0% |

**Table 10. STAR+PLUS Program Adult Enrollees' Perceptions of Care Coordination Services (Continued)[46]**

| Care Coordination | | Amerigroup | | Evercare | | Total | |
|---|---|---|---|---|---|---|---|
| | | Weighted Count | Column N % | Weighted Count | Column N % | Weighted Count | Column N % |
| **In the last six months, how often did the care coordinator at your STAR+PLUS health plan explain things in a way you could understand?** | Refused | 21 | 0.7% | 0 | 0.0% | 21 | 0.2% |
| | Do not know | 21 | 0.7% | 506 | 9.1% | 527 | 6.1% |
| | Never | 420 | 13.4% | 863 | 15.5% | 1,282 | 14.8% |
| | Sometimes | 691 | 22.1% | 977 | 17.6% | 1,668 | 19.2% |
| | Usually | 383 | 12.2% | 1,208 | 21.8% | 1,591 | 18.3% |
| | Always | 1,600 | 51.0% | 1,998 | 36.0% | 3,598 | 41.4% |
| | Total | 3,135 | 100.0% | 5,551 | 100.0% | 8,686 | 100.0% |
| | | | | | | | |
| **In the last six months, how often did the care coordinator at your STAR+PLUS health plan involve you in making decisions about your services?** | Refused | 21 | 0.7% | 32 | 0.6% | 53 | 0.6% |
| | Do not know | 24 | 0.8% | 405 | 7.3% | 429 | 4.9% |
| | Never | 806 | 25.7% | 1,799 | 32.4% | 2,606 | 30.0% |
| | Sometimes | 706 | 22.5% | 847 | 15.3% | 1,553 | 17.9% |
| | Usually | 212 | 6.8% | 637 | 11.5% | 850 | 9.8% |
| | Always | 1,366 | 43.6% | 1,831 | 33.0% | 3,197 | 36.8% |
| | Total | 3,135 | 100.0% | 5,551 | 100.0% | 8,686 | 100.0% |
| | | | | | | | |
| **Overall, how would you rate the care coordination services at your STAR+PLUS health plan?** | Refused | 21 | 0.7% | 0 | 0.0% | 21 | 0.2% |
| | Do not know | 0 | 0.0% | 61 | 1.1% | 61 | 0.7% |
| | Excellent | 848 | 27.1% | 1,107 | 19.9% | 1,955 | 22.5% |
| | Very good | 591 | 18.8% | 746 | 13.4% | 1,337 | 15.4% |
| | Good | 727 | 23.2% | 2,402 | 43.3% | 3,129 | 36.0% |
| | Fair | 748 | 23.9% | 588 | 10.6% | 1,336 | 15.4% |
| | Poor | 200 | 6.4% | 647 | 11.7% | 848 | 9.8% |
| | Total | 3,135 | 100.0% | 5,551 | 100.0% | 8,686 | 100.0% |

## *Access to Needed Care*

Managed care plans use a range of strategies to coordinate health care and control costs, such as requirements 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 11** shows information on the percentage of respondents who needed care, tests, or treatment and their experiences obtaining care. Overall, 47 percent of STAR+PLUS Program enrollees needed to receive some kind of care, tests, or treatment through their health plan in the past six months. Of those who needed these services, the majority of respondents said obtaining needed care was "always" easy (47 percent) or "usually" easy (15 percent). However, 14 percent of respondents felt it was "never" easy to get needed care through their health plan. The results were very similar between the two health plans.

Enrollees in both programs were generally satisfied with their access to prescription medication, urgent care, and routine healthcare. Eighty-six percent of STAR+PLUS respondents said it was "always" easy or "usually" easy to obtain their prescription medications through their health plan. The majority of enrollees agreed they "always" had or "usually" had access to both urgent care and routine health care as soon as they thought it was needed (73 percent and 74 percent, respectively). Although the majority of respondents reported timely access to health care, approximately one in five respondents reported they only "sometimes" received timely access to urgent and routine care. Less than four percent of respondents felt they "never" had timely access to care (see **Table 11**).

**Table 11. STAR+PLUS Program Adult Enrollees' Access to Needed Care[47]**

| Access to Needed Care | | STAR+PLUS | |
|---|---|---|---|
| | | Weighted Count | Column N % |
| **In the last six months, did you try to get any kind of care, tests, or treatment through your health plan?** | Refused | 106 | 0.4% |
| | Do not know | 1,188 | 4.3% |
| | Yes | 12,952 | 46.8% |
| | No | 13,453 | 48.6% |
| | Total | 27,699 | 100.0% |
| | | | |
| **In the last six months, how often was it easy to get the care, tests, or treatment through your health plan?** | Refused | 75 | 0.6% |
| | Do not know | 70 | 0.5% |
| | Never | 1,743 | 13.5% |
| | Sometimes | 3,030 | 23.4% |
| | Usually | 1,912 | 14.8% |
| | Always | 6,121 | 47.3% |
| | Total | 12,952 | 100.0% |
| | | | |
| **In the last six months, how often did you get the prescription medicine you needed through your health plan?** | Refused | 179 | 0.8% |
| | Do not know | 240 | 1.1% |
| | Never | 498 | 2.3% |
| | Sometimes | 2,155 | 9.9% |
| | Usually | 2,221 | 10.2% |
| | Always | 16,373 | 75.6% |
| | Total | 21,666 | 100.0% |
| | | | |
| **In the last six months, when you needed care right away, how often did you get care as soon as you thought you needed?** | Refused | 126 | 0.9% |
| | Do not know | 18 | 0.1% |
| | Never | 460 | 3.3% |
| | Sometimes | 3,112 | 22.6% |
| | Usually | 2,018 | 14.6% |
| | Always | 8,045 | 58.4% |
| | Total | 13,779 | 100.0% |
| | | | |
| **Not counting the times you needed care right away, how often did you get an appointment for your health care as soon as you thought you needed?** | Refused | 376 | 1.8% |
| | Do not know | 198 | 0.9% |
| | Never | 489 | 2.3% |
| | Sometimes | 4,349 | 20.8% |
| | Usually | 3,344 | 16.0% |
| | Always | 12,197 | 58.2% |
| | Total | 20,954 | 100.0% |

**Table 11. STAR+PLUS Program Adult Enrollees' Access to Needed Care (Continued)[48]**

| Access to Needed Care | | STAR+PLUS | |
|---|---|---|---|
| | | Weighted Count | Column N % |
| **In the last six months, not counting the times you needed care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?** | Refused | 751 | 3.6% |
| | Do not know | 1,326 | 6.3% |
| | Same day | 3,392 | 16.2% |
| | 1 day | 2,303 | 11.0% |
| | 2-3 days | 5,155 | 24.6% |
| | 4-7 days | 2,888 | 13.8% |
| | 8-14 days | 1,613 | 7.7% |
| | 15-30 days | 1,645 | 7.8% |
| | 31-60 days | 925 | 4.4% |
| | 61-90 days | 350 | 1.7% |
| | 91 days or longer | 607 | 2.9% |
| | Total | 20,954 | 100.0% |

## *Health Behaviors and Promotion Practices*

A number of health behaviors and promotion practices can reduce illness and health care costs. Such practices include flu shots, maintaining a healthy weight, and smoking cessation. The Centers for Disease Control and Prevention recommend that individuals at high risk for influenza, such as those ages 50 and 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's Smoking Cessation Clinical Practice Guidelines recommends 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 contacts after cessation.[49]

**Table 12** provides information regarding flu shots, smoking behaviors, and smoking cessation for respondents enrolled in the STAR+PLUS Program. Thirty-eight percent of respondents reported receiving a flu shot during the 2006 flu season.

The majority of survey respondents said they were not current smokers (64 percent).[50] Current smokers were grouped as those who smoked "every day" (53 percent of smokers) and those who smoked "some days" (47 percent of smokers).[51] Two thirds of enrollees who were smokers at the time of the interview and had at least one doctor's visit in the last six months were advised to quit smoking (67 percent); however, few reported their doctors provided them with strategies to cease smoking. Forty-one percent of smokers reported their doctors or health providers discussed methods to assist with smoking cessation. Even fewer respondents reported their doctors advised them to use a nicotine replacement medication. Twenty-eight percent of smokers reported their doctors or health providers recommended medication such as nicotine gum or a nicotine patch to assist in smoking cessation. These rates are similar to results from the 2006 STAR+PLUS Adult Enrollee CAHPS® Health Plan Survey Report.[52]

**Table 12. STAR+PLUS Program Adult Enrollees' Health Behaviors [53]**

| Health Behaviors | | STAR+PLUS | |
|---|---|---|---|
| | | Weighted Count | Column N % |
| **Have you had a flu shot since September 1, 2006?** | Refused | 128 | 0.5% |
| | Do not know | 774 | 2.8% |
| | Yes | 10,457 | 37.8% |
| | No | 16,340 | 59.0% |
| | Total | 27,699 | 100.0% |
| | | | |
| **Do you now smoke every day, some days, or not at all?** | Refused | 21 | 0.1% |
| | Do not know | 92 | 0.3% |
| | Every day | 5,241 | 18.9% |
| | Some days | 4,738 | 17.1% |
| | Not at all | 17,607 | 63.6% |
| | Total | 27,699 | 100.0% |
| | | | |
| **In the last six months, on how many visits were you advised to quit smoking by your doctor in the plan?** | Refused | 349 | 3.5% |
| | Do not know | 208 | 2.1% |
| | None | 2,789 | 28.0% |
| | 1 visit | 1,347 | 13.5% |
| | 2-4 visits | 2,038 | 20.4% |
| | 5-9 visits | 833 | 8.3% |
| | 10 or more visits | 1,533 | 15.4% |
| | I had no visits in the last 6 months | 882 | 8.8% |
| | Total | 9,979 | 100.0% |
| | | | |
| **On how many visits was medication recommended to help you quit smoking?** | Refused | 391 | 3.9% |
| | Do not know | 237 | 2.4% |
| | None | 6,021 | 60.3% |
| | 1 visit | 773 | 7.7% |
| | 2-4 visits | 1,001 | 10.0% |
| | 5-9 visits | 373 | 3.7% |
| | 10 or more visits | 233 | 2.3% |
| | I had no visits in the last 6 months | 949 | 9.5% |
| | Total | 9,979 | 100.0% |
| | | | |
| **In the last six months, on how many visits did your doctor discuss methods and strategies to help you quit smoking?** | Refused | 219 | 2.2% |
| | Do not know | 246 | 2.5% |
| | None | 5,247 | 52.6% |
| | 1 visit | 989 | 9.9% |
| | 2-4 visits | 1,571 | 15.7% |
| | 5-9 visits | 475 | 4.8% |
| | 10 or more visits | 536 | 5.4% |
| | I had no visits in the last 6 months | 697 | 7.0% |
| | Total | 9,979 | 100.0% |

# Summary and Recommendations

The major findings of this survey are as follows:

- STAR+PLUS Program enrollees are racially and ethnically diverse. The most frequently reported race/ethnicity was Black, nonHispanic (54 percent) followed by White, nonHispanic (17 percent) and Hispanic (16 percent). The average age was 46 years.
- The majority of respondents had less than a high school education (52 percent) or a GED or high school diploma (26 percent). Very few respondents reported having a college degree.
- The SF-36 scores for the STAR+PLUS Program adult participants were significantly lower than national norms for all eight physical and mental health domains. STAR+PLUS enrollees scored an average of 34 points lower than the overall U.S. population. The largest difference is in the category of "role limitations due to physical health" (U.S. norm=81.0, STAR+PLUS mean estimate=30.4). Lower health status scores are expected for STAR+PLUS Program enrollees due to the fact that the program serves disabled and chronically ill Medicaid members.
- Overall, 82 percent of enrollees had a specific person—a personal doctor or nurse—from whom they received health care. Enrollees' personal doctors were most often general doctors rather than specialists. The majority of enrollees had been seeing their personal doctor for at least one year, which may indicate greater continuity of care. Only 24 percent of enrollees had been with their personal doctor for less than one year and 27 percent of enrollees had the same personal doctor for 5 years or more.
- Fifty-three percent of respondents with a personal doctor needed care from other health providers in the last six months. Communication between respondents' personal doctors and other providers was good. The majority of respondents (56 percent) felt their personal doctor was always up-to-date on care received from other providers.
- Overall, 47 percent of respondents enrolled in the STAR+PLUS Program reported they tried to make an appointment with a specialist in the past six months. Of those who needed to see a specialist, 60 percent of respondents reported obtaining a referral from their health plan for specialty care was "always" or "usually" easy although 15 percent felt it was "never" easy to get a referral for a specialist. Fifty-seven percent of enrollees reported getting an appointment with a specialist was "always" or "usually" easy, but 14 percent felt it was "never" easy to get an appointment with a specialist.
- A significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 18 and 28 percent of enrollees in the STAR+PLUS Program who needed home health care, special medical equipment, or specialized therapies, reported it was never easy to obtain these services.
- Thirty-one percent of respondents overall indicated they had a care coordinator from their health plan. Evercare had a higher percentage of enrollees with a care coordinator (38 percent) compared to Amerigroup (24 percent). Although more Evercare enrollees had a care coordinator than Amerigroup enrollees, Amerigroup enrollees tended to report higher rates of satisfaction with their care coordinator's services.
- Overall, 47 percent of STAR+PLUS Program enrollees needed to get some kind of care, tests, or treatment through their health plan. Of those who needed these services, the majority of respondents reported obtaining needed care was "always" easy (47 percent) or "usually" easy (15 percent). However, 14 percent of respondents felt it was "never" easy to get needed care through their health plan.
- The overall scores for STAR+PLUS Program enrollees were lower than the Medicaid national mean for all four domains.[54] However, STAR+PLUS scores were nearly equal to the national mean for three out of the four domains: (1) *Getting Care Quickly* (less than one point difference), (2) *Doctor's Communication* (three points lower than the national

mean), and (3) *Health Plan Customer Service* (two points lower than the national mean). STAR+PLUS enrollees' scores for *Getting Needed Care* were much lower (13 points) than the national mean. The logistic regression models were not significant overall for any domain except *Getting Needed Care*. After controlling for enrollee health status, race/ethnicity, and education level, there was no statistically significant difference between Amerigroup and Evercare in scores for *Getting Needed Care*.

- The majority of STAR+PLUS survey respondents reported they were not current smokers (64 percent). Most smokers were advised during at least one visit to quit smoking (67 percent); however, few reported their doctors provided them with strategies to cease smoking. Forty-one percent of smokers reported their doctors or health providers discussed methods to assist with smoking cessation. Even fewer respondents reported their doctors advised them to use a nicotine replacement medication. Twenty-eight percent of smokers reported their doctors or health providers recommended medication such as nicotine gum or a nicotine patch to assist in smoking cessation.

**EQRO Recommendations**

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

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

- **Monitor access to specialized services for STAR+PLUS enrollees.** Because of the unique population served by the STAR+PLUS Program, the majority of adult enrollees had significantly lower SF-36 health status scores compared with the general population, indicating greater health limitations. Lower overall health status corresponds to higher rates of health care utilization, including medical equipment and specialized services. STAR+PLUS enrollees reported a need for specialty care and services. However, enrollees reported it was not easy to get these services. A focus study should be conducted to examine the adequacy of provider specialty panels and barriers to the receipt of specialty care services from the perspective of providers and beneficiaries.

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

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

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

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

| need1 | Coef. | Std. Err. | t | P>\|t\| | [95% Conf. | Interval] |
|---|---|---|---|---|---|---|
| general | .00822 | .0060365 | 1.36 | 0.174 | -.0036501 | .0200902 |
| hispanic | .1896079 | .4130818 | 0.46 | 0.646 | -.6226817 | 1.001898 |
| black | -.4118522 | .3300015 | -1.25 | 0.213 | -1.060772 | .2370672 |
| other | -1.483954 | .5842759 | -2.54 | 0.012 | -2.632882 | -.3350257 |
| hsgrad1 | -.0231303 | .3174183 | -0.07 | 0.942 | -.647306 | .6010454 |
| somecoll1 | .2829492 | .3589437 | 0.79 | 0.431 | -.4228826 | .9887809 |
| collgrad1 | 1.111211 | .4906058 | 2.26 | 0.024 | .1464769 | 2.075945 |
| amerigrp | -.1134854 | .2440997 | -0.46 | 0.642 | -.5934864 | .3665157 |
| _cons | -.3245452 | .3654676 | -0.89 | 0.375 | -1.043206 | .3941152 |

# Notes

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

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

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

[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 the STAR+PLUS survey, for example, 82.09 percent of respondents replied "yes" to this question. Due to our confidence interval of 3.97, we can say that we are 95 percent certain that the "true" response lies between 86.06 percent and 78.12 percent.

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[7] 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.

[8] 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.

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

[11] 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 CAHPS® Health Plan Survey 3.0. Please see "What 'CAHPS®' means." for these changes. [Accessed on February 8, 2007]. Available at https://www.cahps.ahrq.gov/CAHPS_UsageGuide.asp.

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

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

[14] U.S. Agency for Healthcare Research and Quality. 2006. *Reporting Measures for the CAHPS® Health Plan Survey 4.0, CAHPS Survey and Reporting Kit*.

[15] 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.

[16] 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): 1509-1528.

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

[24] Ware, J. E., M. Kosinski and B. Gandek. 2005. *SF-36 Health Survey: Manual and Interpretation*. Lincoln, RI.

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

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

[31] The respondents were allowed to select multiple responses for this question. The frequencies add up to more than 100 percent.

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

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

[34] The respondents were allowed to select multiple responses for this question. The frequencies add up to be more than 100 percent.

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

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

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

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

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

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

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

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

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

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[50] The smoking questions have changed from CAHPS® 3.0 to the new version CAHPS® 4.0. In the previous version, "smoker" was defined as anyone who had smoked 100 cigarettes over their lifetime, regardless of how often they currently smoke. This question was left out of version 4.0, which asks only about current smoking habits. Therefore, the percentages of non-smokers appear to have increased dramatically from Fiscal Year 2006, but this is most likely due to the change in the CAHPS® questions and not to a change in the actual numbers of non-smokers.

[51] A calculation was made to determine what percentage of smokers smoked every day compared to some days. The denominator was all smokers (9979), and the numerators were those who responded that they smoked every day or some days.

[52] Percentages reported here were calculated. Those who responded "do not know" or "refused" were excluded from the denominator and so were those who did not have a doctor's visit in the last six months.

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

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