

VIRGINIA MEDICAID Fee-For-Service

CAHPS® 2010 4.0H Adult Medicaid Survey Results Final Report

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	<u>Page Number</u>
Executive Summary	4
Background, Purpose and Research Approach.....	9
Profile of Adult Members Surveyed	14
Survey Results	
<i>Overall Ratings</i>	17
<i>Composite Scores</i>	18
<i>Question Summaries</i>	25
FFS Segmentation Analysis	39
Regression Analysis.....	62
Key Driver/Correlation Analysis.....	66
Glossary of Terms.....	72
Survey Tool.....	74

Executive Summary

In 2010, the Delmarva Foundation for Medical Care, Inc. commissioned WB&A Market Research (WB&A), a National Committee for Quality Assurance (NCQA) certified survey vendor, to conduct the Consumer Assessment of Healthcare Providers and Systems (CAHPS®¹) 4.0H Adult Medicaid Survey on behalf of the Commonwealth of Virginia Department of Medical Assistance Services. This survey was administered to adult members enrolled in Virginia Medicaid’s Fee-for-Service (FFS) delivery system via a mixed methodology (mail with telephone follow-up).

Among Virginia Medicaid FFS adult members (FFS members), a total of 954 valid surveys were completed between March and June 2010. Specifically, 859 were returned by mail and 95 were conducted over the telephone. The overall response rate for 2010 was 49%.

Where appropriate, comparisons are made to a similar survey conducted among Virginia Medicaid’s Managed Care Organization adult members (MCO members).

KEY FINDINGS FROM THE 2010 CAHPS® 4.0H ADULT MEDICAID SURVEY

Overall Ratings

There were four Overall Ratings questions asked in the CAHPS® 4.0H Adult Medicaid Survey that used a scale of “0 to 10”, where a “0” represented the worst possible and a “10” represented the best possible: Rating of “Health Care” (Q12)², “Personal Doctor” (Q21), “Specialist Seen Most Often” (Q25) and “Medicaid Plan” (Q35). The Summary Rate for these questions represents the percentage of members who rated the question an 8, 9 or 10.

- FFS members gave their highest satisfaction ratings to their Personal Doctor (79% giving a rating of 8, 9 or 10) and/or their Specialist (78%).
 - On the other hand, FFS members gave somewhat lower satisfaction ratings for their Health Care overall (66%) and Medicaid Plan overall (65%, significantly lower than 75% among MCO members).

Overall Ratings	FFS (Summary Rate – 8,9,10)	MCO (Summary Rate – 8,9,10)
Personal Doctor	79%	75%
Specialist	78%	78%
Health Care	66%	67%
Medicaid Plan	65%↓	75%

Arrows (↑,↓) indicate that the particular measure is performing statistically better or worse among FFS members as compared to MCO members.

Composite Measures

- Composite measures assess results for main issues/areas of concern. These composite measures were derived by combining survey results of similar questions.
- Virginia Medicaid’s FFS delivery system received the highest ratings among adult members on the following composite measures:
 - Shared Decision-Making (90% Summary Rate – *Definitely Yes/Somewhat Yes*); and
 - How Well Doctors Communicate (88% Summary Rate – *Always/Usually*).
- On the other hand, the survey shows that the FFS delivery system received the lowest ratings from their adult members on the following two composites: “Health Promotion and Education” (60% Summary Rate – *Always/Usually*) and “Customer Service” (64% Summary Rate – *Always/Usually*, significantly lower than 82% among MCO members).

Composite Measure	FFS (Summary Rate – <i>Always/Usually</i> or <i>Definitely Yes/Somewhat Yes</i>)	MCO (Summary Rate – <i>Always/Usually</i> or <i>Definitely Yes/Somewhat Yes</i>)
Shared Decision-Making	90%	90%
How Well Doctors Communicate	88%	86%
Getting Care Quickly	83%	80%
Getting Needed Care	80%	76%
Coordination of Care	77%	76%
Customer Service	64%↓	82%
Health Promotion and Education	60%	57%

Arrows (↑,↓) indicate that the particular measure is performing statistically better or worse among FFS members as compared to MCO members.

Noteworthy Findings and Conclusions/Recommendations

The findings obtained from the CAHPS® 4.0H Adult Medicaid Survey allow Virginia Medicaid's FFS delivery system to measure how well they are meeting their FFS delivery system members' expectations and needs. Further analysis of the survey results can illustrate potential areas of opportunity for improvement and ultimately increase the quality of care that members receive.

- How FFS members rate their Medicaid Plan and their Health Care overall is an important indicator of quality. It is important to understand what is driving FFS members' overall rating of their Medicaid Plan and the Health Care they received.
- A regression analysis was performed in 2010 to determine which composite measures had a significant impact on FFS members' overall rating of their Medicaid Plan or Health Care.
 - Correlation analyses were then conducted between each survey question that comprises the composite measures (attributes) and the overall rating of their Medicaid Plan (Q35) and Health Care (Q12). As a result, Virginia Medicaid can ascertain which attributes have the greatest impact on FFS members' overall ratings of their Medicaid Plan or Health Care and ultimately determine where to direct quality improvement efforts.

Relationship with Rating of Medicaid Plan

- Based on the 2010 findings, there are two composite measures that have a significant impact on adult FFS members' rating of their Medicaid Plan overall: "Customer Service" and "Getting Needed Care".
- The following attributes are identified as key drivers that have a stronger impact on adult members' satisfaction with their Medicaid Plan overall but where they gave the FFS delivery system lower ratings (Summary Rate is less than 80%): "Got the care, tests or treatment you thought necessary", "Treated with courtesy and respect by Medicaid Plan's Customer Service" and "Received information or help needed from Medicaid Plan's Customer Service".
 - These attributes are referred to as *unmet needs* and should be considered priority areas for the FFS delivery system. If ratings of these attributes are improved, it could have a positive impact on adult members' rating of their Medicaid Plan overall.

Relationship with Rating of Health Care

- Based on the 2010 findings, there are two composite measures that have a significant impact on adult FFS members' rating of their Health Care overall: "Getting Care Quickly" and "Getting Needed Care".
- The following attributes are identified as key drivers that have a stronger impact on adult members' satisfaction with their Health Care overall but where they gave the FFS delivery system only moderate ratings (Summary Rate is 80%-89%): "Doctor explained things in a way that was easy to understand", "Doctor spent enough time with you", "Doctor showed respect for what you had to say" and "Doctor listened carefully to you".
 - If ratings of these attributes are improved, it could have a positive impact on adult members' rating of their Health Care overall.

***Background, Purpose and
Research Approach***

Background and Purpose

- In 2010, the Delmarva Foundation for Medical Care, Inc. commissioned WB&A Market Research to conduct the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Adult Medicaid Survey on behalf of the Commonwealth of Virginia Department of Medical Assistance Services. The CAHPS® program is funded and administered by the U.S. Agency for Healthcare Research and Quality (AHRQ), and is an industry standard for assessing customer satisfaction for health care delivery. This survey was administered to adult members enrolled in Virginia Medicaid's Fee-for-Service (FFS) delivery system.
- The CAHPS® 4.0H Survey measures those aspects of care for which members are the best and/or the only source of information. From this survey, members' ratings of and experiences with the medical care they receive can be determined. Then based on members' health care experiences, potential opportunities for improvement can be identified.
- Specifically, the results obtained from this consumer survey will allow Virginia Medicaid to determine how well they are meeting their FFS members' expectations, provide feedback to improve quality of care, encourage accountability and develop action to improve members' quality of care.
- Results from the CAHPS® 4.0H Survey summarize member satisfaction through ratings, composites and question Summary Rates.
 - In general, Summary Rates represent the percentage of respondents who chose the most positive response categories as specified by NCQA.
- Topics in the CAHPS® 4.0H Adult Medicaid Survey include:
 - Overall Ratings of Personal Doctor, Specialist, Health Care and Medicaid Plan
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
 - Customer Service
 - Shared Decision-Making
 - Health Promotion and Education
 - Coordination of Care

Research Approach

- Adult members from Virginia Medicaid's FFS delivery system participated in this research.
- WB&A administered a mixed-methodology which involved mail with telephone follow-up.
 - Specifically, two questionnaire packages and follow-up postcards were sent to samples of eligible adult members from Virginia Medicaid's FFS delivery system with "Return Service Requested" and WB&A's toll-free number included. The mail materials also included a toll-free number for Spanish-speaking members to complete the survey over the telephone. Those who did not respond by mail were contacted by telephone to complete the survey. During the telephone follow-up, members had the option to complete the survey in either English or Spanish.
- To qualify, adult Medicaid members had to be 18 years of age or older, as well as continuously enrolled in the FFS delivery system for five of the last six months as of the last day of the measurement year (December 31, 2009).
- In total, WB&A mailed surveys to 2,000 adult members of Virginia Medicaid's FFS delivery system.

Response Rates

- WB&A collected 954 valid surveys between March and June 2010, yielding a response rate of 49%. Of the 954 valid surveys received, 859 were returned by mail and 95 were conducted via the telephone.
- Ineligible adult FFS members included those who were deceased, did not meet eligible population criteria, were either mentally or physically incapacitated, or had a language barrier. Non-respondents included those who had refused to participate, could not be reached due to a bad address or telephone number, or were unable to be contacted during the survey time period.
- The table below shows the total number of adult FFS members in the sample that fell into each disposition category.

Disposition Group	Disposition Category	Number
Ineligible	Deceased (M20/T20)	2
	Does not meet eligibility criteria (M21/T21)	45
	Language barrier (M22/T22)	10
	Mentally/Physically incapacitated (M24/T24)	14
	Total Ineligible	71
Non-Response	Bad address/phone (M23/T23)	286
	Refusal (M32/T32)	43
	Maximum attempts made (M33/T33)*	646
	Total Non-Response	975

*Maximum attempts made include two survey mailings and an average of six call attempts.

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

$$\frac{\text{Completed surveys (mail + phone)}}{\text{Sample size - Ineligible surveys}} = \text{Response Rate}$$

$$\frac{954}{2,000 - 71} = 49\%$$

How to Read and Interpret the Results

- This report includes the results of the CAHPS® 4.0H Adult Medicaid Survey questions about members' experiences with their Medicaid Fee-for-Service plan and the medical care they received.
- Results are shown based on the type of question asked and/or the content of the question:
 - Results from "Yes-No" questions asked members whether they had a particular experience in the previous six months.
 - Results from questions based on how often members had certain experiences used the scale of "Always, Usually, Sometimes or Never".
 - Results from composite scores were derived by combining the results for several questions that asked how often members had certain experiences using the scale of "Always, Usually, Sometimes or Never"; or whether members had certain experiences using the scale of "Definitely No, Somewhat No, Somewhat Yes or Definitely Yes". The composite scores measure main issues of concern (e.g., "Getting Needed Care", "Getting Care Quickly", "How Well Doctors Communicate", "Customer Service", "Shared Decision-Making", etc.).
 - Results from rating questions asked members to give their overall rating on a "0 to 10" scale, where a "0" means the worst possible and a "10" means the best possible.
- Throughout this report, results are shown as "Summary Rates". Summary Rates represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.
- For the purposes of brevity, the use of the letter "Q" throughout this report represents the word "Question." For instance "Q12" means "Question 12."
- Within the report, comparisons to the survey conducted among Virginia Medicaid's Managed Care Organization members (MCO members) have been made only when significant differences (at the 95% confidence level) are present. Arrows (↑,↓) indicate that the particular variable is performing statistically better or worse among FFS members as compared to MCO members. Therefore, if no comparison was made, then the 2010 FFS survey results are relatively consistent with what was seen among the MCO members.
- Caution should be taken when evaluating data with a small base (n<35) due to the high level of sampling error around the data.
- Percentages do not always add up to 100% due to rounding.

Profile of Adult Members Surveyed

Adult FFS Members:

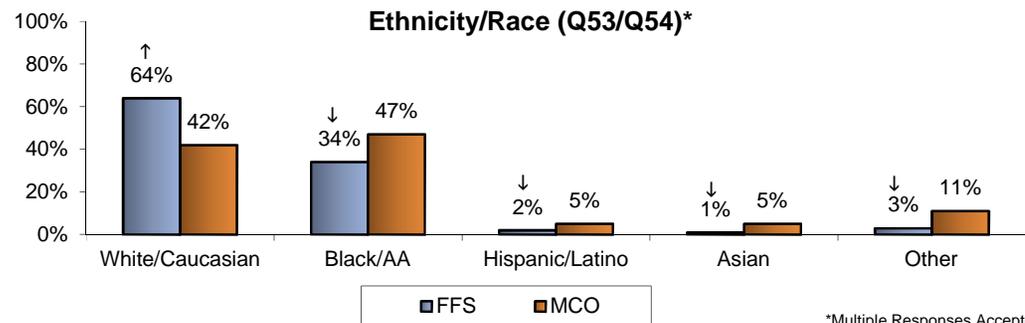
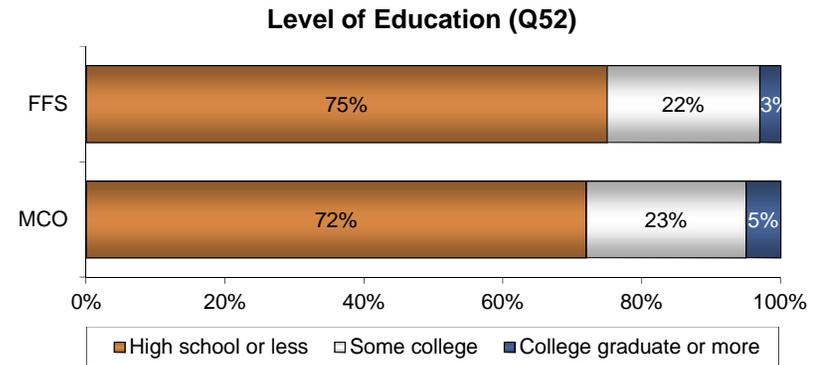
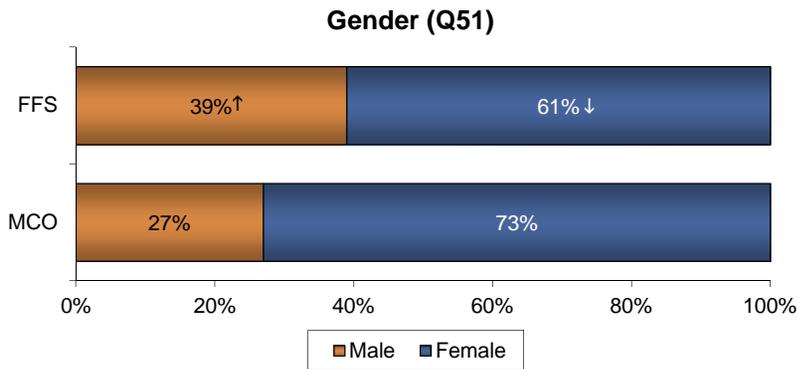
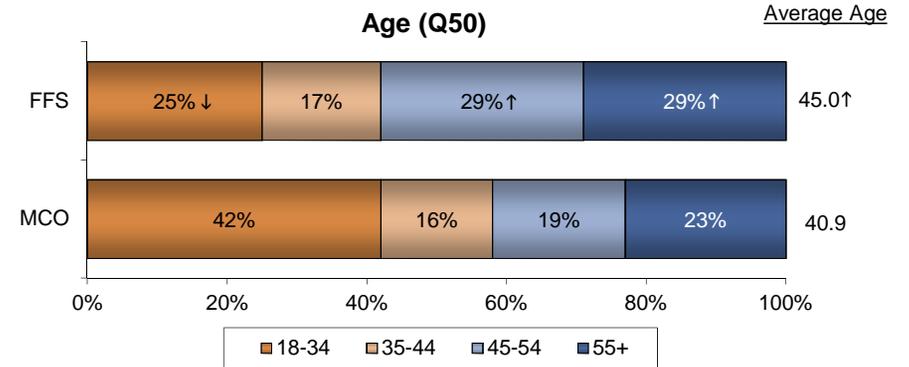
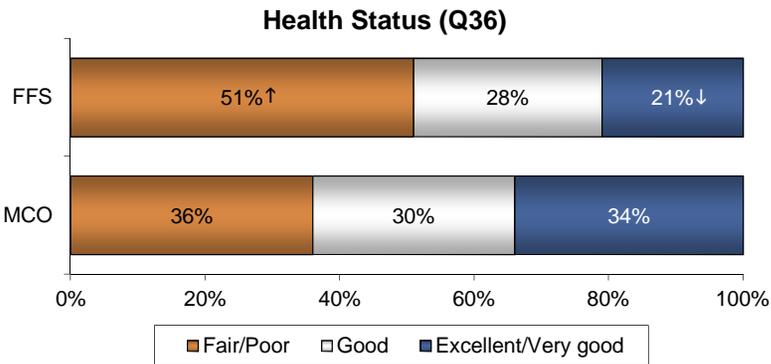
- 49% self-reported themselves to be in excellent, very good or good health, which is significantly lower than the percent of MCO members (64%) with the same response.
- The average age is 45 years old (higher than the average of 41 among MCO members).
- 39% are male, 61% are female (compared to 27% male, 73% female among MCO members).
- 75% have a high school education or less.
- 64% are White/Caucasian (significantly higher than 42% among MCO members), 34% are Black/African American (AA) (significantly lower than 47% among MCO members).*

**Respondents could identify more than one racial/ethnic group.*

Profile of Adult Members Surveyed (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

↑ FFS significantly higher than MCO
↓ FFS significantly lower than MCO



*Multiple Responses Accepted

Base = Those answering

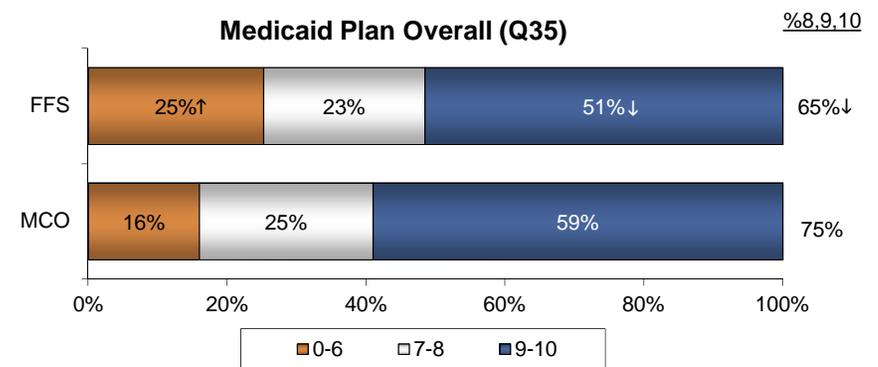
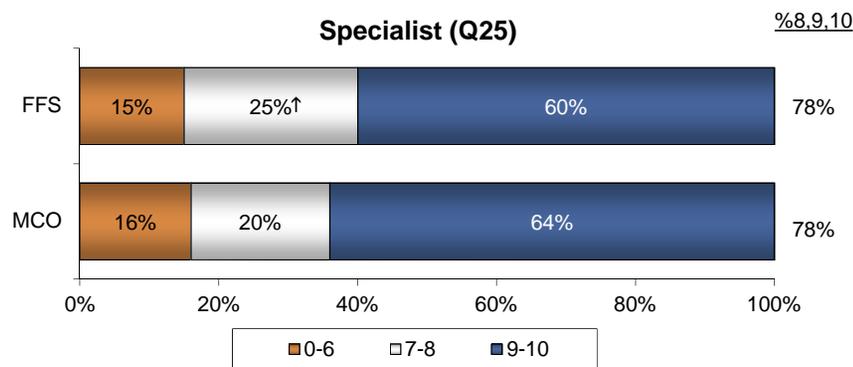
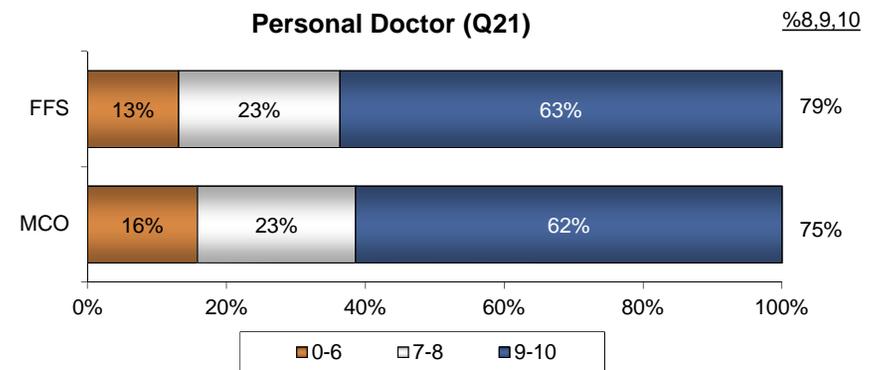
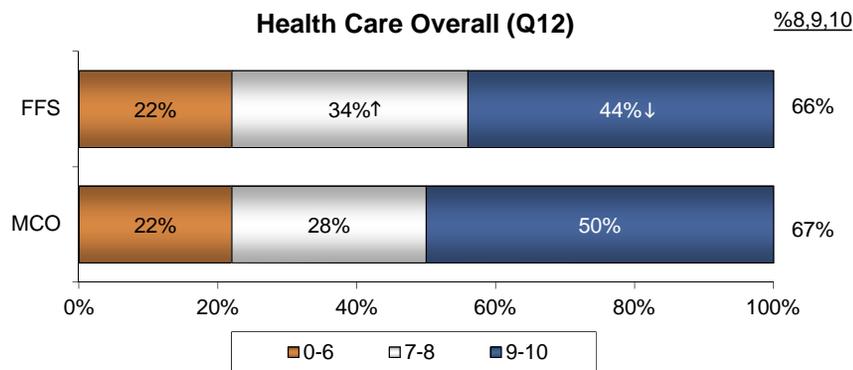
Survey Results

Overall Ratings

Members were asked to give their overall ratings of their Doctors, Health Care and Medicaid Plan using a “0 to 10” scale, where a “0” means the worst possible rating and a “10” means the best possible rating.

- Overall, FFS members gave their highest satisfaction ratings to their Personal Doctor (79% giving a rating of 8, 9 or 10) and/or their Specialist (78%).
- On the other hand, FFS members gave somewhat lower satisfaction ratings for their Health Care overall (66%) and Medicaid Plan overall (65%, significantly lower than 75% among MCO members).

↑ FFS significantly higher than MCO
↓ FFS significantly lower than MCO



Composite Scores

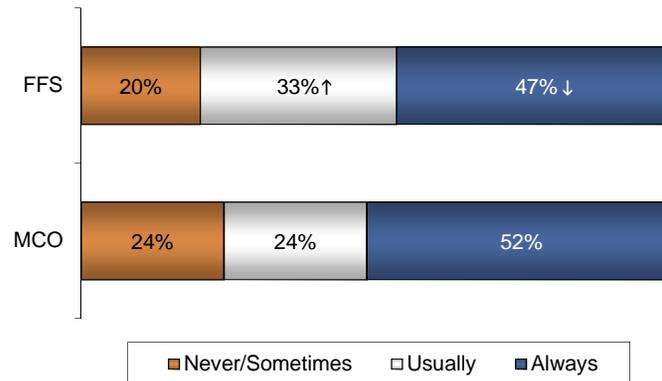
Composite measures are derived by combining survey results of similar questions. The table below shows how each composite measure is defined.

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate ¹
Getting Needed Care	23 and 27	Measures members' experiences in the last 6 months when trying to get care from specialists and through their Medicaid Plan	% of members who responded "Usually" or "Always"
Getting Care Quickly	4 and 6	Measures members' experiences with receiving care and getting appointments as soon as they needed	% of members who responded "Usually" or "Always"
How Well Doctors Communicate	15, 16, 17 and 18	Measures how well personal doctor explained things, listened to them, showed respect for what they had to say and spent enough time with them	% of members who responded "Usually" or "Always"
Customer Service	31 and 32	Measures members' experiences with getting the information needed and treatment by Customer Service staff	% of members who responded "Usually" or "Always"
Shared Decision-Making	10 and 11	Measures members' experiences with doctors discussing the pros and cons for treatment or health care and asking the member which choice was best for them	% of members who responded "Somewhat Yes" or "Definitely Yes"
Health Promotion and Education	8	Measures members' experiences with their doctor discussing specific things to do to prevent illness	% of members who responded "Usually" or "Always"
Coordination of Care	20	Measures members' perceptions of whether their doctor is up-to-date about the care he/she received from other doctors or health providers	% of members who responded "Usually" or "Always"

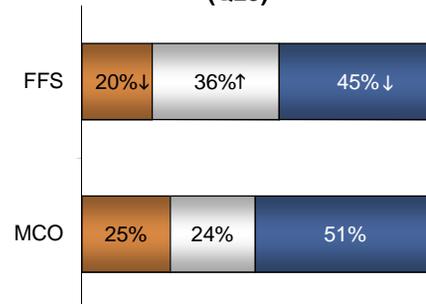
¹Summary Rates most often represent the most favorable responses for that question.

↑ FFS significantly higher than MCO
↓ FFS significantly lower than MCO

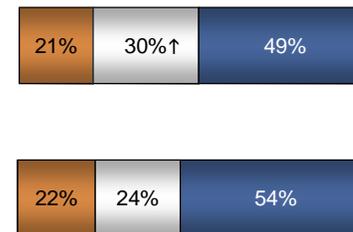
Getting Needed Care



Got to see a specialist
that you needed to see
(Q23)



Got the care, tests or
treatment you thought
necessary (Q27)

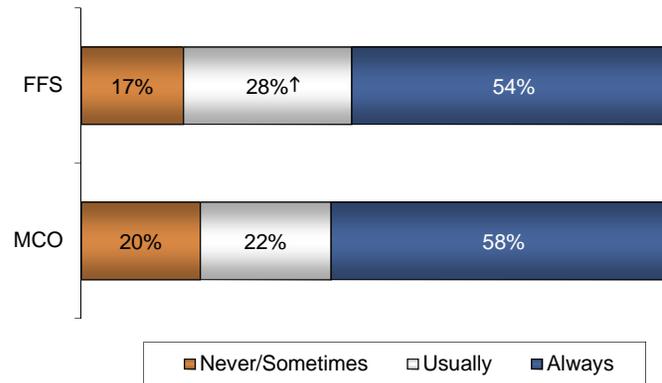


Legend: ■ Never/Sometimes □ Usually ■ Always

Base = For these two questions on "Getting Needed Care", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

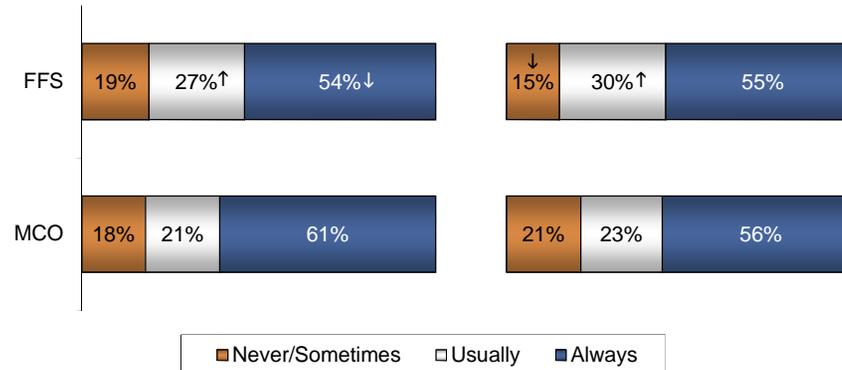
↑ FFS significantly higher than MCO
↓ FFS significantly lower than MCO

Getting Care Quickly



Received the care needed as soon as you needed (Q4)

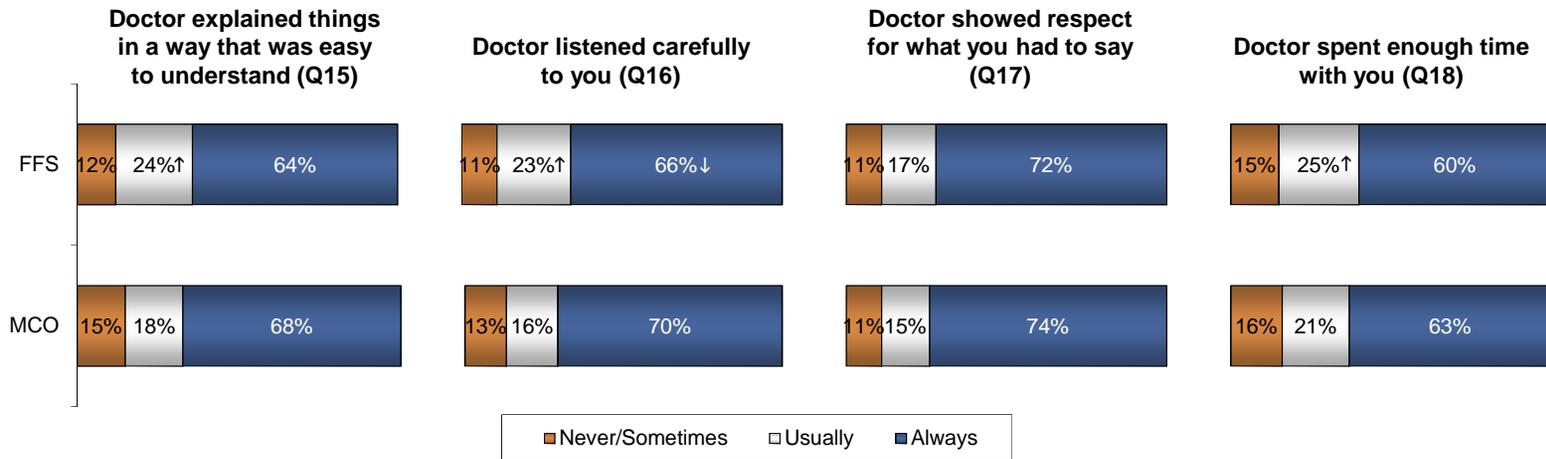
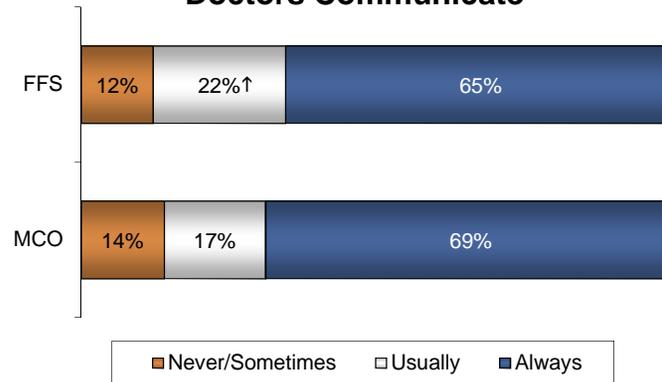
Received an appointment for health care as soon as you needed (Q6)



Base = For these two questions on "Getting Care Quickly", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

**How Well
Doctors Communicate**

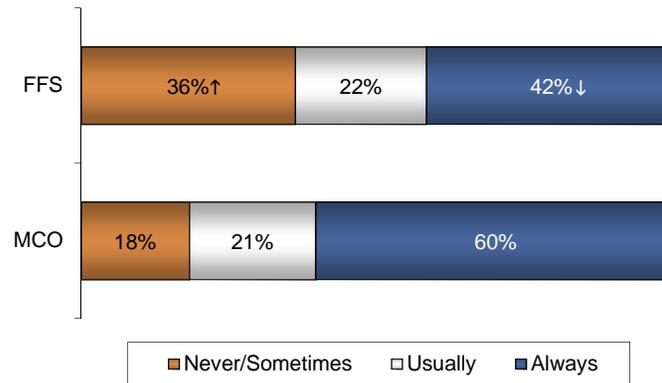
↑ FFS significantly higher than MCO
↓ FFS significantly lower than MCO



Base = For these four questions on "How Well Doctors Communicate", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

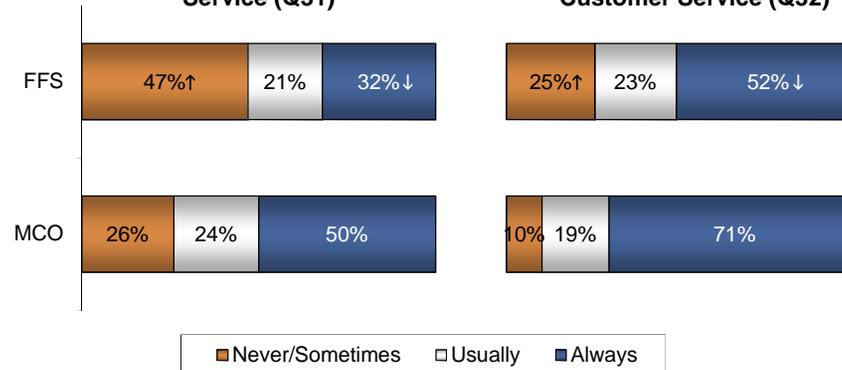
↑ FFS significantly higher than MCO
↓ FFS significantly lower than MCO

Customer Service



Received information or help needed from Medicaid Plan's Customer Service (Q31)

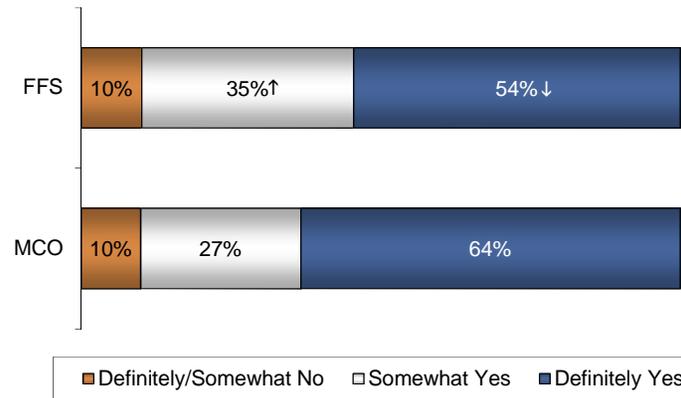
Treated with courtesy and respect by Medicaid Plan's Customer Service (Q32)



Base = For these two questions on "Customer Service", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

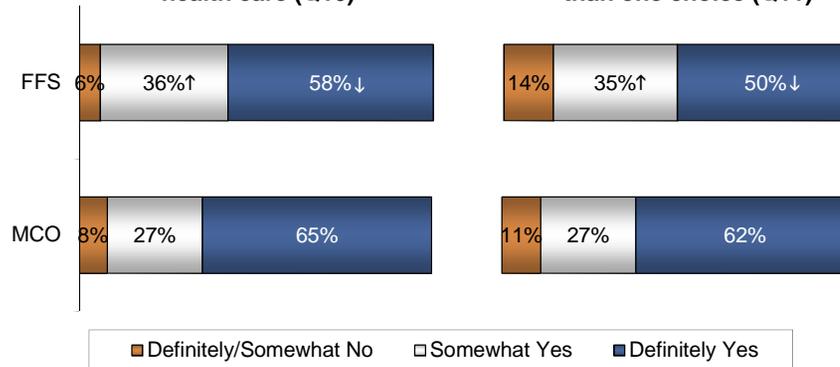
Shared Decision-Making

↑ FFS significantly higher than MCO
↓ FFS significantly lower than MCO



Talked about pros and cons of choices for treatment or health care (Q10)

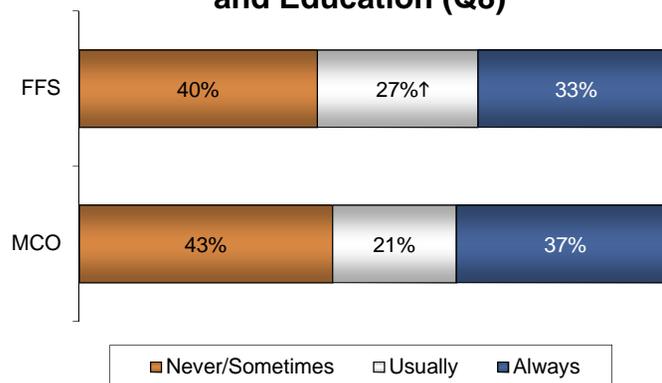
Asked which choice was best when there was more than one choice (Q11)



Base = For these two questions on "Shared Decision-Making", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

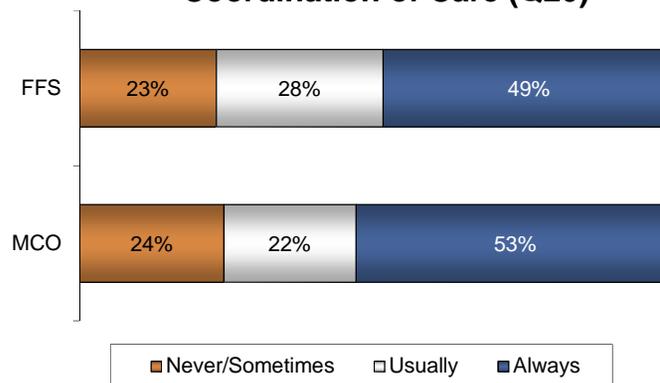
**Health Promotion
and Education (Q8)**

↑ FFS significantly higher than MCO
↓ FFS significantly lower than MCO



Base = For the question on "Health Promotion and Education", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

Coordination of Care (Q20)



Base = For the question on "Coordination of Care", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

The tables on the following pages illustrate the proportion of members that fall into each response category for all survey questions.

- Summary Rates have been calculated and are used to track the results between FFS members and MCO members, where appropriate. The Summary Rates shown represent the percentage of respondents who answered in the most positive way. Please keep in mind when reviewing this section that not all questions are designed for Summary Rates (e.g., questions that instruct the respondent to mark all that apply).
- All supplemental questions are shown together (beginning on page 37), regardless of their placement in the survey instrument.

Urgent and Routine Care

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
3	Needed care right away in a clinic, emergency room or doctor's office <small>Base=Those answering</small>	933		52%	50%
4	Got care as soon as you thought you needed <small>Base=Those who needed care right away and able to rate</small>	395		81%	82%
5	Made any appointments for health care at a doctor's office or clinic <small>Base=Those answering</small>	929		80%	79%
6	Received an appointment for health care as soon as you needed <small>Base=Those who made an appointment and able to rate</small>	603		85%↑	79%
7	Number of times went to doctor's office or clinic to get health care <small>Base=Those answering</small>	915		83%	83%

Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the Summary Rates is indicated by a 1/4 next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

Discussion of Options

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
8	Talked about specific things you could do to prevent illness <small>Base=Those who went to a doctor's office or clinic for health care and able to rate</small>	723	<p>100% 0% 40% 27% 33% Never/Sometimes Usually Always</p>	60%	57%
9	Told there was more than one choice for treatment or health care <small>Base=Those who went to a doctor's office or clinic for health care and answering</small>	709	<p>100% 0% 48% 52% No Yes</p>	52%	50%
10	Talked about pros and cons of choices for treatment or health care <small>Base=Those who went to a doctor's office or clinic for health care and were told there was more than one choice for treatment or health care and able to rate</small>	339	<p>100% 0% 4% 2% 36% 58% Definitely no Somewhat no Somewhat yes Definitely yes</p>	94%	92%
11	Asked which choice was best when there was more than one choice <small>Base=Those who went to a doctor's office or clinic for health care and was told there was more than one choice for treatment or health care and able to rate</small>	340	<p>100% 0% 6% 8% 35% 50% Definitely no Somewhat no Somewhat yes Definitely yes</p>	86%	89%

Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the Summary Rates is indicated by a ↑/↓ next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

Question Summaries (continued)

Personal Doctor

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
13	Have a personal doctor <small>Base=Those answering</small>	931		86%	85%
14	Number of visits to personal doctor to get care <small>Base=Those who have a personal doctor and answering</small>	690		88%↑	84%
15	Personal doctor explained things in a way that was easy to understand <small>Base=Those who visited their personal doctor and able to rate</small>	589		88%	85%
16	Personal doctor listened carefully to you <small>Base=Those who visited their personal doctor and able to rate</small>	591		89%	87%
17	Personal doctor showed respect for what you had to say <small>Base=Those who visited their personal doctor and able to rate</small>	593		89%	89%
18	Personal doctor spent enough time with you <small>Base=Those who visited their personal doctor and able to rate</small>	592		85%	84%

Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the Summary Rates is indicated by a ↑/↓ next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

Coordination of Care

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
19	Got care from doctor or other health provider besides personal doctor <small>Base=Those who visited their personal doctor and answering</small>	588	<p>A bar chart with a vertical axis from 0% to 100%. The 'No' category has a brown bar at 38%. The 'Yes' category has a blue bar at 62%.</p>	62%	57%
20	How often personal doctor seemed informed/up-to-date about care received from other providers <small>Base=Those who visited their personal doctor and have received care from other providers and able to rate</small>	348	<p>A bar chart with a vertical axis from 0% to 100%. The 'Never/Sometimes' category has a brown bar at 23%. The 'Usually' category has a blue bar at 28%. The 'Always' category has a blue bar at 49%.</p>	77%	76%

Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the Summary Rates is indicated by a ↑/↓ next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

Access to Specialist

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
22	Tried to make appointment to see a specialist <small>Base=Those answering</small>	922	<p>A bar chart with two bars. The first bar, labeled 'No', is brown and reaches 53% on the y-axis. The second bar, labeled 'Yes', is blue and reaches 47% on the y-axis. The y-axis ranges from 0% to 100%.</p>	47%	44%
23	How often easy to get appointments with specialist <small>Base=Those who tried to make an appointment to see a specialist and able to rate</small>	391	<p>A bar chart with three bars. The first bar, labeled 'Never/Sometimes', is brown and reaches 20% on the y-axis. The second bar, labeled 'Usually', is blue and reaches 36% on the y-axis. The third bar, labeled 'Always', is blue and reaches 45% on the y-axis. The y-axis ranges from 0% to 100%.</p>	80%↑	75%
24	Number of specialists seen <small>Base=Those who tried to make an appointment to see a specialist and answering</small>	392	<p>A bar chart with six bars. The first bar, labeled 'None', is brown and reaches 4% on the y-axis. The second bar, labeled '1', is blue and reaches 44% on the y-axis. The third bar, labeled '2', is blue and reaches 28% on the y-axis. The fourth bar, labeled '3', is blue and reaches 14% on the y-axis. The fifth bar, labeled '4', is blue and reaches 5% on the y-axis. The sixth bar, labeled '5 or more', is blue and reaches 4% on the y-axis. The y-axis ranges from 0% to 100%.</p>	96%↑	91%

Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the Summary Rates is indicated by a ↑/↓ next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

Care and Treatment/Information from Health Plan

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
26	Received care, tests or treatment through health plan <small>Base=Those answering</small>	914	<p>100% 0% No Yes</p>	59%	56%
27	Got the care, tests or treatment you thought necessary <small>Base=Those who tried to get any care, tests or treatment and able to rate</small>	486	<p>100% 0% Never/Sometimes Usually Always</p>	79%	78%
28	Looked for information in written materials or on the Internet about how your health plan works <small>Base=Those answering</small>	928	<p>100% 0% No Yes</p>	14%↓	20%
29	How often provided with information you needed about how your health plan works <small>Base=Those who looked for information in written materials or on the Internet and able to rate</small>	118	<p>100% 0% Never/Sometimes Usually Always</p>	50%↓	64%

Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the Summary Rates is indicated by a ↑/↓ next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

Customer Service

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
30	Tried to get information or help from health plan's Customer Service <small>Base=Those answering</small>	917	<p>100% 85% 0% No Yes</p>	15%↓	29%
31	How often Customer Service gave information or help needed <small>Base=Those who tried to get information or help from their health plan's Customer Service and able to rate</small>	118	<p>100% 47% 0% Never/Sometimes Usually Always</p>	53%↓	74%
32	How often treated with courtesy and respect by Customer Service <small>Base=Those who tried to get information or help from their health plan's Customer Service and able to rate</small>	120	<p>100% 25% 0% Never/Sometimes Usually Always</p>	75%↓	90%

Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the Summary Rates is indicated by a ↑/↓ next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

Medical Assistance with Smoking and Tobacco Use Cessation

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
37	Frequency of smoking cigarettes/ using tobacco <small>Base=Those answering</small>	936		38%	40%
38	How often advised to quit smoking/ using tobacco <small>Base=Those who currently smoke cigarettes or use tobacco every day or some days and able to rate</small>	342		55%↑	49%
39	How often medication was recommended or discussed to assist with quitting smoking/using tobacco <small>Base=Those who currently smoke cigarettes or use tobacco every day or some days and able to rate</small>	342		25%	22%
40	How often doctor or health provider discussed/provided methods/strategies to assist with quitting smoking/using tobacco <small>Base=Those who currently smoke cigarettes or use tobacco every day or some days and able to rate</small>	337		18%	18%

Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the Summary Rates is indicated by a ↑/↓ next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

Aspirin Use and Discussion

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
41	Take aspirin daily/every other day <small>Base=Those answering</small>	923		28%↑	21%
42	Have a health problem/Take medication that makes taking aspirin unsafe <small>Base=Those answering</small>	922		16%	13%
43	Ever discussed with doctor/health provider the risks/benefits of aspirin to prevent heart attack or stroke <small>Base=Those answering</small>	928		44%↑	37%
44	Aware of having specific conditions <small>Base=Total Sample Multiple Responses Accepted</small>	954		62%↑ Any	52% Any
45	Ever informed by doctor that have specific conditions <small>Base=Total Sample Multiple Responses Accepted</small>	954		36%↑ Any	27% Any

Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the Summary Rates is indicated by a ↑/↓ next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

Chronic Conditions

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
46	Seen a doctor or other health provider 3 or more times for same condition or problem <small>Base=Those answering</small>	923	<p>A bar chart with a vertical axis from 0% to 100%. The 'No' bar is brown and reaches 53%. The 'Yes' bar is blue and reaches 47%.</p>	47%↑	42%
47	Condition or problem has lasted for at least 3 months <small>Base=Those who have seen a doctor or other health provider 3 or more times for the same condition or problem and answering</small>	388	<p>A bar chart with a vertical axis from 0% to 100%. The 'No' bar is brown and reaches 14%. The 'Yes' bar is blue and reaches 86%.</p>	86%	83%
48	Now need or take medicine prescribed by a doctor <small>Base=Those answering</small>	931	<p>A bar chart with a vertical axis from 0% to 100%. The 'No' bar is brown and reaches 16%. The 'Yes' bar is blue and reaches 84%.</p>	84%↑	69%
49	Need or take medicine to treat a condition that has lasted for at least 3 months <small>Base=Those who need or take medicine prescribed by a doctor and answering</small>	708	<p>A bar chart with a vertical axis from 0% to 100%. The 'No' bar is brown and reaches 6%. The 'Yes' bar is blue and reaches 94%.</p>	94%↑	90%

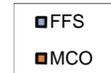
Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the Summary Rates is indicated by a ↑/↓ next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

Completing the Survey

#	Question	n size ¹	Response Categories																		
55	Someone helped to complete the survey <small>Base=Those answering</small>	908	<table border="1"> <caption>Data for Question 55: Someone helped to complete the survey</caption> <thead> <tr> <th>Response</th> <th>FFS (%)</th> <th>MCO (%)</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>61%</td> <td>77%</td> </tr> <tr> <td>Yes</td> <td>39%</td> <td>23%</td> </tr> </tbody> </table>	Response	FFS (%)	MCO (%)	No	61%	77%	Yes	39%	23%									
Response	FFS (%)	MCO (%)																			
No	61%	77%																			
Yes	39%	23%																			
56	How person helped <small>Base=Those who received help completing the survey and answering Multiple Responses Accepted</small>	347	<table border="1"> <caption>Data for Question 56: How person helped</caption> <thead> <tr> <th>How person helped</th> <th>FFS (%)</th> <th>MCO (%)</th> </tr> </thead> <tbody> <tr> <td>Answered for me</td> <td>50%</td> <td>31%</td> </tr> <tr> <td>Read questions</td> <td>44%</td> <td>55%</td> </tr> <tr> <td>Wrote down answers</td> <td>35%</td> <td>40%</td> </tr> <tr> <td>Translated questions</td> <td>1%</td> <td>16%</td> </tr> <tr> <td>Helped in other way</td> <td>8%</td> <td>8%</td> </tr> </tbody> </table>	How person helped	FFS (%)	MCO (%)	Answered for me	50%	31%	Read questions	44%	55%	Wrote down answers	35%	40%	Translated questions	1%	16%	Helped in other way	8%	8%
How person helped	FFS (%)	MCO (%)																			
Answered for me	50%	31%																			
Read questions	44%	55%																			
Wrote down answers	35%	40%																			
Translated questions	1%	16%																			
Helped in other way	8%	8%																			



Significant differences at the 95% confidence level are shown through the use of symbols. A significantly higher/lower proportion in the FFS data as compared to MCO data for the response category is indicated by a ↑/↓ next to the FFS percentage.

¹n size=The number of FFS respondents answering a particular question.

Supplemental Questions

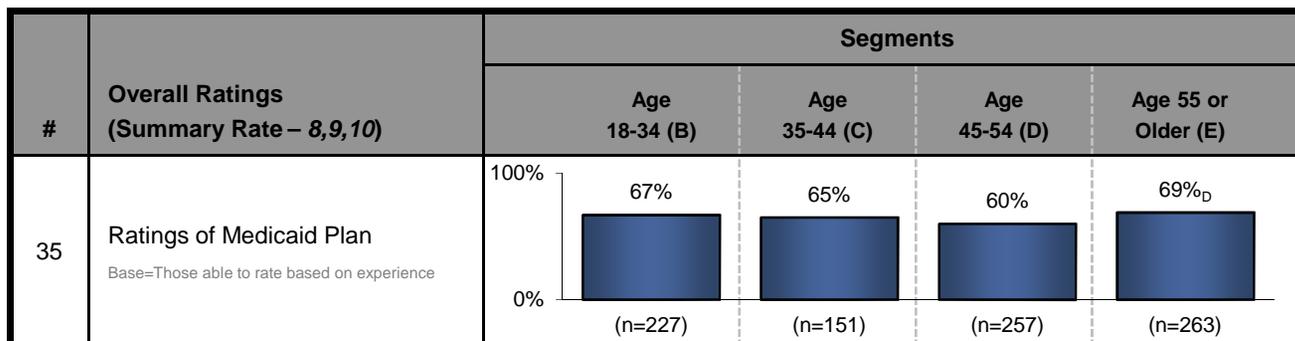
#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²	
				FFS	MCO
6a	<p>Days waited between making appointment and seeing provider for health care</p> <p>Base=Those who made any appointments for their health care at a doctor's office or clinic in the last 6 months and answering</p>	605		11%	
12a	<p>Needed to visit a doctor's office or clinic for after hours care</p> <p>Base=Those who went to a doctor's office or clinic to get care for themselves in the last 6 months and answering</p>	717		18%	
12b	<p>Got the after hours care you thought you needed</p> <p>Base=Those who visited a doctor's office or clinic for after hours care and able to rate</p>	125		53%	
12c	<p>Reasons for difficulty getting after hours care</p> <p>Base=Those who visited a doctor's office or clinic for after hours care and answering</p>	132		74% Any	
21a	<p>Had a hard time speaking with or understanding personal doctor due to speaking different languages</p> <p>Base=Those who have a personal doctor and able to rate</p>	691		6%	

¹n size=The number of FFS respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

FFS Segmentation Analysis

- The CAHPS® 4.0H Survey asks various demographic questions about the respondent. As part of the analysis, several of these questions have been cross-tabulated with the overall ratings, composite measures and their attributes. In doing this, it can be determined whether Virginia Medicaid’s FFS delivery system is meeting the needs of a particular segment of the population.
- On the following pages, Summary Rates for overall ratings, composite measures and their attributes are analyzed by the following demographics:
 - Age (Q50)
 - Education (Q52)
 - Race (Q54)
 - Ethnicity (Q53)
 - Health Status (Q36)
 - Method of Completing Survey (Mail or Telephone)
- The percentages shown represent the Summary Rate for each segment of a demographic category. In the example below, the Summary Rate for the Ratings of Medicaid Plan is the percentage of respondents who gave a rating of 8, 9 or 10. The interpretation would be that 69% of respondents aged 55 or older rated their Medicaid Plan overall an 8, 9 or 10, which is a significantly higher proportion than among respondents aged 45-54 (60%).



Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage’s letter next to it.

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Overall Ratings (Summary Rate ¹ – 8,9,10)	Segments							
		Age 18-34 (B)	Age 35-44 (C)	Age 45-54 (D)	Age 55 or Older (E)	High School Graduate or Less (F)	Some College or More (G)		
12	Ratings of Health Care <small>Base=Those able to rate based on experience</small>	66% (n=154)	68% (n=116)	65% (n=219)	68% (n=211)	67% (n=504)	64% (n=179)		
21	Ratings of Personal Doctor <small>Base=Those able to rate based on experience</small>	77% (n=150)	84% (n=120)	76% (n=207)	79% (n=193)	80% (n=486)	73% (n=164)		
25	Ratings of Specialist <small>Base=Those able to rate based on experience</small>	69% (n=78)	86% _B (n=57)	79% (n=111)	78% (n=121)	78% (n=252)	77% (n=104)		
35	Ratings of Medicaid Plan <small>Base=Those able to rate based on experience</small>	67% (n=227)	65% (n=151)	60% (n=257)	69% _D (n=263)	67% _C (n=657)	57% (n=220)		

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments					
		Age 18-34 (B)	Age 35-44 (C)	Age 45-54 (D)	Age 55 or Older (E)	High School Graduate or Less (F)	Some College or More (G)
	Getting Needed Care	78% (n=95)	80% (n=72)	77% (n=134)	82% (n=134)	79% (n=301)	79% (n=122)
23	Got to see a specialist that you needed to see <small>Base=Those able to rate based on experience</small>	81% (n=85)	79% (n=62)	75% (n=116)	85% (n=124)	80% (n=270)	79% (n=106)
27	Got the care, tests or treatment you thought necessary <small>Base=Those able to rate based on experience</small>	75% (n=105)	81% (n=81)	79% (n=151)	80% (n=144)	78% (n=332)	78% (n=138)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments					
		Age 18-34 (B)	Age 35-44 (C)	Age 45-54 (D)	Age 55 or Older (E)	High School Graduate or Less (F)	Some College or More (G)
	Getting Care Quickly	83% (n=108)	80% (n=84)	79% (n=151)	89% _D (n=152)	83% (n=353)	80% (n=130)
4	Received the care needed as soon as you needed <small>Base=Those able to rate based on experience</small>	81% (n=88)	78% (n=65)	76% (n=120)	88% _D (n=118)	82% (n=277)	75% (n=106)
6	Received an appointment for health care as soon as you needed <small>Base=Those able to rate based on experience</small>	86% (n=127)	82% (n=102)	82% (n=181)	89% (n=186)	84% (n=429)	86% (n=153)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – Always & Usually)	Segments					
		Age 18-34 (B)	Age 35-44 (C)	Age 45-54 (D)	Age 55 or Older (E)	High School Graduate or Less (F)	Some College or More (G)
	How Well Doctors Communicate	100% 86% (n=119)	90% (n=102)	86% (n=187)	89% (n=179)	88% (n=434)	85% (n=136)
15	Doctor explained things in a way that was easy to understand <small>Base=Those able to rate based on experience</small>	100% 85% (n=119)	91% (n=102)	85% (n=185)	90% (n=178)	87% (n=432)	88% (n=136)
16	Doctor listened carefully to you <small>Base=Those able to rate based on experience</small>	100% 85% (n=119)	92% (n=101)	88% (n=188)	89% (n=178)	90% (n=435)	84% (n=135)
17	Doctor showed respect for what you had to say <small>Base=Those able to rate based on experience</small>	100% 87% (n=119)	91% (n=102)	87% (n=188)	91% (n=179)	90% (n=436)	85% (n=136)
18	Doctor spent enough time with you <small>Base=Those able to rate based on experience</small>	100% 85% (n=119)	86% (n=101)	85% (n=188)	85% (n=179)	85% (n=434)	82% (n=136)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments					
		Age 18-34 (B)	Age 35-44 (C)	Age 45-54 (D)	Age 55 or Older (E)	High School Graduate or Less (F)	Some College or More (G)
	Customer Service	73% (n=29)*	59% (n=17)*	55% (n=35)	66% (n=37)	68% (n=71)	56% (n=42)
31	Received information or help needed from Medicaid Plan's Customer Service <small>Base=Those able to rate based on experience</small>	61% (n=28)*	41% (n=17)*	41% (n=34)*	62% (n=37)	60% _C (n=70)	40% (n=42)
32	Treated with courtesy and respect by Medicaid Plan's Customer Service <small>Base=Those able to rate based on experience</small>	86% (n=29)*	76% (n=17)*	69% (n=35)	70% (n=37)	76% (n=72)	71% (n=42)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – Definitely & Somewhat Yes)	Segments					
		Age 18-34 (B)	Age 35-44 (C)	Age 45-54 (D)	Age 55 or Older (E)	High School Graduate or Less (F)	Some College or More (G)
	Shared Decision-Making	93% (n=74)	88% (n=62)	89% (n=99)	88% (n=103)	90% (n=244)	90% (n=87)
10	Talked about pros and cons of choices for treatment or health care <small>Base=Those able to rate based on experience</small>	97% (n=74)	90% (n=63)	96% (n=98)	91% (n=102)	93% (n=242)	95% (n=88)
11	Asked which choice was best when there was more than one choice <small>Base=Those able to rate based on experience</small>	89% (n=74)	85% (n=61)	83% (n=99)	86% (n=104)	87% (n=245)	85% (n=86)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments					
		Age 18-34 (B)	Age 35-44 (C)	Age 45-54 (D)	Age 55 or Older (E)	High School Graduate or Less (F)	Some College or More (G)
8	Health Promotion and Education <small>Base=Those able to rate based on experience</small>	58% (n=157)	66% (n=119)	57% (n=227)	62% (n=213)	62% (n=520)	56% (n=179)
20	Coordination of Care <small>Base=Those able to rate based on experience</small>	71% (n=65)	78% (n=58)	79% (n=115)	79% (n=107)	78% (n=245)	74% (n=91)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Overall Ratings (Summary Rate ¹ – 8,9,10)	Segments				
		White (H)	Black/AA (I)	Other (J)	Hispanic/ Latino (K)	Non- Hispanic/ Latino (L)
12	Ratings of Health Care <small>Base=Those able to rate based on experience</small>	66% (n=456)	68% _J (n=231)	48% (n=29)*	67% (n=9)*	66% (n=633)
21	Ratings of Personal Doctor <small>Base=Those able to rate based on experience</small>	76% (n=435)	84% _H (n=217)	77% (n=31)*	100% _L (n=11)*	78% (n=606)
25	Ratings of Specialist <small>Base=Those able to rate based on experience</small>	80% (n=255)	74% (n=99)	59% (n=17)*	100% _L (n=6)*	77% (n=339)
35	Ratings of Medicaid Plan <small>Base=Those able to rate based on experience</small>	63% (n=573)	70% _H (n=306)	68% (n=38)	60% (n=15)*	65% (n=807)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments				
		White (H)	Black/AA (I)	Other (J)	Hispanic/ Latino (K)	Non- Hispanic/ Latino (L)
	Getting Needed Care	81% (n=293)	77% (n=130)	77% (n=20)*	52% (n=8)*	80% (n=396)
23	Got to see a specialist that you needed to see <small>Base=Those able to rate based on experience</small>	80% (n=265)	79% (n=108)	78% (n=18)*	75% (n=8)*	81% (n=355)
27	Got the care, tests or treatment you thought necessary <small>Base=Those able to rate based on experience</small>	81% (n=320)	75% (n=151)	76% (n=21)*	29% (n=7)*	80% _K (n=436)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments				
		White (H)	Black/AA (I)	Other (J)	Hispanic/ Latino (K)	Non- Hispanic/ Latino (L)
	Getting Care Quickly	<p>100% 82% 85% 67% 0% (n=314) (n=169) (n=21)*</p>	<p>72% 83% (n=8)* (n=447)</p>			
4	Received the care needed as soon as you needed <small>Base=Those able to rate based on experience</small>	<p>100% 79% 83% 72% 0% (n=243) (n=139) (n=18)*</p>	<p>67% 82% (n=6)* (n=353)</p>			
6	Received an appointment for health care as soon as you needed <small>Base=Those able to rate based on experience</small>	<p>100% 85%_J 86%_J 61% 0% (n=384) (n=199) (n=23)*</p>	<p>78% 85% (n=9)* (n=540)</p>			

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – Always & Usually)	Segments				
		White (H)	Black/AA (I)	Other (J)	Hispanic/ Latino (K)	Non- Hispanic/ Latino (L)
	How Well Doctors Communicate	87% (n=378)	90% (n=195)	75% (n=26)*	96% (n=8)*	88% (n=529)
15	Doctor explained things in a way that was easy to understand <small>Base=Those able to rate based on experience</small>	88% (n=376)	88% (n=194)	77% (n=26)*	100% _L (n=8)*	87% (n=528)
16	Doctor listened carefully to you <small>Base=Those able to rate based on experience</small>	88% (n=377)	91% _J (n=195)	73% (n=26)*	100% _L (n=8)*	89% (n=527)
17	Doctor showed respect for what you had to say <small>Base=Those able to rate based on experience</small>	88% (n=379)	92% (n=197)	80% (n=25)*	86% (n=7)*	89% (n=531)
18	Doctor spent enough time with you <small>Base=Those able to rate based on experience</small>	84% (n=378)	89% _J (n=195)	69% (n=26)*	100% _L (n=8)*	85% (n=529)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments				
		White (H)	Black/AA (I)	Other (J)	Hispanic/ Latino (K)	Non- Hispanic/ Latino (L)
	Customer Service	63% _J (n=65)	67% _J (n=48)	17% (n=4)*	35% (n=5)*	65% (n=98)
31	Received information or help needed from health plan's Customer Service <small>Base=Those able to rate based on experience</small>	53% _J (n=64)	57% _J (n=47)	0% (n=4)*	20% (n=5)*	54% (n=96)
32	Were treated with courtesy and respect by health plan's Customer Service staff <small>Base=Those able to rate based on experience</small>	74% (n=65)	78% (n=49)	33% (n=3)*	50% (n=4)*	76% (n=99)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – Definitely & Somewhat Yes)	Segments							
		White (H)			Black/AA (I)			Hispanic/Latino (K)	
	Shared Decision-Making	89% (n=208)	90% (n=121)	82% (n=14)*	74% (n=8)*	91% (n=301)			
10	Talked about pros and cons of choices for treatment or health care <small>Base=Those able to rate based on experience</small>	94% (n=207)	93% (n=121)	92% (n=13)*	86% (n=7)*	95% (n=300)			
11	Asked which choice was best when there was more than one choice <small>Base=Those able to rate based on experience</small>	85% (n=208)	88% (n=120)	71% (n=14)*	62% (n=8)*	86% (n=301)			

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments					
		White (H)	Black/AA (I)	Other (J)	Hispanic/ Latino (K)	Non- Hispanic/ Latino (L)	
8	Health Promotion and Education <small>Base=Those able to rate based on experience</small>	<p>100% 0%</p> <p>56% (n=467) 70%_H (n=236) 63% (n=30)*</p>	<p>100% 0%</p> <p>64% (n=11)* 60% (n=647)</p>				
20	Coordination of Care <small>Base=Those able to rate based on experience</small>	<p>100% 0%</p> <p>76% (n=233) 80% (n=102) 61% (n=18)*</p>	<p>100% 0%</p> <p>100%_L (n=6)* 76% (n=318)</p>				

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Overall Ratings (Summary Rate ¹ – 8,9,10)	Segments				
		Health Status Excellent/ Very Good (M)	Health Status Good (N)	Health Status Fair/Poor (O)	Completed Survey by Mail (P)	Completed Survey by Phone (Q)
12	Ratings of Health Care <small>Base=Those able to rate based on experience</small>	<p>75%_O (n=117)</p>	<p>72%_O (n=194)</p>	<p>61% (n=385)</p>	<p>66% (n=636)</p>	<p>69% (n=70)</p>
21	Ratings of Personal Doctor <small>Base=Those able to rate based on experience</small>	<p>86%_O (n=127)</p>	<p>80% (n=184)</p>	<p>75% (n=354)</p>	<p>79% (n=601)</p>	<p>77% (n=75)</p>
25	Ratings of Specialist <small>Base=Those able to rate based on experience</small>	<p>79% (n=52)</p>	<p>77% (n=97)</p>	<p>77% (n=212)</p>	<p>78% (n=343)</p>	<p>73% (n=26)*</p>
35	Ratings of Medicaid Plan <small>Base=Those able to rate based on experience</small>	<p>77%_{NO} (n=184)</p>	<p>60% (n=248)</p>	<p>63% (n=460)</p>	<p>64% (n=821)</p>	<p>77%_P (n=86)</p>

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

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*Caution: Small Base

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments				
		Health Status Excellent/ Very Good (M)	Health Status Good (N)	Health Status Fair/Poor (O)	Completed Survey by Mail (P)	Completed Survey by Phone (Q)
	Getting Needed Care	<p>80% (n=68)</p>	<p>81% (n=119)</p>	<p>79% (n=243)</p>	<p>80% (n=406)</p>	<p>69% (n=33)*</p>
23	Got to see a specialist that you needed to see <small>Base=Those able to rate based on experience</small>	<p>88% (n=57)</p>	<p>83% (n=102)</p>	<p>78% (n=223)</p>	<p>81% (n=361)</p>	<p>73% (n=30)*</p>
27	Got the care, tests or treatment you thought necessary <small>Base=Those able to rate based on experience</small>	<p>72% (n=79)</p>	<p>79% (n=135)</p>	<p>81% (n=262)</p>	<p>80% (n=450)</p>	<p>64% (n=36)</p>

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments				
		Health Status Excellent/ Very Good (M)	Health Status Good (N)	Health Status Fair/Poor (O)	Completed Survey by Mail (P)	Completed Survey by Phone (Q)
	Getting Care Quickly	<p>84% (n=77)</p>	<p>86% (n=135)</p>	<p>82% (n=276)</p>	<p>84% (n=443)</p>	<p>72% (n=56)</p>
4	Received the care needed as soon as you needed <small>Base=Those able to rate based on experience</small>	<p>82% (n=55)</p>	<p>83% (n=99)</p>	<p>80% (n=229)</p>	<p>82%_O (n=355)</p>	<p>65% (n=40)</p>
6	Received an appointment for health care as soon as you needed <small>Base=Those able to rate based on experience</small>	<p>86% (n=98)</p>	<p>89% (n=170)</p>	<p>84% (n=322)</p>	<p>86% (n=531)</p>	<p>79% (n=72)</p>

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – Always & Usually)	Segments				
		Health Status Excellent/ Very Good (M)	Health Status Good (N)	Health Status Fair/Poor (O)	Completed Survey by Mail (P)	Completed Survey by Phone (Q)
	How Well Doctors Communicate	89% (n=92)	91% (n=159)	85% (n=332)	88% (n=525)	86% (n=66)
15	Doctor explained things in a way that was easy to understand <small>Base=Those able to rate based on experience</small>	89% (n=90)	89% (n=157)	86% (n=333)	88% (n=523)	88% (n=66)
16	Doctor listened carefully to you <small>Base=Those able to rate based on experience</small>	90% (n=92)	92% _O (n=160)	86% (n=330)	89% (n=525)	86% (n=66)
17	Doctor showed respect for what you had to say <small>Base=Those able to rate based on experience</small>	91% (n=93)	92% _O (n=159)	86% (n=332)	90% (n=527)	83% (n=66)
18	Doctor spent enough time with you <small>Base=Those able to rate based on experience</small>	85% (n=92)	91% _O (n=160)	82% (n=331)	85% (n=526)	85% (n=66)

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments				
		Health Status Excellent/ Very Good (M)	Health Status Good (N)	Health Status Fair/Poor (O)	Completed Survey by Mail (P)	Completed Survey by Phone (Q)
	Customer Service	70% (n=25)*	57% (n=37)	67% (n=56)	64% (n=107)	67% (n=12)*
31	Received information or help needed from health plan's Customer Service <small>Base=Those able to rate based on experience</small>	60% (n=25)*	47% (n=36)	56% (n=55)	54% (n=106)	50% (n=12)*
32	Were treated with courtesy and respect by health plan's Customer Service staff <small>Base=Those able to rate based on experience</small>	80% (n=25)*	68% (n=37)	79% (n=56)	74% (n=108)	83% (n=12)*

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

FFS Segmentation Analysis (continued)

2010 Virginia Medicaid
Fee-for-Service Adult

#	Composite Ratings (Summary Rate ¹ – <i>Definitely & Somewhat Yes</i>)	Segments				
		Health Status Excellent/ Very Good (M)	Health Status Good (N)	Health Status Fair/Poor (O)	Completed Survey by Mail (P)	Completed Survey by Phone (Q)
	Shared Decision-Making	<p>93% (n=59)</p>	<p>93% (n=97)</p>	<p>86% (n=180)</p>	<p>90% (n=305)</p>	<p>90% (n=35)</p>
10	Talked about pros and cons of choices for treatment or health care <small>Base=Those able to rate based on experience</small>	<p>93% (n=58)</p>	<p>97%_O (n=98)</p>	<p>92% (n=179)</p>	<p>94% (n=305)</p>	<p>91% (n=34)*</p>
11	Asked which choice was best when there was more than one choice <small>Base=Those able to rate based on experience</small>	<p>93%_O (n=59)</p>	<p>89% (n=96)</p>	<p>81% (n=181)</p>	<p>85% (n=305)</p>	<p>89% (n=35)</p>

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

*Caution: Small Base

#	Composite Ratings (Summary Rate ¹ – <i>Always & Usually</i>)	Segments					
		Health Status Excellent/ Very Good (M)	Health Status Good (N)	Health Status Fair/Poor (O)		Completed Survey by Mail (P)	Completed Survey by Phone (Q)
8	Health Promotion and Education <small>Base=Those able to rate based on experience</small>	<p>58% (n=123)</p>	<p>60% (n=195)</p>	<p>61% (n=393)</p>		<p>61% (n=652)</p>	<p>52% (n=71)</p>
20	Coordination of Care <small>Base=Those able to rate based on experience</small>	<p>76% (n=51)</p>	<p>80% (n=87)</p>	<p>76% (n=205)</p>		<p>79% (n=313)</p>	<p>66% (n=35)</p>

Each segment is assigned a unique letter indicated in the column header. Significant differences at the 95% confidence level are shown through the use of these letters. A percentage that is significantly higher will have the lower percentage's letter next to it.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2010 CAHPS® 4.0H guidelines.

Regression Analysis

Regression Analysis

Regression analysis is a statistical technique used to determine which influences, or “independent variables” (composite measures), have the greatest impact on an overall attribute, or “dependent variable” (overall rating of Medicaid Plan or Health Care).

- Regression analysis produces a set of coefficients (“beta scores”), which show the ranking of the independent variables by their ability to influence, or drive, the dependent variable.
- The composite measures found to have a significant impact on the overall rating of FFS members’ Medicaid Plan or Health Care are reported as Key Drivers – the larger the coefficient, the greater the influence. The remaining composite measures have been categorized as either having a “moderate impact” or “low impact” on members’ overall rating of their Medicaid Plan or Health Care.
- The tables on the following pages illustrate this analysis. Specifically, the independent variables for this analysis are the composite measures (“Getting Needed Care”, “Getting Care Quickly”, “How Well Doctors Communicate”, “Customer Service” and “Shared Decision-Making”), while the dependent variable is measured by either the overall rating of their Medicaid Plan (Q35) or Health Care (Q12).

The “Customer Service” and “Getting Needed Care” composite measures are identified as having the most significant impact on members’ rating of their Medicaid Plan overall.

RELATIONSHIP WITH RATING OF MEDICAID PLAN

<i>Key Drivers</i>
Customer Service ($\beta=.487$) Getting Needed Care ($\beta=.339$)
<i>Moderate Impact</i>
<i>Low Impact</i>
How Well Doctors Communicate ($\beta=.097$) Getting Care Quickly ($\beta=.039$) Shared Decision-Making ($\beta=.002$)

The “Getting Care Quickly” and “Getting Needed Care” composite measures are identified as having the most significant impact on members’ rating of their Health Care overall.

RELATIONSHIP WITH RATING OF HEALTH CARE

<i>Key Drivers</i>
Getting Care Quickly ($\beta=.444$) Getting Needed Care ($\beta=.300$)
<i>Moderate Impact</i>
Customer Service ($\beta=.144$)
<i>Low Impact</i>
How Well Doctors Communicate ($\beta=.057$) Shared Decision-Making ($\beta=.053$)

Key Driver/Correlation Analysis

Key Driver Analysis

- In an effort to identify the underlying components of FFS members' ratings of their Medicaid Plan (Q35) and Health Care (Q12), advanced statistical techniques were employed. Correlation analyses were conducted between each composite measure attribute and overall rating of Medicaid Plan and Health Care in order to ascertain which attributes have the greatest impact.

Prioritizing Actions

- A key objective of any member satisfaction research is to identify priorities for improving member satisfaction. Doing this will allow Virginia Medicaid's FFS delivery system to focus resources on areas that have the strongest impact on members and where improvement is needed. These areas are referred to as *unmet needs*. In addition, areas that have the strongest impact on members and on which Virginia Medicaid's FFS delivery system performs well are the *driving strengths*. Insights can be gained by plotting these attributes based on their impact on members' overall rating of their Medicaid Plan or Health Care, as shown on the following pages.
- "Higher" ratings are defined by at least 90% of respondents rating the attribute as "Always or Usually"/"Definitely Yes or Somewhat Yes". "Moderate" ratings are defined by between 80% and 89% of respondents giving similar ratings. "Lower" ratings are defined by less than 80% of respondents rating the attribute as "Always or Usually"/"Definitely Yes or Somewhat Yes".

Attribute Relationship with Rating of Medicaid Plan

- The following attributes are identified as key drivers that have a stronger impact on adult members' satisfaction with their Medicaid Plan overall but where they gave the FFS delivery system lower ratings: "Got the care, tests or treatment you thought necessary", "Treated with courtesy and respect by Medicaid Plan's Customer Service" and "Received information or help needed from Medicaid Plan's Customer Service".
 - These attributes are referred to as *unmet needs* and should be considered priority areas for the FFS delivery system. If ratings of these attributes are improved, it could have a positive impact on adult members' rating of their Medicaid Plan overall.

- ❖ Getting Needed Care
- ❖ Getting Care Quickly
- ❖ How Well Doctors Communicate
- ❖ Customer Service
- ❖ Shared Decision-Making

ATTRIBUTE RELATIONSHIP WITH RATING OF MEDICAID PLAN

Impact on Overall Satisfaction with Medicaid Plan	Stronger	<ul style="list-style-type: none"> ❖ Got the care, tests or treatment you thought necessary ❖ Treated with courtesy and respect by Medicaid Plan's Customer Service ❖ Received information or help needed from Medicaid Plan's Customer Service 		
	Moderate		<ul style="list-style-type: none"> ❖ Doctor explained things in a way that was easy to understand ❖ Received the care needed as soon as you needed ❖ Doctor spent enough time with you ❖ Doctor showed respect for what you had to say ❖ Got to see a specialist that you needed to see ❖ Doctor listened carefully to you 	
	Lower		<ul style="list-style-type: none"> ❖ Received an appointment for health care as soon as you thought you needed ❖ Asked which choice was best when there was more than one choice 	<ul style="list-style-type: none"> ❖ Talked about pros and cons of choices for treatment or health care
		Lower Ratings	Moderate Ratings	Higher Ratings

CAHPS® 4.0H Medicaid Adult Results among FFS Adults

Attribute Relationship with Rating of Health Care

- The attributes “Doctor explained things in a way that was easy to understand”, “Doctor spent enough time with you”, “Doctor showed respect for what you had to say” and “Doctor listened carefully to you” are identified as key drivers that have a stronger impact on adult members’ satisfaction with their Health Care overall but where they gave only moderate ratings for the FFS delivery system.
 - These should be considered priority areas for the FFS delivery system. If ratings of these attributes are improved, it could have a positive impact on adult members’ rating of their Health Care overall.

- ❖ Getting Needed Care
- ❖ Getting Care Quickly
- ❖ How Well Doctors Communicate
- ❖ Customer Service
- ❖ Shared Decision-Making

ATTRIBUTE RELATIONSHIP WITH RATING OF HEALTH CARE

Impact on Overall Satisfaction with Health Care	Stronger		<ul style="list-style-type: none"> ❖ Doctor explained things in a way that was easy to understand ❖ Doctor spent enough time with you ❖ Doctor showed respect for what you had to say ❖ Doctor listened carefully to you 	
	Moderate	<ul style="list-style-type: none"> ❖ Talked about pros and cons of choices for treatment or health care ❖ Received an appointment for health care as soon as you thought you needed 	<ul style="list-style-type: none"> ❖ Received the care needed as soon as you needed ❖ Got to see a specialist that you needed to see 	<ul style="list-style-type: none"> ❖ Got the care, tests or treatment you thought necessary ❖ Asked which choice was best when there was more than one choice
	Lower		<ul style="list-style-type: none"> ❖ Treated with courtesy and respect by Medicaid Plan's Customer Service ❖ Received information or help needed from Medicaid Plan's Customer Service 	
		Lower Ratings	Moderate Ratings	Higher Ratings

CAHPS® 4.0H Medicaid Adult Results among FFS Adults

Glossary of Terms

- **Attributes** are the questions that relate to a specific service area or composite.
- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of plan quality. Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.
- **Confidence Level** is the degree of confidence, expressed as a percentage, that a reported number's true value is between the lower and upper specified range.
- **Correlation Coefficient** is a statistical measure of how closely two variables or measures are related to each other.
- **Disposition Category** is the final status given to a member record within the sample surveyed. The category signifies both the survey administration used to complete the survey (M=Mail, T=Telephone) and the status of the member record (M21=Mail, Ineligible; T10= Phone, Complete).
- **Key Drivers** are composite measures that have been found to impact ratings of overall Medicaid Plan (Q35) and Health Care (Q12) among FFS members as determined by regression analysis.
- **Significance Test** is a test used to determine the probability that a given result could not have occurred by chance.
- **Summary Rates** generally represent the most favorable responses for a particular question (i.e., *Always and Usually*; 8, 9 or 10; *Definitely Yes and Somewhat Yes*). Keep in mind that every question is not assigned a Summary Rate.

Survey Tool



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

CAHPS® 4.0HMA

SURVEY INSTRUCTIONS

All information that would let someone identify you or your family will be kept private. WB&AMarket Research will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call WB&AMarket Research at 1-800-593-1102, ext. 115VAA.

Answer all the questions by checking the box to the left of your answer using blue or black ink.

You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this: Yes.....Go to **Question 1**

- Our records show that you are now in Virginia Medicaid (also called Virginia Medicaid Plan). Is that right?
 Yes.....Go to **Question 3**
 No.....Go to **Question 2**
- What is the name of your Medicaid Plan?
(Please print.)

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

- In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
 Yes No.....Go to **Question 5**
- In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
 Never Sometimes Usually Always
- In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?
 Yes No.....Go to **Question 7**
- In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
 Never Sometimes Usually Always

- In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider?
 Same day
 1 day
 2 to 3 days
 4 to 7 days
 8 to 14 days
 15 to 30 days
 31 to 60 days
 61 to 90 days
 91 days or longer
- In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
 None.....Go to **Question 13**
 1
 2
 3
 4
 5 to 9
 10 or more
- In the last 6 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?
 Never Sometimes Usually Always
- Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. In the last 6 months, did a doctor or other health provider tell you there was more than one choice for your treatment or health care?
 Yes No.....Go to **Question 12**

Page 1

Please continue inside ⇌⇌

CAHPS® 4.0HMA

- In the last 6 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?
 Definitely yes Somewhat no
 Somewhat yes Definitely no
- In the last 6 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?
 Definitely yes Somewhat no
 Somewhat yes Definitely no
- Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Worst health care possible		Best health care possible								
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- After hours care is health care when your usual doctor's office or clinic is closed. In the last 6 months, did you need to visit a doctor's office or clinic for after hours care?
 Yes No.....Go to **Question 13**
- In the last 6 months, how often was it easy to get the after hours care you thought you needed?
 Never Sometimes Usually Always
- Were any of the following a reason it was not easy to get the after hours care you thought you needed? (Please mark one or more.)
 You did not know where to go for after hours care
 You weren't sure where to find a list of doctor's offices or clinics in your health plan or network that are open for after hours care
 The doctor's office or clinic that had after hours care was too far away
 Office or clinic hours for after hours care did not meet your needs
 Some other reason

YOUR PERSONAL DOCTOR

- A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt.
 Do you have a personal doctor?
 Yes No.....Go to **Question 22**

- In the last 6 months, how many times did you visit your personal doctor to get care for yourself?
 None.....Go to **Question 21**
 1
 2
 3
 4
 5 to 9
 10 or more
- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
 Never Sometimes Usually Always
- In the last 6 months, how often did your personal doctor listen carefully to you?
 Never Sometimes Usually Always
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
 Never Sometimes Usually Always
- In the last 6 months, how often did your personal doctor spend enough time with you?
 Never Sometimes Usually Always
- In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?
 Yes No.....Go to **Question 21**
- In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?
 Never Sometimes Usually Always
- Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Worst personal doctor possible		Best personal doctor possible								
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- In the last 6 months, how often did you have a hard time speaking with or understanding your personal doctor because you spoke different languages?
 Never Sometimes Usually Always

Page 2

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GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

- 22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?
 Yes No.....Go to **Question 26**
- 23. In the last 6 months, how often was it easy to get appointments with specialists?
 Never Sometimes Usually Always
- 24. How many specialists have you seen in the last 6 months?
 None.....Go to **Question 26**
 1 specialist
 2
 3
 4
 5 or more specialists
- 25. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Worst specialist possible		Best specialist possible
0	1	2
3	4	5
6	7	8
9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR MEDICAID Plan

The next questions ask about your experience with your Medicaid Plan.

- 26. In the last 6 months, did you try to get any kind of care, tests, or treatment through your health plan?
 Yes No.....Go to **Question 28**
- 27. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your Medicaid Plan?
 Never Sometimes Usually Always
- 28. In the last 6 months, did you look for any information in written materials or on the Internet about how your Medicaid Plan works?
 Yes No.....Go to **Question 30**

Page 3

- 29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your Medicaid Plan works?
 Never Sometimes Usually Always
- 30. In the last 6 months, did you try to get information or help from your Medicaid Plan's customer service?
 Yes No.....Go to **Question 35**
- 31. In the last 6 months, how often did your Medicaid Plan's customer service give you the information or help you needed?
 Never Sometimes Usually Always
- 32. In the last 6 months, how often did your Medicaid Plan's customer service staff treat you with courtesy and respect?
 Never Sometimes Usually Always
- 33. OMITTED
- 34. OMITTED
- 35. Using any number from 0 to 10, where 0 is the worst Medicaid Plan possible and 10 is the best Medicaid Plan possible, what number would you use to rate your Medicaid Plan?

Worst Medicaid Plan possible		Best Medicaid Plan possible
0	1	2
3	4	5
6	7	8
9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT YOU

- 36. In general, how would you rate your overall health?
 Excellent
 Very good
 Good
 Fair
 Poor
- 37. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
 Every day
 Some days
 Not at all.....Go to **Question 41**
 Don't know.....Go to **Question 41**
- 38. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
 Never Sometimes Usually Always

Please continue on back ⇌⇌⇌

- 39. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
 Never Sometimes Usually Always
- 40. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
 Never Sometimes Usually Always
- 41. Do you take aspirin daily or every other day?
 Yes No Don't know
- 42. Do you have a health problem or take medication that makes taking aspirin unsafe for you?
 Yes No Don't know
- 43. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
 Yes No
- 44. Are you aware that you have any of the following conditions? (Check all that apply.)
 High cholesterol
 High blood pressure
 Parent or sibling with heart attack before the age of 60
- 45. Has a doctor ever told you that you have any of the following conditions? (Check all that apply.)
 A heart attack
 Angina or coronary heart disease
 A stroke
 Any kind of diabetes or high blood sugar
- 46. In the last 6 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
 Yes No.....Go to **Question 48**
- 47. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.
 Yes No

THANK YOU

Please return the completed survey in the postage-paid envelope.

For Internal Use Only:

- 48. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.
 Yes No.....Go to **Question 50**
- 49. Is this to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.
 Yes No
- 50. What is your age?
 18 to 24 25 to 34 35 to 44
 45 to 54 55 to 64 65 to 74
 75 or older
- 51. Are you male or female?
 Male Female
- 52. What is the highest grade or level of school that you have completed?
 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree
- 53. Are you of Hispanic or Latino origin or descent?
 Yes, Hispanic or Latino
 No, not Hispanic or Latino
- 54. What is your race? (Please mark one or more.)
 White
 Black or African-American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
 Other
- 55. Did someone help you complete this survey?
 Yes.....Go to **Question 56**
 No.....**Thank you. Please return the completed survey in the postage-paid envelope.**
- 56. How did that person help you? (Check all that apply.)
 Read the questions to me
 Wrote down the answers I gave
 Answered the questions for me
 Translated the questions into my language
 Helped in some other way

Page 4