Florida Medicaid
Adult Enrollee Satisfaction:
A Chartbook

Comparing Managed Care Arrangements and Fee-for Service
State Fiscal Year 2009

Prepared by: Florida Center for Medicaid and the Uninsured
The University of Florida

Funded by: Florida Agency for Health Care Administration
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This Chartbook presents an analysis of adult (age 21 or older) beneficiary satisfaction with the Florida Medicaid program during the State Fiscal Year 2010 (July 1, 2009-June 30, 2010). Data were gathered by means of a telephone survey. These analyses exclude those dwelling in a nursing home, residents of one of the five Reform counties (Baker, Broward, Clay, Duval, and Nassau), and enrollees who have not been continuously enrolled in their plan for at least 6 months.

Demographics and program satisfaction are reported for the Medicaid program overall, as well as by the type of Medicaid program or plan of the respondent. The Medicaid programs described in this report include: Medicaid Fee-for-Service (FFS), MediPass, the Minority Physician Network or MPN, and the Provider Service Network or PSN. MPN data are further stratified according to whether the respondents were served by NetPass or Access Health Solutions. In addition, figures for Medicaid HMOs are also presented, but since the populations were sampled differently and include residents of all Florida counties (including Reform counties), direct comparisons with the other populations cannot be made. The figures are included here for ease of reference only.

This Chartbook is intended to be a graphical and easy-to-use guide for program administrators and others who are interested in understanding Medicaid enrollees' experiences with care, and the differences between the various Medicaid programs. In the interest of brevity, many technical and scientific details regarding methodology are summarized here.
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Introduction
Florida Medicaid Includes Many Arrangements for Care, including Managed Care and Fee for Service

Most Medicaid recipients are required to obtain services through managed care. Exceptions to this rule include those who are dual-enrolled in Medicare or who have other third party coverage, those who reside in a nursing facility, those who are enrolled in hospice, or those who are enrolled in Medicaid with limited benefits. These groups obtain care through the Medicaid providers of their choice on a fee-for-service (FFS) basis.

The managed care arrangements available to adult Medicaid enrollees in most of the state* are the following:

- Medicaid Health Maintenance Organizations, or HMOs
- The Medicaid Provider Access System, or MediPass
- Minority Physician Networks or MPNs
- The Provider Service Network or PSN

Although each program offers substantially similar benefits packages to the enrollee, their management and administrative structures differ. Availability also differs, with enrollees in some counties having no choice but the MediPass program, while those in other counties have a choice from among up to 11 Medicaid HMOs, the MediPass program, the MPN, and the PSN. Counties offering only MediPass are generally rural and often have poorer geographic access to providers and facilities, which could negatively influence their satisfaction with overall care.

A brief summary of each program’s structure, availability, and enrollment is given later in this section.

Large portions of this section of the chartbook are taken directly from the Florida Medicaid Summary of Services.
Enrollees aged 21 years or older who are not residing in a nursing home, and who are continuously enrolled in a Medicaid plan for at least 6 months.

<table>
<thead>
<tr>
<th>Medicaid Program/Plan</th>
<th>Enrollment as of February 28th, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee-For-Service</td>
<td>497,375</td>
</tr>
<tr>
<td>MediPass</td>
<td>90,931</td>
</tr>
<tr>
<td>MPN/NetPass</td>
<td>2,595</td>
</tr>
<tr>
<td>MPN/Access Health Solutions</td>
<td>7,666</td>
</tr>
<tr>
<td>PSN</td>
<td>2,451</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>601,018</strong></td>
</tr>
</tbody>
</table>

Source: Medicaid Administrative Data
Medicaid Managed Care Arrangements

Medicaid HMOs

The Agency for Health Care Administration (AHCA) has contracted with Health Maintenance Organizations (HMOs) throughout the state to provide Medicaid services to a defined population of enrolled Medicaid recipients. Medicaid HMOs are prepaid a fixed monthly rate (a capitation rate) per member in each of the various eligibility categories, to provide all of the covered services required by each member during the month.

As of February 2010, there were 16 Medicaid HMOs operating in the state, with a total all-ages enrollment of more than 888,444 beneficiaries, excluding those residing in a nursing home. Medicaid HMOs are available in 37 of the 67 Florida counties, and in 32 of the 62 non-Reform counties included in the analyses in this Chartbook.

As a general rule, HMOs are offered in more urban counties, and, in many densely-populated counties, five or more HMO options are available to enrollees. Counties without an HMO are predominately rural. It is expected that individuals in these ‘No Choice’ counties might report lower overall satisfaction with care due to factors such as distance to providers and facilities. The chart on the following page shows the total adult enrollment at the end of February, 2010, for each HMO. It is noteworthy that 4 providers, Healthease, Staywell, Amerigroup, and United, represent 70% of the market among this population.

The charts and maps on the following pages show HMO availability and enrollment by county.
Enrollees aged 21 years or older who are not residing in a nursing home, and who are continuously enrolled in a Medicaid plan for at least 6 months.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Enrollment as of February 28th, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>AmeriGroup</td>
<td>31,873</td>
</tr>
<tr>
<td>Citrus</td>
<td>7,408</td>
</tr>
<tr>
<td>HealthEase</td>
<td>35,331</td>
</tr>
<tr>
<td>Humana</td>
<td>10,075</td>
</tr>
<tr>
<td>JMH</td>
<td>4,258</td>
</tr>
<tr>
<td>Preferred</td>
<td>3,784</td>
</tr>
<tr>
<td>StayWell</td>
<td>37,093</td>
</tr>
<tr>
<td>United HC</td>
<td>15,208</td>
</tr>
<tr>
<td>BuenaVista</td>
<td>6,166</td>
</tr>
<tr>
<td>Vista Health Plan SF</td>
<td>4,149</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>155,345</strong></td>
</tr>
</tbody>
</table>

Enrollment figures reflect those aged 21 years and older, continuously enrolled in their plan 6 months or longer, and not residing in a nursing home.

Source: Medicaid administrative data for February 2010.

Large portions of this section of the chartbook are taken directly from the Florida Medicaid Summary of Services.
Number of Medicaid HMOs Operating in Each Florida County
**MediPass**

The Medicaid Provider Access System, or MediPass, is a primary care case management program that is available in all 67 Florida counties. MediPass primary care providers are responsible for providing or arranging for the recipient’s primary care and for referring the recipient for other necessary medical services on a 24-hour basis.

MediPass providers are paid a $3 patient management fee each month for each eligible person who selects him or her as a primary care provider, plus Medicaid fee-for-service reimbursement for services that are rendered.

*Excludes nursing home residents and residents of reform counties, and includes only those continuously enrolled 6 months or longer and aged 21 and older.

Large portions of this section of the chartbook are taken directly from the Florida Medicaid Summary of Services.
Minority Physician Networks or MPNs

The Minority Physician Network (MPN) Program is comprised of networks that are physician-owned and the majority of the physicians are members of racial and ethnic minority groups.

MPNs focus on increasing access to care and managing utilization of a historically underserved minority population. The MPNs collaborate with the Department of Health to develop plans to ensure culturally competent care and increase access to minority health professionals.

MPN is a Medicaid managed care option currently available in twenty-six Florida counties: Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia, Pinellas, Pasco, Hardee, Highlands, Hillsborough, Manatee, Polk, Brevard, Orange, Osceola, Seminole, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Monroe, and Miami-Dade Counties.

MPNs support the primary care case managers by providing administrative and utilization management services as a means of containing cost and enhancing the quality of care. MPN primary care providers are paid $2.00 per member per month for care management services, and on a fee-for-service basis for all covered services provided.
The Provider Service Networks or PSN

A Provider Service Network (PSN) is an integrated health care delivery system owned and operated by Florida hospitals and physician groups. The PSN is a Medicaid managed care option for Medicaid recipients in Miami-Dade and Broward counties, and its adult enrollment exceeds 2,500 adults, long-term enrollees.*

Enrollees receive the majority of their health care services through the PSN. The following categories of recipients are eligible to enroll in a PSN:

- Low Income Families and Children (TANF)
- Sixth Omnibus Budget Reconciliation Act (SOBRA) children
- Children in Foster Care
- Children in Subsidized Adoptions
- Supplemental Security Income (SSI) recipients who do not receive Medicare

The PSN is paid a monthly administrative allocation payment for the management of its enrollees. PSN primary care providers are paid a monthly case management fee of $3 per member. Providers rendering services to PSN enrollees are reimbursed on a fee-for-service basis.

*Excludes nursing home dwellers and residents of Reform counties
Medicaid Eligibility: A Complex System of Coverages

Medicaid eligibility is a complex system that includes many categories of coverage. Eligibility categories vary in terms of income criteria, health criteria, age limits, benefits offered, and other criteria. To summarize, there are three basic groups who are eligible for Medicaid:

- SSI or Supplemental Security Income recipients,
- TANF or Children and families, and,
- Aged, blind and disabled people, including people needing institutional care.

The following chart shows adult Medicaid enrollment by eligibility category.

Eligibility for Supplemental Security Income, or SSI, is determined by the Social Security Administration. All SSI recipients residing in Florida are automatically entitled to Florida Medicaid with full benefits. To be eligible for SSI, an individual must be age 65 or older or, if under age 65, must be totally and permanently disabled, and meet the SSI income and asset limits. Approximately 44% of the population surveyed for this Chartbook is made up of SSI eligibles.

There are five categories of eligibility for children and families that offer full benefits. By far the largest category, in terms of the number of enrollees served, is the TANF-related group, which accounts for 14% of the population surveyed for this Chartbook. This group includes low income families, including single parent families and families with a disabled or unemployed parent. Other full benefits categories include: MEDS (Medicaid Expansion Designated by SOBRA); Foster Care, Adoption Subsidy and Emergency Shelter; Public Medical Assistance (PMA); and Mary Brogan Breast and Cervical Cancer Program.

Medicaid programs with full benefits for aged and disabled persons who are not otherwise eligible for SSI include MEDS-AD (Medicaid for the Aged and Disabled), the Refugee Program, ICP Institutional Care Program), Hospice, and HCBS (Home and Community Based Services).

Large portions of this section of the chartbook are taken directly from the Florida Medicaid Summary of Services.
Methods
Medicaid HMO Data

The Medicaid HMO data presented in this Chartbook were gathered separately from the data for the other care arrangements. The Florida Center for Health Information and Policy Analysis gathered these data as part of its HMO Report Card project, and generously shared it with the authors of this report. Detailed information concerning sampling procedures and response rates for the HMO surveys can be found in the AHCA publication, titled, Choosing a Quality Health Plan: Florida HMO Report.

The Medicaid HMO surveys were conducted using a different sampling frame, different versions of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan questionnaire, and different fielding methodologies. As a result, it is not possible to make statistical comparisons between the reports from the HMO population and the other populations. The Medicaid HMO results are presented here for reference purposes, but statements about statistically significant differences between the HMOs and the other programs are not made.

Data for some measures were not collected for the HMO group because a different version of the CAHPS questionnaire was used for those surveys. The HMO questionnaire consisted of the CAHPS core questions only, while the questionnaire for the other program components included CAHPS supplemental questions, as well as other non-CAHPS instruments, such as a general health status measure and a depression screener.

In terms of sampling, it should be noted that two Medicaid HMOs, Total Health Choice and Universal, were not surveyed because they enroll relatively few Medicaid beneficiaries. Together, they represent less than 1% of the total (adult and child) HMO enrollment in Medicaid. Further, Healthy Palm Beaches was not surveyed because the bulk of its enrollees are under age 21 and, therefore, not eligible for the survey. Also, note that United Healthcare Plan and United Eldercare are treated as a single entity for these purposes.
Most data for this Chartbook were collected by means of a telephone survey of 1,501 enrollees, conducted in the winter of 2009-2010. For all but the HMO surveys, which were administered by AHCA separately (an additional 4,552 surveys), the survey instrument used was made up of three standardized questionnaires: The CAHPS Health Plans Survey version 4.0, the SF-12 version 2, and the PHQ-2. These standardized questionnaires were supplemented with questions about racial and ethnic disparities and cultural competency.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey version 4.0 is a family of standardized survey instruments, used widely in the health care industry to assess enrollees’ satisfaction and experience with health plans. The questionnaires include questions about enrollees’ experiences with primary care, specialty care, and other types of care and health plan administration. Demographics and health status measures are also included. The CAHPS questionnaire used for all but the HMO surveys includes the Adult Medicaid “Core” questionnaire, as well as some supplemental questions related to chronic conditions, dental care, and prescription medicines. CAHPS Health Plan Surveys are used nationwide in evaluations of Medicaid, Medicare, SCHIP and commercial plans. The National CAHPS Benchmarking Database, which is a project funded by the U.S. Agency for Healthcare Research and Quality (AHRQ), publishes national “average” or benchmark scores for each of the types of plans.

The SF-12 (or Short Form-12) is a 12-item questionnaire to measure health-related quality of life. The SF-12 includes items measuring both physical and mental health status.

The Patient Health Questionnaire-2 (PHQ-2) is a 2-item screening tool for depression.
Sampling and Outcome Rates

Concurrent, random samples were drawn from among enrollees in FFS, MediPass, the MPNs, and the PSN. The samples included adults (age 21+) who, at the time the sample was extracted, had been enrolled in their current care arrangement for at least 6 consecutive months, and did not reside in a nursing home. Further, residents of the five Reform counties (Baker, Broward, Clay, Duval and Nassau) were excluded from the sample frame. The MPN group was further stratified according to whether enrollees were served by NetPass or Access Health Solutions.

Outcome rates for all surveys were comparable to other surveys among Medicaid populations in Florida. See the technical appendix (under separate cover) for more detail.

As mentioned previously, the HMO surveys were conducted separately. The HMO sample included adults who were continuously enrolled for 6 or more months. It included residents from all 67 Florida counties, including the five Reform counties.
Statistical Weighting

Weighting

Survey results for the Medicaid HMO group were statistically weighted to reflect the actual distribution of individual HMO enrollment in Florida Medicaid. The reports of each HMO’s respondents were weighted according to the actual market share that particular HMO occupied within the Medicaid program as of February, 2010. The weights were applied in order to properly reflect the relative sizes of each HMO; companies with large enrollments should have a larger “impact” on results than those with smaller enrollments.

The Medicaid “Overall” figures reported here are also weighted to reflect the actual distribution of enrollees in the various care arrangements. The actual adult enrollment in each program as of February 2010 was used to calculate these weights. Again, these weights were used so that the Medicaid “overall” figure would properly represent the makeup of the Medicaid adult population. Because the FFS group represented 83% of adult Medicaid enrollment, this group’s responses were given more “weight” than those of other programs, such as the PSN, for example, which represents less than 1% of total Medicaid adult enrollment. The reader should bear this in mind when reviewing the Medicaid overall figures, since any effect of the PSN or MPNs on this figure will be small.

Confidence Intervals

A confidence interval is perhaps most familiar to non-scientists as the plus-or-minus figure usually reported in opinion poll results. Confidence intervals remind the reader that, although a single figure may be presented (e.g., 71% chose response category “A”), the actual figure for the entire population, including those who were not surveyed, may not be exactly that figure, but will fall within a range of figures below and above the given value. The confidence interval for all survey results given here will fall within a range of, at most, plus or minus 5% of the given value. The range for some items may be considerably smaller than ±5%.
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Describing the Population
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Demographics
Over 66% of the Florida Medicaid enrollees surveyed were female, while 33% were male. There were significant differences between the Medicaid programs in terms of gender breakdown, with the PSN, MPN: Access Health Solutions and MPN: NetPass being made up of slightly smaller percentages of females (61%, 62% and 63%, respectively) than the other programs, which were made up of 66-72% females.

The HMO group had the largest portion of females, at 72%, though it should be noted that HMOs were not statistically compared with the other groups. (See methodology section for more information on statistical comparisons.)

Medicaid programs generally include a larger portion of women than men due to specific qualifying and eligibility criteria. Additionally, special coverage is provided for low-income women who are pregnant, and uninsured women who have been diagnosed with breast or cervical cancer.

*Source: Agency for Health Care Administration, Frequency based on June 2007 data
### Gender of Enrollees Surveyed

<table>
<thead>
<tr>
<th>Gender</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>33.2%</td>
<td>27.7%</td>
<td>33.0%</td>
<td>34.0%</td>
<td>36.6%</td>
<td>37.3%</td>
<td>38.9%</td>
</tr>
<tr>
<td>Female</td>
<td>66.8%</td>
<td>72.3%</td>
<td>67.0%</td>
<td>66.0%</td>
<td>63.4%</td>
<td>62.7%</td>
<td>61.1%</td>
</tr>
</tbody>
</table>

**Medicaid HMO group not statistically comparable to other groups.**

**Reflects distribution among survey respondents.**

**Sources:**
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Medicaid Programs Differ in Terms of Age Distribution of Enrollees

Although the Medicaid program covers enrollees of all ages, including children, adolescents, and young adults, this report focuses on the adult population. The overall sample was made up of 12% aged 21 to 34 years, 44% aged 35 to 64 years, and 43% aged 65 years or older. This distribution, when compared with the actual distribution in Medicaid, is slightly skewed towards older enrollees.

Among the programs, distributions were significantly different. The age distribution in the FFS population is perhaps the most distinct, with the program’s enrollment being skewed significantly toward the older groups. More than 49% of FFS enrollees were aged 65 or older, while 41% were aged 35-64, and only 9% were aged 21-34. This distribution is not unexpected, considering that FFS enrollment includes a large portion of Medicare-Medicaid dual eligible.

The PSN is also quite different compared with the other groups. The vast majority of enrollees in the PSN - more than 75% - were aged 35 to 64 years old, and a small percentage was either younger than 34 years or older than 65 (12% and 12%, respectively).

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.

Medicaid HMO group not statistically comparable to other groups.
Reflects distribution among survey respondents.
Age of Enrollees Surveyed

![Chart showing the distribution of Medicaid enrollees by age group.](chart.png)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 – 34 years old</td>
<td>12.0%</td>
<td>30.0%</td>
<td>9.1%</td>
<td>24.8%</td>
<td>35.4%</td>
<td>41.6%</td>
<td>12.6%</td>
</tr>
<tr>
<td>35 – 64 years old</td>
<td>44.9%</td>
<td>48.1%</td>
<td>41.2%</td>
<td>64.2%</td>
<td>61.0%</td>
<td>51.6%</td>
<td>75.1%</td>
</tr>
<tr>
<td>65 years old or older</td>
<td>43.1%</td>
<td>13.5%</td>
<td>49.7%</td>
<td>11.1%</td>
<td>3.6%</td>
<td>6.9%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources:
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Educational Attainment below State Average

The educational attainment of Medicaid enrollees surveyed fell well-short of the state average. Among Medicaid enrollees surveyed, one-quarter (25%) had attained a level of education beyond high school, while 31.9% had graduated high school or obtained a GED as their highest level of educational attainment.

Approximately 43% of those surveyed reported that they did not graduate high school or obtain a GED. These figures are in stark contrast to that of the state population as a whole. The US Census Bureau estimates that 84.9% of the Florida population aged 25 or older has attained a level of education at or above high school graduation.*

Among the five Medicaid programs that were statistically compared, a significant difference was found on this measure. Compared with the other programs, the MediPass group had the largest portion of enrollees with less than a high school diploma. Forty-five percent reported that they had not graduated high school or obtained a GED. This finding, while statistically significant, may not be large enough to be practically meaningful.


Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis

Medicaid HMO group not statistically comparable to other groups. Reflects distribution among survey respondents.
Educational Attainment of Enrollees Surveyed

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Some high school, did not graduate</td>
<td>42.9%</td>
<td>33.8%</td>
<td>42.4%</td>
<td>45.9%</td>
<td>37.0%</td>
<td>37.9%</td>
<td>44.2%</td>
</tr>
<tr>
<td>High school graduate or GED</td>
<td>31.9%</td>
<td>38.4%</td>
<td>32.1%</td>
<td>29.9%</td>
<td>39.9%</td>
<td>38.2%</td>
<td>35.9%</td>
</tr>
<tr>
<td>Beyond high school</td>
<td>25.2%</td>
<td>27.9%</td>
<td>25.5%</td>
<td>24.4%</td>
<td>23.1%</td>
<td>24.0%</td>
<td>19.9%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources:
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Medicaid Non-Reform Population Composed of a Larger Portion of Hispanics than Florida as a Whole

Survey data suggest that the Medicaid program (exclusive of the five Reform counties) is made up of a larger percentage of Hispanics than the Florida population as a whole. Thirty-six percent of Medicaid enrollees surveyed reported being of Hispanic ethnicity, while 16% of Florida’s population overall is Hispanic.¹ Medicaid administrative data show 36% of the population sampled for this Chartbook as being of Hispanic ethnicity.

Significant differences were found between the portion of Hispanics in the various program components. The PSN group had the highest portion of Hispanics 52%, while MPN: NetPass and MPN: AHS had the lowest portion, at 23% and 26%, respectively.

¹Source: US Census Bureau, http://quickfacts.census.gov

Medicaid HMO group not statistically comparable to other groups. Reflects distribution among survey respondents.

Racial Composition among Enrollees Surveyed: Hispanics

<table>
<thead>
<tr>
<th>Hispanic or Latino Origin or Descent</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36.1%</td>
<td>30.7%</td>
<td>35.8%</td>
<td>38.6%</td>
<td>23.2%</td>
<td>26.3%</td>
<td>52.0%</td>
</tr>
<tr>
<td>No</td>
<td>63.9%</td>
<td>69.4%</td>
<td>64.3%</td>
<td>61.4%</td>
<td>76.8%</td>
<td>73.7%</td>
<td>48.0%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources:
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Nearly One-third of Florida Medicaid Enrollees Speak a Language Other Than English at Home and Language Varies Widely by Program

Thirty-one percent of Medicaid enrollees surveyed indicated that they spoke a language other than English in their homes. This compares with the US Census Bureau’s estimate that 23% of the Florida population as a whole speaks something other than English in the home. The most common “other” language reported was Spanish, which was spoken at home by 30% of all those surveyed.

Significant differences were found between the reports of the various programs’ enrollees. The percentage of persons primarily speaking a language other than English in the home ranged from a high of 44% in PSN to a low of 14% in MPN: NetPass. Geography is a contributing factor in these findings, since the PSN are offered in counties that tend to have a high percentage of Hispanic residents.

†Source: US Census Bureau, http://quickfacts.census.gov

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Primary Language Spoken in the Home: Spanish

<table>
<thead>
<tr>
<th>Primary Language Spoken at Home</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>66.4%</td>
<td>66.2%</td>
<td>66.8%</td>
<td>81.0%</td>
<td>77.7%</td>
<td>50.9%</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>30.9%</td>
<td>31.3%</td>
<td>30.1%</td>
<td>14.2%</td>
<td>16.9%</td>
<td>44.3%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2.8%</td>
<td>2.6%</td>
<td>3.1%</td>
<td>4.8%</td>
<td>5.5%</td>
<td>4.8%</td>
<td></td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
### Differences in the Populations of Non-Hispanics Compared to Florida as a Whole

Survey data suggest that the Medicaid program is made up of a larger percentage of Blacks than the Florida population as a whole. On the other hand, survey data suggest that the Medicaid (non-Reform) program is made up of a smaller percentage of Whites than the Florida population as a whole. Twenty-one percent of Medicaid enrollees surveyed reported being Black (and not multiracial), compared with 16% in the Florida population as a whole (left chart).* Note that these figures include persons of Hispanic ethnicity. Sixty-eight percent of Medicaid enrollees surveyed reported being White (and not multiracial), compared with 80% in the Florida population as a whole (left chart).* Note that these figures also include persons of Hispanic ethnicity. (The questionnaire included separate items for Hispanic ethnicity and race, so respondents could indicate, for example, being Hispanic and Black or Hispanic and White.) When Hispanic respondents were put into a distinct race/ethnicity category, roughly 18% of survey respondents reported being Black and non-Hispanic. When Hispanic respondents were put into a distinct race/ethnicity category, roughly 44% of survey respondents reported being White and non-Hispanic, compared with 61% in Florida as a whole.*

Large differences were found between races in Medicaid overall. A very small percentage of respondents are either Multiracial, non-Hispanic (1%) or Other, non-Hispanic (2%). On the other hand 35% claim as Hispanic and 44% claim as White. Blacks who are non-Hispanic consist of 18% of the population.


| Medicaid HMO group not statistically comparable to other groups. | Reflects distribution among survey respondents. |

**Sources:**
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
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Health Status
Almost 60% of enrollees surveyed reported being in “fair” or “poor” health, while another 25% reported being in “good” health, and only 15% reported being in “very good” or “excellent” health. Although the proportion in “fair” or “poor” health is high, it is not unexpected, as the Medicaid program provides coverage for a large portion of the aged and chronically ill in the state.

HMOs appear to have the lowest portion of enrollees in the “fair or poor” category and the highest portion in the “excellent or very good” category. However, these results cannot be statistically compared with those of the other program components due to methodological considerations (see methodology section for more details). No significant variations exist between the reports of enrollees in the various Medicaid programs that could be compared statistically (all programs except HMOs).

Self-Assessed Health Status

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</thead>
<tbody>
<tr>
<td>Excellent or Very Good</td>
<td>15.9%</td>
<td>33.9%</td>
<td>16.5%</td>
<td>12.5%</td>
<td>19.5%</td>
<td>23.3%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Good</td>
<td>25.4%</td>
<td>27.2%</td>
<td>25.6%</td>
<td>24.3%</td>
<td>26.9%</td>
<td>26.9%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Fair or Poor</td>
<td>58.7%</td>
<td>38.9%</td>
<td>58.0%</td>
<td>63.2%</td>
<td>53.6%</td>
<td>49.7%</td>
<td>66.4%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups. Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Nearly Half of Medicaid Enrollees Surveyed Report Being in “Fair” or “Poor” Mental Health

A large portion of Medicaid enrollees reported that their mental health was less than “good.” Forty-seven percent of enrollees surveyed reported being in “fair” or “poor” mental health, while another 21% reported being in “good” mental health, and 31% reported being in “very good” or “excellent” mental health. The large number of enrollees reporting that they are in “fair” or “poor” mental health is a serious concern. Mental health conditions can be more difficult to detect than physical conditions, and they can be equally debilitating. The cost of treating such conditions is high (As of 2005, 16% of Florida Medicaid prescription drug spending went toward medications to treat mental and emotional health conditions¹), but the cost of leaving them untreated may be higher. Mental and emotional health conditions can manifest themselves physically or can exacerbate existing physical conditions, and those who are suffering from mental or emotional conditions may not be able to work or function normally.²

The reports of the various Medicaid program components varied significantly on this measure, with the FFS consisting of the largest portion of enrollees in “excellent” or “very good” mental health (31%), and the smallest portion who are in “fair” or “poor” mental health (47%). The reports of the other programs were similar, with 22-27% reporting they were in “excellent” or “very good” mental health and 52-56% reporting they were in “fair” or “poor” mental health.

¹ Source: Agency for Health Care Administration, Bureau of Medicaid Pharmacy Services, 2005
² Source: Mental Health: A Report of the Surgeon General, 1999

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.
### Self-Assessed Mental Status

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</thead>
<tbody>
<tr>
<td>Excellent or Very Good</td>
<td>31.8%</td>
<td></td>
<td>33.5%</td>
<td>22.8%</td>
<td>31.3%</td>
<td>30.1%</td>
<td>23.2%</td>
</tr>
<tr>
<td>Good</td>
<td>21.2%</td>
<td></td>
<td>20.6%</td>
<td>24.1%</td>
<td>24.7%</td>
<td>26.8%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Fair or Poor</td>
<td>47.0%</td>
<td></td>
<td>46.0%</td>
<td>53.2%</td>
<td>44.1%</td>
<td>43.1%</td>
<td>53.1%</td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
A striking number of Medicaid respondents scored in the range of potentially moderate to severe depression on the 2-item depression screener administered as part of this survey. Overall, 44% of Medicaid respondents had screener scores indicative of moderate to severe depression. Fifty-five percent had screener scores indicative of no depression or mild depression.

The reports of the various program components did not differ significantly on this measure.

It is important to note that depression screeners alone cannot be used to diagnose depression. However, the high percentage of respondents scoring in the moderately to severely depressed range is cause for concern, given the potential impact of depression on physical health and well being, and on health care costs.

HMO Enrollees, who were surveyed separately, were not asked this question.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
## Depressed Screener Score

### Depression Screener Categories

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</thead>
<tbody>
<tr>
<td>No Depression or Mild Depression Probable (PHQ Score 0-2)</td>
<td>55.7%</td>
<td>56.7%</td>
<td>50.6%</td>
<td>60.3%</td>
<td>58.8%</td>
<td>43.6%</td>
<td></td>
</tr>
<tr>
<td>Possibility of Moderate to Severe Depression (PHQ Score 3+)</td>
<td>44.3%</td>
<td>43.3%</td>
<td>49.5%</td>
<td>39.7%</td>
<td>41.2%</td>
<td>56.4%</td>
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</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Many Medicaid Enrollees Report Having Health Conditions that Interfere with their Quality of Life

Medicaid enrollees were asked several detailed questions about their health status and about existing medical conditions. Sixty-eight percent of enrollees surveyed reported that their health limits them in doing activities, such as moving a table or pushing a vacuum cleaner. In contrast, thirty-two percent of enrollees said their health did not limit them in doing the same activities.

Significant differences were found between the program components on all three of these items. The MPN: Access Health Solutions group had the lowest percentage among the program components whether health conditions affect day-to-day activities.

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Health Conditions that Interfere with Ability to Work, Attend School or Manage Day-to-Day Activities

<table>
<thead>
<tr>
<th>Has a physical or medical condition that interferes with Ability to Work, Attend School, or Manage Day-to-Day Activities</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>67.6%</td>
<td>73%</td>
<td>66.6%</td>
<td>72%</td>
<td>66%</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>32.4%</td>
<td>27%</td>
<td>33.4%</td>
<td>28%</td>
<td>34%</td>
<td>23%</td>
<td></td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Compared with Florida as a Whole, a Lower Percentage of Medicaid Enrollees Smoke Tobacco

Twenty-seven percent of Medicaid-enrolled adults surveyed reported smoking tobacco on some days or every day. This compares with 17% of Florida adults overall who smoke.\(^1\) The Medicaid programs differed significantly on this measure, with a larger portion of MediPass enrollees reporting that they smoke (26%) than in any other group. This finding is consistent with the 2008 survey of Medicaid enrollees,\(^2\) which also showed that MediPass had more smokers than the other program components surveyed.

\(^1\) Florida Department of Health Website
\(^2\) Florida Medicaid Adult Enrollee Satisfaction: A Chartbook; Comparing Managed Care Arrangements and Fee-for-Service, 2008: Technical Supplement

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Cigarette Smoking among Enrollees

Enrollee Smoking and Provider Advice in 6 Months Prior to Interview

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</thead>
<tbody>
<tr>
<td>Every day</td>
<td>17.4%</td>
<td>15.9%</td>
<td>25.5%</td>
<td>20.9%</td>
<td>20.2%</td>
<td>11.7%</td>
<td></td>
</tr>
<tr>
<td>Some days</td>
<td>9.8%</td>
<td>9.1%</td>
<td>13.2%</td>
<td>13.9%</td>
<td>9.0%</td>
<td>11.4%</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>72.9%</td>
<td>75.0%</td>
<td>61.3%</td>
<td>65.2%</td>
<td>70.8%</td>
<td>76.9%</td>
<td></td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
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Experiences with Care and Satisfaction
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Primary Care
Eighty-Six Percent of Medicaid Enrollees Surveyed
Report Having a Usual Source of Care

A “usual source of care” indicates that there is a physician, nurse, or other health professional who serves as the primary health provider for an enrollee. Individuals who have a usual source of care, or a “personal doctor,” are more likely to receive preventive care than those who do not have a primary care provider.* Thus, the percentage of enrollees who report having a usual source of care is an important indicator of quality of care provided by a health program. Among Medicaid enrollees surveyed, 86% reported having a personal doctor or nurse.

Among Medicaid programs, the FFS and HMO groups appeared to have the highest percentage of beneficiaries reporting that they had a personal doctor or nurse (87% and 82%, respectively), but it is important to note that the HMO group cannot be statistically compared with the other groups due to methodology differences in the way the HMO data were obtained (see methods section for more information). The MPN: NetPass group had the lowest percentage of respondents with a personal doctor (73%).

It is important for the reader to note that most Medicaid patients in managed care choose a PCP or are assigned a PCP by the system. Figures presented here are based on self-report, and, thus, are subject to faulty respondent recall, or on alternate interpretations of question intent (i.e., different interpretations of the phrase “personal doctor or nurse”).

*Source: Lambrew JM, DeFriese GH, Cary TS, Ricketts TC, Briddle AC, “The effects of having a regular doctor on access to primary care,” Medical Care, 1196, Feb; 34(2): 138-151

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Enrollees with a Usual Source of Care

<table>
<thead>
<tr>
<th>Q. Do you have a “personal doctor or nurse”?</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>85.7%</td>
<td>82.2%</td>
<td>87.0%</td>
<td>80.6%</td>
<td>73.4%</td>
<td>74.0%</td>
<td>73.6%</td>
</tr>
<tr>
<td>No</td>
<td>14.3%</td>
<td>17.8%</td>
<td>13.1%</td>
<td>19.4%</td>
<td>26.7%</td>
<td>26.0%</td>
<td>26.4%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.
Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
The term “Continuity of Care” refers to the extent to which enrollees are able to see a single health care provider over a period of time. Measuring the continuity of care that enrollees receive is an important step in describing the overall quality of care provided by any health insurance program. To this end, subjects were asked how long they had been seeing the same “personal doctor or nurse” as their primary care provider. The vast majority of Medicaid enrollees (83%) reported seeing the same personal doctor or nurse for at least 1 year, and a substantial portion reported seeing that PCP for 5 or more years.

The reports of the enrollees in the various care programs differed significantly in terms of length of time seeing their personal doctor or nurse. The PSN and Medicaid FFS groups had the largest portion of enrollees who had been seeing their current PCPs for 5 or more years (43% each), and the lowest portion who had been seeing their current PCP for less than 1 year (18% and 17%, respectively). All of the plans performed well on this measure.

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Continuity of Primary Care

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Medicaid Enrollees Report Relative Ease of Finding a Satisfactory PCP

Respondents who reported having switched PCPs since becoming enrolled in Medicaid were asked how difficult it was to find a satisfactory PCP in their plan. Overall, 83% of respondents reported it was “sometimes/usually” or “always” easy to find a provider that they were “happy with.” Sixteen percent reported it was “never” easy.

The five plans differed significantly on this measure, with FFS and PSN enrollees reporting most favorably. In those groups, 51% to 52% of enrollees reported it was “always” easy to find a PCP they were happy with. Among the other groups, the percentages were lower, ranging from 25% to 34% reporting it was “always” easy to find a PCP they were happy with.

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Since Joining the Health Plan, How Often was it Easy for Subject to get a Personal Doctor He/She was “Happy With”

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<tbody>
<tr>
<td>Never</td>
<td>16.4%</td>
<td>14.1%</td>
<td>25.4%</td>
<td>25.0%</td>
<td>26.1%</td>
<td>17.1%</td>
<td></td>
</tr>
<tr>
<td>Sometimes/Usually</td>
<td>35.7%</td>
<td>34.4%</td>
<td>40.6%</td>
<td>49.5%</td>
<td>45.5%</td>
<td>31.9%</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>47.9%</td>
<td>51.5%</td>
<td>34.0%</td>
<td>25.5%</td>
<td>28.4%</td>
<td>51.1%</td>
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</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
More than Three-Quarters of Medicaid Enrollees Rate Their Choice of Doctors as “Good,” “Very Good,” or “Excellent”

Respondents who reported having changed PCPs since switching to Medicaid were asked to rate the number of PCPs they had to choose from in their health plan. Overall, 42% of respondents rated the choice as “excellent” or “very good,” while 42% rated it as “good,” and 16% rated the choice as “fair” or “poor.”

There was some difference between the Medicaid plans on this measure, with the PSN group reporting most favorably. Fifty-four percent of PSN enrollees rated the choice of doctors in their plan as “excellent,” a figure which exceeds the next highest figure by nine percentage points. The MPN: NetPass group and the MediPass group reported least favorably.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis

Medicaid HMO group not statistically comparable to other groups. Reflects distribution among survey respondents.
Ratings of Number of Available Doctors

(For those who changed doctors after joining health plan) Rating of Number of Doctors to Choose From

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<tbody>
<tr>
<td>Excellent/Very Good</td>
<td>42.4%</td>
<td>38.3%</td>
<td>45.1%</td>
<td>30.7%</td>
<td>28.1%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Good/Fair</td>
<td>42.2%</td>
<td>42.5%</td>
<td>41.5%</td>
<td>45.8%</td>
<td>43.9%</td>
<td>41.8%</td>
</tr>
<tr>
<td>Poor/No experience</td>
<td>15.5%</td>
<td>19.2%</td>
<td>13.4%</td>
<td>23.6%</td>
<td>28.1%</td>
<td>25.9%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Most Medicaid Enrollees Rate their PCP Highly

Respondents who reported that they had a personal doctor were asked to rate their doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Overall, most Medicaid respondents rated their doctors very highly, with 72% giving their doctor a rating of 9 or 10. This compares favorably with figures from Medicaid-enrolled adults nationwide, in which 61% rated their doctor at 9 or 10.* The Florida Medicaid figure also exceeds the commercial plan national average, which was 62%. The mean rating of doctors was 8.98 for Florida Medicaid respondents overall.

There was a significant difference in the ratings of respondents from the different Medicaid programs, with FFS respondents rating the doctors most favorably among all of the programs. Seventy-three percent of PSN enrollees rated their doctors at 9 or 10, and the mean rating was 9.05. FFS was the only group that gave their personal doctors an overall rating above 9. The PSN group also rated doctors highly.

*Source: 2008 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Rating of Personal Doctor

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<tbody>
<tr>
<td>0 to 6</td>
<td>8.4%</td>
<td>17.4%</td>
<td>6.9%</td>
<td>16.0%</td>
<td>18.8%</td>
<td>16.3%</td>
<td>11.7%</td>
</tr>
<tr>
<td>7 to 8</td>
<td>19.4%</td>
<td>21.7%</td>
<td>20.0%</td>
<td>15.3%</td>
<td>24.1%</td>
<td>24.1%</td>
<td>16.3%</td>
</tr>
<tr>
<td>9 to 10</td>
<td>72.2%</td>
<td>61.0%</td>
<td>73.0%</td>
<td>68.7%</td>
<td>57.1%</td>
<td>59.8%</td>
<td>72.1%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
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Specialty Care
Respondents who reported that they had tried to make an appointment to see a specialist physician in the 6 months prior to the interview (50%) were asked how difficult it had been to get that appointment. Their responses varied significantly. Overall, 62% reported it was “always” easy to get the appointments. This is a favorable finding, considering that the national CAHPS average for Medicaid adults is 46% reporting it “was always” easy to get appointments for specialty care*. Another 18% of respondents indicated it was “usually” easy to get appointments with specialists, and 19% reported it was “sometimes” or “never” easy. So, while the majority of respondents in Medicaid reported relative ease in getting appointments to see specialists, a sizable minority – 19% - reported that they frequently had difficulty.

The reports of the Medicaid plans differed significantly on this measure, with the FFS population reporting most favorably by far. Roughly two-thirds (65%) of FFS respondents reported it was “always” easy to see a specialist in Medicaid, and another 18% reported it was “usually” easy. Seventeen percent reported it was “never” or “sometimes” easy to see a specialist in Medicaid. The reports of the other program groups were similar, with 43-47% indicating it was “always” easy to get specialist appointments and 37- 44% reporting it was “sometimes” or “never” easy.

*Source: 2008 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database
Ease of Seeing a Specialist

How Often was it Easy to Get Appointments with Specialists in Last 6 Months

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</thead>
<tbody>
<tr>
<td>Never</td>
<td>6.5%</td>
<td>17.6%</td>
<td>4.7%</td>
<td>16.0%</td>
<td>26.0%</td>
<td>22.9%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>13.1%</td>
<td>19.7%</td>
<td>11.6%</td>
<td>21.5%</td>
<td>16.8%</td>
<td>21.4%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Usually</td>
<td>18.0%</td>
<td>15.7%</td>
<td>18.4%</td>
<td>16.0%</td>
<td>13.7%</td>
<td>12.9%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Always</td>
<td>62.4%</td>
<td>47.1%</td>
<td>65.3%</td>
<td>46.6%</td>
<td>43.5%</td>
<td>42.9%</td>
<td>44.9%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources:
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Respondents who reported that they had tried to make an appointment to see a specialist physician in the 6 months prior to the interview (50%) were asked about reasons why they may have experienced difficulties in getting that appointment. Respondents were able to give multiple reasons why they may have experienced difficulty. Overall, the most common reasons had to do with lack of specialists from which to choose. Thirty-six percent of respondents overall listed reasons related to lack of specialists in the network as factors in their difficulty getting specialist appointments. Twenty-three percent of respondents indicated that they had difficulty getting plan authorization or had difficulty finding needed plan information on their choice of specialists. Twenty-two percent of respondents said that they had difficulty getting an appointment with a specialist due to the specialist’s schedule or limited availability. Eighteen percent indicated they had difficulty getting a referral from their primary care provider.

There were differences between programs in the reasons given for having difficulty getting appointments with specialists. For the FFS, MediPass, and MPN groups, the most common reasons had to do with the specialist network or choice of specialists (35-48%), while for the PSN group, the most common reasons had to do with health plan administration - specifically, that plan authorization was delayed (33%).

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Reasons for Difficulty Getting Specialist Appointments

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor did not think subject needed to see a specialist</td>
<td>18.0%</td>
<td>19.7%</td>
<td>11.5%</td>
<td>12.2%</td>
<td>15.0%</td>
<td>19.8%</td>
<td></td>
</tr>
<tr>
<td>Health Plan approval or authorization was delayed</td>
<td></td>
<td></td>
<td>23.1%</td>
<td>21.2%</td>
<td>29.9%</td>
<td>28.4%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Did not have enough specialists to choose from</td>
<td></td>
<td></td>
<td>28.0%</td>
<td>12%</td>
<td>23%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Could not get an appointment at a time that was convenient</td>
<td></td>
<td></td>
<td></td>
<td>43%</td>
<td></td>
<td>48%</td>
<td>34%</td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Medicaid Enrollees Rate their Specialist Doctors Highly

Respondents who reported that they had seen a specialist doctor in the 6 months prior to interview were asked to rate their specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Overall, most Medicaid respondents rated their specialists very highly, with 74% giving their specialist doctor a rating of 9 or 10. This compares favorably with figures from Medicaid-enrolled adults nationwide, in which 60% rated their specialist doctor at 9 or 10.* The Florida Medicaid figure also exceeds the nationwide average for commercial insurance consumers, in which 61% rated their specialists at a 9 or 10.* The mean rating of specialists was 8.97 for Florida Medicaid respondents overall.

There was a significant difference in the ratings of respondents from the different Medicaid programs, with PSN respondents rating the doctors most favorably among all of the programs. Seventy-eight percent of PSN enrollees rated their specialists at 9 or 10, and the mean rating was 9.27. PSN and MediPass were the only programs in which the mean specialist rating was at or above 9.

*Source: 2008 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Rating of Specialists

<table>
<thead>
<tr>
<th>Rating of Specialist</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 6</td>
<td>10%</td>
<td>17%</td>
<td>10%</td>
<td>8%</td>
<td>9%</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>7 to 8</td>
<td>16%</td>
<td>20%</td>
<td>18%</td>
<td>29%</td>
<td>20%</td>
<td>68%</td>
<td>20%</td>
</tr>
<tr>
<td>9 to 10</td>
<td>74%</td>
<td>62%</td>
<td>74%</td>
<td>62%</td>
<td>68%</td>
<td>78%</td>
<td></td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources:
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
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Other Types of Care
Medicaid Enrollees Report Getting Urgent Care in a Timely Fashion

Respondents were asked if, in the 6 months prior to the interview, they had experienced an illness or injury requiring immediate medical attention. Those who reported affirmatively (43%) were asked if they had gotten that care as soon as they wanted it. Seventy percent of Medicaid enrollees overall reported that they “always” got the care as soon as they wanted it. It is worthy of note that this figure compares favorably with national CAHPS averages for Medicaid and commercial plans. Nationally, only 57% of adult Medicaid enrollees reported that they “always” got such care as soon as they wanted it, while 60% of commercial plan enrollees reported getting such care as soon as they wanted it.* Among Florida Medicaid survey respondents, 9% reported that they “usually” got care for illnesses or injuries as soon as desired, and 17% percent reported that they “sometimes” did. Four percent reported they “never” got that care as soon as they felt necessary.

The reports of the seven Medicaid plans differed significantly on this measure.

*Source: 2008 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

Medicaid HMO group not statistically comparable to other groups. Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
### Got Immediate Care for Illness or Injury as Soon as Wanted

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>4.2%</td>
<td>5.3%</td>
<td>4.4%</td>
<td>5.1%</td>
<td>7.6%</td>
<td>2.9%</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>16.7%</td>
<td>18.9%</td>
<td>16.5%</td>
<td>17.4%</td>
<td>18.5%</td>
<td>17.4%</td>
<td></td>
</tr>
<tr>
<td>Usually</td>
<td>8.9%</td>
<td>15.2%</td>
<td>7.0%</td>
<td>18.0%</td>
<td>19.6%</td>
<td>14.7%</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>70.2%</td>
<td>60.6%</td>
<td>72.2%</td>
<td>61.6%</td>
<td>53.6%</td>
<td>59.2%</td>
<td>68.8%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Medicaid Enrollees Report Satisfaction with Timeliness of Non-Urgent Care

Respondents were asked if, in the 6 months prior to the interview, they had made an appointment for non-urgent health care. The 71% who reported affirmatively were asked if they had gotten that care as soon as they wanted it. Sixty-six percent of Medicaid enrollees overall reported that they “always” got the care as soon as they wanted it. This figure compares quite favorably with national CAHPS reports*, which show 53% of adult Medicaid enrollees, 52% of adult commercial enrollees, and 60% of Medicare enrollees reporting that they “always” got such care as soon as they wanted it. Among Florida Medicaid survey respondents, 16% reported that they “usually” got non-urgent care as soon as desired, and 14% reported that they “sometimes” did. Five percent reported they “never” got that care as soon as they felt necessary.

Among programs, the MPN: AHS group had the lowest portion (69%) of respondents indicating that they “usually” or “always” got an appointment as soon as they wanted it, and the FFS group had the highest portion at 83%. The 5 non-HMO plans did not differ significantly on this measure, but the HMO group was not compared statistically with the other 5 programs.

*Source: 2008 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Getting Non-Urgent Care Quickly

<table>
<thead>
<tr>
<th>Got Appointment for Non-Urgent Care Quickly</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>4.7%</td>
<td>4.9%</td>
<td>4.2%</td>
<td>7.3%</td>
<td>5.2%</td>
<td>7.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>14.1%</td>
<td>22.7%</td>
<td>13.3%</td>
<td>17.0%</td>
<td>18.7%</td>
<td>23.9%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Usually</td>
<td>15.6%</td>
<td>18.9%</td>
<td>15.6%</td>
<td>15.6%</td>
<td>20.0%</td>
<td>12.8%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Always</td>
<td>65.7%</td>
<td>53.6%</td>
<td>66.9%</td>
<td>60.1%</td>
<td>56.1%</td>
<td>55.8%</td>
<td>63.2%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Seventy percent of Medicaid enrollees reported that, when they needed non-urgent care, they received that care within one week of calling for an appointment. Thirteen percent reported waiting between 1 and 2 weeks for the appointment, and 18% reported waiting longer than 2 weeks. Responses on this survey question were cross-referenced with those from the question regarding satisfaction with wait times for non-urgent appointments. Of those who reported waiting longer than 2 weeks for an appointment, 52% reported that it was “never” due to limited hours or availability. This suggests that many of those patients who waited 2 weeks or longer for an appointment may have intentionally booked these appointments weeks in advance, and, thus, were satisfied with their wait times.

The reports of the program components varied significantly on this measure. The MPN: NetPass and FFS groups reported most favorably, with 71% of respondents indicating that they received non-urgent care within one week of calling for an appointment. The MediPass and MPN: AHS groups also reported favorably, with 67% and 68% receiving and appointment within one week, respectively. The PSN group reported least favorably, with 45% reporting that they received an appointment within one week, and 44% reporting that they waited longer than 2 weeks.

HMO Enrollees, who were surveyed separately, were not asked this question.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Days Waiting for Routine Care Appointments

![Chart showing days waiting for routine care appointments]

<table>
<thead>
<tr>
<th>Days Waiting Between Making an Appointment and Seeing a Provider for Non-Urgent Care</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days or less</td>
<td>69.8%</td>
<td></td>
<td>70.6%</td>
<td>67.3%</td>
<td>70.5%</td>
<td>68.4%</td>
<td>44.7%</td>
</tr>
<tr>
<td>8 – 14 days</td>
<td>12.6%</td>
<td></td>
<td>12.9%</td>
<td>11.0%</td>
<td>15.7%</td>
<td>11.6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>15 days or longer</td>
<td>17.5%</td>
<td></td>
<td>16.6%</td>
<td>21.7%</td>
<td>13.8%</td>
<td>20.0%</td>
<td>43.8%</td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
<table>
<thead>
<tr>
<th>Large Portion of Medicaid Enrollees Report Visiting ERs</th>
</tr>
</thead>
</table>

Respondents were asked if, in the 6 months prior to the interview, they had visited an emergency room (ER) to get treatment for themselves. While most Medicaid respondents (63%) indicated that they had not, more than one-third (37%) indicated that they had visited an ER, with 16% indicating they had made 2 or more visits. It is important to note that these figures are based on self-report. It may be difficult for respondents to recall whether a particular ER visit occurred during the 6 month time frame referenced in the question, and, thus, the number of visits reported for this time period could be an inflated figure.

The number of ER visits did not differ significantly by plan.

HMO Enrollees, who were surveyed separately, were not asked this question.  
Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
### ER Visits in 6 Months Prior to Interview

<table>
<thead>
<tr>
<th>ER Visits in 6 Months Prior to Interview</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>62.8%</td>
<td>64.2%</td>
<td>56.1%</td>
<td>61.4%</td>
<td>55.0%</td>
<td>55.8%</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>20.8%</td>
<td>21.0%</td>
<td>19.4%</td>
<td>17.8%</td>
<td>25.3%</td>
<td>23.0%</td>
<td></td>
</tr>
<tr>
<td>2 or More</td>
<td>16.3%</td>
<td>14.9%</td>
<td>24.6%</td>
<td>20.8%</td>
<td>19.8%</td>
<td>21.2%</td>
<td></td>
</tr>
</tbody>
</table>

HMO enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Illness Prevention Often Discussed with Medicaid Patients

Respondents were asked how often they had discussed illness prevention with their doctor or health care provider in the 6 months prior to interview. Fifty-seven percent of Medicaid enrollees overall indicated that they “usually” or “always” discussed preventive care with the health care provider, while 24% indicated that they “sometimes” did, and 19% indicated that they “never” discussed illness prevention in the 6 months prior to interview.

The Medicaid programs differed significantly on this measure, with the PSN group reporting most favorably. Nearly half (49%) of PSN enrollees indicated that they “always” discussed illness prevention with their health care provider, and another 11% indicated that they “usually” did. The reports of the other programs ranged from 32-44% indicating that they “always” discussed illness prevention and 13-19% indicating that they “usually” did.

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Illness Prevention Discussed with Medicaid Patients

<table>
<thead>
<tr>
<th>Discussed Illness Prevention with Doctor in the Last 6 Months</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>19.4%</td>
<td>19.7%</td>
<td>23.6%</td>
<td>26.4%</td>
<td>28.5%</td>
<td>31.5%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>23.6%</td>
<td>23.0%</td>
<td>26.4%</td>
<td>28.5%</td>
<td>31.5%</td>
<td>24.2%</td>
<td>19%</td>
</tr>
<tr>
<td>Usually</td>
<td>13.7%</td>
<td>12.8%</td>
<td>18.9%</td>
<td>17.8%</td>
<td>13.1%</td>
<td>10.6%</td>
<td>16%</td>
</tr>
<tr>
<td>Always</td>
<td>43.2%</td>
<td>44.4%</td>
<td>37.2%</td>
<td>32.2%</td>
<td>36.9%</td>
<td>49.2%</td>
<td>11%</td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.
Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Respondents who reported needing care, tests, or treatment in the 6 months prior to the interview (50%) were asked how difficult it was to get the needed care. Overall, 60% of respondents reported it was “always” easy to get that care in Medicaid, and 19% reported it was “usually” easy. Thirteen percent of respondents reported it was “sometimes” easy and 8% reported it was “never” easy. These figures compare favorably with national Medicaid figures compiled by the National CAHPS Benchmarking Database*, in which only 50% of Medicaid-enrolled adults reported it was “always” easy to get care through their plan.

The five plans varied greatly on this measure. FFS respondents indicated that 63% of the time it was “always” easy to get care through their plan. To contrast this figure, MPN: NetPass respondents reported it was “always” easy to get care through their plan 36% of the time. Other plans varied between 39% and 51%.

*Source: 2008 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

Medicaid HMO group not statistically comparable to other groups. Reflects distribution among survey respondents.
Ease of Getting Care, Tests, or Treatment

<table>
<thead>
<tr>
<th>How Often Was It Easy to Get Care, Tests, or Treatment Through Health Plan</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>8.3%</td>
<td>13.6%</td>
<td>7.1%</td>
<td>13.6%</td>
<td>16.1%</td>
<td>21.5%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>12.6%</td>
<td>23.9%</td>
<td>10.4%</td>
<td>23.4%</td>
<td>26.5%</td>
<td>23.9%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Usually</td>
<td>18.8%</td>
<td>18.3%</td>
<td>19.1%</td>
<td>17.4%</td>
<td>21.6%</td>
<td>16.0%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Always</td>
<td>60.3%</td>
<td>44.3%</td>
<td>63.4%</td>
<td>45.7%</td>
<td>35.8%</td>
<td>38.7%</td>
<td>51.0%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Most Medicaid Enrollees Report No Problems Getting Prescriptions through Medicaid

Medicaid enrollees were asked if they got any new prescriptions for medication or needed to refill any prescriptions in the 6 months prior to the interview. Seventy-five percent of respondents overall responded affirmatively. Those who reported that they did get a new prescription or a refill were asked “how often it was easy” to get this prescription through Medicaid. Most respondents (89%) reported it was “usually” or “always” easy, while 9% indicated it was “sometimes” easy and 3% indicated it was “never” easy to get their prescriptions through Medicaid.

There was a statistically significant difference between the programs on this measure, though the nature and practical significance of the difference is difficult to discern. The PSN and FFS groups have the highest number of respondents indicating that it was “always” easy to get prescriptions, along with the two lowest percentages of respondents indicating it was “never” easy to get prescriptions. It is possible that the experiences of enrollees vary considerably in these programs. Policy implications are difficult to predict, given this variability in reported experience.

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Obtaining Prescription Drugs through Medicaid

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
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Communicating with Providers
Respondents were asked a series of questions about whether their Medicaid providers communicated well with them. The vast majority of respondents indicated that their providers did communicate well. Eighty-three percent indicated that their doctor “usually” or “always” listened carefully to them. Eighty percent indicated that their provider “usually” or “always” explained things so that they could understand. Eighty-five percent said that their doctor “usually” or “always” showed respect for what they said, and 78% indicated that their doctor spent enough time with them.

The Medicaid programs differed significantly on these measures. The HMO and MPN: NetPass groups had the lowest percentages of respondents reporting favorably on these measures individually. Recall, however, that the performance of the HMO group cannot be statistically compared with that of the other groups in this report (see methods section for more information).
Some Medicaid Enrollees Report Language Barriers in Communicating with Providers

<table>
<thead>
<tr>
<th>Doctor “Usually” or “Always”…</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listened Carefully to the Patient</td>
<td>82.9%</td>
<td>75.1%</td>
<td>84.1%</td>
<td>72%</td>
<td>72%</td>
<td>83%</td>
<td>87%</td>
</tr>
<tr>
<td>Explained Things So That Patient Could Understand</td>
<td>80.2%</td>
<td>72.5%</td>
<td>81.9%</td>
<td>70.8%</td>
<td>62.9%</td>
<td>71.6%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Showed Respect for What Patient Said</td>
<td>85.2%</td>
<td>78.2%</td>
<td>85.6%</td>
<td>83.3%</td>
<td>77.1%</td>
<td>81.0%</td>
<td>87.2%</td>
</tr>
<tr>
<td>Spent Enough Time with Patient</td>
<td>78.3%</td>
<td>69.6%</td>
<td>79.5%</td>
<td>71.5%</td>
<td>66.2%</td>
<td>74.1%</td>
<td>74.3%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups. Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Medicaid enrollees were asked whether, in the 6 months prior to interview, they had experienced difficulty communicating with their health provider due to speaking a different language than the provider.

Overall, 77% of respondents indicated that they “never” experienced difficulty, while 10% indicated they “sometimes” did, and 2% indicated they “usually” did. Twelve percent of respondents indicated that they “always” had difficulty communicating with their doctor due to language barriers.

There were no statistically significant differences between the Medicaid programs on this measure.

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Doctor Did Not Speak Same Language as Respondent

<table>
<thead>
<tr>
<th>Language Barriers and Communicating with Providers</th>
<th>Medicaid Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicaid HMO</td>
</tr>
<tr>
<td></td>
<td>(weighted)</td>
</tr>
<tr>
<td>Never</td>
<td>76.5%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>10.2%</td>
</tr>
<tr>
<td>Usually</td>
<td>1.9%</td>
</tr>
<tr>
<td>Always</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Most Medicaid Enrollees Report Being Involved in Health Care Decision Making and Agreeing with Providers on Health Care Management

Patients who feel that they are involved in their health care decision making are more likely to be satisfied with their care.* When asked how often they were involved in their health care decision making, most Medicaid enrollees surveyed (66%) said that they were “always” involved. Among Medicaid program components, there was no significant difference on this measure.

Enrollees were also asked how often it was “easy” to get health care providers to agree with them on the best way to manage their health care. Again, the vast majority of enrollees (66%) reported that it was “always” easy. There was a significant difference in the program components on this measure, with MediPass, FFS, and PSN reporting most favorably, and the MPN: NetPass and MPN: AHS reporting least favorably.


HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Patient Involvement in Health Care Decision Making and Agreement with Providers on Health Care Management

How often was Patient Involved in Health Care Decisions
How often was it Easy to Get Health Providers to Agree with Subject on the Health Management

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How often was Patient Involved in Health Care Decisions</td>
<td>66.1%</td>
<td>65.7%</td>
<td>68.3%</td>
<td>70.1%</td>
<td>64.3%</td>
<td>67.4%</td>
<td></td>
</tr>
<tr>
<td>How often was it Easy to Get Health Providers to Agree with Subject on the Health Management</td>
<td>65.6%</td>
<td>66.8%</td>
<td>59.5%</td>
<td>47.1%</td>
<td>53.3%</td>
<td>69.5%</td>
<td></td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Most Medicaid-Enrolled Smokers Report Being Advised by Health Providers to Quit

Smoking has been identified as a major public health risk, so tobacco control has been targeted as a major goal of Healthy People 2010. Medicaid enrollees were asked how often they smoked tobacco, if at all. Overall, 27% reported that they smoked, with the MediPass group having a larger portion of smokers than any other group at 39% (please see pages 47 and 48 for more information about frequency of smokers among subjects who were surveyed).

Those who smoked were asked several questions about their health providers’ advice about smoking cessation in the 6 months prior to the interview. Three percent of these respondents indicated that they had no health care visits at all in the 6 months prior to interview. But of those who did have at least one visit, 71% overall indicated that they had been advised to stop smoking during at least one visit. There were no significant differences between the programs on any of these measures.

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Some Medicaid Programs Have More Smokers than Others

<table>
<thead>
<tr>
<th>Enrollee Smoking and Provider Advice in 6 Months Prior to Interview</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>22.5%</td>
<td>22.5%</td>
<td>27.2%</td>
<td>36.3%</td>
<td>36%</td>
<td>55.9%</td>
<td>23.6%</td>
</tr>
<tr>
<td>One or more</td>
<td>71.2%</td>
<td>70.8%</td>
<td>66.7%</td>
<td>55.9%</td>
<td>36%</td>
<td>45.1%</td>
<td>73.6%</td>
</tr>
<tr>
<td>Had no visits in the last 6 months</td>
<td>6.3%</td>
<td>6.7%</td>
<td>6.1%</td>
<td>8%</td>
<td>8%</td>
<td>7.8%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
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Plan Administration
Florida Medicaid Enrollees More Often Successful in Getting Help from Customer Service Compared With National Average

Enrollees who reported that they had tried to get help or information from customer service in the 6 months prior to interview (30% of enrollees overall) were asked how often the customer service department gave them the help they needed. Fifty-one percent overall indicated that customer service “always” gave them the help they needed. This figure compares favorably with the 48% of Medicaid enrolled adults nationally who reported that they “always” got the help they needed, and the 43% of commercial health insurance plan enrollees who reported that they “always” got the help they needed.*

Seventeen percent of the respondents reported that they “usually” got needed help from customer service, and 21% reported that they “sometimes” got help. Twelve percent of respondents indicated that they “never” got the help they needed from customer service. There was no significant difference between the plans on this measure.

It is important to note that the CAHPS survey question asks about “your health plan’s customer service,” and, thus, does not differentiate well between Florida Medicaid’s customer service department and individual health plans’ or provider groups’ customer service lines.

*Source: 2008 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

Medicaid HMO group not statistically comparable to other groups. Reflected distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Getting Information and Help from Customer Service

How Often Did Health Plan's Customer Service Give Information or Help Needed

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>12.1%</td>
<td>12.5%</td>
<td>10.0%</td>
<td>21.4%</td>
<td>31.2%</td>
<td>23.3%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>20.5%</td>
<td>25.0%</td>
<td>19.1%</td>
<td>27.4%</td>
<td>25.6%</td>
<td>25.0%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Usually</td>
<td>16.8%</td>
<td>15.6%</td>
<td>17.3%</td>
<td>15.4%</td>
<td>15.2%</td>
<td>7.5%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Always</td>
<td>50.5%</td>
<td>46.9%</td>
<td>53.6%</td>
<td>35.9%</td>
<td>28.0%</td>
<td>44.2%</td>
<td>49.0%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.  
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
The coordination of care has been shown to be an important element of patient satisfaction with care, as patients can easily become frustrated with telephoning doctors for referrals and assuring that test results are shared among their many providers. Thus, Medicaid enrollees were asked whether or not they had received help coordinating their care. More than two-thirds (70%) of respondents reported that they had received help from their health plan, doctor’s office, or clinic.

The reports of the five plans did not vary significantly, with figures for the plans ranging from 63-74% indicating that they received assistance with care coordination.

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Did Anyone from the Subject's Health Plan, Doctor’s Office or Clinic Help Coordinate Care Among Doctors and Other Health Providers

<table>
<thead>
<tr>
<th></th>
<th>Medicaid Overall</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td>70%</td>
<td>71%</td>
<td>65%</td>
<td>63%</td>
<td>66%</td>
<td>74%</td>
</tr>
<tr>
<td><strong>No</strong></td>
<td>30%</td>
<td>30%</td>
<td>35%</td>
<td>37%</td>
<td>34%</td>
<td>26%</td>
</tr>
</tbody>
</table>

**Medicaid HMO (weighted)**

<table>
<thead>
<tr>
<th></th>
<th>Medicaid Overall</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td>69.6%</td>
<td>70.5%</td>
<td>65%</td>
<td>63%</td>
<td>66%</td>
<td>74%</td>
</tr>
<tr>
<td><strong>No</strong></td>
<td>30.4%</td>
<td>29.5%</td>
<td>35%</td>
<td>37%</td>
<td>34%</td>
<td>26%</td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question.

Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Most Respondents Received Help with Care Coordination from their Doctor’s Office or Clinic

Respondents who reported that they received assistance with coordinating their health care (70%) were asked for more information about who had helped them. A list of possible responses was read to the respondent, and for each, the respondent was asked whether or not that resource had provided assistance to them. The majority of respondents (78%) indicated that their doctor’s office or clinic had helped them, while 29% indicated that someone from their health plan has provided assistance. Friends and family members were also indicated as resources that provided assistance (28%), as were other organizations (16%).

The five Medicaid programs differed significantly in the percentage of people indicating that they received help from their doctor’s office. When compared with the other health program, fewer people in the two MPN groups reported receiving coordination of care help from their doctor’s office. Roughly 65% of enrollees in the MPN: AHS group and 63% of the MPN: NetPass group indicated that they received help from their doctor’s office, compared with 68-80% among the other programs. The programs also differed significantly in the percentage of respondents who reported receiving care coordination from their health plan. Forty-four percent of respondents from the PSN group reported that their health plan provided coordination of care assistance for them. This figure was by far the highest among the five plans, with the other plans ranging from 26-36%.

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Coordination of Care Services Provided by Doctor’s Offices and Health Plans

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone from health plan</td>
<td>29.2%</td>
<td>28.1%</td>
<td>27.5%</td>
<td>28.3%</td>
<td>35.7%</td>
<td>35.1%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Someone from doctor’s office or clinic</td>
<td>77.7%</td>
<td>79.5%</td>
<td>80.4%</td>
<td>79.2%</td>
<td>71.3%</td>
<td>65.1%</td>
<td>62.7%</td>
</tr>
<tr>
<td>Someone from another organization</td>
<td>15.8%</td>
<td>16.2%</td>
<td>15.2%</td>
<td>15.2%</td>
<td>16.3%</td>
<td>20.6%</td>
<td>10.1%</td>
</tr>
<tr>
<td>A friend or family member</td>
<td>28.0%</td>
<td>28.1%</td>
<td>28.1%</td>
<td>27.8%</td>
<td>28.7%</td>
<td>30.9%</td>
<td>16.5%</td>
</tr>
<tr>
<td>You</td>
<td>42.5%</td>
<td>42.5%</td>
<td>42.5%</td>
<td>42.6%</td>
<td>50.5%</td>
<td>42.2%</td>
<td>44.6%</td>
</tr>
</tbody>
</table>

HMO Enrollees, who were surveyed separately, were not asked this question. Reflects distribution among survey respondents.

Source: Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Florida Medicaid Enrollees Rate their Health Care a “9” or “10” More Often than National Medicaid Average

Respondents who had at least one medical visit in the 6 months prior to interview were asked to rate all of their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Overall, 58% of Medicaid respondents rated their health care at a 9 or 10. This compares favorably with figures from Medicaid-enrolled adults nationwide, in which 47% rated their health care at 9 or 10.* The Florida Medicaid figure is much greater compared to commercial plan enrollees nationwide – 58% versus 47%. The mean rating of health care was 8.30 for Florida Medicaid respondents overall.

There was a significant difference in the ratings of respondents from the different Medicaid programs, with FFS respondents rating their health care most favorably among all of the programs. Sixty percent of FFS enrollees rated their health care at 9 or 10, and the mean rating was 8.41.

*Source: 2008 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

Medicaid HMO group not statistically comparable to other groups. Reflects distribution among survey respondents.

Rating of Healthcare in the Last 6 months

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 6</td>
<td>16.8%</td>
<td>25.1%</td>
<td>14.7%</td>
<td>27.0%</td>
<td>26.9%</td>
<td>29.1%</td>
<td>13.0%</td>
</tr>
<tr>
<td>7 to 8</td>
<td>25.5%</td>
<td>29.1%</td>
<td>25.3%</td>
<td>25.7%</td>
<td>37.0%</td>
<td>31.4%</td>
<td>33.5%</td>
</tr>
<tr>
<td>9 to 10</td>
<td>57.9%</td>
<td>45.9%</td>
<td>60.0%</td>
<td>47.3%</td>
<td>36.3%</td>
<td>39.7%</td>
<td>53.7%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
Respondents who had at least one health care visit or procedure in the 6 months prior to interview were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.”

Overall, 60% of Medicaid respondents rated their health plan at a 9 or 10. This compares favorably with figures from Medicaid-enrolled adults nationwide, in which 50% rated their health care at 9 or 10.* The Florida Medicaid figure also exceeds the figure from commercial plan enrollees nationwide, in which 36% of them rated their plan at a 9 or 10.*

There was a significant difference in the ratings of respondents from the different Medicaid programs, with FFS respondents rating their health care most favorably among all of the programs. Sixty-two percent of FFS enrollees rated their health care at 9 or 10.

*Source: 2008 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database
Rating of Health Plan in the Last 6 Months

<table>
<thead>
<tr>
<th>Rating of Health Plan in the Last 6 months</th>
<th>Medicaid Overall (weighted)</th>
<th>Medicaid HMO (weighted)</th>
<th>Medicaid FFS</th>
<th>MediPass</th>
<th>MPN: NetPass</th>
<th>MPN: AHS</th>
<th>PSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 6</td>
<td>15.4%</td>
<td>25.9%</td>
<td>13.6%</td>
<td>22.3%</td>
<td>34.5%</td>
<td>29.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>7 to 8</td>
<td>24.7%</td>
<td>27.4%</td>
<td>24.5%</td>
<td>25.6%</td>
<td>27.4%</td>
<td>25.6%</td>
<td>25.7%</td>
</tr>
<tr>
<td>9 to 10</td>
<td>60.0%</td>
<td>46.7%</td>
<td>61.8%</td>
<td>52.1%</td>
<td>38.2%</td>
<td>42.0%</td>
<td>57.6%</td>
</tr>
</tbody>
</table>

Medicaid HMO group not statistically comparable to other groups.

Reflects distribution among survey respondents.

Sources: 1. Medicaid Beneficiary Satisfaction Survey, FY 2009-2010, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2009-2010, Florida Center for Health Information and Policy Analysis
Glossary
<table>
<thead>
<tr>
<th><strong>AHCA</strong></th>
<th>Agency for Health Care Administration</th>
</tr>
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<tbody>
<tr>
<td><strong>CAHPS</strong></td>
<td>Consumer Assessment of Healthcare Providers and Systems</td>
</tr>
<tr>
<td><strong>FFS</strong></td>
<td>Fee-for-Service</td>
</tr>
<tr>
<td><strong>HMO</strong></td>
<td>Health Maintenance Organization</td>
</tr>
<tr>
<td><strong>MPN</strong></td>
<td>Minority Physician Network</td>
</tr>
<tr>
<td><strong>MPN: AHS</strong></td>
<td>Access Health Solutions</td>
</tr>
<tr>
<td><strong>Outcome Rate</strong></td>
<td>A general or “umbrella” term used in survey research to describe the portion of completed interviews to attempted interviews or possible interviews. There are different types of outcome rates, including response rates, cooperation rates, and contact rates.</td>
</tr>
<tr>
<td><strong>PCP</strong></td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td><strong>PHQ-2</strong></td>
<td>Patient Health Questionnaire. A short questionnaire used as a preliminary screen for depression.</td>
</tr>
<tr>
<td><strong>PSN</strong></td>
<td>Provider Service Network</td>
</tr>
<tr>
<td><strong>SF-12</strong></td>
<td>12 Item Short-Form Health Survey. A 12-item scale used to assess the health status of respondents.</td>
</tr>
<tr>
<td><strong>SSI</strong></td>
<td>Supplemental Security Income</td>
</tr>
<tr>
<td><strong>TANF</strong></td>
<td>Temporary Assistance for Needy Families</td>
</tr>
</tbody>
</table>
Acknowledgements
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Regina Wiggins, MPH,
Government Analyst II, Medicaid Research & Policy Unit

Agency Bureau Chief: Deborah McNamara, LCSW, PMP,
Bureau of Medicaid Quality Management

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