

Comparing Satisfaction with Care among MediPass and HMO Enrollees in Florida Medicaid

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Introduction

This report presents an analysis of enrollee satisfaction with the Florida Medicaid program. Demographics and program satisfaction are reported for adult Medicaid enrollees, and are presented showing results for respondents overall, as well as by the type of Managed Care Organization (MCO) of the respondent. For those enrolled in the MediPass program, data are also presented broken down by whether the respondents resided in a county with offers HMOs or in a county which offers only MediPass.

Purpose

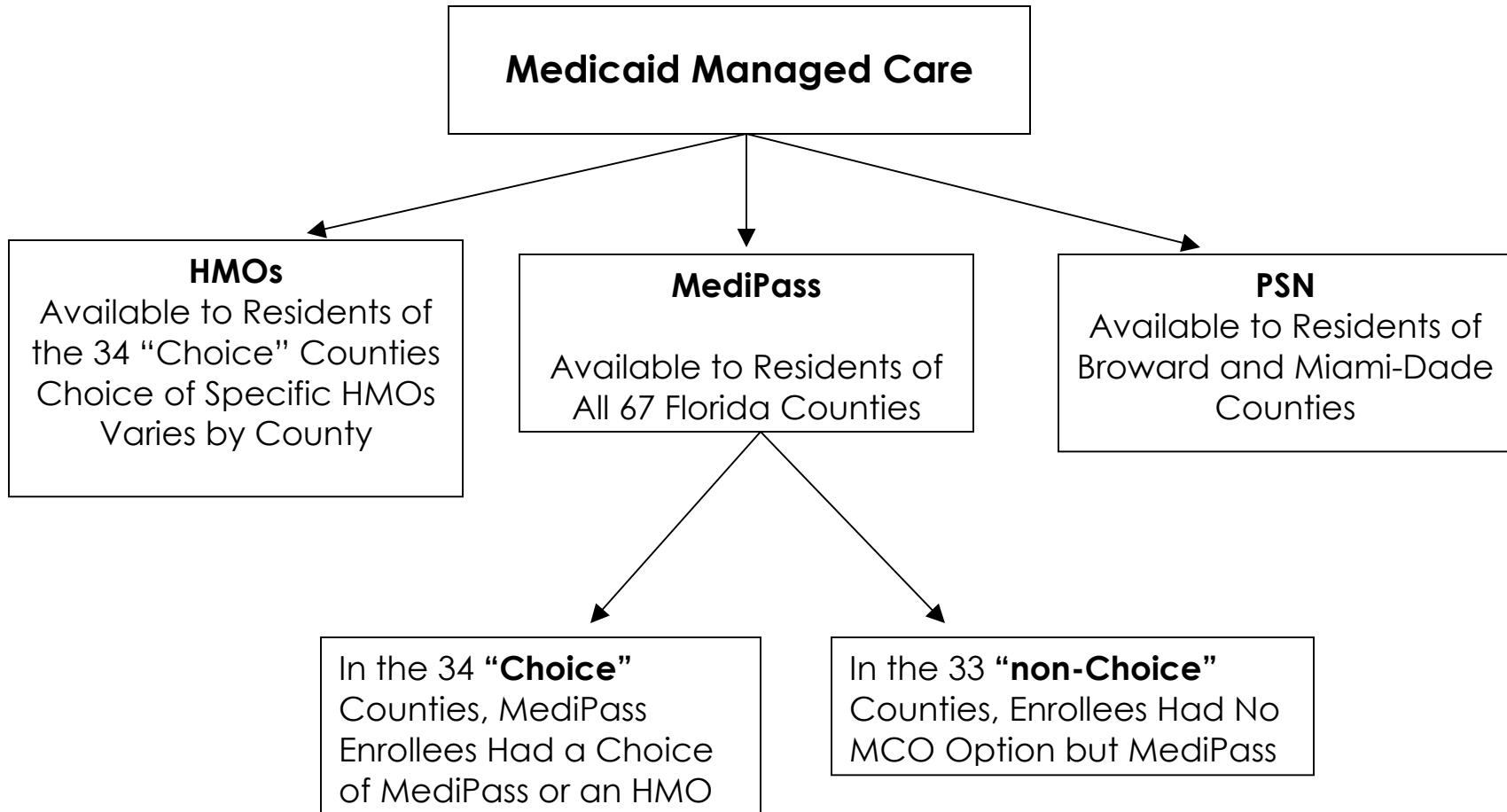
The purpose of this report is to examine the demographic characteristics of MediPass enrollees, as compared with the characteristics of HMO enrollees, and to assess the relative satisfaction of these two groups in comparison with one another. Furthermore, we explore the characteristics of MediPass enrollees who reside in counties which offer one or more HMOs, compared with those who reside in counties which do not offer HMOs. Finally, a discussion of differences in the mode of survey administration is included in order to provide guidance to future Medicaid researchers regarding appropriate methodology for the Florida Medicaid population.

Medicaid Managed Care Organizations

The Agency for Health Care Administration (AHCA) has contracted with various Managed Care Organizations (MCOs) to oversee the health care of Medicaid enrollees. Two types of MCOs are currently available for adults in the Florida Medicaid program:¹ Health Maintenance Organizations (HMOs), and the Medicaid Provider Access System, called "MediPass," which is a Primary Care Case Management System. The HMOs and the MediPass program offer benefits packages that are substantially similar, though the HMOs may offer special services such as transportation to medical appointments, and over-the-counter drug reimbursement, in addition. The two types of MCOs differ in how they manage the care of their enrollees and in how they manage the providers in their network. Further information on the differences between MCOs can be found in the *Florida Medicaid Summary of Services*.

As of June 2003, Medicaid HMOs were available in 34 of the 67 Florida counties, with 23 counties offering two or more HMOs to their enrollees (see Appendix A). All counties offer the MediPass program. Upon enrollment, those who reside in counties without HMOs are automatically enrolled in MediPass, while those who reside in counties with HMOs must choose from MediPass and the HMO(s) offered in their county. If an enrollee fails to indicate his or her choice to Medicaid within 30 days of the date Medicaid eligibility began, he or she is assigned to one of the MCOs by AHCA.

Figure 1. Medicaid Managed Care Organizations



Methodology

In order to gather demographic information from HMO and MediPass recipients, and to assess relative satisfaction with the different MCOs, program enrollees were contacted by telephone and mail and asked to complete a short questionnaire. The Consumer Assessment of Health Plans Survey (CAHPS) version 2.0 was administered to those who consented to participate. The CAHPS is a standardized survey instrument, used widely in the health care industry to assess enrollee satisfaction with health plans. Demographic questions are also included as part of the CAHPS.

Sampling

Concurrent, random samples were drawn from among HMO enrollees and MediPass enrollees. The HMO sample was chosen as part of AHCA's HMO Report Card project, and the survey results for that project were used for comparison with the MediPass surveys conducted for this project. Information concerning the sampling procedures or response rates for the HMO surveys can be found in the *Florida HMO Report 2003*.

The MediPass sample was drawn from among program enrollees who had been continuously enrolled in MediPass for 6 or more months. The sample was stratified according to whether the enrollees resided in a county which offered HMOs or in a county which did not offer HMOs. These strata were then treated as separate samples. Survey dispositions and completed interviews were tracked separately for each sample.

For all surveys, samples of eligible respondents were provided by the Agency. For those respondents whose AHCA record did not include a telephone number, the Department of Children and Families was contacted to provide telephone numbers from their database. A commercial firm was also contracted to provide contact information for subjects who could not be located through other means.

Survey Administration

The Survey Research Center at the University of Florida's Bureau of Economic and Business Research (BEBR) conducted surveys in the Spring of 2003. A mixed mode of administration was employed to reach respondents, with both telephone and mail contacts being attempted.

Initial contact with potential respondents was in the form of a letter mailed to survey subjects, informing them that they had been selected to take part in the survey. Approximately 10 days following the mailing, telephone surveying began. Subjects who could not be reached by telephone after several attempts were sent a paper-and-pencil version of the questionnaire by mail, and were provided with a pre-addressed, stamped envelope in which to return the survey. Approximately one month later, another such mailout was sent to those who had not responded by mail and still could not be reached by phone.

The quality of the contact information for enrollees was poor, with 64.1% of the sample having no telephone number on file with AHCA. Many measures were taken to find valid contact information for respondents. Following all of these steps, and the removal of duplicate records, only 38.9% (N=2,694 of 6,927) of the sample remained valid; that is, they had a 10-digit phone number and were not a duplicate record. Subjects were contacted up to 15 times by phone and twice by mail in an attempt to secure cooperation or obtain updated contact information. Despite these attempts, a large number of respondents proved to be unreachable.

Outcome Rates

An important aspect in determining whether survey results are truly representative of the population in question is to determine whether “non-response effects” exist. Non-response effects occur when non-respondents from the original sample differ from those who did respond in significant ways which might affect results of the study. One important step in determining whether non-response effects exist is to calculate outcome rates.

The American Association for Public Opinion Research (AAPOR) recognizes the use of a number of different types of outcome rates, and a number of different methods for calculating each of those types². One type of outcome rate is the Response Rate, which takes into account the number of interviews in proportion to the number of eligible respondents. Numerous methods exist to calculate Response Rates, with major differences being in the way in which the number of eligibles is determined and the way partial interviews are allocated. Another type of outcome rate is the Cooperation Rate, which takes into consideration the number of interviews in proportion to all eligibles ever contacted. Cooperation Rates exclude from calculation those respondents who could not be located. Like Response Rates, there are numerous ways to calculate Cooperation Rates, with the major differences being in the way that the number of eligibles is determined and the way partial interviews are allocated. Researchers consider various criteria in determining which outcome method to use, with the quality of the sample being a major criterion in their decision.

Table 1 below shows response rates and cooperation rates for the HMO surveys and the MediPass surveys that were conducted by telephone. Four different AAPOR-approved outcome measures are given. Response Rate (RR) 1 is the most stringent method given, and RR6 is the least restrictive of the response rate methods. Cooperation Rate (COOP) 1 is less stringent than either RR method, and COOP4 is the least stringent of all methods presented. The outcome rates ranged from a high of 92% to a low of 33%, depending on the sample and the method of calculation. Overall, the HMO surveys had a response rate of 48–57%, while the MediPass rates ranged from 58-71%. The rate of refusals was low for all populations surveyed. Using AAPOR's Refusal Rate 1 formula, the rates were calculated at between 5-17% (see Table 1).

² The American Association for Public Opinion Research. 2000. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys*. Ann Arbor, Michigan: AAPOR

Table 1. Outcome Rates

Sample Name	Number of Completed Interviews	Valid Sample	More Stringent → Less Stringent				
			Resp. Rate 1	Resp. Rate 6	Coop. Rate 1	Coop. Rate 4	Refusal Rate 1
HMO overall	4,811	17,690	48.2%	56.9%	67.3%	80.2%	11.9%
AvMed	274	2281	33.2%	44.8%	63.0%	73.3%	12.1%
Beacon	76	455	38.8%	46.1%	55.1%	69.7%	16.8%
DHP	158	644	55.2%	64.5%	75.2%	85.1%	9.8%
Foundation	157	604	47.9%	54.1%	59.7%	79.4%	12.5%
Healthcase	238	854	58.9%	66.9%	76.0%	87.5%	8.4%
Healthy Palm Beaches	22	100	53.7%	78.6%	91.7%	91.7%	4.9%
JMH	232	820	58.6%	66.0%	72.0%	85.7%	9.8%
Neighborhood	181	813	42.1%	50.7%	59.0%	75.4%	13.7%
PCA	239	1123	44.8%	52.1%	60.4%	73.2%	16.5%
Physicians	228	824	58.0%	65.9%	73.3%	86.0%	9.4%
Preferred	168	798	46.3%	55.4%	67.2%	79.2%	12.1%
Staywell	234	952	56.9%	65.0%	75.7%	85.1%	10.0%
United	234	958	50.6%	56.5%	66.9%	79.9%	12.8%
MediPass in HMO counties	372	1,244	61.6%	70.8%	78.3%	85.7%	10.3%
MediPass in non HMO counties	377	1,450	57.6%	66.7%	77.1%	87.3%	8.4%

Data Analysis and Weighting

The HMO and MediPass samples were analyzed concurrently using SAS and SPSS. Descriptive statistics were calculated for both samples and selected results are discussed in this report. All statistics are reported in Appendix B.

The survey data set for the HMO respondents was 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 December, 2001. 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. Appendix B shows the actual enrollment for each Medicaid HMO, which were used to calculate the weights.

The MediPass data were weighted according to the actual proportion of enrollees who reside in counties which offer a choice between MediPass and HMO, and those counties which do not offer choice. These enrollment figures and corresponding weights can also be found in Appendix B.

The overall Medicaid figures that are reported are also weighted, according to the overall proportion that each group (each of the HMOs, MediPass enrollees in counties with HMOs, and MediPass enrollees in counties without HMOs) represents in the Medicaid population.

Report Organization

As mentioned previously, results for each item in the CAHPS survey can be found in Appendix B. Selected results are also discussed in the body of this report. First, the ratings of HMO enrollees and MediPass enrollees who live in choice counties are compared, and significant differences

are explored. Next, ratings of MediPass enrollees are explored in-depth, and comparisons are made between the reports of those residing in counties with HMOs and those residing in counties with MediPass only. In a subsequent section, the characteristics of subjects who responded by phone are compared with those who responded by mail. Finally, recommendations are given for future research.

HMO vs. MediPass

The demographic characteristics and satisfaction ratings of enrollees in the two Medicaid MCOs are compared, below. **These ratings are taken only from subjects residing in those counties which offer both MCO options.** A list of these counties can be found in the Appendix. The ratings of those who reside in MediPass-only counties are explored in the next section of this report. Because MCO choice is not offered to those residing in MediPass-only counties, those respondents cannot be included in the ratings of the MCOs. The demographic and geographic makeup of non-choice counties differs significantly from choice counties. Non-choice counties tend to be more rural and have more widely dispersed populations. Provider networks are less extensive and thus, enrollees have more difficulty accessing care. These factors are likely to affect the ratings of survey respondents, though the effect may be due to physical attributes of the county, and not the attributes of the Medicaid MCO operating there.

Demographics

The demographic characteristics of the HMO respondents and Medicaid respondents are discussed below.

Gender

For both the HMO and the MediPass group, the majority of respondents were female. Seventy-nine percent of respondents from the HMO group were female, and 77% from the MediPass group were female. There was no significant difference between the makeup of the HMO and MediPass groups in terms of gender.

Age

The adults in both survey samples were widely distributed in terms of age. However, the HMO group was made of larger percentages of the youngest and oldest groups, compared with the MediPass group. This difference in ages was statistically significant at the $p \leq 0.0001$ level.

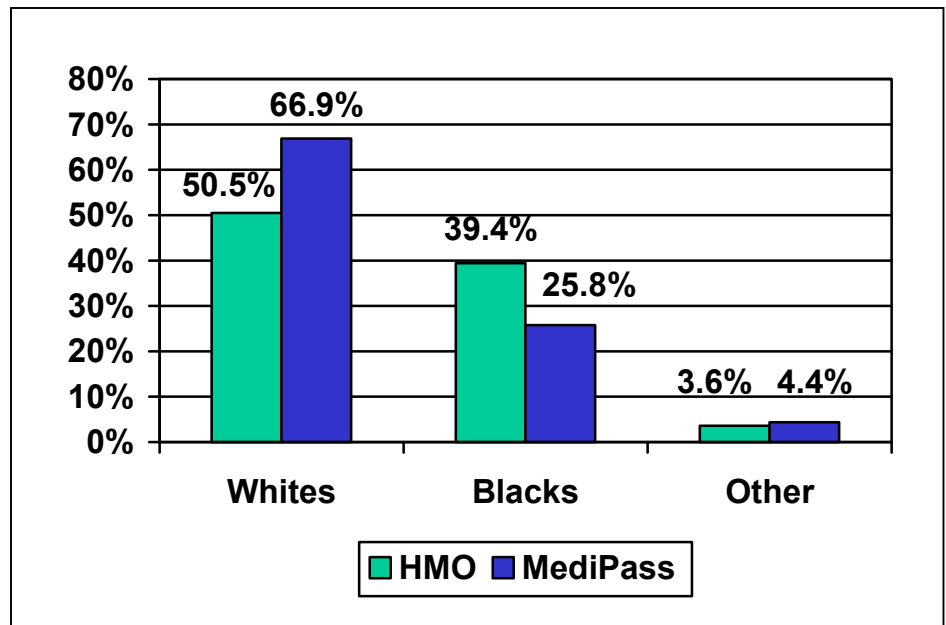
Table 2. Age of HMO vs. MediPass Enrollees

Age	HMO	MediPass
18-24 years	16.7%	6.3%
25-34 years	21.3%	22.6%
35-44 years	18.5%	27.0%
45-54 years	15.7%	24.0%
55-64 years	15.7%	16.8%
65+ years	12.0%	3.3%

Race

For both the HMO and MediPass samples, the majority of respondents were white, though in the HMO group, the percentage of whites was significantly smaller than in the MediPass group (see Figure 2). Fifty-one percent of HMO enrollees were white, compared with 67% of MediPass enrollees. This difference was statistically significant at the $p \leq 0.002$ level. The percentage of blacks in the samples was also significantly different, with the HMO group being made up of a significantly larger percentage of blacks than the MediPass group (39% and 26%, respectively, $p \leq 0.006$).

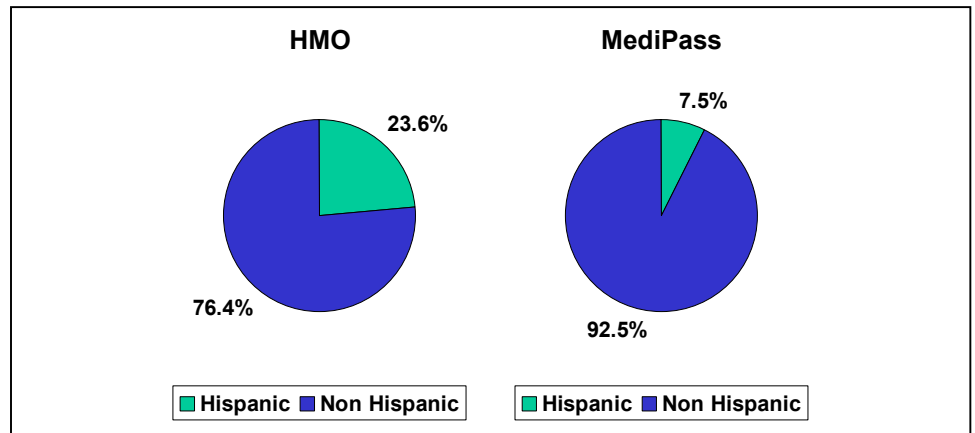
Figure 2. Racial Makeup of HMO vs. MediPass Respondents



Ethnicity

A statistically significant difference was found between the ethnic characteristics of HMO enrollees and MediPass enrollees, with the HMO group being made up of a significantly larger portion of Hispanics than the MediPass group. Nearly 24% of the HMO enrollees surveyed reported that they were Hispanic, while 9% of MediPass enrollees were Hispanic. This difference was statistically significant at the $p \leq 0.001$ level. (See Figure 3.)

Figure 3. Hispanic Ethnicity in HMO vs. MediPass



Education

The HMO and MediPass groups did not differ significantly in terms of education levels. For both groups, roughly 40% of respondents had less than a high school degree, while 37-38% had a high school diploma or GED, and the remaining 21-24% reported having education beyond high school.

Health Status

The HMO and MediPass group did not differ significantly in terms of their self-reported health status. For both samples, roughly 25% of respondents reported being in "excellent" or "very good" health, 25% reported being in "good" health, and the remaining 50% (roughly) reported being in "fair" or "poor" health. Although the differences

between the groups was not significant, it is interesting to note that 16% of the MediPass group was in “poor” health, while 25% of the MediPass group was in “poor” health.

Satisfaction

Overall, Medicaid enrollees are very satisfied with the quality of care they receive, regardless of whether they are enrolled in an HMO or in MediPass. Selected measures of satisfaction and quality of care from the CAHPS 2.0 are discussed below.

Continuity of Care

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 a health insurance program like Medicaid. To this end, subjects were asked whether they had continued to see the same health care provider while on Medicaid as they had seen before enrolling, and whether they had switched providers since then. For both the HMO and MediPass groups, roughly 55% of respondents reported having changed doctors while enrolled in Medicaid.

Among those who had changed primary care providers while enrolled, more than two-thirds reported that it was “not a problem” to find a satisfactory PCP while on the program, while 8-15% reported it was “a small problem” and roughly 20% reported it was “a big problem.” The reports of the HMO and MediPass groups did not differ significantly.

Specialty Care & Referrals

Approximately three-fourths of the Medicaid enrollees surveyed reported having a primary care provider (called a “personal doctor or nurse” in the CAHPS) at the time of interview. Those who had a primary care provider were asked to rate this provider on a scale of 0 to 10, with 0 being the “worst personal doctor or nurse possible,” and 10 being the “best personal doctor or nurse possible.” HMO enrollees rated their PCP at 8.41 ± 2.194 , while MediPass enrollees rated at 8.46 ± 1.990 . There was no significant difference between these ratings.

Approximately 47% of Medicaid enrollees surveyed reported that they had needed to see a specialist physician at some time in the 6 months prior to survey. Roughly 63% of those who needed to see a specialist reported that it was “not a problem” to get a referral for this care, while 13% reported it was “a small problem.”

Approximately 24% of respondents indicated that it was “a big problem” to get a referral. Roughly 41% of respondents reported actually having seen a specialist in the 6 months prior to interview. There were no differences between the HMO and MediPass groups on these measures.

Clearly, the majority of Medicaid enrollees did not experience problems obtaining referrals for specialty care. However, a significant minority – nearly a quarter of respondents – found it to be very problematic. While this finding is troubling, it is important that

the reader note the exact wording of the CAHPS question:

Q: In the last 6 months, did you or a doctor think you needed to see a specialist?"

The survey question does not differentiate between people who had a justified medical need for specialty care and those who did simply thought that they did. Thus, it is possible that a significant portion of those who reported having major difficulties getting a referral may be the people who felt they needed to see a specialist, but their PCP did not agree. In these cases, it could be that the enrollee did not need the speciality care, though he or she believed s/he did, or it could be that the PCP did not provide a referral that was, indeed, justified. Further analysis using claims data could help to determine which of these possibilities is more likely in these cases.

When asked to rate their specialist on a scale from 0 to 10, the ratings of the HMO and MediPass group were very similar. HMO enrollees rated their specialists at 8.50 ± 2.169 and MediPass enrollees rated specialists at 8.34 ± 2.374 . There were no significant differences between the ratings of the two groups.

Calling Providers' Offices

Roughly half (49–55%) of Medicaid enrollees reported that they had called their PCP's office to get help or advice during the 6 months prior to interview. This figure did not vary significantly between HMO enrollees and MediPass enrollees. When asked whether they received the help or advice needed as a result of this call, 70% of respondents in both groups reported that they "usually" or "always" received the help needed, while 30% reported that they "sometimes" or "never" got that help. HMO and MediPass enrollees reported similarly.

Appointments for Routine Care

Approximately two-thirds of Medicaid enrollees reported that they had made an appointment for regular or routine health care in the 6 months prior to interview, and 77-78% of those enrollees reported that they "always" or "usually" got the appointment as soon as they wanted. There was no statistically significant difference between the reports of the HMO enrollees versus the MediPass enrollees on this measure.

Appointments for Acute Care

The HMO and MediPass groups differed significantly when asked whether they had experienced an illness or injury needing immediate care in the 6 months prior to interview. Forty-one percent of HMO enrollees reported having needed immediate care, while 52% of MediPass enrollees did. This difference between groups was statistically significant, with $p \leq 0.049$. Those who had an illness or injury needing immediate care were asked whether they had gotten that care as soon as they wanted. Seventy-five to eighty percent of respondents reported that they "usually" or "always" got this care as soon as needed, while 16-19% reported "sometimes" getting the care as soon as needed, and 5-6% "never" got it. These figures were similar for HMO and MediPass enrollees.

Overall Medical Care & Visits

Medicaid enrollees were asked about the number of visits they had made to any doctor's office or clinic in the 6 months prior to interview. Roughly eighteen percent of respondents reported having made no visits, while 29% reported having made 1 or 2 visits, and 19% reported 3 or 4 visits. Almost 34% of respondents reported having made 5 or more health care visits in the 6 months prior to interview.

Most respondents (73%) reported it was "not a problem" to get necessary care, while 16-17% had "a small problem" and 10-11% had "a big problem." No significant differences were found between the HMO and MediPass groups. When asked whether they had experienced problems with delays in health care while awaiting approval for treatment from Medicaid, 70% of HMO enrollees and 80% of MediPass enrollees reported that this was "not a problem." Sixteen percent of HMO enrollees reported that it was "a small problem," while 9% of MediPass reported thus. Fourteen percent of HMO enrollees and 11% of MediPass enrollees indicated that delays were "a big problem." No significant differences were found between the HMO group and the MediPass group on any of these measures.

Wait Times in Doctor's Offices

Roughly a quarter of Medicaid enrollees (26%) reported that they "always" waited more than 15 minutes past their appointment time to see their provider. Thirteen percent indicated that they "usually" experienced long wait times, and 41% "sometimes" did. Twenty percent of respondents "never" had to wait more than 15 minutes past their appointment time to see their provider. There were no differences between the responses of HMO and MediPass enrollees surveyed.

Providers' Office Staff

The vast majority of respondents (89%) indicated that the office staff in their providers' offices were "usually" or "always" courteous and respectful, and 82% of respondents reported that staff were "usually" or "always" helpful. The reports of the HMO and MediPass groups were virtually identical on these measures.

Interacting with Providers

Medicaid enrollees indicated that they had little trouble communicating with their health care providers (see Table 3). Eighty-three percent of Medicaid enrollees overall indicated that they felt that their PCP listened carefully to them, and 86% reported that their provider showed respect for them. Eighty-three percent indicated that their provider explained things to them in a way they could understand and seventy-nine percent reported that their doctor spent enough time with them. Ninety-one percent of respondents reported that they did not generally have problems communication with their providers due to language differences. There were no statistically significant differences in the reports of HMO and MediPass enrollees on these measures.

When asked to rate all of their health care on a scale of 0 to 10, Medicaid enrollees overall rated their care very highly. The HMO group rated their care at 8.29 ± 2.124 , while the MediPass group

Table 3. Interaction with Providers

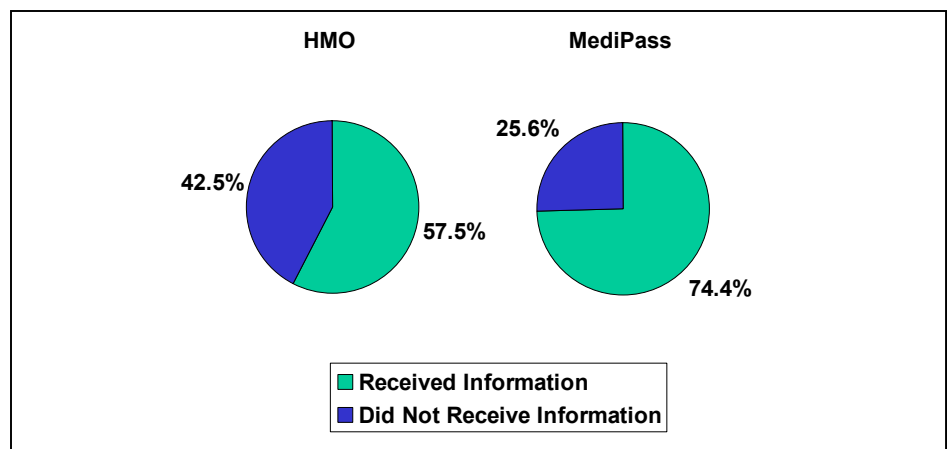
	HMO	MediPass
Provider Listened Carefully to Patient		
Always or Usually	83.7%	83.3%
Sometimes or Never	16.3%	16.7%
Difficulty Communicating with Provider Due to Language Barriers		
Always or Usually	8.5%	9.7%
Sometimes or Never	91.5%	90.3%
Provider Explained Things So Patient Could Understand		
Always or Usually	82.7%	82.5%
Sometimes or Never	17.2%	17.5%
Provider Showed Respect for What Patient Said		
Always or Usually	84.4%	86.3%
Sometimes or Never	15.6%	13.7%
Doctor Spent Enough Time With Patient		
Always or Usually	76.8%	79.8%
Sometimes or Never	23.2%	20.2%

rated their care at 8.21 ± 2.230 . There was no significant difference between the ratings of the two groups.

The vast majority of Medicaid enrollees surveyed, (94%) indicated that they did not need an interpreter to help them communicate with their doctor or other health provider. Among those who did need an interpreter, half (50%) indicated that they “usually” or “always” got that help when needed. There were no differences in the reports of HMO and MediPass enrollees on these measures.

Significant differences were found in the reports of the two groups regarding information received from the plan upon enrollment (see Figure 4). Sixty-two percent of Medicaid enrollees overall indicated that they received information about their program when they enrolled. Seventy-four percent of HMO enrollees reported having received information, compared with 58% of MediPass enrollees. This difference was statistically significant, with $p \leq 0.007$. Among

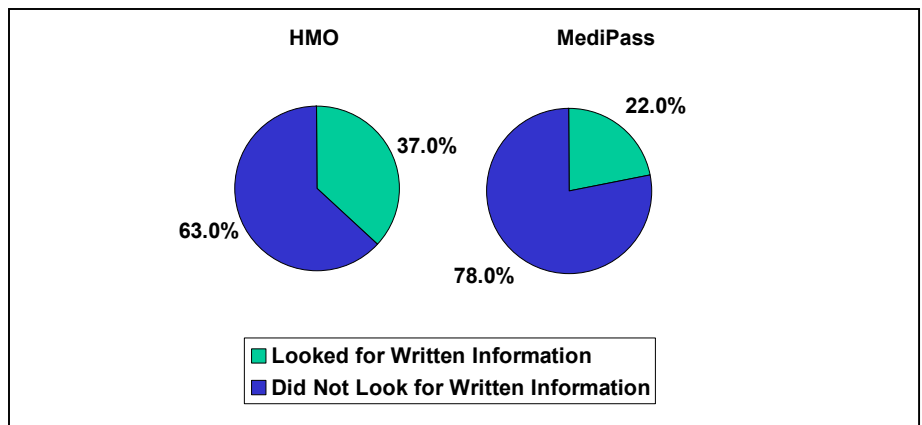
Figure 4. Received Information Upon Enrollment



those who did receive information from their plan upon enrollment, 92% indicated that “all” or “most” of the information was correct. There was no statistical difference between the HMO and MediPass groups on this measure.

Most enrollees (75%) reported that they did not look for any written materials from their program. Large differences were found on this measure between HMO and MediPass enrollees, with more HMO enrollees reporting that they looked for the materials than MediPass enrollees. Thirty-seven percent of HMO enrollees reported that they looked for written materials from the program, while 22% of MediPass enrollees looked for materials. This difference is statistically significant, with $p < 0.002$. Those who did look for written information largely reported that they had no problems finding or understanding the materials.

Figure 5. Sought Written Information from Program



Customer Service

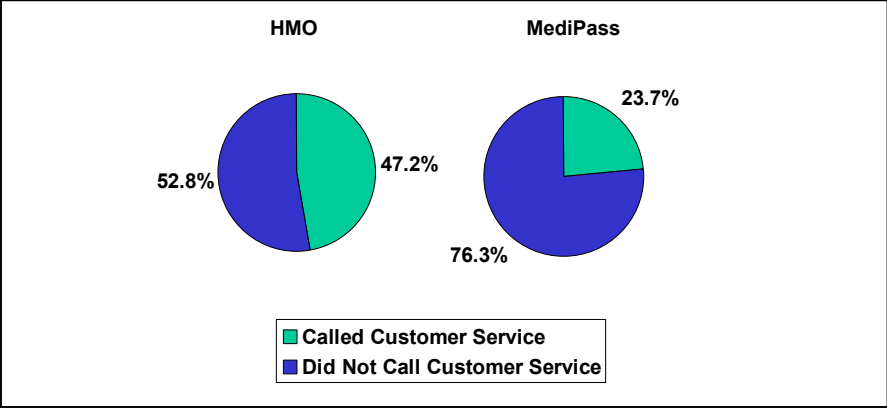
When asked whether they had called the program's customer service department, 47% of HMO enrollees reported affirmatively, while 24% of MediPass enrollees reported that they had called (see Figure 6). This difference was statistically significant at the $p < 0.001$ level. There was, however, no difference between the programs in terms of the quality of the customer service help received. Fifty-eight percent of respondents overall indicated that it was “not a problem” to get the help that was needed, while 24% indicated it was “a small problem.” Eighteen percent of respondents overall indicated that it was “a big problem” to get needed help via telephone from their program's customer service department.

Paperwork

Most enrollees reported that they had not had experience with doing paperwork for their program. Of the 18% who had experience with paperwork, most reported that this paperwork was “not a problem.”

When asked for their overall rating of their health plan, both HMO and MediPass enrollees rated their plans highly. The mean rating among HMO enrollees was 8.02 ± 2.402 , while MediPass enrollees rated their plan at 7.79 ± 2.577 . There was no significant difference in the ratings of the two groups.

Figure 6. Called Customer Service



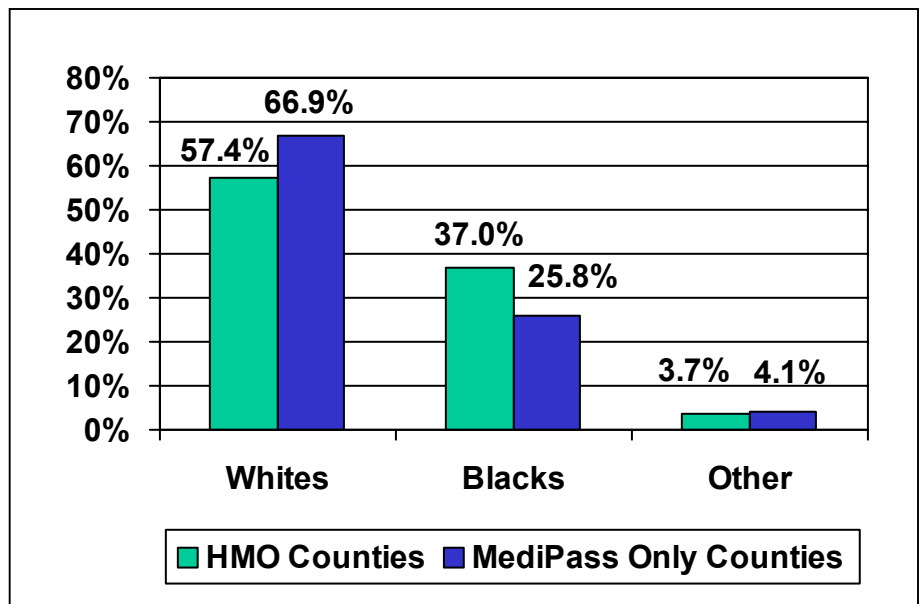
MediPass: Counties With HMOs vs. Counties Without HMOs

The demographic characteristics and satisfaction ratings of enrollees in the MediPass program overall were explored in the previous section. In this section, the characteristics and ratings of MediPass enrollees residing in choice counties are compared with those of MediPass enrollees residing in non-choice counties, and significant differences between the two groups are discussed.

Demographics

The demographic characteristics of enrollees in counties which offer Medicaid HMOs did not vary significantly from counties which did not offer HMOs in terms of health status, age, gender, education level, or ethnicity. They did vary, however, in terms of race, with a smaller percentage of the HMO county group being White and a larger percentage being Black than is found among non HMO county group (see Figure 7). Fifty-seven percent of the HMO county group was White, while 67% of the non-HMO county group was White, with the difference being statistically significant at the $p < .007$ level. Thirty-seven percent of the HMO county group was Black, compared with 26% of the non HMO county group ($p \leq 0.001$).

Figure 7. Race of Medicaid Enrollees Residing in HMO Counties and non-HMO Counties



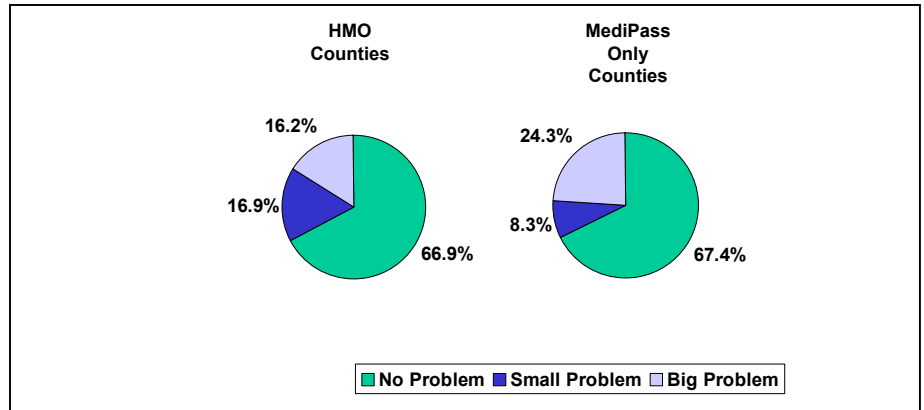
Satisfaction

For the vast majority of questionnaire items relating to satisfaction, the reports of MediPass enrollees living in HMO counties did not differ significantly from those of enrollees living in non-HMO counties. Exceptions are discussed below.

Residents of HMO counties had significantly fewer problems finding a primary care provider compared with residents of

non HMO counties ($p \leq 0.037$). Sixteen percent of the HMO county group reported having had “a big problem” finding a primary care physician that they were “happy with,” compared with 24% of the non HMO county group (see Figure 8). This finding is not particularly surprising, considering that non HMO counties tend to have smaller populations which are more dispersed, thus resulting in provider networks that are less extensive and a health system that is harder to access.

Figure 8. Difficulty Finding a Primary Care Provider



Residents of HMO counties reported having significantly less difficulty with language and communication barriers with their providers ($p \leq 0.017$). Residents of HMO counties reported “usually” or “always” having trouble 7% of the time, while residents of non HMO counties reported having trouble 9% of the time. However, this difference, while statistically significant, is so small as to be of little practical value.

Residents of HMO counties and non HMO counties did not differ significantly on any of the CAHPS 10-point scales measuring overall satisfaction.

Phone vs. Mail

The demographic characteristics and satisfaction ratings of the MediPass respondents who were surveyed by phone are compared below with those who responded by mail. A total of 943 completed interviews are included in this analysis, with 748 administered by phone and 195 by mail.

Demographics

Among both samples, the majority of respondents were female (77%), white (63%) and non-Hispanic (92%). In terms of age, respondents were rather evenly distributed between the ages of 25-64 years, with less than 10% total being in the older or younger age categories. Forty-three percent of respondents had less than a high school diploma, 37% had a high school diploma or its equivalent and 21% had education beyond high school. The majority of respondents (56%) described themselves as being in fair or poor health, while 24% were in "good" health and 20% were in "very good" or "excellent" health. There were no significant differences in the demographic characteristics of the phone and mail samples.

Satisfaction

On most measures of satisfaction and access, the mail and telephone groups reported similarly. However, statistically significant differences were found on 10 of the CAHPS measures.

Continuity of Care and PCPs

Mail respondents reported having received a new PCP more often than telephone respondents. Fifty-two percent of mail respondents changed PCPs, while 40% of telephone respondents changed. This difference was highly statistically significant, with $p \leq 0.003$. Respondents who did receive a new PCP were asked whether they had difficulty finding a new provider that they liked. Compared with the telephone respondents, a significantly larger portion of the mail respondents reported having some degree of difficulty finding a provider they liked, though fewer reported having major difficulties. ($p \leq 0.016$)

Called their PCP for help or advice

Sixty-five percent of subjects who responded by mail indicated that they had called a doctor's office for help or advice in the 6 months prior to interview. This compares with 53% of telephone respondents. The difference between the groups is statistically significant at the $p \leq 0.003$ level.

Got an appointment for routine care in a timely manner

Significant differences were also found between the two groups on the following measures:

- Got an appointment for routine care in a timely

manner,

- Number of medical visits,
- Helpfulness of staff at PCP's office,
- PCP showed respect for patient's opinions,
- PCP spent enough time with patient,
- Medicaid is used for all or most of health care, and
- Received information about program when enrolled.

The differences between the groups on these measures, while statistically significant, were of little practical value. The interested reader can refer to Appendix B for item-by-item results and chi-square statistics.

Summary and Recommendations

Comparing HMOs vs. MediPass

Enrollees in Medicaid HMOs and those in the MediPass Program were similar in terms of gender, health status, and education level. The groups differed, however, in terms of age, ethnicity, and race. The HMO group was made up of a larger portion of the youngest (18-24 years old) and oldest (65+ years) enrollees, as compared to the MediPass group. The HMO group was also composed of more Hispanics and more Blacks, and fewer Whites than the MediPass group.

Overall, Medicaid enrollees are satisfied with the quality of care they receive, and, for most measures of access and satisfaction, the two MCO groups reported similarly. A significant difference was found regarding the need for acute care. As compared with MediPass enrollees, fewer HMO enrollees reported having had a need for acute care in the 6 months prior to interview. Differences were also found between the MCO groups on measures of information-seeking behavior and interaction with plan administration. A larger portion of HMO enrollees reported having received information from their plan upon enrollment, and having sought written information from their plan, as compared with MediPass enrollees. Also, a larger portion of HMO enrollees than MediPass enrollees reported having called their plan's customer service department.

Comparing MediPass Enrollees in HMO Counties vs. Enrollees in MediPass-only Counties

In terms of gender, ethnicity, age, health status, and education level, there is no statistically significant difference between MediPass enrollees living in counties with HMOs and those living in counties without HMOs. However, a difference was found in the racial makeup of the groups, with the enrollees from HMO counties being made up of a smaller percentage of Whites, and a larger percentage of Blacks as compared with the group of enrollees from non-HMO counties. This difference may be due to geographic factors, however, since counties that offer HMOs tend to be more urban and more racially diverse than those which do not offer HMOs.

By and large, satisfaction did not differ significantly between the HMO counties and non-HMO counties, except that residents of HMO counties reported having fewer problems getting a satisfactory doctor or nurse, compared with residents of non-HMO counties. Again, this finding may be due to the more limited provider networks available in the non-HMO counties.

Comparing Modes of Survey Administration: Phone vs. Mail

Few differences were found between the group of respondents who completed the survey by telephone and those who completed by mail. The demographic characteristics of the group were not statistically different. Meaningful differences between the groups were found on only 3 of the 38 satisfaction and access measures from the survey. Mail respondents more often reported having received a new doctor or nurse, and

having had a "small problem" getting a satisfactory doctor or nurse, as compared with telephone respondents. It is possible that these differences reflect a higher likelihood that the mail respondents may have recently moved. US Mail is forwarded for a period of months following a relocation, while telephone numbers may not be forwarded. Thus, mail surveys may reach respondents not reachable by telephone. Another possibility, however, is that the difference, while statistically significant, is due to an external factor, or due to chance. Further studies are needed to determine if this difference is stable over time, and to test the possibility that the mail respondents may have relocated recently.

A significant difference was also found between the telephone and mail groups on the measure of telephone conversations with doctor's offices. As compared with the telephone group, the mail group was significantly more likely to report having called a doctor's office in the 6 months prior to interview. This difference may also be due to recent relocation on the part of the mail respondents. When faced with the need to refill medication or get basic medical advice, patients who have recently moved may be more likely to call their "old" primary care provider than establish a new relationship with a PCP in their new area. Another possibility is that patients in more rural areas may be more likely to phone their provider, rather than driving many miles for an office visit. Further research is needed to determine if either of these possibilities may be likely.

Another consideration regarding differences in the two survey groups is the difference in respondents' perceptions of the telephone and mail surveys. Although the instruments are identical in content, they may be perceived differently since the format of one is visual and the other is aural. Highly skewed results from some CAHPS items suggests this may be the case. Further research is needed to determine possible effects of the perceptual differences.

Appendix A

HMO weights

		Market Share
Plan Name	Total	of HMO
	Enrolled	Members
BEACON HEALTH PLAN	17,521	2.68%
DISCOVERY HEALTH PLAN	14,781	2.26%
FLORIDA 1ST HEALTH PLAN	3,433	0.52%
FOUNDATION HEALTH	8,899	1.36%
HEALTHEASE	160,283	24.51%
HUMANA FAMILY	52,939	8.09%
JMH HEALTH PLAN	9,755	1.49%
NEIGHBORHOOD HEALTH	15,639	2.39%
HEALTHY PALM BEACHES	5,598	0.86%
PHYSICIAN CARE PLAN	128,067	19.58%
PREFERRED MEDICAL PLAN	11,728	1.79%
ST. AUGUSTINE HEALTH CARE	28,448	4.35%
STAYWELL	162,187	24.80%
UNITED HEALTHCARE PLAN	31,680	4.84%
UNITED ELDERCARE	3,102	0.47%
TOTAL	654,060	100.00%

MediPass weights

	enrollment	% of total
Total Enrollment in Counties with HMOs	494707	76.35%
Total Enrollment in Counties without HMOs	153238	23.65%
Total	647945	100.00%

Overall weights

	Enrollment	Percentage
BEACON HEALTH PLAN	17,521	1.35%
DISCOVERY HEALTH PLAN	14,781	1.14%
FLORIDA 1ST HEALTH PLAN	3,433	0.26%
FOUNDATION HEALTH	8,899	0.68%
HEALTHEASE	160,283	12.31%
HUMANA FAMILY	52,939	4.07%
JMH HEALTH PLAN	9,755	0.75%
NEIGHBORHOOD HEALTH	15,639	1.20%
HEALTHY PALM BEACHES	5,598	0.43%
PHYSICIAN CARE PLAN	128,067	9.84%
PREFERRED MEDICAL PLAN	11,728	0.90%
ST. AUGUSTINE HEALTH CARE	28,448	2.18%
STAYWELL	162,187	12.46%
UNITED HEALTHCARE PLAN	31,680	2.43%
UNITED ELDERCARE	3,102	0.24%
MediPass enrollees in counties with HMOs	494707	38.00%
MediPass enrollees in counties without HMOs	153238	11.77%
Total	1,302,005	100.00%

MCO Choice by County

	TOTAL MP ENROLLED	TOTAL HMO ENROLLED	# of HMOs	HMO County or Non HMO county
ALACHUA	19262	0	0	Non HMO County
BAKER	1502	914	1	HMO County
BAY	13909	0	0	Non HMO County
BRADFORD	2667	0	0	Non HMO County
BREVARD	10903	17352	2	HMO County
BROWARD	39653	68057	9	HMO County
CALHOUN	1239	152	1	HMO County
CHARLOTTE	5114	0	0	Non HMO County
CITRUS	5334	2094	1	HMO County
CLAY	3200	2354	1	HMO County
COLLIER	10647	0	0	Non HMO County
COLUMBIA	7312	0	0	Non HMO County
DADE	127784	21409	12	HMO County
DESOTO	3026	0	0	Non HMO County
DIXIE	1812	0	0	Non HMO County
DUVAL	34892	33124	1	HMO County
ESCAMBIA	16647	14396	1	HMO County
FLAGLER	2060	0	0	Non HMO County
FRANKLIN	771	131	1	HMO County
GADSDEN	3227	3878	2	HMO County
GILCHRIST	1884	0	0	Non HMO County
GLADES	56	0	0	Non HMO County
GULF	1190	0	0	Non HMO County
HAMILTON	1677	0	0	Non HMO County
HARDEE	4041	0	0	Non HMO County
HENDRY	3775	766	1	HMO County
HERNANDO	3560	5394	1	HMO County
HIGHLANDS	4595	3122	2	HMO County
HILLSBOROUGH	28418	66491	4	HMO County
HOLMES	2437	0	0	Non HMO County
INDIAN RIVER	5471	0	0	Non HMO County
JACKSON	4257	0	0	Non HMO County
JEFFERSON	721	982	2	HMO County
LAFAYETTE	694	0	0	Non HMO County
LAKE	5995	8626	2	HMO County
LEE	12371	19748	3	HMO County
LEON	8282	8027	2	HMO County
LEVY	3196	0	0	Non HMO County
LIBERTY	427	181	2	HMO County
MADISON	1362	1070	2	HMO County
MANATEE	4634	12402	3	HMO County
MARION	15714	5859	1	HMO County
MARTIN	4799	880	1	HMO County
MONROE	3526	117421	0	Non HMO County
NASSAU	2203	0	0	Non HMO County
OKALOOSA	9188	0	0	Non HMO County
OKEECHOBEE	3741	0	0	Non HMO County
ORANGE	33091	53514	4	HMO County
OSCEOLA	4486	14306	4	HMO County
PALM BEACH	28520	39216	7	HMO County
PASCO	10205	15762	4	HMO County
PINELLAS	25207	35731	4	HMO County
POLK	11662	40008	5	HMO County
PUTNAM	7252	2254	1	HMO County
SANTA ROSA	5248	2856	1	HMO County
SARASOTA	3892	8017	3	HMO County
SEMINOLE	4092	11828	4	HMO County
ST JOHNS	4612	0	0	Non HMO County
ST LUCIE	17818	0	0	Non HMO County

MCO Choice by County

	TOTAL MP ENROLLED	TOTAL HMO ENROLLED	# of HMOs	HMO County or Non HMO county
SUMTER	8535	0	0	Non HMO County
SUWANNEE	3418	0	0	Non HMO County
TAYLOR	2360	0	0	Non HMO County
UNION	1183	0	0	Non HMO County
VOLUSIA	20248	14746	2	HMO County
WAKULLA	999	992	2	HMO County
WALTON	3575	0	0	Non HMO County
WASHINGTON	2367	0	0	Non HMO County
STATE TOTAL:	647945	654060		

Appendix B

Demographic Characteristics of Survey Respondents in Counties with HMOs: HMO vs. MediPass

	MediPass Enrollees in Counties with HMOs		HMO Enrollees		Tests of Significance	
	N	% or s	N	% or s	χ^2 or <i>t</i>	<i>p</i>
Self-Assessed Overall Health						
Excellent	33	9.0%	12	11.2%	6.542	0.162
Very Good	44	12.0%	19	17.8%		
Good	79	21.5%	28	26.2%		
Fair	120	32.7%	31	29.0%		
Poor	91	24.8%	17	15.9%		
Age						
18-24 years	23	6.3%	18	16.7%	<0.001	
25-34 years	82	22.6%	23	21.3%		
35-44 years	98	27.0%	20	18.5%		
45-54 years	87	24.0%	17	15.7%		
55-64 years	61	16.8%	17	15.7%		
65+ years	12	3.3%	13	12.0%		
Sex						
Male	85	22.8%	23	21.1%	0.148	0.700
Female	287	77.2%	86	78.9%		
Highest School Grade Completed						
8 th Grade or Less	46	12.5%	12	11.2%	1.099	0.954
Some High School, but Didn't Graduate	107	29.2%	28	26.2%		
High School Graduate, or GED	136	37.1%	41	38.3%		
Some College or	65	17.7%	21	19.6%		
2-Year College Degree	9	2.5%	4	3.7%		
4-Year College Degree or More	4	1.1%	1	0.9%		
Hispanic or Latino Origin or Descent						
Yes	32	8.9%	25	23.6%	16.570	<0.001
No	329	91.1%	81	76.4%		

Demographic Characteristics of Survey Respondents in Counties with HMOs: HMO vs. MediPass

	MediPass Enrollees in Counties with HMOs		HMO Enrollees		Tests of Significance	
	N	% or s	N	% or s	χ^2 or <i>t</i>	<i>p</i>
Race						
White	249	66.9%	55	50.5%	9.840	0.002
Black or African-American	96	25.8%	43	39.4%	7.637	0.006
Asian	1	0.3%	2	1.8%	N/A	N/A
Native Hawaiian or Pacific Islander	1	0.3%	0	0.0%	N/A	N/A
American Indian or Alaska Native	14	3.8%	2	1.8%	N/A	N/A
Primary Language Spoken at Home						
English	352	95.1%	90	82.6%	21.202	<0.001
Spanish	13	3.5%	17	15.6%		
Other	5	1.4%	2	1.8%		

Satisfaction with the Medicaid Program Among Enrollees Residing in Counties with HMOs: HMO vs. MediPass

	MediPass Enrollees in Counties with HMOs		HMO		Tests of Significance	
	N	% or s	N	% or s	χ^2 or t	p
Received New Doctor or Nurse When Enrolled						
Yes	146	40.3%	53	49.5%	2.862	0.091
No	216	59.7%	54	50.5%		
Problem Getting Satisfactory Doctor or Nurse						
Big Problem	35	24.3%	8	15.1%	0.148	0.7
Small Problem	12	8.3%	8	15.1%		
No Problem	97	67.4%	37	69.8%		
Has a Personal Doctor or Nurse						
Yes	289	78.1%	80	74.1%	2.862	0.091
No	81	21.9%	28	25.9%		
Mean Rating of Doctor or Nurse	8.46 ± 1.990		8.41 ± 2.194		0.208	0.835
Needed a Specialist						
Yes	171	46.3%	51	47.2%	0.026	0.872
No	198	53.7%	57	52.8%		
How Much of a Problem to Get Referral for Specialist						
Big Problem	45	26.6%	11	21.6%	0.535	0.765
Small Problem	21	12.4%	7	13.7%		
Not a Problem	103	60.9%	33	64.7%		
Saw a Specialist						
Yes	148	40.1%	45	41.7%	0.084	0.772
No	221	59.9%	63	58.3%		
Mean Rating of Specialist	8.34 ± 2.374		8.50 ± 2.169		-0.397	0.692

Satisfaction with the Medicaid Program Among Enrollees Residing in Counties with HMOs: HMO vs. MediPass

	MediPass Enrollees in Counties with HMOs		HMO		Tests of Significance	
	N	% or s	N	% or s	χ^2 or t	p
Called Doctor's Office for Self During Regular Hours						
Yes	202	55.0%	53	49.1%	1.195	0.274
No	165	45.0%	55	50.9%		
Received Needed Help or Advice as a Result of Call						
Never	14	6.9%	4	7.5%	0.07	0.995
Sometimes	46	22.8%	12	22.6%		
Usually	37	18.3%	9	17.0%		
Always	105	52.0%	28	52.8%		
Made Appointment for Routine Health Care						
Yes	255	69.7%	71	65.1%	0.802	0.37
No	111	30.3%	38	34.9%		
Got Appointment for Routine Health Care as Soon as Wanted						
Never	11	4.3%	4	5.7%	1.2	0.753
Sometimes	45	17.8%	12	17.1%		
Usually	61	24.1%	13	18.6%		
Always	136	53.8%	41	58.6%		
Had Illness or Injury Needing Immediate Care						
Yes	193	52.0%	45	41.3%	3.885	0.049
No	178	48.0%	64	58.7%		
Got Immediate Care for Illness or Injury as Soon as Wanted						
Never	11	5.8%	2	4.5%	0.512	0.916
Sometimes	37	19.4%	7	15.9%		
Usually	36	18.8%	8	18.2%		
Always	107	56.0%	27	61.4%		

Satisfaction with the Medicaid Program Among Enrollees Residing in Counties with HMOs: HMO vs. MediPass

	MediPass Enrollees in Counties with HMOs		HMO		Tests of Significance	
	N	% or s	N	% or s	χ^2 or t	p
Number of Times Went to Doctor's Office or Clinic for Care for Self						
none	60	16.7%	24	22.9%	4.749	0.576
1 time	54	15.0%	17	16.2%		
2 times	49	13.6%	15	14.3%		
3 times	41	11.4%	14	13.3%		
4 times	25	7.0%	8	7.6%		
5 to 9 times	80	22.3%	17	16.2%		
10+ times	50	13.9%	10	9.5%		
How Much of a Problem to Get Necessary Care						
Big Problem	33	11.1%	8	9.9%	0.218	0.897
Small Problem	46	15.5%	14	17.3%		
Not a Problem	217	73.3%	59	72.8%		
Delays While Waiting for Approval from Program						
Big Problem	32	10.7%	11	13.6%	4.189	0.123
Small Problem	27	9.1%	13	16.0%		
Not a Problem	239	80.2%	57	70.4%		
Waited More Than 15 Minutes Past Appointment Time to See Provider						
Never	54	18.2%	21	25.6%	2.305	0.512
Sometimes	123	41.6%	32	39.0%		
Usually	40	13.5%	9	11.0%		
Always	79	26.7%	20	24.4%		

Satisfaction with the Medicaid Program Among Enrollees Residing in Counties with HMOs: HMO vs. MediPass

	MediPass Enrollees in Counties with HMOs		HMO		Tests of Significance	
	N	% or s	N	% or s	χ^2 or t	p
Office Staff at Doctor's Office Were Courteous and Respectful						
Never	4	1.3%	3	3.7%	2.363	0.5
Sometimes	28	9.4%	6	7.3%		
Usually	38	12.7%	9	11.0%		
Always	229	76.6%	64	78.0%		
Office Staff at Doctor's Office Were Helpful						
Never	8	2.7%	3	3.7%	1.255	0.74
Sometimes	43	14.5%	13	16.0%		
Usually	59	19.9%	12	14.8%		
Always	187	63.0%	53	65.4%		
Doctor or Other Provider Listened Carefully						
Never	9	3.0%	2	2.5%	0.165	0.983
Sometimes	41	13.7%	11	13.8%		
Usually	49	16.4%	12	15.0%		
Always	200	66.9%	55	68.8%		
Difficulty Communicating With Doctor Due to Language Barriers						
Never	236	79.2%	61	74.4%	2.346	0.504
Sometimes	33	11.1%	14	17.1%		
Usually	6	2.0%	2	2.4%		
Always	23	7.7%	5	6.1%		
Doctor Explained Things So That Patient Could Understand						
Never	8	2.7%	4	4.9%	1.334	0.721
Sometimes	44	14.8%	10	12.3%		
Usually	41	13.8%	12	14.8%		
Always	204	68.7%	55	67.9%		

Satisfaction with the Medicaid Program Among Enrollees Residing in Counties with HMOs: HMO vs. MediPass

	MediPass Enrollees in Counties with HMOs		HMO		Tests of Significance	
	N	% or s	N	% or s	χ^2 or t	p
Doctor Showed Respect for What Patient Said						
Never	10	3.3%	3	3.6%	0.904	0.824
Sometimes	31	10.4%	10	12.0%		
Usually	52	17.4%	11	13.3%		
Always	206	68.9%	59	71.1%		
Doctor Spent Enough Time With Patient						
Never	14	4.7%	4	4.9%	0.443	0.931
Sometimes	46	15.5%	15	18.3%		
Usually	56	18.9%	14	17.1%		
Always	181	60.9%	49	59.8%		
Mean Rating of All Health Care, from All Doctors and Health Providers	8.32 ± 2.103		8.29 ± 2.124		0.112	0.911
Needed an Interpreter to Speak with Doctor or Other Health Provider						
Yes	20	5.4%	8	7.3%	0.593	0.441
No	352	94.6%	101	92.7%		
(Of those who needed an Interpreter) How Often Received a Needed Interpreter						
Never	4	20.0%	2	25.0%	N/A	N/A
Sometimes	6	30.0%	2	25.0%		
Usually	3	15.0%	1	12.5%		
Always	7	35.0%	3	37.5%		
Use Current Medicaid Program for All or Most of Health Care						
Yes	227	97.0%	85	97.7%	0.112	0.738
No	7	3.0%	2	2.3%		

Satisfaction with the Medicaid Program Among Enrollees Residing in Counties with HMOs: HMO vs. MediPass

	MediPass Enrollees in Counties with HMOs		HMO		Tests of Significance	
	N	% or s	N	% or s	χ^2 or t	p
Patient Choice of Program						
Chose Myself	76	34.1%	60	71.4%	34.492	<0.001
Was Told	147	65.9%	24	28.6%		
Received Information About Program When Enrolled						
Yes	126	57.5%	61	74.4%	7.204	0.007
No	93	42.5%	21	25.6%		
How Much of Given Information Was Correct						
All of It	81	66.9%	35	58.3%	7.281	0.063
Most of It	35	28.9%	16	26.7%		
Some of It	5	4.1%	8	13.3%		
None of It	0	0.0%	1	1.7%		
Looked for Information in Written Materials from Program						
Yes	81	22.0%	40	37.0%	9.944	0.002
No	287	78.0%	68	63.0%		
How Much of a Problem to Find or Understand Information in Written Materials						
Big Problem	14	17.3%	4	9.8%	1.415	0.493
Small Problem	17	21.0%	8	19.5%		
Not a Problem	50	61.7%	29	70.7%		
Called Program's Enrollee Service for Information or Help						
Yes	88	23.7%	51	47.2%	22.432	0.001
No	283	76.3%	57	52.8%		

Satisfaction with the Medicaid Program Among Enrollees Residing in Counties with HMOs: HMO vs. MediPass

	MediPass Enrollees in Counties with HMOs		HMO		Tests of Significance	
	N	% or s	N	% or s	χ^2 or t	p
(Of those who called Enrollee Services)						
How Much of a Problem to Get Needed Help from Program's Enrollee Service						
Big Problem	15	17.0%	10	19.6%	0.416	0.812
Small Problem	23	26.1%	11	21.6%		
Not a Problem	50	56.8%	30	58.8%		
Experience with Paperwork for Program						
Yes	75	20.5%	19	17.6%	0.441	0.507
No	291	79.5%	89	82.4%		
How Much of a Problem was the Paperwork for Program						
Big Problem	8	10.7%	3	15.8%	0.505	0.777
Small Problem	18	24.0%	5	26.3%		
Not a Problem	49	65.3%	11	57.9%		
Mean Overall Rating of Health Plan	7.79 ± 2.577		8.02 ± 2.402		-0.807	0.42

Demographic Characteristics of Survey Respondents: MediPass Enrollees Residing in HMO Counties vs. Non HMO Counties (weighted)

	MediPass Enrollees: All Counties (Weighted)		MediPass Enrollees: All Counties (Unweighted)		MediPass Enrollees Residing in Non HMO Counties		MediPass Enrollees Residing in HMO Counties		Tests of Significance	
	N	% or s	N	% or s	N	% or s	N	% or s	χ^2 or t	p
Self Assessed Overall Health										
Excellent	15	8.0%	62	8.4%	33	9.0%	29	7.8%	2.131	0.712
Very Good	23	12.2%	90	12.1%	44	12.0%	46	12.3%		
Good	44	23.9%	171	23.1%	79	21.5%	92	24.6%		
Fair	62	33.7%	247	33.3%	120	32.7%	127	34.0%		
Poor	41	22.2%	171	23.1%	91	24.8%	80	21.4%		
Age										
18-24 years	11	6.1%	45	6.2%	23	6.3%	22	6.0%	6.014	0.305
25-34 years	40	22.3%	163	22.4%	82	22.6%	81	22.2%		
35-44 years	48	26.5%	194	26.6%	98	27.0%	96	26.3%		
45-54 years	39	21.8%	164	22.5%	87	24.0%	77	21.1%		
55-64 years	39	21.3%	144	19.8%	61	16.8%	83	22.7%		
65+ years	4	2.0%	18	2.5%	12	3.3%	6	1.6%		
Sex										
Male	40	21.6%	165	22.1%	85	22.8%	80	21.3%	0.296	0.604
Female	146	78.4%	583	77.9%	287	77.2%	296	78.7%		
Highest School Grade Completed										
8 th Grade or Less	23	12.6%	93	12.6%	46	12.5%	47	12.6%	1.006	0.962
Some High School, but Didn't Graduate	53	28.6%	213	28.8%	107	29.2%	106	28.5%		
High School Graduate, or GED	68	36.7%	272	36.8%	136	37.1%	136	36.6%		
Some College or	35	19.0%	137	18.5%	65	17.7%	72	19.4%		
2-Year College Degree	4	2.4%	18	2.4%	9	2.5%	9	2.4%		
4-Year College Degree or More	1	0.7%	6	0.8%	4	1.1%	2	0.5%		
Hispanic or Latino Origin or Descent										
Yes	14	7.6%	58	8.0%	32	8.9%	26	7.2%	0.711	0.399
No	167	92.4%	666	100.0%	329	91.1%	337	92.8%		

Demographic Characteristics of Survey Respondents: MediPass Enrollees Residing in HMO Counties vs. Non HMO Counties (weighted)

	MediPass Enrollees: All Counties (Weighted)		MediPass Enrollees: All Counties (Unweighted)		MediPass Enrollees Residing in Non HMO Counties		MediPass Enrollees Residing in HMO Counties		Tests of Significance	
	N	% or s	N	% or s	N	% or s	N	% or s	χ^2 or <i>t</i>	<i>p</i>
Race (choose all that apply)										
White	111	59.7%	465	62.2%	249	66.9%	216	57.4%	7.158	0.007
Black or African-American	64	34.3%	235	31.4%	96	25.8%	139	37.0%	10.812	0.001
Asian	1	0.5%	3	0.4%	1	0.3%	2	0.5%	N/A	
Native Hawaiian or Pacific Islander	0	0.0%	1	0.1%	0	0.0%	1	0.3%	N/A	
American Indian or Alaska Native	6	3.1%	25	3.3%	14	3.8%	11	2.9%	0.406	0.524

* Data are weighted to account for the proportion of Medicaid enrollees residing in counties which offer HMOs vs. those residing in counties which do not offer HMOs.

Satisfaction with the Medicaid Program: MediPass Enrollees Residing in HMO Counties vs. Non HMO Counties (weighted)

	Residents of All Counties (Weighted)		Residents of All Counties		Residents of Non HMO Counties		Residents of HMO Counties		Tests of Significance	
	N	% or s	N	% or s	N	% or s	N	% or s	χ^2 or t	p
Received New Doctor or Nurse When Enrolled										
Yes	73	40.1%	294	40.2%	146	40.3%	148	40.0%	0.008	0.927
No	110	59.9%	438	59.8%	216	59.7%	222	60.0%		
Problem Getting Satisfactory Doctor or Nurse										
Big Problem	13	18.1%	59	20.2%	35	24.3%	24	16.2%	6.585	0.037
Small Problem	11	14.9%	37	12.7%	12	8.3%	25	16.9%		
No Problem	49	67.0%	196	67.1%	97	67.4%	99	66.9%		
Has a Personal Doctor or Nurse										
Yes	146	78.3%	584	78.7%	289	78.1%	295	79.3%	0.158	0.691
No	39	20.8%	158	21.3%	81	21.9%	77	20.7%		
Mean Rating of Doctor or Nurse	8.68 ± 2.016		8.60 ± 2.006		8.46 ± 1.990		8.74 ± 2.015		1.691	0.091
Needed a Specialist										
Yes	88	47.6%	350	47.2%	171	46.3%	179	48.0%	0.202	0.653
No	97	52.4%	392	52.8%	198	53.7%	194	52.0%		
How Much of a Problem to Get Referral for Specialist										
Big Problem	21	24.7%	87	25.4%	45	26.6%	42	24.1%	1.036	0.596
Small Problem	13	15.2%	49	14.3%	21	12.4%	28	16.1%		
Not a Problem	52	60.0%	207	60.3%	103	60.9%	104	59.8%		
Saw a Specialist										
Yes	77	41.7%	306	41.1%	148	40.1%	158	42.1%	0.315	0.575
No	108	58.3%	438	58.9%	221	59.9%	217	57.9%		
Mean Rating of Specialist	8.32 ± 2.282		8.33 ± 2.304		8.34 ± 2.374		8.32 ± 2.245		0.09	0.928
Called Doctor's Office for Self During Regular Hours										
Yes	97	51.8%	394	53.1%	202	55.0%	192	51.2%	1.099	0.295
No	89	47.7%	348	46.9%	165	45.0%	183	48.8%		
Received Needed Help or Advice as a Result of Call										
Never	8	8.5%	31	7.9%	14	6.9%	17	9.0%	1.792	0.617
Sometimes	18	19.2%	80	20.5%	46	22.8%	34	18.0%		
Usually	17	18.1%	71	18.2%	37	18.3%	34	18.0%		

Satisfaction with the Medicaid Program: MediPass Enrollees Residing in HMO Counties vs. Non HMO Counties (weighted)

	Residents of All Counties (Weighted)		Residents of All Counties		Residents of Non HMO Counties		Residents of HMO Counties		Tests of Significance	
	N	% or s	N	% or s	N	% or s	N	% or s	χ^2 or <i>t</i>	<i>p</i>
Always	52	54.3%	209	53.5%	105	52.0%	104	55.0%		

Satisfaction with the Medicaid Program: MediPass Enrollees Residing in HMO Counties vs. Non HMO Counties (weighted)

	Residents of All Counties (Weighted)		Residents of All Counties		Residents of Non HMO Counties		Residents of HMO Counties		Tests of Significance	
	N	% or s	N	% or s	N	% or s	N	% or s	χ^2 or t	p
Made Appointment for Routine Health Care										
Yes	126	68.1%	507	68.6%	255	69.7%	252	67.6%	0.383	0.536
No	59	31.9%	232	31.4%	111	30.3%	121	32.4%		
Got Appointment for Routine Health Care as Soon as Wanted										
Never	5	4.1%	21	4.2%	11	4.3%	10	4.0%	4.201	0.241
Sometimes	19	15.3%	81	16.1%	45	17.8%	36	14.5%		
Usually	25	20.1%	108	21.5%	61	24.1%	47	18.9%		
Always	75	60.5%	292	58.2%	136	53.8%	156	62.7%		
Had Illness or Injury Needing Immediate Care										
Yes	91	48.8%	372	49.9%	193	52.0%	179	47.9%	1.29	0.256
No	95	51.2%	373	50.1%	178	48.0%	195	52.1%		
Got Immediate Care for Illness or Injury as Soon as Wanted										
Never	6	7.0%	24	6.5%	11	5.8%	13	7.4%	0.413	0.937
Sometimes	17	18.9%	70	19.1%	37	19.4%	33	18.8%		
Usually	16	18.3%	68	18.5%	36	18.8%	32	18.2%		
Always	50	55.8%	205	55.9%	107	56.0%	98	55.7%		
Number of Times Went to Doctor's Office or Clinic for Care for Self										
none	34	18.7%	131	18.0%	60	16.7%	71	19.2%		
1 time	29	16.0%	114	15.7%	54	15.0%	60	16.3%		
2 times	26	14.0%	101	13.9%	49	13.6%	52	14.1%		
3 times	20	10.8%	80	11.0%	41	11.4%	39	10.6%		
4 times	13	7.0%	51	7.0%	25	7.0%	26	7.0%		
5 to 9 times	38	20.6%	154	21.2%	80	22.3%	74	20.1%		
10+ times	24	13.0%	97	13.3%	50	13.9%	47	12.7%		
How Much of a Problem to Get Necessary Care										
Big Problem	21	14.0%	77	13.0%	33	11.1%	44	14.9%	2.845	0.241
Small Problem	26	17.3%	99	16.7%	46	15.5%	53	17.9%		
Not a Problem	101	68.7%	416	70.3%	217	73.3%	199	67.2%		

Satisfaction with the Medicaid Program: MediPass Enrollees Residing in HMO Counties vs. Non HMO Counties (weighted)

	Residents of All Counties (Weighted)		Residents of All Counties		Residents of Non HMO Counties		Residents of HMO Counties		Tests of Significance	
	N	% or s	N	% or s	N	% or s	N	% or s	χ^2 or t	p
Delays While Waiting for Approval from Program										
Big Problem	16	11.1%	65	11.0%	32	10.7%	33	11.2%	1.384	0.501
Small Problem	16	11.1%	62	10.5%	27	9.1%	35	11.9%		
Not a Problem	114	77.8%	465	78.5%	239	80.2%	226	76.9%		
Waited More Than 15 Minutes Past Appointment Time to See Provider										
Never	30	20.0%	115	19.4%	54	18.2%	61	20.6%	1.533	0.675
Sometimes	64	43.4%	253	42.7%	123	41.6%	130	43.9%		
Usually	18	12.0%	74	12.5%	40	13.5%	34	11.5%		
Always	36	24.6%	150	25.3%	79	26.7%	71	24.0%		
Office Staff at Doctor's Office Were Courteous and Respectful										
Never	4	2.6%	13	2.2%	4	1.3%	9	3.0%	2.246	0.523
Sometimes	12	8.4%	52	8.7%	28	9.4%	24	8.1%		
Usually	19	12.5%	75	12.6%	38	12.7%	37	12.5%		
Always	113	76.5%	456	76.5%	229	76.6%	227	76.4%		
Office Staff at Doctor's Office Were Helpful										
Never	6	3.7%	20	3.4%	8	2.7%	12	4.0%	2.549	0.467
Sometimes	19	12.9%	80	13.5%	43	14.5%	37	12.5%		
Usually	26	17.3%	108	18.2%	59	19.9%	49	16.5%		
Always	98	66.0%	386	65.0%	187	63.0%	199	67.0%		
Doctor or Other Provider Listened Carefully										
Never	5	3.3%	19	3.2%	9	3.0%	10	3.4%	0.477	0.924
Sometimes	21	14.0%	83	13.9%	41	13.7%	42	14.1%		
Usually	22	14.9%	92	15.4%	49	16.4%	43	14.4%		
Always	101	67.8%	403	67.5%	200	66.9%	203	68.1%		
Difficulty Communicating with Doctor Due to Language Barriers										
Never	114	76.9%	463	77.7%	236	79.2%	227	76.2%	10.249	0.017
Sometimes	23	15.4%	83	13.9%	33	11.1%	50	16.8%		
Usually	5	3.3%	17	2.9%	6	2.0%	11	3.7%		
Always	7	4.4%	33	5.5%	23	7.7%	10	3.4%		

Satisfaction with the Medicaid Program: MediPass Enrollees Residing in HMO Counties vs. Non HMO Counties (weighted)

	Residents of All Counties (Weighted)		Residents of All Counties		Residents of Non HMO Counties		Residents of HMO Counties		Tests of Significance	
	N	% or s	N	% or s	N	% or s	N	% or s	χ^2 or t	p
Doctor Explained Things so Patient Could Understand										
Never	7	4.8%	24	4.0%	8	2.7%	16	5.4%	2.845	0.416
Sometimes	21	14.0%	85	14.3%	44	14.8%	41	13.8%		
Usually	20	13.3%	80	13.5%	41	13.8%	39	13.1%		
Always	100	67.9%	405	68.2%	204	68.7%	201	67.7%		
Doctor Showed Respect for What Patient Said										
Never	8	5.2%	27	4.5%	10	3.3%	17	5.7%	3.25	0.355
Sometimes	17	11.2%	65	10.9%	31	10.4%	34	11.4%		
Usually	22	14.7%	93	15.6%	52	17.4%	41	13.8%		
Always	102	69.0%	411	69.0%	206	68.9%	205	69.0%		
Doctor Spent Enough Time With Patient										
Never	7	5.0%	29	4.9%	14	4.7%	15	5.1%	3.22	0.359
Sometimes	27	18.3%	103	17.3%	46	15.5%	57	19.2%		
Usually	23	15.3%	98	16.5%	56	18.9%	42	14.1%		
Always	91	61.5%	364	61.3%	181	60.9%	183	61.6%		
Mean Rating of All Health Care, from All Doctors and Health Providers	8.21 ± 2.234		8.25 ± 2.186		8.32 ± 2.103		8.18 ± 2.267		0.792	0.429
Needed an Interpreter to Speak with Doctor or Other Health Provider										
Yes	8	4.1%	34	4.5%	20	5.4%	14	3.7%	1.178	0.278
No	179	95.9%	714	95.5%	352	94.6%	362	96.3%		
How Often Received a Needed Interpreter										
Never	2	30.9%	9	26.5%	4	20.0%	5	35.7%	1.311	0.726
Sometimes	2	29.0%	10	29.4%	6	30.0%	4	28.6%		
Usually	1	9.6%	4	11.8%	3	15.0%	1	7.1%		
Always	2	30.5%	11	32.4%	7	35.0%	4	28.6%		
Received Information About Program When Enrolled										
Yes	73	63.5%	280	61.5%	126	57.5%	154	65.3%	2.86	0.091
No	42	22.6%	175	38.5%	93	42.5%	82	34.7%		

Satisfaction with the Medicaid Program: MediPass Enrollees Residing in HMO Counties vs. Non HMO Counties (weighted)

	Residents of All Counties (Weighted)		Residents of All Counties		Residents of Non HMO Counties		Residents of HMO Counties		Tests of Significance	
	N	% or s	N	% or s	N	% or s	N	% or s	χ^2 or t	p
How Much of Given Information Was Correct										
All of It	43	61.0%	169	62.8%	81	66.9%	88	59.5%	2.895	0.408
Most of It	22	31.7%	83	30.9%	35	28.9%	48	32.4%		
Some of It	5	6.8%	16	5.9%	5	4.1%	11	7.4%		
None of It	0	0.5%	1	0.4%	0	0.0%	1	0.7%		
Looked for Information in Written Materials from Program										
Yes	41	22.4%	165	22.2%	81	22.0%	84	22.5%	0.022	0.883
No	144	77.6%	577	77.8%	287	78.0%	290	77.5%		
How Much of a Problem to Find or Understand Information in Written Materials										
Big Problem	7	16.0%	27	16.5%	14	17.3%	13	15.7%	0.695	0.707
Small Problem	10	25.2%	39	23.8%	17	21.0%	22	26.5%		
Not a Problem	24	58.7%	98	59.8%	50	61.7%	48	57.8%		
Called Program's Enrollee Service for Information or Help										
Yes	48	25.6%	186	25.0%	88	23.7%	98	26.2%	0.613	0.434
No	138	74.4%	559	75.0%	283	76.3%	276	73.8%		
How Much of a Problem to Get Needed Help from Program's Enrollee Service										
Big Problem	13	27.7%	45	24.2%	15	17.0%	30	30.6%	4.867	0.088
Small Problem	10	20.9%	42	22.6%	23	26.1%	19	19.4%		
Not a Problem	25	51.5%	99	53.2%	50	56.8%	49	50.0%		
Experience with Paperwork for Program										
Yes	32	17.6%	137	18.6%	75	20.5%	62	16.7%	1.74	0.187
No	152	82.4%	600	81.4%	291	79.5%	309	83.3%		
How Much of a Problem was the Paperwork for Program										
Big Problem	6	18.2%	21	15.3%	8	10.7%	13	21.0%	2.816	0.245
Small Problem	7	23.0%	32	23.4%	18	24.0%	14	22.6%		
Not a Problem	19	58.9%	84	61.3%	49	65.3%	35	56.5%		
Mean Overall Rating of Health Plan	7.93 ± 2.467		7.88 ± 2.502		7.79 ± 2.577		7.98 ± 2.425		-0.978	0.328

Satisfaction with the Medicaid Program: MediPass Enrollees Residing in HMO Counties vs. Non HMO Counties (weighted)

	Residents of All Counties (Weighted)		Residents of All Counties		Residents of Non HMO Counties		Residents of HMO Counties		Tests of Significance	
	N	% or s	N	% or s	N	% or s	N	% or s	χ^2 or <i>t</i>	<i>p</i>

* Data are weighted to account for the proportion of Medicaid enrollees residing in counties which offer HMOs vs. those residing in counties which do not offer HMOs.

Demographic Characteristics of Survey Respondents by Mode of Survey Administration (unweighted)

	Telephone + Mail N=943		Telephone N=748		Mail N=195		Tests of Significance	
	N	% or s	N	% or s	N	% or s	χ^2 or <i>t</i>	<i>p</i>
Race								
White	593	62.9%	465	62.2%	128	65.6%	0.800	0.371
Black or African-American	292	31.0%	235	31.4%	57	29.2%	0.346	0.556
Asian	4	0.4%	3	0.4%	1	0.5%	N/A	N/A
Native Hawaiian or Pacific Islander	1	0.1%	1	0.1%	0	0.0%	N/A	N/A
American Indian or Alaska Native	31	3.3%	25	3.3%	6	3.1%	0.034	0.853
Primary Language Spoken at Home								
English	896	95.8%	712	95.6%	184	96.8%		
Spanish	27	2.9%	23	3.1%	4	2.1%	0.630	0.730
Other	12	1.3%	10	1.3%	2	1.1%		

Satisfaction with the Medicaid Program by Mode of Survey Administration (unweighted)

	Telephone + Mail		Telephone		Mail		Tests of Significance	
	N	% or s	N	% or s	N	% or s	χ^2 or <i>t</i>	<i>p</i>
Received New Doctor or Nurse When Enrolled								
Yes	391	42.6%	294	40.2%	97	52.2%	8.715	0.003
No	527	57.4%	438	59.8%	89	47.8%		
Problem Getting Satisfactory Doctor or Nurse								
Big Problem	72	19.5%	59	20.2%	13	16.9%	8.258	0.016
Small Problem	57	15.4%	37	12.7%	20	26.0%		
No Problem	240	65.0%	196	67.1%	44	57.1%		
Has a Personal Doctor or Nurse								
Yes	720	77.6%	584	78.7%	136	73.1%	2.67	0.102
No	208	22.4%	158	21.3%	50	26.9%		
Needed a Specialist								
Yes	448	48.2%	350	47.2%	98	52.4%	1.64	0.2
No	481	51.8%	392	52.8%	89	47.6%		
How Much of a Problem to Get Referral for Specialist								
Big Problem	103	24.2%	87	25.4%	16	19.3%	1.46	0.482
Small Problem	63	14.8%	49	14.3%	14	16.9%		
Not a Problem	260	61.0%	207	60.3%	53	63.9%		
Saw a Specialist								
Yes	394	42.3%	306	41.1%	88	47.1%	2.153	0.142
No	537	57.7%	438	58.9%	99	52.9%		
Called Doctor's Office for Self During Regular Hours								
Yes	518	55.6%	394	53.1%	124	65.3%	9.065	0.003
No	414	44.4%	348	46.9%	66	34.7%		

Satisfaction with the Medicaid Program by Mode of Survey Administration (unweighted)

	Telephone + Mail		Telephone		Mail		Tests of Significance	
	N	% or s	N	% or s	N	% or s	χ^2 or t	p
Received Needed Help or Advice as a Result of Call								
Never	34	6.8%	31	7.9%	3	2.8%	6.881	0.076
Sometimes	100	20.1%	80	20.5%	20	18.9%		
Usually	100	20.1%	71	18.2%	29	27.4%		
Always	263	52.9%	209	53.5%	54	50.9%		
Made Appointment for Routine Health Care								
Yes	650	70.0%	507	68.6%	143	75.7%	3.57	0.059
No	278	30.0%	232	31.4%	46	24.3%		
Got Appointment for Routine Health Care as Soon as Wanted								
Never	23	3.7%	21	4.2%	2	1.6%	8.93	0.03
Sometimes	105	16.8%	81	16.1%	24	19.5%		
Usually	147	23.5%	108	21.5%	39	31.7%		
Always	350	56.0%	292	58.2%	58	47.2%		
Had Illness or Injury Needing Immediate Care								
Yes	469	50.1%	372	49.9%	97	50.8%	0.044	0.834
No	467	49.9%	373	50.1%	94	49.2%		
Got Immediate Care for Illness or Injury as Soon as Wanted								
Never	26	5.8%	24	6.5%	2	2.4%	5.096	0.165
Sometimes	84	18.7%	70	19.1%	14	16.9%		
Usually	91	20.2%	68	18.5%	23	27.7%		
Always	249	55.3%	205	55.9%	44	53.0%		

Satisfaction with the Medicaid Program by Mode of Survey Administration (unweighted)

	Telephone + Mail		Telephone		Mail		Tests of Significance	
	N	% or s	N	% or s	N	% or s	χ^2 or t	p
Number of Times Went to Doctor's Office or Clinic for Care for Self								
none	162	17.7%	131	18.0%	31	16.4%	14.318	0.026
1 time	133	14.5%	114	15.7%	19	10.1%		
2 times	132	14.4%	101	13.9%	31	16.4%		
3 times	103	11.2%	80	11.0%	23	12.2%		
4 times	78	8.5%	51	7.0%	27	14.3%		
5 to 9 times	190	20.7%	154	21.2%	36	19.0%		
10+ times	119	13.0%	97	13.3%	22	11.6%		
How Much of a Problem to Get Necessary Care								
Big Problem	91	12.3%	77	13.0%	14	9.7%	1.34	0.512
Small Problem	126	17.1%	99	16.7%	27	18.6%		
Not a Problem	520	70.6%	416	70.3%	104	71.7%		
Delays While Waiting for Approval from Program								
Big Problem	76	10.3%	65	11.0%	11	7.5%	3.506	0.173
Small Problem	84	11.4%	62	10.5%	22	15.0%		
Not a Problem	579	78.3%	465	78.5%	114	77.6%		
Waited More Than 15 Minutes Past Appointment Time to See Provider								
Never	139	18.8%	115	19.4%	24	16.3%	1.753	0.625
Sometimes	313	42.4%	253	42.7%	60	40.8%		
Usually	97	13.1%	74	12.5%	23	15.6%		
Always	190	25.7%	150	25.3%	40	27.2%		
Office Staff at Doctor's Office Were Courteous and Respectful								
Never	17	2.3%	13	2.2%	4	2.7%	4.629	0.201
Sometimes	62	8.3%	52	8.7%	10	6.8%		
Usually	103	13.9%	75	12.6%	28	19.0%		
Always	561	75.5%	456	76.5%	105	71.4%		

Satisfaction with the Medicaid Program by Mode of Survey Administration (unweighted)

	Telephone + Mail		Telephone		Mail		Tests of Significance	
	N	% or s	N	% or s	N	% or s	χ^2 or t	p
Office Staff at Doctor's Office Were Helpful								
Never	23	3.1%	20	3.4%	3	2.0%	12.778	0.005
Sometimes	92	12.4%	80	13.5%	12	8.2%		
Usually	153	20.6%	108	18.2%	45	30.6%		
Always	473	63.8%	386	65.0%	87	59.2%		
Doctor or Other Provider Listened Carefully								
Never	26	3.5%	19	3.2%	7	4.7%	5.234	0.155
Sometimes	101	13.6%	83	13.9%	18	12.2%		
Usually	125	16.8%	92	15.4%	33	22.3%		
Always	493	66.2%	403	67.5%	90	60.8%		
Difficulty Communicating With Doctor Due to Language Barriers								
Never	569	76.6%	463	77.7%	106	72.1%	2.808	0.422
Sometimes	106	14.3%	83	13.9%	23	15.6%		
Usually	24	3.2%	17	2.9%	7	4.8%		
Always	44	5.9%	33	5.5%	11	7.5%		
Doctor Explained Things So That Patient Could Understand								
Never	32	4.3%	24	4.0%	8	5.4%	5.058	0.168
Sometimes	111	15.0%	85	14.3%	26	17.7%		
Usually	107	14.4%	80	13.5%	27	18.4%		
Always	491	66.3%	405	68.2%	86	58.5%		
Doctor Showed Respect for What Patient Said								
Never	34	4.6%	27	4.5%	7	4.8%	7.98	0.046
Sometimes	88	11.8%	65	10.9%	23	15.6%		
Usually	126	17.0%	93	15.6%	33	22.4%		
Always	495	66.6%	411	69.0%	84	57.1%		

Satisfaction with the Medicaid Program by Mode of Survey Administration (unweighted)

	Telephone + Mail		Telephone		Mail		Tests of Significance	
	N	% or s	N	% or s	N	% or s	χ^2 or t	p
Doctor Spent Enough Time With Patient								
Never	38	5.1%	29	4.9%	9	6.3%	13.19	0.004
Sometimes	129	17.5%	103	17.3%	26	18.1%		
Usually	139	18.8%	98	16.5%	41	28.5%		
Always	432	58.5%	364	61.3%	68	47.2%		
Needed an Interpreter to Speak with Doctor or Other Health Provider								
Yes	41	4.4%	34	4.5%	7	3.8%	0.217	0.641
No	893	95.6%	714	95.5%	179	96.2%		
(Of those who needed an Interpreter)								
How Often Received a Needed Interpreter								
Never	10	25.0%	9	26.5%	1	16.7%	N/A	N/A
Sometimes	12	30.0%	10	29.4%	2	33.3%		
Usually	4	10.0%	4	11.8%	0	0.0%		
Always	14	35.0%	11	32.4%	3	50.0%		
Use Current Medicaid Program for All or Most of Health Care								
Yes	587	96.9%	470	96.9%	117	96.7%	181.14	<0.001
No	19	3.1%	15	3.1%	4	3.3%		
Patient Choice of Program								
Chose Myself	243	41.5%	197	42.4%	46	38.3%	0.639	0.424
Was Told	342	58.5%	268	57.6%	74	61.7%		
Received Information About Program When Enrolled								
Yes	345	60.2%	280	61.5%	65	55.1%	174.991	<0.001
No	228	39.8%	175	38.5%	53	44.9%		

Satisfaction with the Medicaid Program by Mode of Survey Administration (unweighted)

	Telephone + Mail		Telephone		Mail		Tests of Significance	
	N	% or s	N	% or s	N	% or s	χ^2 or t	p
How Much of Given Information Was Correct								
All of It	210	63.6%	169	62.8%	41	67.2%	N/A	N/A
Most of It	95	28.8%	83	30.9%	12	19.7%		
Some of It	22	6.7%	16	5.9%	6	9.8%		
None of It	3	0.9%	1	0.4%	2	3.3%		
Looked for Information in Written Materials from Program								
Yes	204	22.0%	165	22.2%	39	21.2%	0.093	0.76
No	722	78.0%	577	77.8%	145	78.8%		
How Much of a Problem to Find or Understand Information in Written Materials								
Big Problem	35	17.8%	27	16.5%	8	24.2%	2.385	0.303
Small Problem	49	24.9%	39	23.8%	10	30.3%		
Not a Problem	113	57.4%	98	59.8%	15	45.5%		
Called Program's Enrollee Service for Information or Help								
Yes	226	24.3%	186	25.0%	40	21.6%	0.901	0.342
No	704	75.7%	559	75.0%	145	78.4%		
(Of those who called Enrollee Services)								
How Much of a Problem to Get Needed Help from Program's Enrollee Service								
Big Problem	57	25.7%	45	24.2%	12	33.3%	1.324	0.516
Small Problem	49	22.1%	42	22.6%	7	19.4%		
Not a Problem	116	52.3%	99	53.2%	17	47.2%		
Experience with Paperwork for Program								
Yes	182	19.7%	137	18.6%	45	24.1%	2.827	0.093
No	742	80.3%	600	81.4%	142	75.9%		

Satisfaction with the Medicaid Program by Mode of Survey Administration (unweighted)

	Telephone + Mail		Telephone		Mail		Tests of Significance	
	N	% or s	N	% or s	N	% or s	χ^2 or <i>t</i>	<i>p</i>
How Much of a Problem was the Paperwork for Program								
Big Problem	27	15.3%	21	15.3%	6	15.0%	0.295	0.863
Small Problem	43	24.3%	32	23.4%	11	27.5%		
Not a Problem	107	60.5%	84	61.3%	23	57.5%		