

Florida Medicaid Adult Enrollee Satisfaction: A Chartbook

Comparing Managed Care Arrangements
and Fee-for-Service, 2004

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ABOUT THIS CHARTBOOK

This chartbook presents an analysis of adult enrollee satisfaction with the Florida Medicaid program. 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 HMOs (as a group), Medicaid Fee-for-Service (FFS), MediPass, the Minority Physician Network or MPN, and the Provider Service Network or PSN. MediPass data are presented according to whether the respondents resided in a county which offers only MediPass (MediPass “No Choice” counties), or in a county which offers other types of plans (MediPass “Choice” counties). MPN data are presented according to whether the respondents were served by NetPass or PhyTrust.

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. A more complete description can be found in the Technical Appendix which accompanies this document. Complete survey instruments, frequencies for each item, and detailed eligibility category information may also be found in this appendix.

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Summary of Major Findings

SUMMARY OF MAJOR FINDINGS

In terms of satisfaction with care, the major finding presented in this chartbook is that adult Medicaid enrollees overall are satisfied with the care they receive. Enrollees also reported positively on many important indicators of health care quality.

Nearly three-quarters (73%) of enrollees reported that it is “not a problem” finding a satisfactory primary care provider in Medicaid. This figure is more favorable than the national average (67%) among Medicaid adults. All of the Medicaid programs reported positively on this measure, though the FFS and PSN enrollees reported particularly positively.

Enrollees were also overwhelmingly positive about the timeliness of acquiring both non-urgent and urgent care. Sixty percent of enrollees reported that they “always” got non-urgent care appointments as soon as they wanted. This figure also compares quite favorably with the national average of 48%. The FFS group reported most positively on this measure, while the MediPass No Choice group, which is made up of mostly rural-dwellers, reported least favorably. Sixty percent of enrollees reported that they “always” got urgent care as soon as they wanted it. Again, this figure compares favorably with national average of 56% among Medicaid-enrolled adults. Reports from the PSN were overwhelmingly superior to those of the other groups on this measure, with 75% of respondents reporting that they “always” got urgent care as soon as they wanted it. It is noteworthy that the PSN’s performance on this measure outshines that of the national averages for Medicaid, commercial health plans, and Medicare.

Other positive findings from the chartbook include:

- Eighty percent of enrollees surveyed reported having a usual source of care
- More than three-quarters of enrollees reported that their providers “usually” or “always” spent “enough” time with them
- The vast majority (86%) reported that they were “usually” or “always” involved in their health care

SUMMARY OF MAJOR FINDINGS, continued

decision making, and 80% report it was “not a problem” to get their providers to agree with them on the best way to manage their health conditions.

Though most of the findings were positive, there were some areas in which the reports were less favorable. Providing adequate access to specialty care has long been a challenge for Medicaid programs across the country. Reports from Florida Medicaid enrollees suggest that experiences vary widely. A large portion (68%) of respondents indicated it was “not a problem” to see a specialist in Medicaid. This figure compares favorably to the national Medicaid average of 64%. However, a significant portion of enrollees, 32%, report having a problem. More than half of these, or 20% overall, reported it was “a big problem,” and this figure compares unfavorably to the national Medicaid average of 17%. Some of this variation in experiences can be explained by the significant differences in the reports of the various program components. The most favorable ratings came from the FFS population, in which 76% reported it was “not a problem” to see a specialist, and 14% reported it was “a big problem.” The least favorable ratings came from the MediPass No Choice group, in which 58% reported it was “not a problem” and 30% reported “a big problem.” (The No Choice group is by-and-large made up of enrollees residing in rural counties, where access to specialty care is as much a function of geography as it is of program structure.)

Most enrollees in Medicaid (70%) reported it was “not a problem” to get needed care, tests, or treatment through Medicaid. However, 30% reported having a problem, and almost half of these, or 14% overall, indicated it was “a big problem.” National Medicaid figures show 75% of enrollees reporting that, in their Medicaid program, it was “not a problem” to get care, tests or treatment, and only 9% reporting having “a big problem.”

Getting assistance by phone was problematic for many Medicaid enrollees. More than half (55%) of enrollees surveyed reported having problems getting this assistance, with more than half of these, or 34% overall, reporting a “big problem” and 22% overall reporting “a small problem.” Only

SUMMARY OF MAJOR FINDINGS, continued

45% of those surveyed reported it was “not a problem” to get this assistance. The program components did not vary significantly on this measure, though it is noteworthy that the Medicaid HMO enrollees did appear to report considerably more favorably. (A statistical comparison of the HMO group with the other groups is outside the scope of this chartbook.) It is important to consider that the survey question does not differentiate between centralized Medicaid customer service lines and program-specific customer service lines. It is, thus, difficult to determine where the problems exist.

Among the most striking findings presented in this chartbook is the overwhelming portion – sixty percent - of Medicaid enrollees who reported their health status as “fair” or “poor.” While Medicaid is known to be a program that covers many chronically ill Floridians, it is also a program that covers low-income families, refugees, and others. It is sobering to consider that the majority of adult enrollees consider their health to be so poor. Two groups of enrollees, the MPN: PhyTrust group and the MediPass No Choice group, had the “best” health ratings, with a larger portion of enrollees reporting “excellent” or “very good” health and a smaller portion of enrollees reporting “fair” or “poor” health. The Medicaid HMO group also seemed to have better health ratings than the other groups, though a statistical comparison with other groups is outside the scope of this report.

Another striking finding is that a large portion of Medicaid enrollees (44%) consider themselves to be in “fair” or “poor” mental health, and 45% of those surveyed scored within the “moderate” to “severe” depression range on a depression screener. Among the program components, the MediPass Choice group (which is made up of enrollees who reside in mostly urban counties that offer a choice of care arrangements) had the largest portion of respondents in the “moderate” to “severe” depression range. Mental health conditions, while more difficult to detect than some physical conditions, can be equally debilitating and can affect quality of life significantly. Patients who are depressed may not feel capable of caring for themselves and performing health-related or

SUMMARY OF MAJOR FINDINGS, continued

other tasks as necessary.

Several indicators of quality of patient experience were compared by race and ethnicity of respondent. For most indicators, there were no statistically significant differences in the experiences of enrollees by racial or ethnic group. However, for the indicator measuring the patient's perception that the doctor "showed respect for what the patient said," significant differences were found. A larger portion of Hispanic enrollees, compared with non-Hispanics, reported that their doctor "usually" or "always" showed respect for what they said. While this difference across groups is statistically significant, it is, however, too small to have any practical importance. Thus, it appears that, across all racial and ethnic groups, patients are equally likely to report favorable health care experiences.

Enrollee ratings of physical health status also do not appear to be influenced by their race or ethnicity. However, marginally statistically significant differences were found in how the various racial and ethnic groups described their mental health status. Over 50% of Hispanic enrollees said their mental health was "fair" or "poor" compared to about 38% of whites and 41% of blacks. One possible explanation for the difference could be due to cultural dissimilarities in the interpretation of the question.

Introduction

Florida Medicaid Includes Many Care Arrangements, including Managed Care and Fee for Service

Most Medicaid recipients are required to obtain services through managed care. Those who are dual-enrolled in Medicare or who reside in a nursing facility are exempt from this requirement, and, thus, obtain care through the Medicaid providers of their choice on a fee-for-service (FFS) basis.

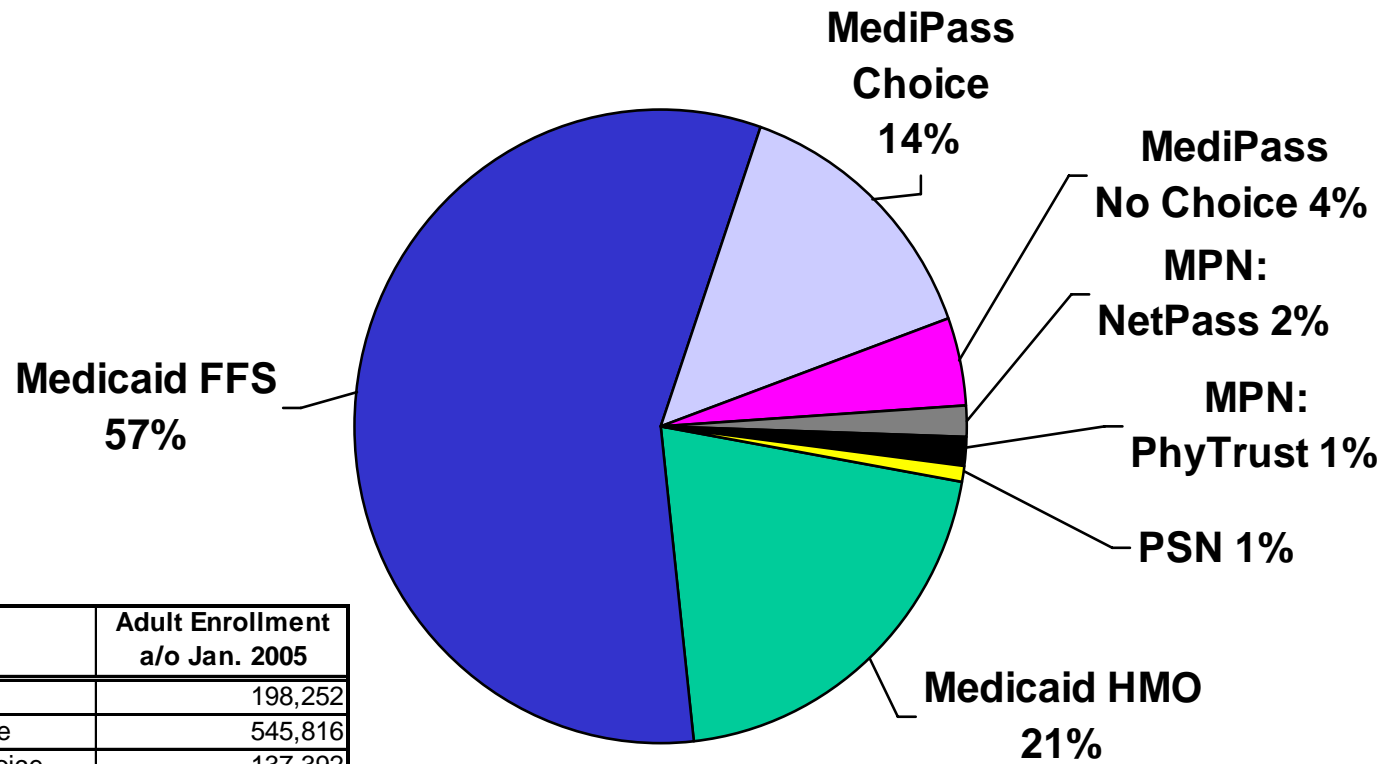
Among the managed care arrangements available to adult Medicaid enrollees are the following:

- 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 structure differs. 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 8 Medicaid HMOs, the MediPass program, the MPN, and the PSN. Counties offering only MediPass are generally rural. These “No Choice” counties are expected to have worse access to care compared with the more urban “Choice” counties. The table that follows give adult enrollment among the various care arrangements, and the accompanying chart shows the percentage of total adult enrollment made up by each arrangement.

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

Adult Enrollment in Medicaid Managed Care Organizations and Fee-for-Service Plans



	Adult Enrollment a/o Jan. 2005
HMO	198,252
Fee for Service	545,816
MediPass Choice	137,392
MediPass No Choice	42,623
MPN: NetPass	16,511
MPN: PhyTrust	13,784
PSN	7,079

Source: Medicaid Administrative Data for January 2005

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 January, 2005, there were 12 Medicaid HMOs operating in the state, with a total adult (age 21+ years old) enrollment of roughly 200,000 persons. Medicaid HMOs are available in 33 of the 67 Florida counties. As a general rule, HMOs are offered in more urban counties, and, in populous counties like Miami-Dade, Broward, Palm Beach, Hillsborough, Pinellas, and Orange, four 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 have a more difficult time accessing care. The table to the right gives the total adult enrollment, as of January, 2005, for each HMO. It is worthy of note that 3 plans, Amerigroup, Healthease, and Staywell, make up 71% of adult Medicaid HMO enrollment.

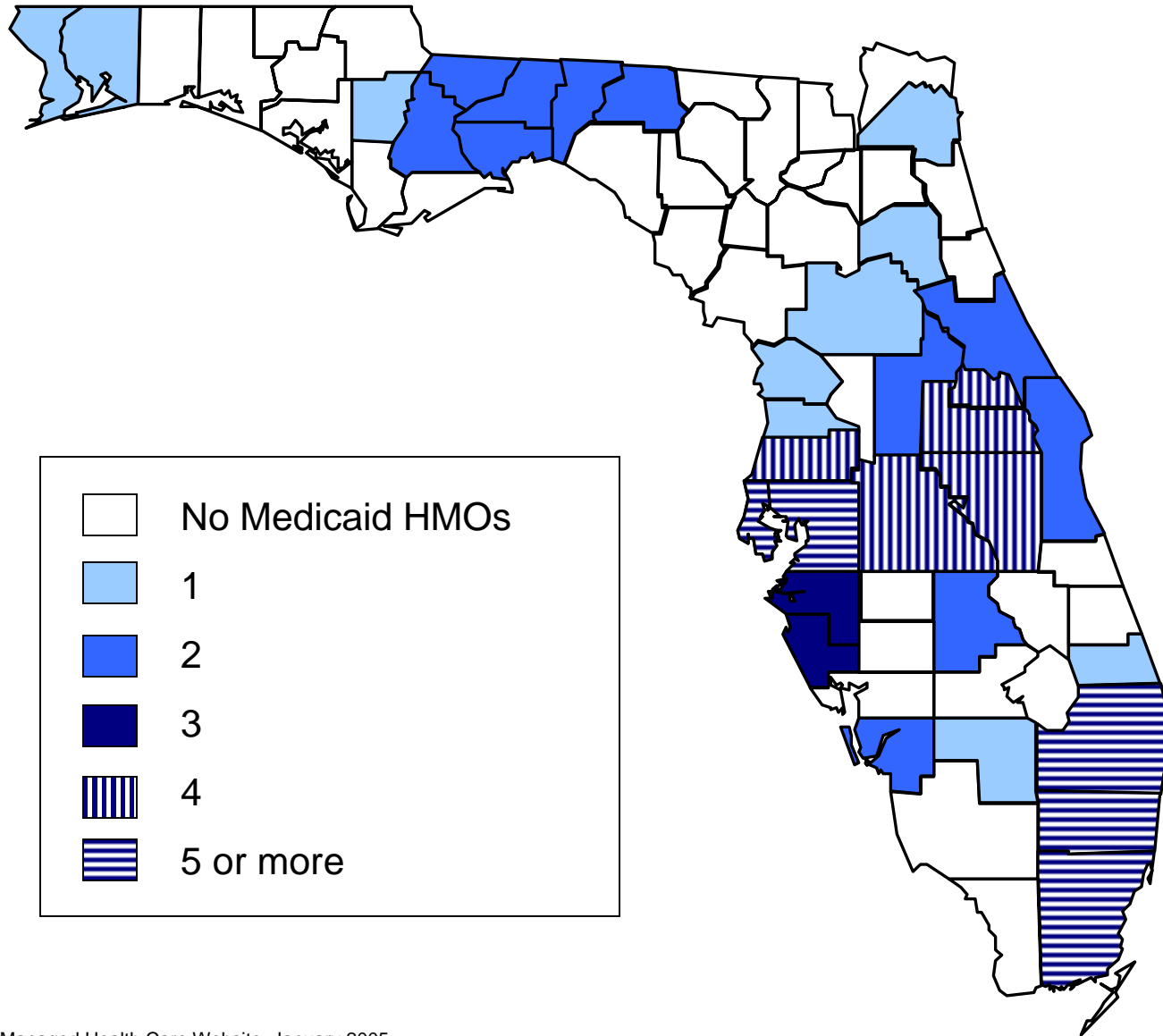
Plan Name	Total Adult Enrollment	Market Share of HMO Members
Amerigroup	40,345	20.4%
Buena Vista	6,864	3.5%
Citrus Health Care	2,259	1.1%
Healthease	58,144	29.3%
Healthy Palm Beaches	521	0.3%
Humana Family	13,865	7.0%
JMH Health Plan	4,019	2.0%
Preferred Medical Plan	4,650	2.3%
Staywell	42,521	21.4%
United ElderCare	2,996	1.5%
United Healthcare Plan	18,805	9.5%
VISTA HealthPlan of S. FL	3,263	1.6%
TOTAL	198,252	100.0%

Source: Medicaid Administrative Data for January 2005

The maps on the following pages show HMO availability by county, and enrollment by county.

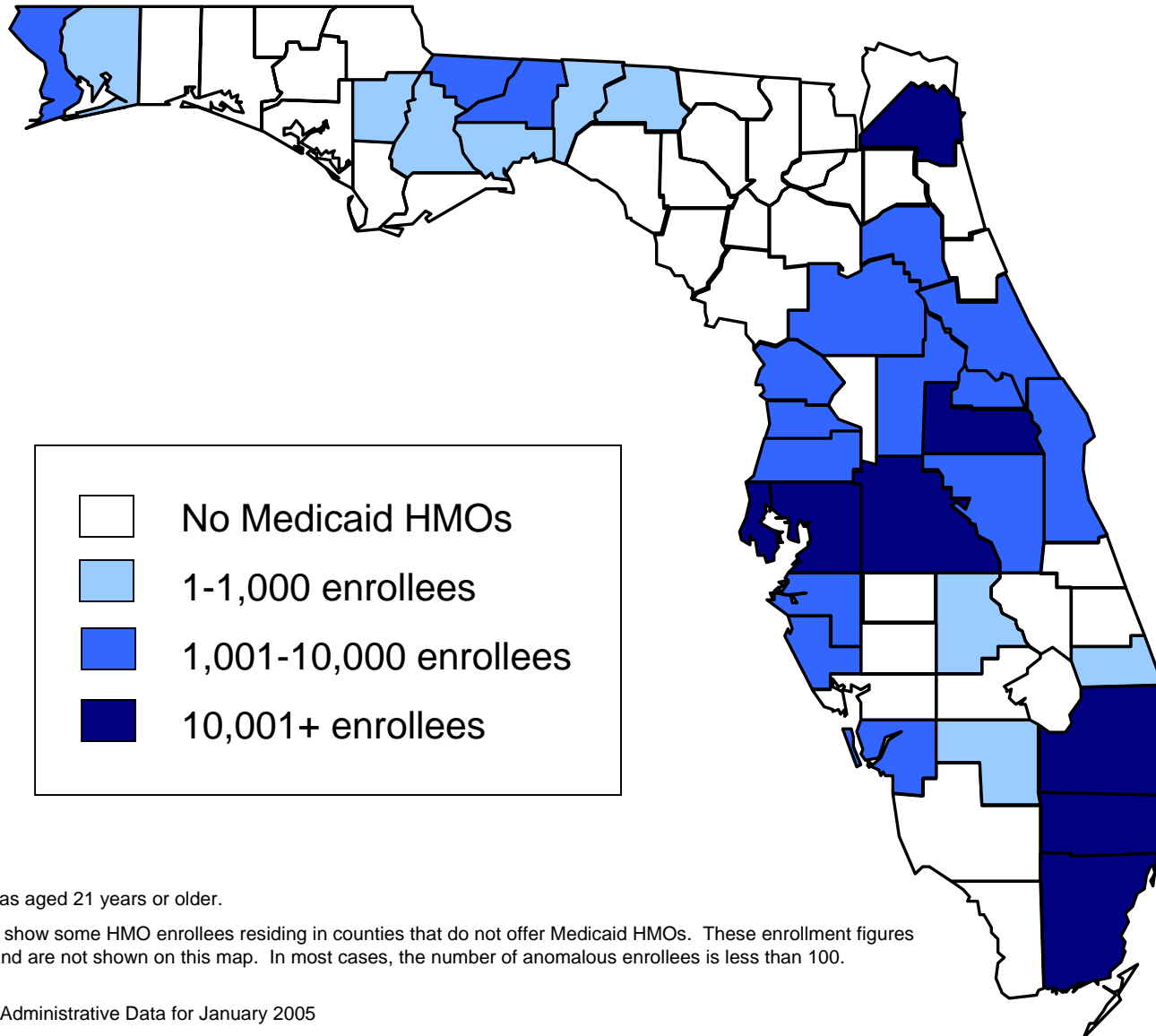
Large portions of this section of the chartbook are taken directly from the Florida Medicaid Summary of Services, FY 2004-2005.

Number of Medicaid HMOs Operating in Each Florida County



Source: AHCA Managed Health Care Website, January 2005

Number of Adult* Medicaid HMO Enrollees by County**



*Adults defined as aged 21 years or older.

**Medicaid data show some HMO enrollees residing in counties that do not offer Medicaid HMOs. These enrollment figures are anomalies and are not shown on this map. In most cases, the number of anomalous enrollees is less than 100.

Source: AHCA Administrative Data for January 2005

Medicaid Managed Care Arrangements, continued

Medicaid HMOs, continued

Enrollment in any particular Medicaid HMO is specific to certain eligibility categories, counties, and zip codes within counties. The following Medicaid recipients are not eligible to enroll in Medicaid HMOS:

- Recipients who reside in an intermediate care facility for the developmentally disabled, nursing facility, state mental hospital, or state-operated residential program;
- Recipients who are under the age of 21 and are enrolled in Children's Medical Services or attend a prescribed pediatric extended care center;
- Recipients who receive hospice;
- Recipients who are enrolled in a Medicare or private HMO or other creditable health care insurance such as TRICARE; and,
- Recipients who are only eligible for limited Medicaid under such programs as the Family Planning waiver, Medically Needy or Qualified Medicare Beneficiary groups.

Large portions of this section of the chartbook are taken directly from the Florida Medicaid Summary of Services, FY 2004-2005.

Medicaid Managed Care Arrangements, continued

MediPass

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 reimbursement for services that are rendered.

Adult enrollment in MediPass exceeds 180,000 adult beneficiaries statewide. Of this 180,000, roughly 137,000 are residents of a county that offers MediPass as well as one or more other managed care options (e.g., Medicaid HMOs, MPNs, or PSN). The remaining 43,000 recipients reside in one of the 34 Florida counties in which MediPass is the only managed care arrangement offered. These "no choice" counties tend to be more rural when compared with the "choice" counties.

Large portions of this section of the chartbook are taken directly from the Florida Medicaid Summary of Services, FY 2004-2005.

Medicaid Managed Care Arrangements, continued

Minority Physician Networks or MPNs

The Minority Physician Network (MPN) program contracts with physician-owned organizations consisting largely of providers belonging to racial and ethnic minority groups. The program was initiated through contracts with two such organizations in Miami-Dade and Broward counties; NetPass and PhyTrust. The networks are made up of primary care providers (PCPs) who are responsible for managing care for MediPass beneficiaries.

Each of the MPN organizations has invested in computer systems to track and analyze beneficiary utilization data. These computer systems enable the MPNs to distribute to their PCPs detailed and structured utilization and provider data in the form of periodic performance reports.

Payments to the MPN organizations include a \$3.00 per member per month management fee and fee-for-service reimbursement for medical services. Since its inception, the MPN pilot project has grown and spread to Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, and Polk counties. In Miami-Dade, Broward, and Palm Beach counties, total MPN enrollment reached one-quarter of total MediPass enrollment within two years of inception.

Large portions of this section of the chartbook are taken directly from the Florida Medicaid Summary of Services, FY 2004-2005.

Medicaid Managed Care Arrangements, continued

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 7,000. The South Florida Community Care Network (SFCCN) PSN is composed of the Public Health Trust of Miami-Dade County (PHT), the Memorial Healthcare System (MHS), and the North Broward Hospital District (NBHD). SFCCN enrollees receive the majority of their health care through the PSN.

Out of network care provided to PSN enrollees (for PSN-managed services) must be authorized by and claims must be submitted to the PSN in order for the claims to be paid by the Medicaid fiscal agent. All Medicaid covered services are available to PSN enrollees. However, the SFCCN does not manage community behavioral health, targeted case management, hospice, nursing facility, dental, transportation, early intervention, medical foster care, prescribed pediatric extended care, school based or waiver services.

The following categories of recipients are eligible to enroll in a PSN:

- Low Income Families and Children
- 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

Large portions of this section of the chartbook are taken directly from the Florida Medicaid Summary of Services, FY 2004-2005.

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,
- Children and families, and,
- Aged, blind and disabled people, including people needing institutional care.

The following chart shows adult Medicaid enrollment by eligibility category.

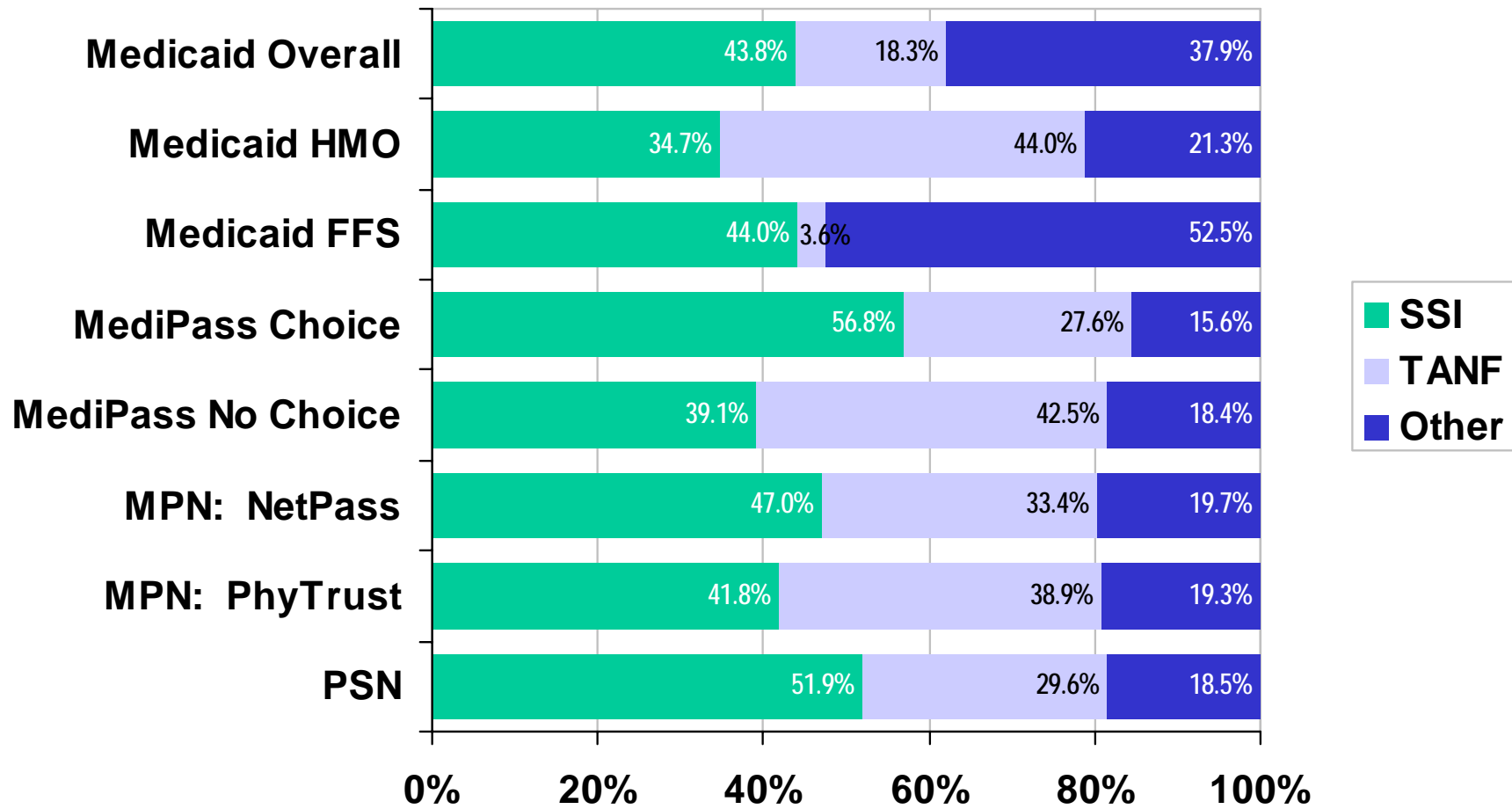
Eligibility for Supplemental Security Income, or SSI, is determined by the Social Security Administration. All SSI recipients residing in Florida are automatically entitled to Florida Medicaid with full benefits. To be eligible for an SSI check, an individual must be age 65 or older or, if under age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

There are 5 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 18% of adult Medicaid enrollment. 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.

Adult Medicaid Enrollment by Eligibility Category, 2005



Source: Medicaid administrative data for January 2005

Methods

Medicaid HMO Data

The Medicaid HMO data presented in this chartbook were gathered separately from the data for the other care arrangements. The State Center for Health Statistics 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, and different versions of the CAHPS 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, Citrus Health Care and Healthy Palm Beaches, were not surveyed because they enroll relatively few Medicaid beneficiaries. Together, they represent 1.5% of the total adult HMO enrollment in Medicaid.

Survey Instrument

Most data for this chartbook were collected by means of a telephone survey of enrollees, conducted in the Spring of 2005. For all but the HMO surveys, which were administered by AHCA separately, the survey instrument used was made up of three standardized questionnaires: The Consumer Assessment of Health Plans Survey (CAHPS) version 3.0, the SF-12 version 2, and the PHQ-9. Complete versions of the survey instruments can be found in the technical appendix to this document.

The CAHPS version 3.0 is a family of standardized survey instruments, used widely in the health care industry to assess enrollee satisfaction with health plans. The CAHPS includes questions about enrollees' experiences with primary care, specialty care, other types of care and health plan administration. Demographics and health status measures are also included in the CAHPS.

The CAHPS survey used for all but the HMO surveys includes the Adult Medicaid "Core" questionnaire, as well as the Supplemental Questions related to chronic conditions, dental care, claims management, prescription medicine, transportation, special health services, and smoking cessation.

CAHPS 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 US Agency for Healthcare Research and Quality, publishes national "average" or benchmark scores for each of the types of plans.

The SF-12 is a 12-item health status measure that is used widely in studies conducted around the world. The SF-12 includes items measuring both physical and mental health.

The PHQ-9 is a 10-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. The MediPass sample was further stratified according to whether the enrollees resided in a county which offered other managed care options (the MediPass “Choice” group) or in a county which did not offer other managed care options (the MediPass “No Choice” group). The MPN group was also stratified according to whether enrollees were served by NetPass or PhyTrust.

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.

Statistical Weighting and Confidence Intervals

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 January, 2005. 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 January, 2005 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 57% 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 survey results given here will fall within a range of plus or minus 5% of the given value.

Describing the Populations

Demographics

Majority of Medicaid Enrollees Surveyed are Females

Nearly 71% of enrollees surveyed were female, while 29% were male. This is similar to the actual gender distribution in Medicaid, in which 68% are female and 32% are male*. There were no significant differences between the seven Medicaid programs in terms of gender breakdown.

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

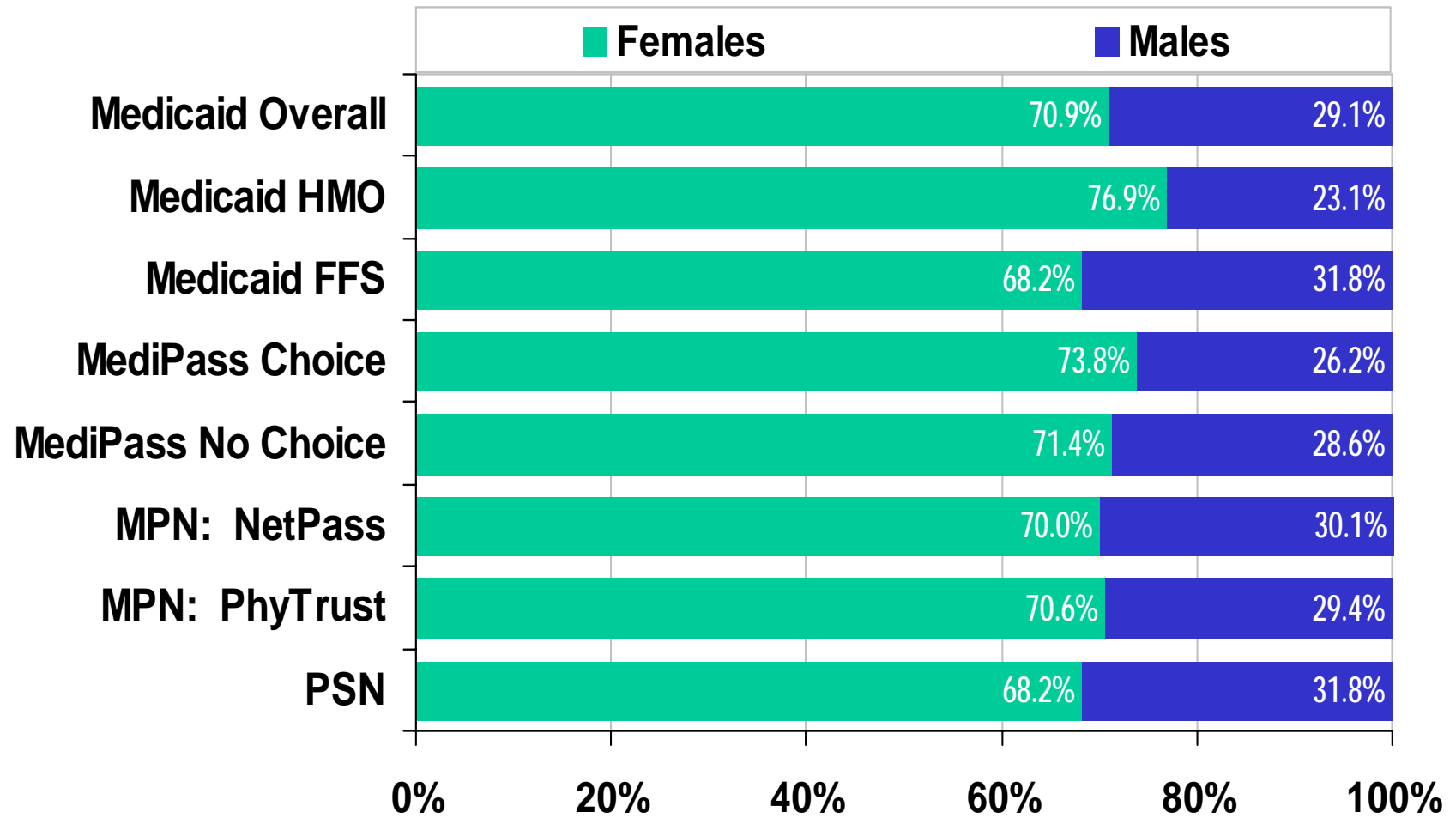
*Source: Agency for Health Care Administration, Frequency based on January 2005 data

Gender	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Male	29.1%	23.1%	31.8%	26.2%	28.6%	30.1%	29.4%	31.8%
Female	70.9%	76.9%	68.2%	73.8%	71.4%	70.0%	70.6%	68.2%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Gender of Enrollees Surveyed



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

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, aged 21 and older. The overall sample was made up of roughly 18% aged 21 to 34 years, 42% aged 35 to 64 years, and 40% aged 65 years or older. This distribution, when compared with the actual distribution in Medicaid, is slightly skewed towards older enrollees.

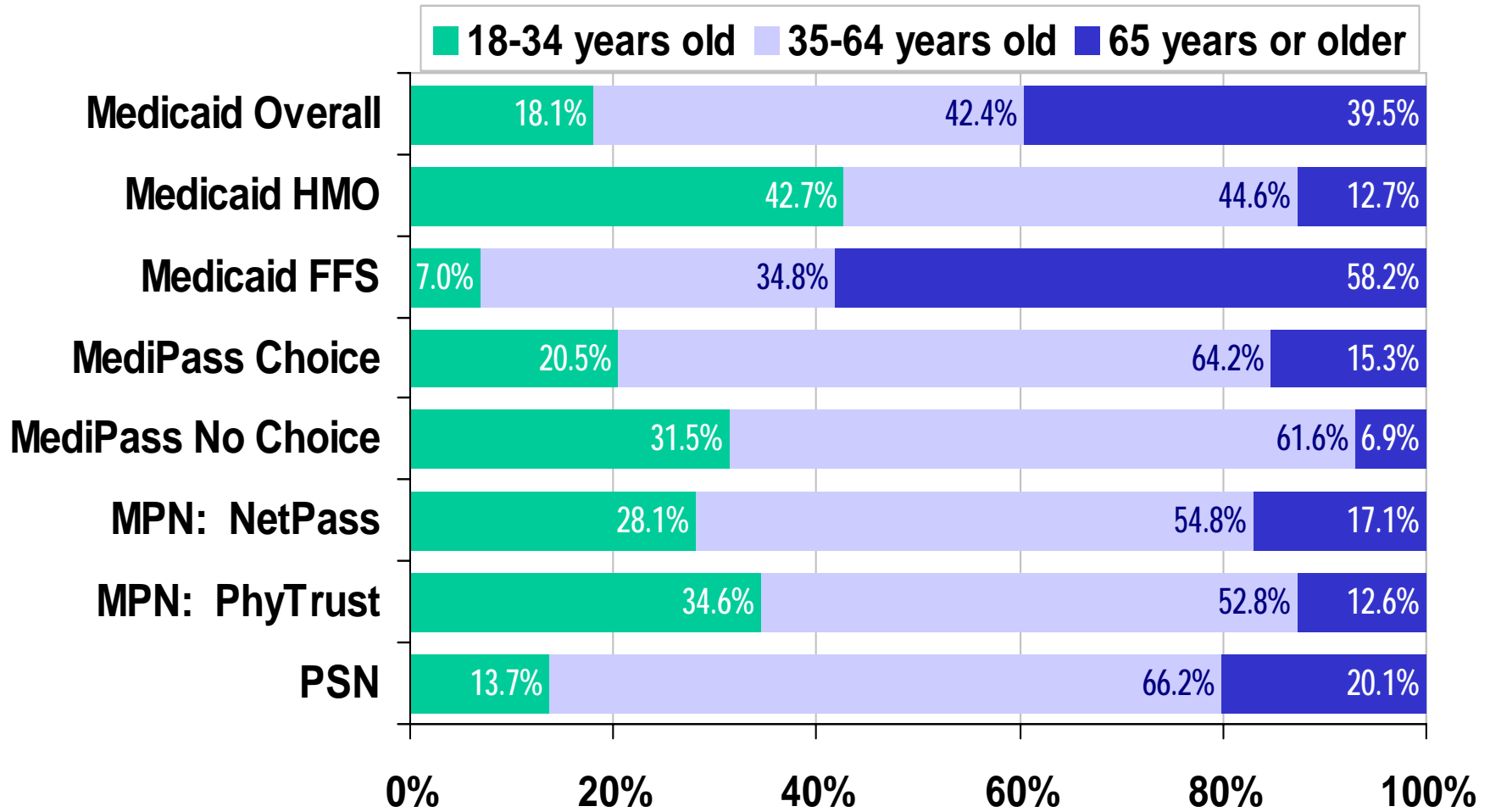
Among the programs, distributions were significantly different. The age distribution in the FFS population stands out, with the program's enrollment being skewed significantly toward the older groups. Fifty-eight percent of FFS enrollees were aged 65 or older, while 35% were aged 35-64, and only 7% were aged 21-34. This distribution is not unexpected, considering that FFS enrollment includes a large portion of Medicare-Medicaid dual eligibles and persons residing in a nursing facility.

Age Distribution	Medicaid Overall (weighted)	HMO (weighted)	FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
21-34 years	18.1%	42.6%	7.0%	20.5%	31.5%	28.1%	34.6%	13.7%
35-64 years	42.4%	44.6%	34.8%	64.2%	61.6%	54.8%	52.8%	66.2%
65 years or older	39.5%	12.7%	58.2%	15.3%	6.9%	17.1%	12.6%	20.1%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Age of Enrollees Surveyed



Reflects distribution among survey respondents

Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.
 2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

Educational Attainment Below State Average

The educational attainment of Medicaid enrollees surveyed fell well-short of the state average. Among Medicaid enrollees surveyed, roughly one-quarter had attained a level of education beyond high school, while 32% 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 79.9% of the Florida population aged 25 or older has attained a level of education at or above high school graduation,¹ while survey data, when adjusted to compensate for the age category difference, show that only 59% of Medicaid enrollees aged 25 or older have graduated high school.

No meaningful differences exist between the reports of enrollees in the various Medicaid care arrangements.

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

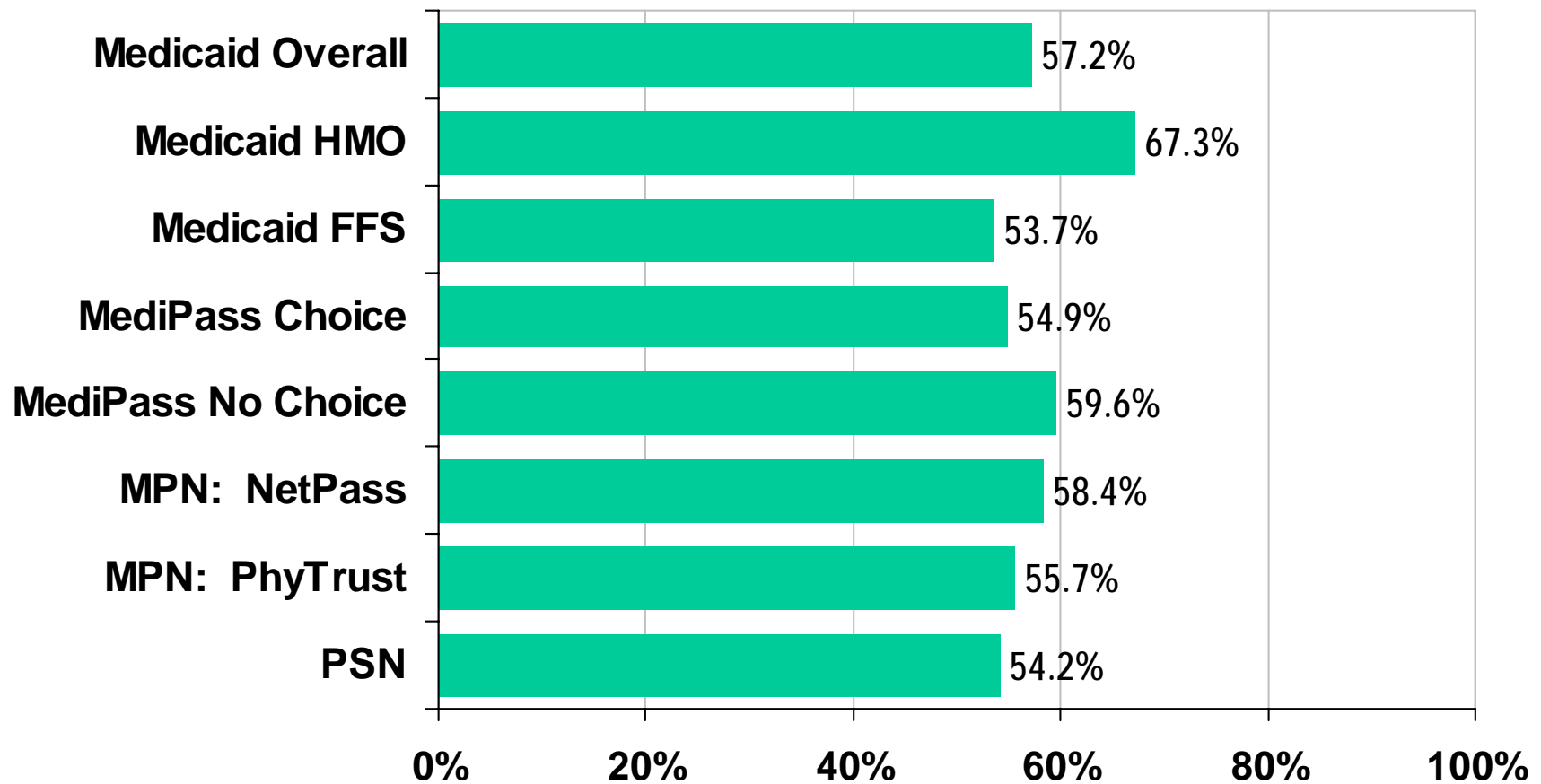
Education Attained	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Did Not Graduate High School	42.9%	32.7%	46.3%	45.1%	40.5%	41.6%	44.3%	45.8%
High School Graduate, or GED	32.2%	38.3%	29.4%	31.8%	38.4%	37.2%	28.9%	34.4%
Beyond High School	25.0%	29.0%	24.3%	23.1%	21.2%	21.2%	26.8%	19.8%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Educational Attainment of Enrollees Surveyed

Percent Who Have Graduated High School or Obtained a GED:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Medicaid Composed of a Larger Portion of Hispanics than Florida as a Whole

Survey data suggest that the Medicaid program is made up of a larger percentage of Hispanics than the Florida population as a whole. Twenty-nine percent of Medicaid enrollees surveyed reported being of Hispanic ethnicity, while 17% of Florida’s population overall is Hispanic.¹ Note, however, that Medicaid administrative data show only 15% of Medicaid enrollees reporting Hispanic ethnicity. This disparity in ethnicity figures may be due to differences in data collection methods. Survey data were collected in the manner utilized by the US Census Bureau¹, in which Hispanic ethnicity is considered separately from racial identity, while Medicaid data were collected using a single race/ethnicity item in which “Hispanic” is one of 6 racial/ethnic categories. It is likely that the Census Bureau’s data collection method captures a higher percentage of Hispanics compared with the method used by Medicaid because it does not force respondents to choose between recording their Hispanic ethnicity and another racial identity. Also, Medicaid’s race/ethnicity variable is known to be unreliable, due to a large percentage of program enrollees coded into the non-specific “other” category, and a large percentage with no code at all. It is important to note that there are limitations to any method of categorizing racial and ethnic identity.

Significant differences were found between the portion of Hispanics in the various program components. The MPN: NetPass group and PSN group had the highest portion of Hispanics, at 49% each, while MediPass No Choice has the lowest portion, at 13%.

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

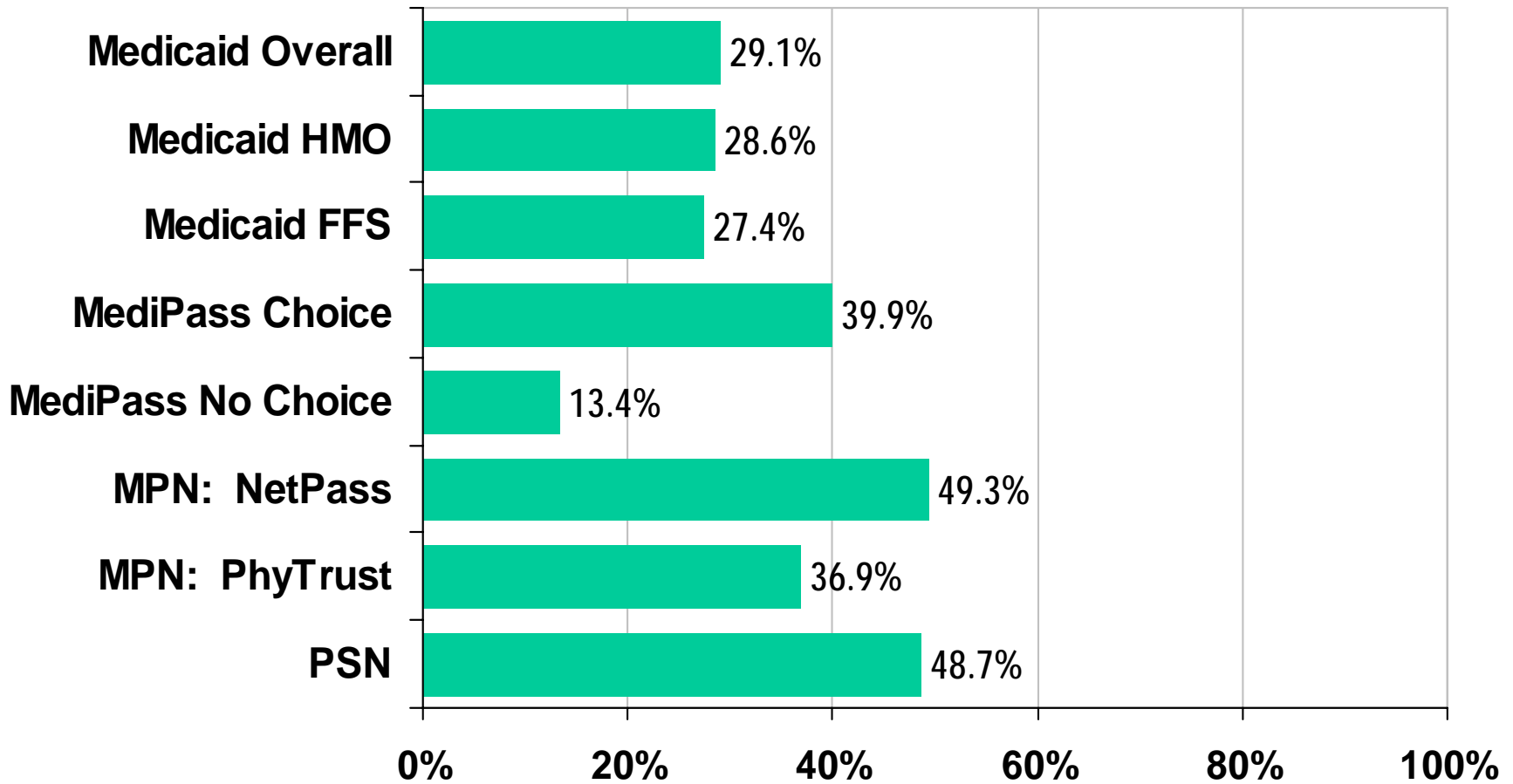
Respondent of Hispanic or Latino Origin or Descent?	Medicaid Overall (weighted)	HMO (weighted)	FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Yes	29.1%	28.6%	27.4%	39.9%	13.4%	49.3%	36.9%	48.7%
No	71.0%	71.4%	72.6%	60.1%	86.6%	50.7%	63.1%	51.3%

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Racial Composition Among Enrollees Surveyed: Hispanics

Percent reporting Hispanic or Latino Origin or Descent:



Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Programs Differ Widely in Terms of Primary Language Spoken in the Home

More than three-quarters of the Medicaid population indicated that the primary language spoken in their homes was English, while 23% indicated it was Spanish, and 2% indicated it was some other language. This finding is consistent with the US Census Bureau's report that 24% of Florida residents aged 5 and over speak some language other than English at home.¹

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 45% in the PSN group to a low of 9% in the MediPass No Choice group.

¹Source: US Census Bureau, American Fact Finder, R1601, from the 2004 American Community Survey

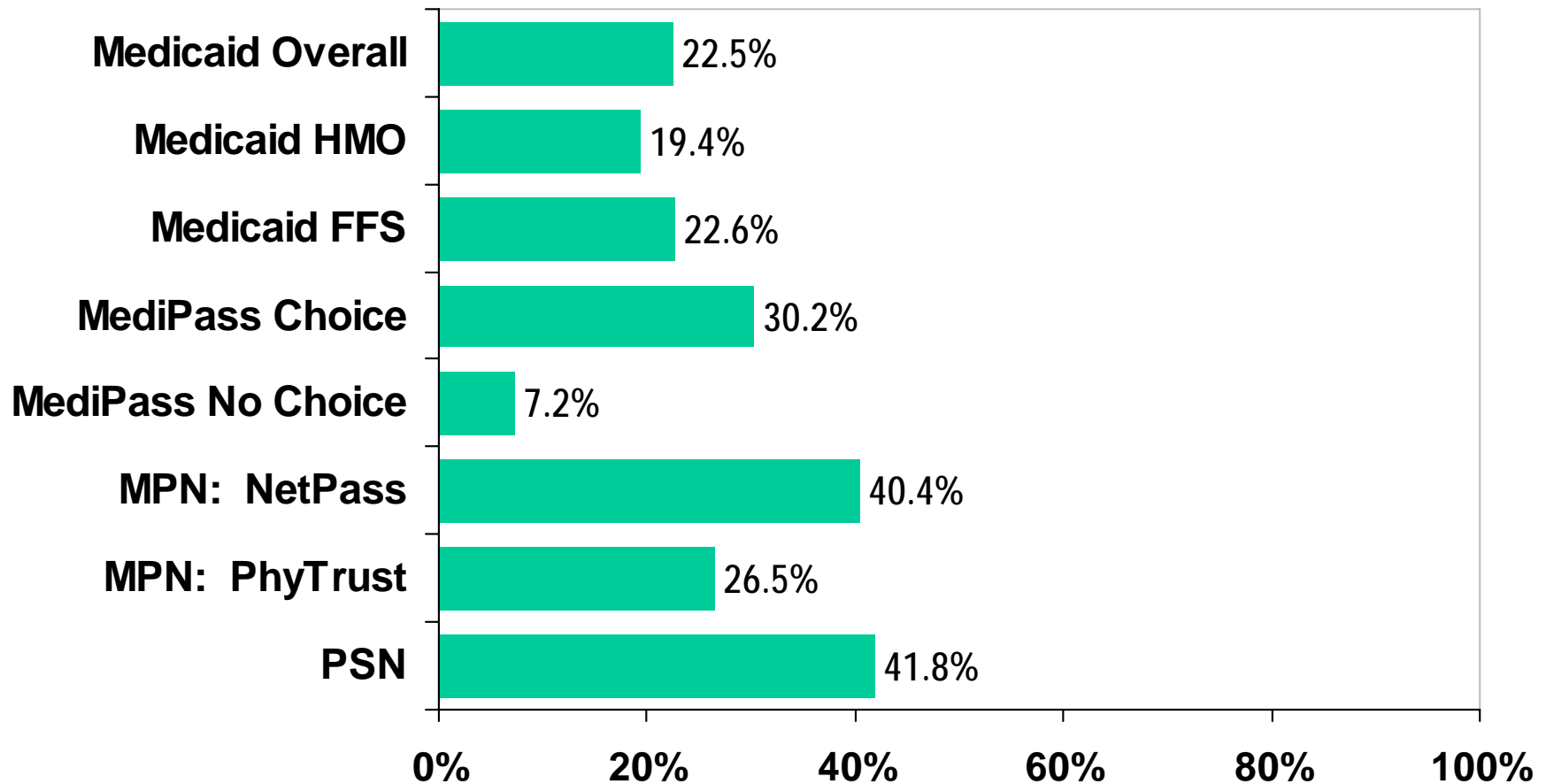
Primary Language Spoken in the Home	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
English	75.6%	77.3%	76.1%	67.7%	91.5%	57.2%	70.8%	54.7%
Spanish	22.5%	19.4%	22.6%	30.2%	7.2%	40.4%	26.5%	41.8%
Other	1.9%	3.2%	1.3%	2.1%	1.3%	2.4%	2.7%	3.6%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Primary Language Spoken in the Home

Percent Reporting that Spanish is the Primary Language Spoken in the Home:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Medicaid Composed of a Smaller Portion of White, non-Hispanics than Florida as a Whole

Survey data suggest that the Medicaid program is made up of a smaller percentage of whites than the Florida population as a whole. Sixty percent of Medicaid enrollees surveyed reported being white (and not multiracial), compared with 78% in the Florida population as a whole.* Note that these figures include persons of Hispanic ethnicity. (The questionnaire included separate items for Hispanic ethnicity and race, so respondents could indicate, for example, being Hispanic and white.) When Hispanic respondents are excluded, roughly 41% of survey respondents reported being white and non-Hispanic. This figure is comparable to that found in Medicaid administrative data, in which 43% of Medicaid-enrolled adults were white.

Significant differences were found between the programs in terms of the portion of whites enrolled. The MediPass No Choice group was composed of the largest percentage of whites, at 56%, while the PSN was composed of the smallest percentage of whites, at 4%.

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

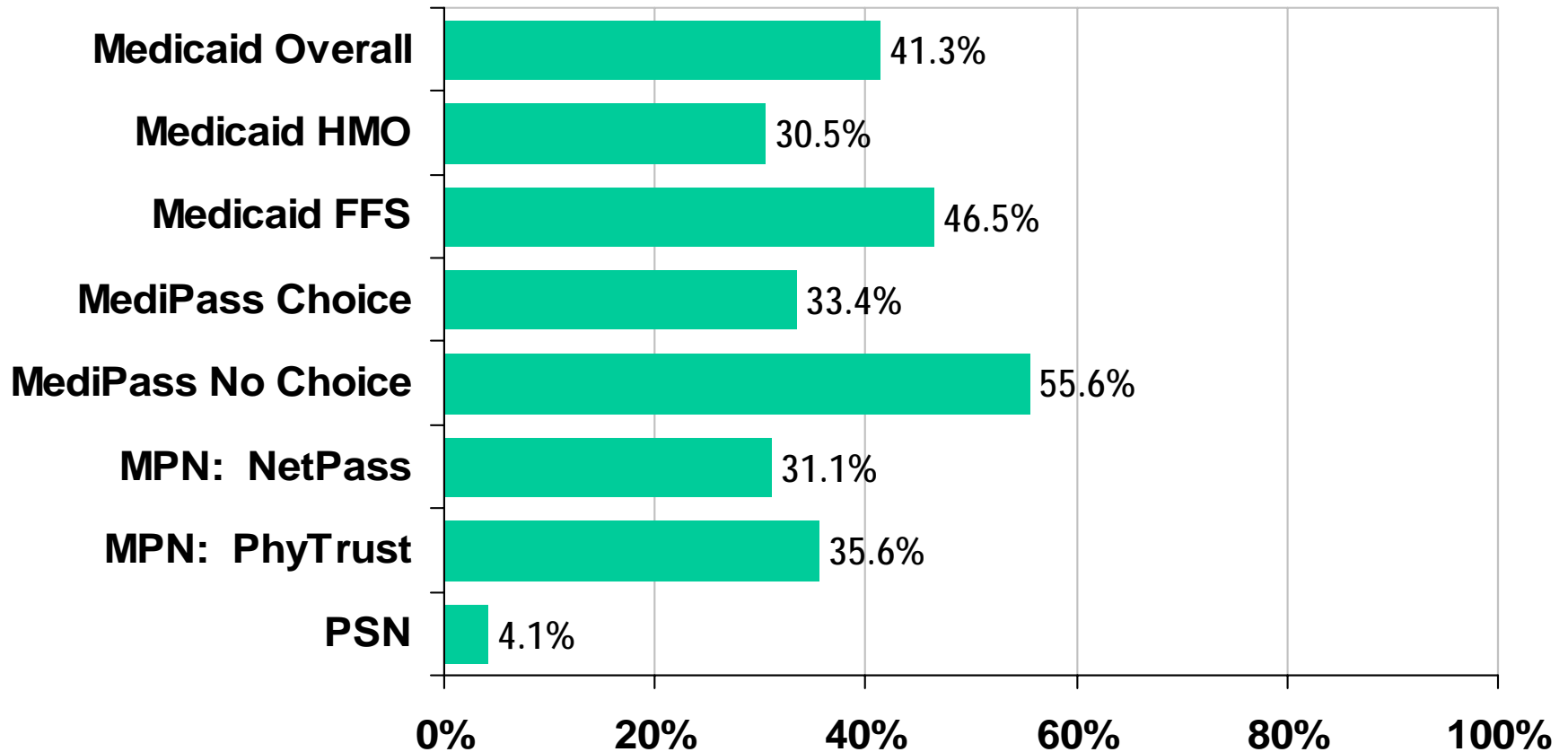
Racial Categories	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Hispanic	27.7%	28.0%	25.8%	37.8%	12.9%	48.1%	35.3%	46.9%
White, non-Hispanic	41.3%	30.5%	46.5%	33.4%	55.6%	31.1%	35.6%	4.1%
Black, non-Hispanic	24.7%	35.1%	21.5%	22.0%	23.6%	16.0%	24.6%	44.7%
Other race, non-Hispanic	2.8%	4.0%	2.1%	3.9%	3.4%	2.9%	2.7%	2.2%
Multiracial, non-Hispanic	3.6%	2.4%	4.1%	2.9%	4.5%	1.9%	1.9%	2.2%

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Racial Composition Among Enrollees Surveyed: White, non-Hispanics

Percent Reporting Their Race as White (and not multiracial) and non-Hispanic:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Medicaid Composed of a Larger Portion of Blacks than 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. Twenty-six percent of Medicaid enrollees surveyed reported being black (and not multiracial), compared with 15% in the Florida population as a whole. Note that these figures 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.) When Hispanic respondents are excluded, roughly 25% of survey respondents reported being black and non-Hispanic. This figure is comparable to that found in Medicaid administrative data, in which 24.8% of Medicaid-enrolled adults were black.

Significant differences were found between the programs in terms of the portion of blacks enrolled. The PSN was composed of the largest percentage of Blacks, at 45%, while the MPN: NetPass group was composed of the smallest percentage of Blacks, at 16%.

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

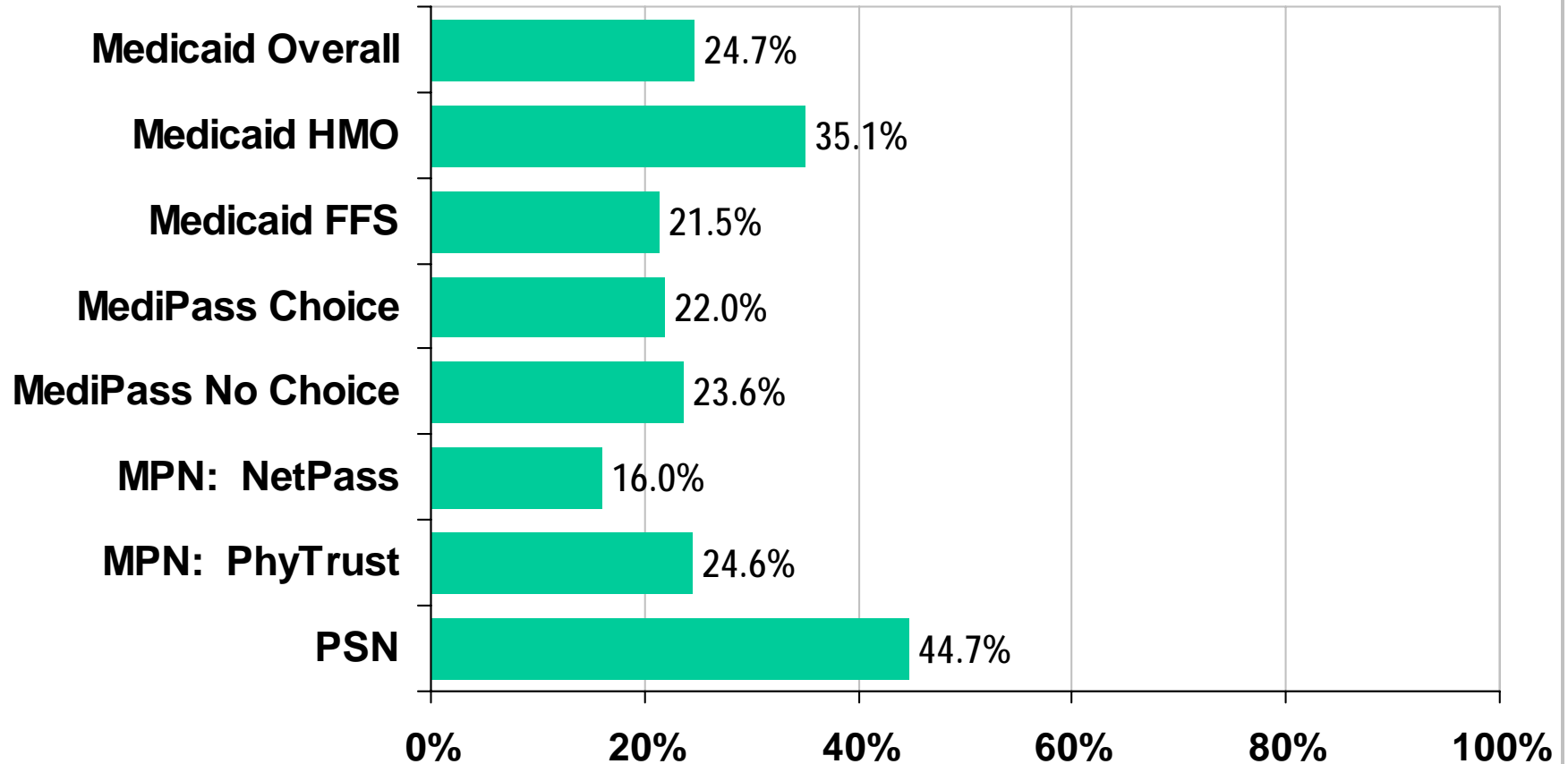
Racial Category	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Hispanic	27.7%	28.0%	25.8%	37.8%	12.9%	48.1%	35.3%	46.9%
White, non-Hispanic	41.3%	30.5%	46.5%	33.4%	55.6%	31.1%	35.6%	4.1%
Black, non-Hispanic	24.7%	35.1%	21.5%	22.0%	23.6%	16.0%	24.6%	44.7%
Other race, non-Hispanic	2.8%	4.0%	2.1%	3.9%	3.4%	2.9%	2.7%	2.2%
Multiracial, non-Hispanic	3.6%	2.4%	4.1%	2.9%	4.5%	1.9%	1.9%	2.2%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Racial Composition Among Enrollees Surveyed: Black, non-Hispanics

Percent Reporting Their Race as Black (and not multiracial) and non-Hispanic:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Medicaid HMO Enrollees Report Shorter Enrollment Spans Compared with Other Program Components

Survey respondents were asked how long they had been continuously enrolled in Medicaid. Overall, roughly 47% reported having been enrolled for 5 or more years, 28% reported being enrolled between 2 and 5 years, 15% reported 1 to 2 years, and 10% reported having been enrolled for less than 1 year.

There were marked differences among the Medicaid program components in terms of enrollment spans. (Note that this measure refers to length of enrollment in Medicaid overall, not length of enrollment in a particular program component.) Although statistical comparisons of the HMO group to the other groups is not possible, the results from the HMO group appear to be markedly different from the other groups. Medicaid HMO enrollees appeared to report shorter enrollment spans than those for any other program component. Eighteen percent of HMO enrollees reported being enrolled for less than 1 year, compared with the overall Medicaid figure of 10%. More than 70% of HMO enrollees reported being enrolled between 1 and 5 years, compared with 43% for the Medicaid overall. Twelve percent of HMO enrollees reported being enrolled for 5 or more years, while the overall Medicaid figure was 47%.

It is important to note that these figures are based on self report. Respondent recall for issues related to discreet time periods is imperfect. This measure reflects respondent perception of continuous enrollment.

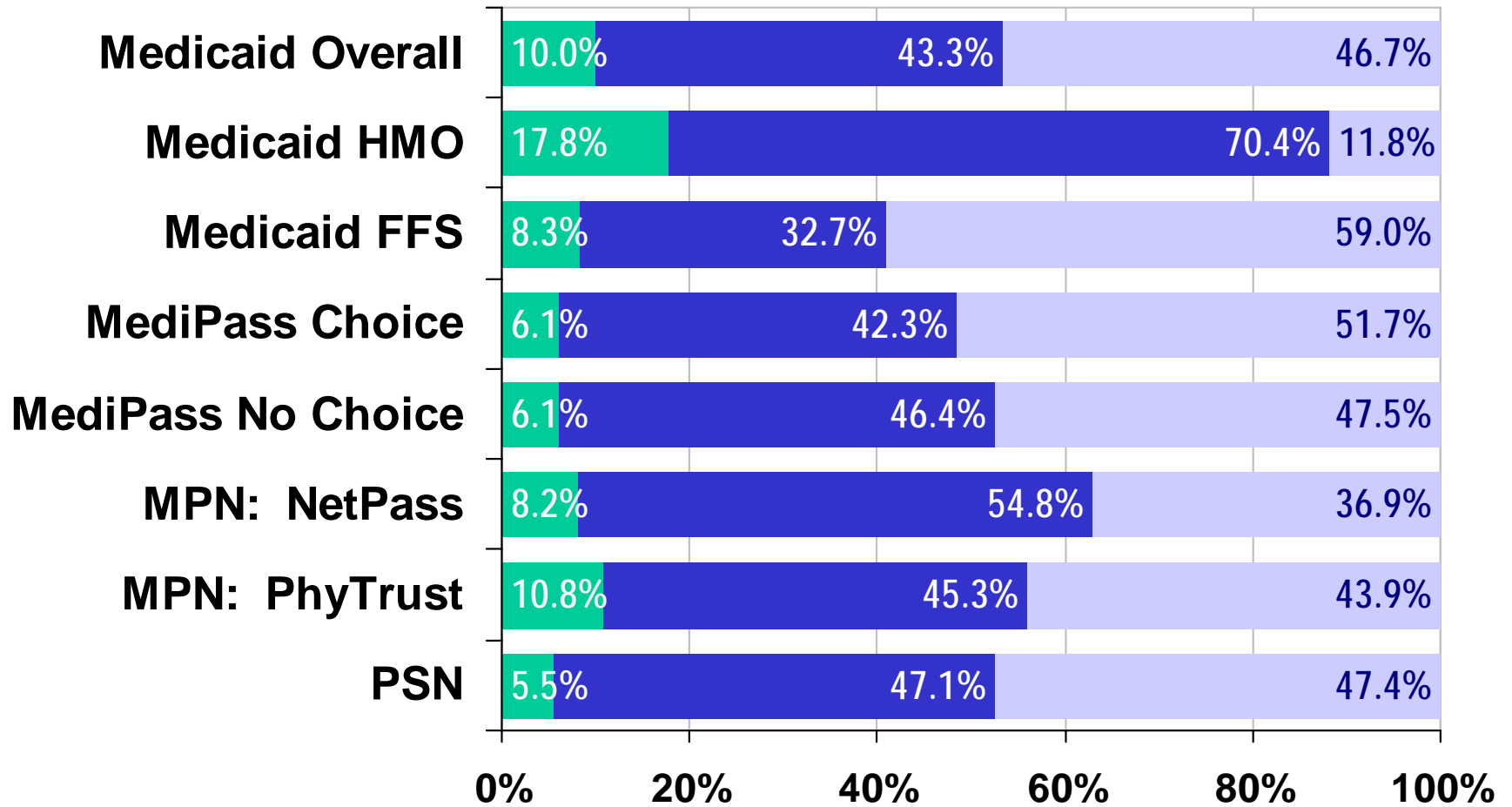
Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Less than 1 year	10.0%	17.8%	8.3%	6.1%	6.1%	8.2%	10.8%	5.5%
At least 1 yr, but less than 5 yrs	43.3%	70.4%	32.7%	42.3%	46.4%	54.8%	45.3%	47.1%
5 or more years	46.7%	11.8%	59.0%	51.7%	47.5%	36.9%	43.9%	47.4%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Continuous Enrollment in Medicaid

■ Less than one year
 ■ At least 1 year, less than 5 years
 ■ Five or more years



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Health Status

Majority of Medicaid Enrollees Report Being in Fair or Poor Health

Sixty percent of enrollees surveyed reported being in “fair” or “poor” health, while another 21% reported being in “good” health, and 19% reported being in “very good” or “excellent” health. This finding is not unexpected, as the Medicaid program provides coverage for a large portion of the aged and chronically ill in the state; 52% of people with AIDS are covered by Medicaid and 66% of nursing home days are covered by Medicaid.¹

Significant variations exist between the reports of enrollees in the various Medicaid programs. While the HMO enrollees 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, these results cannot be statistically compared with those of the other program components due to methodological considerations (see methodology section for more details). The FFS, MediPass Choice, MPN: NetPass, and PSN groups had similar figures, with 61-67% of enrollees in the “fair or poor” category. The MediPass No Choice and MPN: PhyTrust groups had much lower portions of enrollees in this group, with only 54% in this category.

¹Source: Presentation titled “Florida’s Medicaid Program,” by Deputy Secretary for Medicaid Thomas W. Arnold, 06-28-2005.

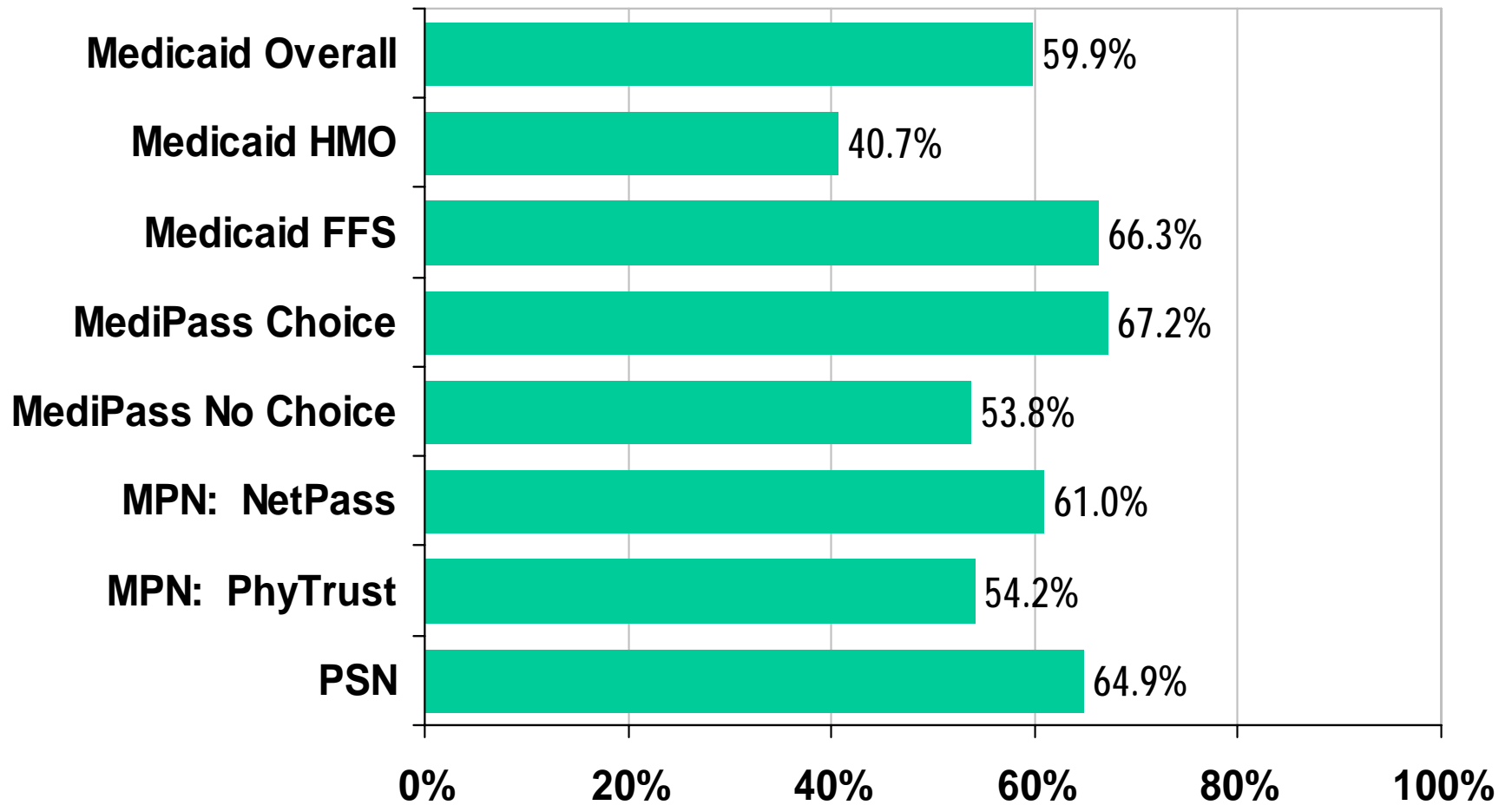
Self-Assessed Overall Health	Medicaid Overall (weighted)	HMO (weighted)	FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Excellent or Very Good	19.0%	29.6%	15.8%	12.9%	23.2%	19.2%	23.2%	11.7%
Good	21.1%	29.8%	17.9%	20.0%	23.0%	19.8%	22.6%	23.4%
Fair or Poor	59.9%	40.6%	66.3%	67.2%	53.8%	61.0%	54.2%	64.9%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Self-Assessed Health Status

Percent describing their health as “fair” or “poor”:



Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Black, non-Hispanic Enrollees Are More Likely to Report Being in Excellent or Very Good Health

Among Medicaid beneficiaries, self-reported health status varies across racial and ethnic groups. Almost 25% of Black, non-Hispanic enrollees reported their health as “excellent” or “very good”. In comparison, 16% of Hispanics rated their health as “excellent” or “very good”. Sixty-one percent of Hispanics said they were in “fair” or “poor” health compared to 51% of non-Hispanic, blacks. It is possible that some of the difference in health status can be attributed to differing perceptions of health and disease across racial and ethnic groups.

NOTE: Multiracial, non Hispanic and Other, non-Hispanic categories not reported because the sample size is too small to permit statistical inference.

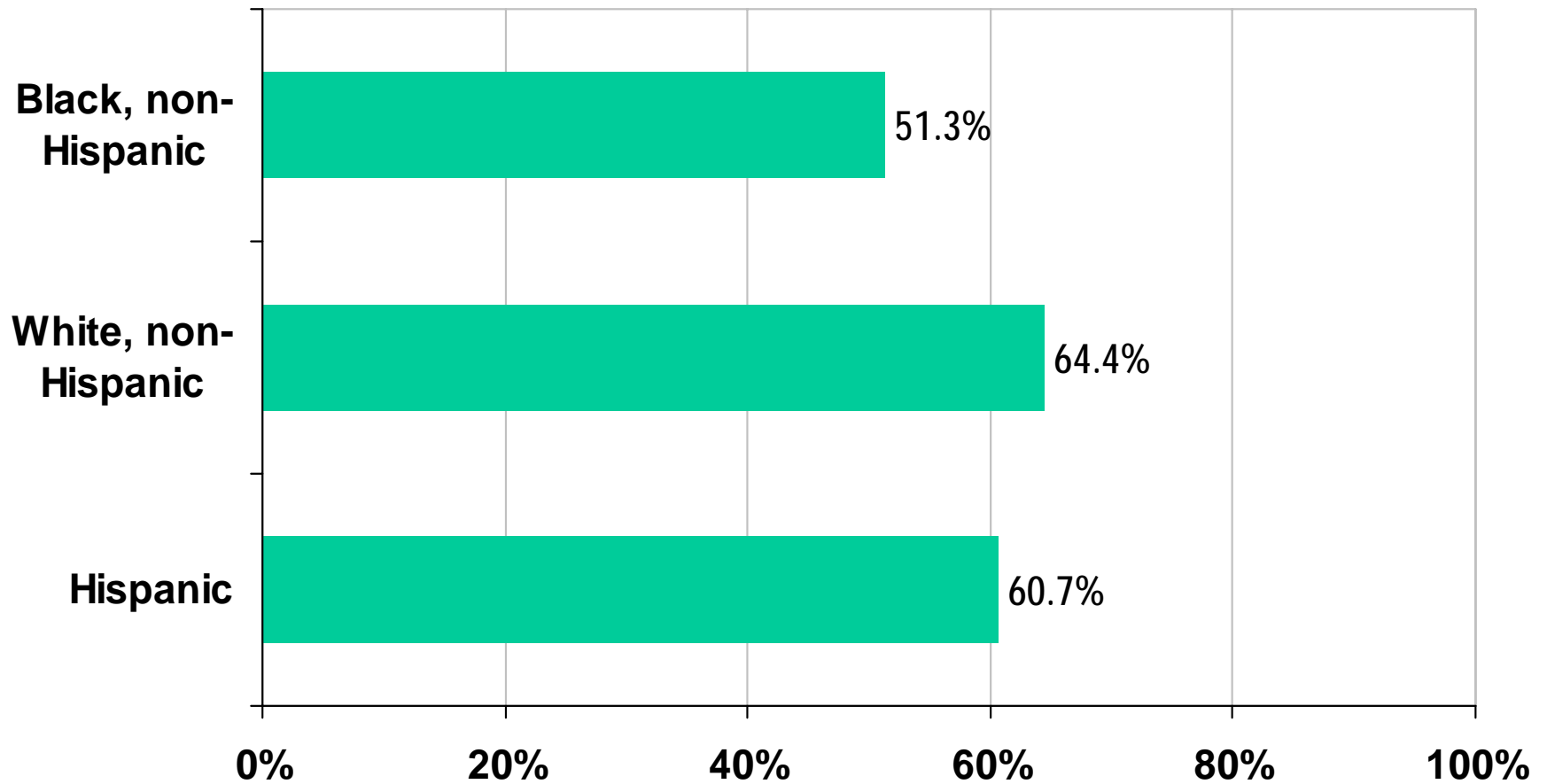
Self-Assessed Overall Health	Medicaid Overall (weighted)	Hispanic	White, non-Hispanic	Black, non-Hispanic
Excellent or Very Good	12.0%	16.4%	17.5%	24.7%
Good	21.1%	22.8%	18.1%	24.0%
Fair or Poor	59.9%	60.7%	64.4%	51.3%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Self-Assessed Health Status, by Race and Ethnicity

Percent describing their health as “fair” or “poor”



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Forty-four Percent 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-four percent of enrollees surveyed reported being in “fair” or “poor” mental health, while another 26% reported being in “good” mental health, and 30% 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 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 (Currently, 16% of Florida Medicaid prescription drug spending goes toward medications to treat mental and emotional health conditions.*), 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.**

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

*Source: Agency for Health Care Administration, Bureau of Medicaid Pharmacy Services

**Source: Mental Health: A Report of the Surgeon General, 1999

Self assessment of overall mental/emotional health	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Excellent or Very Good	30.0%		30.9%	24.2%	32.4%	30.5%	33.1%	25.0%
Good	25.6%		25.9%	26.3%	23.3%	22.3%	21.4%	25.6%
Fair or Poor	44.4%		43.3%	49.5%	44.3%	47.1%	45.5%	49.4%

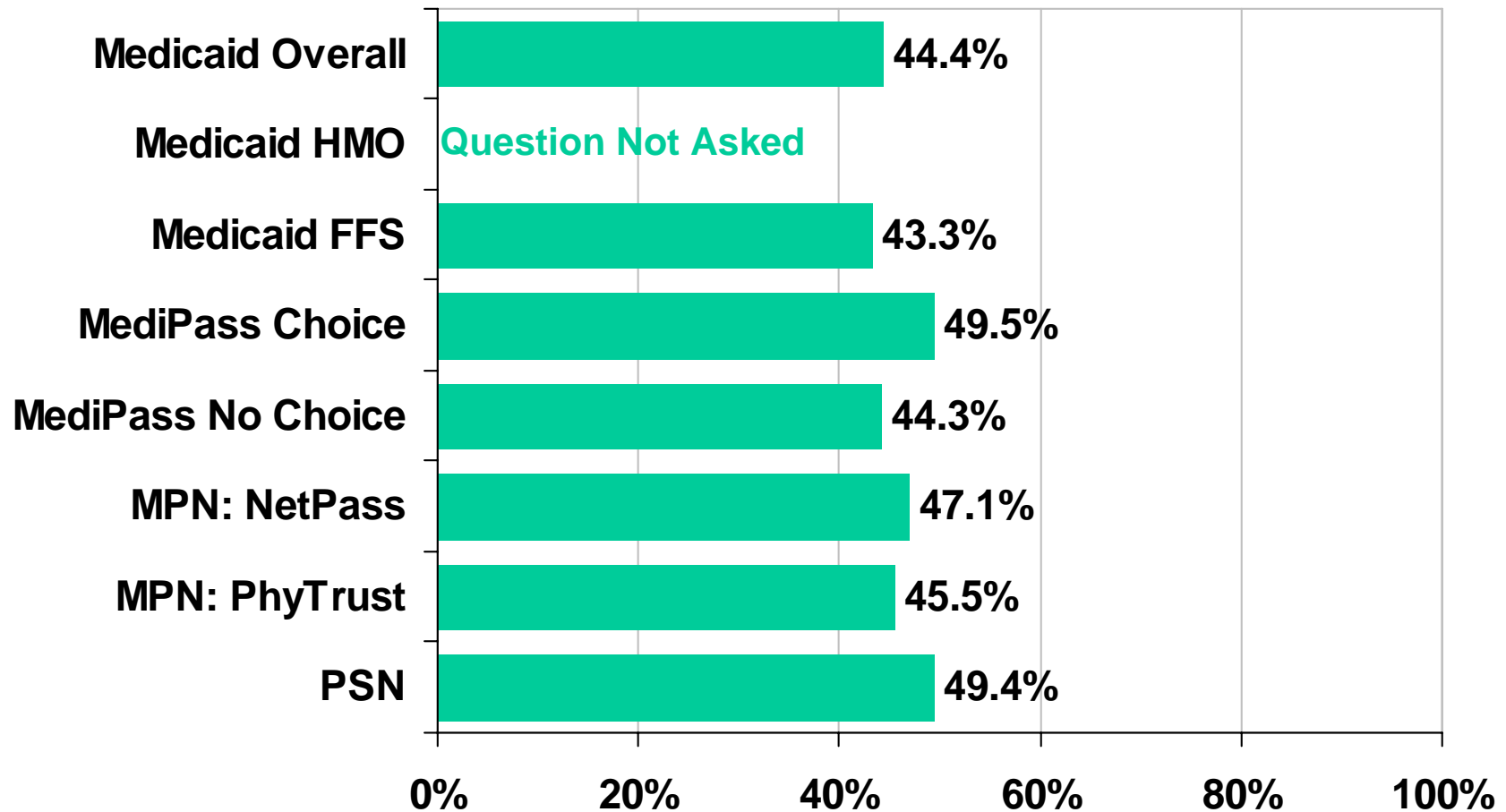
HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Self-Assessed Mental Health Status

Percent describing their mental health as “fair” or “poor”:



Reflects distribution among survey respondents

- Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

Hispanic Enrollees are More Likely than Other Groups to Report Being in “Fair” or “Poor” Mental Health

There is a statistically significant difference in self-reported mental health status across racial and ethnic groups. Almost 60% of Hispanic enrollees said that their mental health was “fair” or “poor”, compared to about 38% of enrollees who are white, and 41% of black enrollees. A larger portion of black enrollees, compared with the other racial and ethnic groups, reported that their mental health was “excellent” or “very good”.

NOTE: Multiracial, non Hispanic and Other, non-Hispanic categories not reported because the sample size is too small to permit statistical inference

Self assessment of overall mental/emotional health	Medicaid Overall (weighted)	Hispanic	White, non-Hispanic	Black, non-Hispanic
Excellent or Very Good	30.0%	20.4%	32.6%	37.2%
Good	25.6%	21.7%	29.4%	22.1%
Fair or Poor	44.4%	57.9%	38.0%	40.7%

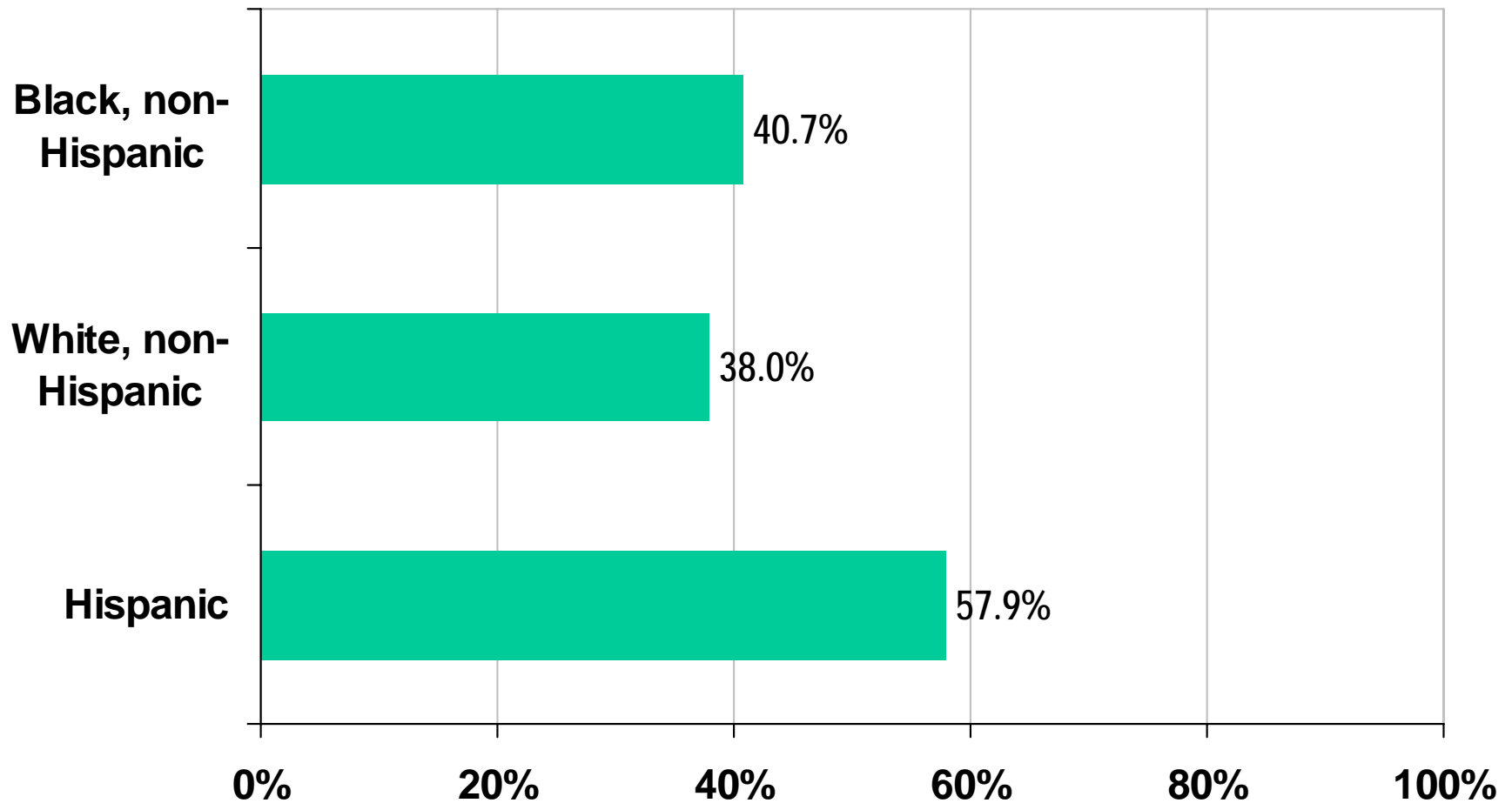
HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Self-Assessed Mental Health Status, by Race and Ethnicity

Percent describing their mental health as “fair” or “poor”:



Does not include data from HMO enrollees

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Depression Screening Tool Shows 45% of Medicaid Enrollees Could Suffer from Moderate to Severe Depression

A striking number of Medicaid respondents scored in the range of moderate to severe depression on the 10-item depression screener administered as part of this survey. Overall, 45% of Medicaid respondents were moderately to severely depressed, with 13% scoring in the “severe” range, 12% in the “moderately severe” range, and 20% in the “moderate” range. Another 23% of enrollees were in the “mild” depression range, and 20% were in the “minimal” depression range. Thirteen percent of respondents showed no depression symptoms.

The reports of the various program components differed significantly, with the MediPass Choice group being made up of the largest portion of respondents in the moderate to severe range, and the MPN: PhyTrust group being made up of a smallest portion.

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.

Level of Depression Severity	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
No depression symptoms (PHQ score 0)	12.6%		12.9%	10.7%	14.8%	16.5%	20.3%	10.8%
Minimal depression (PHQ-9 score 1-4)	19.8%		21.4%	14.0%	19.6%	18.2%	21.3%	16.8%
Mild depression (PHQ-9 score 5-9)	23.2%		23.5%	23.1%	24.5%	20.3%	19.4%	24.5%
Moderate depression (PHQ-9 score 10-14)	19.8%		19.4%	20.1%	19.0%	14.8%	17.1%	20.6%
Moderately severe (PHQ-9 score 15-19)	11.7%		11.2%	14.3%	10.6%	13.8%	13.2%	13.6%
Severe (PHQ-9 score 20-27)	13.0%		11.6%	17.9%	11.5%	16.5%	8.7%	13.6%

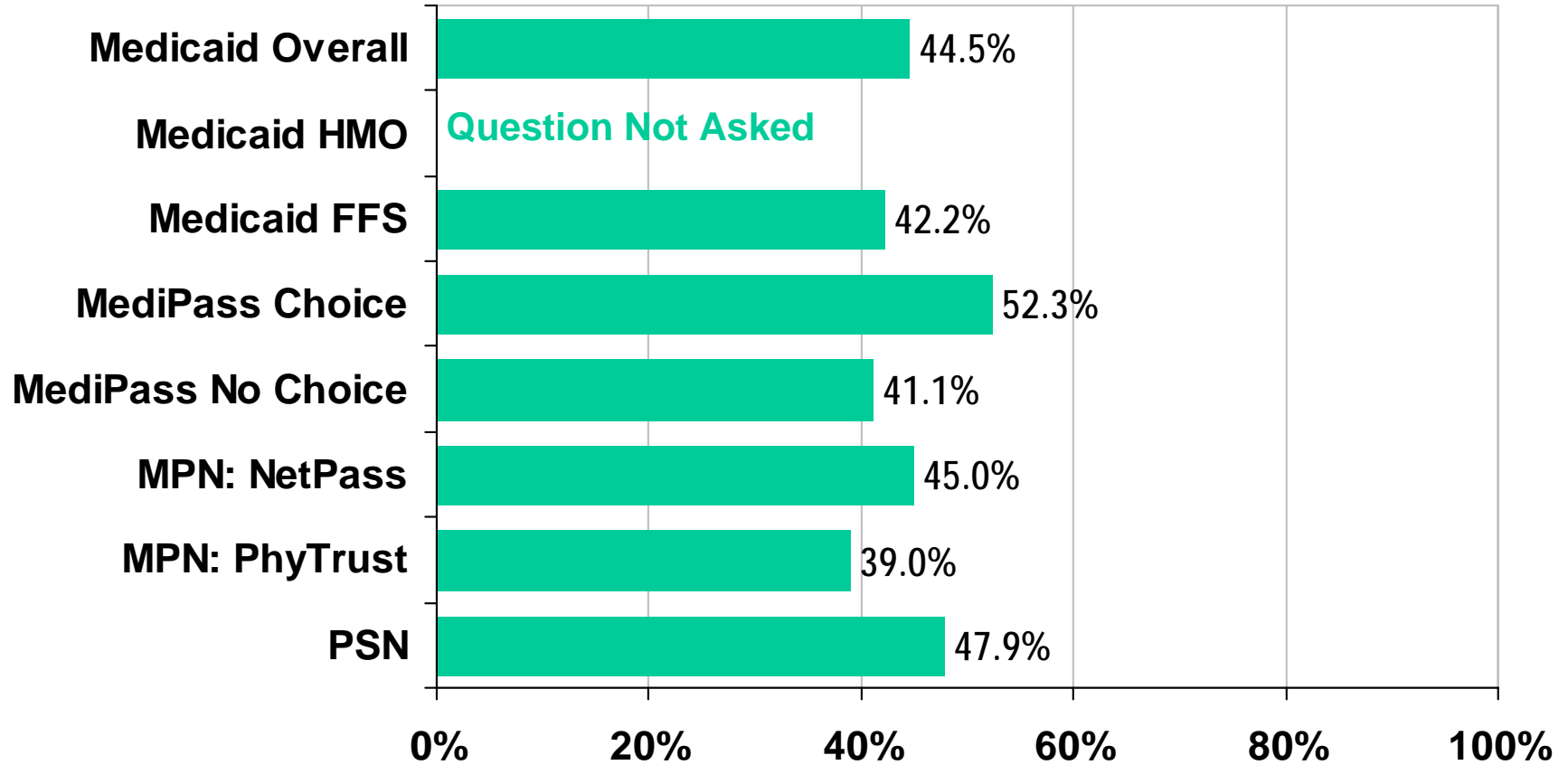
■ HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Depression Screener Scores

Percent whose score on the depression screener indicated that they were “Moderately” to “Severely” depressed:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

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 medical conditions they may have. Seventy-eight percent of respondents reported that they had a health condition that interferes with their ability to work, attend school, or manage day-to-day activities. Fifty-eight percent of enrollees surveyed reported that their health limits them in doing moderate activities, such as moving a table or pushing a vacuum cleaner. Fifty-three percent indicated that they had a physical or medical condition that interferes with their independence, participation in the community, or quality of life. Sixty-eight percent of respondents said they had a health condition that had lasted for 3 months or more.

Significant differences were found between the program components on all of these items. The FFS and MediPass Choice groups had the highest percentages of people who reported needing assistance and having significant health problems.

Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Have a physical or medical condition that interferes with work, school, or daily activities	77.6%		78.1%	79.7%	71.3%	69.3%	67.4%	77.9%
Health Limits Doing Moderate Activities	57.8%		58.9%	62.0%	51.2%	49.9%	50.3%	59.8%
Has a physical or medical condition that inteferes with independence or quality of life	52.5%		52.0%	59.0%	47.2%	49.5%	42.9%	49.4%
Has any physical or medical conditions that has lasted for at least 3 months (does not include pregnancy)	67.5%		68.2%	68.9%	64.4%	57.1%	55.4%	60.6%

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

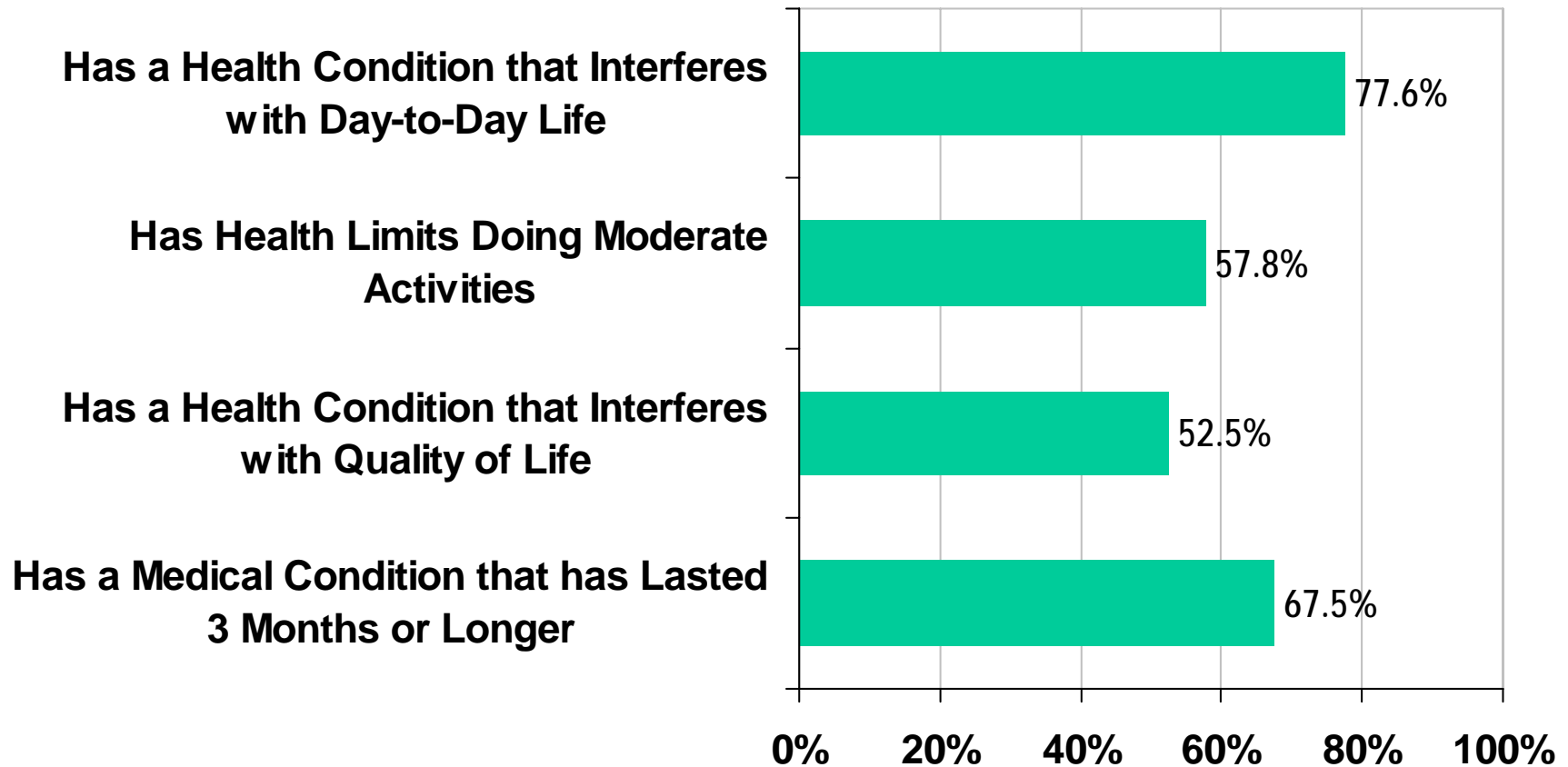
Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*

2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Health Conditions that Interfere with Quality of Life

Among Medicaid enrollees surveyed, regardless of program/plan:



Does not include data from HMO Enrollees.

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Many Medicaid Enrollees Report Needing Assistance with Personal and Routine Needs

Medicaid enrollees were asked whether they needed assistance with personal care needs, such as eating, dressing, or getting around the house. Seventeen percent of respondents indicated that they needed help with such tasks. Respondents were also asked if they needed assistance with routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for “other” purposes. Thirty-four percent of respondents indicated that they needed this type of assistance.

A significant difference between the program components was found for the item measuring help needed with personal care. Eighteen percent of FFS enrollees reported needing this type of assistance, compared with only 8% among the MediPass No Choice group. No significant difference was found on the measure of help with routine needs.

Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Needs help with personal care needs (e.g., eating or dressing)	17.0%		18.2%	14.8%	8.4%	15.0%	13.5%	15.2%
Needs help with routine needs (e.g., household chores, shopping)	33.5%		33.9%	35.3%	26.9%	32.3%	29.1%	30.2%

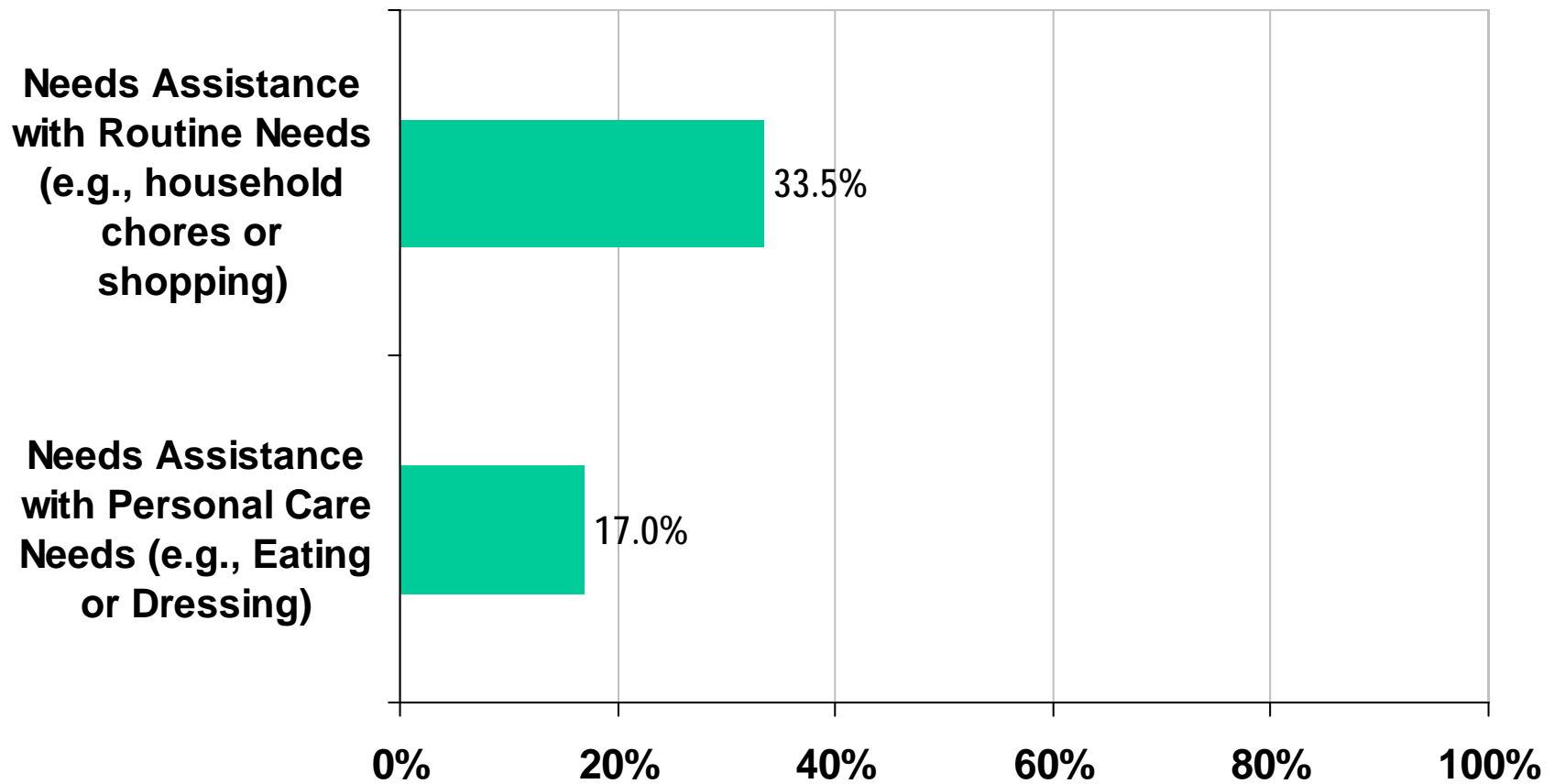
HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Needs Assistance with Routine Needs or Personal Care

Among Medicaid enrollees surveyed, regardless of program/plan:



Does not include data from HMO Enrollees.

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Vast Majority of Medicaid Enrollees Surveyed Reported Having a Health Condition that Interferes with Daily Life

Medicaid enrollees surveyed were asked if they had a physical or medical condition that interfered with work, school, or their daily activities. Overall, 78% of respondents reported affirmatively.

Significant variations exist between the reports of enrollees in the various Medicaid programs. The MediPass Choice group had the largest portion (80%) of respondents reporting that they had a health condition that interfered with their daily lives, while the MPN: PhyTrust group had the smallest portion, at 67%.

Have a physical or medical condition that interferes with work, school, or daily activities	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Yes	77.6%		78.1%	79.7%	71.3%	69.3%	67.4%	77.9%
No	22.4%		21.9%	20.3%	28.7%	30.7%	32.6%	22.1%

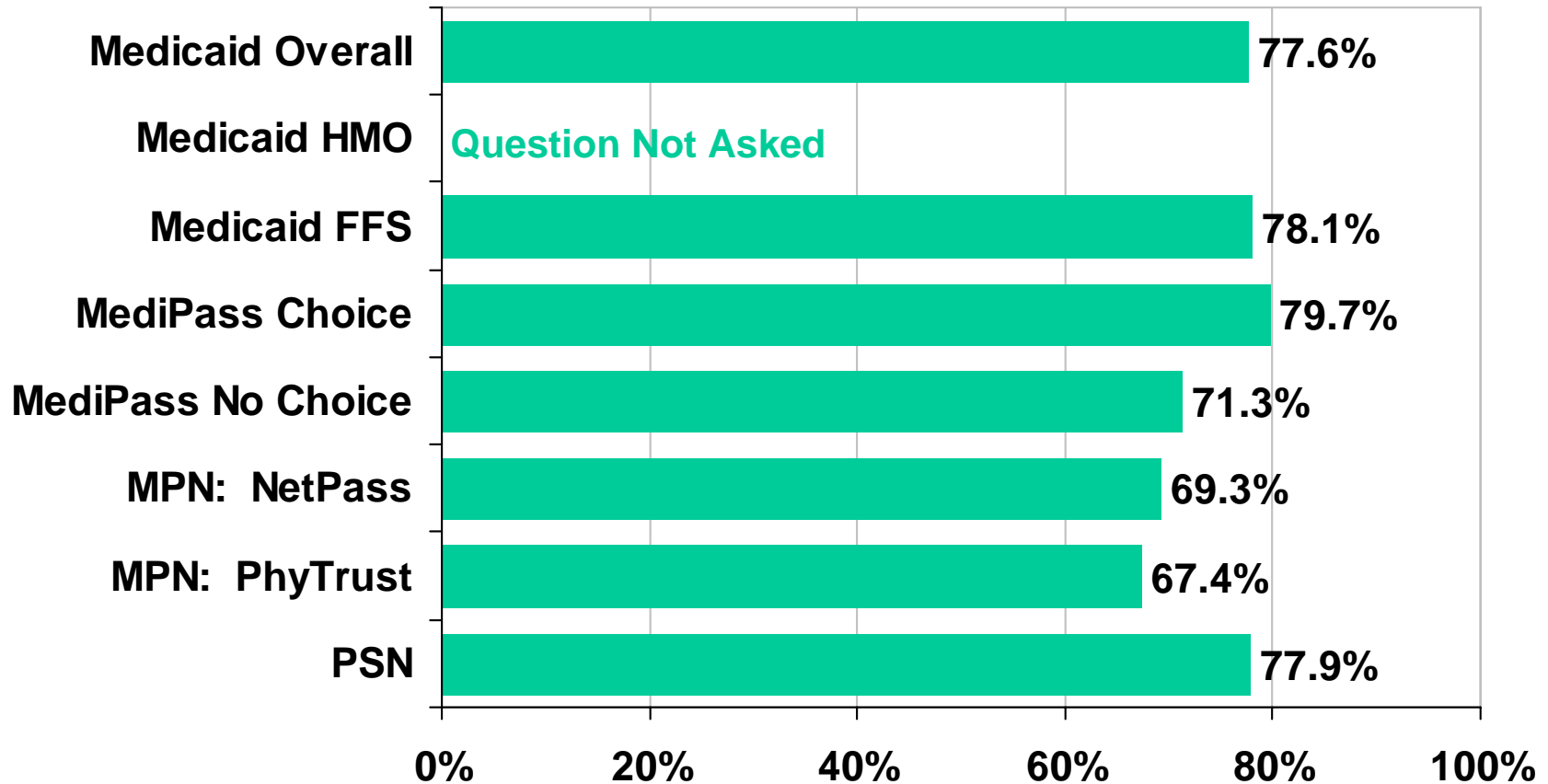
HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Health Conditions That Interfere with Daily Life

Percent reporting that they had a physical or medical condition that interferes with work, school, or daily activities



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

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*

2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Experiences with Care and Satisfaction

Primary Care

Vast Majority of Medicaid Enrollees Surveyed Report Having a Usual Source of Care

A usual source of care 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 or nurse,” 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, 80% reported having a personal doctor or nurse.

Among Medicaid programs, the FFS program had the highest percentage of beneficiaries reporting that they had a personal doctor or nurse with 82% reporting thus. The PSN and MPN: PhyTrust had the lowest percentage with a personal doctor or nurse, with figures of 71.4% and 71.9%, respectively.

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

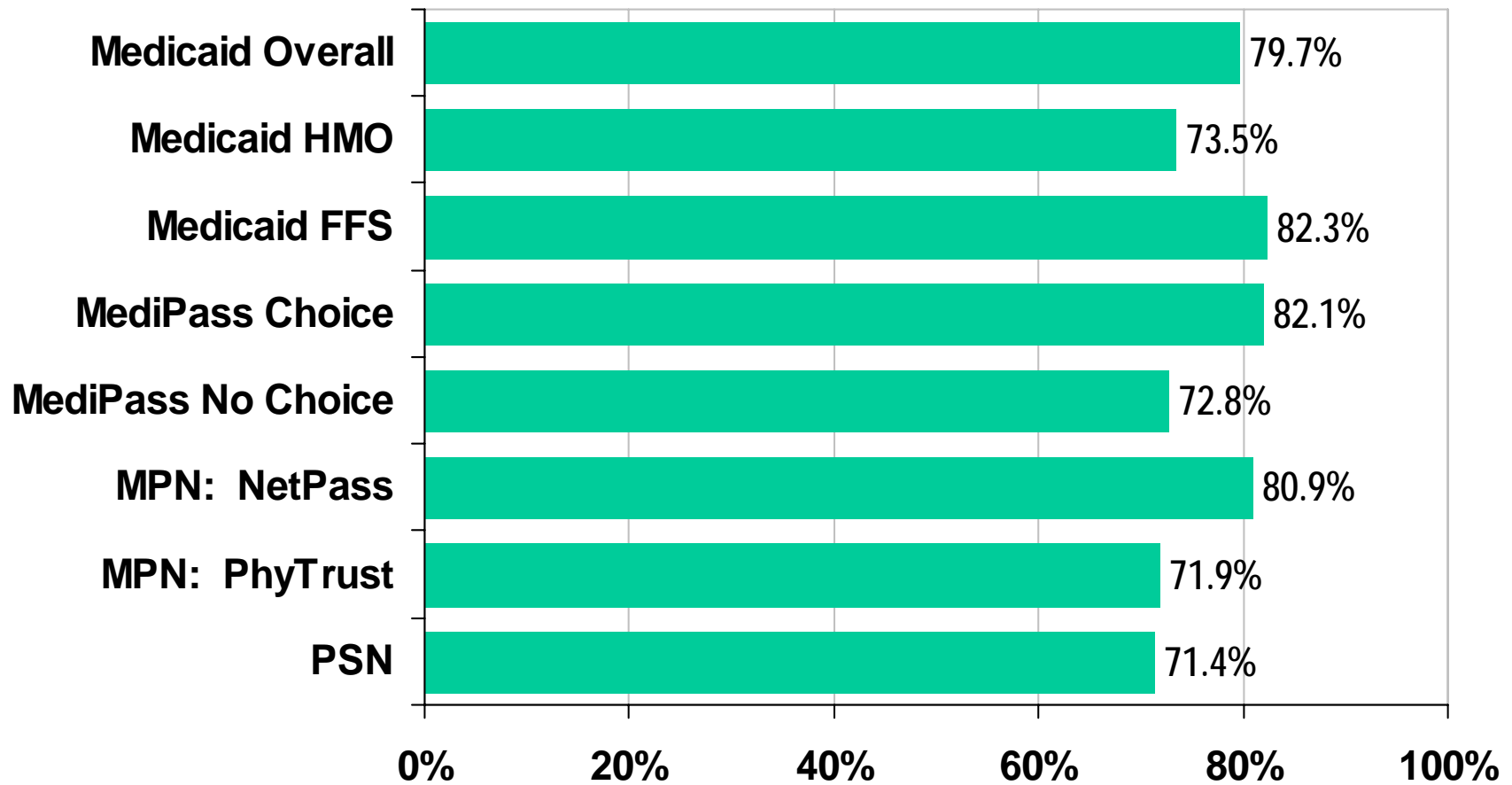
Do you have a personal doctor or nurse?	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Yes	79.7%	73.5%	82.3%	82.1%	72.8%	80.9%	71.9%	71.4%
No	20.4%	26.5%	17.7%	17.9%	27.3%	19.1%	28.1%	28.6%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Personal Doctor or Nurse

Percent with a personal doctor or nurse:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Medicaid Enrollees Report Continuity in Primary 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 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 (85%) 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 FFS and PSN groups have the largest portion of enrollees who had been seeing their current PCPs for 5 or more years. Among these groups, 45-48% of respondents reported seeing their PCPs for five or more years, while 38-39% had seen their provider for 1 to 5 years, and 14-15% had seen their provider for less than one year. The MPN: PhyTrust group had the largest portion (24%) of enrollees who had been seeing their PCPs for less than one year.

# of Months or years going to Personal Doctor or Nurse	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Less than 1 year	14.8%		14.0%	15.9%	19.6%	15.6%	24.1%	15.4%
At least 1 year, less than 5 years	41.3%		38.0%	54.6%	45.6%	56.4%	45.9%	39.4%
5 years or more	43.9%		48.1%	29.5%	34.8%	28.0%	30.0%	45.1%

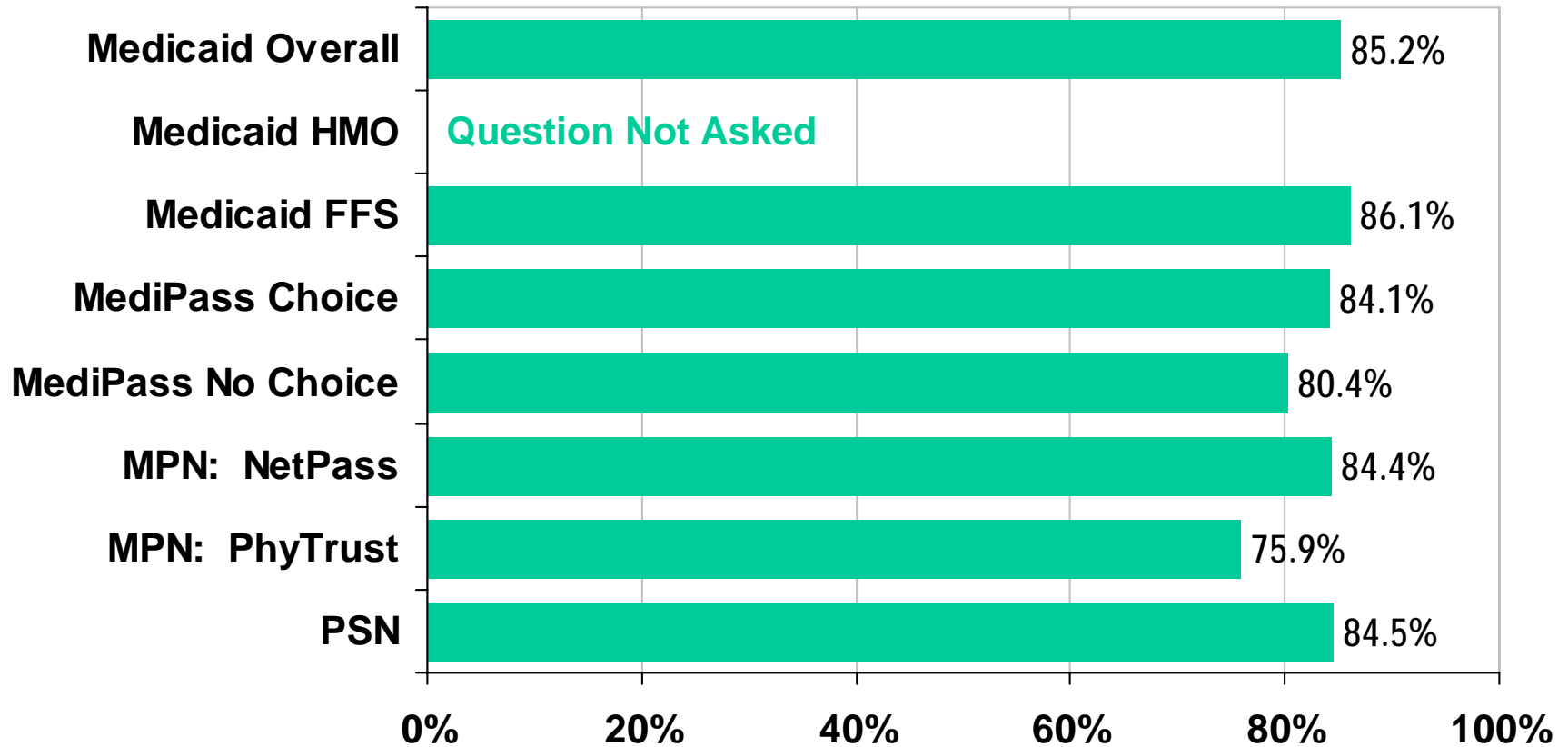
■ HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Continuity of Primary Care

Percent of Respondents Reporting that they had been Seeing their Personal Doctor or Nurse for 1 Year or Longer:



Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

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, nearly three-quarters (73%) of respondents reported it was “not a problem” to find a provider that they were “happy with.” This figure compares favorably with national CAHPS figures*, in which 67% of adult Medicaid enrollees reported it was “not a problem” to find a PCP. Twelve percent of Florida Medicaid enrollees surveyed reported having “a small problem” finding a PCP, and 15% reported it was “a big problem.”

The seven plans differed significantly on this measure, with FFS and PSN enrollees reporting most favorably. Seventy-eight percent of enrollees in each of these plans reported it was “not a problem” to find a PCP. Among the HMO, MediPass and MPN groups, 64-69% reported it was “not a problem” to find a satisfactory PCP.

*Source: 2005 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

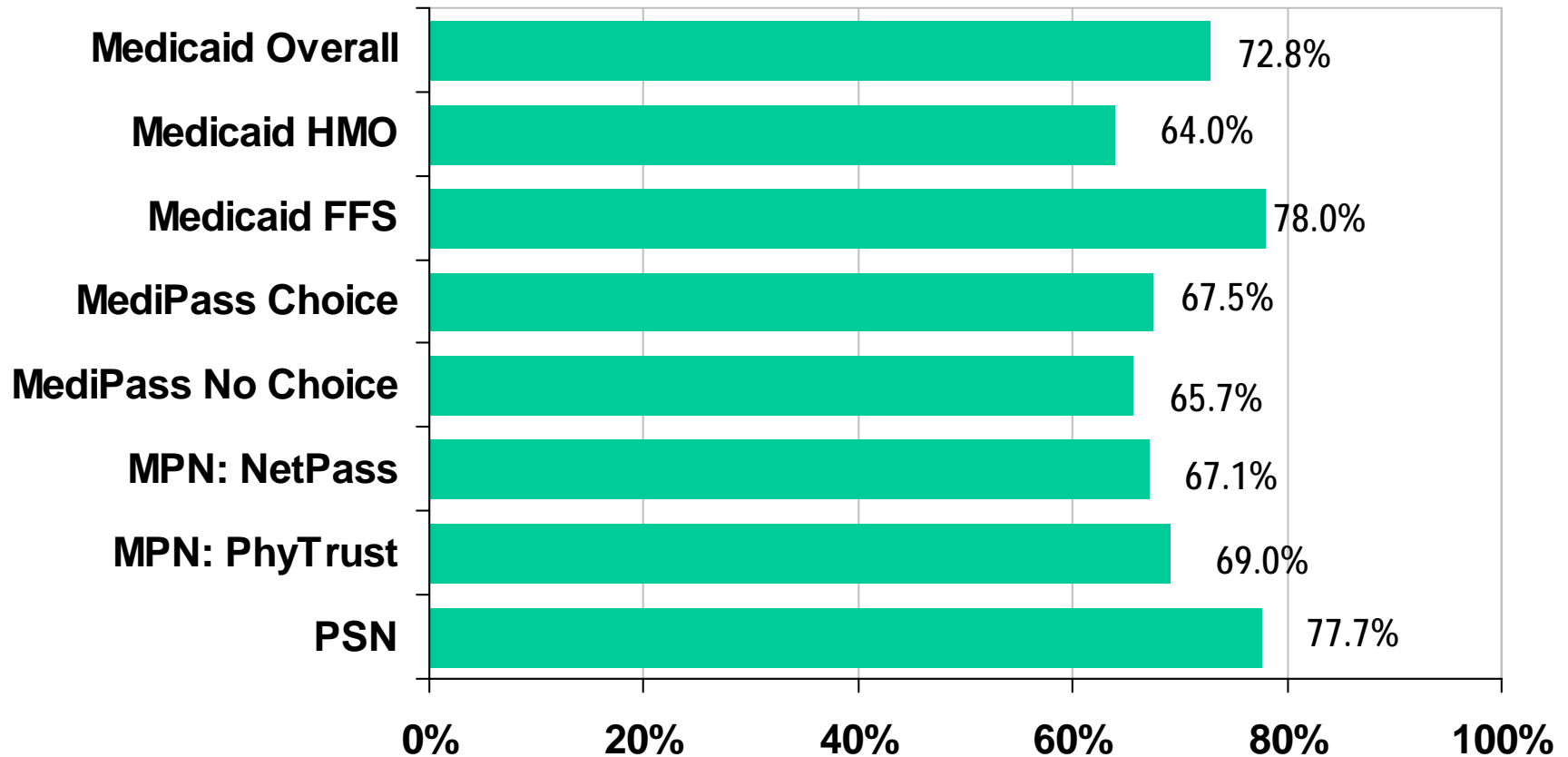
Problem Getting Satisfactory Doctor or Nurse	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Big Problem	15.1%	21.6%	11.2%	18.7%	21.8%	18.0%	18.7%	12.5%
Small Problem	12.1%	14.4%	10.8%	13.8%	12.5%	14.9%	12.3%	9.8%
No Problem	72.8%	64.0%	78.0%	67.5%	65.7%	67.1%	69.0%	77.7%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Ease of Finding a Satisfactory PCP

Percent of Respondents Reporting that it was “not a problem” to find a satisfactory doctor or nurse in Medicaid:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Specialty Care

Experiences of Medicaid Enrollees In Seeing a Specialist Vary Greatly

Respondents who reported that they had needed to see a specialist physician in the 6 months prior to interview were asked how difficult it had been to see that specialist. Their responses varied greatly. Overall, more than two-thirds of respondents (68%) reported it was “not a problem.” This is a favorable finding, considering that the national CAHPS average for Medicaid adults is 64% reporting it was “not a problem” to see a specialist. However, thirteen percent of Medicaid enrollees reported it was “a small problem” seeing a specialist, and 20% reported it was “a big problem.” Compared with the national CAHPS benchmarks, these figures are less favorable. Nationally, 18% of Medicaid adults report “a small problem” and 17% report “a big problem” seeing a specialist. So, while the majority of respondents in Medicaid reported no problems seeing a specialist, a sizable minority - nearly one-third - reported having a problem, and almost half of those reported it was “a big problem.”

The reports of the six Medicaid plans differed significantly on this measure, with the FFS population reporting most favorably by far. More than three-quarters of FFS respondents reported it was “not a problem” to see a specialist in Medicaid. The HMO group appeared to report least favorably on this measure, though a statistical comparison with the other populations is not possible. Still, more than half (52%) of respondents in the HMO group reported it was “not a problem” to find a specialist.

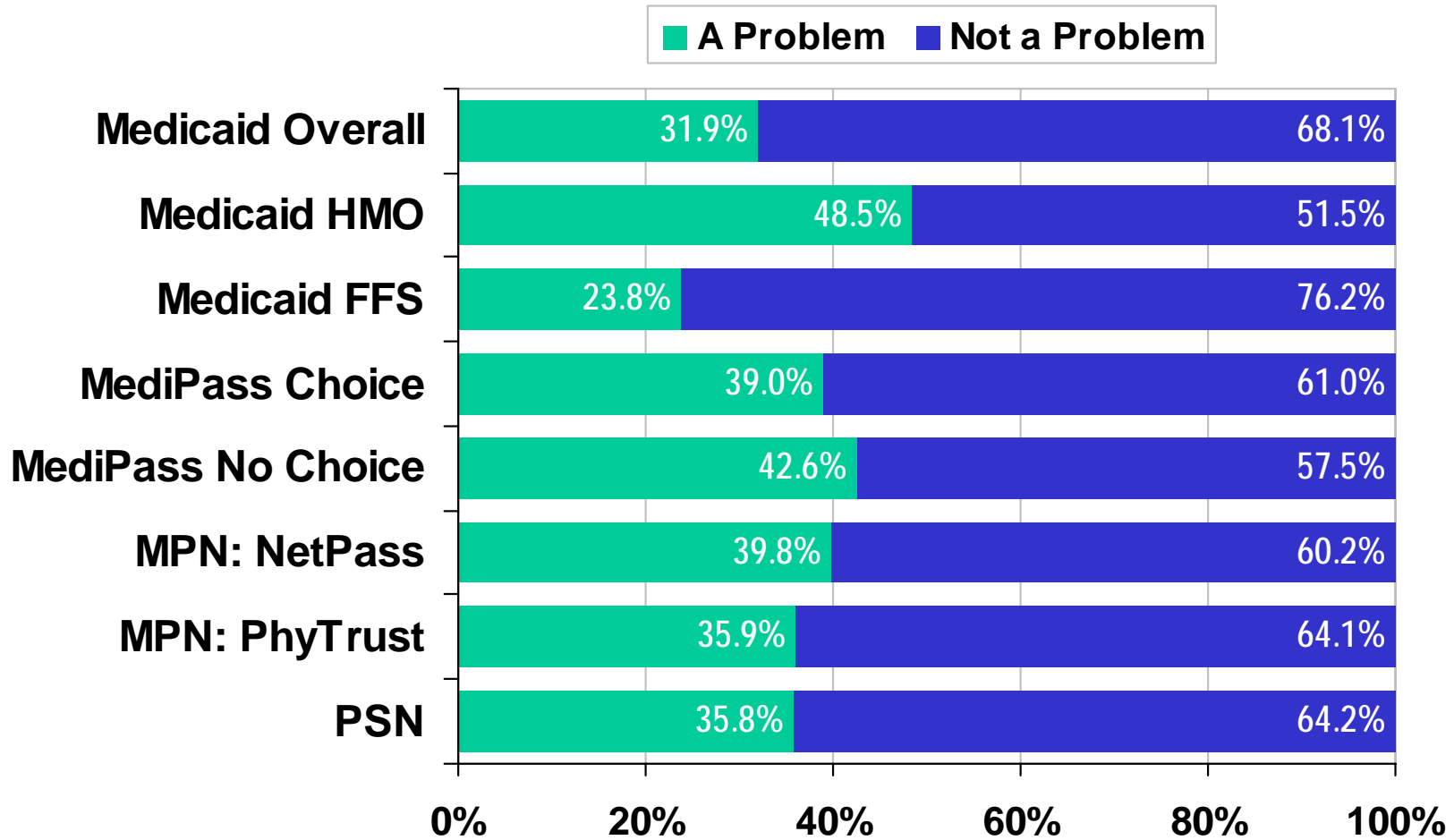
*Source: 2005 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

Difficulty Seeing a Specialist	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Big Problem	19.5%	28.6%	14.3%	25.6%	30.3%	20.8%	19.6%	24.4%
Small Problem	12.5%	19.9%	9.5%	13.5%	12.2%	19.0%	16.3%	11.4%
Not a Problem	68.1%	51.5%	76.2%	61.0%	57.5%	60.2%	64.1%	64.2%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Ease of Seeing a Specialist



Reflects distribution among survey respondents

- Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.
 2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

Other Types of Care

Medicaid Enrollees Report Getting Urgent Care in a Timely Fashion

Respondents were asked if, in the 6 months prior to interview, they had experienced an illness or injury requiring immediate medical attention. Those who reported affirmatively were asked if they had gotten that care as soon as they wanted it. Sixty percent of Medicaid enrollees overall reported that they “always” got the care as soon as they wanted it. This figure compares favorably with national CAHPS reports, which show 56% of adult Medicaid enrollees reporting that they “always” got such care as soon as they wanted it. Among survey respondents, 21% reported that they “usually” got care for illnesses or injuries as soon as desired, and fifteen percent reported that they “sometimes” did. Five 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, with the PSN population reporting most favorably. Seventy-five percent of PSN enrollees reported that they “always” received care as soon as they wanted it. The MPN: PhyTrust group reported least favorably with 50% of respondents reporting that they “always” got urgent care as soon as desired.

*Source: 2005 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

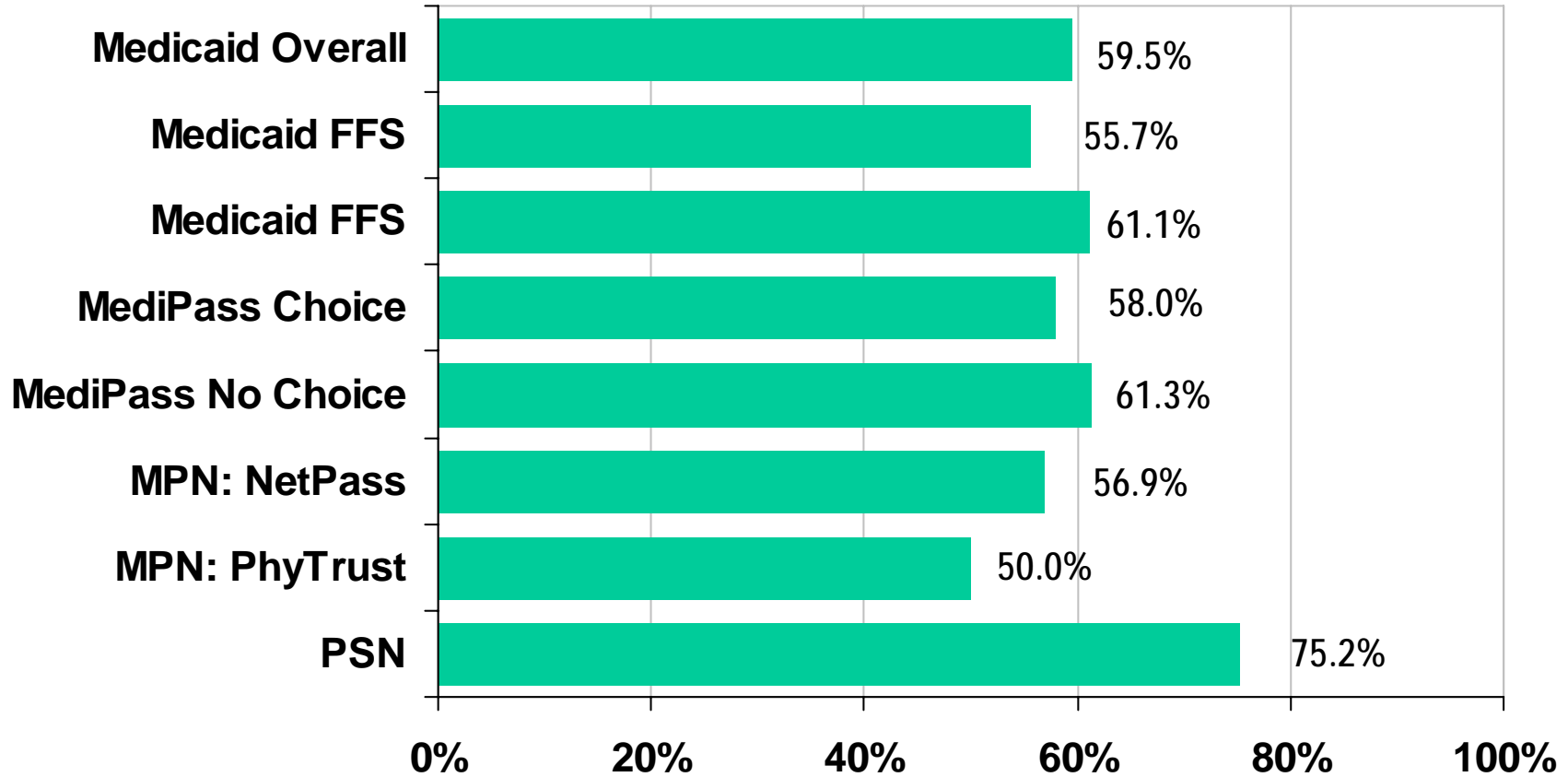
Got Immediate Care for Illness or Injury as Soon as Wanted	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Never	4.7%	6.1%	4.2%	4.5%	6.6%	2.0%	7.0%	2.2%
Sometimes	14.5%	19.1%	11.4%	19.1%	14.9%	24.8%	26.1%	16.1%
Usually	21.3%	19.2%	23.4%	18.5%	17.3%	16.3%	16.9%	6.6%
Always	59.5%	55.7%	61.1%	58.0%	61.3%	56.9%	50.0%	75.2%

Reflects distribution among survey respondents

- Sources:
1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Getting Urgent Care Quickly

Percent reporting that they “always” got an appointment for urgent care as quickly as they wanted:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Most Medicaid Enrollees Report Getting Urgent Care Within One Day

Sixty-four percent of Medicaid enrollees reported that, when they needed urgent care for an illness or injury, they received that care the same day or the next day. Twelve percent reported waiting 2 to 3 days for care, and 24% reported waiting 4 days or longer for urgent care. Responses on this survey question were cross-referenced with those from the question regarding satisfaction with wait times for urgent care appointments. Of those who reported waiting 4 days or longer for an appointment, 61% reported that they “usually” or “always” got appointments as soon as desired. This suggests that those patients who waited 4 days or longer for an appointment may have intentionally booked these appointments days in advance, and, thus, were not unsatisfied with their wait times.

The reports of the program components did not vary significantly on this measure. However, the performance of the PSN group is worthy of mention. This group had the highest percentage (64%) of respondents reporting that they received urgent care the same day. The next most favorable report was from the FFS group, at 51%. Seventeen percent of PSN enrollees reported waiting 4 days or longer for urgent care, compared with the next most favorable report, which was from the MPN: PhyTrust group, at 23%.

Days Waiting To Get Care for Illness or Injury that Required Immediate Care	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Same day	50.5%		51.2%	49.7%	44.9%	46.5%	45.8%	64.0%
1 day	13.6%		13.6%	11.5%	18.6%	14.2%	12.0%	8.1%
2 to 3 days	12.1%		11.7%	12.7%	12.6%	12.3%	19.0%	11.0%
4 days or longer	23.9%		23.5%	26.1%	24.0%	27.1%	23.3%	16.9%

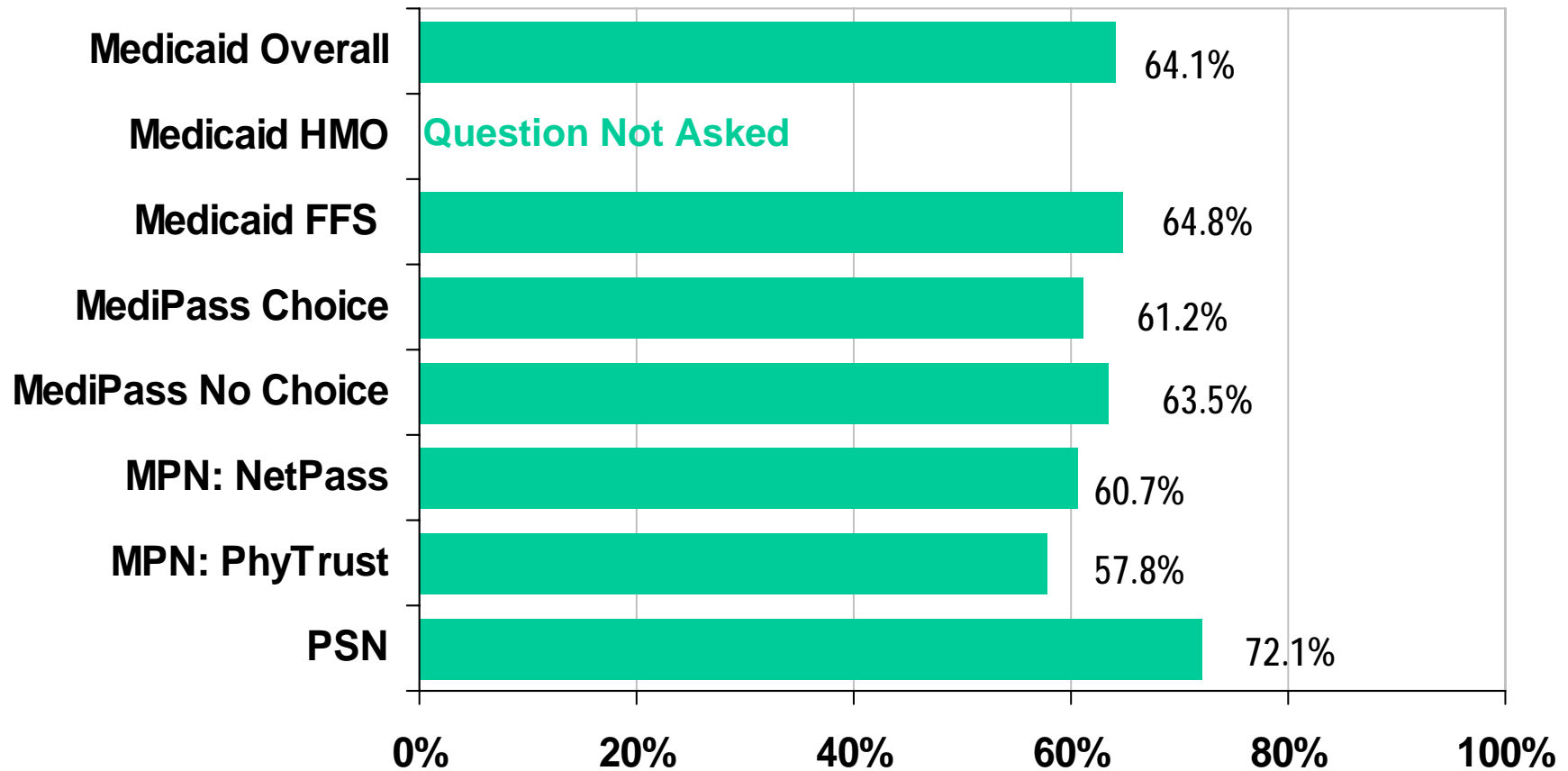
■ HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Days Waiting for Urgent Care Appointments

Percent reporting that they got an appointment for urgent medical care the same day or next day:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Medicaid Enrollees Report Satisfaction with Timeliness of Non-Urgent Care

Respondents were asked if, in the 6 months prior to interview, they had made an appointment for non-urgent health care. The 60% who reported affirmatively were asked if they had gotten that care as soon as they wanted it. Sixty 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 48% of adult Medicaid enrollees reporting that they “always” got such care as soon as they wanted it. Among survey respondents, 19% reported that they “usually” got non-urgent care as soon as desired, and eighteen 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, with the FFS population reporting most favorably. Sixty-four percent of FFS enrollees reported that they “always” received care as soon as they wanted it. The MediPass No Choice group reported least favorably with 46% of respondents reporting that they “always” got non-urgent care as soon as desired.

*Source: 2005 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

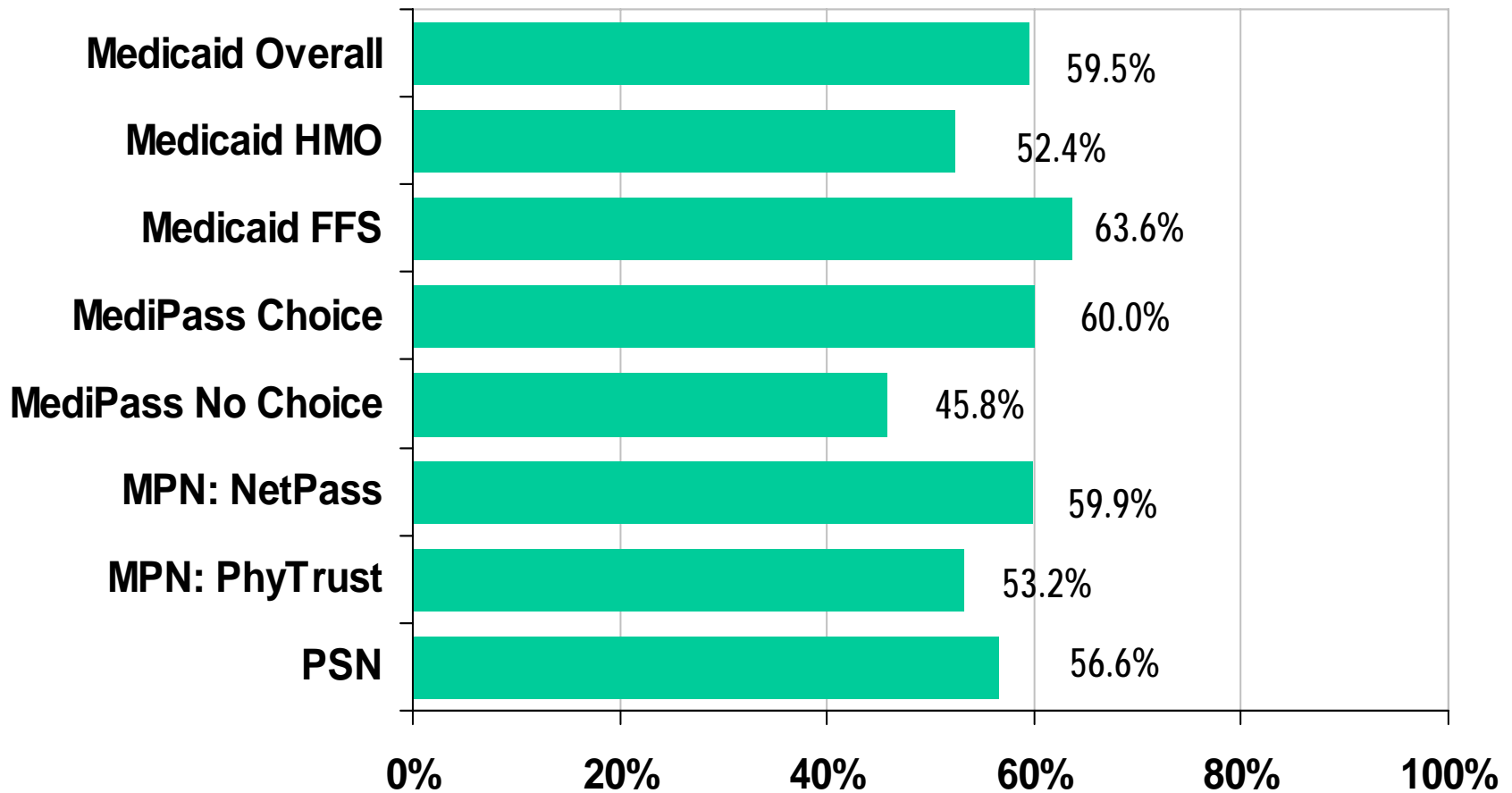
Got Appointment for Non-Urgent Health Care as Soon as Wanted	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Never	3.5%	5.4%	2.3%	4.7%	5.3%	2.8%	7.9%	7.7%
Sometimes	17.8%	22.2%	15.2%	18.7%	24.2%	18.4%	19.5%	19.8%
Usually	19.2%	20.1%	18.9%	16.6%	24.7%	18.9%	19.5%	15.9%
Always	59.5%	52.4%	63.6%	60.0%	45.8%	59.9%	53.2%	56.6%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Getting Non-Urgent Care Quickly

Percent reporting that they “always” got an appointment for routine care as quickly as they wanted:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Most Medicaid Enrollees Report Receiving Appointments for Non-Urgent Care Within One Week

Sixty-nine percent of Medicaid enrollees reported that, when they needed non-urgent care, they received that care within one week of calling for an appointment. Twelve percent reported waiting between 1 and 2 weeks for the appointment, and 19% 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, 64% reported that they “usually” or “always” got appointments as soon as desired. This suggests that those patients who waited 2 weeks or longer for an appointment may have intentionally booked these appointments weeks in advance, and, thus, were not unsatisfied with their wait times.

The reports of the program components varied significantly on this measure. The MPN: PhyTrust group reported most favorably, with 88% of respondents indicating that they received non-urgent care within two weeks of calling for an appointment, and only 12% reporting that they waited more than 2 weeks for an appointment. The PSN group reported least favorably, with 62% reporting that they received an appointment within two weeks days, and 38% reporting that they waited longer than 2 weeks. Cross-referencing with prior survey measures, as described above, reveals that 44% of PSN respondents who waited more than 2 weeks may have intentionally scheduled their appointments far in advance.

Making an Appointment for Non-Urgent Care and Seeing a Provider	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Same day	14.5%		13.7%	17.0%	17.7%	13.7%	12.8%	16.0%
1 to 7 days	54.5%		53.6%	58.3%	56.6%	55.6%	62.0%	35.4%
8-14 days	12.4%		13.3%	8.5%	10.0%	16.6%	13.4%	10.3%
15 days or longer	18.6%		19.4%	16.1%	15.8%	14.1%	11.8%	38.3%

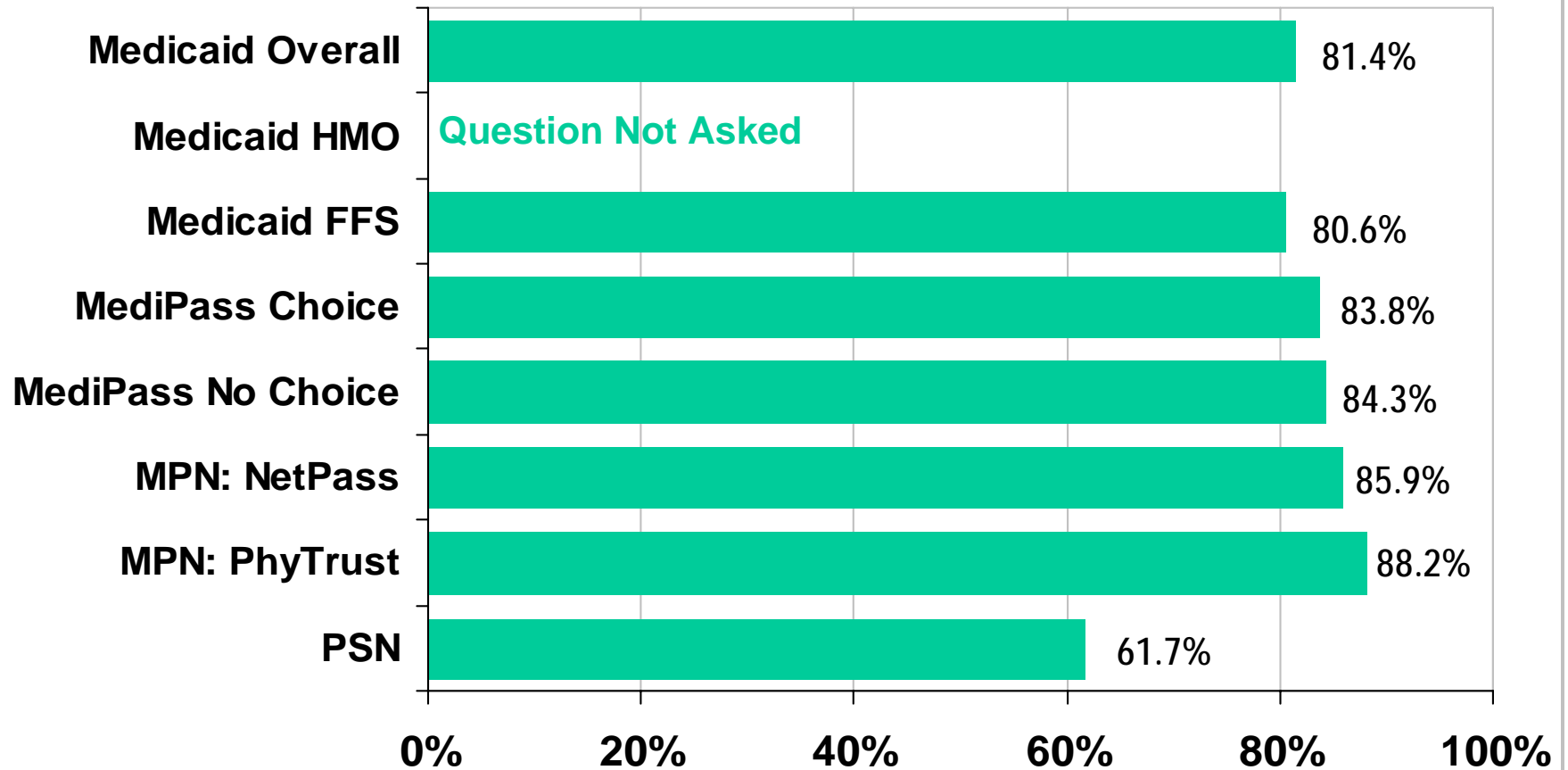
■ HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Days Waiting for Routine Care Appointments

Percent reporting that they got an appointment for routine care within 2 weeks:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Large Portion of Medicaid Enrollees Report Visiting ERs

Respondents were asked if, in the 6 months prior to interview, they had visited an emergency room (ER) to get treatment for themselves. While most Medicaid respondents (64%) indicated that they had not, more than one-third (37%) indicated that they had visited an ER, with 17% 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.

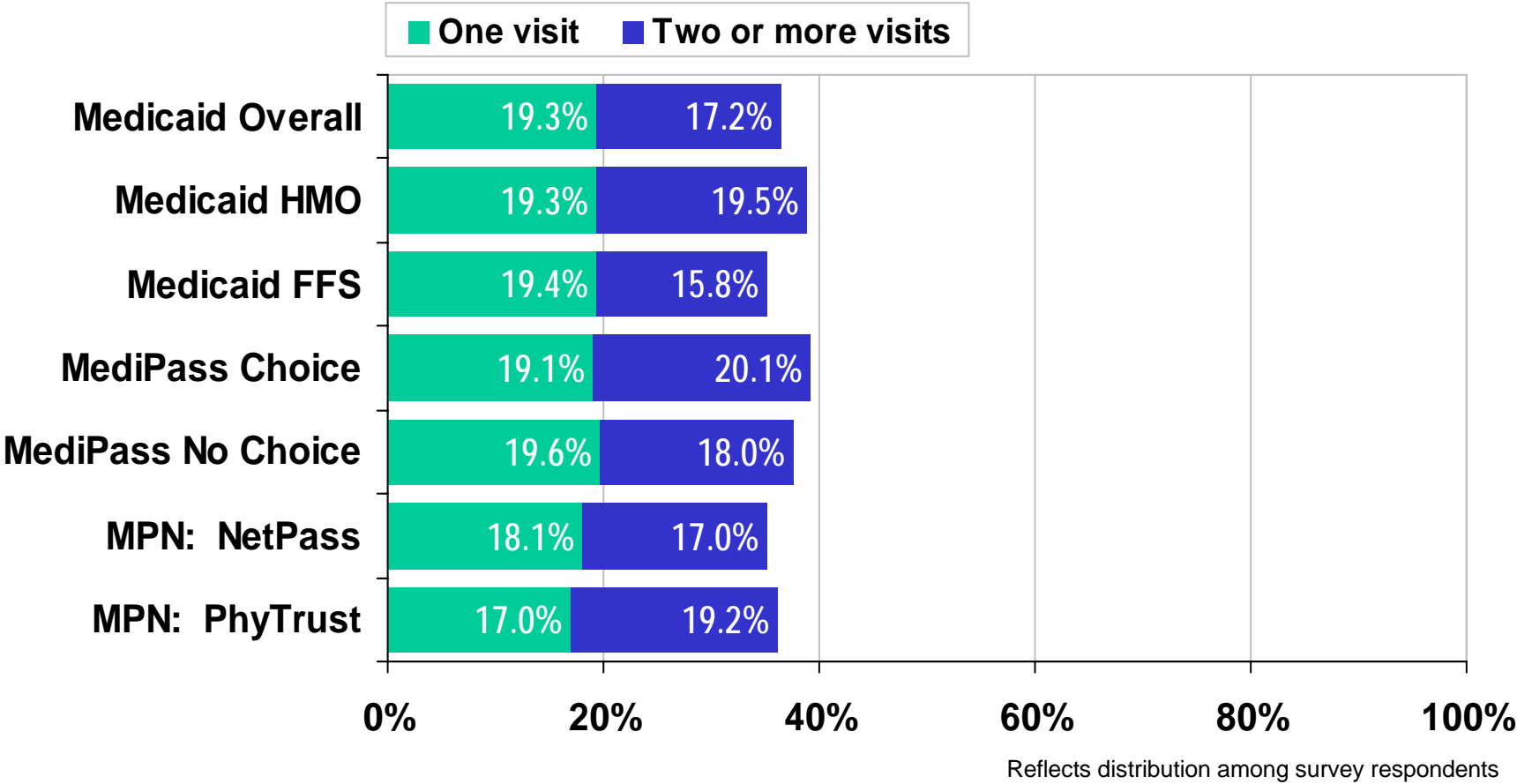
The number of ER visits did not differ significantly by plan.

# of Emergency Room Visits in last 6 months	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
None	63.5%	61.2%	64.8%	60.9%	62.4%	64.9%	63.8%	64.1%
1	19.3%	19.3%	19.4%	19.1%	19.6%	18.1%	17.0%	16.7%
2 or more	17.2%	19.5%	15.8%	20.1%	18.0%	17.0%	19.2%	19.2%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

ER Visits in Past 6 Months



Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.
 2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

Most Medicaid Enrollees Report No Problems Getting Care, Tests, or Treatment

Respondents who reported needing care, tests, or treatment in the 6 months prior to interview (73%) were asked how difficult it was to get the needed care. Overall, 70% of respondents reported it was “not a problem” to get that care in Medicaid, while 17% report a “small problem” and 14% report a “big problem.” While these figures do show that a majority of enrollees had no problems getting care, it should be noted that the figures are less favorable than the national average for Medicaid-enrolled adults. Nationally, 75% reported it was “not a problem” getting care, tests, or treatment, while 16% report a “small problem,” and 9% report a “big problem.”

The FFS, MediPass, MPN, and PSN groups did not differ significantly on this measure.

**Source: 2005 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database*

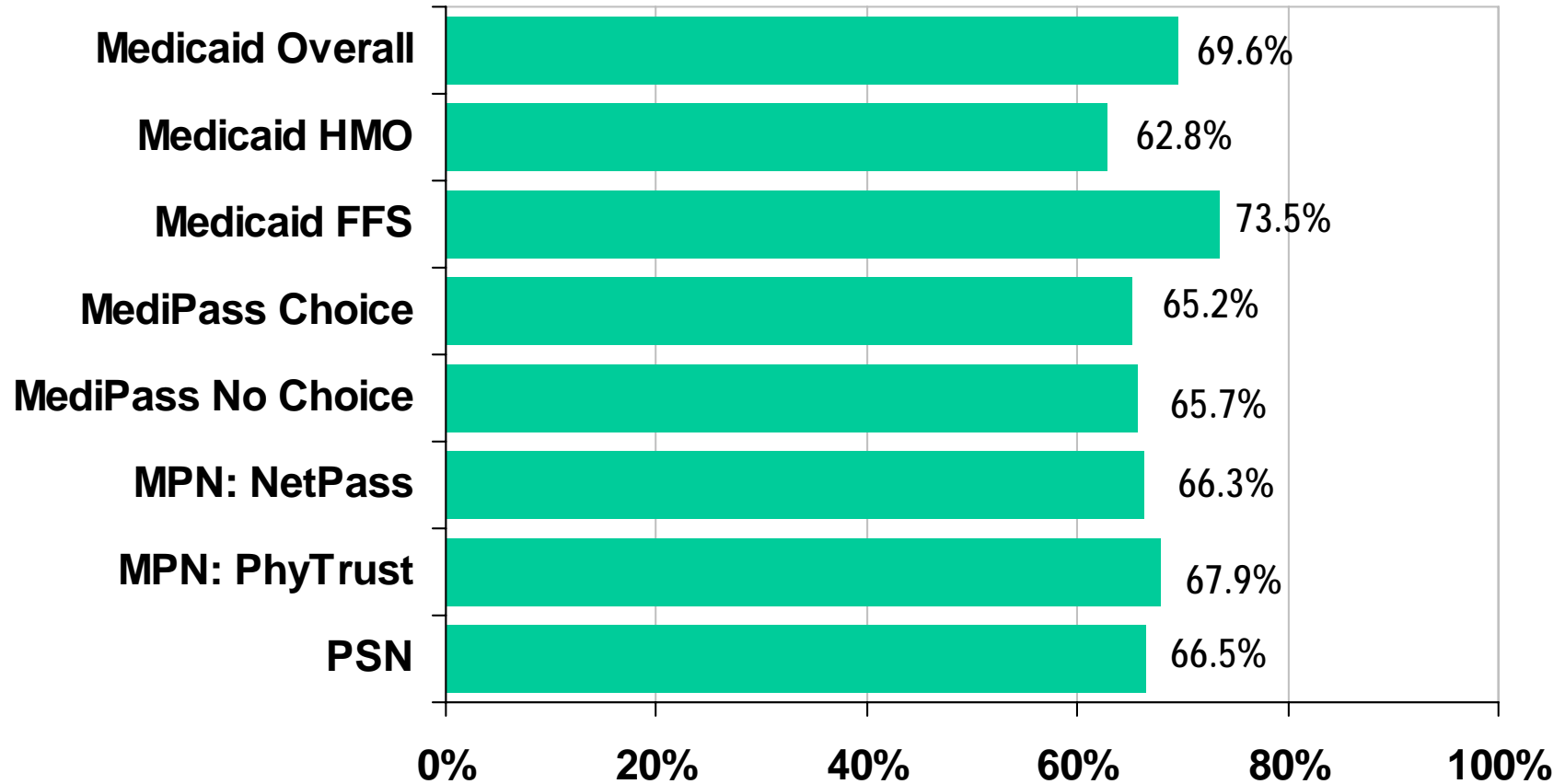
Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Big Problem	13.6%	17.4%	10.9%	18.6%	16.4%	13.2%	15.3%	18.6%
Small Problem	16.7%	19.8%	15.6%	16.2%	17.8%	20.5%	16.8%	14.9%
Not a Problem	69.6%	62.8%	73.5%	65.2%	65.7%	66.3%	67.9%	66.5%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Ease of Getting Care, Tests, or Treatment

Percent of Respondents reporting that it was “not a problem” to get needed care, tests, or treatment:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Many Respondents Report Delays in Getting Approval for Care

Most Medicaid enrollees surveyed reported that they did not need approval from their health plan to get needed care, tests, or treatment. However, more than one-third (36%) reported that they did need to get approval for this care. Those who did need approval were asked whether they experienced problems associated with delays in getting health care while awaiting approval from Medicaid. Roughly half of respondents (52%) reported that delays were “not a problem,” while just under one-quarter (23%) indicated it was “a small problem,” and one-quarter (25%) reported that delays were “a big problem.” These figures compare rather unfavorably with national CAHPS figures*, in which 56% of adult Medicaid respondents indicated that delays while awaiting approval were “not a problem,” 26% reported it was “a small problem,” and 17% reported it was “a big problem.”

There were no significant differences in the programs on this measure.

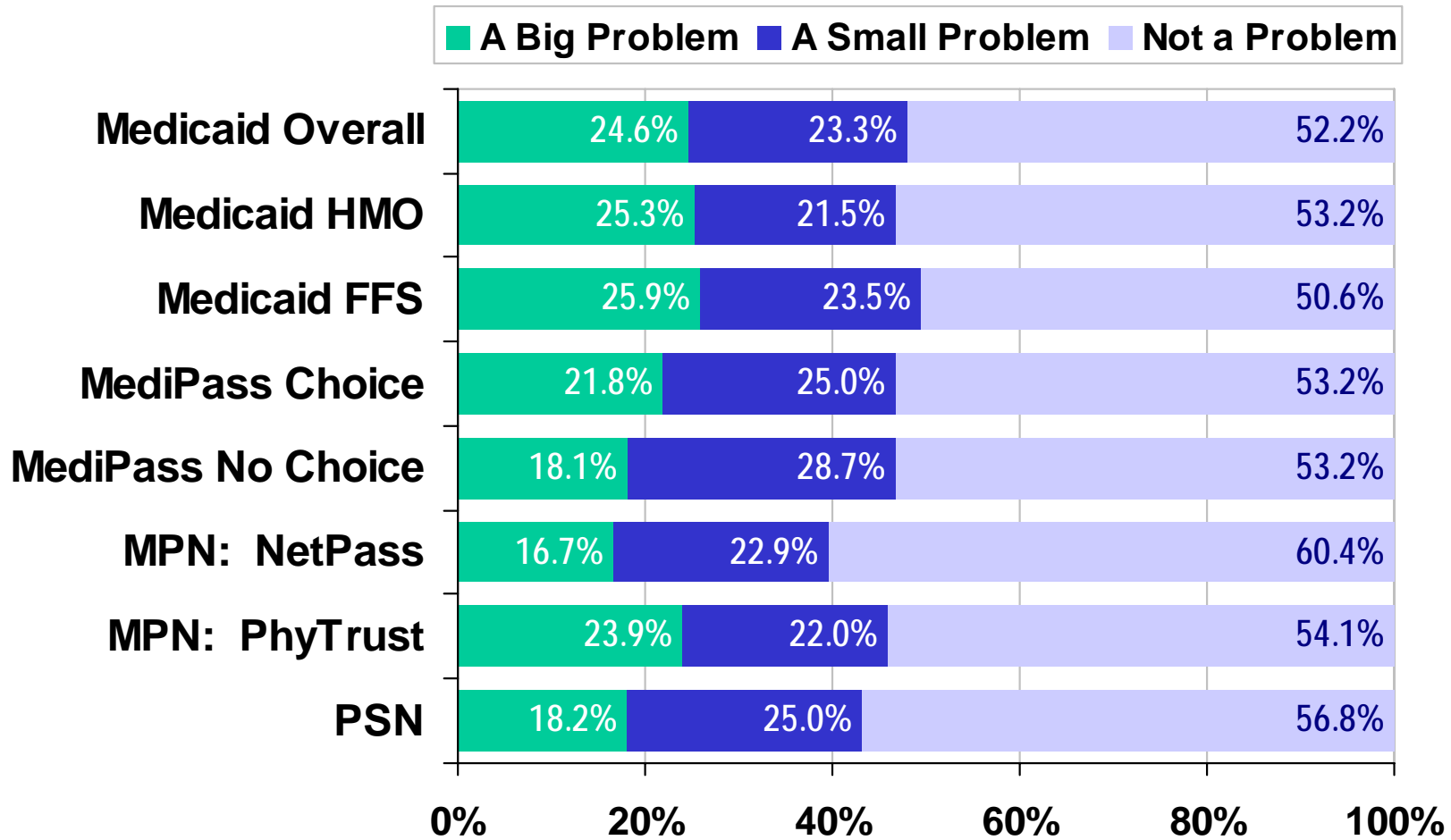
*Source: 2005 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Approval needed from health plan for care, tests, or treatments	35.9%	49.4%	29.6%	41.6%	33.5%	37.8%	41.0%	34.5%
Delays While Waiting for Approval from Program								
Big Problem	24.6%	25.3%	25.9%	21.8%	18.1%	16.7%	23.9%	18.2%
Small Problem	23.3%	21.5%	23.5%	25.0%	28.7%	22.9%	22.0%	25.0%
Not a Problem	52.2%	53.2%	50.6%	53.2%	53.2%	60.4%	54.1%	56.8%

Reflects distribution among survey respondents

- Sources:
1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Delays in Getting Approval for Care



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

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 interview. Seventy-eight percent of respondents overall responded affirmatively. There was a statistically significant difference between the Medicaid programs on this measure, with figures ranging from 80% of respondents from the FFS program reporting that they needed a prescription, to only 65% among MPN: PhyTrust respondents. This finding is not surprising, given that the FFS group includes a large portion of enrollees who are elderly, while the MPN: PhyTrust group includes a large portion of younger enrollees (as reported by survey respondents).

Those who reported that they did get a new prescription or a refill were asked “how much of a problem, if any” it had been to get this prescription through Medicaid. Most respondents (72%) reported it was “not a problem,” while 16% indicated it was “a small problem,” and 12% indicated it was “a big problem” to get their prescriptions through Medicaid. There was no significant difference between the programs on this measure.

Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Did Patient Get new prescription or Refill a Prescription	78.2%		79.6%	75.3%	75.9%	69.5%	65.2%	72.7%
How much of a Problem for Patient to get Prescription from Medicaid								
A big problem	12.0%		12.9%	10.7%	7.7%	5.5%	8.9%	6.6%
A small problem	15.6%		16.3%	12.9%	13.7%	16.4%	14.0%	15.6%
Not a problem	72.3%		70.8%	76.4%	78.6%	78.1%	77.1%	77.8%

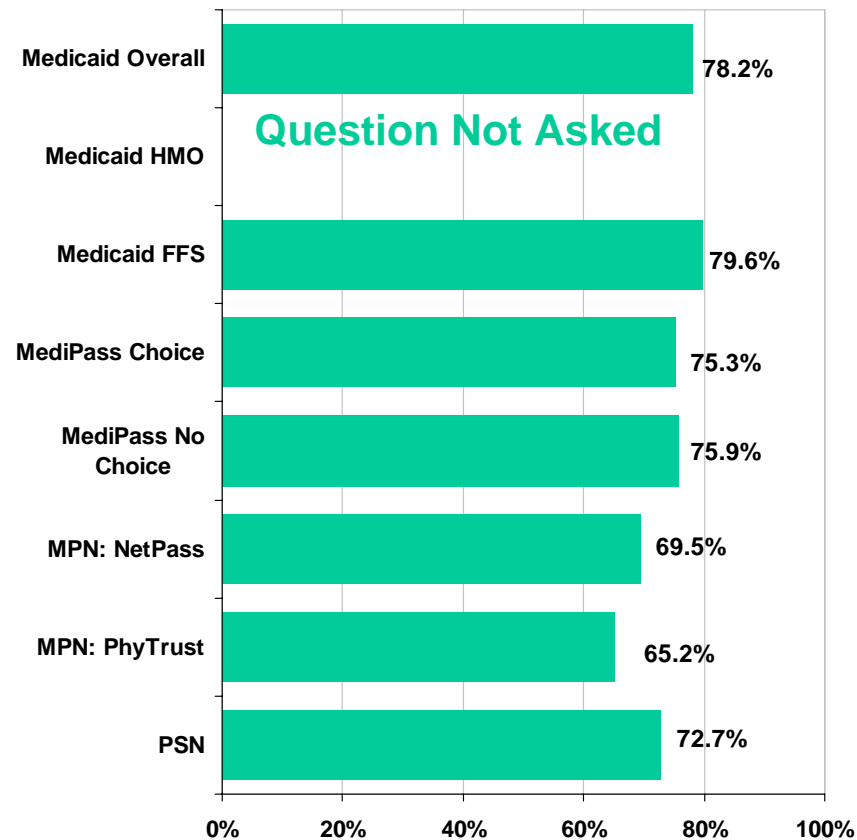
HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

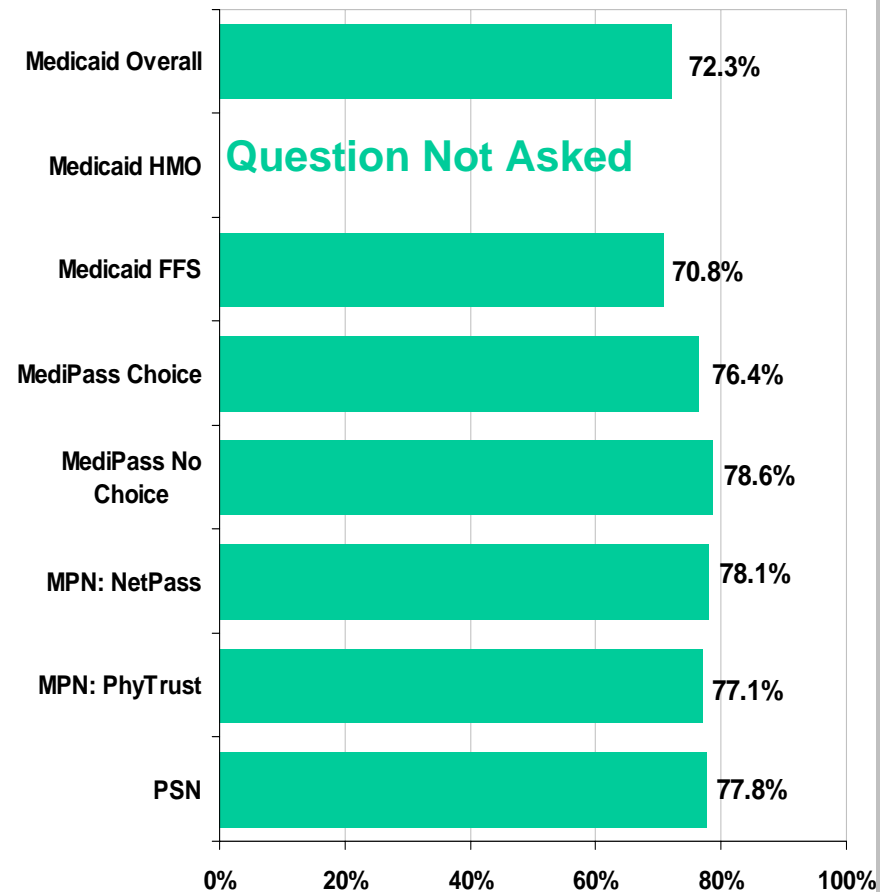
- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Obtaining Prescription Drugs Through Medicaid

Percent of respondents reporting that they got a new prescription or a refill in the 6 months prior to interview



Percent of respondents reporting it was “not a problem” to get prescriptions through Medicaid



Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Most Enrollees Report Getting Transportation Needs Met Through Medicaid

Ten percent of Medicaid enrollees surveyed reported that they had called Medicaid for transportation assistance some time in the 6 months prior to survey. Slightly less than three-quarters (73%) of respondents needing transportation assistance indicated that they “usually” or “always” got the transportation assistance that they needed, and more than three-quarters of respondents (78%) indicated that the transportation assistance “usually” or “always” met their needs.

It should be noted that these measures included relatively small numbers of patients, and, thus, inferences about differences between programs cannot reliably be made.

Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Did Patient call Medicaid to get help with transportation	10.1%		9.4%	13.0%	11.3%	13.5%	8.3%	12.7%
When called, how often did patient get help with transportation								
Never or Sometimes	26.8%		24.2%	37.5%	19.0%	26.1%	40.0%	31.8%
Usually or Always	73.2%		75.8%	62.5%	81.0%	73.9%	60.0%	68.2%
How often did transportation assistance meet patient needs								
Never or Sometimes	22.2%		24.1%	22.0%	7.9%	16.3%	13.6%	30.6%
Usually or Always	77.8%		75.9%	78.1%	92.1%	83.7%	86.4%	69.5%

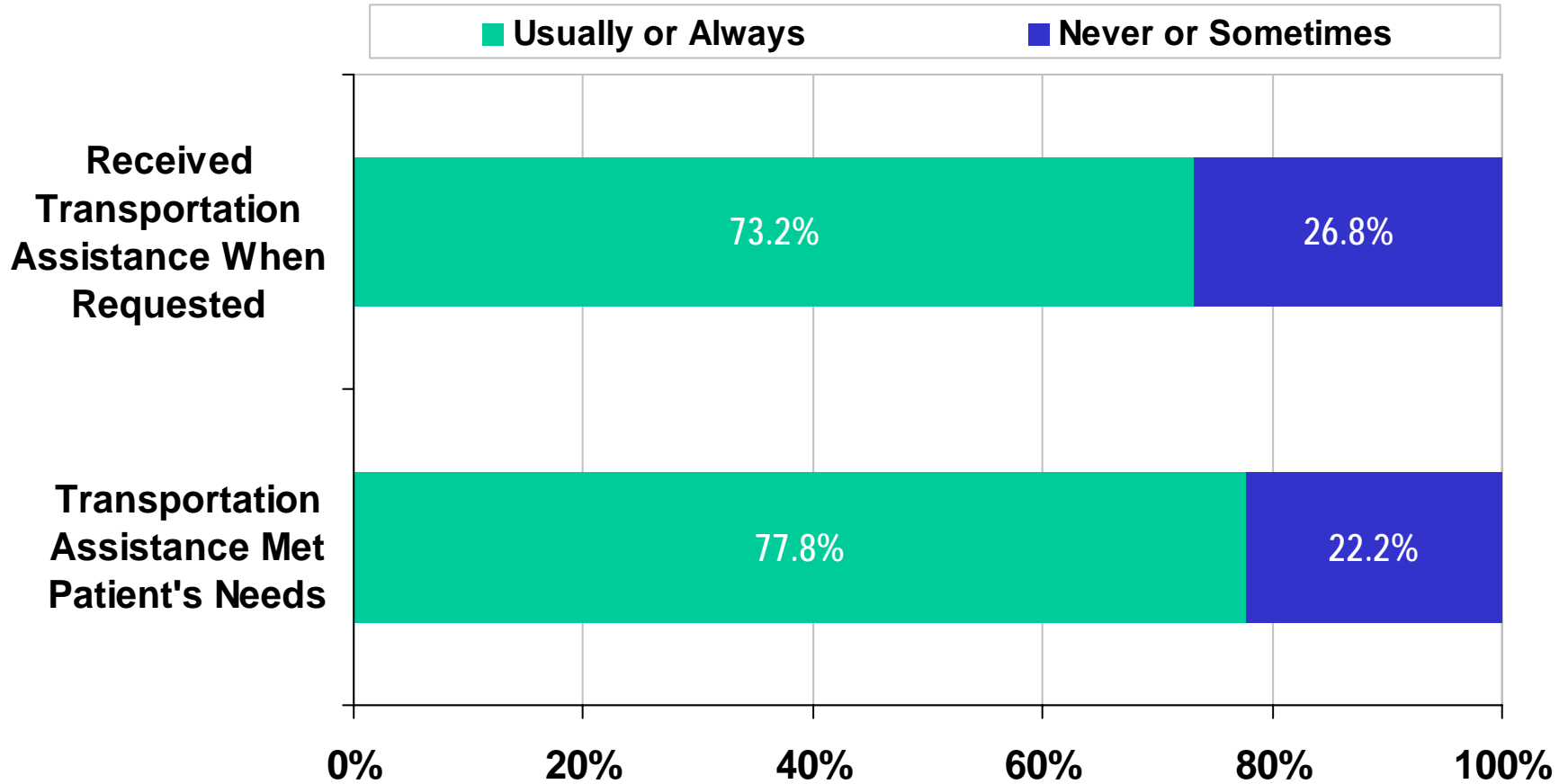
■ HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Transportation Assistance Provided by Medicaid

Reflects respondents' experiences in 6 months prior to interview, among those requesting assistance:



Does not include data from HMO Enrollees.

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Most Enrollees Report No Problems Getting Medical Equipment, Services, and Assistance Through Medicaid

Medicaid covers special health needs, such as medical equipment, physical and occupational therapy, home health care, and mental health care. Relatively few Medicaid enrollees report needing these services, yet they are crucial for those who do require them. Medicaid enrollees surveyed were asked about their need for these services, and those responding affirmatively were asked “how much of a problem, if any” they had in obtaining these services through Medicaid.

Eighty-two percent of respondents who needed special medical equipment reported it was “not a problem” to get that equipment through Medicaid. Eighty percent of respondents who needed special therapy, like speech, occupational, or physical therapy, reported it was “not a problem” to get this therapy through Medicaid, and 77% of those who needed home health assistance reported it was “not a problem” getting that assistance. Seventy-four percent of respondents who needed mental health treatment or counseling reported it was “not a problem” to get this care through Medicaid.

It should be noted that these measures included relatively small numbers of patients, and, thus, inferences about differences between programs cannot reliably be made.

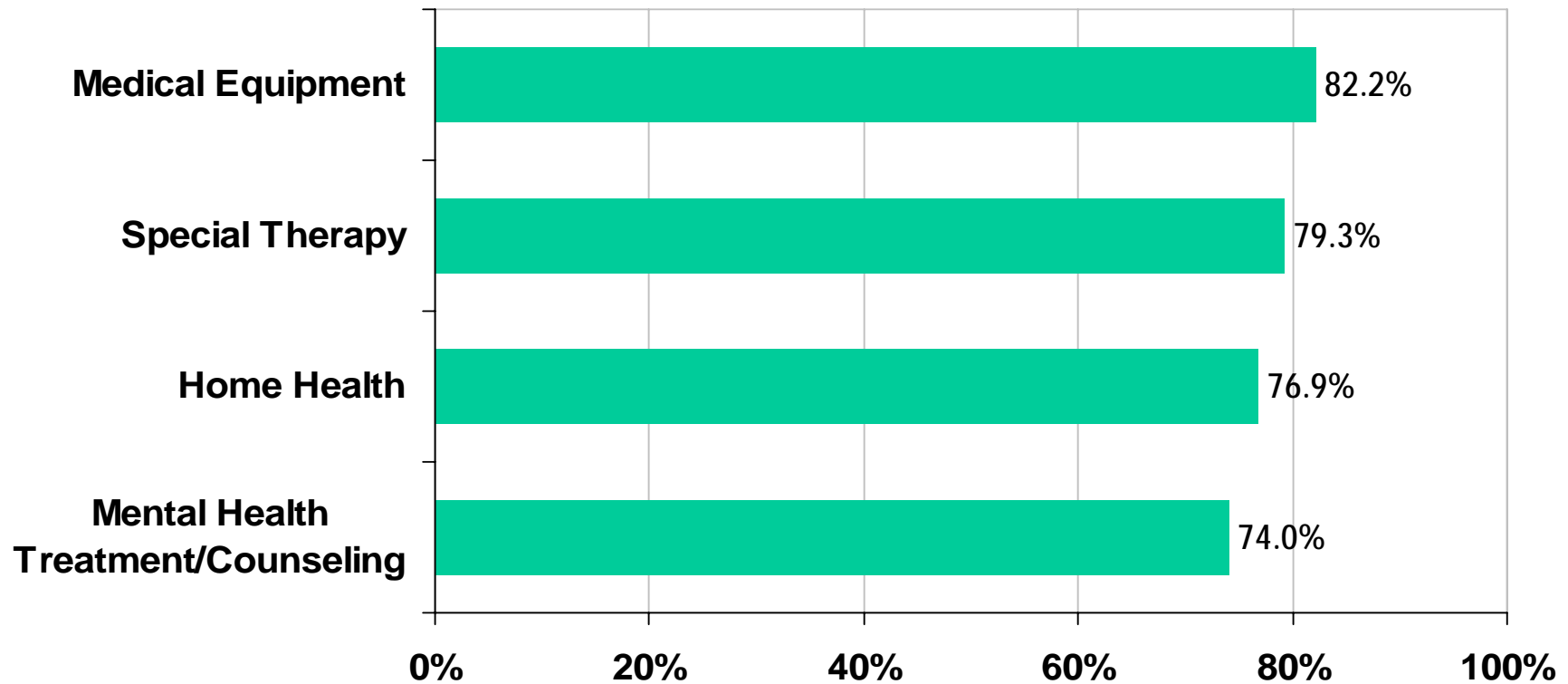
Measure	How much of a problem was it to get special medical equipment through Medicaid	How much of a problem was it to get special therapy (e.g., speech, occupational, or physical therapy) through Medicaid	How much of a problem was it to get home health care or assistance through Medicaid	How much of a problem was it to get needed mental health treatment or counseling through Medicaid
A big problem	10.0%	13.0%	17.0%	16.5%
A small problem	7.8%	7.7%	6.1%	9.5%
Not a problem	82.2%	79.3%	76.9%	74.0%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Ease of Obtaining Needed Equipment, Services, and Assistance Through Medicaid

Percent reporting it was “not a problem” to obtain needed equipment, services, or care through Medicaid, among those needing equipment, services, or care:



Does not include data from HMO Enrollees.

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Communicating with Providers

Most Enrollees Report Providers' Office Staff to be "Courteous" and "Helpful"

Respondents were asked about their experiences with office staff in their Medicaid providers' offices. Ninety-one percent of respondents overall indicated that office staff were "usually" or "always" courteous and respectful to them, while 9% indicated they were "never" or "sometimes" respectful. Eighty-four percent of respondents reported that staff were "usually" or "always" helpful, while 16% indicated they were "never" or "sometimes" helpful.

Statistically significant differences were found between the programs on these measures, but the differences were too small to be of practical value. In general, the FFS group reported most positively on both measures, with 93% reporting that staff were "usually" or "always" respectful, and 88% reporting that staff were "usually" or "always" helpful. The reports of the MediPass No Choice and MPN: NetPass groups were very similar to those of FFS.

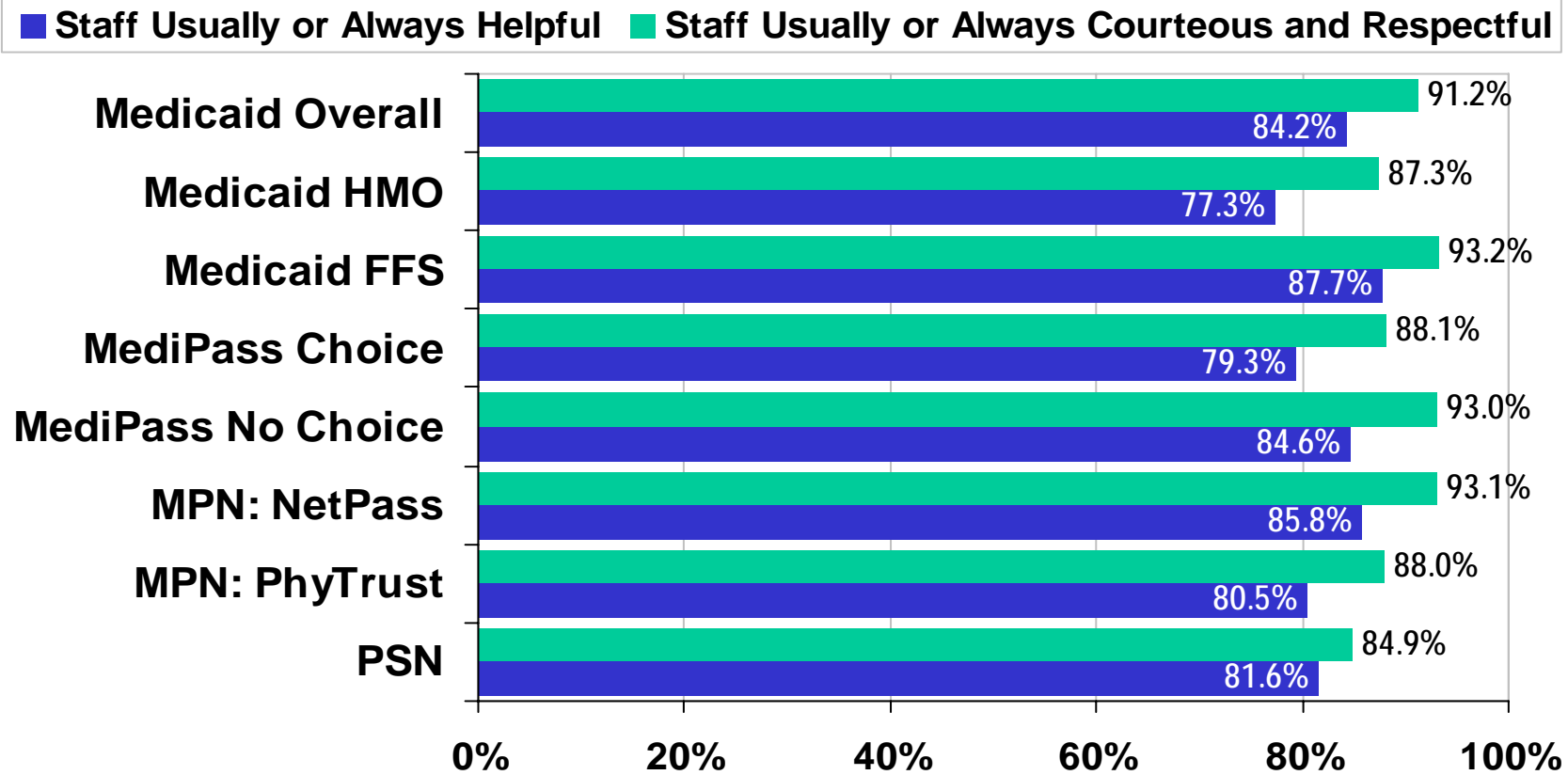
Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Office Staff at Doctor's Office Were Courteous and Respectful								
Never or Sometimes	8.8%	12.7%	6.8%	11.9%	7.0%	6.9%	12.0%	15.1%
Usually or Always	91.2%	87.3%	93.2%	88.1%	93.0%	93.1%	88.0%	84.9%
Office Staff at Doctor's Office Were Helpful								
Never or Sometimes	15.8%	22.7%	12.3%	20.7%	15.4%	14.2%	19.5%	18.4%
Usually or Always	84.2%	77.3%	87.7%	79.3%	84.6%	85.8%	80.5%	81.6%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Courteousness and Helpfulness of Providers' Office Staff

Percent reporting that office staff at Medicaid providers' offices were "usually" or "always" courteous and respectful, and "usually" or "always" helpful:



Reflects distribution among survey respondents

Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.
 2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

Medicaid Enrollees Report that Most Medicaid Providers Communicate Well

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-seven percent indicated that their provider “usually” or “always” listened carefully, 85% said their provider “usually” or “always” explained things so that they could understand, and 89% reported that their provider “usually” or “always” showed respect for what they (the patient) said. Responses to these three questions were cross-referenced to show that 76% of Medicaid respondents overall indicated that their provider “usually” or “always” performed all three of these tasks.

The Medicaid programs differed significantly on these measures, but the differences were small enough to be of little practical value. The FFS group reported most positively on all three of these measures, with 88% reporting that their provider “usually” or “always” listened carefully, 88% reporting that their provider “usually” or “always” explained things so that they could understand, and 92% reporting that their provider “usually” or “always” showed respect for what they said.

Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Doctor or Other Provider "Usually" or "Always" Listened Carefully	86.6%	83.5%	88.4%	85.8%	82.8%	86.1%	79.6%	86.7%
Doctor "Usually" or "Always" Explained Things So That Patient Could Understand	85.1%	80.8%	87.9%	80.7%	82.0%	85.2%	79.9%	86.0%
Doctor "Usually" or "Always" Showed Respect for What Patient Said	89.0%	84.9%	92.2%	83.5%	83.7%	88.0%	85.2%	88.6%

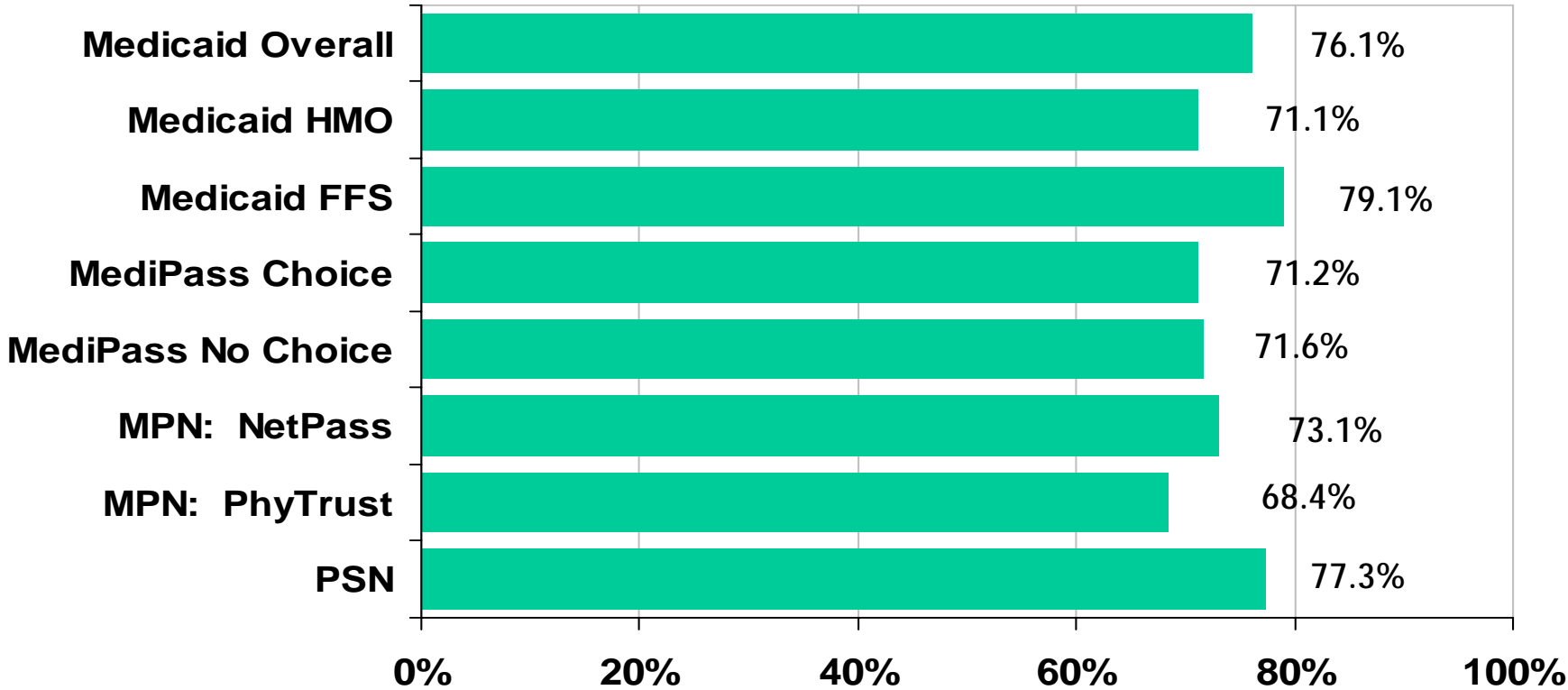
Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Medicaid Providers Communicate Well

Combines responses from three questions. Percent of Respondents Reporting That Providers “Usually” or “Always” Performed the Following Functions:

- “Listened Carefully,”
- “Explained Things So That They (as a patient) Could Understand,” and
- “Showed Respect for What They Said”



Reflects distribution among survey respondents

Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.
 2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

Some Medicaid Enrollees Report Language Barriers in Communicating with Providers

Respondents were asked how often they had difficulty communicating with their Medicaid providers due to language barriers. Overall, 8% reported that they “always” had difficulty, while 2% “usually” had difficulty, 15% “sometimes” had difficulty, and 75% “never” had difficulty. In order to gauge the extent of this difficulty, responses to this question were cross-referenced with data showing the language that the respondents used to complete this telephone survey. Overall, of those who reported that they “always” had difficulty, 65% completed the survey in English, which suggests that they may understand English well enough to hold basic conversations, but not well enough to comprehend the precise and technical instructions given by their health provider.

There were significant differences in the programs on this measure, with the MediPass Choice, both MPN groups, and the PSN reporting the most problems, and the FFS group and the MediPass No Choice group reporting the fewest problems. The HMO group also reported few problems, though a comparison with the other plans is not possible due to methodological constraints (see methods section for more information). Not surprisingly, the MediPass Choice, MPN, and PSN groups had the lowest percentages of respondents reporting that they primarily speak English in the home, while the FFS, MediPass No Choice and HMO groups were the three groups with the highest percentage of respondents who primarily speak English in the home.

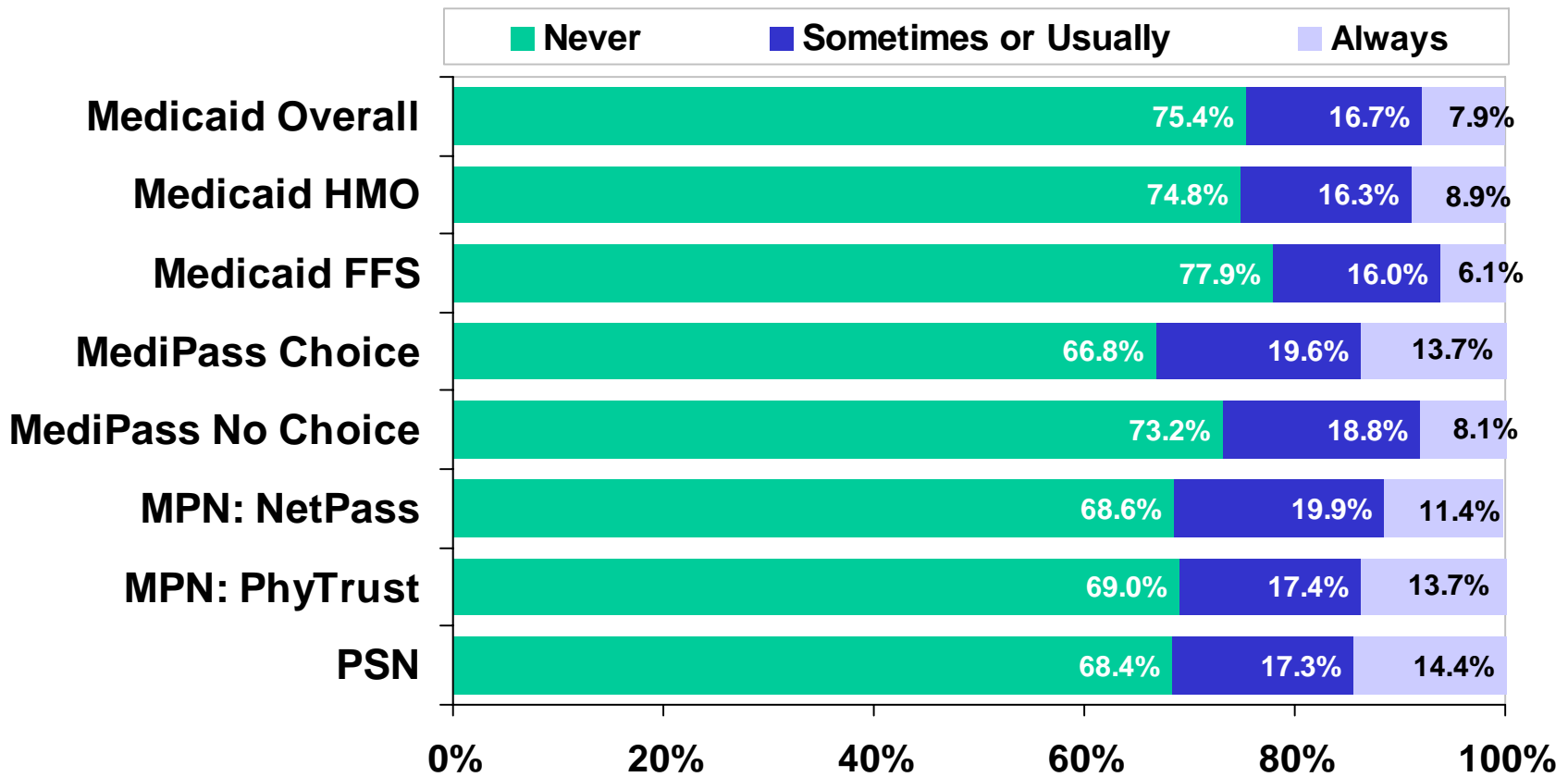
Difficulty Communicating With Doctor Due to Language Barriers	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Never	75.4%	74.8%	77.9%	66.8%	73.2%	68.6%	69.0%	68.4%
Sometimes	14.5%	13.4%	14.3%	16.9%	16.4%	16.6%	12.6%	15.1%
Usually	2.2%	2.9%	1.7%	2.6%	2.4%	3.3%	4.8%	2.2%
Always	7.9%	8.9%	6.1%	13.7%	8.1%	11.4%	13.7%	14.4%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Language Barriers

In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?



Reflects distribution among survey respondents

Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.
 2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

Large Variation Among Programs in the Need for Interpreter Services

Providing interpreter services is problematic for some providers due to the cost and availability of staff members or services to provide translation. To assess the need for this service, Medicaid enrollees were asked about whether, in the 6 months prior to the interview, they had needed an interpreter to help them speak with their health providers. Overall, 8% of enrollees reported that they had needed an interpreter, while 92% indicated that they had not needed this service. This figure varied significantly among program components, however. Responses ranged from a high of 22% of PSN enrollees reporting that they needed an interpreter, to a low of 7% among MediPass No Choice enrollees. This is not a surprising finding, given the geographic distribution of the programs and the concentration of Hispanic enrollees in areas served by programs like the PSN.

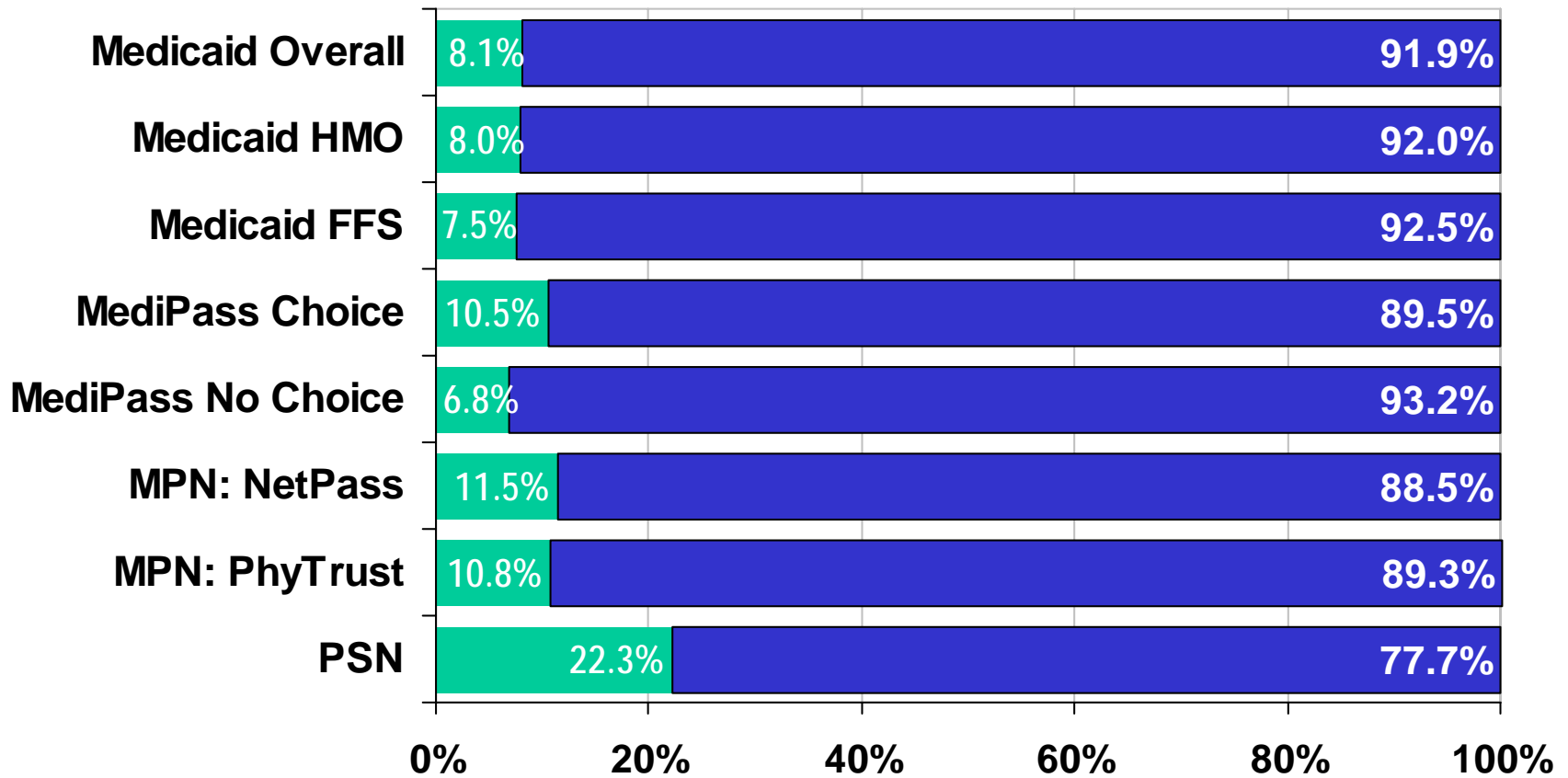
Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Needed an Interpreter to Speak with Doctor or Other Health Provider	8.1%	8.0%	7.5%	10.5%	6.8%	11.5%	10.8%	22.3%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Need for Interpreter Services

Percent of respondents reporting the need for an interpreter to communicate with health providers:



Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Most Medicaid Enrollees Surveyed Got Interpreter Assistance When Needed

An important facet in the provision of culturally-competent health care is the ability of providers to, when needed, communicate with patients in languages other than English. Enrollees who reported needing an interpreter (8% overall) were asked how often they received that assistance. Overall, 52% of Medicaid enrollees reported that they “always” got an interpreter when needed, while 9% reported that they “usually” got one. Twenty-six percent reported that they “sometimes” got an interpreter, and 13% reported that they “never” got an interpreter’s help.

Because this measure included relatively small numbers of respondents, inferences about differences between programs cannot reliably be made.

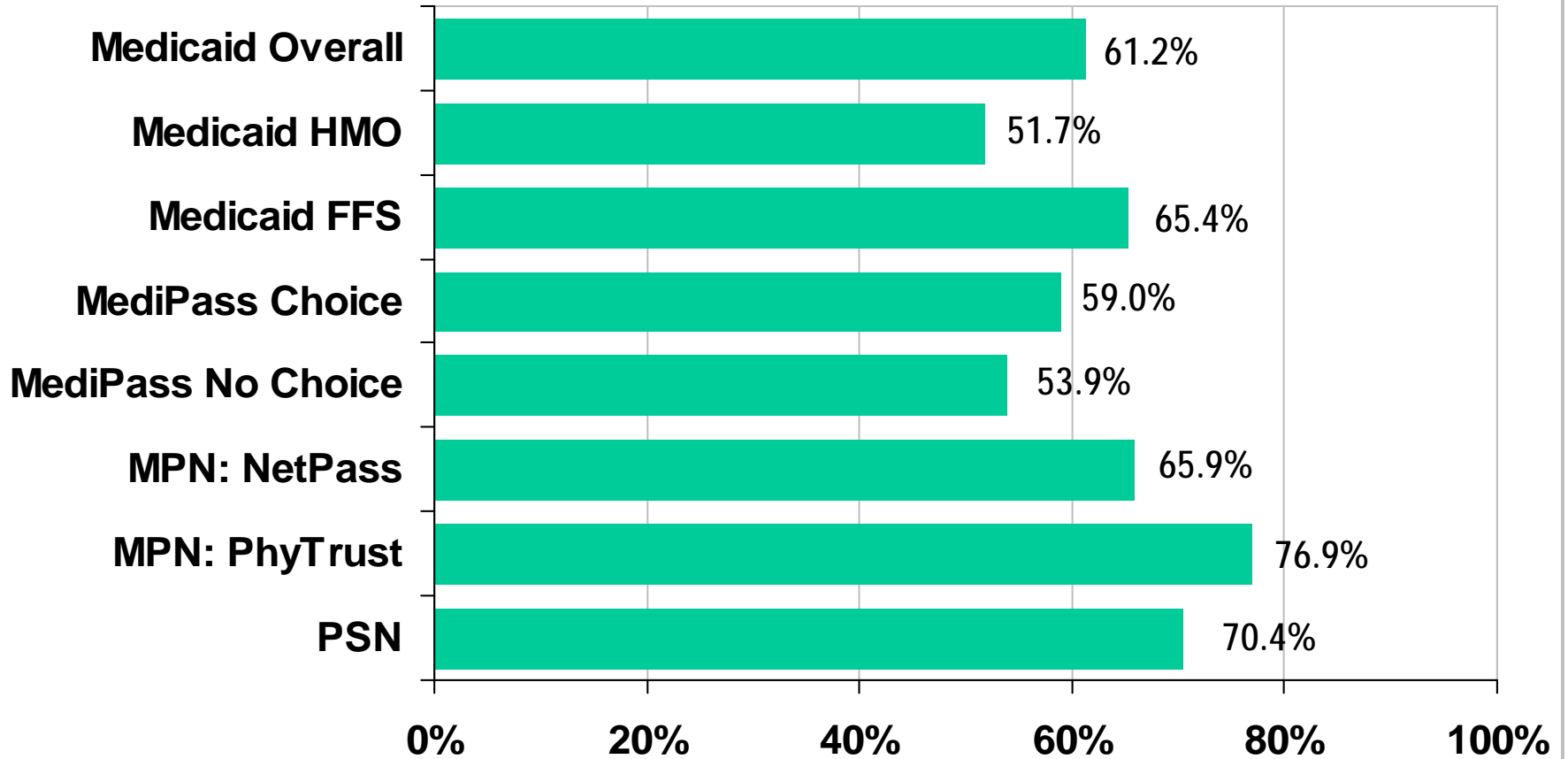
<i>(For those who needed an interpreter)</i> How Often Received a Needed Interpreter	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Never	13.3%	11.5%	15.4%	12.8%	11.5%	7.3%	5.1%	2.5%
Sometimes	25.6%	36.9%	19.2%	28.2%	34.6%	26.8%	18.0%	27.2%
Usually	9.1%	1.8%	15.4%	0.0%	3.9%	4.9%	10.3%	11.1%
Always	52.1%	49.9%	50.0%	59.0%	50.0%	61.0%	66.7%	59.3%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Got Interpreter When Needed

Percent of respondents reporting that they “usually” or “always” got an interpreter when needed to assist in communicating with health providers:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Most Medicaid Enrollees Feel that their Providers Spent Enough Time with Them

The quality of the provider-patient relationship is a crucial factor in determining health outcomes,* and patients who feel that their providers care for them and spend adequate time with them are more satisfied.** Medicaid enrollees were asked whether they felt their PCP spent enough time with them. The vast majority (83%) indicated that their provider “usually” or “always” spent enough time with them.

Managed care programs have often been criticized for overburdening providers so that they are not able to spend adequate time with each patient.*** However, in Florida, the vast majority of survey respondents, whether enrolled in managed care or FFS, reported that their doctor “usually” or “always” spent enough time with them. There were no significant differences between the program components on this measure.

*Source: Kaplan SH, Greenfield S, Ware JE, “Assessing the effects of physician-patient interactions on the outcomes of chronic disease,” *Medical Care*, 1989, MAR 27 (3 supp): S110-27.

**Source: Gross DA, Zyzanski SJ, Borowski GA, Cebul RD, Stanck KC, “Patient satisfaction with the time spent with their physician,” *Journal of Family Practice*, 1998, Aug; 47 (2): 133-137.

***Source: Hu P, Reuben DB, “Effects of managed care on the length of time that elderly patients spend with physicians during ambulatory visits, National Ambulatory Medicaid Care Survey,” *Medical Care*, 2002, 40 (7): 606-613.

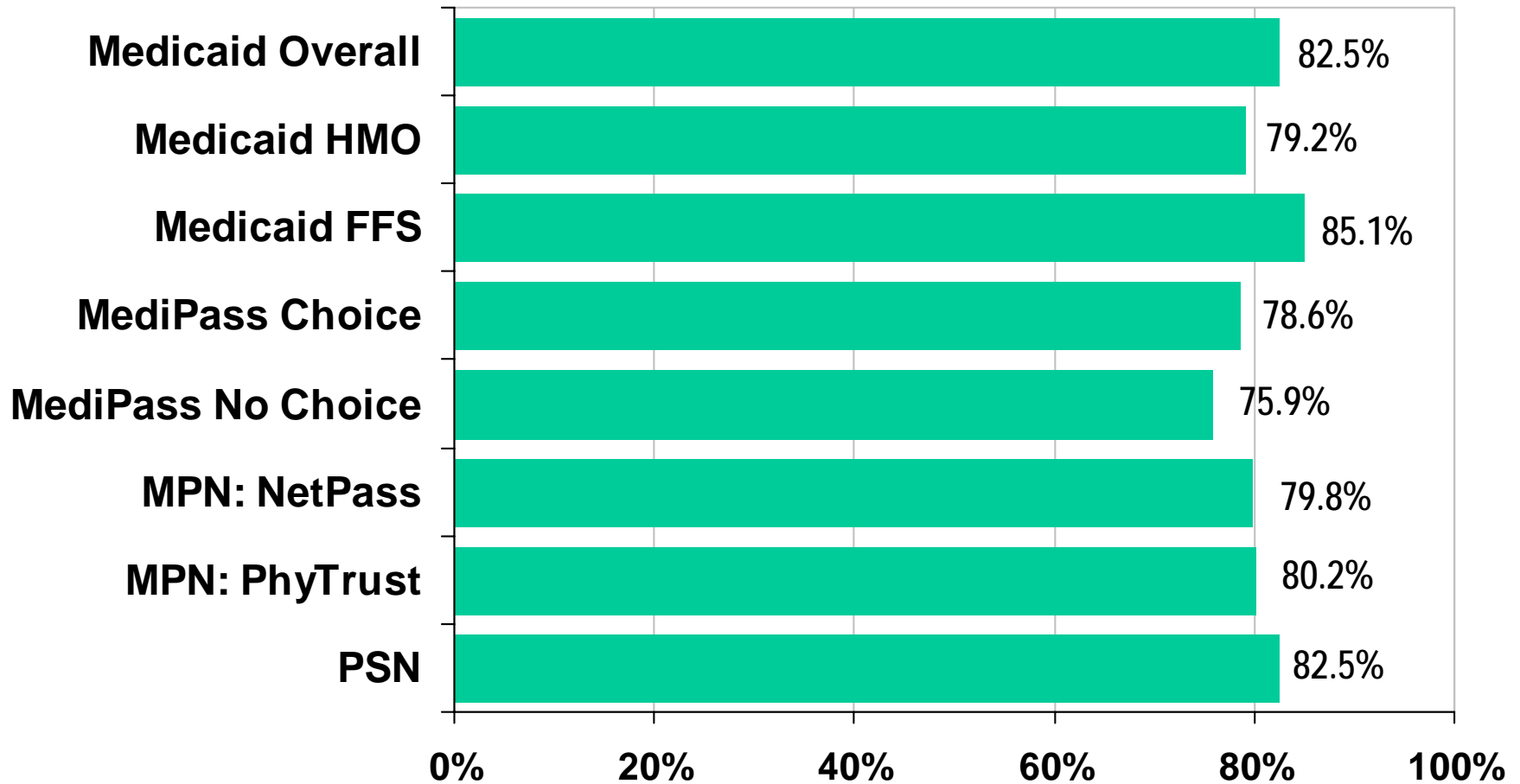
Doctor Spent Enough Time With Patient	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Never	4.2%	6.5%	2.7%	6.2%	8.0%	2.9%	5.2%	3.3%
Sometimes	13.3%	14.4%	12.2%	15.2%	16.1%	17.3%	14.6%	14.2%
Usually	15.2%	18.4%	14.5%	13.6%	13.4%	17.3%	14.6%	12.4%
Always	67.3%	60.7%	70.6%	65.1%	62.5%	62.5%	65.7%	70.1%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Doctor Spent Enough Time with Patient

Percent of respondents reporting that their provider “usually” or “always” spent enough time with them:



Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

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 (86%) said that they were “usually” or “always” involved. Among Medicaid program components, there was no significant difference on this measure.

Enrollees were also asked “how much of a problem, if any” they had in getting their health care providers to agree with them on the best way to manage their health care. Again, the vast majority of enrollees (80%) reported that it was “not a problem,” while 15% reported “a small problem” and 6% reported “a big problem.” There was no significant difference in the program components on this measure.

*Source: Kaplan SH, Greenfield S, Gondek B, et al, “Characteristics of physicians with participatory decision-making styles,” *Annual of Internal Medicine*, 1996, 124: 497-504.

Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
How often was Patient Involved in Health Care decisions								
Never	2.9%		2.1%	6.1%	2.0%	2.7%	5.8%	6.6%
Sometimes	11.0%		10.2%	12.6%	14.2%	13.5%	15.6%	15.7%
Usually	14.7%		16.0%	11.6%	10.2%	11.9%	8.1%	8.1%
Always	71.4%		71.7%	69.8%	73.6%	71.9%	70.5%	69.5%
How much of problem, if any, was it to get doctors or health providers to agree on the best way to manage health care								
A big problem	5.5%		5.4%	6.1%	3.6%	6.3%	9.2%	7.2%
A small problem	14.9%		14.4%	14.4%	16.6%	24.0%	18.4%	15.9%
Not a problem	79.7%		80.2%	79.5%	79.8%	69.8%	72.4%	76.9%

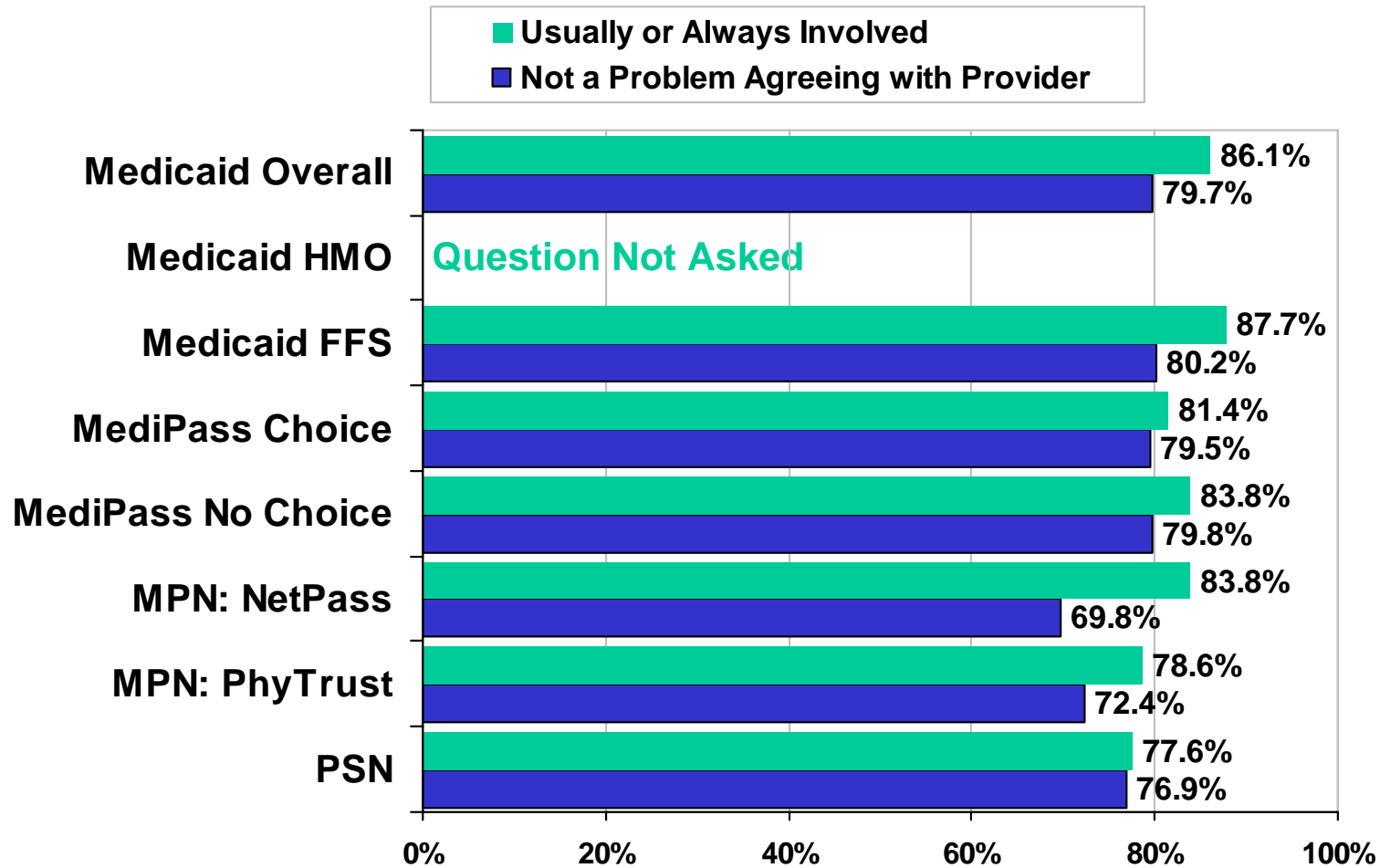
■ HMO Enrollees, who were surveyed separately, were not asked these questions

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*

2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Patient Involvement in Health Care Decision Making and Agreement with Providers on Health Care Management



Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Most Medicaid-Enrolled Smokers Report Being Advised by Health Providers to Quit

Smoking has been identified as a major public health risk, and so tobacco control has been targeted as a major goal of Healthy People 2010. Medicaid enrollees who were active smokers or who had quit in the 6 months prior to interview were asked how often, in the 12 months prior to the interview, their health providers had advised them to quit. Among those who reported having at least one health care visit in the reference period, 71% indicated that they had been advised, on at least one visit, to quit smoking, while 29% indicated that they were never advised to quit.

The reports of the enrollees in the various Medicaid programs varied significantly on this measure, with the MediPass Choice group reporting most favorably. Seventy-six percent of MediPass Choice enrollees who had at least one health care visit and who smoked or had recently quit, reported having been advised to quit smoking. The MPN: PhyTrust group reported least favorably, with 59% reporting they had been advised to quit.

On how many visits was the patient advised to quit smoking by a health provider in Medicaid	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
None	28.0%		28.7%	23.8%	27.2%	31.7%	38.4%	34.0%
1 visit	14.2%		16.1%	7.9%	15.8%	9.9%	6.1%	4.3%
2 to 4 visits	30.6%		31.0%	32.5%	27.2%	18.8%	28.3%	25.5%
5 to 9 visits	7.6%		3.5%	19.1%	12.7%	9.9%	7.1%	14.9%
10 or more visits	16.6%		17.2%	16.7%	12.7%	18.8%	13.1%	17.0%
I had no visits in the last 6 months	3.2%		3.5%	0.0%	4.4%	10.9%	7.1%	4.3%

HMO Enrollees, who were surveyed separately, were not asked these questions

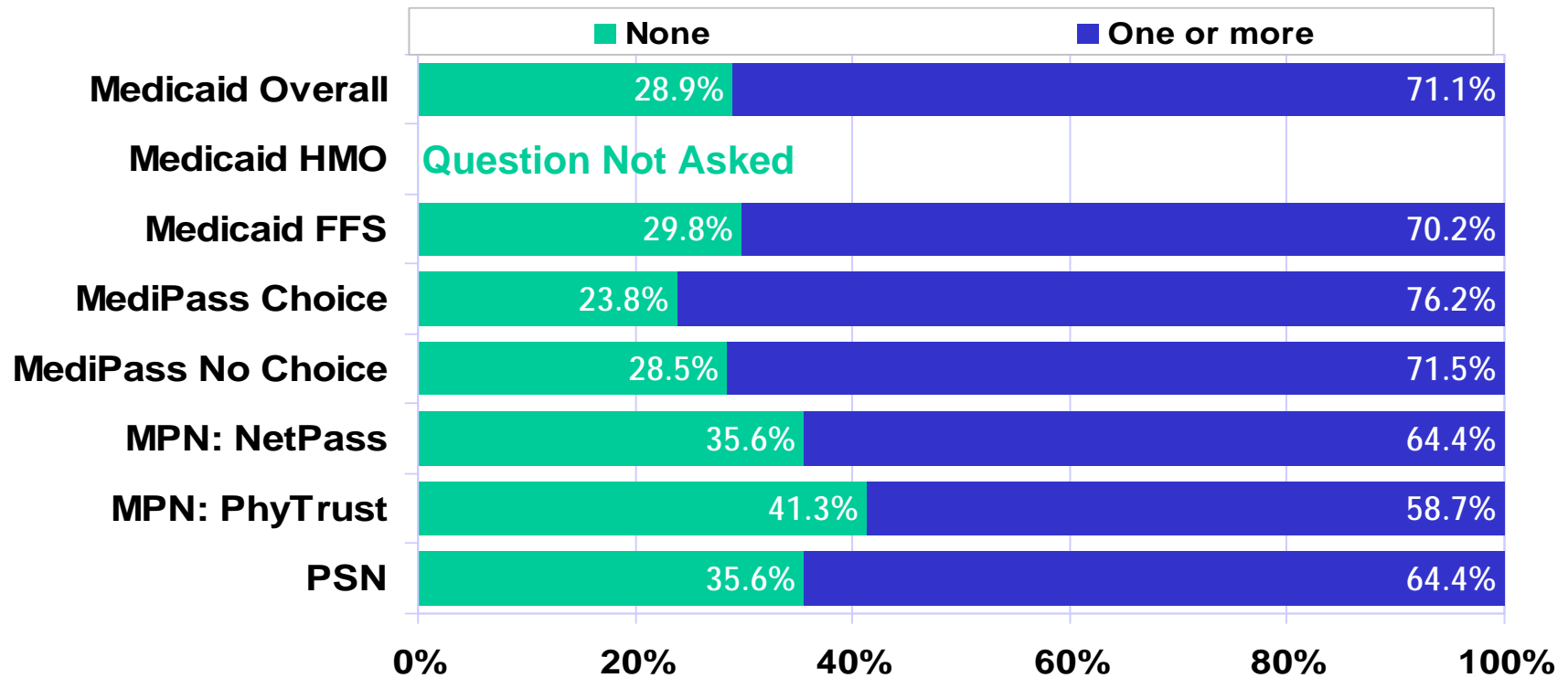
Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Medicaid-Enrolled Advised to Quit Smoking

Q. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in Medicaid?

Percentage among those who smoked or recently quit and who had at least one health care visit in twelve months prior to interview:



Reflects distribution among survey respondents

Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.
2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

Plan Administration

Medicaid Enrollees' Perceptions of Program Choice Differ from Actual Program Availability

Medicaid enrollees were asked whether they had chosen their Medicaid program or whether they were assigned to it. Overall, 60% of respondents indicated that they chose their program, while roughly 41% indicated they were assigned to it. It is important to note that the figures presented here are based on respondent perception and report, and may not reflect the choice status from Medicaid administrative data.

Responses among programs varied from a high of 63% reporting that they chose their plan among HMO enrollees to a low of 41% among the MediPass No Choice group. The 41% of MediPass No Choice enrollees reporting that they chose their program seems to be an anomaly considering that there is no choice of Medicaid program components offered to most enrollees residing in MediPass No Choice counties. It is likely that the anomaly is due to poor respondent recall, or confusion about the intent of the question.

Patient Choice of Plan/Program	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Chose Program	59.6%	63.3%		62.0%	41.4%	62.1%	51.3%	60.1%
Assigned to Program	40.5%	36.7%		38.0%	58.6%	37.9%	48.7%	39.9%

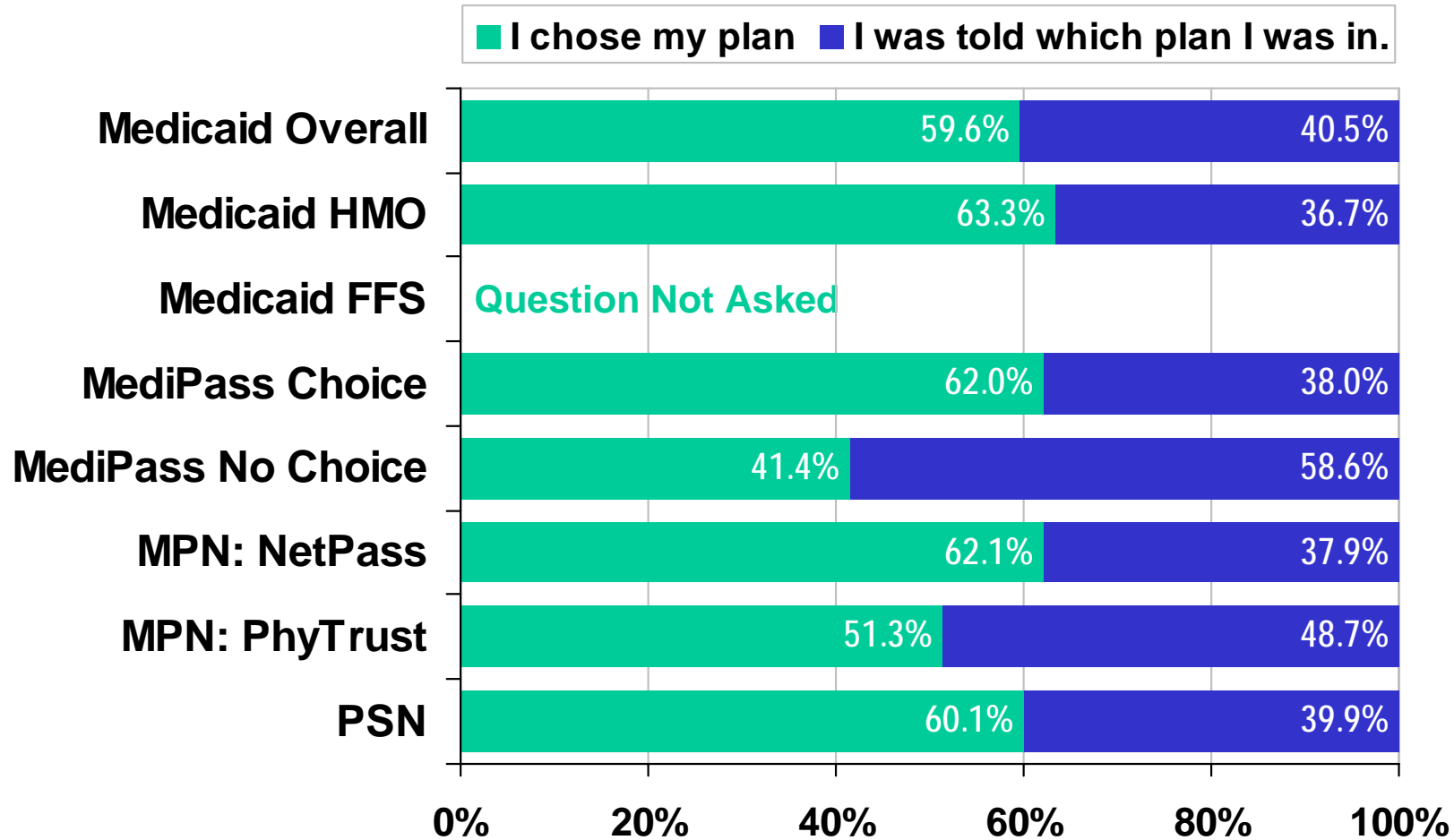
 FFS respondents were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Enrollee Choice of Program

Q. Did you choose your health plan or were you told which plan you were in?



Reflects distribution among survey respondents

Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.
 2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

Information Received about Medicaid Plans/Programs

Medicaid enrollees were asked if they had acquired information about their Medicaid program prior to enrolling. They were specifically prompted to consider information received in writing, by telephone, on the Internet, or in-person. Overall, 57% of enrollees indicated that they had acquired information, while 43% did not. There were no significant differences between plans on this measure.

Those who reported acquiring information were asked how much of that information was correct. More than 60% of respondents overall indicated that “all” of the information was correct, while 29% indicated that “most” was correct, 11% said that “some” was correct, and less than 1% indicated that “none of it” was correct. There were no significant differences between programs on this measure.

Measure	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Acquired Information About Plan/Program Before Enrolled	57.3%	65.9%		51.8%	43.4%	53.9%	49.0%	50.9%
How Much of Information Was Correct								
All of It	60.2%	55.0%		66.9%	67.6%	62.2%	63.0%	69.5%
Most of It	28.5%	30.7%		26.5%	23.7%	28.9%	27.3%	19.2%
Some of It	10.5%	13.6%		6.1%	8.1%	7.8%	6.1%	10.8%
None of It	0.8%	0.7%		0.6%	0.7%	1.1%	3.6%	0.6%

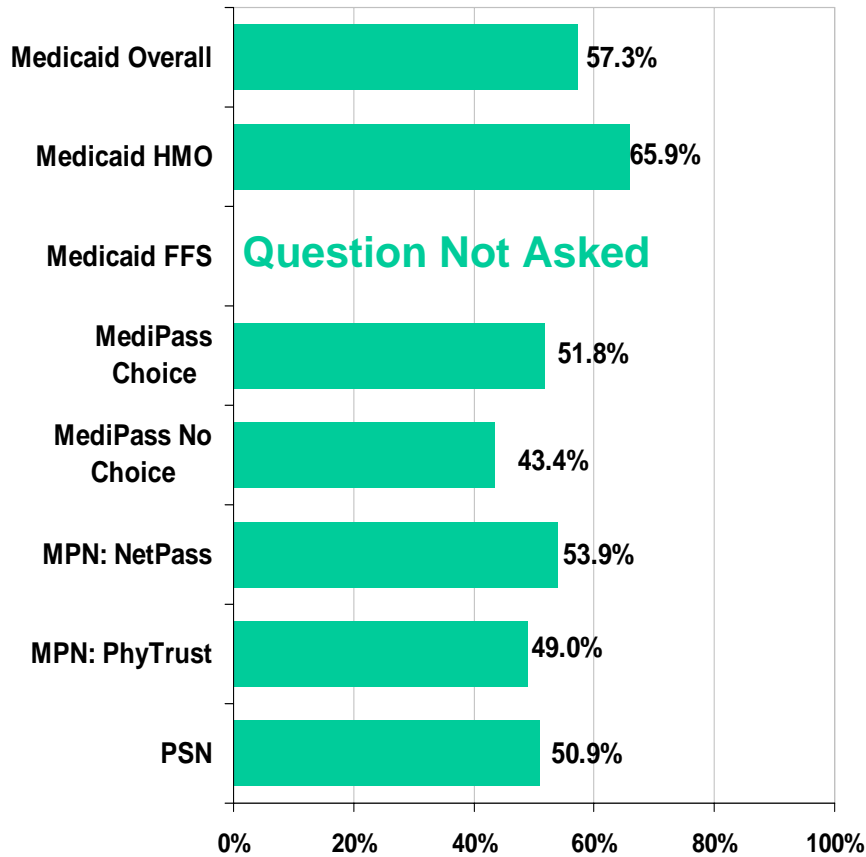
FFS respondents were not asked this question

Reflects distribution among survey respondents

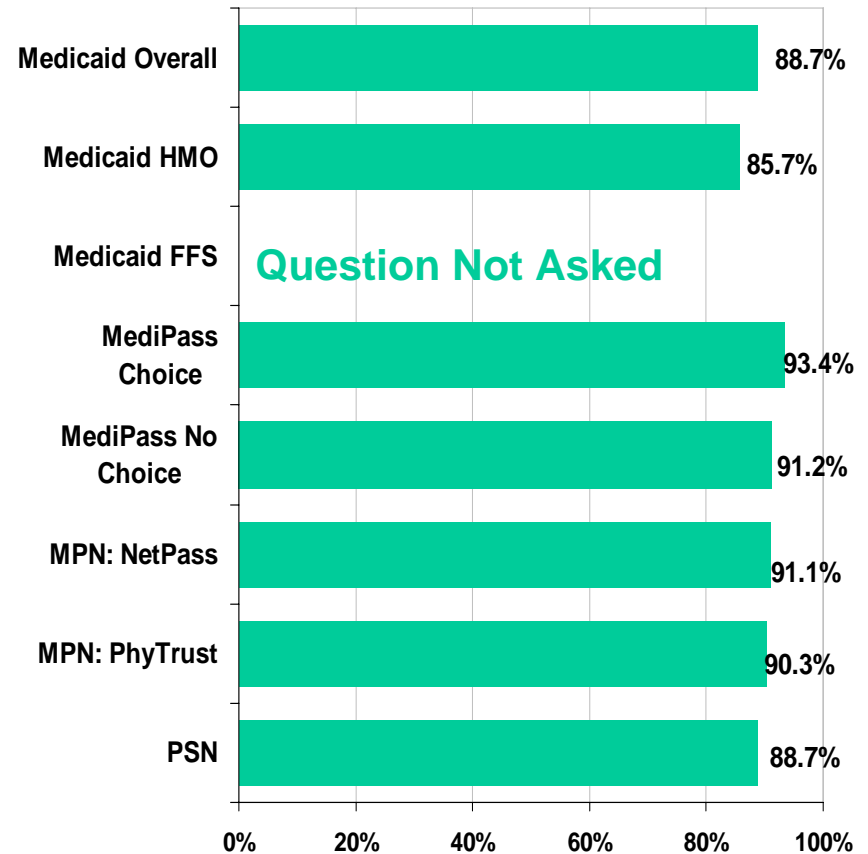
- Sources:
1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Information Received About Medicaid Plans/Programs

Percent of respondents reporting that they acquired information about their Medicaid plan prior to enrolling



Percent of respondents reporting that “all” or “most” of the information they acquired was correct



Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

More than One-third of Enrollees Report “Big” Problems Getting Help from Telephone Customer Service

Medicaid enrollees were asked if, in the 6 months prior to interview, they had contacted Medicaid’s customer service by telephone. Those who reported having done so (30%) were asked “how much of a problem, if any” it had been to get needed help from this telephone call.

Overall, 45% of respondents indicated it was “not a problem,” while 22% said it was “a small problem,” and more than one-third (34%) reported it was “a big problem.” These reports from Florida Medicaid enrollees are less favorable than the national CAHPS figures*. Nationally, only 13% of adult Medicaid enrollees reported having “a big problem” getting help from customer service.

This figure did not vary significantly among the 6 program components that were statistically compared. It is noteworthy, however, that the reports of the Medicaid HMO group appear to be more favorable, though a statistical verification of this statement is beyond the scope of this report (see the methods section for more information).

It is important to consider, when evaluating this finding, that the CAHPS question does not differentiate well between centralized Medicaid customer service lines and plan-specific customer service lines. It is, thus, difficult to determine whether problems may exist with a choice hotline, or with a specific plan hotline.

* Source: 2005 CAHPS Health Plan Survey Chartbook, National CAHPS Benchmarking Database

(Of those who called Enrollee Services) How Much of a Problem to Get Needed Help from Program’s Enrollee Service	Medicaid Overall (weighted)	Medicaid HMO (weighted)	Medicaid FFS	MediPass Choice	MediPass No Choice	MPN: NetPass	MPN: PhyTrust	PSN
Big Problem	33.5%	23.1%	41.9%	28.1%	39.7%	24.0%	31.2%	29.4%
Small Problem	21.8%	22.0%	21.5%	19.8%	26.9%	21.2%	27.5%	23.5%
Not a Problem	44.8%	55.0%	36.6%	52.1%	33.3%	54.8%	41.3%	47.1%

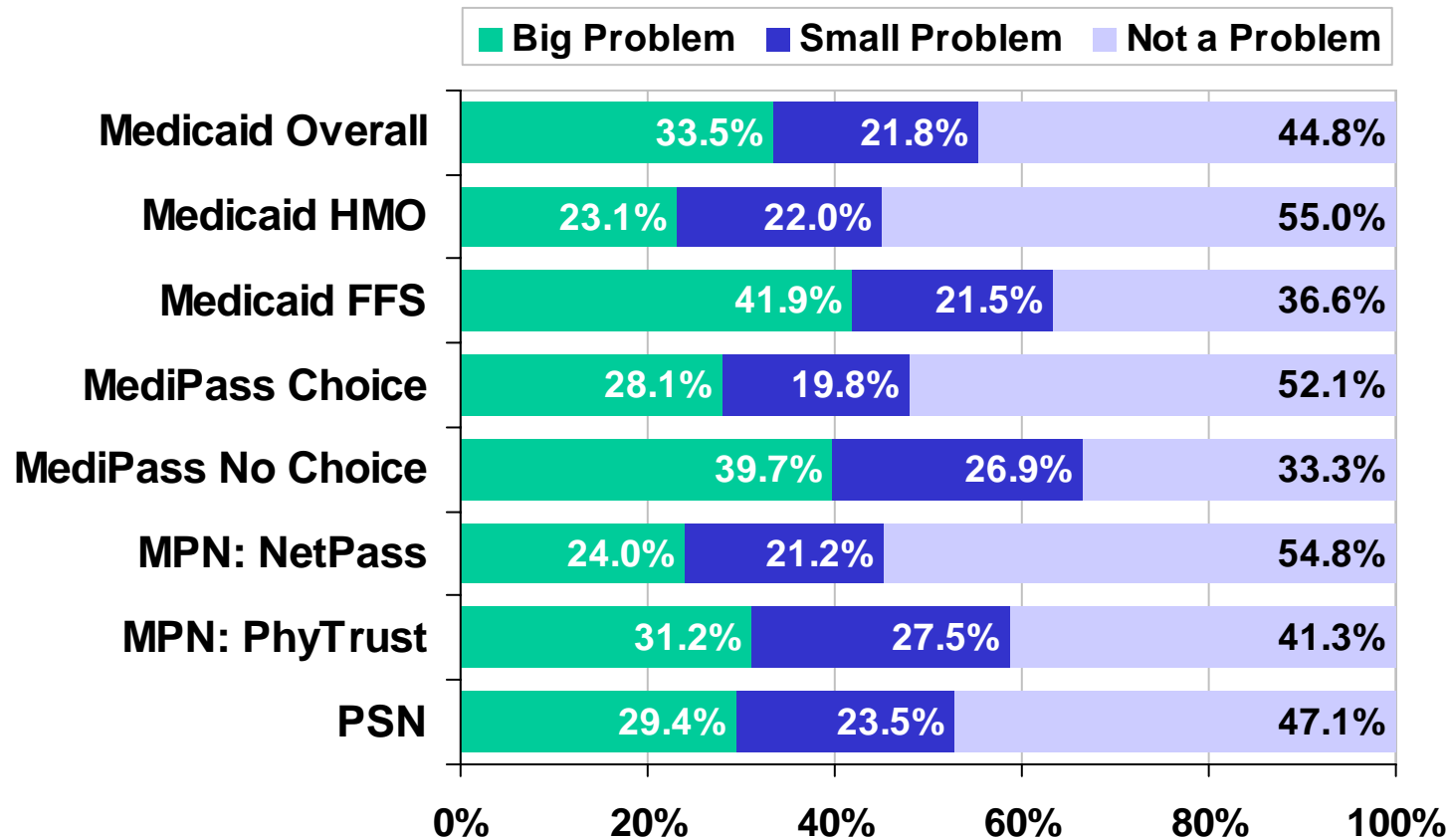
Reflects distribution among survey respondents

- Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.
 2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

Customer Service by Telephone

Q. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called Medicaid's customer service?

Percent reporting that they had a problem, among those contacting Medicaid by telephone:



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Experiences with Care by Race/Ethnicity

Black, non-Hispanic Enrollees are likely to have long-term relationships with their providers

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 (85%) 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.

However, continuity of care does vary across racial and ethnic groups. Hispanic enrollees are more likely to report shorter continuity spells compared to whites and blacks. About half of blacks and whites have seen the same provider for more than 5 years compared to a third of Hispanics.

NOTE: Multiracial, non Hispanic and Other, non-Hispanic categories not reported because the sample size is too small to permit statistical inference.

# of Months or years going to Personal Doctor or Nurse	Medicaid Overall (weighted)	Hispanic	White, non-Hispanic	Black, non-Hispanic
Less than 1 year	14.8%	18.8%	12.7%	14.4%
At least 1 year, less than 5 years	41.3%	49.1%	38.7%	33.0%
5 years or more	43.9%	32.1%	48.6%	52.6%

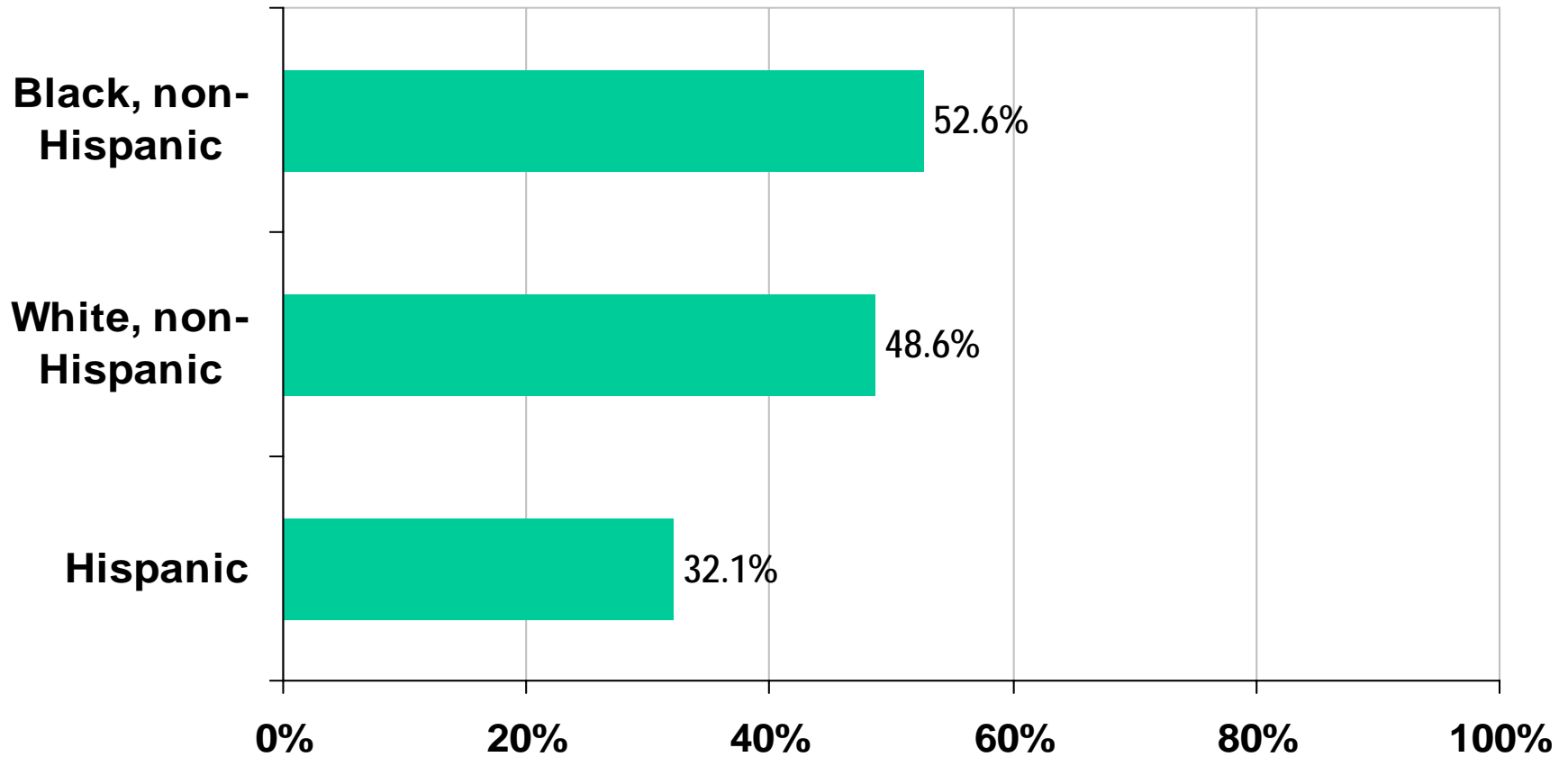
HMO Enrollees, who were surveyed separately, were not asked this question

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Continuity of Primary Care, by Race and Ethnicity

Percent of Respondents Reporting that they had been seeing their Personal Doctor or Nurse for 5 or more Years:



Distribution does not include HMO Enrollees.

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Regardless of Racial or Ethnic group, Medicaid Enrollees Reported Office Staff to be ‘Courteous’ and ‘Helpful’

Respondents were asked about their experiences with office staff in their Medicaid providers’ offices. Overall, respondents rated the office staff highly. Ninety-one percent of respondents overall indicated that office staff were “usually” or “always” courteous and respectful to them, while 9% indicated they were “never” or “sometimes” respectful. There was no statistical difference across racial or ethnic groups.

Overall 84% of respondents reported that the office staff were “usually” or “always” helpful. There were no statistically significant differences across groups.

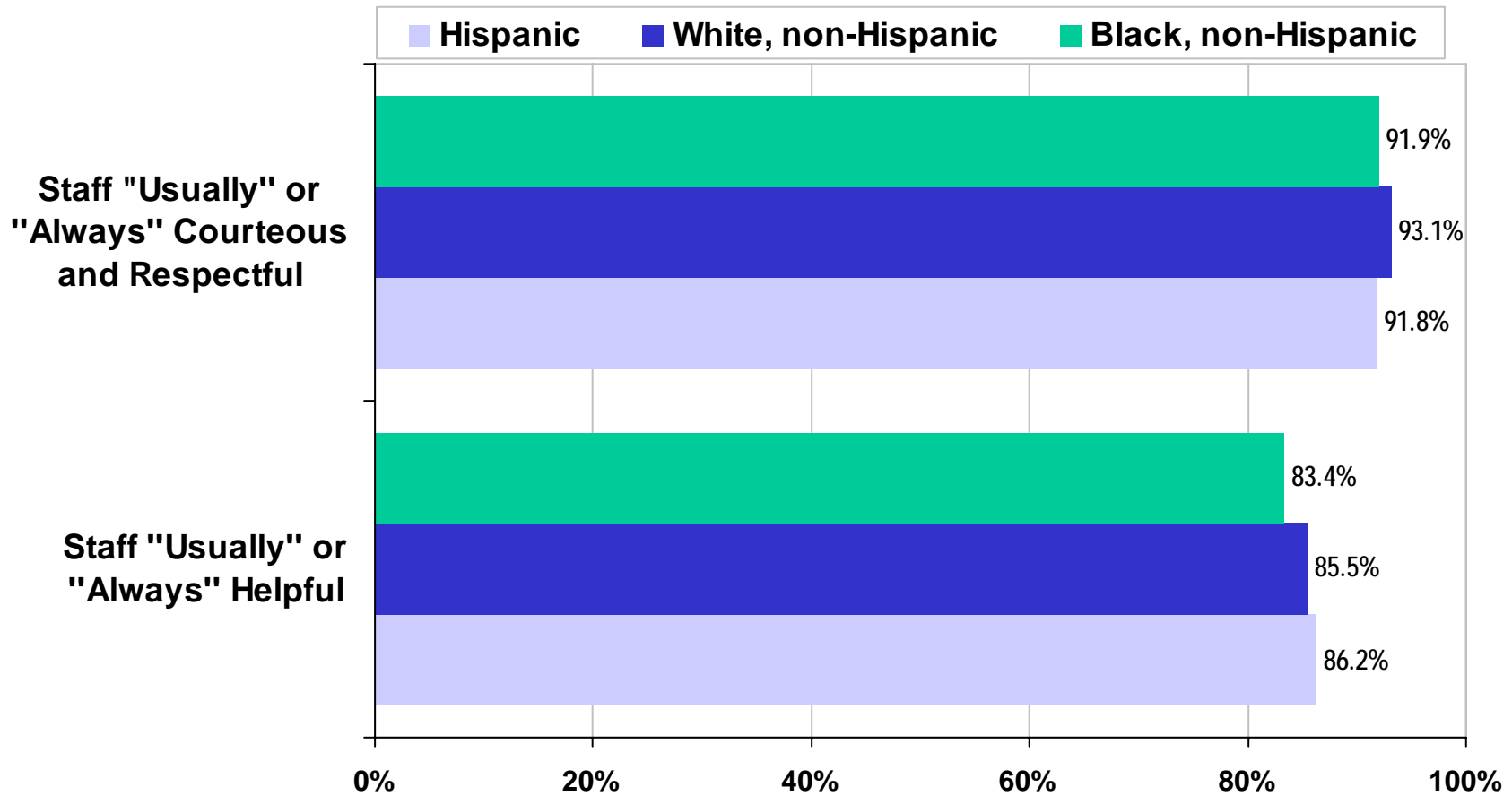
NOTE: Multiracial, non Hispanic and Other, non-Hispanic categories not reported because the sample size is too small to permit statistical inference

Measure	Medicaid Overall (weighted)	Hispanic	White, non-Hispanic	Black, non-Hispanic
Office Staff at Doctor’s Office Were Courteous and Respectful				
Never or Sometimes	8.8%	8.2%	6.9%	8.1%
Usually or Always	91.2%	91.8%	93.1%	91.9%
Office Staff at Doctor’s Office Were Helpful				
Never or Sometimes	15.8%	22.7%	12.3%	20.7%
Usually or Always	84.2%	77.3%	87.7%	79.3%

Reflects distribution among survey respondents

- Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Courteousness and Helpfulness of Providers' Office Staff, by Race and Ethnicity



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Regardless of Racial or Ethnic Groups, Medicaid Enrollees Appear Satisfied with the Quality of the Patient-Provider Relationship

Overall, Hispanic enrollees are more likely than other groups to report that their provider “always” or “usually” listened carefully, showed respect for what they said, and that their provider spent enough time with them. For example, 91% of Hispanic enrollees thought their provider “usually” or “always” listened carefully compared to 86% of white enrollees and 87% of black enrollees. White, non-Hispanic enrollees were less likely than other groups to state that their doctor spent enough time with them. Statistically significant differences, however, appeared only for the question “Doctor showed respect for what patient said.” However, the actual difference between groups is too small for meaningful interpretation.

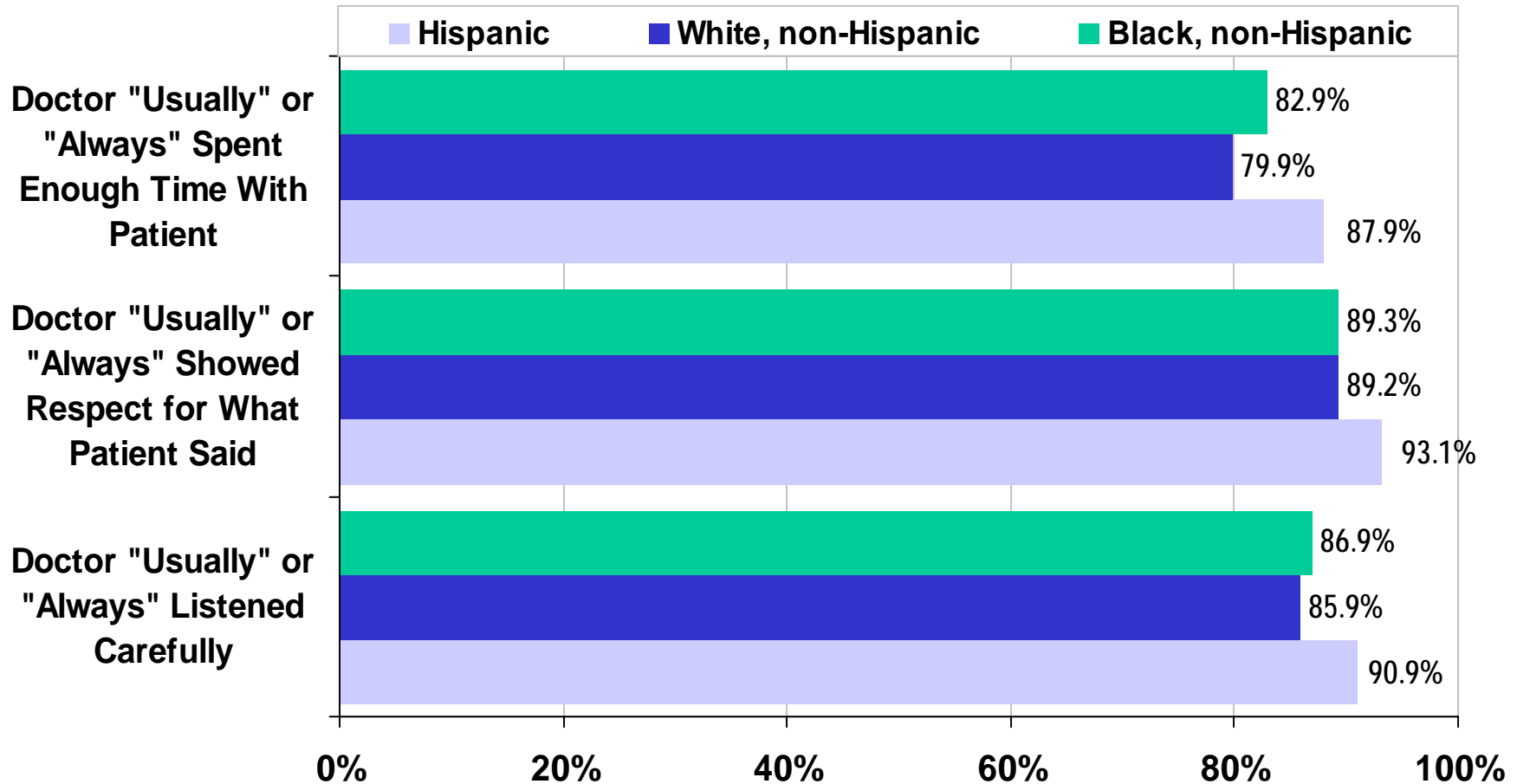
NOTE: Multiracial, non Hispanic and Other, non-Hispanic categories not reported because the sample size is too small to permit statistical inference

Measure	Medicaid Overall (weighted)	Hispanic	White, non-Hispanic	Black, non-Hispanic
Doctor or Other Provider "Usually" or "Always" Listened Carefully	86.6%	90.9%	85.9%	86.9%
Doctor or Other Provider "Usually" or "Always" Spent Enough Time with Patient	82.5%	87.9%	79.9%	82.9%
Doctor "Usually" or "Always" Showed Respect for What Patient Said	89.0%	93.1%	89.2%	89.3%

Reflects distribution among survey respondents

- Sources:
1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Quality of the Patient-Provider Relationship, by Race and Ethnicity



Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
 2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Little Racial or Ethnic Difference in Patient Involvement in Health Care Decision Making

Regardless of racial or ethnic group, Medicaid enrollees report a high degree of involvement in decisions about their health care. Overall, about 86% of enrollees are “always” or “usually” involved in their health care decisions. Almost 90% of Hispanic enrollees are involved compared to 85% of Black, non-Hispanic enrollees. The differences are not statistically significant.

NOTE: Multiracial, non Hispanic and Other, non-Hispanic categories not reported because the sample size is too small to permit statistical inference.

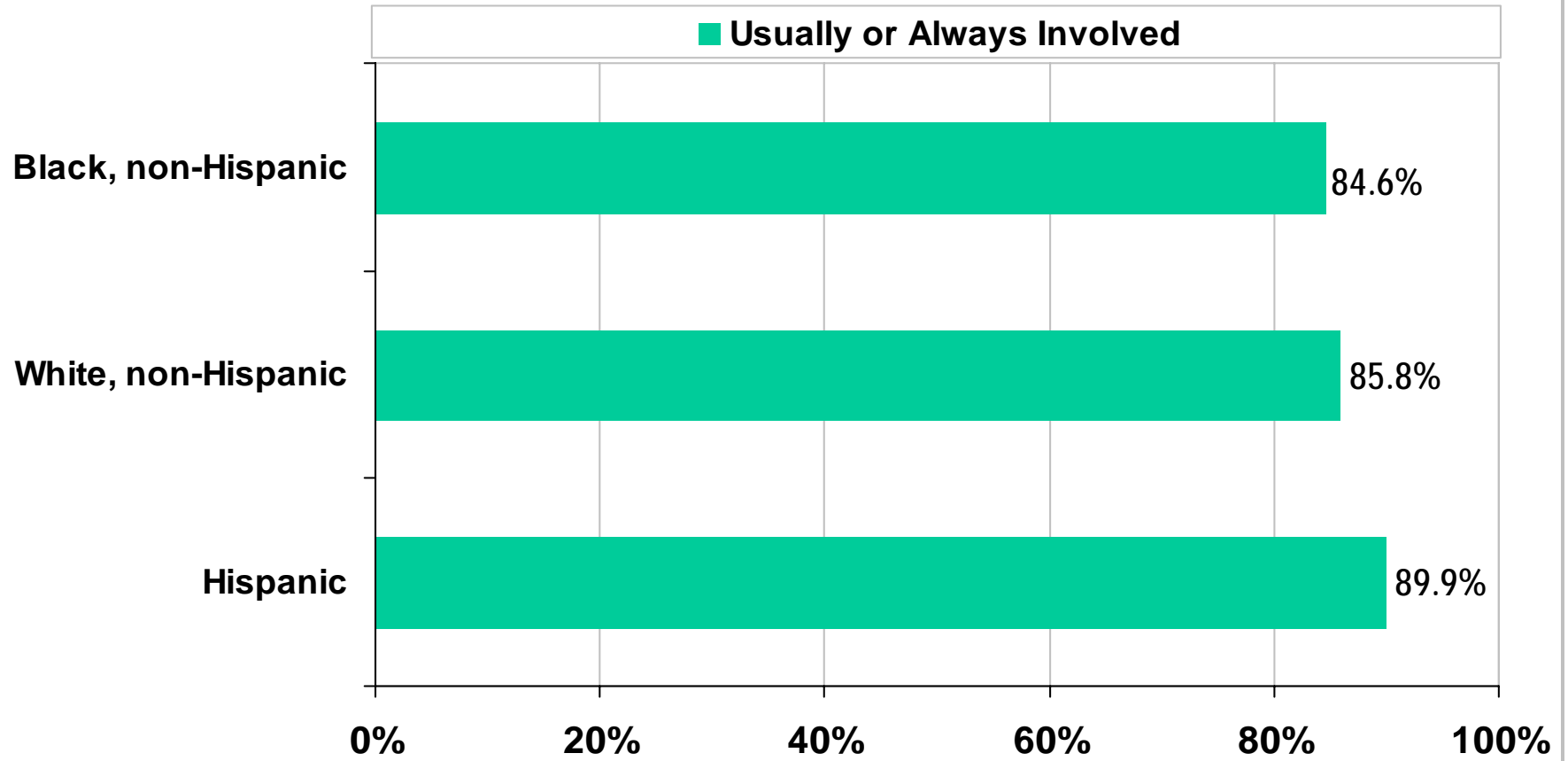
How often was Patient Involved in Health Care decisions	Medicaid Overall (weighted)	Hispanic	White, non-Hispanic	Black, non-Hispanic
Never/Sometimes	13.9%	10.1%	14.2%	15.4%
Usually/Always	86.1%	89.9%	85.8%	84.6%

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

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Involvement in Health Care Decision Making, by Race and Ethnicity



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

Reflects distribution among survey respondents

Sources: 1. *Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, Florida Center for Medicaid & the Uninsured.*
2. *Medicaid HMO Surveys, FY 2005, State Center for Health Statistics*

Glossary

GLOSSARY

AHCA:	Agency for Health Care Administration
CAHPS:	Consumer Assessment of Health Plans Survey
FFS:	Fee-for-Service
HMO:	Health Maintenance Organization
MPN:	Minority Physician Network
Outcome Rate:	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.
PCP:	Primary Care Provider
PHQ-9:	Patient Health Questionnaire. A short questionnaire used as a preliminary screen for depression.
PSN:	Provider Service Network
SF-12:	12 Item Short-Form Health Survey. A 12-item scale used to assess the health status of respondents.
SSI:	Supplemental Security Income
TANF:	Temporary Assistance for Needy Families

Acknowledgments

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