



**Experts in Defining and Improving
The Quality of Health Care**

**New York State Department of Health
Office of Health Insurance Programs**

**SSI Survey
New York City
Medicaid Managed Care Members**

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
INTRODUCTION	8
Background	8
Objectives	9
METHODOLOGY	10
Population	10
Survey.....	11
Data Analysis	12
Methodological Considerations	13
RESULTS	19
A. Response Rate Analyses	19
B. Descriptive Results of Member Survey	22
C. Factors Associated with Satisfaction of Care Pre and Post Managed Care	39
D. Group Comparisons	41
E. MCO Variation.....	51
DISCUSSION	53

LIST OF TABLES

Table 1.	Number of Members Sampled per Health Plan and Age Group.....	10
Table 2.	Surveys Collected by Age Group.....	19
Table 3.	Number of Respondents and Response Rates for each Plan.....	20
Table 4.	Comparisons of Respondents and Non-respondents.....	21
Table 5.	Background Characteristics.....	23
Table 6.	Health Conditions.....	25
Table 7.	Access to Doctors and Health Care.....	27
Table 8.	Specialized Services.....	29
Table 9.	Continuity of Doctors.....	31
Table 10.	Specialists.....	33
Table 11.	Health Plan.....	36
Table 12.	Summary Table.....	38
Table 13.	Comparison of Respondents on Age Group.....	43
Table 14.	Comparison of Respondents on Gender.....	44
Table 15.	Comparison of Respondents on Race/Ethnicity.....	45
Table 16.	Comparison of Respondents on Health Status.....	46
Table 17.	Comparison of Respondents on Recommending Health Plan.....	47
Table 18.	Comparison of Respondents on Type of Health Condition.....	48
Table 19.	Comparison of Respondents on Number of Health Conditions.....	49
Table 20.	Comparison of Respondents on Utilization.....	50
Table 21.	MCO Variability.....	52

EXECUTIVE SUMMARY

Introduction

This study assesses the care of New York City Medicaid recipients receiving Supplemental Security Income (SSI) who were recently enrolled in managed care after previous enrollment in the Fee-For-Service (FFS) delivery system and their satisfaction with care, doctors, specialists, specialized services, and health plans.

In New York City, 403,299 individuals receive SSI, with children comprising about 10% of recipients. The purpose of SSI is to provide financial support to the blind, disabled, and elderly. Since its inception in 1972, SSI has enabled many of these individuals to live in community settings rather than public hospitals. Because of their medical conditions, SSI recipients generally require more medical care and diverse health care services, such as specialized nursing, psychosocial services, and home nursing than recipients of other Medicaid aid categories. New York City began mandatory enrollment of Medicaid SSI recipients into managed care programs in early November 2005.

Methodology

The study population for the survey consisted of Medicaid SSI recipients in NYC who were continuously enrolled in a health plan after November 2005 for a minimum of 6 months between October 2006 and September 2007, and were previously enrolled in FFS. A total eligible population of 27,313 recipients was identified across the 14 MCOs that serve NYC Medicaid. For each MCO, 550 members were randomly selected, whenever possible, with an ideal breakdown of 275 children and 275 adults. Because there are fewer children on SSI, some plans had more adults than children. The final mailing sample across all plans was 7,435 enrollees (2,901 children and 4,534 adults).

Key survey indicators include utilization of health care services, overall satisfaction with the managed care plan, access to care, quality of care, barriers to care, and members' current health care experiences in comparison to the previous services they received before joining a plan. The survey was mailed out in December 2007, re-sent to nonrespondents in February 2008, and mailed a third time to continued non-respondents in April 2008 to maximize the response rate.

Results

A. Response Rates

Of the 7,435 surveys that were mailed, 5% were undeliverable, and 2,289 surveys were completed, with a response rate of 32.4%. Adults had a higher response rate than children (35.9% and 26.9%, respectively). Of the completed surveys, 34 were Spanish surveys. Response rates by health plan ranged from 23.6% to 40.6%.

B. Survey Findings: Care Received

Overall health status was rated as very good or good by 48% of respondents. Among children, the most common health conditions reported were developmental delay or problems with behavior, speech, or learning, asthma, and ADHD/ADD. Among adults, the most common conditions were hypertension/HBP, joint problems, and back problems.

In general, respondents reported satisfaction with the care they're receiving from their health plan (88% indicating care is the same or better). However, opportunities exist for health plans to improve services.

Regarding access to care, most (88%) reported the ease of getting a doctor's appointment since joining the plan was the same or better. Of nine specific specialized services, the percentage of respondents who rated them better now ranged from 23% (transportation to appointments) to 31% (breathing devices). Transportation was the only service that respondents were more likely to rate worse since joining their plan, and is a key area for health plans to address.

A total of 15% reported having problems such as co-pay costs or transportation needs, which prevented the member from being able to follow doctor's advice. Of these respondents, 21% stated the plan helped them.

For most respondents, continuity of care was not an issue. Since joining their plan, 22% changed doctors and 9% did not have a personal doctor before joining. In comparing care from their personal doctor since joining the plan with care received before, 94% reported the care was the same or better.

Overall, 37% reported receiving care from more than one kind of health care provider or using more than one kind of health care service since joining the plan. Of these, 74% reported that the plan helped them with coordination. Slightly over half the respondents saw a specialist since joining their plan. Of those who saw a specialist, 22% reported they had a delay in seeing a specialist because of the health plan. The most common reasons for a delay were waiting for plan approval (48%), trouble finding a specialist in the plan's network (47%), and long waiting times to see a specialist (34%). Only 18% changed any specialist since joining their plan, and, of those who changed, 81% rated their care from specialists better or the same.

C. Survey Findings: Health Plan

Overall, 34% of respondents tried to get information or help from member services since joining their plan, and among these, 75% reported they usually received the information or help needed. When asked how soon after joining the plan did the plan contact member to identify whether they had any special health care needs, 41% stated within one month, while 43% stated that the plan did not contact the member -- another area for health plans to concentrate some effort.

Only 14% reported they received case management services since joining the plan, while 13% reported receiving them before joining. Overall, 77% reported that they would recommend their health plan to other family members or friends.

D. Summary of Satisfaction Ratings

With the exception of mobility devices, transportation to appointments, home care services, and other types of services, at least 80% of respondents rated their satisfaction with care since joining the plan better or the same. Care from personal doctor and case management were rated over 90%.

E. Factors Associated with Satisfaction of Care Pre and Post Managed Care

Multivariate analyses were conducted via logistic regressions to identify predictors of satisfaction and barriers to care. Three significant predictors of satisfaction and barriers were health status, how soon the plan contacted the member after joining, and whether they were able to see the same provider after joining their plan. Respondents who self-reported having good health, respondents who reported they were contacted within one month, and respondents who were able to continue seeing the same provider were more likely to be satisfied with managed care as compared to their counterparts.

F. MCO Variation

Analyses were performed to explore variation among the 14 plans. In generating plan-specific results, rates were risk-adjusted by health status of the member and age and education of the respondent. Items with the widest range in plan rates were: plan offered no services to member since joining plan, problems seeing a specialist because of plan, member services gave help needed, and plan contacted member to identify special needs within one month. Small variation among plans was detected for: care from doctor since joining plan is better or about the same and health care since joining plan is better or about the same.

Discussion

SSI recipients typically have complex health care needs, and would therefore be expected to be most at risk from changes in their medical benefits, such as enrollment in managed care. While survey respondents did report complex needs, the great majority expressed satisfaction with the care received from their health plan, and most reported equivalent or better care than received in Fee For Service.

In a finding consistent with published reports, 32% of respondents indicated that it was easier to obtain an appointment with a doctor after enrolling in managed care, and the vast majority rated the care received from their doctor and specialists as at least the same or better than previously. Of concern, however, were the findings that although most of the approximately 200 respondents whose former doctor was not in their new plan were satisfied with their new doctor, almost one-quarter of these respondents found it more difficult to get an appointment with their new doctor and 19% indicated their care is now worse.

The number of respondents receiving case management, one of the strengths of managed care for individuals with complex needs, was only 14% in managed care,

about the same as the number in case management while in Fee for Service. While many respondents reported complex needs such as having multiple health conditions, less than half had been contacted by the health plan to assess their special needs. These findings highlight potential opportunity for improvement.

A total of 22% of respondents reported difficulty in seeing a specialist because of the plan, most commonly due to waiting for plan approval or difficulty finding a specialist in network. Published studies have shown that SSI recipients in both managed care and FFS Medicaid have reported these problems, but have had less difficulty in managed care. In our study, most respondents needing help to coordinate services or make an appointment received help from their health plan. A review of outreach and needs assessment processes for SSI enrollees could identify barriers to timely specialist care.

The ease of getting specialized services was reported by most of those in need to be the same or better in managed care, but transportation to appointments was one area in which 36% of those found it more difficult to get transportation to an appointment now that they are in a health plan. The finding that most of these members neither requested nor received help from their plan in accessing a specialized service suggests that plans could conduct more outreach to members to ensure that they are aware of services.

Recommendations include continuing to transition members receiving SSI to managed care, since the survey results appear to indicate that the perception of care is of the same or higher quality, while continuing to monitor quality, access and experience of care regularly. In addition, health plans should be encouraged to intensify outreach and assessment efforts for newly-enrolled SSI members, to ensure that case management, specialty care and specialized services, including transportation, are made available when needed.

Introduction

This study assesses the care of New York City Medicaid recipients receiving Supplemental Security Income (SSI) who were recently enrolled in managed care after previous enrollment in a Fee-For-Service (FFS) delivery system. The primary purpose of this project is to provide the New York State Department of Health (NYSDOH) with information regarding the care that managed care organization (MCO) enrollees receive after joining an MCO and to assess the satisfaction of Medicaid recipients with care, doctors, specialists, specialized services, and health plans.

Background

Over six million Americans receive SSI. In New York City alone, 403,299 individuals receive SSI, with children making up approximately 10% of this figure¹. The purpose of SSI is to provide financial support to the blind, disabled and elderly. This includes providing support to low-income families who have a disabled child. Since its inception in 1972, SSI has enabled many of these individuals to live in community settings rather than public hospitals, and recent studies indicate that families rely on SSI benefits for the majority of their income.²

Because of their disabilities, SSI recipients generally require more medical care and diverse health care services, such as specialized nursing, psychosocial services, and home nursing than recipients of other Medicaid aid categories. Most SSI recipients receive Medicaid as their form of health insurance. In the National Survey of SSI Children and Families, which was conducted between July 2001 and June 2002³, it was found that over 90% of children receiving SSI had Medicaid coverage. The same percentage of children had visited the doctor at least once in the previous 12 months, and over half of SSI children received physical, occupational, or speech therapy. While access to specialized services appears to be sufficient for children, a substantial number of children (37%) who reported needing mental health counseling did not receive this service, and 74% of parents needing respite care services did not receive any help. These findings indicate a potential problem in children's access to certain key services, and raises the question as to whether adults have similar access problems as well.

In recent years, states have begun enrolling Medicaid beneficiaries into managed care programs as opposed to traditional FFS systems. Mandatory enrollment began in New York City in early November 2005 with approximately 100,000 SSI members enrolled by December 2007.

¹ U.S. Social Security Administration Office of Policy, 2006

http://www.socialsecurity.gov/policy/docs/statcomps/ssi_sc/2006/ny.html

² Martin, T. (2003). Changes in the demographic and economic characteristics of SSI and DI beneficiaries between 1984 and 1999. http://findarticles.com/p/articles/mi_m6524/is_2_65/ai_n6251509/print

³ Rupp, K., Davis, P., Newcomb, C., Jam, H., Becker, C., Mulpuru, S., Ressler, S., Romig, K. & Miller, B. (2006). A Profile of Children with Disabilities Receiving SSI: Highlights from the National Survey of SSI Children and Families. *Social Security Bulletin*, Vol 66.

Since mandatory enrollment of the SSI population has been in effect for over two years in New York City, the NYSDOH has commissioned a study to examine the impact of managed care on SSI members in an effort to ensure that access to and quality of their health care has not suffered as a result.

Objectives

This study examines the care of Medicaid recipients receiving SSI who were recently enrolled in managed care after enrollment in FFS. The major objective of this project is to provide the NYSDOH with information regarding whether enrollee experience and satisfaction with medical care has been impacted by this transition. The study will evaluate, from the member perspective, the health care that MCOs provide to their SSI enrollees, and evaluate how care that members receive in their current managed care plan compares to care they received previously with FFS.

The specific objectives of this project are to determine:

- Whether there are perceived differences in care, and in satisfaction with care, between members' experience in managed care and their experience in their previous FFS enrollment,
- Whether enrollees are satisfied with access to care, helpfulness of the plan in facilitating care, and quality of health care and health plan services,
- Utilization of services among enrollees,
- Common barriers to care among enrollees, and
- Differences in the above indicators among selected demographic groups

METHODOLOGY

Population

The study population for the survey consisted of Medicaid SSI recipients in New York City who were enrolled in a health plan after November 2005, were previously enrolled in FFS, were continuously enrolled in a health plan for a minimum of 6 months between October 2006 and September 2007, and were still enrolled as of September 2007.

The study population was not limited by age group. The NYSDOH identified all eligible members based on the selection criteria above and provided IPRO with the enrollee file, including demographic variables (e.g., date of birth, gender, address). The file consisted of 27,313 recipients among 14 managed care plans that serve NYC. After duplicate household members and erroneous addresses were removed from the file, the overall eligible group consisted of 25,992 cases (5,409 children and 20,583 adults).

For each plan, 550 members were randomly selected, whenever possible, with an ideal breakdown of 275 children and 275 adults. Because there are fewer children on SSI, children were selected first, followed by adults. As a result, the breakdown of children and adults in each plan varied, with some plans having equal numbers of children and adults, while others had more adults than children. Note that three plans (CenterCare, GHI HMO, and United Healthcare) had fewer than 550 total eligible members; for these plans, all eligible members were included. The final mailing sample across all plans was 7,435 enrollees (2,901 children and 4,534 adults). Table 1 displays the number of members sampled by health plan and age group.

Table 1. Number of Members Sampled per Health Plan and Age Group

Plan	Children		Adults		Total
Affinity	275	(50%)	275	(50%)	550
AmeriChoice	234	(43%)	316	(58%)	550
AmeriGroup	246	(45%)	304	(55%)	550
CenterCare	103	(20%)	411	(80%)	514
Fidelis	275	(50%)	275	(50%)	550
GHI HMO	55	(17%)	267	(83%)	322
HealthFirst	275	(50%)	275	(50%)	550
Health Plus	275	(50%)	275	(50%)	550
HIP	275	(50%)	275	(50%)	550
MetroPlus	275	(50%)	275	(50%)	550
Neighborhood	275	(50%)	275	(50%)	550
NY-Presbyterian CHP	211	(38%)	339	(62%)	550
United	43	(8%)	506	(92%)	549
WellCare	84	(15%)	466	(85%)	550
Total	2,901	(39%)	4,534	(61%)	7,435

Survey

Two scannable surveys were created, one for adult members and one for parents/guardians of child members. Questions in the two surveys were the same except that items in the children's version referred to the child, and the health conditions listed in item #5 differed based on common conditions for each age group.

English surveys were mailed to all members of the study population, although the cover page informed Spanish-speaking members that they could call IPRO and request a survey in Spanish or have the survey read to them in Spanish over the phone. A copy of the adult and child surveys is attached in Attachments 1 and 2.

Key survey indicators include utilization of health care services, overall satisfaction with the managed care plan, access to care, quality of care, barriers to care, and members' current health care experiences in comparison to the previous services they received before joining a plan. The survey was sent out in December 2007, was re-sent to nonrespondents in February 2008, and was mailed a third time to continued non-respondents in April 2008 to maximize the response rate.

Surveys were printed with randomly assigned identifiers used solely to track responses. Participation in the survey was voluntary and confidential. Enrollees were told that their answers would be kept confidential and that the survey would not affect their Medicaid benefits. The survey included a sentence that directed them to call a toll-free number for assistance in completing the survey if they needed it.

Data Analysis

Unless otherwise noted, all analyses were performed aggregating data for all enrollees, regardless of health plan or age group. A focus of the analysis was to examine how enrollees compare their care with managed care and FFS. To explore whether care differs based on demographic characteristics, group comparisons were performed on selected key indicators for age group, gender, race/ethnicity, and other characteristics. Analyses were also performed to explore plan rate variation. To test for any differences in proportions, chi-square analyses were employed for all comparative analyses.

The results section consists of 5 subsections. Specifically, the following areas of analyses were performed to address the objectives of this study:

- A. Response rate calculations of enrollee surveys, crosstabulations of response rates by age group; and response bias analyses (comparing respondents and non-respondents) on MCO, gender, age, race/ethnicity, and geographic region.
- B. Descriptive statistics on all survey items
- C. Factors associated with satisfaction of care pre and post managed care
- D. Group comparisons
 - m Age Group (Adult versus Child)
 - m Gender (Male versus Female)
 - m Race/Ethnicity (Black, White, Hispanic, Other)
 - m Health Status (Good/Very good versus Fair/Poor)
 - m Plan Recommendation (Those who recommend the plan versus those who do not)
 - m Type of Health Condition (Those with mental health conditions versus medical conditions versus both types of conditions)
 - m Health Conditions (Those who reported many health conditions versus few)
 - m Utilization (Those who visited the doctor frequently versus infrequently)
- E. MCO variation on all survey items

Methodological Considerations

Because of the extensive number of indicators, many statistical tests were planned, thereby increasing the chance of a spurious statistically significant result. To limit the likelihood of reporting significance when it does not exist (type I error), the Bonferroni correction for multiple analyses was applied, resulting in an adjusted significance level of $p < .001$.

When generating plan-specific survey results, results were risk-adjusted by health status of the member and age and education of the respondent (i.e., adult responding to the survey), similar to CAHPS methodology. All 3 items were obtained from the survey. Risk adjustment reduces the effects of confounding member factors that may be disproportionate across plans and that may influence a plan's rate.

Due to the complexity of this survey, data manipulation was performed for analytical purposes. The following issues are discussed below:

- Items with multiple response options
- Skip patterns, with questionnaire items pertaining only to a subgroup of the sample
- Categorizing responses for crosstab analyses

Multiple Response Items

Eight items on the survey asked the respondent to check all responses that apply, allowing the respondent to select multiple options. For such items, the total proportion of members selecting the corresponding options can sum to more than 100%. All proportions in this report are always based on the number of respondents, not the number of responses. For example, if 150 members answered a question with a total of 200 response options selected, the denominator was 150. These multiple response items are indicated in the tables with an "@" in the first column, and are listed below:

Survey Item	
Q3	Whether received help from plan with doctors
Q5	Health conditions
Q14	Reason changed doctor since joining plan
Q18	Whether received help from plan with specialists
Q20	Reasons for the delay in seeing a specialist
Q26	Types of services plan offered member since joining plan
Q29	Organizations that provided member with CM services since joining plan
Q35	Race

Items Pertaining Only to a Subgroup of the Sample

The survey contained several skip patterns, with some items based on a subset of the members who responded in a certain way to a prior item. For these items, rates were based on a smaller number of applicable respondents. These items are denoted in the tables with an “♦”. The items and corresponding subgroups that comprise the denominator for the reported rates are listed below:

Survey Item	Denominator (Respondents)
Whether received help from plan (Q3)	Needed help (Q3) = Yes
Plan helped with care coordination among different providers/services (Q10)	Receipt of care from more than one kind of health provider or used more than one kind of service (Q9) = Yes
Plan helped with problems since joining plan (Q12)	Problems that prevented member from being able to follow doctor’s orders (Q11) = Yes
Reason changed doctor since joining plan (Q14)	Changed doctor since joining plan (Q13) = Yes
Comparison of care from doctor with care received before joining plan (Q15)	Changed doctor since joining plan (Q13) = Yes or No, have same doctor as before joining plan
Number of specialists seen since joining plan (Q17)	Saw a specialist since joining plan (Q16) = Yes
Whether received help from plan (Q18)	
Problems seeing a specialist because of plan (Q19)	
Reasons for the delay in seeing a specialist (Q20)	
Change of any specialist since joining plan (Q21)	
Comparison of care from specialists with care received before joining plan (Q22)	
Whether received help from plan (Q18)	Needed help (Q18) = Yes
Reasons for the delay in seeing a specialist (Q20)	Problems seeing a specialist because of plan (Q19) = Yes
Comparison of care from specialists with care received before joining plan (Q22)	Change of any specialist since joining plan (Q21) = Yes
Member services gave help needed (Q24)	Tried to get information or help from member services since joining plan (Q23) = Yes

Categorizing Responses for Crosstab Analyses

For statistical purposes, items that contained many response options were re-coded into fewer categories for all chi-square analyses. The descriptive results section, however, contains the raw frequencies of each item, and displays all options included in the survey. These items were dichotomized into two categories. The table on the next page displays these items and the responses corresponding to each of the categories. The table does not include items that were already dichotomized in the survey. Note that items asking members to check all that apply were treated as individual yes/no items.

Response categories indicating “not applicable” were omitted from chi square analyses to avoid biasing the statistical results, and were only presented in the raw frequencies. Such options are listed in the table below under the last column “Exclude”.

The first response option for item # 17 (number of different specialist member visited since joining plan) was “None”. This category was removed from analysis since members should not have selected it because the previous item asks members to only answer item #17 if they saw a specialist.

Survey Item		Response Categories		Exclude
1	Number of times went to a doctor's office since joining plan	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> 1 or 2 3 or more 	
2	Comparative ease of getting a doctor's appointment since joining plan	<ul style="list-style-type: none"> Easier since joining plan About the same since joining plan 	<ul style="list-style-type: none"> Harder since joining plan 	<ul style="list-style-type: none"> Did not need to go to the doctor
3 18	<ul style="list-style-type: none"> Whether received help with certain services Whether received help to see a specialist 	<ul style="list-style-type: none"> Got help 	<ul style="list-style-type: none"> Did not get help 	<ul style="list-style-type: none"> Did not ask for help
4 6 15 22 30	Comparison of: <ul style="list-style-type: none"> Health care Special services Care from doctor Care from specialists Case management 	<ul style="list-style-type: none"> Better since joining plan About the same since joining plan 	<ul style="list-style-type: none"> Worse since joining plan 	<ul style="list-style-type: none"> Do not need (<i>applies to Q6 and Q30</i>)
10	Plan help with care coordination among different providers/services	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> No, I asked for help but did not get help from plan 	<ul style="list-style-type: none"> No, I didn't need any help from the plan
13	Change of doctor since joining plan	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> No, I have the same doctor I had before joining the health plan No, I did not have a doctor before joining plan 	
17	Number of specialists seen since joining plan	<ul style="list-style-type: none"> 1 specialist 	<ul style="list-style-type: none"> 2 or more specialists 	<ul style="list-style-type: none"> None
21	Change of any specialist since joining plan	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> No, I have the same specialist I had before I joined plan No, I did not have a specialist before joining plan 	
25	Time frame from member joining plan until plan contact of member to identify special needs	<ul style="list-style-type: none"> Within one week One week to one month 	<ul style="list-style-type: none"> Over 1 month to 3months Over 3 months to 6months My health plan has not contacted me since I joined plan 	
32	Overall health	<ul style="list-style-type: none"> Very good Good 	<ul style="list-style-type: none"> Fair Poor 	
37	Education	<ul style="list-style-type: none"> Less than high school 	<ul style="list-style-type: none"> HS graduate or GED Some college College degree 	

For items #34 and #35 (i.e., Hispanic/Latino and race), four categories were created (i.e., white, black, Hispanic, and other). The other race/ethnicity category included Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Mixed Race. In the event that the member responded as Hispanic and any other race, the member was coded as Hispanic. For all analyses involving race/ethnicity, Asian was combined with “other”, since these two groups were the least prevalent in the survey (7% and 2%, respectively).

Note that, as is typical for survey research, whenever possible all “other” responses with open-ended text entered by the member, were re-coded to another existing response option that matched.

RESULTS

A. Response Rate Analyses

Table 2 displays the response rates, including the total number of surveys mailed and completed. Response rates were itemized by age group.

Of the 7,435 surveys that were mailed, 367 (4.9%) were undeliverable, yielding an adjusted population of 7,068. A total of 2,289 surveys were completed yielding an overall response rate of 32.4%. Adults had a higher response rate than Children (35.9% and 26.9%, respectively).

Of the completed surveys, 34 were Spanish surveys (23 adult and 11 children), either completed by phone or mail.

Table 2. Surveys Collected by Age Group

	Children	Adults	Total
Surveys Mailed (Total Population)	2,901	4,534	7,435
Undeliverable	143	224	367
Adjusted Population	2,758	4,310	7,068
Completed Surveys	742	1,547	2,289
Response Rate	26.9%	35.9%	32.4%

Note that the adjusted population is the number of surveys mailed minus the undeliverable surveys and exclusions (e.g., member was deceased or did not understand the survey). The response rate is based on the number of completed surveys divided by the adjusted population.

Overall response rates differed by health plan (see Table 3), ranging from 23.6% to 40.6%.

Because 3 mailings were conducted, each 2 months apart, it was possible to approximate the response rate increase from each mailing. As seen in the response rates below, the second mailing resulted in an additional 9 percentage points in adult and 7 percentage points in child survey response rates. The third mailing yielded an increase of 10 points in adult and 8 points in child rates.

Cumulative Response Rates by Mailing Phase

	Adult	Child	Total
Phase 1	16.4%	11.5%	14.5%
Phase 2	25.6%	18.6%	22.9%
Phase 3	35.9%	26.9%	32.4%

Table 3. Number of Respondents and Response Rates for each Plan

Plan Name	Adults		Children		Total	
	n	%	n	%	n	%
Affinity	99	38.4%	64	24.2%	163	31.2%
AmeriChoice	84	28.0%	40	17.8%	124	23.6%
AmeriGroup	84	29.2%	61	25.8%	145	27.7%
CenterCare	134	34.4%	41	42.7%	175	36.1%
Fidelis	87	32.7%	69	26.4%	156	29.6%
GHI HMO	105	41.2%	12	23.1%	117	38.1%
HealthFirst	101	38.3%	64	24.5%	165	31.4%
Health Plus	85	32.0%	85	32.7%	170	32.3%
HIP	104	39.5%	85	32.2%	189	35.9%
MetroPlus	115	44.2%	62	23.8%	177	34.0%
Neighborhood	80	31.1%	60	23.3%	140	27.2%
NY-Presbyterian CHP	121	38.3%	61	30.3%	182	35.2%
United	199	41.3%	13	32.5%	212	40.6%
WellCare	149	33.4%	25	31.6%	174	33.1%

Response Bias

To determine the extent to which the survey findings are generalizable to the total population of these health plan members, a comparison was conducted between members who completed the survey (n = 2,289) with members who did not (n = 4,779) on demographic characteristics including age, gender, race/ethnicity, and NYC region. Data for the members were obtained from NYSDOH databases. This analysis excluded the undeliverable surveys. The comparisons of respondents with non-respondents were tested with chi-squares and those which are statistically significant at $p < .05$ are identified, since the number of comparisons are few.

Table 4 displays the results. Because the demographic data apply to the actual member, and the child survey respondent was the parent, analyses for gender and age were restricted to the adult survey sample. Among adults, members who completed the survey (n = 1,547) were older than members who did not complete the survey (n = 2,763), with mean ages of 54.5 and 51.5, respectively (via t-test; $p < .0001$). This pattern is typical of survey studies, and coincides with other survey response bias results.

The two groups did not differ significantly on gender or NYC borough, but did differ on race/ethnicity. Respondents were more likely to be white compared to non-respondents.

Table 4. Comparisons of Respondents and Non-respondents

Field	Groups		p value
	Responded (n = 2,289)	Did not Respond (n = 4,779)	
Gender (among adults)			n.s.
Female	926 (59.9%)	1,601 (57.9%)	
Male	621 (40.1%)	1,162 (42.1%)	
Race/Ethnicity			.0001
White	307 (15.6%)	494 (12.0%)	
Black	581 (29.5%)	1,309 (31.7%)	
Hispanic	836 (42.5%)	1,853 (44.9%)	
Other	243 (12.4%)	473 (11.5%)	
NYC Region			n.s.
Queens	469 (20.5%)	874 (18.3%)	
Manhattan	362 (15.8%)	778 (16.3%)	
Bronx	583 (25.5%)	1,267 (26.5%)	
Brooklyn	778 (34.0%)	1,691 (35.4%)	
Staten Island	97 (4.2%)	169 (3.5%)	
Age (among adults)			
Mean (standard deviation)	54.5 (15.1)	51.5 (16.9)	.0001

B. Descriptive Results of Member Survey

This section consists of the raw frequencies for all items in the survey, categorized by domain for ease of evaluating the results. All results were itemized by age group in Attachment 3. Below, results are presented combining adults and children.

Survey items were grouped into six categorical domains (Background characteristics, Health care, Specialized services, Doctors, Specialists, and Health plan). With the exception of Question 5, which asks adult and child members to indicate different specific health conditions, all items are identical for both age groups.

All results are based on the 2,289 respondents to the survey. Due to missing responses and skip patterns in the questionnaire, the number of respondents corresponding to each item are reported in the tables.

In addition, a separate analysis focuses exclusively on the items below that compare care received before joining the plan with care received after joining the plan. These items were dichotomized and presented in a separate summary table.

- m Ease of getting a doctor's appointment (Q2)
- m Health care (Q4)
- m Special services (Q6)
- m Care from doctor (Q15)
- m Care from specialists (Q22)
- m Case management (Q30)

Background Characteristics of Respondents

Table 5 displays the responses to the items comprising the background characteristics of the respondents. Among the combined age groups, overall health status was rated as very good or good by 48% of respondents. About half of the respondents were male, while 16% were white, 30% black, 45% Hispanic, and 10% other. A total of 57% had at least a high school diploma. Note that in the child survey, age group and education were asked of the parent/guardian responding to the survey as opposed to the child.

Table 5. Background Characteristics

Survey Item		N	%
32	Overall health status (n = 2199)		
	Very good	310	14.1
	Good	755	34.3
	Fair	787	35.8
	Poor	347	15.8
33	Gender (n = 2204)		
	Male	1083	49.1
	Female	1121	50.9
34/35 @	Race/Ethnicity (n = 2193)*		
	White	342	15.6
	Black or African American	666	30.4
	Hispanic	976	44.5
	Other	209	9.5
36	Age (n = 2225)		
	Under 18**	163	7.3
	18 – 44	666	29.9
	45 – 64	1010	45.4
	65 or older	386	17.3
37	Education (n = 2141)		
	Less than high school	930	43.4
	HS diploma	711	33.2
	Some college	300	14.0
	College degree	200	9.3

*Individual respondents who selected more than one race were categorized as “other”, and therefore the total sums to 100%.

**A total of 158 adult respondents for the child survey chose this age group; these data will be treated as missing in other analyses since they were asked to respond with their own age.

@Multiple responses

As shown in Table 6, among the children, the most common health conditions reported were developmental delay or problems with behavior, speech, or learning (57%), asthma (39%), and ADHD/ADD (24%). Among the adults, the most common conditions were hypertension/HBP (59%), joint problems (51%), and back problems (40%). A total of 259 respondents across both age groups did not answer the item, and because it is impossible to separate respondents who skipped the item from respondents who did not have a health condition, all percentages are based on those who chose at least one health condition (n=629 for children and n=1401 for adults). Among children, 40% had one condition, while 33% had 3 or more. Among adults, 18% had one condition, while 63% had 3 or more. A total of 30% of children had only medical conditions, 26% had only mental, and 44% had both types of conditions. Most adults had only medical conditions (61%) or a combination of medical and mental (35%).

Table 6. Health Conditions

Child Health Conditions (n = 629)		n	%	Adult Health Conditions (n = 1401)		n	%
5 @	Asthma	246	39.1	Hypertension / HBP	831	59.3	
	Seizures or epilepsy	36	5.7	Heart disease	270	19.3	
	Difficulty hearing or deafness	60	9.5	Diabetes	427	30.5	
	Difficulty seeing or blindness	73	11.6	Back problems	566	40.4	
	Problems moving around, walking, or using hands	72	11.4	Joint problems	707	50.5	
	ADD, ADHD	153	24.3	Breathing problems (like asthma or COPD)	411	29.3	
	Developmental delay or problems with behavior, speech, or learning	356	56.6	Difficulty seeing or blindness	354	25.3	
	Problems with nutrition, swallowing, digestion, or metabolism	39	6.2	Depression	448	32.0	
	Emotional problems or mental illness, depression, autism	129	20.5	Drinking or other drug problems	43	3.1	
	Skin problems	113	18.0	Mental illness or emotional problems	295	21.1	
	Other medical conditions lasting more than 3 months	124	19.7	Other medical conditions lasting more than 3 months	480	34.3	
Total number of health conditions							
	1	250	39.7	1	255	18.2	
	2	169	26.9	2	261	18.6	
	3+	210	33.4	3+	885	63.2	
Type of health condition							
	Medical only	187	29.7	Medical only	855	61.0	
	Mental only	163	25.9	Mental only	51	3.6	
	Both medical and mental	279	44.4	Both medical and mental	495	35.3	

@Multiple responses

Access to Doctors and Health Care

Responses to items pertaining to respondents' health care are shown in Table 7. A majority of respondents (71%) reported visiting a doctor at least 3 times since joining their health plan. While most (56%) reported that the ease of getting a doctor's appointment since joining the plan was about the same, 32% stated it was easier now and 12% stated it was harder now.

Three questions were included (item 3) to identify whether members needed help since joining their health plan in finding a doctor, making an appointment, and getting to the doctor's office. The percentages who reported they needed help were 35%, 32%, and 28%, respectively. Among those who needed help, 69% received help finding a doctor, 68% received help making an appointment, and 61% received help getting to a doctor. In comparing health care since joining the plan with care received before, 28% reported the care is better now, 60% reported it was the same, and 12% reported it was worse now.

To determine whether there was a pattern regarding satisfaction on different items, further analyses were conducted (data not shown in table). Among respondents who answered both item 2 (whether it is harder to get an appointment) and item 4 (whether care is worse now), a total of 83% rated both as either better or the same, 8% rated both worse, 5% rated one worse only, and another 5% rated the other worse. The relationship between the two items was statistically significant ($p < .0001$). A similar pattern was evidenced with other satisfaction items, such as ease of getting an appointment and care from specialists.

Of note, 50.4% (19 of 32) of respondents who needed help in getting to their doctor but did not receive any help, also rated transportation services as being worse since joining a health plan (data not shown in table).

Table 7. Access to Doctors and Health Care

Survey Item		N	%
1	Number times went to doctor (n = 2209)		
	None	157	7.1
	1 or 2	491	22.2
	3 or more	1561	70.7
2	Comparative ease of getting doctor's appt since joining plan (n = 2127)		
	Easier	673	31.6
	About the same	1191	56.0
	Harder	263	12.4
3a @ ◆	Finding a doctor -- need for help (n = 1573)		
	Yes	546	34.7
	No	1027	65.3
	If needed help (n = 234)		
	Got help	161	68.8
	Did not get help	46	19.7
3b @ ◆	Making appt -- need for help (n = 1470)		
	Yes	474	32.2
	No	996	67.8
	If needed help (n = 177)		
	Got help	121	68.4
	Did not get help	41	23.2
3c @ ◆	Getting to doctor -- need for help (n = 1428)		
	Yes	392	27.5
	No	1036	72.5
	If needed help (n = 155)		
	Got help	94	60.6
	Did not get help	35	22.6
4	Comparison of health care with care received before joining plan (n = 2155)		
	Better	603	28.0
	About the same	1289	59.8
	Worse	263	12.2

Note: For questions 3a to 3c, many responded affirmatively to needing help, but did not specify whether they received help.

@Multiple responses

◆ Items based on skip pattern

⊕ This response category is only presented here and excluded from other analyses

Specialized Services

As seen in Table 8, regarding ratings of nine specific specialized services, the percentage who rated them better now in managed care ranged from 23% (transportation to appointments) to 31% (breathing devices). The percentage who rated them worse now ranged from 12% (speech therapy) to 36% (transportation to appointments), with the exception of “other types of services”. Transportation to appointments was the only listed service (except for “other”) that respondents were more likely to rate worse since joining their plan (36%) than better (23%), although 41% rated it about the same.

Only 26% asked their plan for help in getting special services and equipment. Similarly, 27% reported that they received help in this area. Among the subset of respondents that asked for help, 66% received help (*not shown in table*), and among the subset of respondents who did not ask for help, 13% received help (*not shown in table*).

A total of 15% reported having problems such as co-pay costs or transportation needs which prevented the member from being able to follow doctor’s advice. Among these respondents, 21% stated that the plan helped them with these problems.

Table 8. Specialized Services

Survey Item		N	%
6	Comparison of specialized services with services before joining plan		
	Mobility devices (n = 378)		
	m Better now	108	28.6
	m About the same	192	50.8
	m Worse now	78	20.6
	m Do not need Å	1333	
	Breathing devices (n = 444)		
	m Better now	136	30.6
	m About the same	252	56.8
	m Worse now	56	12.6
	m Do not need Å	1247	
	Vision or hearing devices (n = 1082)		
	m Better now	306	28.3
	m About the same	610	56.4
	m Worse now	166	15.3
	m Do not need Å	723	
	Occupational therapy (n = 397)		
	m Better now	111	28.0
	m About the same	219	55.2
	m Worse now	67	16.9
	m Do not need Å	1222	
	Physical therapy (n = 552)		
	m Better now	164	29.7
	m About the same	283	51.3
	m Worse now	105	19.0
	m Do not need Å	1126	
	Speech therapy (n = 381)		
	m Better now	112	29.4
m About the same	225	59.1	
m Worse now	44	11.5	
m Do not need Å	1226		

⊕ This response category is only presented here and excluded from other analyses

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Table 8. Specialized Services (continued from previous page)

Survey Item		N	%
6	Transportation to appts. (n = 522)		
	m Better now	118	22.6
	m About the same	216	41.4
	m Worse now	188	36.0
	m Do not need Å	1154	
	Home care services (n = 219)		
	m Better now	56	25.6
	m About the same	110	50.2
	m Worse now	53	24.2
	m Do not need Å	1407	
	Mental health treatment (n = 514)		
	m Better now	125	24.3
	m About the same	292	56.8
	m Worse now	97	18.9
	m Do not need Å	1164	
	Other types of services (n = 39)		
m Better now	9	23.1	
m About the same	9	23.1	
m Worse now	21	53.8	
m Do not need Å	2		
7	Request for help from plan in getting special services (n = 2197)		
	Yes	572	26.0
	No	1625	74.0
8	Plan helped member get special services (n = 2140)		
	Yes	571	26.7
	No	1569	73.3
11	Problems that prevented member from being able to follow doctor's orders (n = 1984)		
	Yes	306	15.4
	No	1678	84.6
12 ♦	Plan helped with problems since joining plan (n = 295)		
	Yes	63	21.4
	No	232	78.6

** Items based on skip pattern

⊕ This response category is only presented here and excluded from other analyses

Continuity of Doctors

Most respondents (69%) reported that they have the same personal doctor since joining their health plan, while 22% changed doctors, and 9% did not have a personal doctor before joining the plan (see Table 9). Among those who changed their doctor, reasons for switching varied from their former doctor was not with the health plan (49%), they wanted a new doctor (22%), and their new doctor was closer (25%). Of those who reported “other” reasons, two-thirds (n = 31) stated that their doctor left the practice, retired, or passed away.

In comparing care from their personal doctor since joining the plan with care received before, 71% reported the care was about the same, 23% reported it was better, and 6% reported it was worse. Among the subset who changed doctors, these rates were 51% same, 36% better, and 13% worse, (*not shown in table*). Among those who did not change doctors, the rates were 78%, 19%, and 3%, respectively (*not shown in table*).

Among the approximately 200 respondents who changed their doctor specifically because their doctor was not in the plan, satisfaction rates were 76% who said it is now easier or about same to get an appointment and 24% who said it is now more difficult. Also, of this group, 81% said that care from their doctor is now better and 19% said it is now worse (*not shown in table*).

Table 9. Continuity of Doctors

Survey Item		N	%
13	Changed doctor since joining plan (n = 2056)		
	Yes	456	22.2
	No, have same doctor	1420	69.1
	No, did not have a doctor before joining plan	180	8.8
14 @ ◆	Reason changed doctor since joining plan (n = 420)		
	Former doctor was not with the health plan	207	49.3
	Wanted a new doctor	91	21.7
	New doctor is closer	106	25.2
	Other	46	11.0
15 ◆	Comparison of care from doctor with care received before joining plan (n = 1773)		
	Better	414	23.4
	About the same	1262	71.2
	Worse	97	5.5

@Multiple responses

◆ Items based on skip pattern

Specialists

As shown in Table 10, 37% of respondents reported receiving care from more than one kind of health care provider or using more than one kind of health care service since joining the plan. Of these, 74% reported that the plan helped them with coordination among different providers or services.

Slightly over half the respondents saw a specialist since joining their plan. All remaining items in this section were based on those who saw a specialist. A total of 41% saw one specialist, while 59% saw two or more.

Three questions were included (item 18) to identify whether members needed help since joining their health plan in finding a specialist, making an appointment, and getting to the specialist's office. The percentage of respondents who reported they needed help were 47%, 44%, and 34%, respectively. Among those who needed help, 68% received help finding a specialist, 70% received help making an appointment, and 56% received help getting to a specialist.

Overall, 22% reported that they had a delay in seeing a specialist because of the health plan. Of these respondents, the most common reasons for a delay were waiting for plan approval (48%), trouble finding a specialist in the plan's network (47%), and long waiting times to see a specialist (34%). Only 18% changed any specialist since joining their health plan, while 67% have the same specialist, and 15% did not have a specialist before joining their plan. Of those who changed specialists, 35% rated their care from specialists better since joining their plan, 46% rated the care the same, and 19% rated the care worse.

Table 10. Specialists

Survey Item		N	%
9	Receipt of care from more than one kind of health provider or used more than one kind of service (n =1933)		
	Yes	709	36.7
	No	1224	63.3
10 ◆	Plan helped with care coordination among different providers/services (n = 413)		
	Yes	306	74.1
	No, asked for help but did not get help	107	25.9
	No, did not need help Å	265	
16	Saw a specialist since joining plan (n = 2002)		
	Yes	1029	51.4
	No	973	48.6
17 ◆	Number of specialists seen since joining plan (n = 1003)		
	1	411	41.0
	2+	592	59.0
18a @ ◆	Finding a specialist -- need for help (n = 663)		
	Yes	310	46.8
	No	353	53.2
	If needed help (n = 135)		
	Got help	92	68.1
	Did not get help	25	18.5
	Did not ask for help Å	19	14.1
18b @ ◆	Making appt -- need for help (n = 644)		
	Yes	286	44.4
	No	358	55.6
	If needed help (n = 114)		
	Got help	80	70.2
	Did not get help	18	15.8
	Did not ask for help Å	17	14.9
18c @ ◆	Getting to specialist -- need for help (n = 603)		
	Yes	204	33.8
	No	399	66.2
	If needed help (n = 89)		
	Got help	50	56.2
	Did not get help	20	22.5
	Did not ask for help Å	19	21.3

Note: For questions 18a to 18c, many responded affirmatively to needing help, but did not specify whether they received help.

@Multiple responses

◆ Items based on skip pattern

⊕ This response category is only presented here and excluded from other analyses

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Table 10. Specialists (continued from previous page)

Survey Item		N	%
19 ◆	Problems seeing a specialist because of plan (n = 995)		
	Yes	215	21.6
	No	780	78.4
20 @ ◆	Reasons for the delay in seeing a specialist (n = 208)		
	Waiting for plan approval	100	48.1
	Trouble finding specialist in plan network	97	46.6
	Finding the type of specialist needed	31	14.9
	Long waiting times to see a specialist	71	34.1
	Other	18	8.7
21 ◆	Change of any specialist since joining plan (n = 966)		
	Yes	169	17.5
	No, have same specialist	648	67.1
	No, did not have specialist before joining plan	149	15.4
22 ◆	Comparison of care from specialists with care received before joining plan (n = 167)		
	Better	58	34.7
	About the same	77	46.1
	Worse	32	19.2

@Multiple responses

◆ Items based on skip pattern

Health Plan

As shown in Table 11, 34% of respondents tried to get information or help from member services since joining their plan. Of these respondents, 75% reported that member services usually provided the information or help they needed.

When asked how soon after joining the plan did the plan contact member to identify whether they had any special health care needs, 41% stated within one month, while 43% stated that the plan did not contact the member.

While 57% reported no services offered by the health plan, 43% reported at least one service. The most common services offered were reminders about getting services and help with appointments. Only 14% reported that they received case management services since joining the plan, while 13% reported receiving case management before joining the plan. Among respondents who responded to the two questions about case management services, 79% never received case management, 6% received it both before and after joining the plan, 7% received it only before joining, and 8% received it only after joining. Also, there was some variation in plan rates on the percentage of respondents who received case management since joining their plan (i.e., 8% to 21%), but rates were low across all health plans. It should be noted that during phone surveys, staff noticed that many respondents were confused and did not understand the term “case management”.

The most common entities that provided the member with case management services since joining the plan were hospitals (50%) and health plans (45%), although community providers and mental health providers were reported by 21% and 22%, respectively. A total of 61% of respondents rated their case management services about the same since joining their plan compared with services received before, while 31% rated the services better now and 8% rated it worse now.

Approximately three-quarters (77%) reported that they would recommend their health plan to other family members or friends.

Table 11. Health Plan

Survey Item		N	%
23	Tried to get information or help from member services since joining plan (n = 2023)		
	Yes	688	34.0
	No	1335	66.0
24 ◆	Member services gave help needed (n = 673)		
	Yes	505	75.0
	No	168	25.0
25	Time frame plan contacted member to identify special needs (n = 2089)		
	Within one week	343	16.4
	One week to one month	520	24.9
	Over one month to three months	231	11.1
	Over three months to six months	93	4.5
	Plan did not contact member	902	43.2
26 @	Types of services plan offered member since joining plan (n = 2068)		
	Case management	179	8.7
	Transportation / Special accommodation	211	10.2
	Education materials	267	12.9
	Help with appointments	386	18.7
	Reminders about getting services	404	19.5
	Other	31	1.5
	None	1170	56.6
27	Receipt of CM since joining plan (n = 2127)		
	Yes	291	13.7
	No	1836	86.3
28	Receipt of CM before joining plan (n = 2081)		
	Yes	272	13.1
	No	1809	86.9

@Multiple responses

◆ Items based on skip pattern

(Continued on next page)

Table 11. Health Plan (continued from previous page)

Survey Item		N	%
29 @	Entities that provided member with CM services since joining plan (n = 621)		
	Health plan	282	45.4
	Hospital	311	50.1
	Community provider	128	20.6
	Mental health provider	135	21.7
	Other	5	0.8
	Do not receive CM Å	1375	
30	Comparison of CM with CM received before joining plan (n = 642)		
	Better	201	31.3
	About the same	391	60.9
	Worse	50	7.8
	Do not receive CM Å	1366	
31	Would recommend plan to others (n = 2096)		
	Yes	1609	76.8
	No	487	23.2

@Multiple responses

⊕ This response category is only presented here and excluded from other analyses

Summary of Satisfaction Ratings

With the exception of mobility devices, transportation to appointments, home care services, and other types of services, at least 80% respondents rated their satisfaction with care since joining the plan better or about the same (see Table 12). Care from personal doctor and case management were rated over 90%.

Table 12. Summary Table

Comparison of care since joining plan: Better/Same now		N	%
2	Ease of getting doctor appt (n = 2127)	1864	87.6
4	Health care (n = 2155)	1892	87.8
6	Specialized services		
	Mobility devices (n = 378)	300	79.4
	Breathing devices (n = 444)	388	87.4
	Vision or hearing devices (n = 1082)	916	84.7
	Occupational therapy (n = 397)	330	83.1
	Physical therapy (n = 552)	447	81.0
	Speech therapy (n = 381)	337	88.5
	Transportation to appts. (n = 522)	334	64.0
	Home care services (n = 219)	166	75.8
	Mental health treatment (n = 514)	417	81.1
	Other types of specialized services (n = 39)	18	46.2
15	Care from doctor (n = 1773)	1676	94.5
22	Care from specialists (n = 167)	135	80.8
30	Case management (n = 642)	592	92.2

C. Factors Associated with Satisfaction of Care Pre and Post Managed Care

Multivariate analyses were conducted to identify predictors of satisfaction and barriers to care. To retain as many cases in the regressions, this analysis was performed on those survey items having a sufficient number of responses, since many items had a high percentage of missing or not applicable-type responses. Logistic regressions were performed for each of the following six selected dependent variables, which reflect satisfaction and barriers to care:

- m Comparative ease of getting a doctor's appointment since joining plan (Q2)
- m Comparison of health care with care received before joining plan (Q4)
- m Comparison of care from doctor with care received before joining plan (Q15)
- m Would recommend plan to others (Q31)
- m Had problems that prevented member from being able to follow doctor's orders (Q11)
- m Had problems seeing a specialist because of plan (Q19)

The following nine items served as independent variables in each of the regressions, reflecting demographics, health status, health care utilization, plan interventions, and changes resulting from joining the plan:

- m Gender
- m Race/ethnicity
- m Age group
- m Education
- m Rating of overall health
- m Number of times went to a doctor's office since joining plan
- m Saw a specialist since joining plan
- m Services plan offered member since joining plan including case management
- m How soon after joining did plan contact member to identify special needs
- m Whether member was able to see the same provider (based on items #13 and 14; members who stated their former doctor was not with the plan versus members who changed their doctor for other reasons or who have the same doctor)

For each of the dependent variables, three items yielded consistent significant associations (using a p value of .001) via the multivariate regressions. Note that because the regressions are based on respondents who have data on all variables, somewhat smaller sample sizes were available for analysis.

The only three significant predictors of satisfaction and barriers in all six areas of care were health status, how soon the plan contacted the member after joining, and whether they were able to see the same provider after joining their plan. Members who self-reported as having good health, members who reported they were contacted within one month of joining, and members who were able to continue seeing the same provider were more likely to be satisfied with care in managed care as compared to their counterparts (i.e., members in poor health, members who were not contacted by their

plan within the first month of joining, and members who were not able to continue seeing the same provider).

In addition, education was significantly associated with satisfaction with health care since joining plan (item #4). Members who had at least a high school diploma were less likely to report that their health care since joining the plan was better or about the same than members who had less than a high school diploma.

D. Group Comparisons

Several group comparisons using chi-square analyses were performed for selected survey items reflecting satisfaction and barriers on eight variables: age group, gender, race/ethnicity, health status, plan recommendation, type of health condition, number of health conditions, and utilization. Tables 13 through 20 display the findings. Unlike the frequency distributions in Section B, items that contained many response options were re-coded into fewer categories for chi-square analyses.

Age Group

Adults and children only differed on one barrier item. Adults were more likely than children to report problems, such as co-pay costs or transportation needs, which prevented the member from being able to follow doctor's orders.

Gender

No statistically significant differences emerged between males and females on any of the satisfaction or barrier items.

Race/ethnicity

In comparing the four race/ethnicity groups, only one difference was identified. Black and Hispanic members were more likely to report that their health care is about the same or better since joining their health plan than white members.

Health Status

Regarding health status, members who rated their health status as good or better were more likely to report that care was either better or about the same in six areas since enrolling in managed care: ease of getting an appointment at their doctor's office, receipt of health care, occupational therapy, physical therapy, transportation to health care appointments, and care received from their personal doctor. They were also less likely to report either of the two barriers to care and more likely to recommend their health plan to other family members or friends than were those who self-reported their health status as poor or fair.

Plan Recommendation

As would be expected, virtually all barrier and satisfaction indicators revealed significant differences between members who would recommend their health plan to others versus those who would not. The former group was more likely to be satisfied with overall care and less likely to identify problems with care. The one exception was other types of specialized services.

Type of Health Condition

No statistically significant differences emerged on the satisfaction items when comparing members with medical-only conditions, members with mental health-only conditions, and members with both types of conditions. Regarding barriers, members with both types of conditions were more likely to report problems that prevented the member from being able to follow doctor's orders as well as problems seeing a specialist because of their health plan than members with medical-only problems.

Additional analyses were performed to determine whether specific self-reported health conditions were related to satisfaction. Conditions with the highest prevalence among respondents (asthma, ADHD, and developmental problems among children and hypertension, diabetes, back problems, joint problems and depression among adults) were selected. Members with each of these conditions were compared to all other members on satisfaction items that compare care received since enrolling in a managed care plan with care before joining the plan.

Very few statistically significant findings were identified (*data not shown in table*). Members who had asthma were significantly more likely to report their specialized service of “oxygen, nebulizer, breathing treatment, or other breathing devices” is either better now or about the same (92.2%) compared to other members (62.5%). Members with depression were significantly less likely to report that since joining their health plan, their health care is either better or about the same (81.7%) compared to other members (88.8%).

Number of Health Conditions

Members who had at least three self-reported health conditions were more likely to report problems that prevented them from following doctor’s orders and problems seeing a specialist because of their health plan as compared to members with fewer than three self-reported health conditions. In contrast, members with fewer conditions were more likely to rate their health care and care from personal doctor as better or the same since joining their health plan.

Utilization

No statistically significant differences emerged between members who visited a doctor’s office less than 3 times since joining their health plan versus members who visited three times or more.

Table 13. Comparison of Respondents on Age Group

Survey Item		Children (n =742)	Adults (n =1547)	P value
11	Problems that prevented member from being able to follow doctor's orders	11.0%	17.6%	.0001
19 ♦	Problems seeing a specialist because of plan	22.3%	21.3%	n.s.
31	Would recommend plan to others	77.5%	76.4%	n.s.
Comparison of care since joining plan: Better/Same now				
2	Ease of getting doctor appt	89.6%	86.7%	n.s.
4	Health care	90.2%	86.7%	n.s.
6	Special services			
	Mobility devices	70.2%	81.0%	n.s.
	Breathing devices	87.0%	87.6%	n.s.
	Vision or hearing devices	84.0%	84.9%	n.s.
	Occupational therapy	88.3%	76.4%	n.s.
	Physical therapy	87.4%	77.6%	n.s.
	Speech therapy	89.7%	83.8%	n.s.
	Transportation to appts.	67.2%	62.9%	n.s.
	Home care services	78.9%	74.7%	n.s.
	Mental health treatment	79.5%	81.9%	n.s.
	Other types of services	N/A	33.3%	N/A
15	Care from doctor	96.2%	93.6%	n.s.
22	Care from specialists	80.5%	81.0%	n.s.
30	Case management	91.2%	92.6%	n.s.

Note: Bold values represent the higher value in that row.

@Multiple responses

.. Items based on skip pattern

N/A represents N < 20 for group

Table 14. Comparison of Respondents on Gender

Survey Item		Females (n =1121)	Males (n =1083)	P value
11	Problems that prevented member from being able to follow doctor's orders	17.0%	14.1%	n.s.
19 ♦	Problems seeing a specialist because of plan	24.2%	19.0%	n.s.
31	Would recommend plan to others	76.7%	76.7%	n.s.
Comparison of care since joining plan: Better/Same now				
2	Ease of getting doctor appt	86.3%	89.2%	n.s.
4	Health care	86.0%	89.3%	n.s.
6	Special services			
	Mobility devices	80.9%	76.4%	n.s.
	Breathing devices	89.1%	84.7%	n.s.
	Vision or hearing devices	85.6%	82.8%	n.s.
	Occupational therapy	82.6%	82.4%	n.s.
	Physical therapy	80.2%	81.4%	n.s.
	Speech therapy	93.5%	85.7%	n.s.
	Transportation to appts.	66.5%	60.3%	n.s.
	Home care services	78.2%	71.3%	n.s.
	Mental health treatment	82.6%	79.8%	n.s.
	Other types of services	34.8%	N/A	N/A
15	Care from doctor	93.8%	95.2%	n.s.
22	Care from specialists	78.2%	82.7%	n.s.
30	Case management	91.7%	92.2%	n.s.

Note: Bold values represent the higher value in that row.

@Multiple responses

.. Items based on skip pattern

N/A represents N < 20 for group

Table 15. Comparison of Respondents on Race/Ethnicity

Survey Item		White (n=342)	Black (n=666)	Hispanic (n=976)	Other (n=209)	P value
11	Problems that prevented member from being able to follow doctor's orders	17.0%	15.9%	14.5%	16.1%	n.s.
19 ◆	Problems seeing a specialist because of plan	27.3%	19.8%	21.0%	18.4%	n.s.
31	Would recommend plan to others	74.8%	75.9%	78.2%	76.4%	n.s.
Comparison of care since joining plan: Better/Same now						
2	Ease of getting doctor appt	84.8%	90.0%	86.1%	93.0%	n.s.
4	Health care	80.9%	90.0%	88.1%	90.7%	.0001
6	Special services					
	Mobility devices	76.7%	84.1%	76.8%	80.5%	n.s.
	Breathing devices	88.5%	85.0%	89.3%	88.0%	n.s.
	Vision or hearing devices	77.8%	86.4%	85.0%	88.4%	n.s.
	Occupational therapy	76.0%	83.0%	82.3%	96.3%	n.s.
	Physical therapy	72.9%	84.1%	81.4%	83.6%	n.s.
	Speech therapy	79.3%	85.9%	90.3%	100.0%	n.s.
	Transportation to appts.	51.6%	68.1%	66.5%	65.1%	n.s.
	Home care services	63.6%	78.1%	78.0%	72.4%	n.s.
	Mental health treatment	82.8%	79.1%	83.8%	64.3%	n.s.
	Other types of services	N/A	N/A	52.4%	N/A	N/A
15	Care from doctor	94.2%	95.8%	93.7%	95.9%	n.s.
22	Care from specialists	68.8%	96.8%	80.0%	90.9%	n.s.
30	Case management	88.6%	90.3%	93.3%	94.0%	n.s.

Note: Bold values represent the higher value in that row.

@Multiple responses

◆ Items based on skip pattern

N/A represents N < 20 for group

Table 16. Comparison of Respondents on Health Status

Survey Item		Good (n =1065)	Poor (n =1134)	P value
11	Problems that prevented member from being able to follow doctor's orders	9.8%	21.0%	.0001
19 ◆	Problems seeing a specialist because of plan	14.4%	27.5%	.0001
31	Would recommend plan to others	83.1%	70.9%	.0001
Comparison of care since joining plan: Better/Same now				
2	Ease of getting doctor appt	91.5%	84.2%	.0001
4	Health care	93.3%	82.7%	.0001
6	Special services			
	Mobility devices	84.6%	76.4%	n.s.
	Breathing devices	88.8%	85.8%	n.s.
	Vision or hearing devices	88.6%	81.5%	n.s.
	Occupational therapy	90.1%	74.3%	.0001
	Physical therapy	90.3%	73.7%	.0001
	Speech therapy	90.6%	83.6%	n.s.
	Transportation to appts.	75.9%	57.9%	.0001
	Home care services	83.1%	70.8%	n.s.
	Mental health treatment	83.6%	78.7%	n.s.
Other types of services	N/A	39.1%	N/A	
15	Care from doctor	97.1%	92.0%	.0001
22	Care from specialists	91.8%	75.9%	n.s.
30	Case management	94.8%	89.1%	n.s.

Note: Bold values represent the higher value in that row.

@Multiple responses

◆ Items based on skip pattern

N/A represents N < 20 for group

Table 17. Comparison of Respondents on Recommending Health Plan

Survey Item		Would Recommend Plan		P value
		No (n =487)	Yes (n =1609)	
11	Problems that prevented member from being able to follow doctor's orders	33.7%	9.4%	.0001
19 ◆	Problems seeing a specialist because of plan	55.6%	12.6%	.0001
31	Would recommend plan to others			
Comparison of care since joining plan: Better/Same now				
2	Ease of getting doctor appt	63.2%	95.4%	.0001
4	Health care	57.2%	97.0%	.0001
6	Special services			
	Mobility devices	56.1%	88.7%	.0001
	Breathing devices	71.4%	92.3%	.0001
	Vision or hearing devices	63.9%	91.2%	.0001
	Occupational therapy	64.2%	89.2%	.0001
	Physical therapy	57.1%	89.3%	.0001
	Speech therapy	75.0%	92.0%	.0001
	Transportation to appts.	31.1%	79.6%	.0001
	Home care services	60.6%	82.7%	.001
	Mental health treatment	63.4%	87.4%	.0001
	Other types of services	21.4%	63.6%	n.s.
15	Care from doctor	79.1%	98.8%	.0001
22	Care from specialists	46.8%	95.5%	.0001
30	Case management	69.1%	97.2%	.0001

Note: Bold values represent the higher value in that row.

@Multiple responses

◆ Items based on skip pattern

Table 18. Comparison of Respondents on Type of Health Condition

Survey Item		Medical (n=1042)	Mental (n=214)	Both (n=774)	P value
11	Problems that prevented member from being able to follow doctor's orders	13.5%	11.0%	20.2%	.0001
19 ◆	Problems seeing a specialist because of plan	17.5%	16.9%	27.6%	.0001
31	Would recommend plan to others	78.9%	76.1%	73.9%	n.s.
Comparison of care since joining plan: Better/Same now					
2	Ease of getting doctor appt	88.9%	86.2%	85.2%	n.s.
4	Health care	89.5%	86.6%	84.7%	n.s.
6	Special services				
	Mobility devices	84.1%	N/A	73.0%	n.s.
	Breathing devices	90.2%	N/A	85.7%	n.s.
	Vision or hearing devices	86.6%	84.2%	83.1%	n.s.
	Occupational therapy	78.8%	89.8%	83.6%	n.s.
	Physical therapy	82.5%	87.8%	78.8%	n.s.
	Speech therapy	87.7%	89.3%	89.2%	n.s.
	Transportation to appts.	69.7%	62.9%	59.3%	n.s.
	Home care services	83.3%	N/A	68.6%	n.s.
	Mental health treatment	78.6%	79.8%	82.9%	n.s.
	Other types of services	N/A	N/A	45.0%	N/A
15	Care from doctor	95.7%	93.3%	92.9%	n.s.
22	Care from specialists	86.4%	N/A	75.3%	n.s.
30	Case management	95.8%	88.3%	89.2%	n.s.

Note: Bold values represent the higher value in that row.

@Multiple responses

◆ Items based on skip pattern

N/A represents N < 20 for group

Table 19. Comparison of Respondents on Number of Health Conditions

Survey Item		Number of Conditions		P value
		<Three (n =935)	Three+ (n =1095)	
11	Problems that prevented member from being able to follow doctor's orders	12.6%	18.5%	.001
19 ♦	Problems seeing a specialist because of plan	15.3%	25.6%	.0001
31	Would recommend plan to others	78.0%	75.6%	n.s.
Comparison of care since joining plan: Better/Same now				
2	Ease of getting doctor appt	89.1%	85.6%	n.s.
4	Health care	90.1%	85.1%	.001
6	Special services			
	Mobility devices	83.3%	78.1%	n.s.
	Breathing devices	87.5%	87.6%	n.s.
	Vision or hearing devices	87.6%	83.6%	n.s.
	Occupational therapy	87.2%	80.6%	n.s.
	Physical therapy	86.1%	78.4%	n.s.
	Speech therapy	88.9%	89.0%	n.s.
	Transportation to appts.	64.6%	64.0%	n.s.
	Home care services	79.7%	73.8%	n.s.
	Mental health treatment	79.7%	82.8%	n.s.
	Other types of services	N/A	44.4%	N/A
15	Care from doctor	96.8%	92.3%	.0001
22	Care from specialists	83.7%	78.9%	n.s.
30	Case management	93.4%	91.6%	n.s.

Note: Bold values represent the higher value in that row.

@Multiple responses

.. Items based on skip pattern

N/A represents N < 20 for group

Table 20. Comparison of Respondents on Utilization

Survey Item		# of Times Saw Doctor		P value
		<Three (n =648)	Three+ (n =1561)	
11	Problems that prevented member from being able to follow doctor's orders	14.4%	15.6%	n.s.
19 ♦	Problems seeing a specialist because of plan	16.9%	21.8%	n.s.
31	Would recommend plan to others	73.8%	78.1%	n.s.
Comparison of care since joining plan: Better/Same now				
2	Ease of getting doctor appt	86.2%	88.1%	n.s.
4	Health care	87.8%	87.7%	n.s.
6	Special services			
	Mobility devices	76.2%	80.8%	n.s.
	Breathing devices	86.2%	88.0%	n.s.
	Vision or hearing devices	81.6%	86.1%	n.s.
	Occupational therapy	80.7%	84.3%	n.s.
	Physical therapy	81.8%	80.6%	n.s.
	Speech therapy	88.1%	88.8%	n.s.
	Transportation to appts.	61.0%	65.4%	n.s.
	Home care services	69.6%	77.4%	n.s.
	Mental health treatment	79.3%	82.7%	n.s.
	Other types of services	N/A	45.5%	N/A
15	Care from doctor	94.3%	94.6%	n.s.
22	Care from specialists	61.9%	83.3%	n.s.
30	Case management	89.4%	93.1%	n.s.

Note: Bold values represent the higher value in that row.

@Multiple responses

.. Items based on skip pattern

N/A represents N < 20 for group

E. MCO Variation

To examine variation among plans on each of the survey items, the minimum rate, maximum rate, range, and median rate performance among plans are displayed for each survey item in Table 21. The analysis was based on the 14 plans. Both children and adults were combined for the analysis. The number of cases varied for each item, but each plan survey item rate comprised at least 30 respondents. Whereas all other analyses presented in this report are based on individual members, the analyses presented in Table 21 are based on individual plans, and thus, depict plan performance.

When generating plan-specific survey results, results were risk-adjusted by health status of the member and age and education of the respondent (i.e., adult responding to the survey), similar to CAHPS methodology. Data for all three variables were obtained from the survey. Risk adjustment reduces the effects of confounding member factors that may be disproportionate across plans and that may influence a plan's rate.

Based on the range, the diversity in plan rate variation differs among the items. Items with the widest range included:

- plan offered no services to member since joining plan
- problems seeing a specialist because of plan
- member services gave help needed
- plan contacted member to identify special needs within one month

The four items above encompass a dimension reflecting plans' provision of services to their members. Five plans had the most favorable ratings on at least two of the four items: CenterCare, Fidelis, Health Plus, MetroPlus, and New York-Presbyterian.

Relatively small variation among plans was detected for:

- care from doctor since joining plan is better or about the same
- health care since joining plan is better or about the same

Table 21. MCO Variability

Survey Item		Min	Max	Range	Median
2	Getting doctor's appt since joining plan is easier or about the same	82.0%	94.6%	12.6%	87.7%
4	Health care since joining plan is better or about the same	84.6%	92.6%	8.0%	87.2%
15	Care from doctor since joining plan is better or about the same	90.0%	96.5%	6.5%	94.7%
19	Problems seeing a specialist because of plan	15.2%	36.7%	21.5%	20.8%
23	Tried to get information or help from member services since joining plan	27.1%	41.2%	14.1%	33.4%
24	Member services gave help needed	64.4%	84.8%	20.4%	75.4%
25	Plan contacted member to identify special needs within one month	32.5%	51.1%	18.6%	40.9%
26	No services offered member by plan since joining plan	45.7%	67.7%	22.0%	56.2%
31	Would recommend plan to others	68.1%	85.8%	17.7%	75.7%

Discussion

Individuals receiving SSI are among the most vulnerable in the Medicaid program and, given the seriousness of their medical conditions, they are most at risk from changes in their medical benefits. Both children and adults in our survey sample evidenced more health care needs than one would expect to see in the general Medicaid population. Conditions run the gamut from medical to mental/emotional and chronic to severely acute. Approximately 60% of children and over 80% of adults had multiple conditions and many had a combination of both medical and mental. Slightly more than half characterized their overall health as fair or poor, and about 70% visited a doctor three or more times since joining a health plan. Given the severity and complexity of these conditions, legitimate concern about an interruption or decline in care was raised when this population was mandated into managed care.

The positive news is that these concerns can be ameliorated as a result of the study findings. When surveyed, the great majority of respondents expressed satisfaction with the care they're receiving from their health plan, and most indicated that their care was at least at the same level or better than when they were in Fee For Service. In addition, 32% of respondents reported that it was easier to obtain an appointment with a doctor after enrolling in managed care. In a survey of caregivers of children receiving SSI benefits, FFS recipients were more likely to rate as fair or poor the waiting time from making an appointment to getting an appointment (28% versus 22%) and to rate as poor their access to specialists (21% versus 13%).⁴

A particularly encouraging finding is that the vast majority (88%) of respondents found it as easy or easier to get an appointment with a doctor and most rated the care received from their doctor (95%) and specialists (81%) is at least the same or better than previously. More than one in five switched doctors since enrolling in managed care and though about one-half of these switched because their doctor was not part of their plan, most were satisfied with their new doctor. However, those respondents who were able to see the same doctor after joining the health plan were significantly more likely to be satisfied with their care.

There are a few areas of concern, however. Almost one-quarter of the approximately 200 respondents who changed doctors because their former doctor was not in their new plan found it more difficult to get an appointment with their new doctor and 19% indicated their care is now worse. Though these members are in the minority and one would expect transition issues for some individuals, it is an indication that plans need to focus special attention to these members. As the survey was administered to NYC residents, all respondents would have had multiple plan choices. Physicians could

⁴ Mitchell JM, Gaskin DJ. Caregivers' ratings of access: do children with special healthcare needs fare better under fee for service or partially capitated managed care? Med care 2007; 45(2); 146-153

inform their patients about the plans in which they participate in order to ensure that the patient sees the provider of their choice.

For many of the more common conditions that members reported having (e.g., asthma, diabetes, cardiac-related), health plans have formal case management programs in place yet only 14% respondents reported receiving such services since joining a plan (which is about the same number who were case managed in Fee For Service). When limiting this analysis to the subgroup who self-reported fair or poor health or those with 3 or more conditions, as a proxy for most complex, similar findings were detected. Case management is one of the strengths of managed care, which ideally should enhance coordination of care, especially for individuals who need it the most. It is notable that members who appear to be the most complex, such as those with both medical and behavioral problems and those with three or more conditions, were significantly more likely to report difficulty in following doctors' orders and seeing specialists. These individuals, who comprised a substantial portion of the study sample, would be expected to require more care coordination as is provided by case management than members who are less complex. The low rate of reported enrollment in case management may be related to recent enrollment into health plans, and as these members become better integrated into managed care, enrollment in case management may increase. However, the low reported rate of case management, coupled with 43% of respondents reporting that they had not been contacted by the health plan to assess special needs, highlights a potential opportunity for improvement in this area. At least one managed care plan in New York state, Hudson Health Care, which serves the Westchester area, has developed a case management program for SSI recipients. In addition, in New York City, Health First is planning to pilot a case management program specifically for SSI recipients. As case management garners more interest, other plans may also be considering such programs. In any event, health plans should step up their efforts to provide the specialized care many of these individuals require.

Not surprisingly, more than one-half saw a specialist in the six-month period since joining managed care and more than one-third saw more than one specialist. Most reported specialist care to be the same or better than before joining the plan. Of the respondents to the question regarding problems seeing a specialist, 22% reported difficulty because of the plan, and the most common reasons for delay were waiting for plan approval and difficulty finding a specialist in network. Difficulty seeing specialists has been reported for both managed care and FFS Medicaid enrolled SSI recipients, but managed care enrollees have been shown to report less difficulty seeing specialists when compared to FFS enrollees.⁵ Encouragingly, when members needed help in coordinating services or making an appointment, most received help from their health plan. Health plans could review processes in place for rapid identification, outreach and needs assessment of SSI enrollees to identify any barriers to timely specialist care.

⁵ Mitchell JM, Gaskin DJ. Do children receiving supplemental security income who are enrolled in Medicaid fare better under a fee-for-service or comprehensive capitation model? *Pediatrics* 2004; 114(1): 196-204.

Most of the respondents who required a specialized service rated their ease of getting one the same or better now that they are in managed care though one area of potential concern is transportation to appointments. Thirty-six percent found it more difficult to get transportation to an appointment now that they are in a health plan. Whether members are unaware that such services exist in managed care or haven't been offered transportation when they need it should be explored. And since most (74%) neither requested help from their plan in accessing a specialized service nor got help (73%) suggests that plans need to conduct more outreach to members alerting them about the services they offer. This is reinforced by the fact that 43% indicated that their plan never contacted them to identify specialized needs. Five plans, including CenterCare, Fidelis, Health Plus, MetroPlus, and NYP performed better than others in four key areas related to health plan services. These items, which had the widest ranges, included contact of member within one month to identify special needs, offering services to members, help from member services, and problems seeing a specialist. However, no single plan scored high in all four elements, and absolute rates were low across plans.

Though members are asked to complete a health risk assessment form upon enrollment, often it is not done. Plans need to better educate members about the value of completing these forms so that their individual needs can be addressed and that access to the services they require is ensured. Better outreach at the onset of enrollment, either through risk assessment forms or other means, will also help plans identify members for case management.

Recommendations

- The NYSDOH should continue to transition members receiving SSI from FFS to managed care since the survey results appear to indicate that the perception of care is of the same or higher quality in managed care.
- The NYSDOH should encourage health plans to provide outreach above their normal efforts for their newly-enrolled SSI members to ensure that specialty care and specialized services, such as transportation to medical appointments, are made available when needed. Plans should also follow-up to ensure that health screening and other assessments are completed and members are enrolled into case management as needed.
- The NYSDOH should monitor the quality, access, and patient experience of care regularly for these members, perhaps through the biennial administration of CAHPS and through QARR.
- Providers should inform patients about the plans in which they participate to minimize the need to change providers when it is not desirable to the patient. When members need to switch doctors after joining the plan, health plans should ensure that SSI recipients are targeted for prompt contact to assist the member with identifying a new primary care provider and ensure continuity and coordination of care.

- NYSDOH and health plans could consider examining possible best practices that the better performing plans may have in place that can be adopted by other plans to improve overall care for SSI members.

ATTACHMENT 1
ADULT SURVEY

[Litho]



STATE OF NEW YORK
DEPARTMENT OF HEALTH

Health Care Satisfaction Study

Welcome to New York State Medicaid Managed Care!

A Survey Designed to Learn about the Experience of New Enrollees

Dear Health Plan Member:

The New York State Department of Health wants to know how you feel about your health care since you joined a health plan. IPRO, the company we hired to conduct this survey, is asking questions about care provided to new health plan enrollees. Please answer the questions in the enclosed survey. By learning more about how people feel about their health care, we can work to provide the best care possible.

All information you provide will be kept private. The New York State Department of Health and IPRO will not share your personal information with anyone. By filling out this survey, you will help to improve health care for people in New York. In no way will this survey affect the Medicaid benefits you receive.

We hope you use this chance to tell us about your health care. Please return the completed survey in the enclosed postage-paid envelope.

If you have any questions about this survey, please call 1-800-852-3685 extension 422, where you can speak to a representative from IPRO.

El Departamento de Salud del Estado de Nueva York está llevando a cabo una encuesta de satisfacción de los beneficiarios de Medicaid. Si prefiere recibir esta encuesta en español o completarla por teléfono, sírvase llamar gratuitamente a IPRO al 1-800-852-3685 extensión 391.

Sincerely,

Foster Gesten, M.D.
Medical Director, Office of Health Insurance Programs
New York State Department of Health

0. Office Use Only

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1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

The number at the right is only used to let us know if you returned your survey so we don't send you reminders.





5. In order to help us understand health services you need related to certain diseases, we'd like to know more about your health. Your personal information will not be shared with anyone.

Has a doctor EVER told you that you have any of the following conditions? (Check all that apply)

- ① Hypertension / high blood pressure
- ② Heart disease (like angina or heart failure)
- ③ Diabetes (high blood sugar)
- ④ Back problems
- ⑤ Joint problems (like arthritis)
- ⑥ Breathing / respiratory problems (like asthma or COPD)
- ⑦ Difficulty seeing or blindness
- ⑧ Depression
- ⑨ Drinking or other drug problems
- ⑩ Mental illness or emotional problems
- ⑪ Other medical conditions lasting more than three months

SPECIALIZED SERVICES

6. Some people need special health care services and medical equipment or devices. Since joining your health plan, how would you compare the special services or medical equipment or devices you receive with what you received before you joined your plan?

	Better now	About the same	Worse now	Do not need
a. Wheelchairs, walkers, canes or other mobility devices	①	②	③	④
b. Oxygen, nebulizer, breathing treatment or other breathing devices	①	②	③	④
c. Glasses, hearing aids or other devices for vision or hearing	①	②	③	④
d. Occupational therapy (OT)	①	②	③	④
e. Physical therapy (PT)	①	②	③	④
f. Speech therapy (ST)	①	②	③	④
g. Transportation to health care appointments	①	②	③	④
h. Home care services (health aides, visiting nurses)	①	②	③	④
i. Mental health treatment or counseling	①	②	③	④
j. Other types or services or devices: Specify	①	②	③	④

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7. Did you ask your health plan for any help in getting the special health care services and medical equipment or devices you needed?

- ① Yes ② No

8. Did your health plan help you get special services or medical equipment or devices?

- ① Yes ② No

9. Since you joined your health plan, did you get care from more than one kind of health care provider or use more than one kind of health care service?

① Yes ==> Go to question 10

② No ==> Go to question 11

10. Since you joined your health plan, did anyone from your health plan help coordinate your care among these different providers or services?

① Yes

② No, I asked for help but did not get help from the health plan

③ No, I didn't need any help from the health plan

11. Since joining your health plan, did you have problems, such as co-pay costs or transportation needs, which stopped you from being able to follow your doctor's advice or orders?

① Yes ==> Go to question 12

② No ==> Go to question 13

12. Since you joined your health plan, did anyone from your health plan help you with these problems?

- ① Yes ② No

YOUR DOCTORS

13. A personal doctor is the one you would see if you need a check-up or get sick or hurt. Have you changed your personal doctor since you joined a health plan?

① Yes ==> Go to question 14

② No, I have the same doctor I had before joining the health plan ==> Go to question 15

③ No, I did not have a doctor before joining the health plan ==> Go to question 16

14. What made you change your personal doctor since joining your health plan (check all that apply):

① My old doctor was not with the health plan

② I wanted a new doctor

③ My new doctor is closer

④ Other (specify)



15. How would you compare the care from your personal doctor since joining your health plan with the care you received from your personal doctor before you joined a health plan?

- ① My health care from my doctor is **BETTER** since joining my health plan
- ② My health care from my doctor is **ABOUT THE SAME** now as it was before I joined my health plan
- ③ My health care from my doctor is **WORSE** since joining my health plan

16. Specialists are doctors who practice in one area of health care. They could be surgeons, heart doctors, allergy doctors, skin doctors, and other doctors. Since joining your health plan, have you seen a specialist?

- ① Yes ==> Go to question 17
- ② No ==> Go to question 23

17 How many different specialists have you seen since you joined your health plan?

- ① None
- ② 1 specialist
- ③ 2 or more specialists

18. Since joining your health plan, when you needed to see a specialist, did you need help AND if so, did you get help with any of the following: (check all that apply).

		IF NEEDED HELP:				
		Did not ask for help				
		Did not get help				
		Got Help				
Yes	No	①	②	③	④	⑤
a. finding a specialist		①	②	③	④	⑤
b. making the appointment		①	②	③	④	⑤
c. getting to the specialist's office		①	②	③	④	⑤

19 Since joining your health plan, did you have any problem with a delay in seeing a specialist because of your health plan?

- ① Yes ==> Go to question 20
- ② No ==> Go to question 21

20. What caused a delay in seeing a specialist (check all that apply)?

- ① Waiting for plan approval
- ② Trouble finding a specialist in the plan's network
- ③ Finding the type of specialist needed
- ④ Long waiting times to see a specialist
- ⑤ Other (specify) _____



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21. Have you changed any specialist(s) since you joined your health plan?

- ① Yes ==> Go to question 22
- ② No, I have the same specialist(s) I had before I joined the health plan ==> Go to question 23
- ③ No, I did not have a specialist(s) before joining the health plan ==> Go to question 23

22. How would you compare the care from specialists since joining your health plan with the care you received from specialists before you joined your health plan?

- ① My health care from specialists is BETTER since joining my health plan
- ② My health care from specialists is ABOUT THE SAME now as it was before I joined my health plan
- ③ My health care from specialists is WORSE since joining my health plan

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

23. Since joining your health plan, did you try to get information or help from member services at your health plan?

- ① Yes ==> Go to question 24
- ② No ==> Go to question 25

24. Did member services at your health plan usually give you the information or help you needed?

- ① Yes
- ② No

25. How soon after joining your health plan did your health plan contact you to see whether you had any special health care needs?

- ① Within one week
- ② One week to one month
- ③ Over one month to three months
- ④ Over three months to six months
- ⑤ My health plan has not contacted me since I joined the health plan

26. Since you joined your health plan, what services did your health plan offer you (check all that apply)?

- ① Case Management
- ② Transportation/Special accommodation
- ③ Education materials
- ④ Help with appointments
- ⑤ Reminders about getting services
- ⑥ Other (Specify) _____
- ⑦ None



Case management provides help coordinating care and getting needed services for people with complex health care issues. It involves a specific plan put together by the person and the case manager.

27. Since you joined your health plan, have you received case management services from the health plan?

- ① Yes
- ② No

28. Were you receiving case management services before joining your health plan?

- ① Yes
- ② No

29. Since joining your health plan, what organizations have provided you with case management services? (check all that apply)

- ① Health plan
- ② Hospital
- ③ Community provider
- ④ Mental health provider
- ⑤ Other (specify) _____
- ⑥ I do not receive case management

30. How would you compare the case management services you received since joining your health plan with the case management services you received before you joined your health plan?

- ① My case management services are BETTER since joining my health plan
- ② My case management services are ABOUT THE SAME now as they were before I joined my health plan
- ③ My case management services are WORSE since joining my health plan
- ④ I do not receive case management

31. Would you recommend your health plan to other family members or friends?

- ① Yes
- ② No

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[Litho]



ABOUT YOU

32. In general, how would you rate your overall health?

- ① Very Good ③ Fair
- ② Good ④ Poor

33. Are you male or female?

- ① Male ② Female

34. Are you of Hispanic or Latino origin or descent?

- ① Yes, Hispanic or Latino
- ② No, not Hispanic or Latino

35. What is your race (check all that apply)?

- ① White
- ② Black or African-American
- ③ Asian
- ④ Native Hawaiian or other Pacific islander
- ⑤ American Indian or Alaska Native
- ⑥ Other (specify) _____

36. What is your age?

- ① Under 18 ③ 45 to 64
- ② 18 to 44 ④ 65 or older

37. What is the highest grade or level of school that you have completed?

- ① Less than high school
- ② High school graduate or GED
- ③ Some college
- ④ College degree

Thank you for taking the time to fill out this survey.



ATTACHMENT 2
CHILD SURVEY

[Litho]



Health Care Satisfaction Study
Welcome to New York State Medicaid Managed Care!
A Survey Designed to Learn about the Experience of New Enrollees

Dear Health Plan Member:

The New York State Department of Health wants to know how you feel about your child's health care since your child joined a health plan. IPRO, the company we hired to conduct this survey, is asking questions about care provided to new health plan enrollees. Please answer the questions in the enclosed survey as they relate to your child whose name appears above, and not for any other children you may have. By learning more about how people feel about their health care, we can work to provide the best care possible.

All information you provide will be kept private. The New York State Department of Health and IPRO will not share your child's personal information with anyone. By filling out this survey, you will help to improve health care for people in New York. In no way will this survey affect the Medicaid benefits your child receives.

We hope you use this chance to tell us about your child's health care. Please return the completed survey in the enclosed postage-paid envelope.

If you have any questions about this survey, please call 1-800-852-3685 extension 422, where you can speak to a representative from IPRO.

El Departamento de Salud del Estado de Nueva York está llevando a cabo una encuesta de satisfacción de los beneficiarios de Medicaid. Si prefiere recibir esta encuesta en español o completarla por teléfono, sírvase llamar gratuitamente a IPRO al 1-800-852-3685 extensión 391.

Sincerely,

[Handwritten signature]

Foster Gesten, M.D.
Medical Director, Office of Health Insurance Programs
New York State Department of Health

0. Office Use Only

Grid for office use only containing a 4x4 grid of boxes and a 10x4 grid of numbered circles (0-9).

The number at the right is only used to let us know if you returned your survey so we don't send you reminders.



5. In order to help us understand health services your child needs, we'd like to know more about your child's health. Your child's personal information will not be shared with anyone.

Has a doctor EVER told you that your child has any of the following conditions? (Check all that apply)

- ① Asthma
- ② Seizures or epilepsy
- ③ Difficulty hearing or deafness
- ④ Difficulty seeing or blindness
- ⑤ Problems moving around, walking, or using hands
- ⑥ Attention deficit disorder (ADD, ADHD)
- ⑦ Developmental delay or problems with behavior, speech or learning
- ⑧ Problems with nutrition, swallowing, digesting food or metabolism
- ⑨ Emotional problems or mental illness, depression, autism
- ⑩ Skin problems (like eczema)
- ⑪ Other medical conditions lasting more than three months

SPECIALIZED SERVICES

6. Some children need special health care services and medical equipment or devices. Since joining your child's health plan, how would you compare the special services or medical equipment or devices your child receives with what he or she received before joining the plan?

	Better now	About the same	Worse now	Do not need
a. Wheelchairs, walkers, canes or other mobility devices	①	②	③	④
b. Oxygen, nebulizer, breathing treatment or other breathing devices	①	②	③	④
c. Glasses, hearing aids or other devices for vision or hearing	①	②	③	④
d. Occupational therapy (OT)	①	②	③	④
e. Physical therapy (PT)	①	②	③	④
f. Speech therapy (ST)	①	②	③	④
g. Transportation to health care appointments	①	②	③	④
h. Home care services (health aides, visiting nurses)	①	②	③	④
i. Mental health treatment or counseling	①	②	③	④
j. Other types or services or devices: (specify)	①	②	③	④

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7. Did you ask your child's health plan for any help in getting the special health care services and medical equipment or devices he or she needed?

- ① Yes
- ② No

8. Did your child's health plan help your child get special services or medical equipment or devices?

- ① Yes
- ② No

9. Since your child joined his or her health plan, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- ① Yes ====> Go to question 10
- ② No ====> Go to question 11

10. Since your child joined his or her health plan, did anyone from your child's health plan help coordinate his or her care among these different providers or services?

- ① Yes
- ② No, we asked for help but did not get help from the health plan
- ③ No, we didn't need any help from the health plan

11. Since joining your child's health plan, did you have problems, such as co-pay costs or transportation needs, which stopped your child from being able to follow doctor's advice or orders?

- ① Yes ====> Go to question 12
- ② No ====> Go to question 13

12. Since your child joined the health plan, did anyone from the health plan help with these problems?

- ① Yes
- ② No

YOUR CHILD'S DOCTORS

13. A personal doctor is the one your child would see if he or she needs a check-up or gets sick or hurt. Have you changed your child's personal doctor since he or she joined the health plan?

- ① Yes ====> Go to question 14
- ② No, my child has the same doctor he or she had before joining the health plan
====> Go to question 15
- ③ No, my child did not have a doctor before joining the health plan ====> Go to question 16

14. What made you change your child's personal doctor since joining the health plan (check all that apply):

- ① My child's old doctor was not with the health plan
- ② I wanted a new doctor for my child
- ③ My child's new doctor is closer
- ④ Other (specify)



15. How would you compare the care from your child's personal doctor since joining the health plan with the care your child received from his or her personal doctor before joining the health plan?

- ① My child's health care from his or her doctor is BETTER since joining the health plan
- ② My child's health care from his or her doctor is ABOUT THE SAME now as it was before he or she joined the health plan
- ③ My child's health care from his or her doctor is WORSE since joining the health plan

16. Specialists are doctors who practice in one area of health care. They could be surgeons, heart doctors, allergy doctors, skin doctors, and other doctors. Since joining your child's health plan, has your child seen a specialist?

- ① Yes ===> Go to question 17
- ② No ===> Go to question 23

17 How many different specialists has your child seen since he or she joined the health plan?

- ① None
- ② 1 specialist
- ③ 2 or more specialists

18. Since joining the health plan, when your child needed to see a specialist, did you need help AND if so, did you get help with any of the following: (check all that apply).

		IF NEEDED HELP:				
		Did not ask for help				
		Did not get help				
		Got Help				
Yes	No	①	②	③	④	⑤
		a. finding a specialist				
b. making the appointment						
c. getting to the specialist's office						

19 Since joining your child's health plan, did he or she have any problem with a delay in seeing a specialist because of the health plan?

- ① Yes ===> Go to question 20
- ② No ===> Go to question 21

20. What caused a delay in seeing a specialist (check all that apply)?

- ① Waiting for plan approval
- ② Trouble finding a specialist in the plan's network
- ③ Finding the type of specialist needed
- ④ Long waiting times to see a specialist
- ⑤ Other (specify)

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21. Have you changed any specialist(s) for your child since he or she joined the health plan?

- ① Yes ==> Go to question 22
- ② No, my child has the same specialist(s) he or she had before joining the health plan ==> Go to question 23
- ③ No, my child did not have a specialist(s) before joining the health plan ==> Go to question 23

22. How would you compare your child's care from specialists since joining his or her health plan with the care he or she received from specialists before joining the health plan?

- ① My child's health care from specialists is BETTER since joining the health plan
- ② My child's health care from specialists is ABOUT THE SAME now as it was before joining the health plan
- ③ My child's health care from specialists is WORSE since joining the health plan

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

23. Since joining your child's health plan, did you try to get information or help for your child from member services at the health plan?

- ① Yes ==> Go to question 24
- ② No ==> Go to question 25

24. Did member services at the health plan usually give you the information or help you needed for your child?

- ① Yes
- ② No

25. How soon after joining your child's health plan did the health plan contact you to see whether your child had any special health care needs?

- ① Within one week
- ② One week to one month
- ③ Over one month to three months
- ④ Over three months to six months
- ⑤ My child's health plan has not contacted me since he or she joined the health plan

26. Since your child joined the health plan, what services did the health plan offer your child (check all that apply)?

- ① Case Management
- ② Transportation/Special accommodation
- ③ Education materials
- ④ Help with appointments
- ⑤ Reminders about getting services
- ⑥ Other (specify)

- ⑦ None

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ABOUT YOUR CHILD

32. In general, how would you rate your child's overall health?

- ① Very Good ③ Fair
- ② Good ④ Poor

33. Is your child male or female?

- ① Male ② Female

34. Is your child of Hispanic or Latino origin or descent?

- ① Yes, Hispanic or Latino
- ② No, not Hispanic or Latino

35. What is your child's race (check all that apply)?

- ① White
- ② Black or African-American
- ③ Asian
- ④ Native Hawaiian or other Pacific islander
- ⑤ American Indian or Alaska Native
- ⑥ Other (specify) _____

ANSWER THE NEXT QUESTIONS ABOUT YOU -- AS THE PERSON FILLING OUT THE SURVEY

36. What is YOUR age?

- ① Under 18 ③ 45 to 64
- ② 18 to 44 ④ 65 or older

37. What is the highest grade or level of school that you have completed?

- ① Less than high school
- ② High school graduate or GED
- ③ Some college
- ④ College degree

Thank you for taking the time to fill out this survey.



ATTACHMENT 3
RESULTS BY AGE GROUP

Frequency Distributions

Table 1. Background Characteristics of Respondents

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
32	Overall health status						
	Very good	170	23.8	140	9.4	310	14.1
	Good	332	46.4	423	28.5	755	34.3
	Fair	180	25.2	607	40.9	787	35.8
	Poor	33	4.6	314	21.2	347	15.8
33	Gender						
	Male	482	67.6	601	40.3	1083	49.1
	Female	231	32.4	890	59.7	1121	50.9
34	Hispanic/Latino						
	Yes	337	49.3	639	45.1	976	46.5
	No	347	50.7	777	54.9	1124	53.5
35 @	Race						
	White	115	23.7	429	41.4	544	35.7
	Black or African American	351	72.2	435	42.0	786	51.6
	Asian	18	3.7	168	16.2	186	12.2
	Native Hawaiian or Other Pacific Islander	0	0.0	14	1.4	14	0.9
	American Indian or Alaska Native	9	1.9	22	2.1	31	2.0
	Other	4	0.8	10	1.0	14	0.9
36	Age						
	Under 18	158	22.0	5	0.3	163	7.3
	18 – 44	351	48.8	315	20.9	666	29.9
	45 – 64	179	24.9	831	55.2	1010	45.4
	65 or older	31	4.3	355	23.6	386	17.3
37	Education						
	Less than high school	216	31.3	714	49.2	930	43.4
	HS diploma	253	36.6	458	31.6	711	33.2
	Some college	142	20.5	158	10.9	300	14.0
	College degree	80	11.6	120	8.3	200	9.3

@Multiple responses

Table 2. Health Care

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
1	Number times went to doctor						
	None	39	5.5	118	7.8	157	7.1
	1 or 2	210	29.8	281	18.7	491	22.2
	3 or more	456	64.7	1105	73.5	1561	70.7
2	Comparative ease of getting doctor's appt since joining plan						
	Easier	182	25.9	491	32.9	673	30.7
	About the same	437	62.1	754	50.6	1191	54.3
	Harder	72	10.2	191	12.8	263	12.0
	Did not need Å	13	1.8	55	3.7	68	3.1
3a @ ♦	Finding a doctor -- need for help						
	Yes	143	27.6	403	38.2	546	34.7
	No	376	72.4	651	61.8	1027	65.3
	If needed help						
	Got help	37	62.7	124	70.9	161	68.8
	Did not get help	13	22.0	33	18.9	46	19.7
	Did not ask for help Å	12	20.3	18	10.3	30	12.8
3b @ ♦	Making appt -- need for help						
	Yes	134	27.6	340	34.5	474	32.2
	No	351	72.4	645	65.5	996	67.8
	If needed help						
	Got help	31	62.0	90	70.9	121	68.4
	Did not get help	10	20.0	31	24.4	41	23.2
	Did not ask for help Å	10	20.0	7	5.5	17	9.6

@Multiple responses

♦ Items based on skip pattern

⊕ This response category is only presented here and excluded from other analyses

(Continued on next page)

Table 2. Health Care (continued from previous page)

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
3c @ ♦	Getting to doctor -- need for help						
	Yes	90	19.1	302	31.6	392	27.5
	No	381	80.9	655	68.4	1036	72.5
	If needed help						
	Got help	13	46.4	81	63.8	94	60.6
	Did not get help	7	25.0	28	22.0	35	22.6
	Did not ask for help Å	8	28.6	19	15.0	27	17.4
4	Comparison of health care with care received before joining plan						
	Better	155	22.7	448	30.4	603	28.0
	About the same	460	67.4	829	56.3	1289	59.8
	Worse	67	9.8	196	13.3	263	12.2

@Multiple responses

.. Items based on skip pattern

⊕ This response category is only presented here and excluded from other analyses

Table 3. Health Conditions

Child Health Conditions (n = 742)		n	%	Adult Health Conditions (n = 1547)		n	%
5 @	Asthma	246	39.1	Hypertension / HBP	831	59.3	
	Seizures or epilepsy	36	5.7	Heart disease	270	19.3	
	Difficulty hearing or deafness	60	9.5	Diabetes	427	30.5	
	Difficulty seeing or blindness	73	11.6	Back problems	566	40.4	
	Problems moving around, walking, or using hands	72	11.4	Joint problems	707	50.5	
	ADD, ADHD	153	24.3	Breathing problems (like asthma or COPD)	411	29.3	
	Developmental delay or problems with behavior, speech, or learning	356	56.6	Difficulty seeing or blindness	354	25.3	
	Problems with nutrition, swallowing, digestion, or metabolism	39	6.2	Depression	448	32.0	
	Emotional problems or mental illness, depression, autism	129	20.5	Drinking or other drug problems	43	3.1	
	Skin problems	113	18.0	Mental illness or emotional problems	295	21.1	
	Other medical conditions lasting more than 3 months	124	19.7	Other medical conditions lasting more than 3 months	480	34.3	

@Multiple responses

Table 4. Specialized Services

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
6	Comparison of specialized services with services before joining plan						
	Mobility devices						
	m Better now	9	1.6	99	8.5	108	6.3
	m About the same	31	5.6	161	13.9	192	11.2
	m Worse now	17	3.1	61	5.3	78	4.6
	m Do not need Å	494	89.7	839	72.3	1333	77.9
	Breathing devices						
	m Better now	49	8.6	87	7.8	136	8.0
	m About the same	112	19.6	140	12.5	252	14.9
	m Worse now	24	4.2	32	2.9	56	3.3
	m Do not need Å	386	67.6	861	76.9	1247	73.7
	Vision or hearing devices						
	m Better now	60	10.4	246	20.1	306	17.0
	m About the same	144	24.9	466	38.0	610	33.8
	m Worse now	39	6.7	127	10.4	166	9.2
	m Do not need Å	336	58.0	387	31.6	723	40.1
	Occupational therapy						
	m Better now	54	9.7	57	5.4	111	6.9
	m About the same	143	25.7	76	7.2	219	13.5
	m Worse now	26	4.7	41	3.9	67	4.1
	m Do not need Å	334	60.0	888	83.6	1222	75.5
	Physical therapy						
	m Better now	50	9.1	114	10.1	164	9.8
	m About the same	116	21.1	167	14.8	283	16.9
	m Worse now	24	4.4	81	7.2	105	6.3
	m Do not need Å	359	65.4	767	67.9	1126	67.1
	Speech therapy						
	m Better now	82	14.2	30	2.9	112	7.0
	m About the same	188	32.6	37	3.6	225	14.0
	m Worse now	31	5.4	13	1.3	44	2.7
	m Do not need Å	276	47.8	950	92.2	1226	76.3

⊕ This response category is only presented here and excluded from other analyses

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Table 4. Specialized Services (continued from previous page)

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
6	Transportation to appts.						
	m Better now	23	4.2	95	8.4	118	7.0
	m About the same	69	12.6	147	13.0	216	12.9
	m Worse now	45	8.2	143	12.7	188	11.2
	m Do not need Å	412	75.0	742	65.8	1154	68.9
	Home care services						
	m Better now	11	2.0	45	4.1	56	3.4
	m About the same	34	6.3	76	7.0	110	6.8
	m Worse now	12	2.2	41	3.8	53	3.3
	m Do not need Å	484	89.5	923	85.1	1407	86.5
	Mental health treatment						
	m Better now	330	5.9	92	8.3	125	7.4
	m About the same	99	17.6	193	17.3	292	17.4
	m Worse now	34	6.0	63	5.7	97	5.8
	m Do not need Å	398	70.6	766	68.8	1164	69.4
	Other types of services						
	m Better now	5	29.4	4	16.7	9	22.0
m About the same	5	29.4	4	16.7	9	22.0	
m Worse now	5	29.4	16	66.7	21	51.2	
m Do not need Å	2	11.8	0	0.0	2	4.9	
7	Request for help from plan in getting special services						
	Yes	186	25.9	386	26.1	572	26.0
	No	533	74.1	1092	73.9	1625	74.0
8	Plan helped member get special services						
	Yes	201	28.6	370	25.7	571	26.7
	No	502	71.4	1067	74.3	1569	73.3
11	Problems that prevented member from being able to follow doctor's orders						
	Yes	72	11.0	234	17.6	306	15.4
	No	580	89.0	1098	82.4	1678	84.6
12 ♦	Plan helped with problems since joining plan						
	Yes	15	21.1	48	21.4	63	21.4
	No	56	78.9	176	78.6	232	78.6

** Items based on skip pattern

⊕ This response category is only presented here and excluded from other analyses

Table 5. Doctors

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
13	Changed doctor since joining plan						
	Yes	147	21.6	309	22.5	456	22.2
	No, have same doctor	505	74.2	915	66.5	1420	69.1
	No, did not have a doctor before joining plan	29	4.3	151	11.0	180	8.8
14 @ ◆	Reason changed doctor since joining plan						
	Old doctor was not with the health plan	53	40.5	154	53.3	207	49.3
	Wanted a new doctor	27	20.6	64	22.1	91	21.7
	New doctor is closer	41	31.3	65	22.5	106	25.2
	Other	17	13.0	29	10.0	46	11.0
15 ◆	Comparison of care from doctor with care received before joining plan						
	Better	130	21.3	284	24.4	414	23.4
	About the same	458	75.0	804	69.2	1262	71.2
	Worse	23	3.8	74	6.4	97	5.5

@Multiple responses

◆ Items based on skip pattern

Table 6. Specialists

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
9	Receipt of care from more than one kind of health provider or used more than one kind of service						
	Yes	218	34.0	491	38.0	709	36.7
	No	423	66.0	801	62.0	1224	63.3
10 ♦	Plan helped with care coordination among different providers/services						
	Yes	94	45.2	212	45.1	306	45.1
	No, asked for help but did not get help	32	15.4	75	16.0	107	15.8
	No, did not need help Å	82	39.4	183	38.9	265	39.1
16	Saw a specialist since joining plan						
	Yes	293	45.3	736	54.3	1029	51.4
	No	354	54.7	619	45.7	973	48.6
17 ♦	Number of specialists seen since joining plan						
	1	133	47.3	278	38.5	411	41.0
	2+	148	52.7	444	61.5	592	59.0
18a @ ♦	Finding a specialist -- need for help						
	Yes	82	42.3	228	48.6	310	46.8
	No	112	57.7	241	51.4	353	53.2
	If needed help						
	Got help	22	68.8	70	68.0	92	68.1
	Did not get help	8	25.0	17	16.5	25	18.5
	Did not ask for help Å	2	6.3	17	16.5	19	14.1

@Multiple responses

♦ Items based on skip pattern

⊕ This response category is only presented here and excluded from other analyses

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Table 6. Specialists (continued from previous page)

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
18b @ ◆	Making appt -- need for help						
	Yes	71	38.2	215	46.9	286	44.4
	No	115	61.8	243	53.1	358	55.6
	If needed help						
	Got help	17	73.9	63	69.2	80	70.2
	Did not get help	4	17.4	14	15.4	18	15.8
	Did not ask for help Å	2	8.7	15	16.5	17	14.9
18c @ ◆	Getting to specialist -- need for help						
	Yes	46	25.8	158	37.2	204	33.8
	No	132	74.2	267	62.8	399	66.2
	If needed help						
	Got help	10	55.6	40	56.3	50	56.2
	Did not get help	4	22.2	16	22.5	20	22.5
	Did not ask for help Å	4	22.2	15	21.1	19	21.3
19 ◆	Problems seeing a specialist because of plan						
	Yes	64	22.3	151	21.3	215	21.6
	No	223	77.7	557	78.7	780	78.4
20 @ ◆	Reasons for the delay in seeing a specialist						
	Waiting for plan approval	30	48.4	70	47.9	100	48.1
	Trouble finding specialist in plan network	32	51.6	65	44.5	97	46.6
	Finding the type of specialist needed	5	8.1	26	17.8	31	14.9
	Long waiting times to see a specialist	19	30.6	52	35.6	71	34.1
	Other	3	4.8	15	10.3	18	8.7

@Multiple responses

.. Items based on skip pattern

⊕ This response category is only presented here and excluded from other analyses

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Table 6. Specialists (continued from previous page)

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
21 ♦	Change of any specialist since joining plan						
	Yes	41	14.8	128	18.6	169	17.5
	No, have same specialist	212	76.5	436	63.3	648	67.1
	No, did not have specialist before joining plan	24	8.7	125	18.1	149	15.4
22 ♦	Comparison of care from specialists with care received before joining plan						
	Better	14	34.1	44	34.9	58	34.7
	About the same	19	46.3	58	46.0	77	46.1
	Worse	8	19.5	24	19.0	32	19.2

** Items based on skip pattern

Table 7. Health Plan

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
23	Tried to get information or help from member services since joining plan						
	Yes	187	28.7	501	36.5	688	34.0
	No	464	71.3	871	63.5	1335	66.0
24 ◆	Member services gave help needed						
	Yes	134	72.4	371	76.0	505	75.0
	No	51	27.6	117	24.0	168	25.0
25	Time frame plan contacted member to identify special needs						
	Within one week	112	16.6	231	16.3	343	16.4
	One week to one month	141	21.0	379	26.8	520	24.9
	Over one month to three months	64	9.5	167	11.8	231	11.1
	Over three months to six months	36	5.3	57	4.0	93	4.5
	Plan did not contact member	320	47.5	582	41.1	902	43.2
26 @	Types of services plan offered member since joining plan						
	Case management	50	7.4	129	9.2	179	8.7
	Transportation / Special accommodation	46	6.8	165	11.8	211	10.2
	Education materials	64	9.5	203	14.5	267	12.9
	Help with appointments	93	13.8	293	21.0	386	18.7
	Reminders about getting services	114	17.0	290	20.8	404	19.5
	Other	5	0.7	26	1.9	31	1.5
	None	430	64.0	740	53.0	1170	56.6
27	Receipt of CM since joining plan						
	Yes	77	11.2	214	14.9	291	13.7
	No	609	88.8	1227	85.1	1836	86.3

@Multiple responses

◆ Items based on skip pattern

(Continued on next page)

Table 7. Health Plan (continued from previous page)

Survey Item		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
28	Receipt of CM before joining plan						
	Yes	97	14.2	175	12.5	272	13.1
	No	585	85.8	1224	87.5	1809	86.9
29 @	Organizations that provided member with CM services since joining plan						
	Health plan	78	12.1	204	15.1	282	14.1
	Hospital	94	14.6	217	16.1	311	15.6
	Community provider	45	7.0	83	6.1	128	6.4
	Mental health provider	43	6.7	92	6.8	135	6.8
	Other	2	0.3	3	0.2	5	0.3
	Do not receive CM Å	460	71.2	915	67.8	1375	68.9
30	Comparison of CM with CM received before joining plan						
	Better	43	6.6	158	11.7	201	10.0
	About the same	123	18.8	268	19.8	391	19.5
	Worse	16	2.5	34	2.5	50	2.5
	Do not receive CM Å	471	72.1	895	66.1	1366	68.0
31	Would recommend plan to others						
	Yes	525	77.5	1084	76.4	1609	76.8
	No	152	22.5	335	23.6	487	23.2

@Multiple responses

⊕ This response category is only presented here and excluded from other analyses

Table 8. Summary Table

Comparison of care since joining plan: Better/Same now		Children (n =742)		Adults (n =1547)		Total (n = 2289)	
		n	%	n	%	n	%
2	Ease of getting doctor appt	619	89.6	1245	86.7	1864	87.6
4	Health care	615	90.2	1277	86.7	1892	87.8
6	Specialized services						
	Mobility devices	40	70.2	260	81.0	300	79.4
	Breathing devices	161	87.0	227	87.6	388	87.4
	Vision or hearing devices	204	84.0	712	84.9	916	84.7
	Occupational therapy	197	88.3	133	76.4	330	83.1
	Physical therapy	166	87.4	281	77.6	447	81.0
	Speech therapy	270	89.7	67	83.8	337	88.5
	Transportation to appts.	92	67.2	242	62.9	334	64.0
	Home care services	45	78.9	121	74.7	166	75.8
	Mental health treatment	132	79.5	285	81.9	417	81.1
	Other types of services	10	66.7	8	33.3	18	46.2
15	Care from doctor	588	96.2	1088	93.6	1676	94.5
22	Care from specialists	33	80.5	102	81.0	135	80.8
30	Case management	166	91.2	426	92.6	592	92.2