



Institute for Child Health Policy at the University of Florida
Texas External Quality Review Organization

The Texas STAR+PLUS Program Adult Member Survey Addendum

Contract Year 2012

Measurement Period:

June 2009 through March 2011

**The Institute for Child Health Policy
University of Florida**

**The External Quality Review Organization
for Texas Medicaid Managed Care and CHIP**

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Executive Summary

The Institute for Child Health Policy (ICHP) – the External Quality Review Organization (EQRO) for Texas Medicaid Managed Care – conducts annual surveys with members in the STAR+PLUS Program to assess member experiences and satisfaction with the health services they receive through STAR+PLUS managed care organizations (MCOs).

In prior years, surveys have been conducted exclusively with members 18 to 64 years old who were enrolled only in Medicaid. More recently, these surveys have included members who were both Medicaid-only and dual-eligible (eligible for both Medicaid and Medicare).

- In state fiscal year (SFY) 2010, ICHP conducted a member survey with 1,187 STAR+PLUS members, most of whom were dual-eligible for the entire enrollment period, and a small minority of whom (five percent) were dual-eligible for part of the enrollment period (“partial” eligibility).
- The following year (SFY 2011), ICHP conducted a survey with 2,936 STAR+PLUS members who were Medicaid-only during the entire enrollment period, and 254 members who were dual-eligible for the entire enrollment period.

This addendum report combines data from the SFY 2010 and 2011 STAR+PLUS Member Surveys, allowing for a more complete picture of the quality of care delivered to members in this vulnerable population. The purpose of this addendum is to compare STAR+PLUS Medicaid-only members with dual-eligible members with regard to demographic characteristics, health status, and survey measures of health care experiences and satisfaction. In addition, this addendum provides information about the demographics, health status, and health care satisfaction among STAR+PLUS members who had “partial” dual-eligibility.

Summary of Findings

Member demographics

- The majority of survey respondents were female, among both Medicaid-only members (64 percent) and dual-eligible members (68 percent).
- The mean age in both groups was 50 years old.
- Among Medicaid-only members, Hispanics were the largest racial/ethnic group (38 percent). Among dual-eligible members, Black, non-Hispanic members were the largest racial/ethnic group (35 percent).
- The majority of Medicaid-only members had not attained a high school diploma (75 percent), compared with more than half of dual-eligible members (56 percent).
- Members in both groups were more likely to be single than married. Thirty-six percent of Medicaid-only members and 43 percent of dual-eligible members were single.
- About one-third of members in both groups reported that they lived alone at the time of the survey.

Health status

- Overall health status in both groups was low, with about two-thirds of members rating their overall health as “fair” or “poor”.
- About half of members in both groups rated their mental health as “fair” or “poor”.
- About half of members in both groups were classified as obese.

Activities of daily living

- Two-thirds to three-quarters of members in both groups reported they had a physical or mental condition interferes with their independence.
- About half of members in both groups reported they needed help with routine needs. Dual-eligibles were more likely than Medicaid-only members to have routine needs in the Evercare and Molina MCOs.
- One-quarter to one-third of members in both groups reported they needed help with personal care needs. Dual-eligibles were more likely than Medicaid-only members to have personal care needs in the Evercare and Molina MCOs.

Access and timeliness – HHSC Dashboard Indicators

- In all four STAR+PLUS MCOs, dual-eligible members had better access to urgent care, routine care, and special therapies than Medicaid-only members.
- *Access to routine care* for Medicaid-only members in all four MCOs was below the HHSC Dashboard standard of 78 percent for this measure. In particular, rates of good access to routine care for Medicaid-only members in Evercare (72 percent) and Superior (71 percent) were significantly lower than rates for dual-eligibles.
- *Timeliness of health plan approval* for services for members in both groups was below the HHSC Dashboard standard of 57 percent, for all four MCOs. Rates for this indicator were significantly lower among Medicaid-only members than among dual-eligibles in AMERIGROUP (36 percent), Evercare (43 percent), and Molina (36 percent).
- Compared to dual-eligibles, Medicaid-only members in AMERIGROUP had significantly lower *access to special therapies* (43 percent), which was also lower than the HHSC Dashboard standard for this measure (47 percent).
- In Evercare, *good access to service coordination* was lower among dual-eligible members (51 percent) than among Medicaid-only members (64 percent).

Access and timeliness – CAHPS® Composite Scores

- The percent of members with good scores on CAHPS® *Getting Needed Care* ranged from 59 percent to 66 percent among Medicaid-only members, and 67 percent to 74 percent among dual-eligibles. Dual-eligibles tended to have higher scores, particularly in the Molina and Superior MCOs.

- The percent of members with good scores on CAHPS® *Getting Care Quickly* ranged from 72 percent to 77 percent among Medicaid-only members, and 78 percent to 82 percent among dual-eligibles. Dual-eligibles had higher scores, particularly in Evercare.
- The percent of members with good scores on CAHPS® *How Well Doctors Communicate* ranged from 83 percent to 89 percent. Few differences were observed between Medicaid-only members and dual-eligibles on this measure.
- The percent of members with good scores on CAHPS® *Health Plan Information and Customer Service* was about 72 percent to 73 percent for both groups, with the exception of lower scores among dual-eligibles in Molina (67 percent), and higher scores among dual-eligibles in Superior (78 percent).

Member satisfaction – CAHPS® Ratings

- About half of members in both groups rated their overall health care a “9” or “10”. In AMERIGROUP, ratings were slightly higher among dual-eligible members (55 percent) than Medicaid-only members (48 percent).
- Two-thirds to three-quarters of members in both groups rated their personal doctor a “9” or “10”. Dual-eligibles tended to rate their personal doctors more highly, with significantly better ratings in AMERIGROUP and Evercare.
- About two-thirds of members in both groups rated their specialist a “9” or “10”. Specialist ratings were slightly higher among dual-eligibles than Medicaid-only members.
- About half of members in both groups rated their health plan a “9” or “10”. The highest ratings were observed in Superior, for both Medicaid-only members (58 percent) and dual-eligibles (54 percent).

Service Coordination

- In all four MCOs, about one-fifth to one-quarter of members in both groups said they had a service coordinator.
- Rates of contact by service coordinators differed according to the member’s MCO. In AMERIGROUP, 58 percent of Medicaid-only members reported having been contacted by a service coordinator in the past six months, compared to 48 percent of dual-eligibles. In Evercare, 66 percent of Medicaid-only members and 74 percent of dual-eligibles reported they were contacted by a service coordinator.

Partial dual-eligibility

- Overall, results for members with partial dual-eligibility reflected those observed in the Medicaid-only and dual-eligible groups. A lower percentage of partial duals were White, non-Hispanic. Partial duals also had lower mental health status, with only 18 percent rating their mental health as “excellent” or “very good” (compared to 27 percent of members in the other two groups). Partial duals also had lower ratings than members in the other two groups for personal doctor (58 percent) and specialist (52 percent).

Introduction

The STAR+PLUS Program is a Texas Medicaid Managed Care program designed to integrate the delivery of acute and long-term services and supports for low-income aged and disabled enrollees.¹ Members in STAR+PLUS receive acute primary and specialist care, long-term services such as attendant care and adult day health care, and service coordination to address complex medical conditions. Studies have found that low-income aged and disabled Medicaid enrollees experience barriers to health care access and report low satisfaction with health care services.^{2,3,4} The assessment of health care satisfaction in this population is therefore an essential component for evaluating the quality of care these members receive through managed care organizations (MCOs).

This report addendum combines findings from the Texas STAR+PLUS Adult Member Surveys conducted in state fiscal years (SFY) 2010 and 2011 by the Institute for Child Health Policy (IHP) – the External Quality Review Organization (EQRO) for Texas Medicaid Managed Care. At the beginning of SFY 2011, STAR+PLUS operated in 29 counties in the Travis, Bexar, Nueces, and Harris Service Areas (SAs).⁵ In February 2011, STAR+PLUS expanded to the Dallas and Tarrant Service Areas and now operates in 42 counties. This report presents data collected from members who were in STAR+PLUS before the expansion.

A large percentage of members in STAR+PLUS are dual-eligibles. Some national studies have found that over half (58 percent) of dual-eligibles report unmet health care needs, specifically for long-term care services.^{6,7} Therefore it is important to assess the dual-eligible population's experiences with care. In SFY 2010, the STAR+PLUS Member Survey was conducted primarily with members who were dual-eligible for the entire enrollment period, as well as a small percentage of members (five percent) who had "partial" eligibility – having been dual-eligible for part of the enrollment period and Medicaid-only for the other part. In SFY 2011, the STAR+PLUS Member Survey was conducted with a large sample of Medicaid-only members and a supplemental sample of dual-eligible members.

The purpose of this report addendum is to compare STAR+PLUS Medicaid-only members and dual-eligible members with regard to demographic characteristics, health status, and survey measures of experiences and satisfaction with health services. In addition, this addendum provides information about the demographics, health status, and health care satisfaction among STAR+PLUS members who had "partial" dual-eligibility.

Methodology

All of the survey participants were selected from stratified random samples of members enrolled in STAR+PLUS. The SFY 2010 survey sample was stratified by MCO, with 300 targeted completes for each of the four MCOs operating in STAR+PLUS during that time frame – AMERIGROUP, Evercare, Molina, and Superior. The SFY 2011 Medicaid-only survey sample was stratified by plan code (MCO/SA combination), with 300 targeted completes for each of the 10 plan codes operating in STAR+PLUS during that time frame. The SFY 2011 dual-eligible survey sample consisted of a simple random sample of dual-

eligible STAR+PLUS members enrolled during the same time period as the Medicaid-only sample, with 300 targeted completes.

Table 1 shows the enrollment period and continuous enrollment criterion used for the SFY 2010 survey (all participants), Medicaid-only members in the SFY 2011 survey, and dual-eligible members in the SFY 2011 survey.

Table 1. Enrollment Criteria for Members in the SFY 2010 and 2011 Survey Samples

Survey	Enrollment period	Continuous enrollment
2010 STAR+PLUS (all)	June 2009 – May 2010	9 months
2011 STAR+PLUS (Medicaid only)	Dec. 2009 – Nov. 2010	9 months
2011 STAR+PLUS (Duals)	April 2010 – March 2011	9 months

Members across all three surveys were divided into three groups, as follows:

- 1) **Medicaid-only.** These members were enrolled only in Medicaid STAR+PLUS, and had no dual-eligibility during the qualifying enrollment period. All 2,936 members in this group are from the SFY 2011 STAR+PLUS Member Survey.
- 2) **Dual-eligible.** These members were dual-eligible in both Medicaid and Medicare, and had no Medicaid-only enrollment during the qualifying enrollment period. Of the 1,377 members in this group, 1,123 are from the SFY 2010 STAR+PLUS Member Survey, and 254 are from the SFY 2011 STAR+PLUS Member Survey.
- 3) **Partial duals.** These members had some Medicaid-only and some dual-eligibility during the qualifying enrollment period. All 64 members in this group are from the SFY 2010 STAR+PLUS Member Survey.

The SFY 2010 and SFY 2011 STAR+PLUS Adult Member Surveys included:

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 4.0 (Medicaid module).
- Items developed by ICHP pertaining to member demographic and household characteristics, and member experiences and satisfaction with service coordination.

This addendum presents findings on member demographics, self-reported health status, activities of daily living (ADL), and access to and timeliness of care using HHSC Dashboard Indicators, CAHPS® composite scores, CAHPS® ratings, and questions regarding member experiences with service coordination. Medicaid-only and dual-eligible members were compared on all selected measures. In addition, within each of these two groups, results for CAHPS® composite scores and ratings were compared among the four STAR+PLUS MCOs. Due to the small sample size of the partial dual group, results for these members are presented separately at the end of the report.

Analysis of differences in frequencies used the Pearson Chi-square test of independence, and analysis of differences in means used t-tests and analysis of variance (ANOVA).

For a more detailed description of the survey methodology, please refer to the SFY 2010 and SFY 2011 STAR+PLUS Member Survey reports.^{8,9}

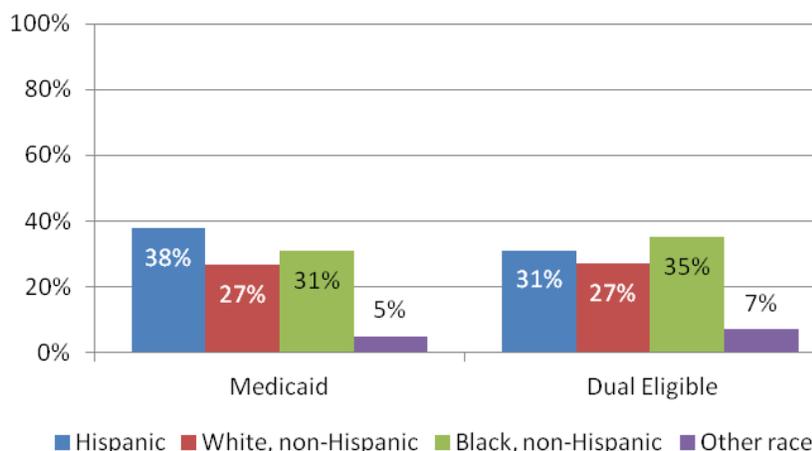
Survey Results

Demographic Characteristics

The majority of Medicaid and dual-eligible members were female (64 percent and 68 percent, respectively). The mean age among both groups was 50 years old. **Figure 1** presents the race/ethnicity of Medicaid and dual-eligible members. Among Medicaid members, Hispanics were the largest racial/ethnic group (38 percent), followed by Black, non-Hispanics (31 percent), and White, non-Hispanics (27 percent). Five percent of Medicaid members were of “Other” race/ethnicity. Among dual-eligible members, Black, non-Hispanics were the largest racial/ethnic group (35 percent), followed by Hispanics (31 percent) and White, non-Hispanics (27 percent). Seven percent of dual-eligible members were of “Other” race/ethnicity. Among both Medicaid and dual-eligible members, the primary language spoken in their home was English (84 percent and 86 percent, respectively).

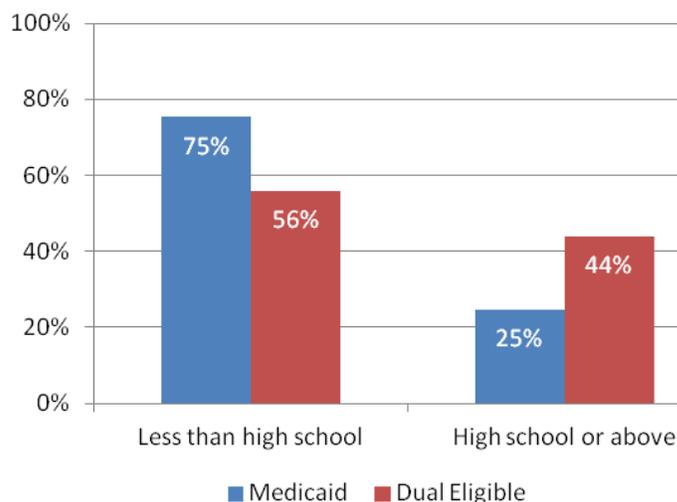
	STAR+PLUS Members	
	Medicaid	Dual-eligible
Mean Age (years)	49.8 (SD =11.0)	49.9 (SD =11.0)
Sex		
Female	64%	68%
Male	36%	32%

Figure 1. Race/Ethnicity of Members



Overall, the level of education differed significantly between Medicaid and dual-eligible members (see **Figure 2**).¹⁰ The majority of Medicaid members had not attained a high school diploma (75 percent). In contrast, 56 percent of dual-eligible members had not attained a high school diploma.

Figure 2. Education Status of Members



A vast majority of both Medicaid and dual-eligible members were not employed at the time of the survey (95 percent and 94 percent, respectively). Both groups were more likely to be single or divorced than married. Thirty-six percent of Medicaid members and 43 percent of dual-eligible members were single, while 24 percent of Medicaid members and 23 percent of dual-

eligible members were divorced. Married individuals represented 16 percent of Medicaid members and 13 percent of dual-eligible members.

About one third of Medicaid and dual-eligible members reported that they lived alone at the time of the survey (29 percent and 32 percent, respectively). The most common type of housing among Medicaid and dual-eligible members was rented housing (45 percent among both groups).

Health Status

Figures 3 and 4 provide Medicaid and dual-eligible members' ratings of their overall health and mental health. No significant differences were observed between the groups in the distribution of overall health or mental health ratings.

- Approximately two-thirds of members rated their overall health as “fair” or “poor” in the Medicaid-only group (66 percent) and the dual-eligible group (62 percent).
- Approximately half of members rated their mental health as “fair” or “poor” in the Medicaid-only group (49 percent) and the dual-eligible group (45 percent).

Figure 3. Member Ratings of Their Overall Health

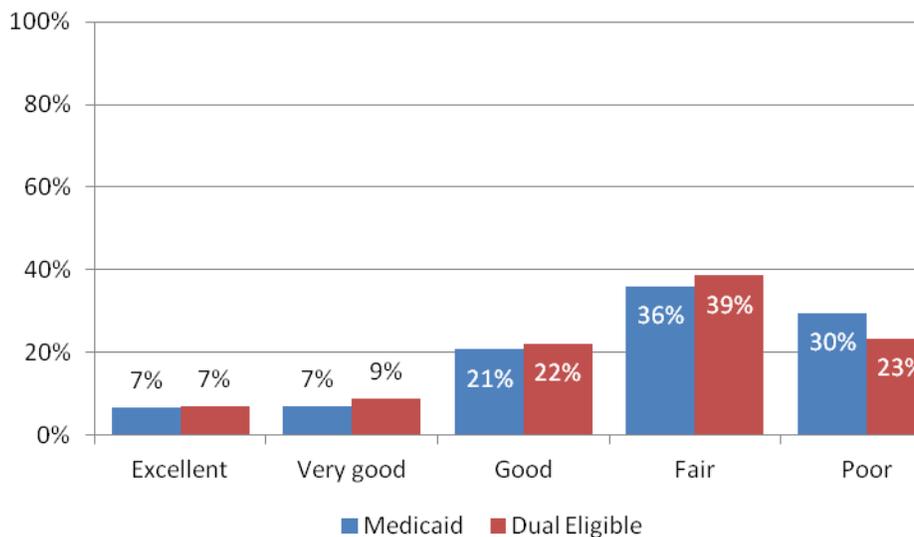
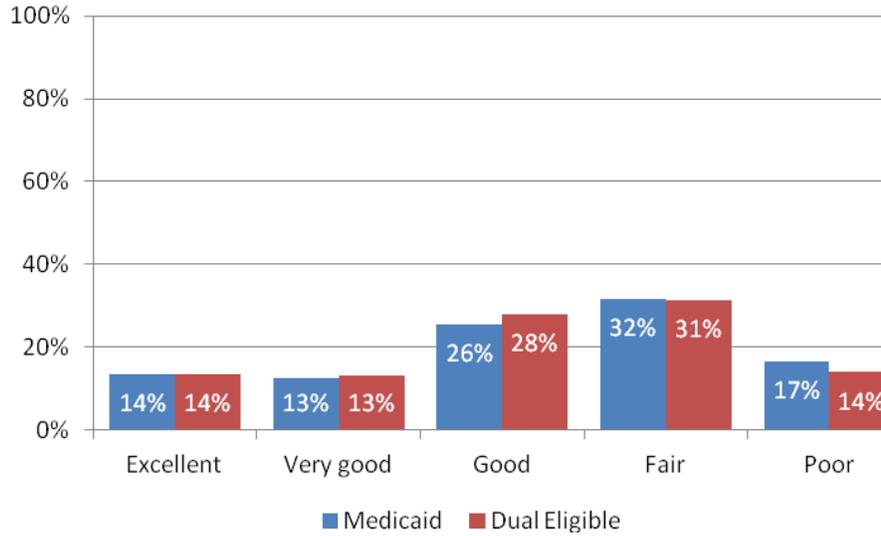


Figure 4. Member Ratings of Their Mental Health

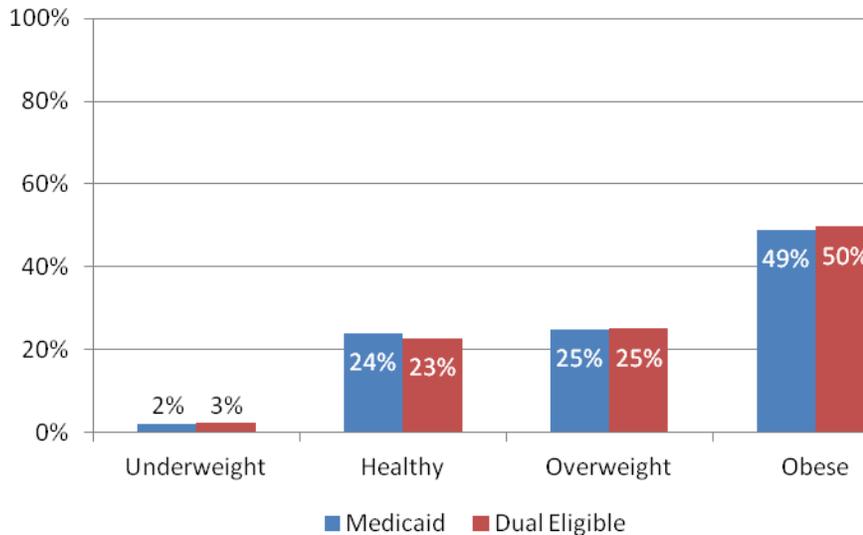


Body Mass Index

Figure 5 provides the distribution of Body Mass Index (BMI) classification for Medicaid and dual-eligible members in the sample. The distribution of BMI classification was nearly identical between the two groups:

- Approximately half of members in each group were classified as obese, defined as a BMI of 30 or greater.

Figure 5. Body Mass Index Classification from Member-Reported Height and Weight



Activities of Daily Living

An important component of health status for STAR+PLUS members involves a person's independence and ability to perform specific tasks of daily living, for which low levels of functioning indicate disability and dependence on others. **Figures 6, 7, and 8** provide results on Medicaid and dual-eligible members' independence, need for help with routine needs, and need for help with personal care needs. Results are shown for each of the four STAR+PLUS MCOs.

Figure 6. Percent of Members Who Had a Physical or Mental Condition that Interferes with their Independence

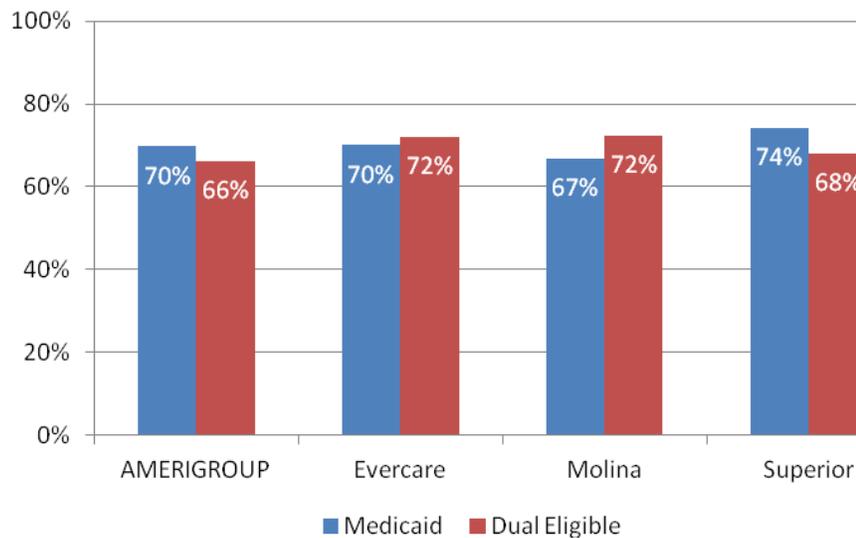


Figure 7. Percent of Members Who Need Help with Routine Needs

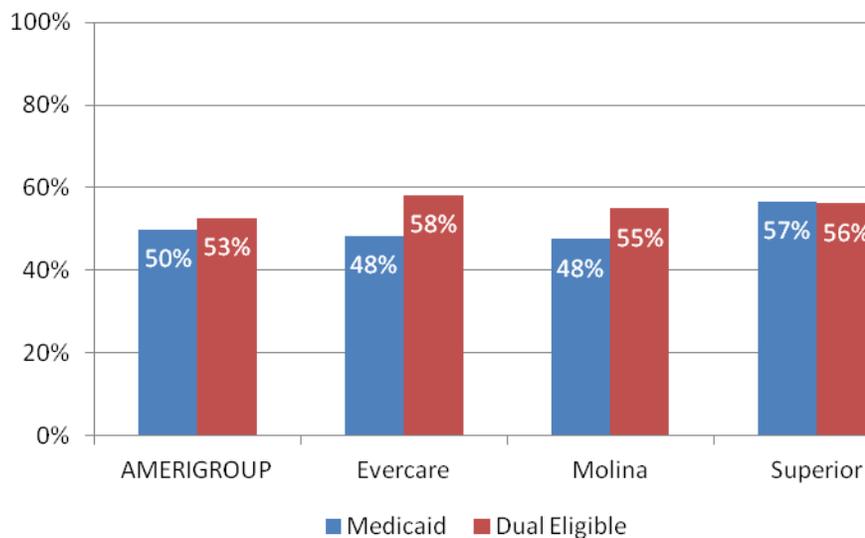
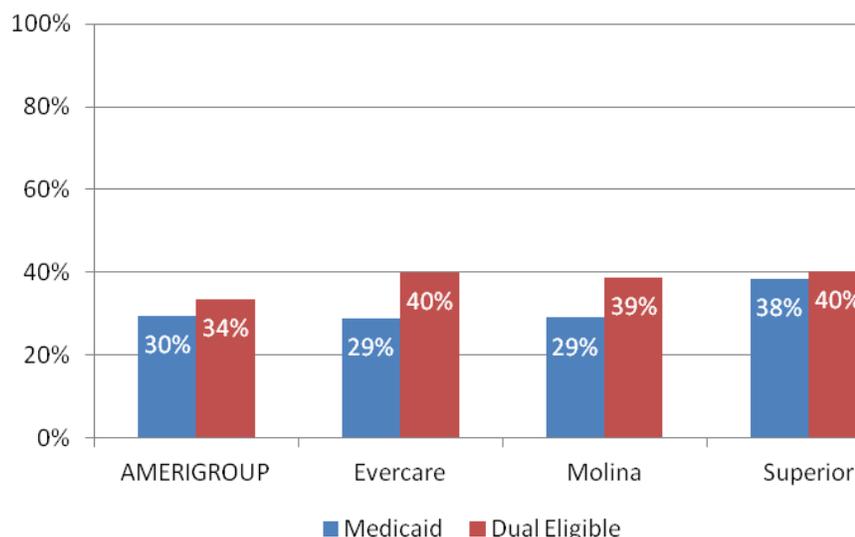


Figure 8. Percent of Members Who Need Help with Personal Care Needs



Significant differences were found between Medicaid and dual-eligible members in the Evercare and Molina health plans for *members who need help with routine needs* and *members who need help with personal care needs*.¹¹ The Medicaid population had a significantly lower percentage of members who needed help with routine needs and personal health care needs in Evercare and Molina compared to the dual-eligible population.

Access to and Timeliness of Care

This section provides members' reports of access to and timeliness of health services delivered through their STAR+PLUS MCOs and providers, including urgent care, routine care, and specialist care. Results focus on the HHSC Dashboard Indicators and CAHPS® composites that address issues of access and timeliness.

HHSC Dashboard Indicators

Table 2 shows results for the HHSC Dashboard Indicators for Medicaid and dual-eligible members.¹² In all four STAR+PLUS MCOs, dual-eligible members had better access to urgent care, routine care, and special therapies than Medicaid-only members.

Table 2. HHSC Dashboard Indicators

		AMERIGROUP		Evercare		Molina		Superior	
Dashboard	HHSC Standard	Medicaid	Dual-eligible	Medicaid	Dual-eligible	Medicaid	Dual-eligible	Medicaid	Dual-eligible

Indicator									
Good Access to Urgent Care	76%	77%	79%	73%	81%	79%	85%	75%	76%
Good Access to Specialist Referral	62%	63%	62%	66%	76%	60%	75%	65%	79%
Good Access to Routine Care	78%	73%	77%	72%	82%	75%	79%	71%	79%
No Delays for Health Plan Approval	57%	36%	51%	43%	53%	36%	56%	39%	45%
No Exam Room Wait > 15 Minutes	42%	34%	35%	28%	25%	27%	36%	23%	27%
Good Access to Special Therapies	47%	43%	64%	58%	63%	53%	66%	57%	68%
Good Access to Service Coordination	--	71%	62%	64%	51%	67%	72%	70%	73%
Advising Smokers to Quit	28%	65%	81%	66%	77%	63%	78%	69%	86%

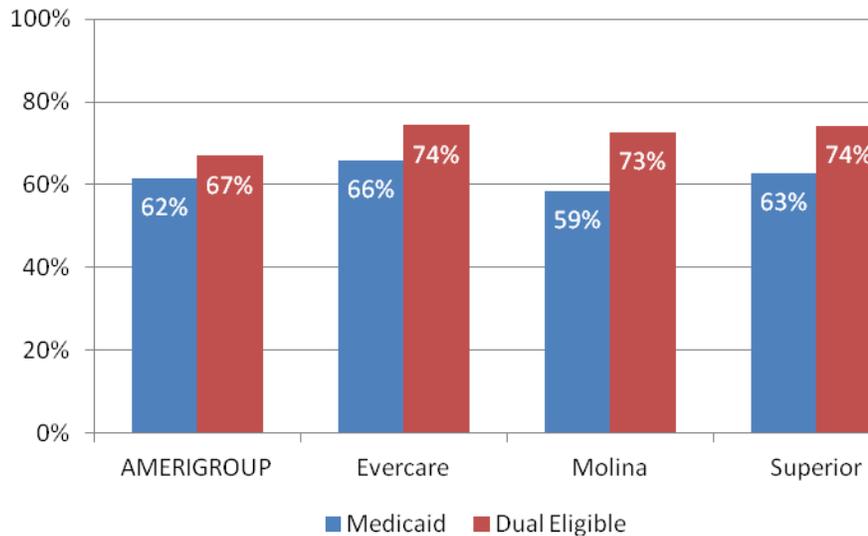
Performance on HHSC Performance Indicators was significantly better for dual-eligible members than Medicaid-only members in the following MCOs:

- *Access to urgent care:* Evercare.¹³
- *Access to specialist referral:* Evercare, Molina, and Superior.¹⁴
- *Access to routine care:* Evercare and Superior.¹⁵
- *Timeliness of health plan approval:* AMERIGROUP, Evercare and Molina.¹⁶
- *Exam room wait:* Molina.¹⁷
- *Access to special therapies:* AMERIGROUP.¹⁸
- *Advising smokers to quit:* AMERIGROUP, Molina and Superior.¹⁹

CAHPS® Composites

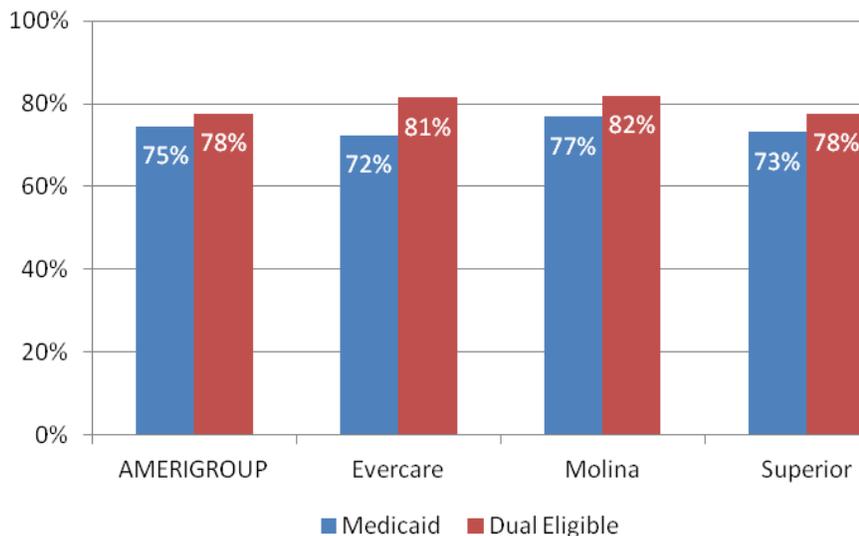
The CAHPS® composite *Getting Needed Care* is based on two survey items that assess: (1) How often it was easy for members to get appointments with specialists, and (2) How often it was easy for members to get the care, tests and treatment they needed through their health plan. **Figure 9** provides the percentage of Medicaid and dual-eligible members who were able to get the care they needed.

Figure 9. CAHPS® *Getting Needed Care*



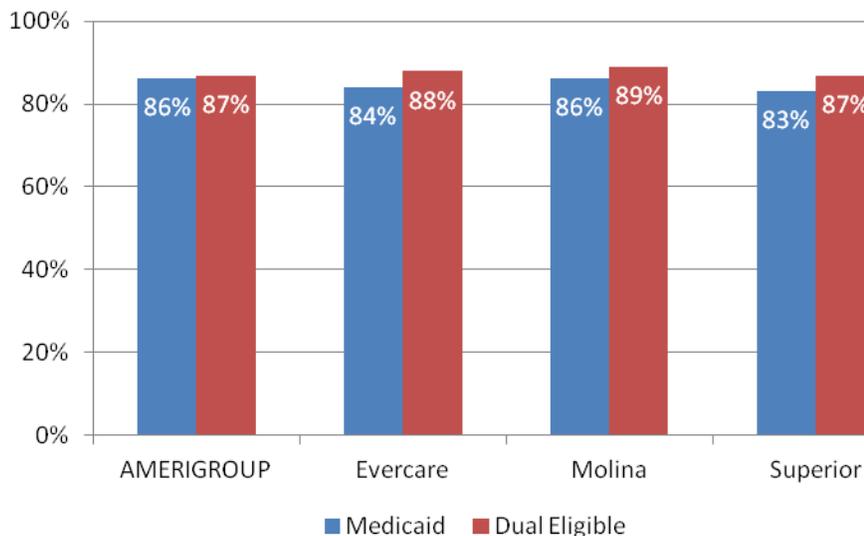
Two CAHPS® survey questions comprise the composite *Getting Care Quickly*, assessing how often members were able to get routine and urgent care. **Figure 10** provides the percentage of Medicaid and dual-eligible members who were able to get care as quickly as they needed.

Figure 10. CAHPS® Getting Care Quickly



How Well Doctors Communicate assesses how often a member's personal doctor explains things well, listens carefully, shows respect, and spends enough time with the member. **Figure 11** shows the percentage of Medicaid and dual-eligible members who had good communication with their doctor.

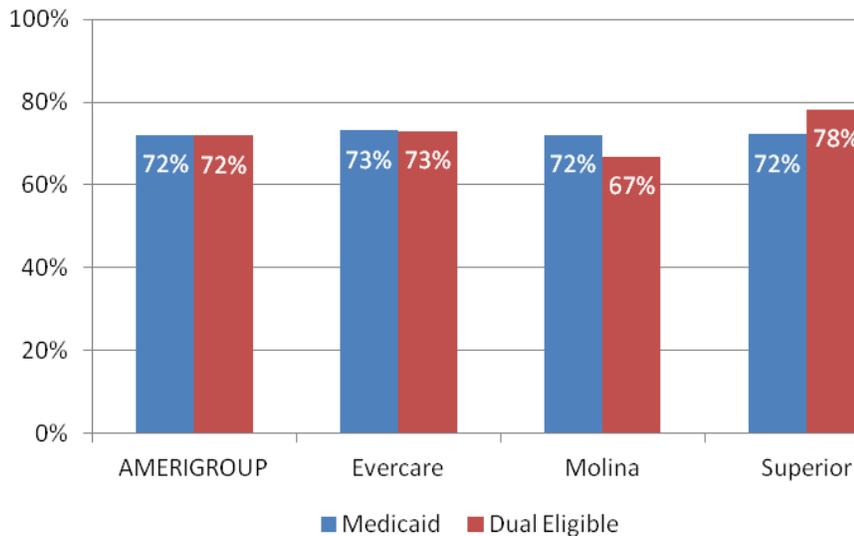
Figure 11. CAHPS® How Well Doctors Communicate



The *Health Plan Information and Customer Service* composite is comprised of two items that assess: (1) how often the health plan's customer service gave the member information or help he/she needed; and (2) how often the health plan's customer service treated the member with

courtesy and respect. **Figure 12** provides the percentage of Medicaid and dual-eligible members who had positive experiences with *Health Plan Information and Customer Service*.

Figure 12. CAHPS® Health Plan Information and Customer Service



Performance on CAHPS® composites was significantly better for dual-eligibles than Medicaid-only members in the following MCOs:

- *Getting Needed Care*: Evercare, Molina, and Superior.²⁰
- *Getting Care Quickly*: Evercare and Molina.²¹
- *How Well Doctors Communicate*: Evercare and Molina.²²

Members' Rating of their Health Care Services

Figures 13 to 16 provide the percentage of Medicaid and dual-eligible members who provided a rating of 9 or 10 for their health care services. Within each MCO, members' ratings of their health care, specialist, and health plan tended to be about the same between dual-eligible members and Medicaid-only members. Dual-eligibles tended to rate their personal doctor more highly than Medicaid-only members, with significantly better ratings in AMERIGROUP and Evercare.²³

Figure 13. Members' Satisfaction with Their Health Care

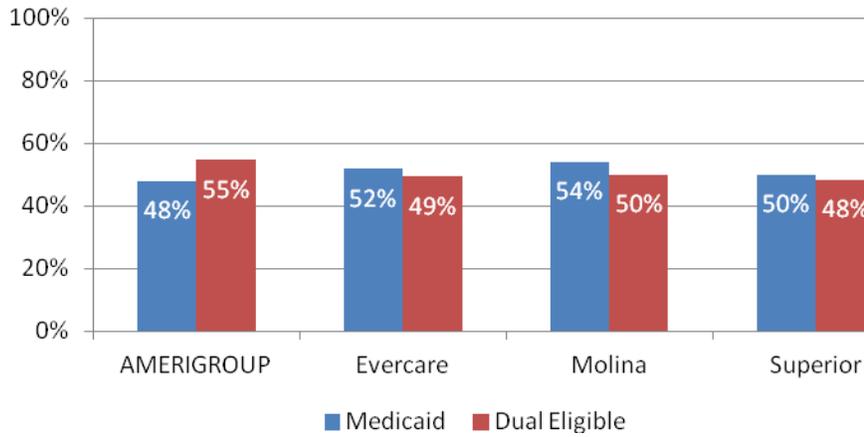


Figure 14. Members' Satisfaction with Their Personal Doctor

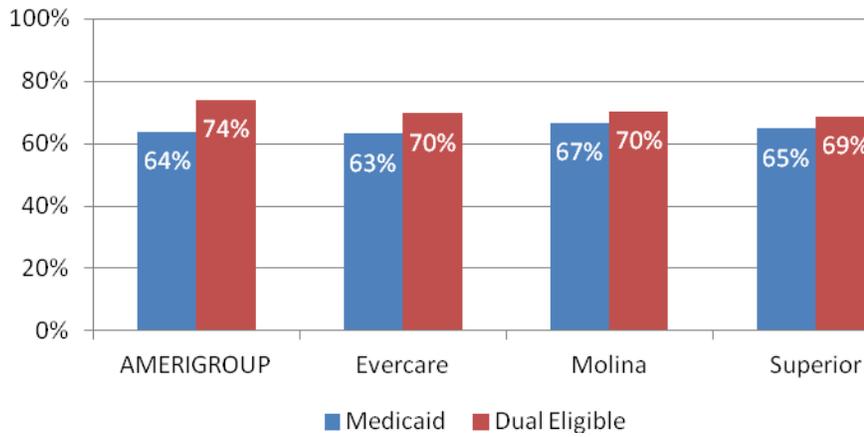


Figure 15. Members' Satisfaction with Their Specialist

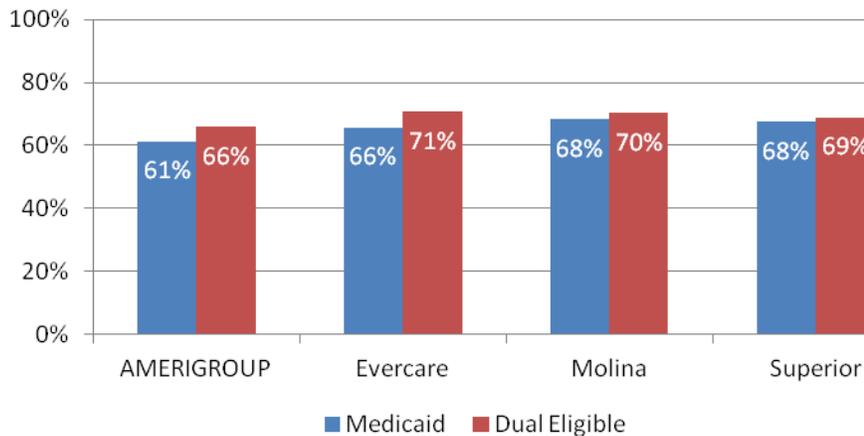
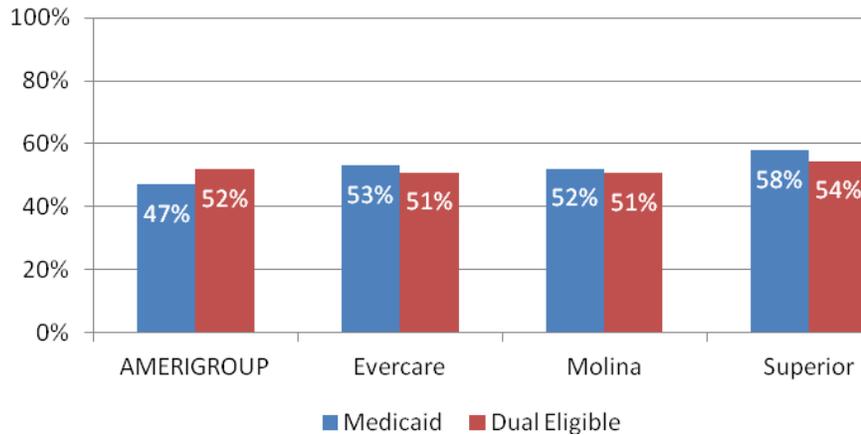


Figure 16. Members' Satisfaction with Their Health Plan



Service Coordination

Figures 17 and 18 provide information regarding service coordination for Medicaid and dual-eligible members in STAR+PLUS.

- In all four MCOs, about one-fifth to one-quarter of both Medicaid-only and dual-eligible members said they had a service coordinator (**Figure 17**).
- Rates of contact by service coordinators differed according to the member's MCO (**Figure 18**). In AMERIGROUP, 58 percent of Medicaid-only members reported having been contacted by a service coordinator in the past six months, compared to 48 percent of dual-eligibles. The opposite trend was observed in Evercare, where 66 percent of Medicaid-only members and 74 percent of dual-eligibles had been contacted by a service coordinator. However, these differences were not statistically significant for either health plan

Figure 17. Members Who Reported Having a Service Coordinator

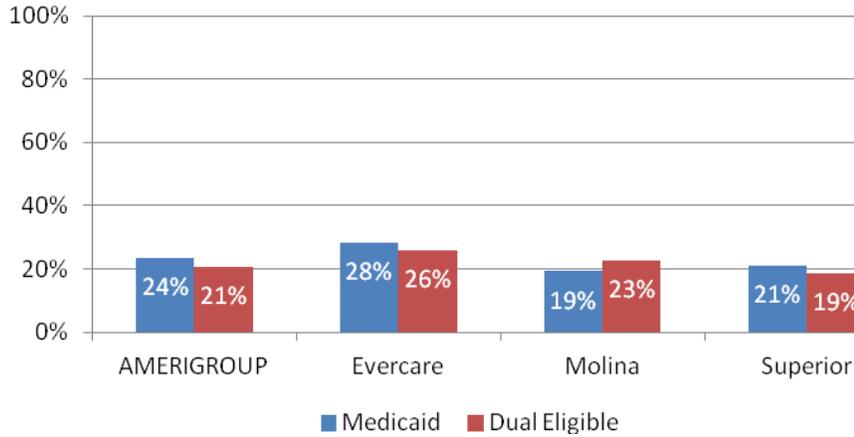
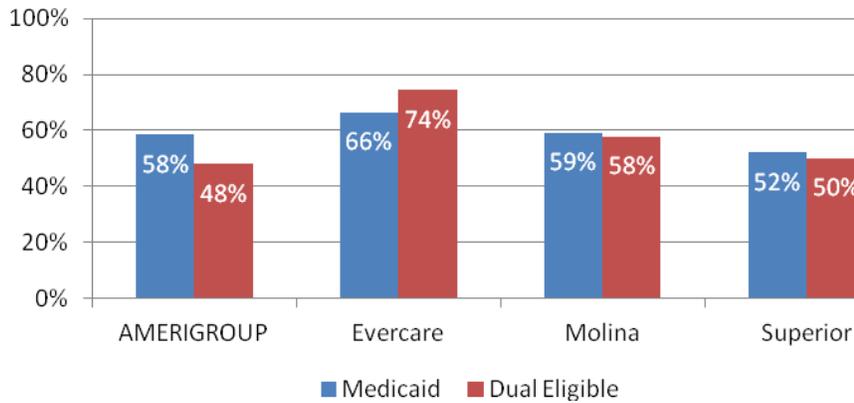


Figure 18. Members Who Had Been Contacted by a Service Coordinator in the Past Six Months



Members with Partial Dual-Eligibility

Partial dual-eligibility members were Medicaid-only members for a portion of the eligibility period and dual-eligible members for another portion of the eligibility period. Sixty-four members who participated in the SFY 2010 STAR+PLUS Member Survey met the criteria for partial eligibility.

Tables 3 to 7 show survey findings for partial dual-eligibility adults in STAR+PLUS regarding: demographic characteristics; health status; activities of daily living; access to and timeliness of care (using CAHPS® composites); and satisfaction with health care services (using CAHPS® ratings).

Table 3. Partial Duals - Demographics

Mean Age (years)		Sex		Race/Ethnicity			
Age	SD	Female	Male	Hispanic	White, NH*	Black, NH*	Other Race, NH*
48.3	11.5	63%	37%	42%	20%	36%	2%

*NH= Non-Hispanic

Table 4. Partial Duals – Health Status

Percent of members who rated their...	
<i>Overall health</i> as “excellent” or “very good”	<i>Mental health</i> as “excellent” or “very good”
14%	18%

Table 5. Partial Duals – Activities of Daily Living

Percent of members who...		
Have a physical/mental condition that interferes with their independence	Need help with routine needs	Need help with personal care needs
80%	59%	28%

Table 6. Partial Duals - Access to and Timeliness of Care

<i>CAHPS® Getting Needed Care</i>	<i>CAHPS® Getting Care Quickly</i>	<i>CAHPS® How Well Doctors Communicate</i>	<i>CAHPS® Customer Service</i>
71%	82%	84%	75%

Table 7. Partial Duals - Members' Satisfaction with Their Health Care Services

Members' Satisfaction with Their Health Care	Members' Satisfaction with Their Personal Doctor	Members' Satisfaction with their Specialist	Members' Satisfaction with Their Health Plan
53%	58%	52%	57%

Overall, results for members with partial dual-eligibility reflected those observed in the Medicaid-only and dual-eligible groups. Although the sample size was too small to permit statistical testing, the following differences were notable:

- Twenty percent of partial duals were White, non-Hispanic, compared with 27 percent of Medicaid-only and dual-eligible members.
- Eighteen percent of partial duals rated their mental health as “excellent” or “very good”, compared with 27 percent of Medicaid-only and dual-eligible members.
- Partial dual members had lower ratings than members in the Medicaid-only and dual-eligible groups for personal doctor (58 percent) and specialist (52 percent).

Endnotes

¹ HHSC (Texas Health and Human Services Commission). 2011a. *Texas Medicaid in Perspective, Eighth Edition*. “Chapter 6: Medicaid Managed Care.” Available at <http://www.hhsc.state.tx.us/Medicaid/reports/PB8/PinkBookTOC.html>.

² Niefeld, M.R., and Kasper, J.D. 2005. “Access to Ambulatory Medical and Long-Term Care Services Among Elderly Medicare and Medicaid Beneficiaries: Organizational, Financial, and Geographic Barriers.” *Medical Care Research and Review* 62: 300-319.

³ Burns, M.E. 2009. “Medicaid Managed Care and Health Care Access for Adult Beneficiaries with Disabilities.” *Health Research and Educational Trust* 44 (5): 1521-1541.

⁴ Coughlin, T.A., S.K. Long, and Kendall, S. 2002. “Health Care Access, Use, and Satisfaction Among Disabled Medicaid Beneficiaries.” *Health Care Financing Review* 24 (2): 115-136.

⁵ HHSC. 2011b. “STAR+PLUS Overview.” Available at <http://www.hhsc.state.tx.us/starplus/Overview.htm>

⁶ HHSC. 2011b.

⁷ Komisar, H.L., Feder, J., & Kasper, J.D. 2005. “Unmet Long-Term Care Needs: An Analysis of Medicare-Medicaid Dual Eligibles.” *Inquiry* 42: 171-182.

⁸ The Institute for Child Health Policy (IHP). 2010. *The Texas Medicaid STAR+PLUS Program: Adult Enrollee Survey Report*. Gainesville, FL: The Institute for Child Health Policy, University of Florida.

⁹ The Institute for Child Health Policy (IHP). 2011. *The Texas Medicaid STAR+PLUS Program: Adult Member Survey Report*. Gainesville, FL: The Institute for Child Health Policy, University of Florida.

¹⁰ Chi-square = 304.60, $p < 0.001$.

¹¹ Evercare: Personal Care Needs: Chi-square = 12.01, $p = 0.001$. Routine Care Needs: Chi-square = 9.41, $p = 0.002$; Molina: Personal Care Needs: Chi-square = 8.77, $p = 0.003$. Routine Care Needs: Chi-square = 4.46, $p = 0.035$.

¹² SFY 2010 standards are used for the HHSC Dashboard Indicators, available at: http://www.hhsc.state.tx.us/medicaid/umcm/Chp10/10_1_7.pdf.

¹³ Evercare: Chi-square = 3.97, $p = 0.046$.

¹⁴ Evercare: Chi-square = 4.50, $p = 0.034$; Molina: Chi-square = 8.93, $p = 0.003$; Superior: Chi-square = 9.03, $p = 0.003$.

¹⁵ Evercare: Chi-square = 9.94, $p = 0.002$; Superior: Chi-square = 4.91, $p = 0.027$.

¹⁶ AMERIGROUP: Chi-square = 12.90, $p < 0.001$; Evercare: Chi-square = 5.14, $p = 0.023$; Molina: Chi-square = 14.90, $p < 0.001$.

¹⁷ Molina: Chi-square = 6.00, $p = 0.014$.

¹⁸ AMERIGROUP: Chi-square = 11.20, $p < 0.001$.

¹⁹ AMERIGROUP: Chi-square = 10.69, $p < 0.001$; Molina: Chi-square = 5.71, $p = 0.017$; Superior: Chi-square = 8.05, $p = 0.005$.

²⁰ Evercare: $F = 4.93$, $p = 0.027$; Molina: $F = 14.24$, $p < 0.001$; Superior: $F = 6.37$, $p = 0.012$.

²¹ Evercare: $F = 9.45$, $p = 0.002$; Molina: $F = 3.90$, $p = 0.049$.

²² Evercare: $F = 6.62$, $p = 0.010$; Molina: $F = 4.30$, $p = 0.039$.

²³ AMERIGROUP: Chi-square = 10.11, $p = 0.001$; Evercare: Chi-square = 3.97, $p = 0.046$.