



DSHS | Findings from the WMIP Client Surveys

Report Number 9.88 | Washington Medicaid Integration Partnership

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The Washington Medicaid Integration Partnership (WMIP) is a voluntary managed care pilot project in Snohomish County. WMIP is designed to improve care for disabled or aged Medicaid clients by coordinating services that in the past have been provided through separate treatment systems. Molina Healthcare of Washington began providing care for clients in January 2005. The WMIP benefit package includes medical care, substance abuse treatment, mental health treatment, and long-term care services.

This report provides findings from consumer satisfaction surveys of WMIP enrollees and clients who received services through regular Medicaid systems of care. Findings from a survey of clients who left the WMIP project are also reported.

Key Findings

In most areas, the differences between WMIP enrollees and clients receiving services through regular Medicaid systems of care were not statistically significant at standard confidence levels. Areas where WMIP clients were **more satisfied** included:

- Fewer problems with delays while waiting for approval for health care
- Shorter waiting times for appointments for routine care
- Better customer service and less paperwork

Areas where WMIP clients were **less satisfied** included:

- Getting help when calling the doctor or clinic during regular office hours
- Getting help for an illness, injury, or condition that needed care right away
- Getting needed treatment or counseling for a personal or family problem
- Prescription drug coverage
- Overall rating of health care and health plan

Other findings indicate that Molina's performance is improving and WMIP has improved care coordination for clients. When asked if Molina's performance had improved in the past six months, 24 percent said Molina had improved compared to only 5 percent who said Molina had gotten worse. When asked if their care was better coordinated since joining Molina, 40 percent said coordination was better, compared to only 7 percent who said coordination was worse.

WMIP disenrollee survey findings indicate that most clients left the program because they lost Medicaid eligibility (41 percent) or left the county (12 percent). About one in three (37 percent) left because they actively chose to disenroll. Of those who chose to disenroll, most reported problems with access to providers (39 percent) or dissatisfaction with prescription drug coverage (35 percent). Dissatisfaction with drug coverage may reflect difficulty in adjusting to a formulary and prior authorization requirements in managed care.

The survey data suggest that efforts to expand access for WMIP clients to specialty providers and urgent care may be warranted. Provider access problems are a key driver of disenrollment and are likely to have contributed to selective disenrollment by clients with greater care needs. Selective disenrollment works against the goal of integrating care for high-risk clients and makes it more challenging to achieve cost containment objectives.

Because WMIP enrollees did not identify problems with obtaining approval for needed care, provider access concerns are more likely due to provider network issues, as opposed to client concern over prior approval processes in managed care. Low satisfaction with access to providers may be due in part to the general breadth of the Medicaid service delivery system in Snohomish County, but the frequency with which this was cited in the disenrollee survey indicates that the underlying issue is at least in part the adequacy of Molina's provider network.

About the Project

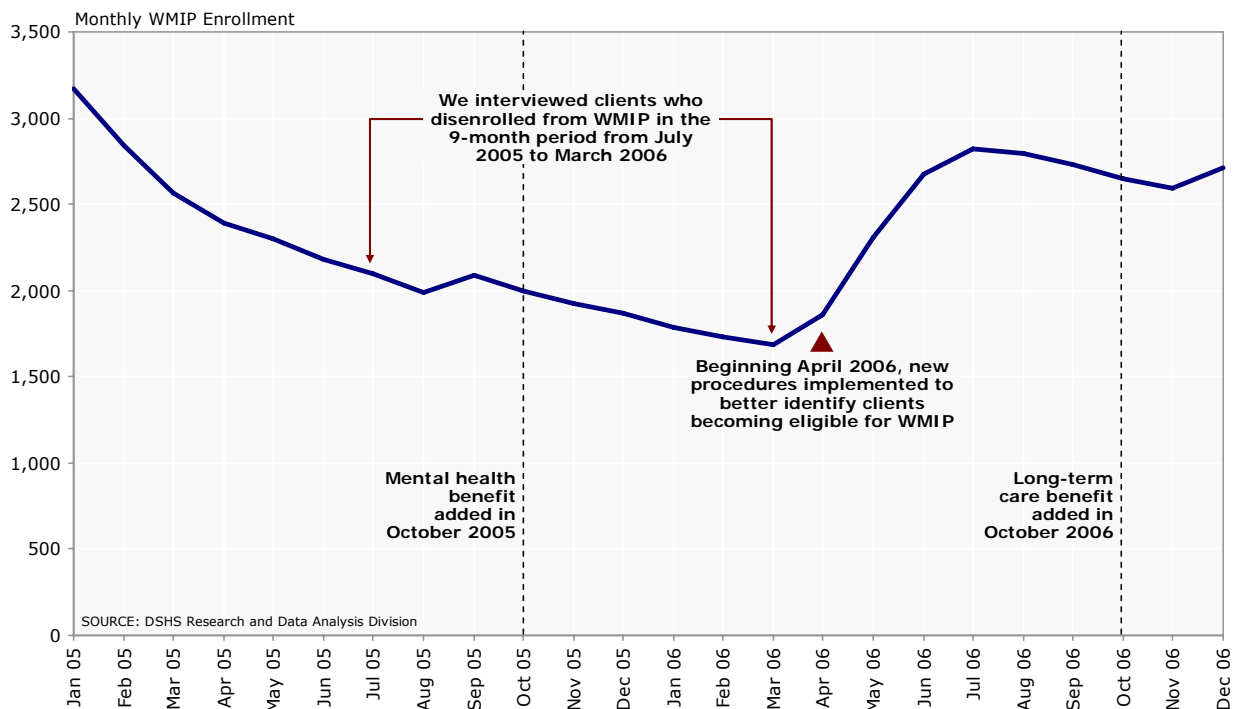
The Washington Medicaid Integration Partnership (WMIP) is a voluntary managed care pilot project serving SSI or SSI-related Medicaid clients in Snohomish County who are 21 years of age or older. WMIP is designed to improve care for disabled or aged Medicaid clients by coordinating services that in the past have been provided through separate treatment systems. The WMIP benefit package includes medical care, substance abuse treatment, mental health care (fully phased-in October 2005), and long-term care (added October 2006). Molina Healthcare of Washington began providing care for clients in January 2005, and as of December 2006 there were 2,709 clients enrolled in the pilot project (see chart below).

The WMIP project is being evaluated to determine whether Molina's integrated managed care model improves client health outcomes, increases client satisfaction with care, and controls growth in Medicaid expenditures. The original evaluation design relied primarily on claims-based analysis of impacts on client service utilization and client satisfaction measures derived from the **WMIP enrollee** Consumer Assessment of Health Plans Survey (CAHPS) mandated by the Centers for Medicare and Medicaid Services. However, with additional grant funding provided by the Center for Health Care Strategies Medicaid Value Program (CHCS-MVP), the evaluation design was expanded to include two additional surveys:

- **DSHS fee-for-service (FFS) survey** – A survey of “comparison” clients who received services through regular Medicaid systems of care. Because national comparisons for CAHPS surveys of SSI or SSI-related clients enrolled in integrated Medicaid managed care plans are not readily available, the DSHS FFS survey provides an essential benchmark for our assessment of WMIP enrollee satisfaction.
- **WMIP disenrollee survey** – A survey of WMIP clients who left the project between July 2005 and March 2006. WMIP enrollment has varied over time, and the disenrollee survey provides detailed information about the reasons why clients left the program.

The first section of this report summarizes key findings from the comparison of WMIP enrollee and DSHS FFS comparison survey responses. Detailed responses to all survey items are included in Appendix A. The second section of the report summarizes key findings from the WMIP disenrollee survey, with detailed responses provided in Appendix B.

Project Timeline and Monthly Enrollment



Comparison of WMIP Enrollee and DSHS FFS Survey Responses

Constructing the Comparison Sample

Enrollment in WMIP is voluntary and the project has experienced a relatively high rate of disenrollment among clients with greater health care needs. One consequence of the selective composition of WMIP enrollment is that interviews with enrollees and non-enrollees living in Snohomish County would be unlikely to provide an accurate measurement of client satisfaction with WMIP relative to regular Medicaid systems of care.

To address this we used propensity score methods to sample a comparison group from among clients residing in larger western Washington counties (King, Pierce, Whatcom, Skagit, Kitsap, Thurston, and Clark counties). These methods “match” comparison clients to WMIP enrollees using demographic and disease condition information to help reduce biases that may result from the selective nature of WMIP enrollment. One drawback of this approach is that measured differences in satisfaction in some areas may be due to differences in the robustness of Medicaid service delivery systems in Snohomish County relative to the comparison counties, as opposed to differences in health plan performance relative to regular systems of care.



The sample frame for the DSHS FFS comparison group was selected using the following steps:

1. Clients residing in the selected comparison counties who met WMIP “auto-enrollment” eligibility criteria in December 2005 were identified (age 21+ categorically needy aged, blind, or disabled clients not dually eligible for Medicare).
2. The following client characteristics were measured: age, gender, and race/ethnicity; baseline (calendar year 2004) physical condition, mental illness, and substance use disorder prevalence derived from Chronic Illness and Disability Payment System diagnosis groups applied to clients’ medical claims; and months of medical assistance eligibility in 2004 to “match” on months of claims exposure in the baseline year used to measure disease conditions.
3. We estimated a logistic regression model over the pooled WMIP and potential comparison populations that related the probability the client is a WMIP enrollee to the measured demographic, diagnosis, and medical eligibility characteristics.
4. We stratified the fitted probabilities from the statistical model (the “propensity score”) into quantiles, and randomly sampled comparison group members out of the quantiles to match the propensity score distribution of WMIP enrollees.

These steps produced a sample frame that “matched” the measured baseline characteristics of WMIP enrollees along the measured demographic, diagnosis, and medical eligibility dimensions. We selected a simple random sample from this frame for the DSHS FFS comparison survey.

Survey Administration

The WMIP enrollee survey was fielded by The Myers Group. Out of a sample of 1,350 clients enrolled in WMIP in December 2005, 382 interviews were completed between January and May 2006. The reported response rate was 30 percent after adjustment for ineligible sample members. Most (80 percent) of the interviews were completed by mail (305 of 382), with the balance completed by phone. The WMIP enrollee survey used the CAHPS 3.0H Medicaid Adult Survey instrument. As indicated by the project timeline on page 2, the WMIP enrollee survey was fielded after the full implementation of the WMIP mental health benefit in October 2005, but prior to the integration of the WMIP long-term care benefit in October 2006.

The DSHS FFS comparison survey was conducted by Qualis Health. Out of a sample of 1,304 clients enrolled in fee-for-service Medicaid coverage in December 2005, 469 interviews were completed between May and July 2006. The response rate was 39 percent after adjustment for ineligible sample members. Again, most (85 percent) of the interviews were completed by mail (397 of 469), with the balance completed by phone. Valid item responses from 68 partially completed surveys were used in the analysis. The DSHS FFS comparison survey was based on the CAHPS 3.0H Medicaid Adult Survey instrument.

Summary Rate Comparisons

Comparison of WMIP Enrollee and DSHS FFS Survey Responses

A Higher Summary Rate Value Indicates Greater Satisfaction

Survey Item	Summary Rate*		Significance Testing**
	DSHS FFS	WMIP Enrollee	
Getting Needed Care			
Q7 Getting a provider you are happy with	58.1%	54.0%	Not sig.
Q9 Seeing a specialist	63.2%	54.4%	Not sig.
Q12a Seeing a specialist when recommended by PCP	65.2%	67.9%	Not sig.
Q24 Getting care, tests, or treatments necessary	69.8%	68.1%	Not sig.
Q26 Delays in care while waiting for approval	55.2%	76.2%	Above
Getting Care Quickly			
Q14 Getting the help/advice you needed	84.0%	73.3%	Below
Q16 Obtaining care right away for an illness/injury/condition	82.1%	72.8%	Below
Q19 Obtaining care when wanted, when not needed right away	80.9%	75.4%	Not sig.
Q20 Waiting time from making the appointment to seeing the doctor	75.1%	84.9%	Above
Q27 Waiting time in the doctor's office	54.7%	57.4%	Not sig.
How Well Doctors Communicate			
Q30 Doctors listening carefully to you	88.8%	84.6%	Not sig.
Q32 Doctors explaining things in an understandable way	84.4%	84.3%	Not sig.
Q33 Doctors showing respect for what you had to say	88.4%	84.9%	Not sig.
Q34 Doctors spending enough time with you	84.8%	80.9%	Not sig.
Courteous and Helpful Office Staff			
Q28 Office staff treating you with courtesy and respect	91.2%	91.6%	Not sig.
Q29 Office staff as helpful as you thought they should be	89.3%	88.2%	Not sig.
Customer Service			
Q43 Finding/understanding information	60.4%	56.7%	Not sig.
Q45 Getting help when calling customer service	47.7%	62.9%	Above
Q51 Problems with paperwork	61.9%	97.3%	Above
Rating of Personal Doctor (Q5)	74.9%	73.5%	Not sig.
Rating of Specialist (Q11)	72.7%	73.0%	Not sig.
Rating of Health Care (Q35)	72.7%	63.0%	Below
Rating of Health Plan (Q52)	61.8%	54.1%	Below
Custom Questions			
Getting needed treatment or counseling (Q37c)	68.0%	53.0%	Below
Rating of treatment or counseling (Q37d)	53.3%	49.6%	Not sig.
Getting alcohol or drug treatment or counseling (Q37f)	70.4%	91.7%	Not sig.
Rating of alcohol or drug treatment or counseling (Q37g)	44.8%	75.0%	Not sig.
Getting prescription medicine (Q52a)	78.5%	62.1%	Below
Satisfaction with prescription drug coverage (Q52b)	78.1%	70.8%	Below
Rating of overall health (Q53)	16.5%	16.1%	Not sig.

* See Appendix A for the detailed response categories that comprise the "Summary Rate." In general, a higher summary rate value indicates a higher level of satisfaction.

** "Not sig." indicates that the difference between the WMIP enrollee and DSHS FFS survey results were not statistically significant at the 95% confidence level. "Above" indicates that WMIP clients were significantly more satisfied in this dimension. "Below" indicates that WMIP clients were significantly less satisfied in this dimension.

Discussion

The table on the previous page summarizes WMIP enrollee and DSHS FFS responses to key survey questions. The reported “summary rates” are composite measures of the percentage of respondents who answered the item in the most positive way, as defined by National Committee for Quality Assurance (NCQA) standards. Thus, a higher summary rate indicates greater satisfaction. See Appendix A for the response categories that comprise the composite summary rate measures.

In most areas, the differences between WMIP enrollee and DSHS FFS responses were not statistically significant at the 95 percent confidence level. WMIP clients were **more satisfied** than clients enrolled in fee-for-service (FFS) medical care in the following areas:

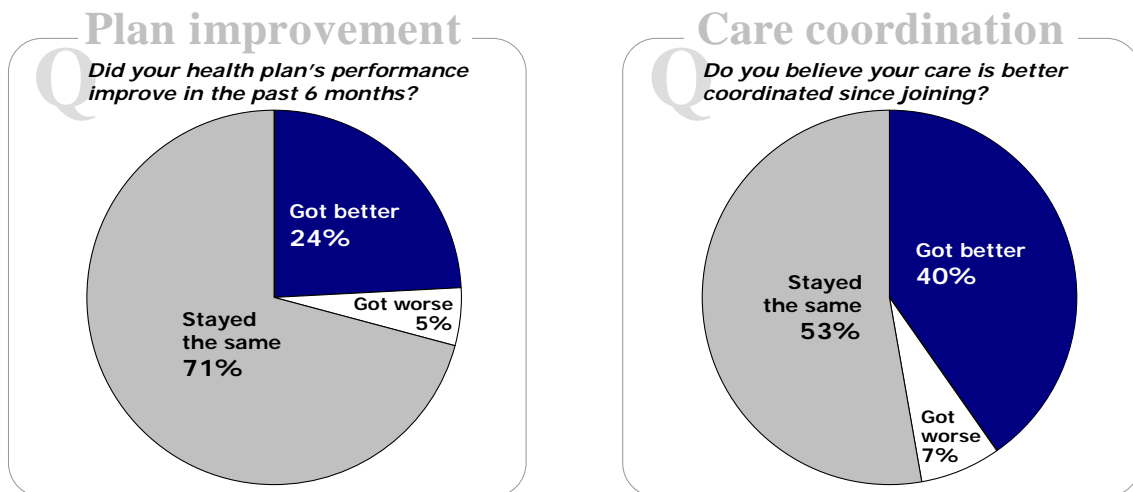
- Fewer problems with delays while waiting for approval for health care (Q26)
- Shorter waiting times for appointments for routine care (Q20)
- Better customer service and less paperwork (Q45 and Q51)
- Alcohol/drug treatment access/quality (Q37f and Q37g – borderline statistical significance)

Areas where WMIP clients were **less satisfied** included:

- Getting help when calling the doctor or clinic during regular office hours (Q14)
- Getting help for an illness, injury, or condition that needed care right away (Q16)
- Getting needed treatment or counseling for a personal or family problem (Q37c)
- Prescription drug coverage (Q52a and Q52b)
- Overall rating of health care and health plan (Q35 and Q52)
- Access to specialty providers (Q9 – borderline statistical significance)

Lower satisfaction with drug coverage may reflect difficulty in adjusting to a formulary and prior authorization requirements in a managed care environment. Analysis of claims data has shown growth in the volume of prescriptions filled by WMIP enrollees after entering the program.

Other WMIP enrollee survey findings indicate that Molina’s performance is improving and that WMIP has improved care coordination. When asked if performance had improved in the past six months, 24 percent said Molina had improved compared to only 5 percent who said Molina had gotten worse. When asked if their care was better coordinated since joining Molina, 40 percent said coordination was better, compared to only 7 percent who said coordination was worse.



The survey data suggest that efforts to expand access for WMIP clients to specialty providers (Q9) and urgent care (Q16) may be warranted. The next section of the report will show that provider access problems have been a key driver of disenrollment and are likely to contribute to selective disenrollment by clients with greater care needs. Selective disenrollment works against the goal of integrating care for high-risk clients and makes it more challenging to achieve cost containment objectives, even with processes in place to risk-adjust capitation payments.

Because WMIP enrollees did not identify problems with obtaining approval for needed care (Q12a, Q24, and Q26), relatively low satisfaction in these areas is likely to be due to provider network issues, as opposed to client concerns about approval processes in managed care. Low satisfaction in these areas may be due in part to differences in the robustness of Medicaid service delivery systems in Snohomish County relative to the comparison counties.

Findings from the WMIP Disenrollee Survey

Over the first 15 months of the project, enrollment in WMIP declined by almost 50 percent from 3,173 clients enrolled in January 2005 to 1,687 clients enrolled in March 2006 (see the chart on page 2). To better understand the reasons for disenrollment from the project, DSHS obtained grant funding from the Center for Health Care Strategies Medicaid Value Program to implement a survey of clients who left the project. The WMIP disenrollee survey was fielded by the DSHS Research and Data Analysis Division. Key findings from the survey are reported here.

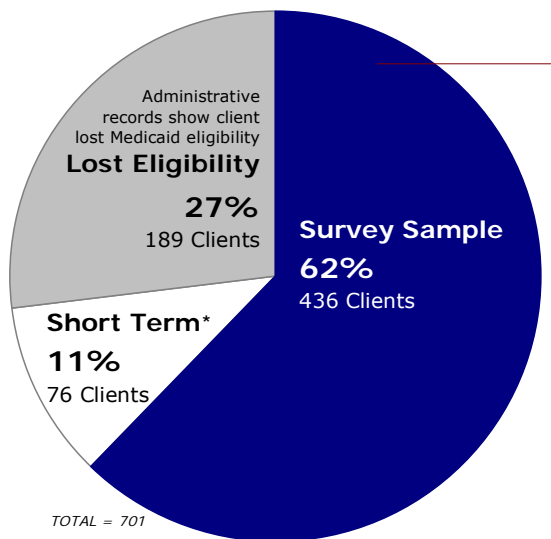
There were 701 clients who left the program during the study period. After excluding 76 “short term” clients who were enrolled in WMIP for less than six months prior to leaving the program (following standard CAHPS protocol), the study population included all 625 clients who disenrolled from the WMIP project in the July 2005 to March 2006 time period and who had been enrolled in WMIP for at least six months (see chart below).

Of the 625 clients who disenrolled from the WMIP project in the study period, 189 were determined to have lost Medicaid eligibility in the month they left the program and were excluded from the sample prior to the “field stage” of data collection. During the field stage of data collection, 72 clients were determined to have lost eligibility for WMIP because they left the pilot county, an additional 28 were determined to have lost Medicaid eligibility (for example, because they were deceased, in jail, in the military, or in a state mental hospital), and 12 were determined to have re-enrolled in the pilot project.

We attempted to complete telephone interviews with the remaining 324 clients in the study population. Of these clients, 252 were interviewed between March and May 2006, 42 could not be contacted, 20 refused to participate, and 10 were not interviewed because they were homeless or incapacitated. The response rate was 80 percent after adjustment for ineligible sample members using methods analogous to those reported by The Myers Groups for the WMIP enrollee survey.

Survey items related to reasons for disenrollment were developed in-house by the DSHS WMIP project team. Additional survey items were drawn from the CAHPS 3.0H Medicaid Adult Survey instrument (see Appendix B for responses to these items). As noted in the project timeline shown on page 2, the WMIP disenrollee survey was fielded after full implementation of the WMIP mental health benefit in October 2005, but prior to the integration of the WMIP long-term care benefit in October 2006.

Disenrollee Population Disposition



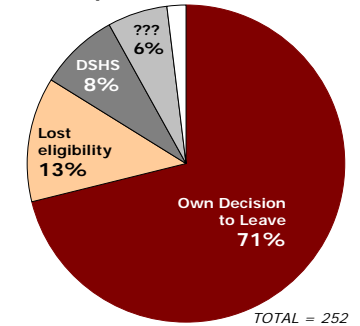
* Enrolled in WMIP less than five of the six months prior to leaving. Insufficient time with the plan prior to disenrollment.

Survey Sample Disposition

Left county	72
In jail	4
Deceased	14
Out of country/in military	7
In state mental hospital	3
Returned to WMIP	12
Refusal	20
No contact	42
Did not interview**	10
Interviewed	252
TOTAL	436

** Homeless, in nursing home, or long-term medical rehabilitation.

Self-reported Reason for Exit



Reason for Exit

Reported by those completing interviews

Own decision to leave	179	71%
Lost Medicaid eligibility	32	13%
DSHS switched	21	8%
Don't know/Didn't need	16	6%
No answer	4	2%
TOTAL	252	100%

Reasons for Disenrollment

After combining survey responses with information from administrative data, we found that 41 percent of clients left the pilot project because they lost Medicaid eligibility, with another 12 percent disenrolling because they left the pilot county (see chart below). In other words, more clients left the project because of changes in their eligibility status than left because they decided to opt out of the program (37 percent).

This finding confirms the importance of eligibility changes as a contributing factor to the decline in WMIP enrollment during the first 15 months of the project. During this period, processes were not in place to fully enroll the “inflow” of clients becoming eligible for WMIP in Snohomish County to offset the “outflow” of WMIP enrollees losing Medicaid eligibility or moving out of the pilot county. Analysis of administrative data has shown that disruptions have been particularly significant for clients with substance use disorders who are more likely to experience gaps in Medicaid eligibility due to incarceration. Since March 2006, processes have been established to more effectively enroll clients becoming eligible for WMIP in the pilot county. These new processes account for the increase in WMIP enrollment beginning in April 2006 and the stabilization of enrollment at higher levels through December 2006 (see chart on page 2).

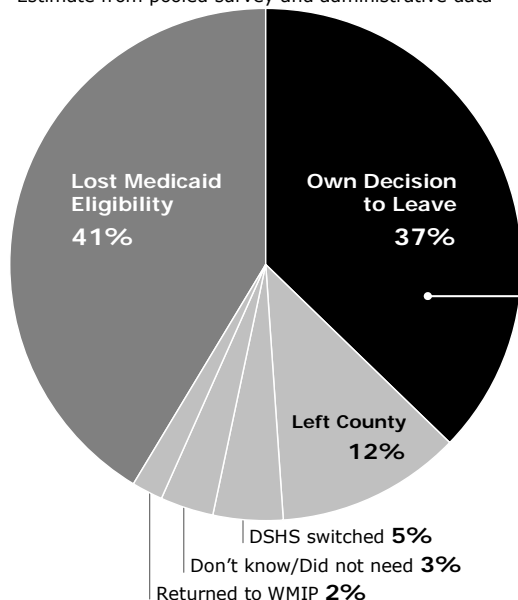
Self-reported Reasons for Leaving

We asked disenrollees through an open-ended question to identify the single most important reason why they left the WMIP program. *Among respondents who indicated they chose to disenroll from the project*, 39 percent cited problems with access to medical providers and 35 percent cited dissatisfaction with Molina’s prescription drug coverage. No other response category was cited by more than 10 percent of respondents.

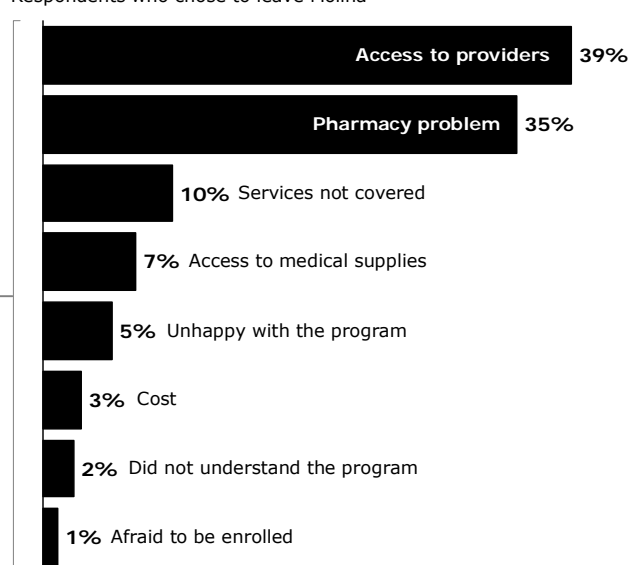
These responses echo the finding that WMIP *enrollees* have relatively low satisfaction with drug coverage and access to urgent care and specialty medical providers. The disenrollee survey indicates that provider access problems have been a key driver of disenrollment and probably have contributed to selective disenrollment by clients with greater care needs. Because WMIP *enrollees* did not identify problems with obtaining approval for needed care, provider access concerns are more likely due to provider network issues, as opposed to client concern over prior approval processes in managed care. Low satisfaction with access to providers may be due in part to the general breadth of the Medicaid service delivery system in Snohomish County, but the frequency with which this was cited in the WMIP disenrollee survey indicates that the underlying issue is at least in part the adequacy of Molina’s provider network.

Reasons for Disenrollment

Overall distribution of disenrollment reasons
Estimate from pooled survey and administrative data



What was the MOST IMPORTANT REASON you left?
Respondents who chose to leave Molina



Other Reasons for Disenrollment

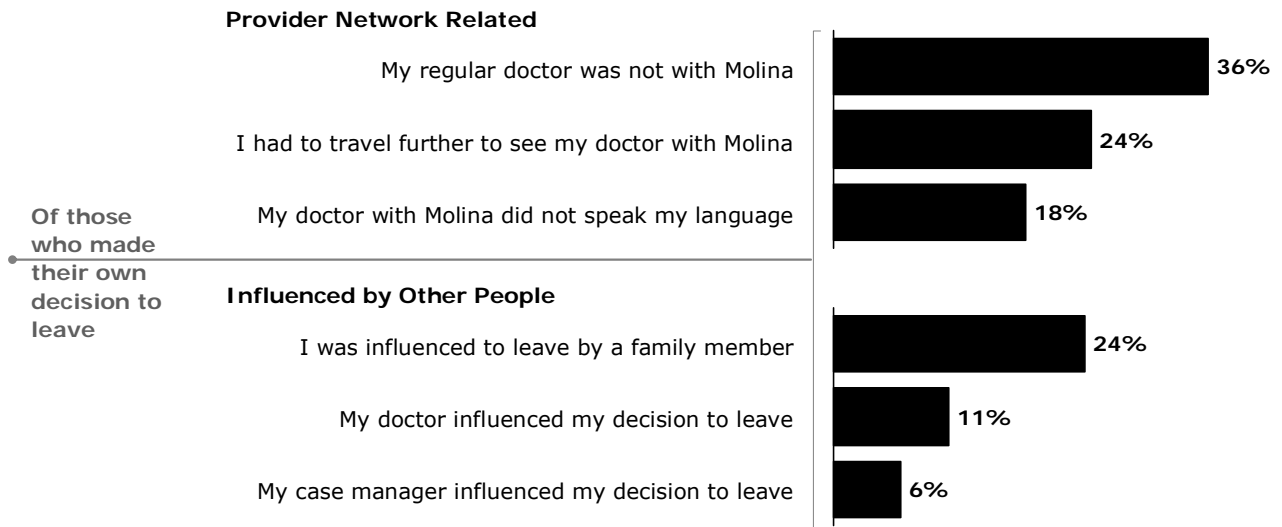
Following the initial open-ended question asking respondents to identify their most important reason for leaving the WMIP program, survey respondents were asked a series of six close-ended questions to determine whether specific issues were part of the client's reason for disenrolling. Clients could endorse multiple reasons.

Among respondents who indicated they chose to disenroll from the project, the most commonly endorsed reasons tended to be related to provider network issues: 36 percent said that they left because their regular doctor was not with Molina, 24 percent said they left because they had to travel further to see their doctor with Molina, and 18 percent said their doctor with Molina did not speak their language. Another 24 percent said they were influenced to leave by a family member, while 11 percent said they were influenced by their doctor. Only 6 percent cited being influenced by their case manager.

These findings are generally consistent with the responses to the initial open-ended question which pointed to provider access as the leading reason for disenrollment among clients who chose to leave the project.

Response to close-end questions about reasons for exit

Was this a reason you left Molina?



Additional copies of this paper may be obtained from: <http://www1.dshs.wa.gov/RDA/> or by calling 360.902.0701. Please request report number below.



Survey Detail

APPENDIX A

Pages 13-21

Comparison of Molina Consumer Assessment of Health Plans Survey (CAHPS) and Fee For Service (FFS) Comparison Surveys

NOTE: Appendix A requires landscape printing on legal-sized paper.

APPENDIX B

Pages 22-23

WMIP Disenrollee Survey Question Summaries – Detailed Response Tables

APPENDIX A: Comparison of Molina CAHPS and Fee For Service Comparison Surveys

DSHS Fee For Service Survey Question Detail			WMIP Enrollee Survey Question Detail			Test of Difference	
Survey Item	Valid N	Category Responses	Survey Item	Valid N	Category Responses	Summary Rate	T Test
PCP Availability							
3. How many months or years in a row have you gotten your health care from DSHS?	529	Less than 6 mos 1.7% At least 6 mos but < 1 yr 1.9% At least 1 yr but < 2 yrs 5.5% 5 or more years 70.1%	3. How many months or years in a row have you been in this health plan?	360	Less than 6 mos 6.9% At least 6 mos but < 1 yr 19.2% At least 1 yr but < 2 yrs 46.9% 5 or more years 6.4%	N/A	N/A
4. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your personal doctor or nurse?	520	Yes 83.1% No 16.9%	4. Do you have one person you think of as your personal doctor or nurse?	376	Yes 79.3% No 20.7%	83.1%	0.15
5. Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your personal doctor or nurse?	419	0 - 3 2.1% 4 - 7 22.9% 8 - 10 74.9%	5. What number would you use to rate your personal doctor or nurse?	294	0 - 3 3.7% 4 - 7 22.8% 8 - 10 73.5%	74.9%	0.67
6. Did you have the same personal doctor or nurse before you were in DSHS?	424	Yes 27.8% No 72.2%	6. Did you have the same personal doctor or nurse before you joined this health plan?	298	Yes 57.7% No 42.3%	27.8%	0.00 *
7. Since you have gotten health care from DSHS, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?	384	A big problem 19.3% A small problem 22.7% Not a problem 58.1%	7. Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?	189	A big problem 23.8% A small problem 22.2% Not a problem 54.0%	58.1%	0.35
Access to Specialist							
8. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. In the last 6 months, did you or a doctor think you needed to see a specialist?	525	Yes 52.6% No 47.4%	8. In the last 6 months, did you or a doctor think you needed to see a specialist?	378	Yes 43.9% No 56.1%	52.6%	0.01 *
9. In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?	269	A big problem 17.1% A small problem 19.7% Not a problem 63.2%	9. In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?	160	A big problem 26.9% A small problem 18.8% Not a problem 54.4%	63.2%	0.07

*Statistically significant at the 5% level.

APPENDIX A: Comparison of Molina CAHPS and Fee For Service Comparison Surveys

DSHS Fee For Service Survey Question Detail		WMIP Enrollee Survey Question Detail		Test of Difference			
Survey Item	Valid N	Category Responses	Survey Item	Valid N	Category Responses	Summary Rate	T Test
						DSHS FFS	DSHS FFS vs WMIP Enrollee p-value
10. In the last 6 months, did you see a specialist?	522	Yes 47.5% No 52.5%	10. In the last 6 months, did you see a specialist?	378	Yes 39.2% No 60.8%	47.5%	0.01 *
11. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?	245	0 - 3 4.1% 4 - 7 23.3% 8 - 10 72.7%	11. What number would you use to rate the specialist?	148	0 - 3 4.7% 4 - 7 22.3% 8 - 10 73.0%	72.7%	0.95
12. In the last 6 months, not counting the times you needed health care right away, was the specialist you saw most often the same doctor as your personal doctor?	245	Yes 34.3% No 65.7%	12. In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?	147	Yes 32.7% No 67.3%	34.3%	0.75
Calling the Doctor's Office							
13. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?	520	Yes 57.9% No 42.1%	13. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?	378	Yes 60.6% No 39.4%	57.9%	0.42
14. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?	299	Never 4.0% Sometimes 12.0% Usually 27.8% Always 56.2%	14. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?	225	Never 8.4% Sometimes 18.2% Usually 25.8% Always 47.6%	84.0%	0.00 *
Access to Urgent Care							
15. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room or doctor's office?	524	Yes 46.9% No 53.1%	15. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room or doctor's office?	379	Yes 45.4% No 54.6%	46.9%	0.66
16. In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get the care as soon as you wanted?	240	Never 5.0% Sometimes 12.9% Usually 26.7% Always 55.4%	16. In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?	169	Never 7.1% Sometimes 20.1% Usually 27.8% Always 45.0%	82.1%	0.03 *

*Statistically significant at the 5% level.

APPENDIX A: Comparison of Molina CAHPS and Fee For Service Comparison Surveys

DSHS Fee For Service Survey Question Detail		WMIP Enrollee Survey Question Detail		Test of Difference		
Survey Item	Valid N	Category Responses		Summary Rate	T Test	
17. In the last 6 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?	234	Same day 51.7%	1 day 13.7%	2 days 6.4%	3 days 6.8%	DSHS FFS vs WMIP Enrollee p-value 0.25
		4-7 days 10.3%	8-14 days 5.1%	15 days or longer 6.0%		
Access to Regular/Routine						
18. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care. In the last 6 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?	525	Yes 74.5%	No 25.5%			DSHS FFS vs WMIP Enrollee p-value 0.04 *
19. In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?	388	Never 3.4%	Sometimes 15.7%	Usually 39.9%	Always 41.0%	
20. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?	377	Same day 11.9%	1 day 11.4%	2 days 16.7%	3 days 13.3%	
		4-7 days 21.8%	8-14 days 13.5%	15 days or longer 11.4%		
21. In the last 6 months how many times did you go to an emergency room to get care for yourself?	523	None 66.3%	1 time 19.1%	2-4 times 12.0%	5 or more times 2.5%	
17. In the last 6 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?	170	Same day 45.9%	1 day 8.2%	2 days 10.6%	3 days 5.3%	DSHS FFS vs WMIP Enrollee p-value 0.25
		4-7 days 15.9%	8-14 days 4.7%	15 days or longer 9.4%		
18. In the last 6 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?	378	Yes 68.3%	No 31.7%			DSHS FFS vs WMIP Enrollee p-value 0.10
19. In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?	256	Never 5.5%	Sometimes 19.1%	Usually 37.1%	Always 38.3%	
20. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?	246	Same day 14.2%	1 day 9.8%	2-3 days 20.3%	4-7 days 26.0%	
		8-14 days 14.6%	15-30 days 7.3%	31 days or longer 7.7%		
21. In the last 6 months, how many times did you go to an emergency room to get care for yourself?	381	None 70.1%	1 time 15.0%	2-4 times 12.3%	5 or more times 2.6%	DSHS FFS vs WMIP Enrollee p-value 0.00 *

*Statistically significant at the 5% level.

APPENDIX A: Comparison of Molina CAHPS and Fee For Service Comparison Surveys

DSHS Fee For Service Survey Question Detail				WMIP Enrollee Survey Question Detail				Test of Difference						
Survey Item	Valid N	Category Responses			Survey Item	Valid N	Category Responses			Summary Rate	T Test			
		1	2	3			1	2	3	DSHS FFS	WMIP Enrollee	DSHS FFS vs WMIP Enrollee p-value		
Getting Care/Doctor's Office Staff														
22. In the last 6 months (not counting times you went to an emergency room) how many times did you go to a doctor's office or clinic to get care for yourself?	509	None 18.7%	1 15.9%	2 17.9%	3 16.7%	22. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?	382	None 24.3%	1 14.9%	2 15.2%	3 11.0%	18.7%	24.3%	0.04 *
		4 5.7%	5 to 9 18.7%	10 or more 6.5%				4 11.5%	5 to 9 17.0%	10 or more 6.0%				
23. In the last 6 months, did you or a doctor believe you needed any care, tests, or treatment?	413	Yes 82.3%	No 17.7%			23. In the last 6 months, did you or a doctor believe you needed any care, tests, or treatment?	287	Yes 79.4%	No 20.6%			82.3%	79.4%	0.34
24. In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?	338	A big problem 8.3%	A small problem 21.9%	Not a problem 69.8%		24. In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?	226	A big problem 10.6%	A small problem 21.2%	Not a problem 68.1%		69.8%	68.1%	0.67
25. In the last 6 months, did you need approval from DSHS for any care, tests or treatment?	406	Yes 21.4%	No 78.6%			25. In the last 6 months, did you need approval from your health plan for any care, tests, or treatment?	284	Yes 37.3%	No 62.7%			21.4%	37.3%	0.00 *
26. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from DSHS?	87	A big problem 19.5%	A small problem 25.3%	Not a problem 55.2%		26. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?	282	A big problem 7.8%	A small problem 16.0%	Not a problem 76.2%		55.2%	76.2%	0.00 *
27. In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?	404	Never 23.3%	Sometimes 22.0%	Usually 34.2%	Always 20.5%	27. In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?	284	Never 20.1%	Sometimes 22.5%	Usually 35.9%	Always 21.5%	54.7%	57.4%	0.48
28. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?	412	Never 2.7%	Sometimes 6.1%	Usually 15.5%	Always 75.7%	28. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?	287	Never 3.5%	Sometimes 4.9%	Usually 18.1%	Always 73.5%	91.2%	91.6%	0.85
29. In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?	411	Never 1.0%	Sometimes 9.7%	Usually 27.0%	Always 62.3%	29. In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?	287	Never 3.5%	Sometimes 8.4%	Usually 25.4%	Always 62.7%	89.3%	88.1%	0.62

*Statistically significant at the 5% level.

APPENDIX A: Comparison of Molina CAHPS and Fee For Service Comparison Surveys

DSHS Fee For Service Survey Question Detail

WMIP Enrollee Survey Question Detail

Test of Difference

Survey Item	Valid N	Category Responses				Survey Item	Valid N	Category Responses				Summary Rate		T Test
		Never	Sometimes	Usually	Always			Never	Sometimes	Usually	Always	DSHS FFS	WMIP Enrollee	DSHS FFS vs WMIP Enrollee p-value

Experience with Your Doctor

30. In the last 6 months, how often did doctors or other health providers listen carefully to you?	411	Never 1.0%	Sometimes 10.2%	Usually 25.8%	Always 63.0%	285	Never 3.2%	Sometimes 12.3%	Usually 22.8%	Always 61.8%	88.8%	84.6%	0.10
31. In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?	411	Never 77.4%	Sometimes 13.9%	Usually 3.6%	Always 5.1%	286	Never 77.3%	Sometimes 14.3%	Usually 5.2%	Always 3.1%	91.3%	91.6%	0.89
32. In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?	410	Never 3.9%	Sometimes 11.7%	Usually 29.0%	Always 55.4%	287	Never 4.5%	Sometimes 11.1%	Usually 27.9%	Always 56.4%	84.4%	84.3%	0.97
33. In the last 6 months, how often did doctors or other health providers show respect for what you had to say?	406	Never 2.5%	Sometimes 9.1%	Usually 26.8%	Always 61.6%	284	Never 2.8%	Sometimes 12.3%	Usually 25.0%	Always 59.9%	88.4%	84.9%	0.18
34. In the last 6 months, how often did doctors or other health providers spend enough time with you?	413	Never 2.9%	Sometimes 12.3%	Usually 33.7%	Always 51.1%	283	Never 4.6%	Sometimes 14.5%	Usually 31.1%	Always 49.8%	84.8%	80.9%	0.18
35. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	411	0 - 3 3.2%	4 - 7 24.1%	8 - 10 72.7%		284	0 - 3 6.0%	4 - 7 31.0%	8 - 10 63.0%		72.7%	63.0%	0.01 *

Interpreter Services

36. An interpreter is someone who repeats or signs what one person says in a language used by another person. In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?	521	Yes 19.6%	No 80.4%			373	Yes 10.2%	No 89.8%			19.6%	10.2%	0.00 *
37. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?	100	Never 4.0%	Sometimes 14.0%	Usually 25.0%	Always 57.0%	37	Never 5.4%	Sometimes 10.8%	Usually 18.9%	Always 64.9%	82.0%	83.8%	0.81

*Statistically significant at the 5% level.

APPENDIX A: Comparison of Molina CAHPS and Fee For Service Comparison Surveys

DSHS Fee For Service Survey Question Detail		WMIP Enrollee Survey Question Detail		Test of Difference	
Survey Item	Valid N	Category Responses	Survey Item	Valid N	Category Responses
		Yes	No	Summary Rate	T Test
		DSHS FFS	WMIP Enrollee	DSHS FFS vs WMIP Enrollee p-value	
Health Plan Enrollment					
38. You can get information about your medical services in writing, by telephone, on the Internet, or in person. Did you get any information about your medical coupon before you got it?	509	Yes 45.2%	No 54.8%	45.2%	0.00 *
39. How much of the information you were given before you got your medical coupon was correct?	224	All of it 64.7%	Most of it 25.9%	Some of it 8.9%	None of it 0.4%
Plan Communications					
40. In the last 6 months, did you look for any information about how DSHS works in written materials or on the Internet?	515	Yes 10.7%	No 89.3%	18.4%	81.6%
41. In the last 6 months, how much of a problem, if any, was it to find or understand this information?	53	A big problem 3.8%	A small problem 35.8%	Not a problem 60.4%	
42. In the last 6 months, did you call DSHS's customer service to get information or help?	528	Yes 21.2%	No 78.8%	35.0%	65.0%
43. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called DSHS's customer service?	111	A big problem 17.1%	A small problem 35.1%	Not a problem 47.7%	
Complaint/Problem Resolution					
44. In the last 6 months, have you called or written DSHS with a complaint or problem?	531	Yes 6.0%	No 94.0%	11.1%	88.9%
45. How long did it take for DSHS to resolve your complaint?	32	Same day 21.9%	2-7 days 21.9%	8-14 days 6.3%	More than 21 days 0.0%
Health Plan Enrollment (Continued)					
40. Did you get any information about your health plan before you signed up for it?	213	Yes 59.6%	No 40.4%	59.6%	40.4%
41. How much of the information you were given before you signed up for the plan was correct?	122	All of it 50.8%	Most of it 36.9%	Some of it 10.7%	None of it 1.6%
Plan Communications (Continued)					
42. In the last 6 months, did you look for any information about how your health plan works in written materials or on the Internet?	370	Yes 18.4%	No 81.6%	18.4%	81.6%
43. In the last 6 months, how much of a problem, if any, was it to find or understand this information?	67	A big problem 11.9%	A small problem 31.3%	Not a problem 56.7%	
44. In the last 6 months, did you call your health plan's customer service to get information or help?	377	Yes 35.0%	No 65.0%	35.0%	65.0%
45. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?	132	A big problem 8.3%	A small problem 28.8%	Not a problem 62.9%	
Complaint/Problem Resolution (Continued)					
46. In the last 12 months, have you called or written your health plan with a complaint or problem?	380	Yes 11.1%	No 88.9%	11.1%	88.9%
47. How long did it take for the health plan to resolve your complaint?	38	Same day 23.7%	2-7 days 36.8%	8-14 days 5.3%	More than 21 days 2.6%
Complaint/Problem Resolution (Continued)					
46. In the last 12 months, have you called or written your health plan with a complaint or problem?	380	Yes 11.1%	No 88.9%	11.1%	88.9%
47. How long did it take for the health plan to resolve your complaint?	38	Same day 23.7%	2-7 days 36.8%	8-14 days 5.3%	More than 21 days 2.6%

*Statistically significant at the 5% level.

APPENDIX A: Comparison of Molina CAHPS and Fee For Service Comparison Surveys

DSHS Fee For Service Survey Question Detail

WMIP Enrollee Survey Question Detail

Test of Difference

Survey Item	Valid N	Category Responses				Survey Item	Valid N	Category Responses				Summary Rate		T Test
		Yes	No	15-21 days	More than 21 days			Yes	No	8-14 days	15-21 days	More than 21 days	DSHS FFS	WMIP Enrollee
46. Was your complaint or problem settled to your satisfaction?	18	66.7%	33.3%			48. Was your complaint or problem settled to your satisfaction?	27	81.5%	18.5%			66.7%	81.5%	0.26
47. How long have you been waiting for DSHS to resolve your complaint?	11	0.0%	9.1%	0.0%	90.9%	49. How long have you been waiting for your health plan to resolve your complaint?	13	15.4%	15.4%	7.7%	61.5%	0.0%	15.4%	0.19
48. In the last 6 months, did you have to fill out any paperwork for DSHS?	525	39.0%	61.0%			50. In the last 12 months, did you have to fill out any paperwork for your health plan?	372	11.3%	88.7%			39.0%	11.3%	0.00 *
49. In the last 6 months, how much of a problem, if any, did you have with paperwork for DSHS?	202	10.9%	27.2%	61.9%		51. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?	370	0.8%	1.9%	97.3%		61.9%	97.3%	0.00 *
50. Using any number from 0 to 10, where 0 is the worst medical services possible, and 10 is the best medical services possible, what number would you use to rate DSHS now?	505	5.5%	32.7%	61.8%		52. What number would you use to rate your health plan?	362	7.2%	38.7%	54.1%		61.8%	54.1%	0.02 *
Health Status and Smoking Questions														
51. In general, how would you rate your overall health now?	539	3.7%	12.8%	24.5%	23.2%	53. In general, how would you rate your overall health now?	368	7.1%	9.0%	31.8%	18.8%	16.5%	16.1%	0.87
52. Do you smoke every day, some days, or not at all?	532	32.9%	8.5%	58.6%		54. Do you now smoke cigarettes every day, some days, or not at all?	364	32.1%	8.5%	59.3%		58.6%	59.3%	0.83
53. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider?	197	31.0%	19.3%	31.5%	6.1%	55. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?	134	34.3%	20.9%	28.4%	4.5%	69.1%	65.7%	0.52
54. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?	193	57.0%	16.6%	16.1%	4.1%	56. Discussing Smoking Cessation Medication: On how many visits was medication recommended or discussed to assist you with quitting smoking?	134	65.7%	20.1%	9.0%	0.7%	43.0%	34.3%	0.11

*Statistically significant at the 5% level.

APPENDIX A: Comparison of Molina CAHPS and Fee For Service Comparison Surveys

DSHS Fee For Service Survey Question Detail		WMIP Enrollee Survey Question Detail		Test of Difference	
Survey Item	Valid N	Category Responses	Survey Item	Valid N	Category Responses
55. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?	194	1 visit: 16.0% 2 to 4 visits: 17.0% 5 to 9 visits: 3.1% 10 or more visits: 2.1% None: 61.9%	57. Discussing Smoking Cessation Strategies: On how many visits did your doctor or health provider recommend or discuss methods or strategies?	134	1 visit: 16.4% 2 to 4 visits: 12.7% 5 to 9 visits: 2.2% 10 or more visits: 1.5% None: 67.2%
Demographics/Completing this Survey					
56. What is your age now?	518	18-24: 2.1% 25-34: 14.7% 35-44: 16.8% 45-54: 29.2% 55-64: 26.6% 65-74: 10.2% 75 or older: 0.4%	58. What is your age now?	372	18-24: 4.0% 25-34: 13.2% 35-44: 15.3% 45-54: 34.1% 55-64: 21.2% 65-74: 8.3% 75 or older: 3.8%
57. Are you male or female?	536	Male: 43.3% Female: 56.7%	59. Are you male or female?	371	Male: 39.1% Female: 60.9%
58. What is the highest grade or level of school that you have completed?	534	8th grade or less: 14.8% Some college or 2-year degree: 21.5% 4-year college: 3.0% High school graduate/GED: 38.4% More than 4-year college degree: 3.4%	60. What is the highest grade or level of school that you have completed?	363	8th grade or less: 14.3% Some college or 2-year degree: 28.4% 4-year college: 4.4% High school graduate/GED: 34.2% More than 4-year college degree: 1.4%
59. Are you of Hispanic or Latino origin or descent?	519	Yes: 2.7% No: 97.3%	61. Are you of Hispanic or Latino origin or descent?	353	Yes: 4.5% No: 95.5%
60. What is your race?	537	White: 76.2% Black/African-American: 5.2% American Indian or other Pacific Alaska Native: 0.9% Asian: 14.5% Other: 4.5%	62. What is your race?	381	White: 77.2% Black/African-American: 3.9% American Indian or Alaska Native: 2.6% Asian: 8.9% Native Hawaiian or other Pacific Islander: 0.5% Other: 6.8%
Language/Completing this Survey					
61. What language do you mainly speak at home?	496	English: 83.9% Spanish: 0.6% Other: 15.5%	63. What language do you mainly speak at home?	362	English: 86.2% Spanish: 1.4% Other: 12.4%
62. Did someone help you complete this survey?	459	Yes: 42.3% No: 57.7%	64. Did someone help you complete this survey?	294	Yes: 28.6% No: 71.4%

APPENDIX A: Comparison of Molina CAHPS and Fee For Service Comparison Surveys

DSHS Fee For Service Survey Question Detail			WMIP Enrollee Survey Question Detail			Test of Difference	
Survey Item	Valid N	Category Responses	Survey Item	Valid N	Category Responses	Summary Rate	T Test
						DSHS FFS	DSHS FFS vs WMIP Enrollee p-value
63. How did that person help you?	194	Read questions to me 47.9% Translated questions 34.0% Wrote down my answers 37.1% Helped in some other way 6.2% Answered for me 32.0%	65. How did that person help you?	82	Read questions to me 45.1% Translated questions 45.1% Wrote down my answers 32.9% Helped in some other way 7.3% Answered for me 26.8%	65.2%	0.57
Custom Questions							
12a. If your Primary Care Physician recommended that you see a specialist, how difficult was it to obtain care?	402	Not difficult 65.2% A little difficult 11.9% Somewhat difficult 15.7% Very difficult 7.2%	12a. If your Primary Care Physician recommended that you see a specialist, how difficult was it to obtain care?	131	Not difficult 67.9% A little difficult 9.9% Somewhat difficult 14.5% Very difficult 7.6%	67.9%	0.57
37a. In the last 6 months, did you need any treatment or counseling for an alcohol or drug problem?	519	Yes 5.6% No 94.4%	37e. In the last 6 months, did you need any treatment or counseling for an alcohol or drug problem?	373	Yes 3.2% No 96.8%	5.6%	0.09
37b. In the last 6 months, how much of a problem, if any, was it to get the alcohol or drug treatment or counseling you needed through DSHS?	27	A big problem 14.8% A small problem 14.8% Not a problem 70.4%	37f. In the last 6 months, how much of a problem, if any, was it to get the alcohol or drug treatment or counseling you needed through your health plan?	12	A big problem 8.3% A small problem 0.0% Not a problem 91.7%	70.4%	0.15
37c. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate the alcohol or drug treatment or counseling you received in the last 6 months?	29	0 - 3 24.1% 4 - 7 31.0% 8 - 10 44.8%	37g. What number would you use to rate the alcohol and drug treatment or counseling you received in the past 6 months?	12	0 - 3 0.0% 4 - 7 25.0% 8 - 10 75.0%	44.8%	0.09
50a. In the last 6 months, how much of a problem, if any, was it to get your prescription medicine?	494	A big problem 4.9% A small problem 16.6% Not a problem 78.5%	52a. In the last 6 months, how much of a problem, if any, was it to get your prescription medicine from your health plan?	340	A big problem 10.6% A small problem 27.4% Not a problem 62.1%	78.5%	0.00 *
50b. How satisfied are you with the prescription drug coverage you receive through DSHS?	503	Very satisfied 42.1% Somewhat dissatisfied 4.4% Satisfied 36.0% Dissatisfied 1.0% Neither satisfied nor dissatisfied 5.2% Somewhat satisfied 11.3% Very dissatisfied 0.0%	52b. How satisfied are you with the prescription drug coverage you receive through your health plan?	363	Very satisfied 39.1% Somewhat dissatisfied 6.1% Satisfied 31.7% Dissatisfied 1.1% Neither satisfied nor dissatisfied 6.1% Somewhat satisfied 13.8% Very dissatisfied 2.2%	78.1%	0.01 *

APPENDIX A: Comparison of Molina CAHPS and Fee For Service Comparison Surveys

DSHS Fee For Service Survey Question Detail		WMIP Enrollee Survey Question Detail				Test of Difference						
Survey Item	Valid N	Category Responses			Valid N	Category Responses						
50c. All things considered, how satisfied are you with DSHS?	518	Very satisfied 36.5%	Satisfied 40.7%	Somewhat satisfied 12.5%	Neither satisfied nor dissatisfied 6.9%	375	Completely satisfied 24.3%	Satisfied 45.1%	Somewhat satisfied 14.7%	Neither satisfied nor dissatisfied 7.5%	Summary Rate	T Test
		Somewhat dissatisfied 2.5%	Dissatisfied 0.8%	Very dissatisfied 0.0%			Somewhat dissatisfied 3.5%	Dissatisfied 3.5%	Completely dissatisfied 1.6%		DSHS FFS	DSHS FFS vs WMIP Enrollee p-value
51a. In general, how would you rate your overall mental or emotional health now?	540	Excellent 6.5%	Very good 13.7%	Good 30.2%		372	Excellent 9.4%	Very good 13.7%	Good 28.8%		20.2%	0.29
		Fair 33.0%	Poor 16.7%				Fair 35.2%	Poor 12.9%			23.1%	
51b. In the last 6 months, did you need any treatment or counseling for a personal or family problem?	533	Yes 29.3%	No 70.7%			370	Yes 32.7%	No 67.3%			29.3%	0.28
51c. In the last 6 months, how much of a problem, if any, was it to get the treatment or counseling you needed with your medical coupon?	150	A big problem 12.0%	A small problem 20.0%	Not a problem 68.0%		115	A big problem 23.5%	A small problem 23.5%	Not a problem 53.0%		68.0%	0.01 *
51d. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your treatment or counseling in the last 6 months?	152	0 - 3 17.8%	4 - 7 28.9%	8 - 10 53.3%		107	0 - 3 15.8%	4 - 7 34.6%	8 - 10 49.6%		53.3%	0.56

APPENDIX B: WMIP Disenrollee Survey Question Summaries – Detailed Response Tables

Q#	Survey Item	Valid N	Category Responses				Summary Rate	
							Disenrollee Survey	Enrollee Survey
YOUR PERSONAL DOCTOR OR NURSE								
9	When you joined Molina or at any time while you were a member of that plan did you get a new personal doctor or nurse?	250	Yes 36.8%	No 63.2%			N/A	N/A
10	With the choices Molina gave you, how much of a problem, if any, was it to get a personal doctor or nurse you were happy with?	82	A big problem 23.2%	A small problem 15.9%	Not a problem 61.0%		61.0%	54.0%
11	In the 6 months before you left Molina, did you have one person you thought of as your personal doctor or nurse?	251	Yes 65.7%	No 34.3%			65.7%	79.3%
12	How would you rate the personal doctor or nurse you had in the 6 months before you left Molina?	144	0 - 3 7.6%	4 - 7 23.6%	8 - 10 68.8%		68.8%	73.5%
GETTING HEALTH CARE FROM A SPECIALIST								
13	In the 6 months before you left Molina, did you or a doctor think you needed to see a specialist?	244	Yes 51.6%	No 48.4%			51.6%	43.9%
14	In the 6 months before you left Molina, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?	114	A big problem 35.1%	A small problem 14.0%	Not a problem 50.9%		50.9%	54.4%
15	How would you rate the specialist you saw most often in the 6 months before you left Molina, including a personal doctor if he or she is a specialist?	89	0 - 3 3.4%	4 - 7 31.5%	8 - 10 65.2%		65.2%	73.0%
YOUR HEALTH CARE IN THE LAST 6 MONTHS (BEFORE YOU LEFT)								
16	In the 6 months before you left Molina, did you make any appointments with a doctor or other health provider for regular or routine health care?	250	Yes 58.4%	No 41.6%			58.4%	68.3%
17	In the 6 months before you left Molina, when you needed regular or routine health care, how often did you get an appointment as soon as you wanted?	141	Never 9.9%	Sometimes 16.3%	Usually 34.0%	Always 39.7%	73.8%	75.4%
18	In the 6 months before you left Molina, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?	249	Yes 36.1%	No 63.9%			36.1%	45.4%
19	In the 6 months before you left Molina, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?	83	Never 14.5%	Sometimes 22.9%	Usually 20.5%	Always 42.2%	62.7%	72.8%
20	In the 6 months before you left Molina, how much of a problem, if any, was it to get the care you or a doctor believed necessary?	203	A big problem 36.5%	A small problem 13.3%	Not a problem 50.3%		50.3%	68.1%
21	In the 6 months before you left Molina, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?	200	A big problem 36.5%	A small problem 15.5%	Not a problem 48.0%		48.0%	76.2%
22	How would you rate all the health care you got in the last 6 months before you left Molina from all doctors and other health providers? Use any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible.	205	0 - 3 15.6%	4 - 7 36.6%	8 - 10 47.8%		47.8%	63.0%
OTHER HEALTH SERVICES								
23	In the 6 months before you left the plan, how much of a problem, if any, was it to get your prescription medicine from Molina?	185	A big problem 41.1%	A small problem 15.1%	Not a problem 43.8%		43.8%	62.1%
24	In the 6 months before you left the plan, how often did you get the prescription medicine you needed through Molina?	193	Never 8.8%	Sometimes 33.7%	Usually 18.7%	Always 38.9%	57.5%	N/A
25	In the 6 months before you left the plan, did you need any treatment or counseling for a personal or family problem?	247	Yes 21.5%	No 78.5%			21.5%	32.7%

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26	In the 6 months before you left the plan, how much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?	45	A big problem 35.6%	A small problem 17.8%	Not a problem 46.7%	46.7%	53.0%
27	Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your treatment or counseling in the 6 months before you left Molina?	39	0 - 3 20.5%	4 - 7 35.9%	8 - 10 43.6%	43.6%	49.6%
28	In the 6 months before you left the plan, did you need any treatment or counseling for an alcohol or drug problem?	248	Yes 4.8%	No 95.2%		4.8%	3.2%
29	In the 6 months before you left the plan, how much of a problem, if any, was it to get the alcohol or drug treatment or counseling you needed through your health plan?	9	A big problem 0.0%	A small problem 11.1%	Not a problem 88.9%	88.9%	91.7%
30	Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate the alcohol or drug treatment or counseling you received in the 6 months before you left Molina?	9	0 - 3 33.3%	4 - 7 33.3%	8 - 10 33.3%	33.3%	75.0%
31	In the 6 months before you left the plan, did you call Molina to get information or help?	247	Yes 36.0%	No 64.0%		36.0%	35.0%

CUSTOMER SERVICE

32	In the 6 months before you left the plan, how much of a problem, if any, was it to get the help you needed when you CALLED Molina?	86	A big problem 54.7%	A small problem 11.6%	Not a problem 33.7%	33.7%	62.9%
33	In the 6 months before you left the plan, did you call or write Molina with a complaint or problem?	247	Yes 21.9%	No 78.1%		21.9%	11.1%
34	How long did it take for Molina to resolve your complaint?	43	Same day 4.7%	1-7 days 11.6%	8-14 days 14.0%	16.3%	60.5%
			15-21 days 0.0%	More than 21 days 27.9%	Still waiting 8+ days 41.9%		
35	Was your complaint or problem settled to your satisfaction?	45	Yes 46.7%	No 53.3%		46.7%	81.5%
36	How would you rate all your experience with Molina? Use any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible.	220	0 - 3 36.4%	4 - 7 34.6%	8 - 10 29.1%	29.1%	54.1%

ABOUT YOU

37	In general, how would you rate your overall health now?	245	Excellent 4.9%	Very good 8.2%	Good 18.8%	13.1%	16.0%
				Fair 45.7%	Poor 22.5%		
38	What is the highest grade or level of school that you have completed?	247	8th grade or less 23.9%	Some high school 15.8%	High school graduate/GED 29.6%	N/A	N/A
			Some college or 2-year degree 24.3%	4-year college 4.9%	More than 4-year college degree 1.6%		

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