



Informing the **Public** & Guiding **Policy** by **Conducting** Research

**Evaluation of Iowa's
Medicaid Managed
Care Program:
The Consumer
Perspective**

**Results of the 2013
Survey of Iowa Medicaid
Managed Care Enrollees**

**Final Report to the Iowa
Department of Human
Services**

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**University of Iowa,
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PREFACE

This report presents the results of a study of how Iowa Medicaid managed care enrollees rated the health plans they were enrolled in during 2012-2013 on a variety of measures. It was conducted at the request of the Iowa Department of Human Services as part of their continuing quality assurance activities with health plans participating in Medicaid.

The basis for the survey instrument was the Consumer Assessment of Healthcare Providers and Systems (CAHPS), which is part of a national effort to evaluate health plans and provide consumers and purchasers with information about the quality of care provided through these plans.

CAHPS is sponsored by the Agency for Health Care Research and Quality (AHRQ). The CAHPS instrument was modified for use in this study by researchers at The University of Iowa Public Policy Center, in collaboration with the Iowa Department of Human Services (IDHS), and researchers at RAND. The core CAHPS survey instrument was modified to include additional questions about access to care, dental care, and how respondents received information if they had questions about their health plan.

Researchers at The University of Iowa Public Policy Center conducted this study with funding provided by the IDHS and the US Department of Health and Human Services Center for Medicare and Medicaid Services (CMS). Researchers from RAND, one of the developers of the CAHPS survey, also collaborated and provided technical assistance with this project.

Information and conclusions presented in this report are the responsibility of the authors, and do not represent the views of the IDHS, the CMS, the health plans, or The University of Iowa.

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Key Findings from the 2013 Medicaid Consumer Surveys

Main conclusions-Children

- Health status of children in Medicaid was lower than for children statewide and significantly more likely to have a special health care need (32% vs19%)
- The oral health status of children in Medicaid was rated lower than their general health and lower than other children statewide. Fewer had a dental visit in the past year (76%) than children statewide (89%) also.
- The Medicaid HMO provided the most timely care for children and the most frequent care coordination
- One in four children visited an Emergency Department
- Half needed a prescription medication in the previous six months (11% of these couldn't receive it for some reason)
- Quality of care for children has been relatively high and consistent over time and comparable to national data
 - Rating of specialists was highest in the HMO
 - Rating of Medicaid plans and the dental care received has been declining over time
- Only 35% of parents were aware of the Medicaid helpline for their children


Main conclusions-Adults

- Adult health status was rated lower than for children and relatively consistent over time
 - 80% had one or more chronic health condition, most common being:
 - Allergies, back/neck problems/migraine headaches and dental problems
 - Almost one-third had a condition that interfered with their activities of daily living

- 
- 51% of adults had one or more mental or emotional health condition-anxiety and depression most common (35% each)
 - The behavioral/emotional health status was highest for adults in FFS
 - Adults rated their oral health lower than their general health
 - fewer adults had a regular source of dental care and a dental check-up in the previous year than children
 - Comprehensive care, and shared decision making was received by about half of adults; self management and support by about one-third as part of their care
 - Comprehensive care and self management was lowest for those in FFS, and shared decision making was lowest for those in the HMO
 - Access to prescription medication continues to be an issue, as does access to dental care, with 23% of all adults having an unmet need for prescription drugs and 12% for dental care
 - 35% of adults visited an Emergency Department in the past 6 months
 - Preventive care continues to decline among adults. Less than half of adult enrollees in Medicaid reported that they had preventive visits in the past 6 months
 - Rates were highest for those in the HMO
 - Quality of care for adults declined in 2013 as did the rating of the Medicaid plan
 - Only 31% of adults were aware of the Medicaid helpline for their children

Main conclusions-SSI vs. Medicaid

- Children in SSI had a lower health status, were more likely to report need for care, and have similar ratings in care components as well as CAHPS ratings compared to children in Medicaid (FFS, HMO, and MediPass)
 - Dental care was rated significantly higher than for children in the rest of Medicaid

- 
- Adults in SSI had a lower health status, were more likely to report need for care, yet consistently reported higher ratings in patient-centered medical home (PCMH) components as well as CAHPS ratings for quality of care compared to adults in Medicaid (FFS, HMO, and MediPass)



CHAPTER 1:

INTRODUCTION AND METHODS

Introduction

As part of the ongoing quality assurance activities of Iowa's Medicaid Managed Care Program, the Iowa Medicaid Enterprise (IME) has been contracting with researchers at The University of Iowa Public Policy Center to conduct a survey of adults and children enrolled in the Iowa Medicaid managed care plans. In 2013, enrollees from Regular Medicaid (herein referred to as Fee-for-service, FFS), the Medicaid Health Maintenance Organization (HMO), and MediPASS in Iowa were surveyed. The HMO enrollees are served through the Meridian Health program, which works under a contract with the IME. The MediPASS program, the primary care case management (PCCM) model managed care program, is operated by the IME rather than contracted to a private vendor. In MediPASS, enrollees have the opportunity to choose a primary care physician who acts as their primary care case manager; the identified primary care physician then approves use of specialty and emergency services. As of April 1, 2013 (when the sample was drawn), there were 47,410 Iowans enrolled in FFS, 8,564 Iowans enrolled in the HMO, and 159,088 Iowans enrolled in MediPASS who met the survey criteria of being Medicaid eligible for at least 6 months.

 Iowa Department of Human Services

Iowa Medicaid Managed Health Care

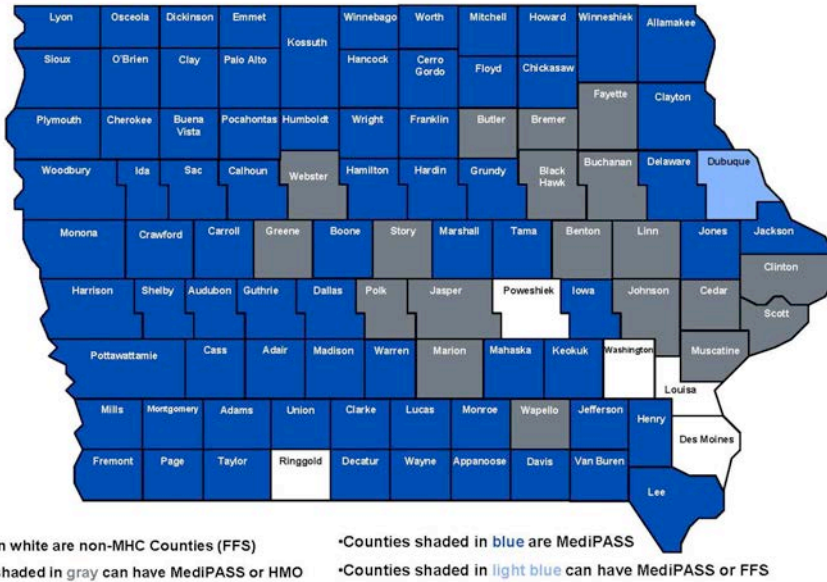


Figure 1-1. Medicaid managed care plans by county¹, as August 2013.

MediPASS and HMO (Meridian) enrollees were compared with those in the FFS program on measures such as access to health care services, health status, and health plan service and information.

Adults and parents of children enrolled in the Medicaid Supplemental Security Income Program (SSI), the program for low-income lowans with disabilities, were also surveyed to assess access to health care. Data from past years, as well as data from the National CAHPS Benchmarking Database (NCBD), were used for comparison where appropriate. As of April 1, 2013 (the time the sample was drawn), there were 43,245 lowans enrolled in the Medicaid SSI program for at least 6 months with no Medicare Part A or Part B eligibility.

¹ Downloaded from http://www.dhs.state.ia.us/uploads/ManagedCareMap_August2013.pdf

Methodology

The 2013 Survey of Iowa Medicaid Managed Care Enrollees was conducted during the spring and summer of 2013 using a mail-back survey methodology with an opportunity to complete the questionnaire online. Questionnaires were mailed to plan-stratified random samples of Medicaid enrollees who had been in their current plan for at least the last six months. Random samples of child enrollees were drawn from three health plans (SSI/SSDI, HMO, MediPASS, and FFS), and random sample of adult enrollees were drawn from four health plans (SSI/SSDI, HMO, MediPASS, and FFS) from Medicaid enrollment data current as of April 2013. Only one person was selected per household to reduce the relatedness of the responses and respondent burden. The samples were comprised of 3,200 children (800 each from SSI/SSDI, HMO, MediPASS, and FFS) and 3,200 adults (800 each from Medicaid SSI/SSDI, HMO, MediPASS, and FFS).

For the child sample, in households with more than one child enrolled in Medicaid, one child was selected at random as the “target child.” The survey was addressed to the parent or guardian with instructions to complete the survey based on their experiences obtaining health care for this child only. The initial mailing was sent to 3,200 adults and the parents of 3,200 child enrollees, followed by a reminder postcard ten days later. A second survey packet was sent to non-respondents about four weeks after the reminder card mailing. All the mailings included instructions for an online version of the questionnaire.

In an effort to maximize response rates for the mailed survey, both a premium and an incentive were used during the first mailing. Each survey packet included a \$2 bill. In addition, survey identification numbers of respondents completing the questionnaire within the first four weeks of the study were entered into a random drawing for one of ten \$25 Wal-Mart gift cards.

In all, survey responses were obtained for 722 children and 688 adults, for unadjusted response rates of 23% and 22%, respectively (Table 1-1). After adjusting for enrollees who were not eligible for the study (e.g., moved out of the state, invalid address), the response rates were 25% and 23%, respectively.

Table 1-1. Sampling and response rates

Children

Plan	Number Sampled	Number of Respondents	Response Rate
SSI/SSDI	800	185	26%*
HMO	800	151	21%*
FFS	800	195	27%*
MediPASS	800	191	27%*
Total	3,200	722	23%
Adjusted Total*	2,926	722	25%*

* Adjusted for ineligible

Adults

Plan	Number Sampled	Number of Respondents	Response Rate
SSI/SSDI	800	243	35%*
HMO	800	149	22%*
FFS	800	149	22%*
MediPASS	800	147	21%*
Total	3,200	688	22%
Adjusted Total*	2,962	688	23%*

* Adjusted for ineligible

Survey Instrument

The survey instrument was based on the most recent version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.1 survey.

A number of items were added to the CAHPS survey from a variety of sources as listed below.

- The CAHPS Patient-Centered Medical Home (PCMH) items set was added. These items address the following six topic areas: 1) Access to care, 2) Comprehensiveness (adult only), 3) Self-management support, 4) Shared decision making (adult only), 4) Coordination of care, and 5) Information about care. The Agency

for Healthcare Research and Quality (AHRQ) sponsored the development of these items through the CAHPS Consortium²

- The Children and Youth with Special Health Care Needs (CYSHCN) screening instrument developed by the Child and Adolescent Health Measurement Initiative (CAHMI)
- The Pediatric Symptom Checklist with 17 items (PSC-17). The PSC-17 generates 3 indicators identifying attention problems, impairment due to anxiety and/or depression, and conduct problems

Data analysis

The data was post-stratified to control for potential systematic biases created from collecting data from a stratified sample by Medicaid plan. This simple weighting factor was added to make the data representative of all Medicaid enrollees statewide and accounted for the fact that there were not equal numbers of enrollees in each Medicaid plan (FFS, HMO, and MediPASS).

Data were tabulated and bivariate analyses (i.e., chi-square, t-test and nonparametric tests for group differences) were conducted using SPSS. CAHPS composite ratings were analyzed with a SAS macro program developed by the CAHPS team. This program generates CAHPS results adjusted for case-mix variables such as age, education, and health status. The macro, accompanying programs, and documentation are available for download from the CAHPS Survey Users Network web site.

² More information about the CAHPS PCMH item set can be found at https://cahps.ahrq.gov/Surveys-Guidance/docs/1314_about_pcmh.pdf. Downloaded on May 1, 2013.

CHAPTER 2:

CHILD 2013 RESULTS (FFS, HMO, AND MEDIPASS)

The following is a summary of results from the 2013 Survey of Iowa Medicaid Enrollees: Child Survey for those enrolled in MediPASS, HMO, and FFS. Responses to each item in the questionnaire are in Appendix A.

Demographics

Responses were equally divided by gender. There was more racial/ethnic diversity in the Medicaid population than in the state as a whole (Table 2-1).

Table 2-1. Demographics of children in the Medicaid sample[†]

Characteristic	Iowa Medicaid 2013	Iowa Medicaid 2011	Iowa Medicaid 2009	State of Iowa 2010**
% Female	48%	52%	52%	49%
Average age in years	8	8	8	9
Race/ethnicity*				
Hispanic/Latino (all races)	13%	12%	14%	6%
Caucasian	79%	82%	74%	93%
African American	14%	14%	14%	4%
Asian/Pacific Islander	4%	1%	2%	2%
American Indian / Alaska Native	3%	2%	2%	1%
Other	5%	1%	2%	4%
Two or more races	8%	NA	NA	NA

[†]Un-weighted data

*Race/ethnicity categories are not mutually exclusive.

**Information available at: http://ppc.uiowa.edu/sites/default/files/uploads/health/ihs/hhs_-_statewide_result.pdf

Health status

Overall health status

Forty-nine percent of children in 2013 were reported to be in “excellent” health, which is equivalent to what was reported in 2011 (Table 2-2). In addition, compared with data for children in Iowa as a whole, those in the Medicaid program were reported to be in worse health.

Table 2-2. Health status of children

Global health rating	Iowa Medicaid 2013	Iowa Medicaid 2011*	Iowa Medicaid 2009*	State of Iowa 2010†
Excellent	49%	49%	48%	63%
Very good	38%	37%	37%	36%
Good	11%	12%	13%	9%
Fair/poor	2%	2%	2%	2%
Special health care need	32%	28%	28%	19%

*2011 and 2009 data include children in the SSI program who by definition will have lower health status

†Information available at: http://ppc.uiowa.edu/sites/default/files/uploads/health/ihhs/hhs_-_statewide_result.pdf

Children with special health care needs

About one in three children (32%) in Medicaid met screening criteria as being a Child or Youth with a Special Health Care Need (CYSHCN). There was no significant difference between MediPASS (32%), FFS (30%) and HMO (29%), however it was much higher than for all children statewide (19%) (Table 2-2).

Psychosocial indicators

The questionnaire assessed psychosocial problems using the 17 item of Pediatric Symptom Checklist (PSC-17). The PSC-17 generates 3 indicators identifying attention problems, impairment due to anxiety and/or depression, and conduct problems:

- 8% of children scored positively on the attention subscale
- 13% of children scored positively on the internalizing subscale
- 15% of children scored positively on the externalizing subscale

Dental health

Dental health and health care was assessed by evaluating the child's overall dental health, last dental checkup, presence of a dental home, and ability to get needed dental care.

- 84% had a regular source of dental care (one main place)
- 76% had a dental check-up in the last year (Table 2-5)
- 27% of children needed dental care in the last 6 months
- Of these, 72% needed checkups and cleaning (down from 91% in 2009 and 75% in 2011), 41% needed other dental treatment such as fillings (down from 74% in 2009 and 53% in 2011), and 3% needed emergency care (down from 32% in 2009 and 10% in 2013)
- About one in five (23%) could not get needed dental care

Table 2-5. Children's last dental check-up

Timing of last dental check-up	Iowa Medicaid 2013	Iowa Medicaid 2011	Iowa Medicaid 2009	State of Iowa 2010*
Within last year	76%	76%	75%	89%
1-2 years ago	10%	8%	6%	4%
> 2 years ago	1%	2%	2%	1%
Never been	13%	14%	14%	6%

*Information available at: http://ppc.uiowa.edu/sites/default/files/uploads/health/ihhs/hhs_-_statewide_result.pdf

Ratings of children’s dental health were similar to 2011 (Table 2-6) but significantly lower than ratings of general physical health (see Figure 2-1). The ratings did not vary across the Medicaid plans.

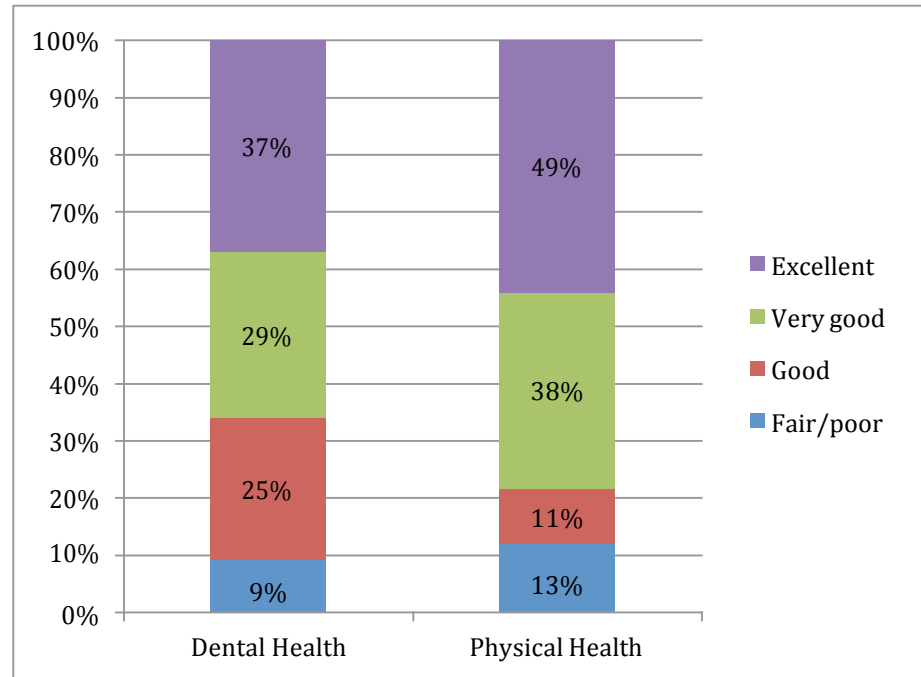


Figure 2-1. Dental vs. overall health status

Table 2-6. Children’s dental health and prevention

Dental health rating	Iowa Medicaid 2013	Iowa Medicaid 2011	Iowa Medicaid 2009	State of Iowa 2010*
Excellent	37%	34%	35%	43%
Very good	29%	32%	30%	34%
Good	25%	25%	24%	18%
Fair/poor	9%	9%	9%	5%

Information available at: http://ppc.uiowa.edu/sites/default/files/uploads/health/ihhs/hhs_-_statewide_result.pdf

Behavioral and emotional health care

To assess mental health status and access to care, parents were asked to rate their child's current overall mental and emotional health, the need for and receipt of any treatment or counseling, the degree to which their child was helped by the counseling or treatment they received, and the unmet need for a mental or emotional health problem.

Behavioral/emotional health status was generally high with 80% rated excellent or very good (Figure 2-2). Children in FFS were more likely to be reported as in excellent or very good behavioral/emotional health status as compared to children in HMO and MediPASS but they were also more likely to be rated as fair/poor.

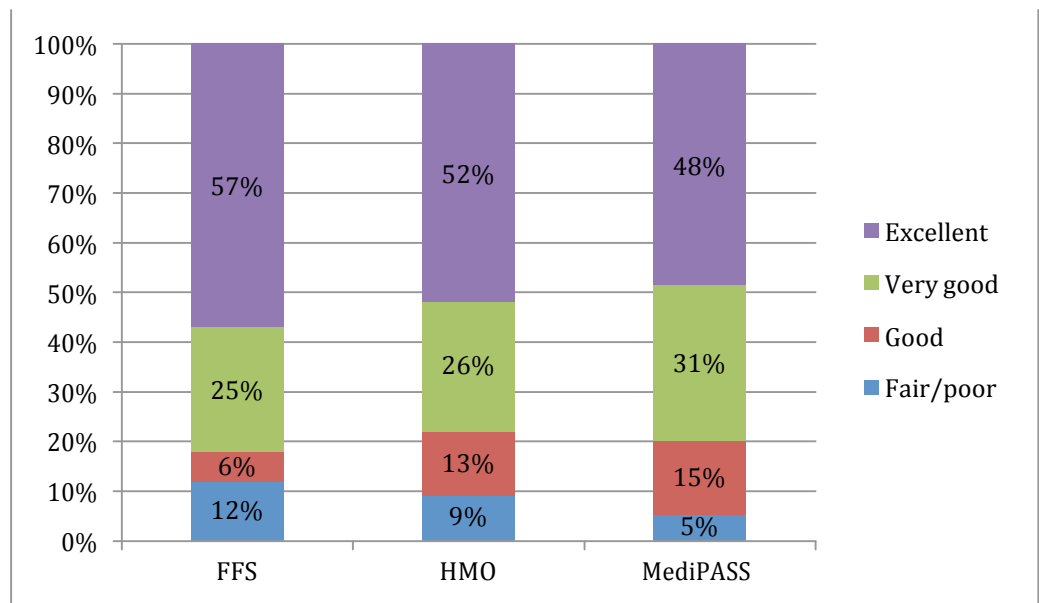


Figure 2-2. Behavioral/emotional health status by plan

- 17% of all children were reported to need mental health counseling or treatment
- Of those who needed mental health counseling or treatment, 15% could not get the care they needed

Medical Home

The child's access to a medical home was assessed by evaluating several domains: 1) having a personal doctor, 2) timely access to care and use of services, 3) coordination of care, 4) communication with the doctor and interaction with staff, 5) advice about their child's safety and health, and 6) self-management and support.

Personal Doctor

Parents were asked several questions about their child's personal doctor:

- 87% of children were reported to have a personal doctor
- 12% had tried to find a new personal doctor in the last six months
 - Of these, 44% did not have a problem
 - 27% had a big problem
- 54% of children have been going to the same personal doctor for three years or more

Access to timely care and use of services

Access to health care for children was assessed with five CAHPS® items:

- When the child needed care right away, 77% reported that they 'always' received the care as soon as needed
- Not counting the time the child needed care right away, 61% reported that they 'always' got an appointment for a check-up or routine care at a doctor's office as soon as needed
- When they phoned the doctor's office during regular office hours, 58% reported that they 'always' got answers for their medical questions or concerns in the same day
- When they phoned the doctor's office after regular office hours, 43% reported they 'always' got answers for their medical questions or concerns as soon as needed
- 18% reported that the child saw a doctor within 15 minutes of the appointment time

A composite score using these five items is shown in Figure 2-3. About eight in ten children in Medicaid (78%) reported that they ‘usually’ or ‘always’ got timely care for their child. Children in the HMO were more likely to receive timely care (‘always’ or ‘usually’; 84%) compared to FFS (‘always’ or ‘usually’; 77%) and MediPASS (‘always’ or ‘usually’; 73%).

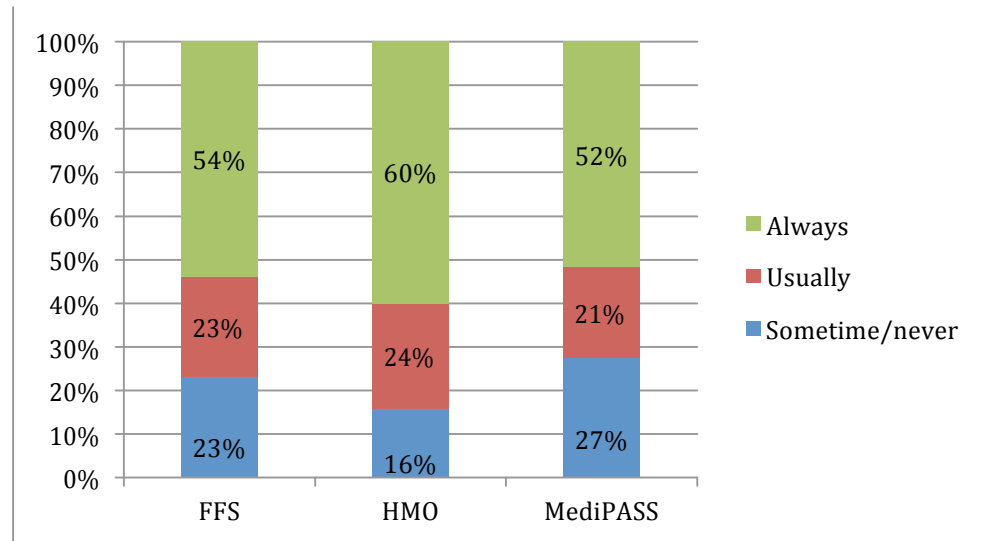


Figure 2-3. Timely care by plan

Coordination of care

Coordination of care for children was assessed with two CAHPS® items:

- 67% reported that when the child’s doctor’s office ordered a blood test, x-ray, or other test for them, they ‘always’ followed up to give them the results
- 53% reported that the child’s doctor’s office ‘always’ seem informed and up-to-date about the care their child got from a specialist

The composite score for coordination of care is shown in figure 2-4. More than half (55%) reported that they ‘always’ received proper care coordination. However, about one in four reported they ‘sometimes’ or ‘never’ received proper care coordination. There was no difference by Medicaid plan.

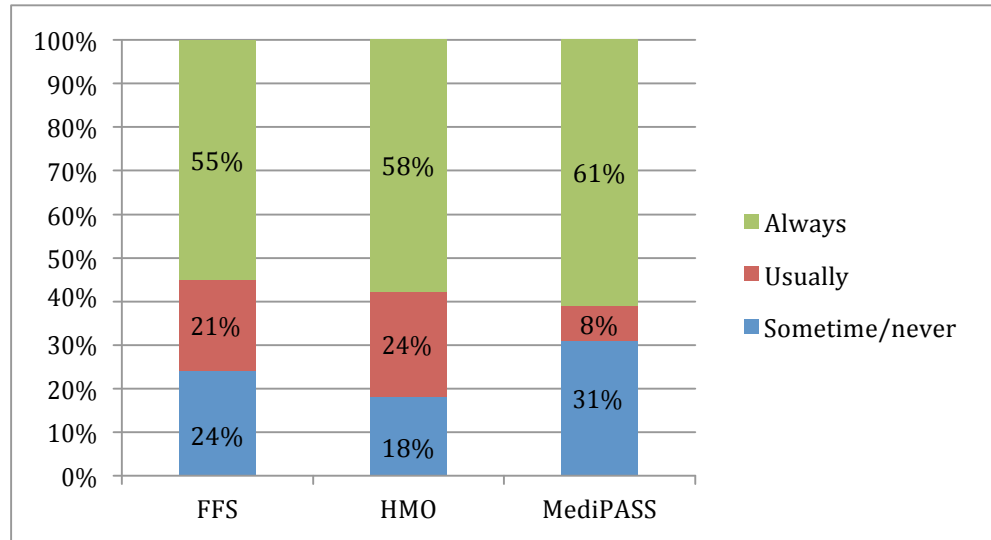


Figure 2-4. Care coordination³ by plan

Communication with the doctor and interaction with staff

Eighty-seven percent of children had a personal doctor. Of those who had a personal doctor 76% had visited the doctor in the last 6 months.

During these visits:

- About two-thirds of parents reported their child’s personal doctor *always* explained things in a way that was easy to understand (62%),
- 64% reported their child's personal doctor seemed to know the important information about their child’s medical history, and
- 64% reported their child's personal doctor spent enough time with their child
- More than three-fourths of parents reported their child’s personal doctor ‘always’ listened carefully to them (78%), and showed respect for what they had to say (79%)
- 69% reported their child’s personal doctor ‘always’ gave them easy to understand information about health questions or concerns

³ The care coordination composite score was measured with 2 items.

A composite score using these six items is shown in the figure 2-5. More than seven in ten (73%) reported that the child's doctor 'always' communicated well.

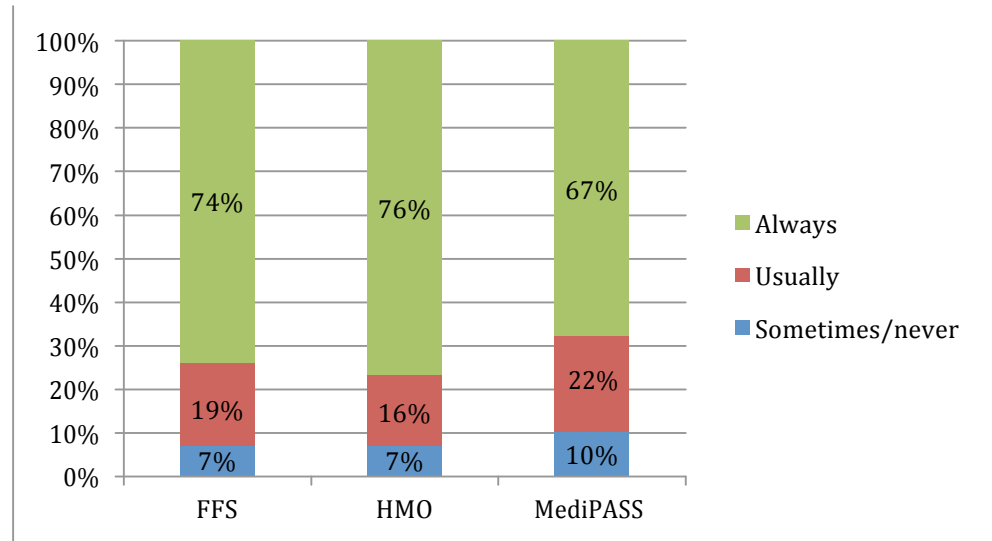


Figure 2-5. Communication with the child's personal doctor by plan

The questionnaire included two questions asking how the family was treated by the office staff. Six in ten parents (60%) reported that the staff was 'always' courteous, respectful, and helpful, (Figure 2-6)

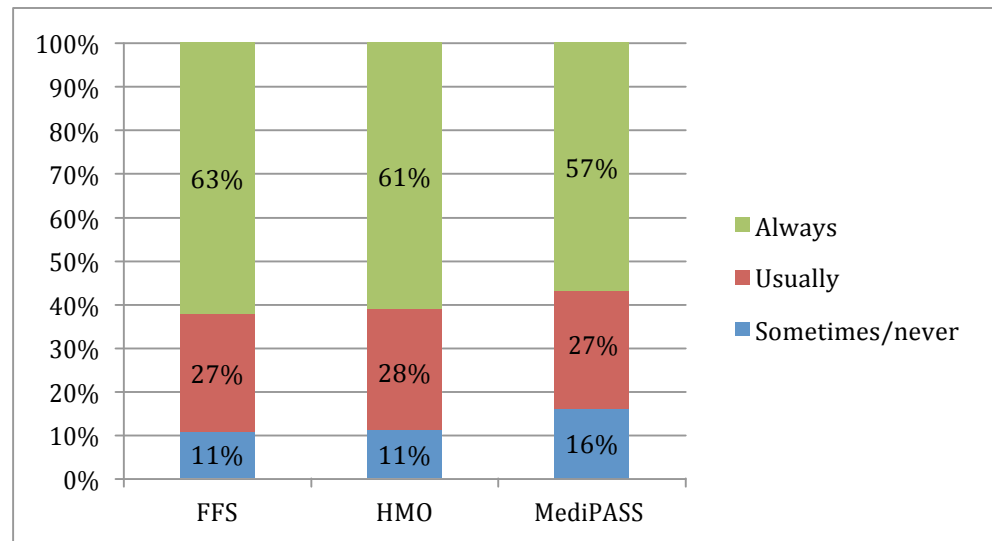


Figure 2-6. Child's personal doctor's staff was courteous, respectful, and helpful by plan

Advice about their child's safety and health

Five questions assessed if the parent received advice about their child's safety and health while visiting the child's personal doctor:

- Half of the parents talked with their child's personal doctor about things they could do to keep their child from getting injured (50%), and 27% indicated that the child's personal doctor gave them printed handouts or booklets with information about how to keep their child from getting injured
- About one third of parents talked with their child's personal doctor regarding any problems in the household that might affect their child (37%)
- About half of the parents reported that the child's personal doctor asked about how much or what kind of food their child eats (55%), and how much or what kind of exercise their child gets (49%)

A composite score of advice using these 5 items is shown in the figure 2-7. Slightly less than half (44%) reported that they had received advice about their child's safety and health.

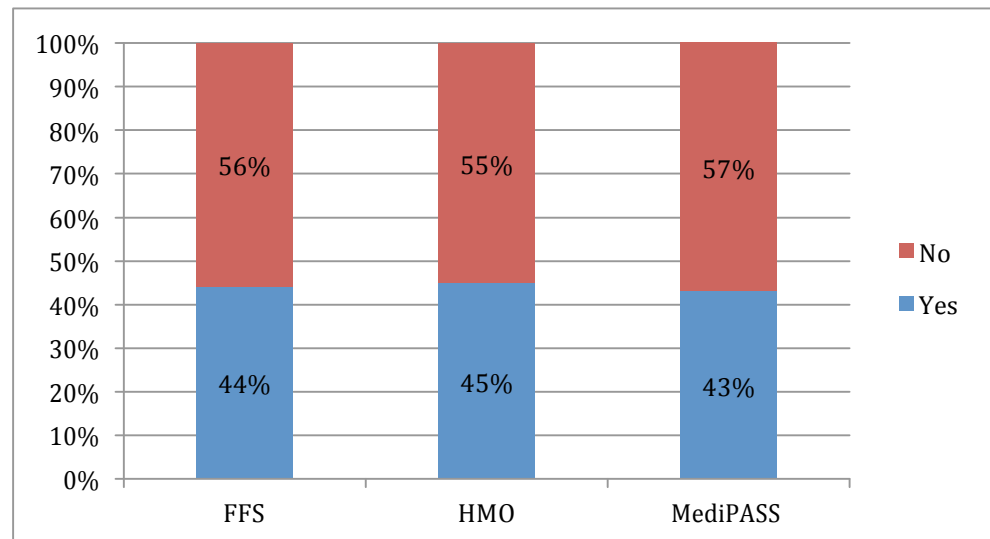


Figure 2-7. Advice about child's safety and health by plan

Self-management and support

Two questions assessed self-management and support:

- 37% of parents talked with someone at the child’s doctor’s office about specific goals for their child’s health
- 11% of parents reported that someone at the child’s doctor’s office asked them if there are things that make it hard for them to take care of their child’s health

A composite score of self-management and support using these two items is shown in Figure 2-8. Just over one in five children in MediPASS experienced self-management and support as compared to FFS (32%) and HMO (30%).

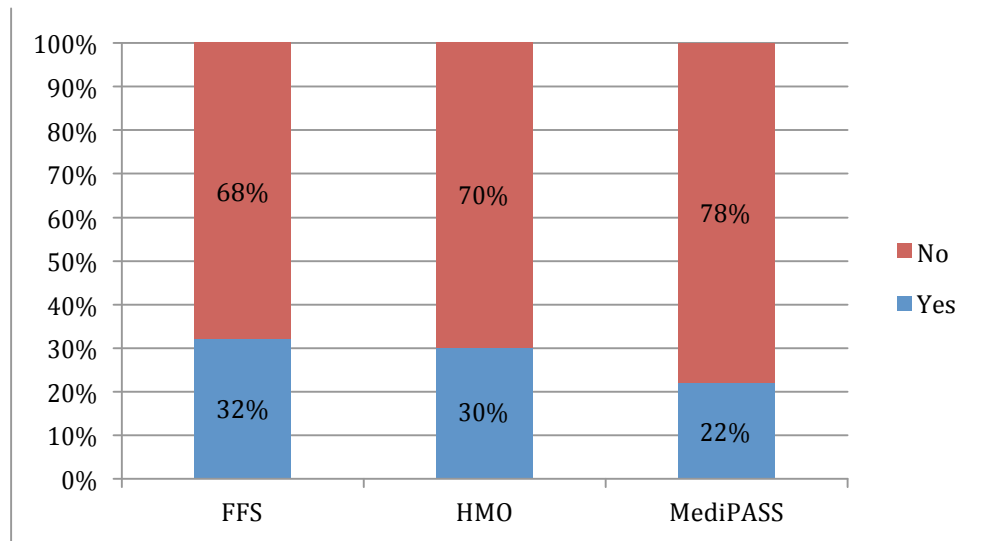


Figure 2-8. Self-management of child’s health and support by plan

Health care in the last 6 months

Unmet need for care

Overall rates of unmet need for various types of health care among children in Medicaid ranged from 9% to 2%. Unmet need for preventive care was slightly higher than in 2011, while unmet need for most other types of care remained about the same. Percent of unmet need was highest for routine care (Table 2-7) which was measured on 4-point scale compared to “yes” or “no” response options for all other types of

care. These rates are for all children in Medicaid, whether they needed the service or not.

Table 2-7. Unmet health care needs among all children* (percent of all parents)†

Type of care	Iowa Medicaid 2013	Iowa Medicaid 2011	Iowa Medicaid 2009	State of Iowa 2010‡
Care right away	3%	NA	NA	NA
Care, tests or treatment	NA	5%	6%	NA
Routine care**	9%	NA	NA	2%
Preventive health care	5%	2%	3%	1%
Specialty medical care	2%	3%	4%	2%
Dental care	6%	5%	5%	3%
Mental health care	2%	3%	2%	1%
Prescription drugs	5%	6%	7%	2%

*Unmet need was defined as couldn't get needed care sometime in last 6 months.

**The responses were never (91%), sometimes, usually, and always.

†Percentages are for all children in Medicaid, not just those reporting need for services

‡Information available at: http://ppc.uiowa.edu/sites/default/files/uploads/health/ihhs/hhs_-_statewide_result.pdf

Outpatient Visits

Parents were asked about their child's health care in the last six months, not including overnight stays in a hospital or dental care visits.

Seventy-one percent of children had an office visit in the last six months (Figure 2-9).

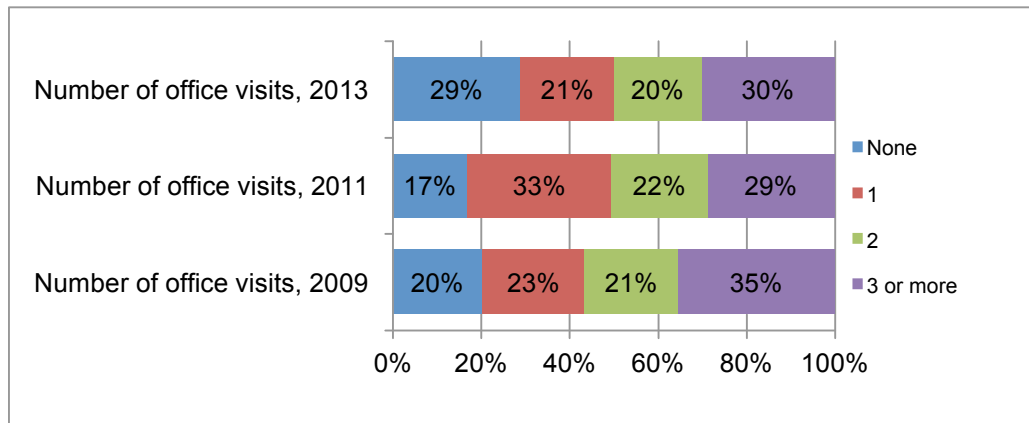


Figure 2-9. Outpatient visits in the last six months

Emergency care

One in four children visited an ER in the last six months, down slightly from 2009 and 2011 (Figure 2-4). The largest change was among the proportion with more than one visit to the ER.

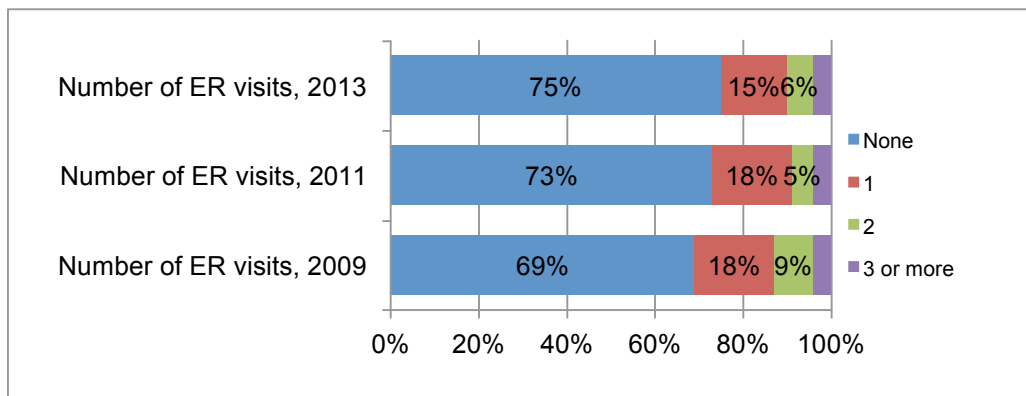


Figure 2-10. Emergency department visits in the last 6 months

Preventive care

Parents were asked about preventive health care services in the past 6 months and receipt of the flu shot:

- Almost three-quarters of children (71%) had a preventive health visit in past year
- About half (49%) had a flu shot during the past flu season

Specialty care

Eighteen percent 18% of all children saw a specialist in past six months.

Hospital stay

Five percent of all children stayed one or more night in the hospital:

- Of these children, 21% went back to the hospital soon after being allowed to go home

Prescription medication

Parents were asked about their child's need for prescription medicine, and times when the child was unable to get it for any reason:

- 49% of children needed a prescription medication in the last six months
 - Of these, 92% reported that someone in the provider's office talked with them at each visit about all the prescription medicines their child was taking
 - Among those who needed prescription medication, 11% could not get it for any reason

Quality of health care

Parents rated their child's health care, personal doctor and specialist (if applicable) on the CAHPS® global rating scale, where 0 = worst possible and 10 = best possible health care.

Rating of all child's health care

Overall rating of the care that children received remained quite high (Figure 2-11). On a 0-10 scale, care for 57% of children was rated either a nine or ten. Results were slightly lower than for children nationally. There was no difference by Medicaid plan.

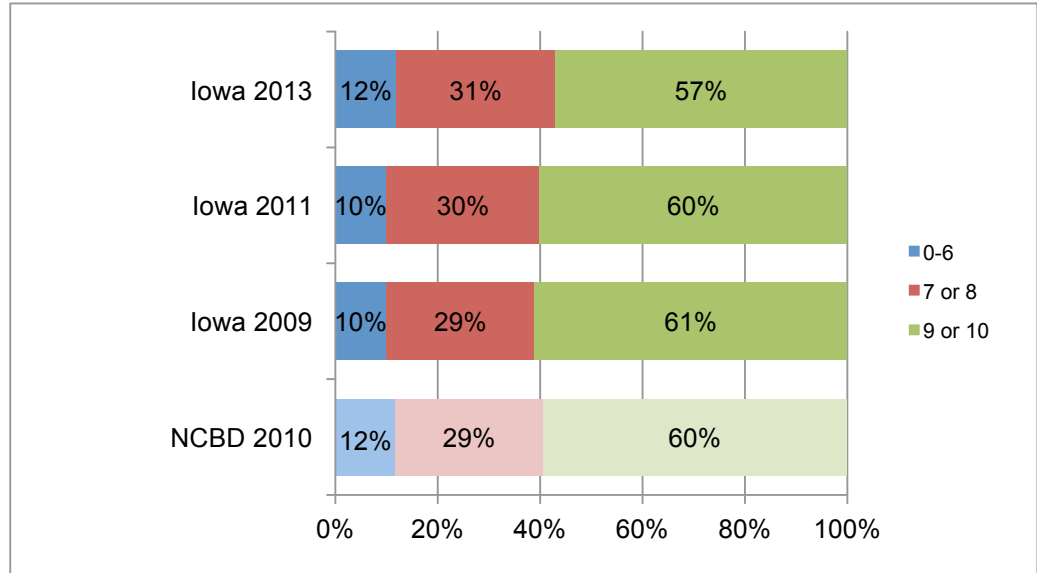


Figure 2-11. Rating of children's overall health care

Rating of child's personal doctor

Personal doctor rating for children remained generally high, with seven in ten rating them as a nine or ten, similar to national data (Figure 2-12). There was no difference by Medicaid plan.

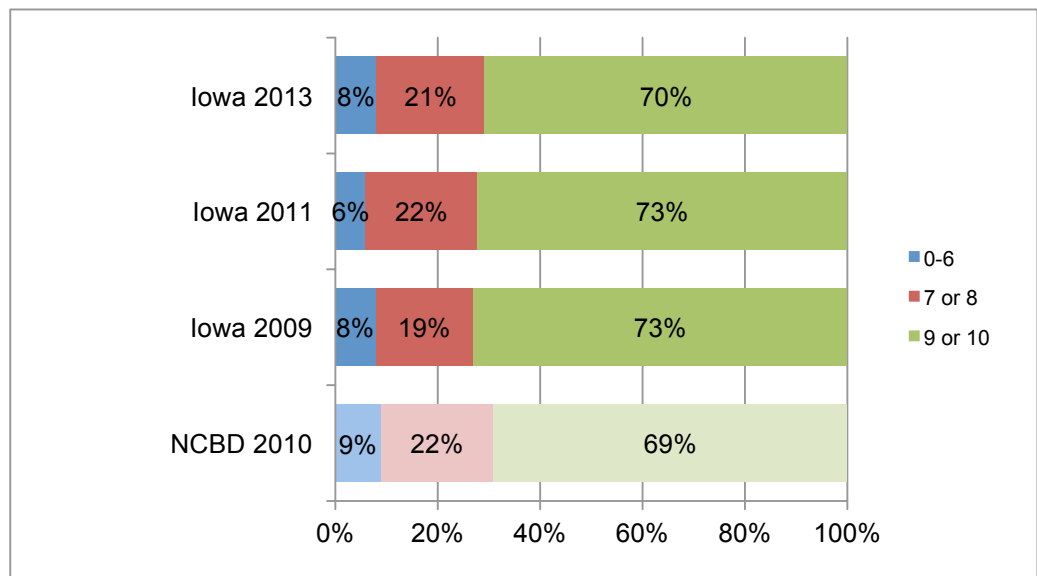


Figure 2-12. Rating of child's personal doctor

Rating of specialist child saw most often

Among children who saw a specialist, ratings of those specialists were slightly lower than the national data and the rating for personal doctors (Figure 2-13).

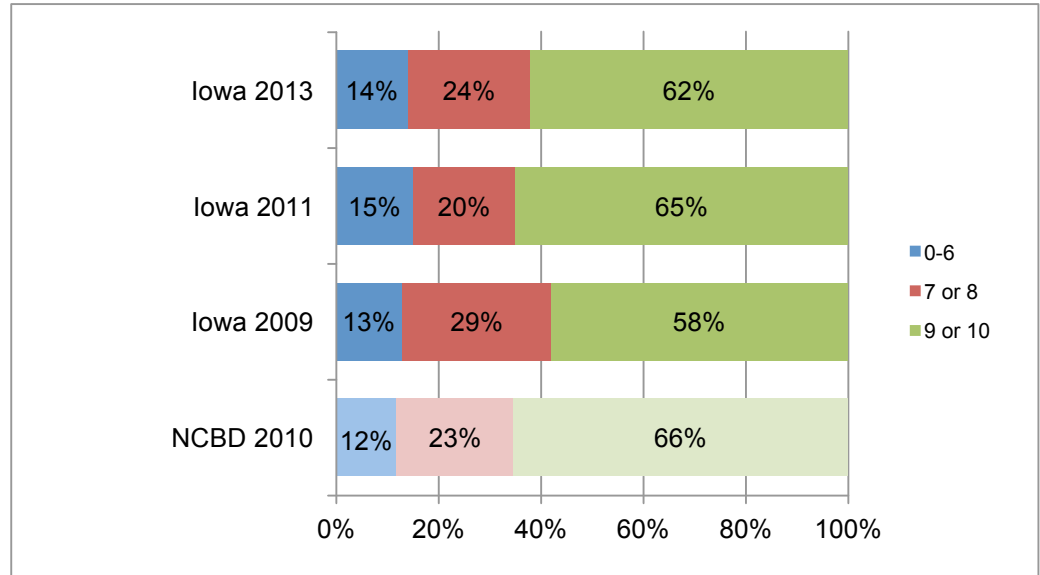


Figure 2-13. Rating of child's specialist

There were differences by plan, however. Specialists seen by children in HMO and MediPASS were rated significantly higher than those seen by children in FFS (Figure 2-14).

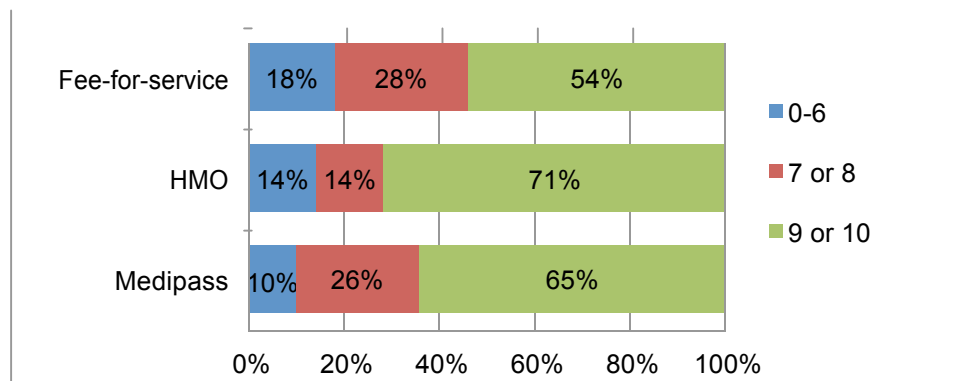


Figure 2-14. Rating of specialist child saw most often by plan

Rating of child's dental care

Among children who saw a dentist, rating of the care they received was lower than 2011, with only 57% rating the care as a 9 or 10 (Figure 2-15).

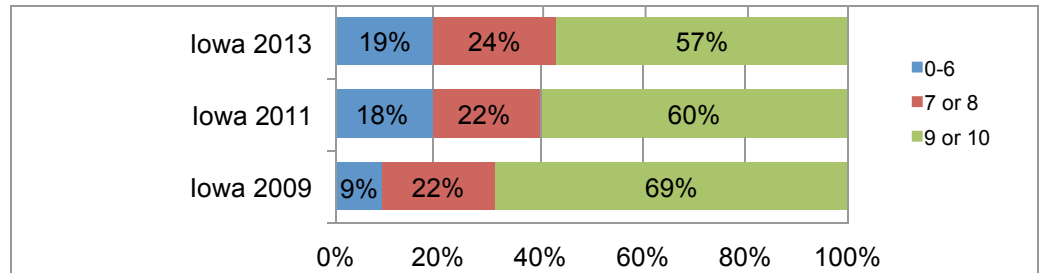


Figure 2-15. Rating of child's dental care

Rating of Medicaid health plan

Child health plan rating for 2013 was lower than in 2009 and 2011. Rating was also lower than the national rating for Medicaid health plans (Figure 2-16).

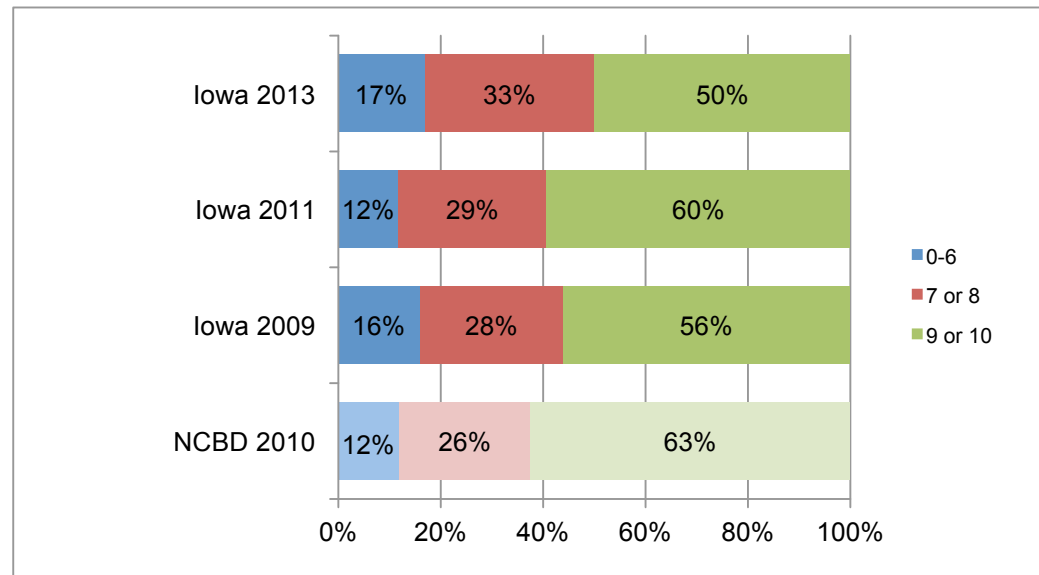


Figure 2-16. Rating of child's health plan

Plan customer service & information

Parents were asked about their experience trying to find information or completing paperwork regarding their child's health plan in the last six months:

- 35% were aware of the toll-free Medicaid helpline
 - Down from 74% in 2009 and 42% in 2011
 - 9% of these had called for help or information
- 35% had to complete plan-related paperwork in the last 6 months
- 9% had looked for information in written materials or the Internet about how their child's Medicaid plan works
 - Of those who sought information, 56% 'usually' or 'always' found the needed information
 - Written materials (13%) and DHS caseworker (7%) were most frequently used and the most helpful sources

The CAHPS questions reflect how often parents thought that staff at the Medicaid helpline were courteous, respectful and helpful. About half (52%) reported that the helpline staff was 'always' courteous, respectful, and helpful.

CHAPTER 3:

ADULT 2013 RESULTS (FFS, HMO, AND MEDIPASS)

The following is a summary of results from the 2013 Survey of Iowa Medicaid Enrollees for Adults in the MediPASS, HMO, and FFS plans. Responses to each item in the questionnaire are in Appendix B.

Demographics

Eight out of ten respondents were women. Overall, 82% were Caucasian. Respondents ranged in age from 18 to 74. Less than 1% of respondents were 75 or older. The proportion with a high school education decreased from 2009. (Table 3-1)

Table 3-1. Demographics of adult respondents

Characteristic	Iowa Medicaid 2013	Iowa Medicaid 2011	Iowa Medicaid 2009	Iowa Medicaid 2007
% Female	80%	82%	82%	87%
Race/ethnicity*				
Hispanic/Latino (all races)	7%	5%	5%	5%
Caucasian	82%	82%	81%	83%
African American	9%	11%	11%	12%
Asian/Pacific Islander	4%	2%	1%	1%
American Indian	2%	<1%	2%	2%
Other	NA	1%	1%	1%
Education				
<High School	13%	17%	20%	15%
High School/GED	33%	35%	38%	36%
Some college or 2-year degree	46%	48%	37%	43%

*Race/ethnicity categories are not mutually exclusive. There were 3% of respondents who self-identified with two or more races.

Health status

Overall health status

Self-reported health status for adult Medicaid enrollees was relatively low and reasonably stable since 2007 (Table 3-2).

Table 3-2. Health status of adults

Global health rating	Iowa Medicaid 2013	Iowa Medicaid 2011	Iowa Medicaid 2009	Iowa Medicaid 2007
Excellent	10%	11%	12%	10%
Very good	29%	30%	27%	34%
Good	39%	40%	41%	35%
Fair/poor	22%	16%	20%	21%

Chronic conditions

More than eight in ten (81%) reported that they have one or more chronic conditions that lasted or are expected to last for at least 3 months. The most common chronic physical health conditions are shown in Table 3-3. Thirty-eight percent reported that they had seen a doctor or other health provider 3 or more times for the same condition or problem and of those, 89% reported that this was due to the chronic condition that lasted for at least 3 months.

Table 3-3 Most commonly reported chronic physical health conditions

Chronic health conditions	Iowa Medicaid 2013
Allergies or sinus problems	37%
Back or neck problems	30%
Migraine headaches	20%
Dental, tooth, or mouth problems	19%
Arthritis, rheumatism, bone or joint problems	18%
Stomach problems	16%
Asthma	15%
High blood pressure	12%

Overall mental and emotional health

To evaluate issues of mental and emotional health care, respondents were asked to rate their current overall mental and emotional health, the need for and receipt of any treatment or counseling, and the degree to which they were helped by the counseling or treatment they received.

- 25% of adults reported a need for mental health treatment or counseling in the last 6 months, and *of these*:
 - 76% received treatment or counseling
 - 73% found it 'always' or 'usually' easy to get needed treatment or counseling, and
 - 80% reported being helped a lot or somewhat from this care
- 43% reported their mental and emotional health was excellent or very good, 33% reported it as good, and 24% rated it as fair or poor (Table 3-4)

Table 3-4. Adult's mental health

Self-rating of mental health	Iowa Medicaid 2013	Iowa Medicaid 2011	Iowa Medicaid 2009	Iowa Medicaid 2007
Excellent	21%	25%	23%	22%
Very good	22%	26%	27%	27%
Good	33%	28%	30%	29%
Fair	21%	16%	16%	17%
Poor	3%	6%	5%	5%

Adults in the FFS (27%) were more likely to say that their mental and emotional health was excellent as compared to HMO (22%) and MediPASS (19%) (Figure 3-1).

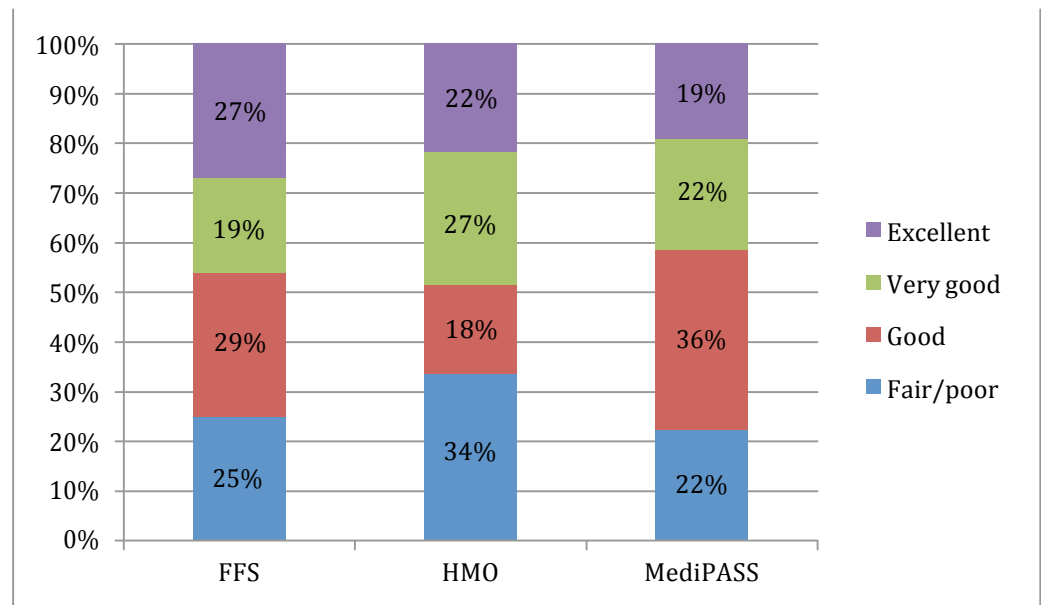


Figure 3-1. Behavioral/emotional health status by plan

Also, more than half (51%) reported they had one or more mental or emotional health condition that lasted or was expected to last for at least 3 months. The most common chronic mental or emotional health conditions are shown in Table 3-5. Anxiety and Depression were the most common.

Table 3-5 Most commonly reported chronic mental or emotional health conditions

Chronic mental and emotional health conditions	Iowa Medicaid 2013
Anxiety	35%
Depression	35%
Emotional problems other than depression or anxiety	12%
Attention problems	11%

Dental health

Survey items on oral health assessed the respondent's overall dental health, timing of the last dental checkup, access to a dental home, ability to get needed dental care, and overall rating of dental care received:

- 69% had a regular source of dental care
- 51% had a check-up in the last year (Table 3-5)
- 36% needed dental care in last 6 months, Of these:
 - 67% needed a checkup and cleaning
 - 18% needed emergency care
 - 64% needed other dental treatment, such as fillings

Table 3-5. Last dental check-up

Timing of last dental visit	Iowa Medicaid 2013	Iowa Medicaid 2011	Iowa Medicaid 2009	Iowa Medicaid 2007
Within the last year	51%	53%	56%	57%
1-2 years ago	20%	19%	21%	20%
More than 2 years ago	27%	28%	23%	21%

Respondents rated their dental health significantly worse than their general physical health; only 15% rated their dental health as excellent (Figure 3-2).

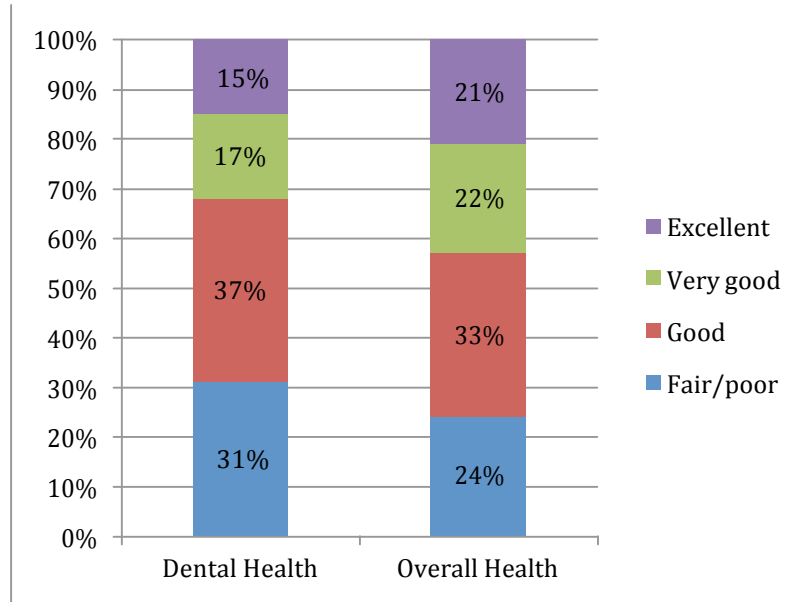


Figure 3-2. Dental vs. overall health status

This lower rating of dental health as compared to general health has been consistent over time (Table 3-6)

Table 3-6. Adult's dental health

Self-rating of dental health	Iowa Medicaid 2013	Iowa Medicaid 2011	Iowa Medicaid 2009	Iowa Medicaid 2007
Excellent	15%	15%	14%	14%
Very good	17%	20%	19%	19%
Good	37%	31%	30%	33%
Fair	20%	22%	22%	21%
Poor	11%	13%	15%	13%

Functional health status

Self-rated functional health status was assessed in the survey by asking respondents how their physical health status affected a range of daily activities from simple daily life activities to activities required to function independently in the home.

- 30% reported that they have a physical or medical condition that seriously interferes with their ability to work, attend school, or manage their day-to-day activities.
- 19% reported that they have a physical or medical condition that seriously interferes with their independence, participation in the community, or quality of life.
- 12% reported that due to disability or other health problems, they need help with routine tasks such as everyday household chores, doing necessary business, shopping, or getting around.
- 4% reported that due to disability or other health problems, they need help with their personal care such as eating, dressing, or getting around the house.

Medical Home

Access to a medical home was assessed with several domains: 1) having a personal doctor, 2) timely access to care, 3) coordination of care, 4) communication with the doctor and interaction with staff, 5) comprehensive care, 6) shared decision making, and 7) self-management and support.

Personal Doctor

Regarding having a personal doctor:

- 79% of adults reported having a personal doctor
- 20% had tried to find a new personal doctor in the last six months, **of these:**
 - 48% did not have a problem, while
 - 34% had a big problem finding a new personal doctor

Access to timely care and use of services

Access to health care was assessed with a five CAHPS[®] questions:

- Counting only the time when they needed care right away, 53% 'always' got care as soon as they needed it.
- Not counting the time they needed care right away, 46% 'always' got an appointment for a check-up or routine care at a doctor's office or clinic as soon as it was needed.
- 11% were 'always' able to see a doctor within 15 minutes of their appointment time.
- 44% 'always' got an answer to their medical questions in the same day when they phoned a doctor's office during office hours.
- 48% 'always' got an answer to their medical questions as soon as needed when they phoned a doctor's office after regular office hours.

A composite scoring of these five items together shows that two-thirds of adults (66%) reported that they 'usually' or 'always' got timely care. There was no significant difference between plans.

Coordination of care

Coordination of care was measured with two CAHPS[®] items:

- 57% reported that when the doctor's office ordered a blood test, x-ray, or other test for them, the office 'always' followed up to provide those results.
- 37% reported that the doctor's office 'always' seemed informed and up-to-date about the care they got from a specialist.

A composite score for coordination of care is shown in Figure 3-3. About half (47%) reported that they 'always' received proper care coordination. However, about 31% reported they 'sometimes' or 'never' received proper care coordination. Adults in the FFS program were most likely to say that they 'sometimes/never' got proper care coordination when needed.

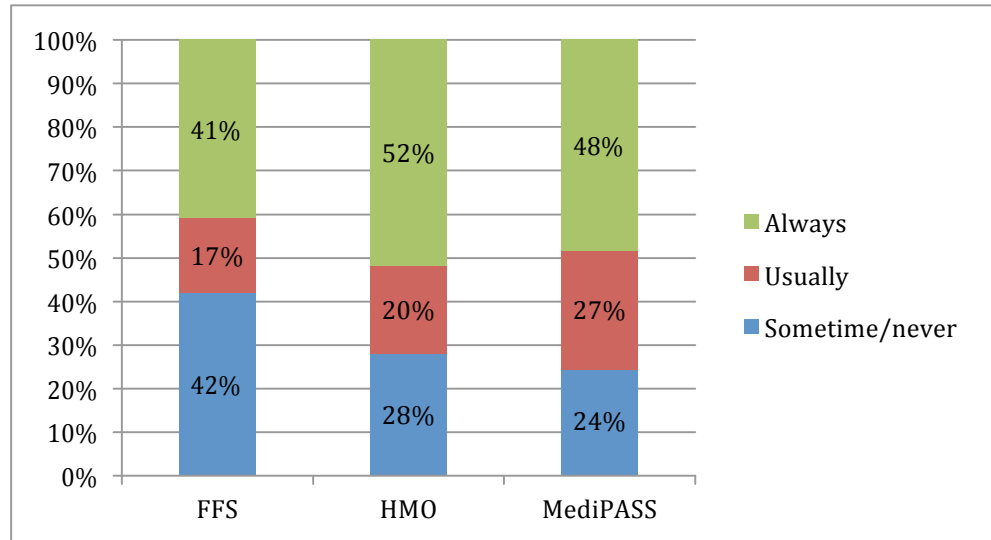


Figure 3-3. Coordination of care by plan

Communication with the doctor and interaction with staff

Seventy-nine percent of adults had a personal doctor. Of those who had a personal doctor, 78% had visited the doctor in the last 6 months.

During their personal doctor visits:

- about two-thirds of adults reported their personal doctor ‘always’ explained things in a way that was easy to understand (65%)
- 62% reported their personal doctor ‘always’ listened carefully to them
- 68% reported their personal doctor ‘always’ showed respect for what they had to say
- 58% reported their personal doctor ‘always’ gave them easy to understand information about health questions or concerns
- about half of adults reported that their personal doctor ‘always’ seemed to know the important information about their medical history (51%) and spent enough time with them (52%)

A composite score combining these communication questions indicated that about six in ten (61%) reported that the doctor ‘always’ communicated well with no significant differences by Medicaid plan.

Treatment by office staff

Two questions asked about how the family was treated by the office staff. About half (51%) reported that the staff were 'always' courteous, respectful, and helpful. Families with children in the HMO were most satisfied with how they were treated (Figure 3-4).

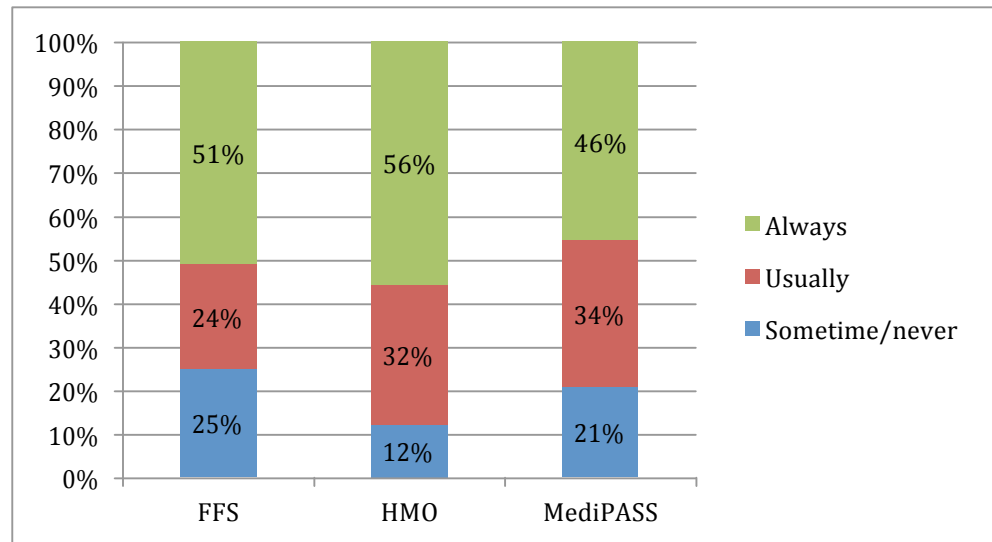


Figure 3-4. Personal doctor's staff was courteous, respectful, and helpful by plan

Comprehensive care

Comprehensive care means that the medical home provides services that account for the majority of patient needs, including mental health. Three items assessed if anyone in a doctor's office asked them about their mental and emotional health.

- 46% of adults in the Medicaid program reported that someone in a doctor's office asked if there were a period of time when they felt sad, empty, or depressed
- 45% reported that they were asked about things in their life that worry them or cause them stress
- 35% reported they were asked about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness

A composite score for comprehensive care is shown in Figure 3-5. Slightly less than half of adults (46%) received comprehensive care in the past 6 months. Adults in FFS were least likely to receive comprehensive care while those in the HMO were most likely.

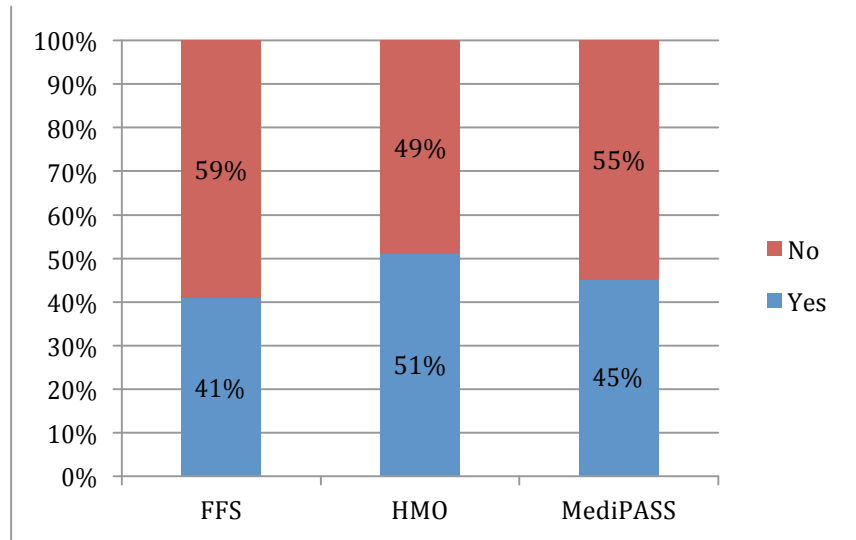


Figure 3-5. Comprehensive care by plan

Shared decision making

Three items assessed shared decision making by asking questions regarding their experience being prescribed medication while visiting their personal doctor.

- 54% reported that the doctor talked to them a lot about the reasons they might want to take a medicine
- 47% reported that the doctor talked to them a lot about the reasons they might **not** want to take a medicine
- 74% reported that doctor asked them what they thought was the best for them.

A composite score for shared decision-making indicated that about half of adults (54%) experienced shared decision making in the past 6 months. Those in the HMO were least likely to have this experience (Figure 3-6).

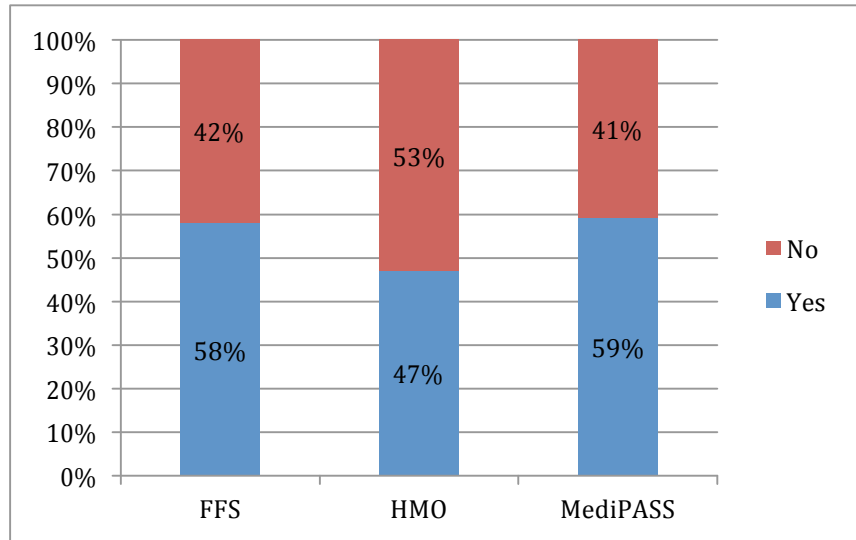


Figure 3-6. Shared decision making by plan

Self-management and support

Two questions assessed the measure of self-management and support:

- 49% reported that they talked with their health care providers about specific goals for their health, and
- 22% reported that they talked with their health care providers about things that make it harder for them to take care of their health.

About one in three adults (35%) met the CAHPS composite measure for self-management of health and received support. Those in the MediPASS were least likely to have effectively received these services (Fig.3-7).

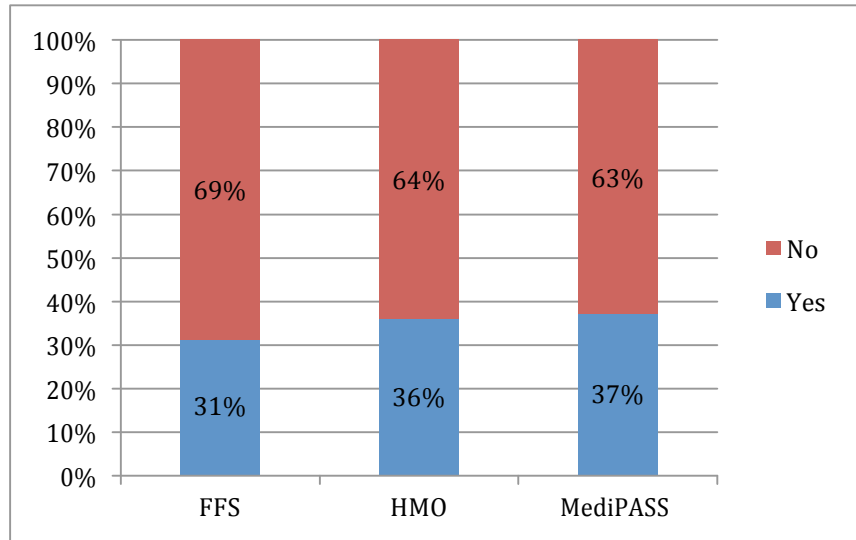


Figure 3-7. Self-management of health and support by plan

Health care in the last 6 months

Unmet need for care

Rates of unmet need among adults varied by service area and were higher than for children in all areas (Table 3-7).

In particular:

- one in four had an unmet need for prescription medications
- one in ten had an unmet need for medical care
- unmet need for dental care remained close to one in ten. Adults in FFS (52%) were more likely to report unmet dental care need than adults in the HMO (31%) and MediPASS (29%)

**Table 3-7. Unmet health care needs among all adults*
(percent of all respondents)**

Type of service	Iowa Medicaid 2013	Iowa Medicaid 2011	Iowa Medicaid 2009	Iowa Medicaid 2007
Care right away	9%	NA	NA	NA
Care, tests or treatment	NA	16%	12%	16%
Routine care	9%	NA	NA	NA
Preventive health care	8%	8%	8%	9%
Specialty medical care	7%	9%	10%	5%
Dental care	12%	13%	17%	14%
Mental health care	7%	7%	5%	6%
Prescription medication	23%	26%	25%	22%

* Unmet need: not able to get needed care at some point in the last 6 months from the total sample

Outpatient Visits

Medicaid adult enrollees were asked how many times they went to a doctor's office or clinic (not counting emergency department visits). Seventy-seven percent of all adults had at least one visit to any doctor's office or clinic in the 6 months prior to the survey, a little lower than in previous years (Figure 3-8). Forty-four percent of all adults had three or more outpatient visits. Of these, 92% had visited their personal doctor in the last 6 months.

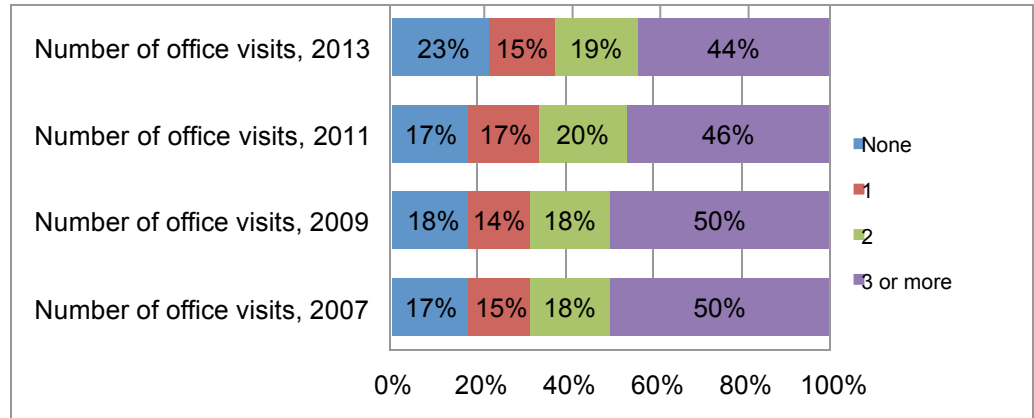


Figure 3-8. Adult outpatient visits in the last 6 months

Emergency care

Thirty-five percent visited a hospital emergency department at least once in the last 6 months, comparable to previous years (Figure 3-9).

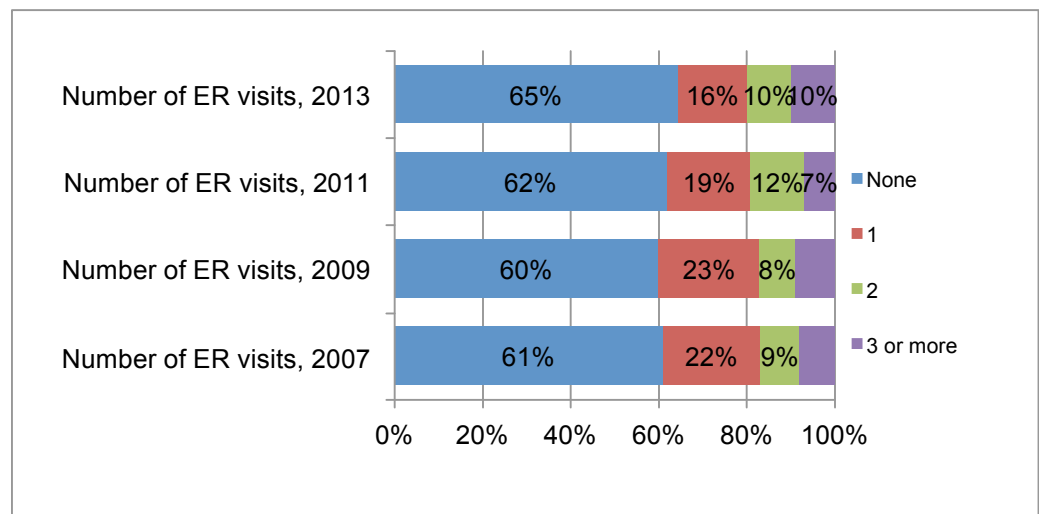


Figure 3-9. Adult emergency department visits in the last 6 months

Preventive care

Regarding preventive care, respondents were asked about preventive health services in the past 6 months and receipt of a flu shot:

- 44% percent reported that they had a preventive visit, such as a physical exam or mammogram, within the last year (66% in 2011). Adults in FFS (41%) were less likely to have had a

preventive visit than adults in the HMO (57%) and MediPASS (44%)

- About four in ten (38%) had a flu shot during the past flu season. Adults in FFS (31%) were less likely to have had a flu shot than adults in the HMO (47%) and MediPASS (40%)
- About four in ten (37%) smoke cigarettes. Of those:
 - 52% received advice to quit smoking
 - 24% discussed or received recommendations on smoking cessation medication
 - 28% discussed or received information on smoking cessation methods and strategies.

Specialty care

Thirty-two percent had visited a medical specialist in the last 6 months, with 38% visiting 2 or more specialists in that time period.

Hospital stay

Fourteen percent of all adults stayed one or more night in the hospital, and of these, 21% went back into the hospital soon after being allowed to go home (i.e., had a hospital readmission).

Prescription medication

Respondents were asked about their need and unmet need for any prescription medicine:

- 69% needed or took a prescription medication. Of these:
 - 72% needed or took the prescription medicine for a chronic condition lasting at least 3 months
 - 47% had someone in a provider's office talk to them at each visit about all the prescription medicines they were taking
 - 33% needed prescription medication but could not get it for any reason

Quality of health care

Adult Medicaid enrollees rated their health care, personal doctor and specialist (if applicable) on the CAHPS® global 0-10 rating scale, where 0 = worst possible and 10 = best possible.

Rating of all health care

The overall rating of health care for adults was lower than the 2011 rating and the National CAHPS Benchmarking Data (Figure 3-10).

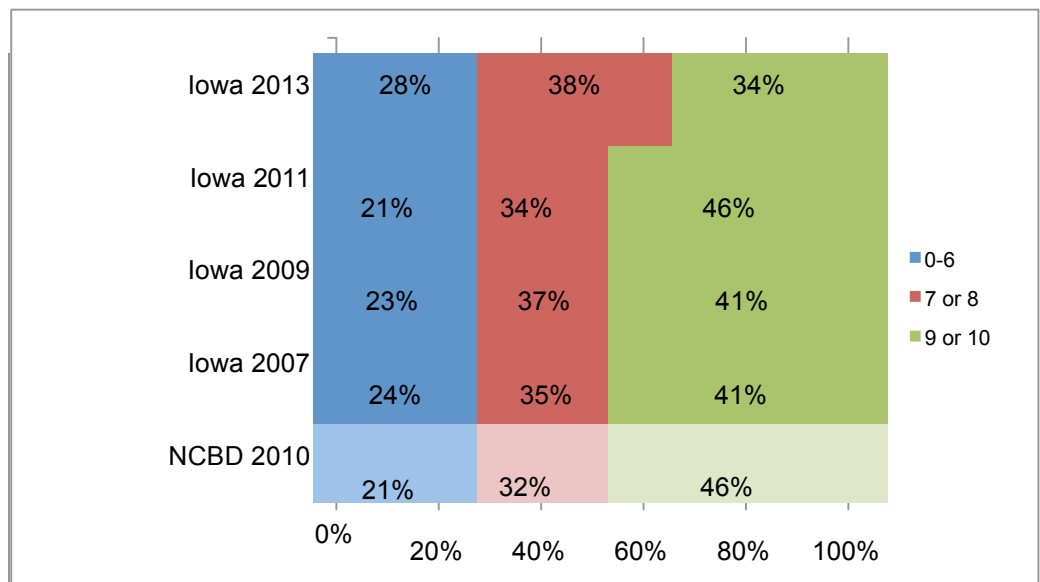


Figure 3-10. Rating of all health care for adults

Rating of personal doctor

The 2013 rating of personal doctor was similar to 2011 with about six out of ten rating their personal doctor a nine or ten. When compared to the national figures, they were slightly worse on the high end and equal on the low end (Figure 3-11).

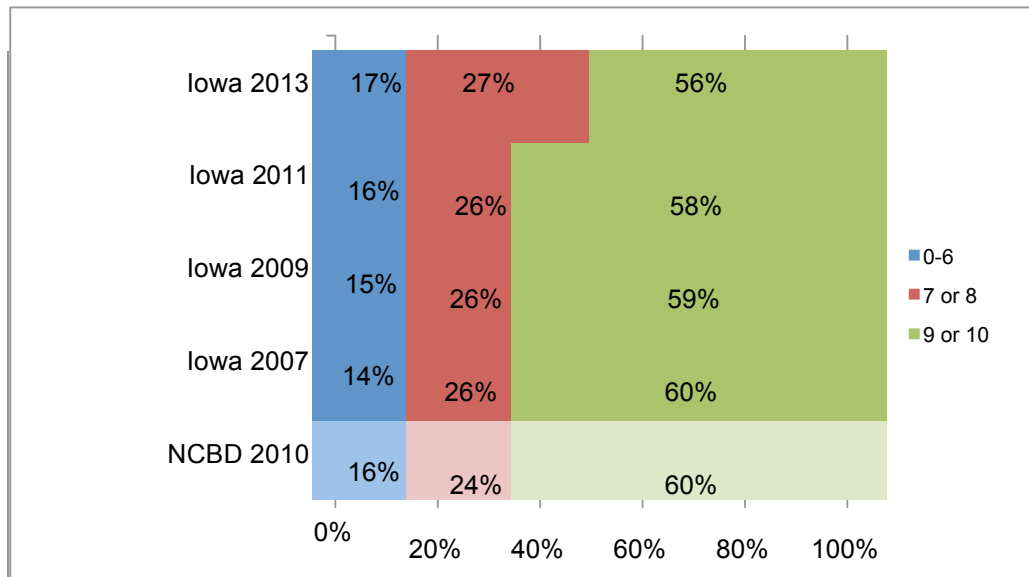


Figure 3-11. Rating of adult's personal doctor

Rating of specialist adult saw most often

Specialist rating was lower than in 2011, with about half rating their specialist a nine or ten (Figure 3-12). The rating was also slightly lower than the national data for specialists.

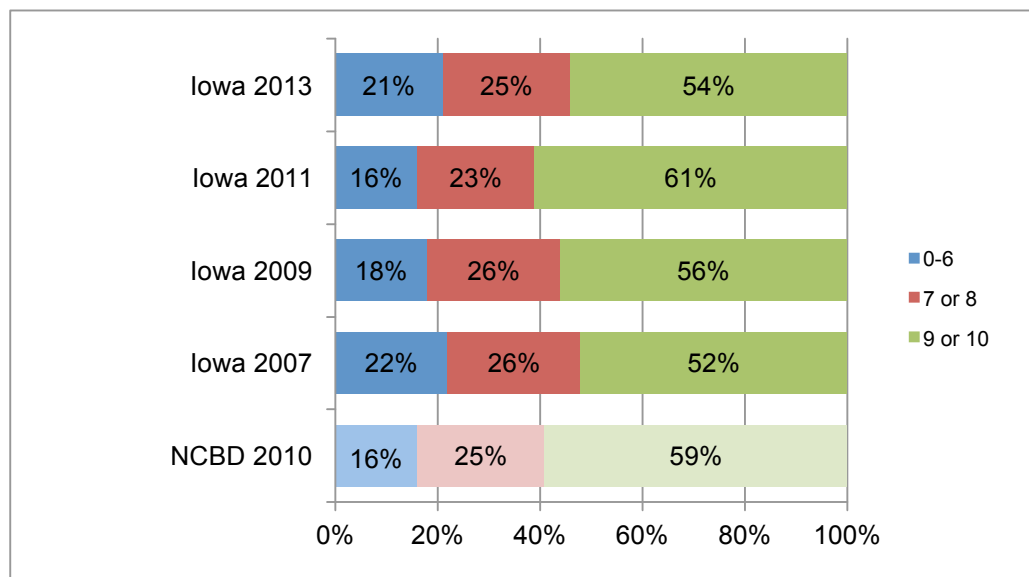


Figure 3-12. Rating of adult's specialist

Rating of dental care for adults

Dental rating was slightly higher than in 2011, with almost half rating their dental care a nine or ten (Figure 3-13).

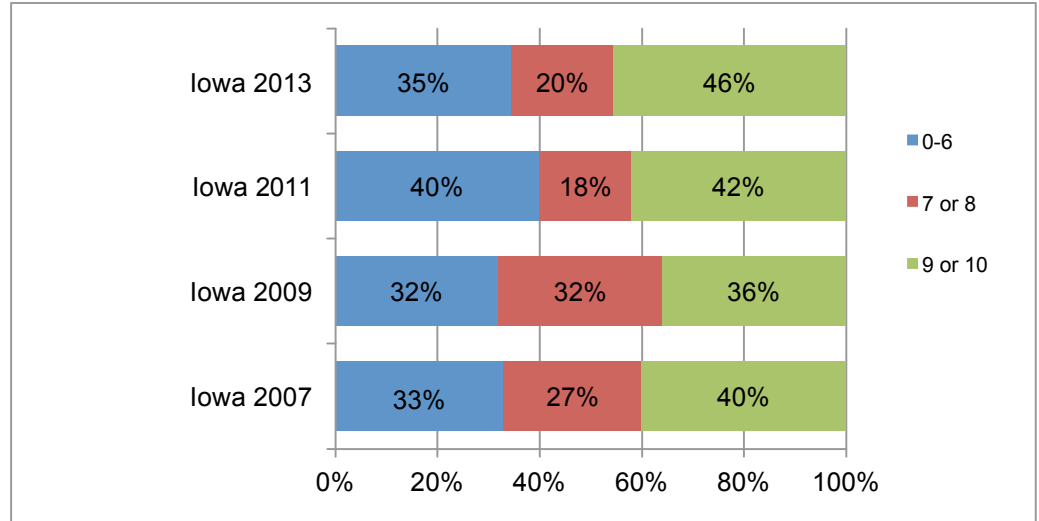


Figure 3-13. Rating of adult's dental care

Rating of Medicaid health plan

Iowa's 2013 overall health plan rating for adult Medicaid enrollees was slightly lower than 2011, and lower than the 2010 national figures (Figure 3-14).

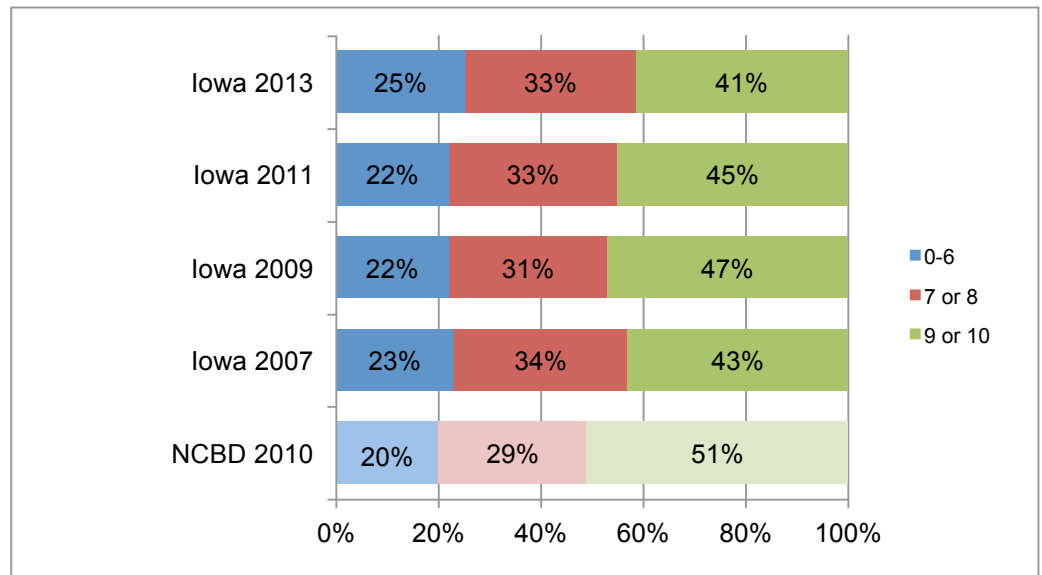


Figure 3-14. Rating of adult's health plan

Plan customer service and information

Respondents were asked about their experience trying to find information or completing paperwork regarding their health plan in the last six months:

- 31% knew about the Medicaid helpline. Of these:
 - 23% had called for information or help. Of these:
 - 63% reported they 'usually' or 'always' got the information
- 14% percent of adults had looked for information on how their health plan works and indicated which information source they found most helpful
- Below are the percent of respondents that rated each information source as best:
 - 27% friends and family who use Medicaid
 - 20% written materials
 - 15% DHS website
 - 14% DHS caseworker

The information and paperwork question reflects how often the respondent thought it was easy to get plan information and fill out forms, as well as the quality of the toll-free Medicaid help line:

- 39% had some forms to complete. Of these:
 - 33% thought it was 'always' easy to get information and complete forms (a decrease from 2011)
 - 24% 'never' or 'sometimes' had an easy time with this (an increase from 2011) (Figure 3-15)

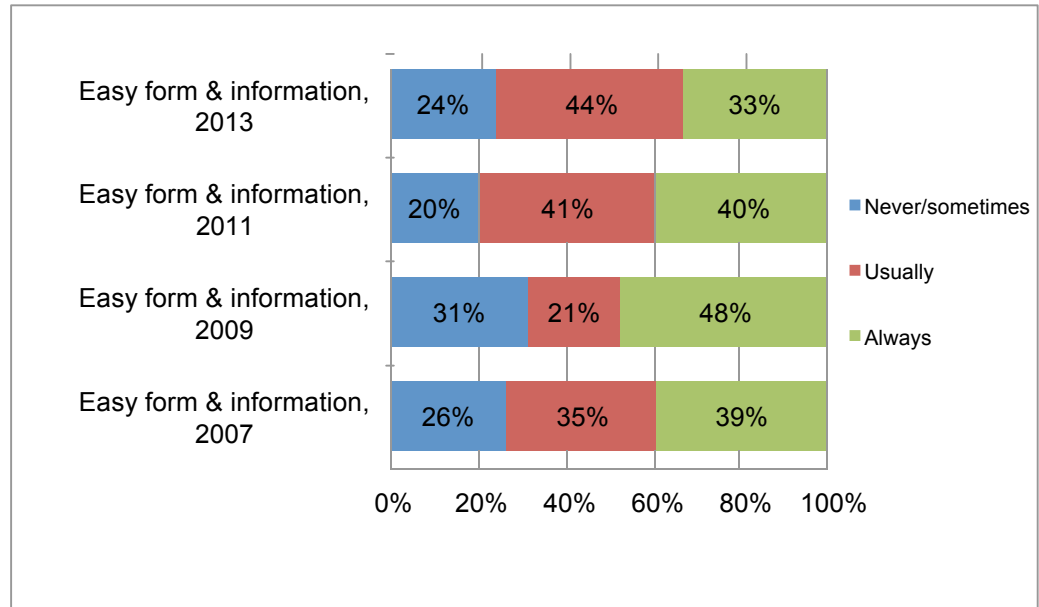


Figure 3-15. How often was it easy to get information and do paperwork?

The CAHPS helpline staff question reflects how often respondents thought that staff at the Medicaid helpline were courteous, respectful and helpful. About half (46%) reported that the helpline staff was ‘always’ courteous, respectful, and helpful.



CHAPTER 4:

SSI CHILD 2013 RESULTS

The Medicaid SSI program covers children who have a disability as defined by the Social Security Administration, and whose income is below 300% of the federal poverty level. The CAHPS survey was sent to parents or guardians of a random sample of children enrolled in the SSI program using the same methods as for parents of children enrolled in other aspects of the Medicaid program. The following is a summary of results from the 2013 Survey of Iowa Medicaid Enrollees: SSI Survey. Where appropriate, comparisons are made with results from FFS, HMO, and MediPASS. Responses to each item in the questionnaire are in Appendix A.

Demographics

The demographic make-up of children in the Medicaid SSI program is significantly different from that of children in other Medicaid plans (Table 4-1). The upper threshold of the Medicaid SSI income limit is significantly higher than for children in other Medicaid plans. Also, because children must have a disability to qualify for the program, more enrolled children have a special health care need. Additionally, it is noteworthy that about two-thirds of children in the SSI program are male, thus, two-thirds of the respondents were representing male children.

Table 4-1. Demographics of children in the Medicaid SSI samplet

Characteristic	Iowa SSI 2013	Iowa Medicaid 2013
% Female	38%	48%
Average age in years	9	8
Race/ethnicity*		
Hispanic/Latino (all races)	12%	13%
Caucasian	79%	80%
African American	21%	14%
Asian/Pacific Islander	2%	4%
American Indian	1%	3%
Other	4%	5%
Two or more races	8%	8%

†Un-weighted data

*Race/ethnicity categories are not mutually exclusive.

Health status

Because enrollment in the SSI program is dependent on having a disability, the health status of children is expected to be lower than in the regular Medicaid FFS and MediPASS plans and we expect to see more children in the SSI program who meet the criteria for having a special health care need (Table 4-2).

Overall health status

Children in the SSI program were reported to have much lower health status than children in the FFS and MediPASS plans.

Table 4-2. Health status of children

Global health rating	Iowa Medicaid SSI 2013	Iowa Medicaid SSI 2011	Iowa Medicaid SSI 2009	Iowa Medicaid 2013
Excellent	18%	19%	19%	49%
Very good	32%	32%	32%	38%
Good	36%	35%	37%	11%
Fair/poor	14%	13%	12%	2%
Special health care need	89%	87%	89%	32%

Children with special care needs

Almost nine out of ten children met the screening criteria for Children or Youth with a Special Health Care Need (CYSHCN) as compared to 32% in the other portions of the Medicaid program.

Psychosocial indicators

The questionnaire assessed psychosocial problems using 17 items from the Pediatric Symptom Checklist (PSC-17). The PSC-17 generates 3 indicators identifying attention problems, internalizing problems with possible anxiety and/or depression, and externalizing conduct problems:

- 28% of SSI children scored positively on the attention subscale compared to 8% of Medicaid children
- 24% of SSI children scored positively on internalizing subscales compared to 13% of Medicaid children
- 33% of SSI children scored positively on externalizing subscales compared to 15% of Medicaid children

Dental health

Oral health and dental care was assessed by evaluating the child's overall dental health, timing of last dental checkup, access to a dental home, and ability to get needed dental care:

- 79% had a regular source of dental care (one main place).
- 75% had a dental check-up in the last year (Table 4-3).
- 26% of children needed dental care in the last 6 months. Of these:
 - 75% needed checkups
 - 33% needed other dental treatment such as fillings
 - 6% needed emergency care
 - One in five (20%) could not get needed dental care

Table 4-3. Children's last dental check-up

Timing of last dental check-up	Iowa Medicaid SSI 2013	Iowa Medicaid 2013
Within last year	75%	76%
1-2 years ago	12%	10%
> 2 years ago	4%	1%
Never been	10%	13%

Ratings of children's dental health were similar to parent ratings of their general physical health (Figure 4-1). These ratings were similar to those in the 2011 survey..

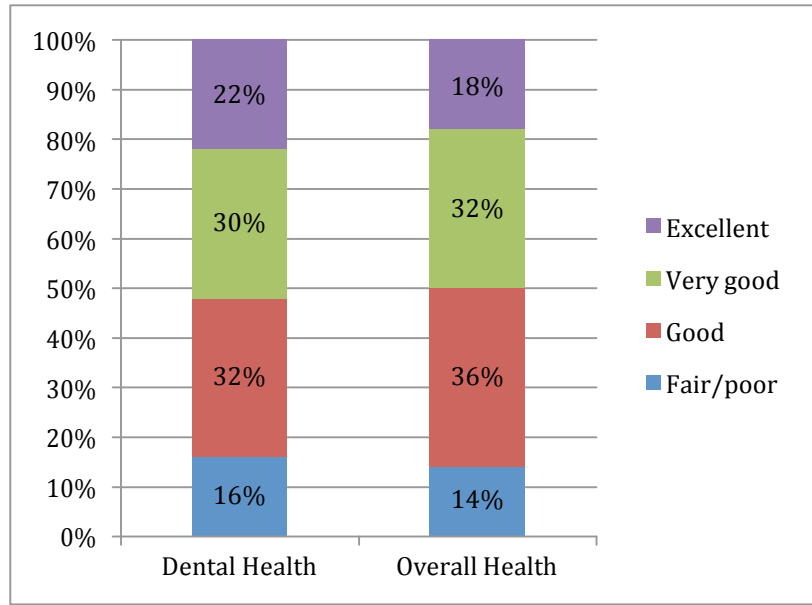


Figure 4-1. Dental vs. overall health status

Rating of the children’s oral health was consistent among those in the SSI program over time but lower than others in Medicaid (Table 4-4).

Table 4-4. Children’s dental health

Dental health rating	Iowa Medicaid SSI 2013	Iowa Medicaid SSI 2011	Iowa Medicaid SSI 2009	Iowa Medicaid 2013
Excellent	22%	21%	22%	37%
Very good	30%	30%	26%	29%
Good	32%	29%	32%	25%
Fair/poor	16%	20%	19%	9%

Behavioral and emotional health care

To assess mental health status and access to care, parents were asked to rate their child’s current overall mental and emotional health, the need for and receipt of any treatment or counseling, the degree to which their child was helped by the counseling or treatment they received, and the unmet need for a mental or emotional health problem.

About two in five (41%) rated their child’s behavioral and emotional care as *excellent* or *very good*. This rate was significantly lower than for non-SSI children in Medicaid (Table 4-5).

Table 4-5. Children’s behavioral/emotional health status by plan

	Iowa Medicaid SSI 2013	Iowa Medicaid SSI 2011	Iowa Medicaid SSI 2009	Iowa Medicaid 2013
Behavioral/emotional health rating				
Excellent	17%	22%	18%	50%
Very good	24%	19%	23%	30%
Good	30%	33%	32%	13%
Fair/poor	29%	26%	27%	7%

- 43% of all SSI children were reported to need mental health counseling or treatment compared to 17% of Medicaid children. Of those:
 - 30% could not get the care they needed compared to 15% of non-SSI Medicaid children

Medical Home

Access to a medical home was assessed with several domains: 1) having a personal doctor, 2) timely access to care, 3) coordination of care, 4) communication with the doctor and interaction with staff, 5) advice about their child's safety and health, and 6) self-management and support.

Personal Doctor

Respondents were asked about their child’s personal doctor:

- 91% of children were reported to have a personal doctor
- 13% had tried to find a new personal doctor in the last six months. Of these:

- 50% did not have a problem
 - 25% had a *big* problem
- 54% of children have been going to the same personal doctor for three years or more.

Access to timely care and use of services

Access to health care for children was assessed with five CAHPS® items:

- When the child needed care right away, 81% of parents reported that they 'always' received the care as soon as needed.
- Not counting the time the child needed care right away, 68% reported that they 'always' got an appointment for a check-up or routine care at their child's doctor's office as soon as needed.
- When they phoned to the doctor's office during regular office hours, 58% of parents reported that they 'always' got an answer to their medical questions or concerns in the same day.
- When they phoned the doctor's office after regular office hours, 57% reported they 'always' got the answers to the medical questions or concerns about their child as soon as needed.
- 16% reported that the child saw a doctor within 15 minutes of the appointment time.

A composite score using these five items is shown in Figure 4-2. Eight in ten SSI children (80%) reported that it was 'usually' or 'always' got timely care for their child.

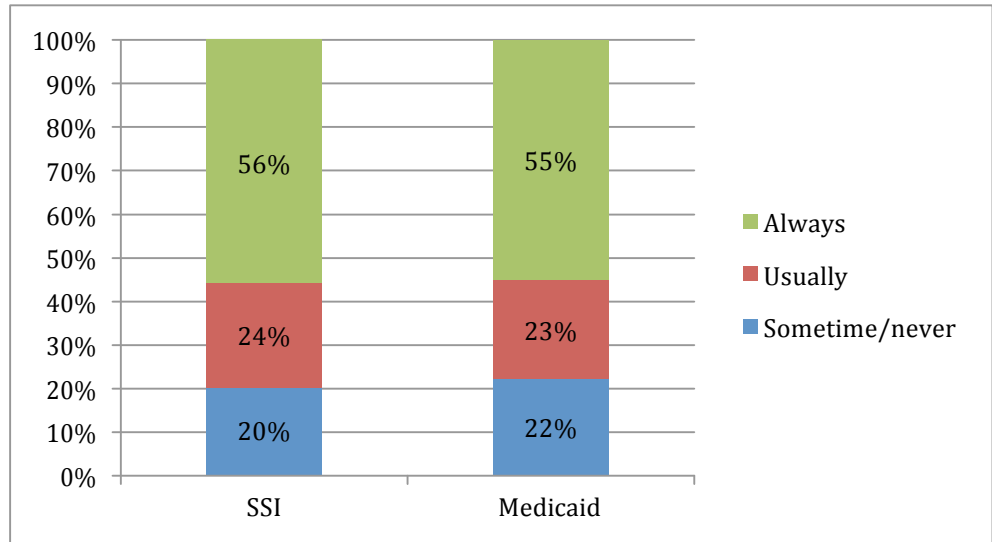


Figure 4-2. Timely care

Coordination of care

Coordination of care for children was assessed with two CAHPS® items:

- 71% of parents reported that when the doctor's office ordered a blood test, x-ray, or other test for their child, the office 'always' followed up to give them those results
- 47% of parents reported that the doctor's office 'always' seemed informed and up-to-date about the care their child got from a specialist

The composite score for coordination of care is shown in Figure 4-3. Nearly 60% reported that their child 'always' received proper care coordination.

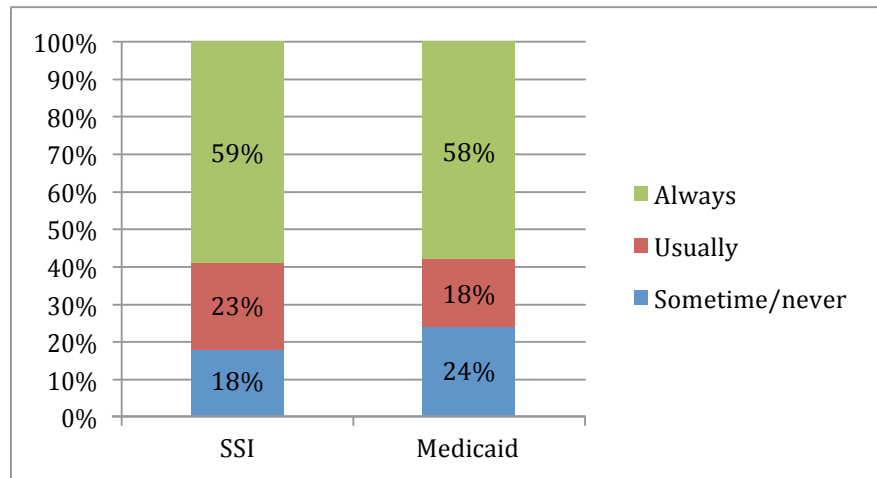


Figure 4-3. Care coordination

Communication with the doctor and interaction with staff

As mentioned, 91% of SSI children had a personal doctor. Of those who had a personal doctor 84% had visited the doctor in the last 6 months.

- During these visits:
 - over half of respondents reported their child's personal doctor 'always' explained things in a way that was easy to understand (58%)
 - 70% reported their child's doctor seemed to know the important information about their child's medical history
 - 68% reported their child's doctor spent enough time with their child
- Nearly three fourths of respondents reported their child's personal doctor 'always' listened carefully to them (73%), while over 80% reported their child's personal doctor showed respect for what they had to say (82%)
- 74% reported their child's personal doctor 'always' gave them easy to understand information about health questions or concerns

A composite score using these six items is shown in the Figure 4-4. Seven in ten (70%) reported that the doctor 'always' communicated well.

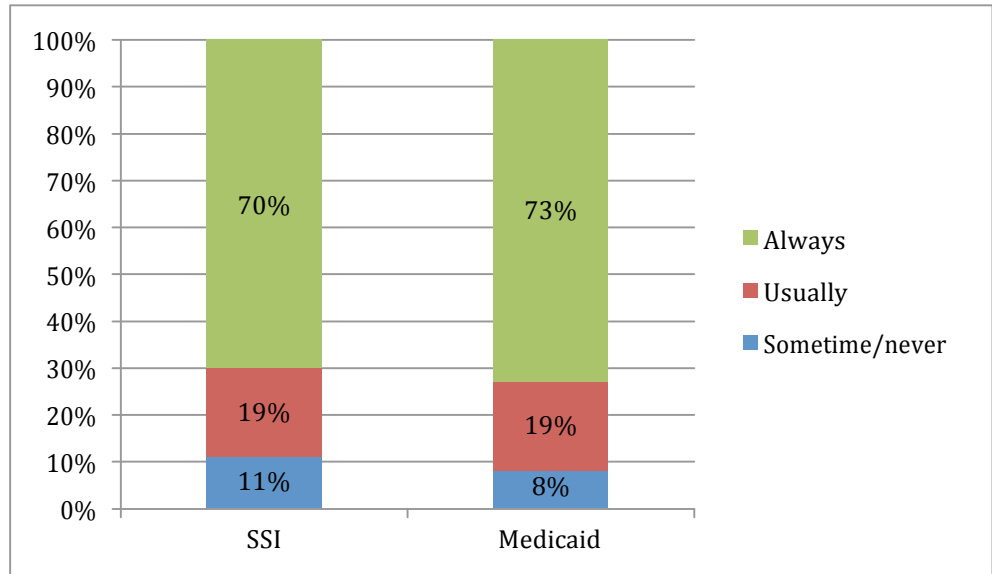


Figure 4-4. Communication with the child's personal doctor

Two questions asked about how the family was treated by the office staff. Six in ten respondents (62%) reported that the staff was 'always' courteous, respectful, and helpful (Figure 4-5).

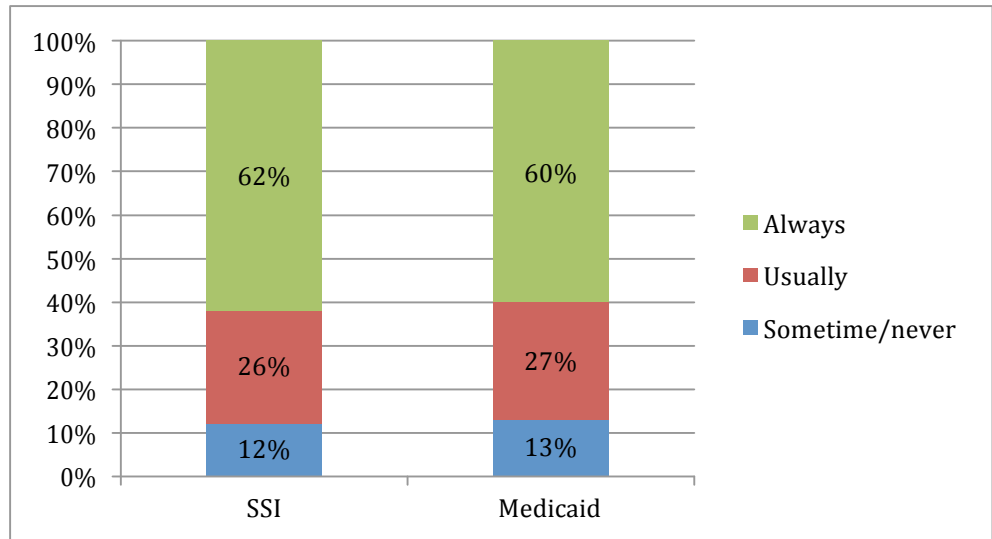


Figure 4-5. Child's personal doctor's staff was courteous, respectful, and helpful

Advice about their child's safety and health

Five questions assessed if the parent received advice about their child's safety and health while visiting the child's personal doctor:

- About half of respondents talked with their child's personal doctor about things they could do to keep their child from getting injured (45%)
 - 22% reported their child's personal doctor gave them printed handouts or booklets with information about how to keep their child from getting injured
- About one third of respondents talked with their child's personal doctor about problems in their household that might affect their child (35%)
- About half of respondents reported that their child's personal doctor asked about how much or what kind of food their child eats (49%) and how much or what kind of exercise their child gets (45%)

A composite score of advice using these 5 items is shown in the Figure 4-6. About two in five respondents (39%) reported that they had received advice about their child's safety and health.

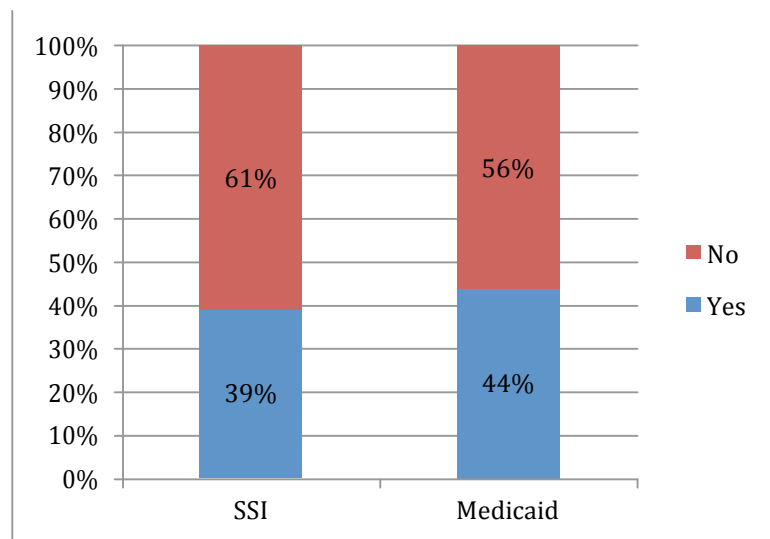


Figure 4-6. Advice about child's safety and health

Self-management support

Two questions assessed the measure of self-management support:

- 60% of respondents talked with someone at their child's doctor's office about specific goals for their child's health
- 21% of respondents reported that someone at their child's doctor's office asked them if there are things that make it hard for them to take care of their child's health

A composite score of self-management support using these two items is shown in Figure 4-7. Children in Medicaid SSI (41%) were more likely to experience self-management support for their child's health compared to children in Medicaid (28%).

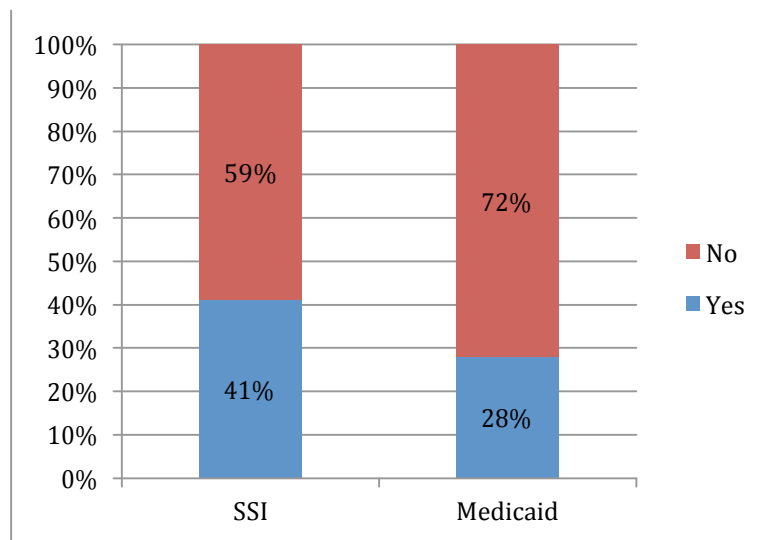


Figure 4-7. Self-management support for their child's health

Health care in the last 6 months

Unmet need for care

Overall rates of unmet need for various types of health care among SSI children ranged from 4% to 13%. The proportion with unmet need was highest for mental health care services (Table 2-3). These rates are for all SSI children, whether they needed a particular service or not.

Table 4-6. Unmet health care needs among all children* (percent of all respondents)[†]

Unmet service need	Iowa Medicaid SSI 2013	Iowa Medicaid 2013
Care right away	4%	3%
Routine care**	9%	9%
Preventive health care	7%	5%
Specialty medical care	6%	2%
Dental care	5%	6%
Mental health care	13%	2%
Prescription drugs	11%	5%

*Unmet need was defined as inability to get needed care sometime in last 6 months.

**The responses for routine care were asked as “never” (89%), sometimes, usually, and always instead of “yes” or “no”.

[†]Percentages are for all children in Medicaid, not just those reporting need for services

Outpatient Visits

Respondents were asked about their child’s health care in the last six months, not including overnight stays in a hospital or dental care visits.

Eighty-six percent of SSI children had at least one office visit in the last six months (Figure 4-8). The number of outpatient visits was higher compared to non-SSI children in Medicaid.

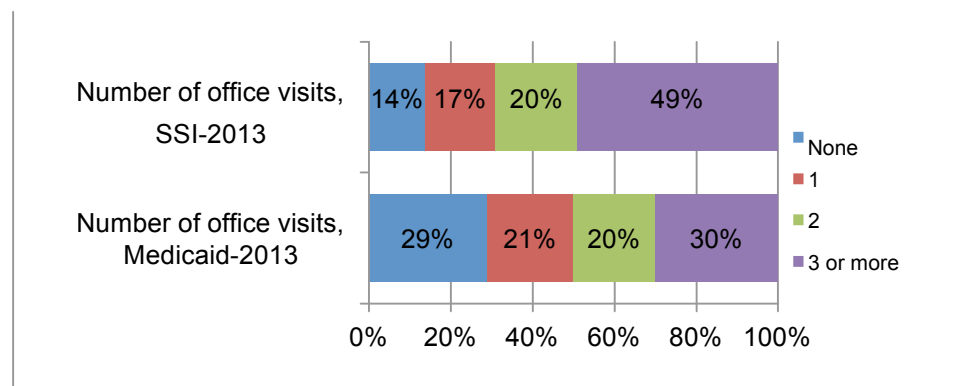


Figure 4-8. Outpatient visits in the last six months

Emergency care

About one in four SSI children had visited an ER in the last six months. The number of visits to an ER was similar to non-SSI children in Medicaid.

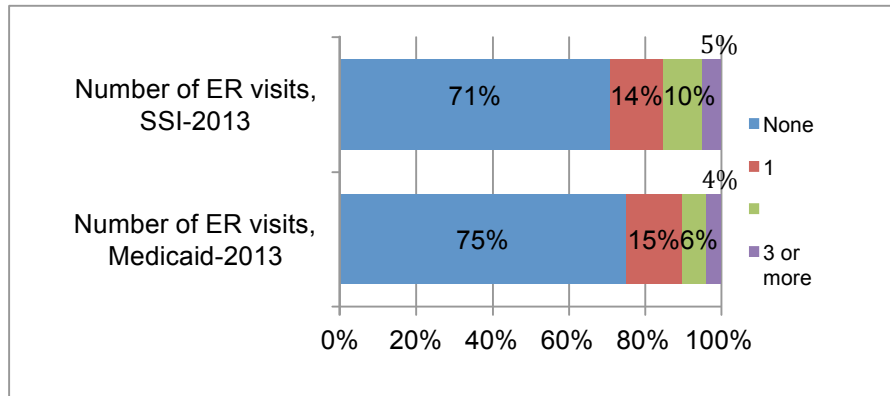


Figure 4-8. Emergency department visits in the last 6 months

Preventive care

Parents were asked about preventive health services in the past 6 months and receipt of a flu shot:

- Over three-quarters of SSI children (79%) had a preventive health visit in past year
- About 60% had a flu shot during the past flu season

Specialty care

Receipt of specialty care was evaluated from parent responses. Forty percent of all SSI children saw a specialist in past six months (compared to 18% of non-SSI children in Medicaid); of these, 34% saw 3 or more specialists.

Hospital stay

Parents were asked if their child needed to stay in a hospital. Ten percent of all SSI children stayed one or more nights in the hospital; of these children, 33% went back to the hospital soon after being allowed to go home.

Prescription medication

Adults were asked about their child's need for prescription medicine, and if they were unable to get it for their child for any reason.

- 70% of SSI children needed a prescription medication in the last six months compared to 49% of non-SSI children in Medicaid.
 - Of these, 93% reported that someone in a provider's office talked to them at each visit about all the prescription medicines their child was taking
 - Among those who needed prescription medication, 16% could not get it for any reason

Quality of health care

Parents rated their child's health care, personal doctor and specialist (if applicable) on the CAHPS® global rating scale, where 0 = worst possible and 10 = best possible health care.

Rating of all child's health care

Over half of respondents (56%) rated their child's health care as either a nine or ten. This rate was about the same compared to non-SSI children in Medicaid (57%) (Figure 4-9).

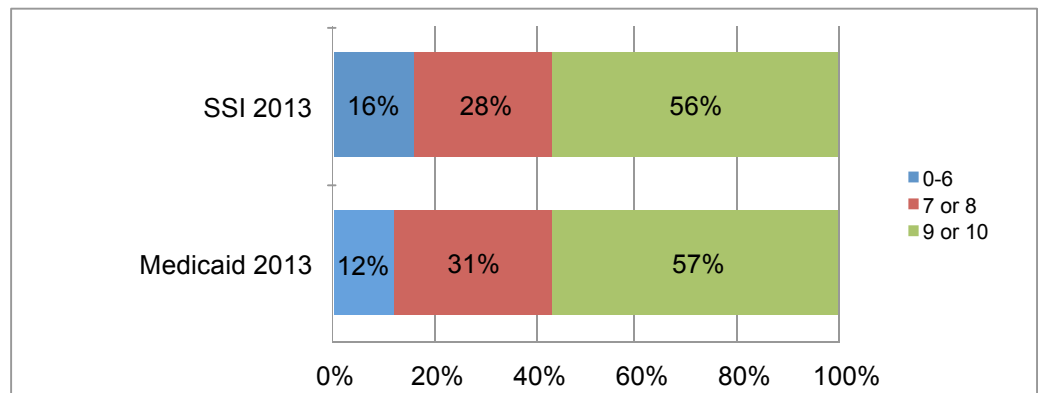


Figure 4-9. Rating of children's overall health care

Rating of child's personal doctor

Parents rated the personal doctors of SSI children generally high, with seven in ten rating them as a nine or ten (Figure 4-10).

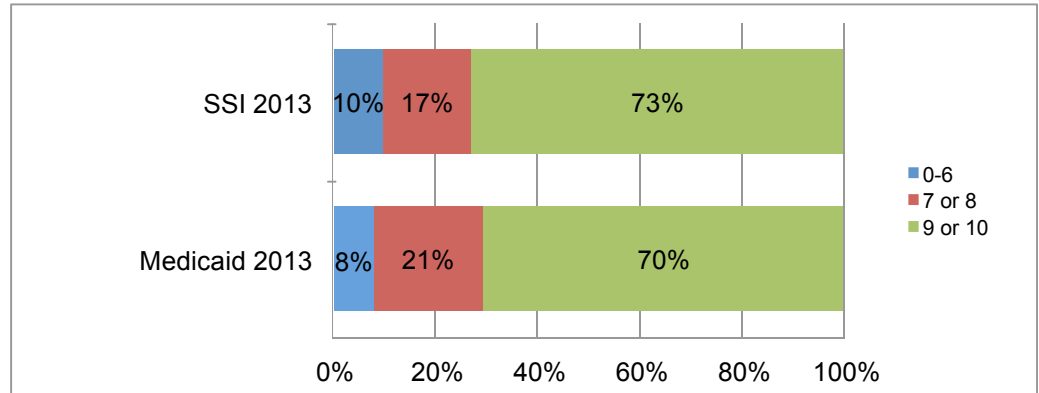


Figure 4-10. Rating of child's personal doctor

Rating of specialist child saw most often

Among SSI children who saw a specialist, rating of those specialists was similar to non-SSI children in Medicaid with about six in ten parents rating their child's specialist as a nine or ten (Figure 4-11).

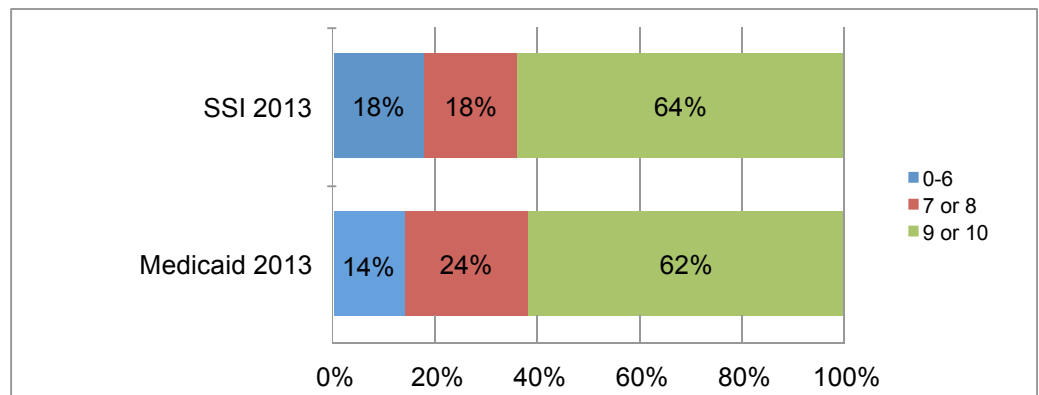


Figure 4-11. Rating of child's specialist

Rating of child's dental care

Among SSI children who saw a dentist, rating of the care was higher than non-SSI children in Medicaid. About eight in ten rated their child's dentist as a nine or ten (Figure 4-12).

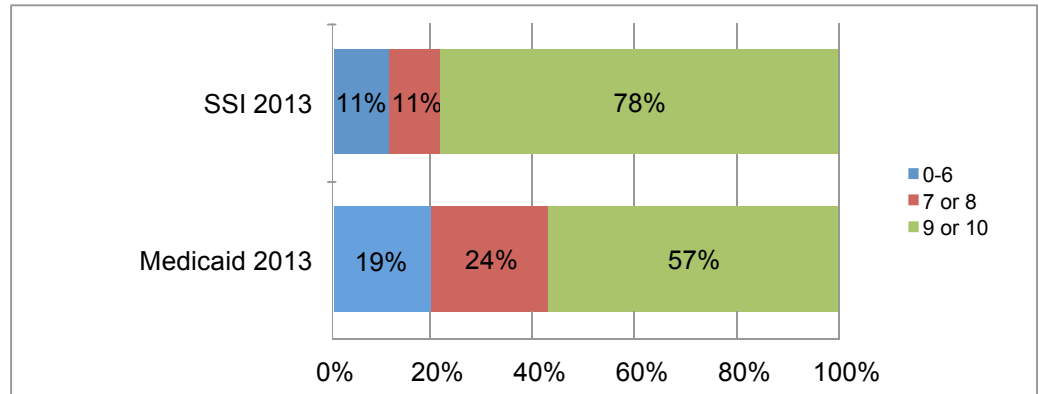


Figure 4-12. Rating of child's dental care

Rating of Medicaid health plan

About half of respondents (49%) rated their child's health plan as a nine or ten (Figure 4-13) but one in four rated it a 0-6.

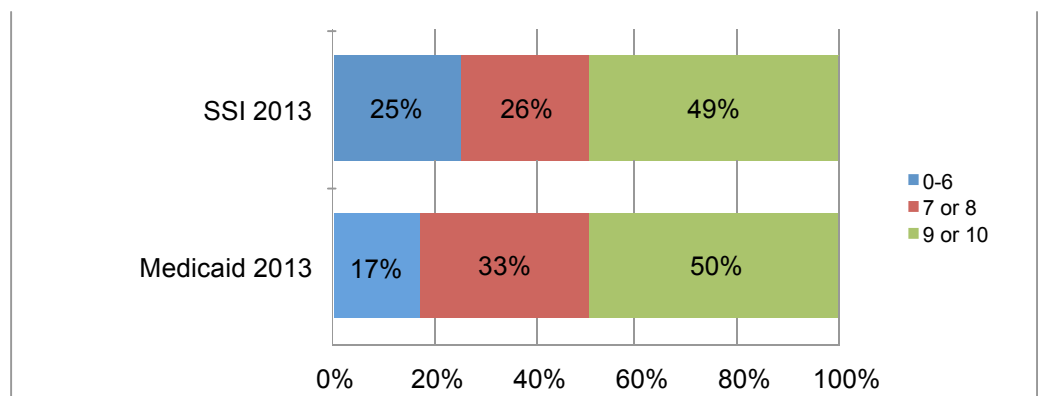



Figure 4-13. Rating of child's health plan

Plan customer service & information

Respondents were asked about their experience trying to find information or completing paperwork regarding their child's health plan in the last six months:

- 36% were aware of the toll-free Medicaid helpline. Of those:
 - 17% used the helpline to get information about their child's plan.
- 24% had to complete plan-related paperwork in the last 6 months

- 
- 12% had looked for information about how their child’s Medicaid plan works in written materials or the Internet:
 - 48% of these ‘usually’ or ‘always’ found the needed information
 - Written materials (8%) and DHS caseworkers (8%) were the most frequently used and most helpful sources

The CAHPS helpline staff question reflects how often respondents thought that staff on the Medicaid helpline were courteous, respectful and helpful. Twenty-five percent reported that the helpline staff was *always* courteous, respectful, and helpful.

CHAPTER 5: SSI ADULT 2013 RESULTS

The Medicaid SSI program covers adults if they are low income and either ⁴: 1) at least 65 years of age, and/or 2) blind or disabled. The following is a summary of results from the 2013 Survey of Iowa Medicaid SSI Enrollees: Adult Survey. Responses to each item in the questionnaire are in Appendix B.

Demographics

Over half of respondents were women. Overall, 84% were Caucasian (Table 5-1). Most of the respondents ranged in age from 18 to 74. About 6% were 75 or older. The proportion with less than a high school education (32%) was significantly greater than the non-SSI adults.

Table 5-1. Demographics of adult respondents

	Iowa Medicaid SSI 2013	Iowa Medicaid 2013
% Female	56%	80%
Race/ethnicity*		
Hispanic/Latino (all races)	4%	7%
Caucasian	84%	82%
African American	9%	9%
Asian/Pacific Islander	2%	4%
American Indian	3%	2%
Other	NA	NA
Education		
<High School	32%	13%
High School/GED	42%	33%
Some college or 2-year degree	19%	46%

*Race/ethnicity categories are not mutually exclusive. There were 3% of respondents who self-identified with two or more races in SSI and Medicaid.

⁴ See updated report of Iowa Medicaid Program: Impact of ACA and health system change on the Iowa Safety Net.

Health status

Overall health status

The health status of adults in the SSI program was significantly lower than that of adults in the rest of Medicaid. Twenty percent of adult Medicaid SSI enrollees rated their health as ‘excellent’ or ‘very good’ which was significantly lower than reported by non-SSI adults (39%).

Table 5-2. Health status of adults

Global health rating	Iowa Medicaid SSI 2013	Iowa Medicaid 2013
Excellent	7%	10%
Very good	13%	29%
Good	34%	39%
Fair/poor	46%	21%

Chronic conditions

More than nine in ten adults (92%) reported that they had one or more chronic conditions that lasted or were expected to last for at least 3 months. More than seven in ten adults (72%) had 3 or more chronic conditions. The most common chronic physical health conditions are shown in Table 5-3.

- 45% of SSI adults reported that they had seen a doctor or other health provider 3 or more times for the same condition or problem
 - Of those who had seen their provider 3 or more times, 90% reported that this was due to a chronic condition that had lasted for at least 3 months

Table 5-3 Most commonly reported chronic physical health conditions

Chronic health conditions	Iowa Medicaid SSI 2013
Arthritis, rheumatism, bone or joint problems	46%
Back or neck problems	42%
Allergies and sinus problems	40%
High blood pressure	39%
Stomach problems such as recurrent indigestion, heartburn, or ulcer	34%
A physical disability	33%
Overweight/obese	30%
Asthma	24%
Bronchitis, emphysema, COPD, or other lung problems	23%
Diabetes	23%
Bladder or bowel problems	22%
Migraine headaches	22%
Dental, tooth, or mouth problems	20%
Heart problems	19%
Hearing, speech, or language problems	18%
Chronic fatigue syndrome or fibromyalgia	10%

Overall mental and emotional health

To evaluate mental and emotional health care, respondents were asked to rate their current overall mental and emotional health, the need for and receipt of any treatment or counseling, and the degree to which they were helped by the counseling or treatment they received:

- 32% of SSI adults reported a need for mental health treatment or counseling in the last 6 months:
 - Of these, 91% received treatment or counseling
 - 85% found it 'always' or 'usually' easy to get needed treatment or counseling
 - 78% reported being helped 'a lot' or 'somewhat' from this care

- 16% reported their mental and emotional health was excellent, while 32% rated it as fair or poor (Table 5-4)

Table 5-4. Adult's mental health

Self-rating of mental health	Iowa Medicaid SSI 2013	Iowa Medicaid 2013
Excellent	16%	21%
Very good	19%	22%
Good	32%	33%
Fair	25%	21%
Poor	7%	3%

More than two thirds of SSI adults (68%) reported that they had one or more mental or emotional health conditions that lasted or were expected to last for at least 3 months. The most common chronic mental or emotional health conditions are shown in Table 5-5.

Table 5-5 Most commonly reported chronic mental or emotional health conditions

Chronic mental and emotional health conditions	Iowa Medicaid SSI 2013
Depression	43%
Anxiety	40%
A learning disability	22%
Emotional problems other than depression/anxiety	17%
Attention problems	15%

Dental health

Survey items on dental care assessed the respondent's overall dental health, timing of last dental checkup, access to a dental home, ability to get needed dental care, and overall rating of dental care received:

- 65% of SSI adults had a regular source of dental care
- 45% had a check-up in last year (Table 5-6)

- 32% needed dental care in last 6 months. Of these:
 - 58% needed a checkup and cleaning
 - 22% needed emergency care, and
 - 53% needed other dental treatment, such as fillings

Table 5-6. Last dental check-up

Timing of the last dental visit	Iowa Medicaid SSI 2013	Iowa Medicaid 2013
Within the last year	45%	51%
1-2 years ago	20%	20%
More than 2 years ago	35%	27%

Respondents rated their dental health lower than their general physical health; only 12% rated their dental health as excellent (Table 5-7).

Table 5-7. Adult's dental health

Self-rating of dental health	Iowa Medicaid SSI 2013	Iowa Medicaid 2013
Excellent	12%	15%
Very good	17%	17%
Good	31%	37%
Fair	22%	20%
Poor	18%	11%

Functional health status

Functional health status was assessed in the survey by asking respondents how their physical health status affected a range of daily activities from simple daily life activities to activities required to function independently in the home.

- 77% of SSI adults reported that they had a physical or medical condition that seriously interfered with their ability to work, attend school, or manage their day-to-day activities. This was

significantly higher than the rate reported by non-SSI adults (30%)

- 52% of SSI adults reported that due to disability or other health problems, they needed help with routine tasks such as everyday household chores, doing necessary business, shopping, or getting around. This was significantly higher than the rate reported by non-SSI adults (12%)
- 50% of SSI adults reported that they had a physical or medical condition that seriously interfered with their independence, participation in the community, or quality of life. This was significantly higher than the rate reported by non-SSI adults (19%)
- 19% of SSI adults reported that due to disability or other health problems, they needed help with personal care such as eating, dressing, or getting around the house. This was significantly higher than the rate reported by non-SSI adults (4%)

Medical Home

Access to a medical home was assessed with several domains: 1) having a personal doctor, 2) timely access to care, 3) coordination of care, 4) communication with the doctor and interaction with staff, 5) comprehensive care, 6) shared decision making, and 7) self-management support.

Personal Doctor or nurse

Respondents were asked if they have a personal doctor.

- 89% of SSI adults reported having a personal doctor. This was higher than the rate reported by adult Medicaid enrollees (79%)
- 16% had tried to find a new personal doctor in the last six months
- 56% of these did not have a problem, while 25% had a big problem finding a new personal doctor

Access to timely care and use of services

Access to health care was assessed with five CAHPS® items.

- When they needed care right away, 63% of SSI adults ‘always’ got care as soon as they needed
- Not counting the times they needed care right away, 47% ‘always’ got an appointment for a check-up or routine care at doctor office or clinic as soon as needed
- 21% reported ‘always’ seeing a doctor within 15 minutes of their appointment time
- 51% ‘always’ got an answer to their medical questions in the same day when they phoned a doctor’s office during office hours
- 25% ‘always’ got an answer to their medical questions as soon as needed when they phoned a doctor’s office after regular office hours

The composite score of these five items is shown in figure 5-1. About seven in ten adults in SSI (68%) reported that they ‘usually’ or ‘always’ got timely care, which is comparable to reports by non-SSI adults.

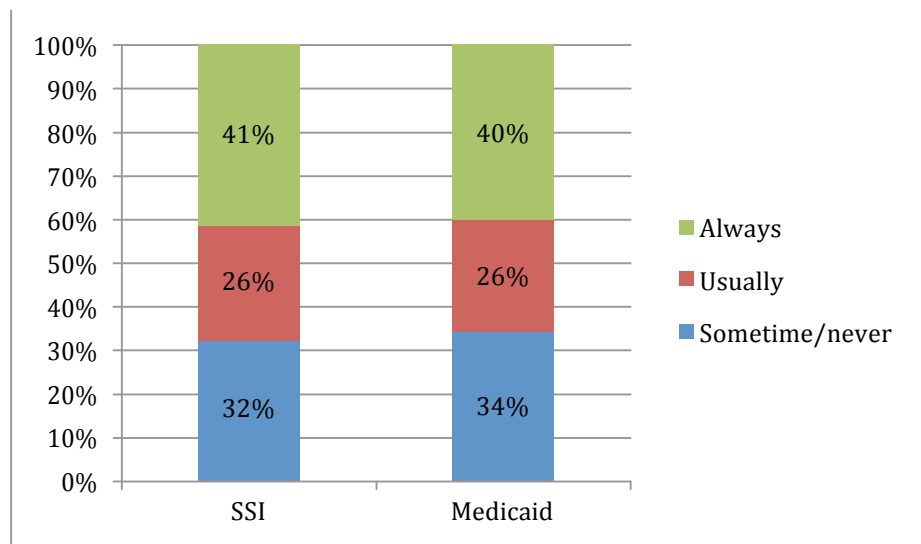


Figure 5-1. Timely care by plan

Coordination of care

Coordination of care was measured with two CAHPS® items.

- 64% of SSI adults reported that when the doctor's office ordered a blood test, x-ray, or other test for them, the office 'always' followed up to give them those results
- 59% reported that the doctor's office 'always' seemed informed and up-to-date about the care they got from a specialist. This was higher than the rate reported by non-SSI adults (37%)

A composite score for coordination of care is shown in Figure 5-2. About six in ten (61%) SSI adults reported that they 'always' received proper care coordination. This was significantly higher than the rate reported by non-SSI adults (47%). However, about 18% reported they 'sometimes' or 'never' received proper care coordination.

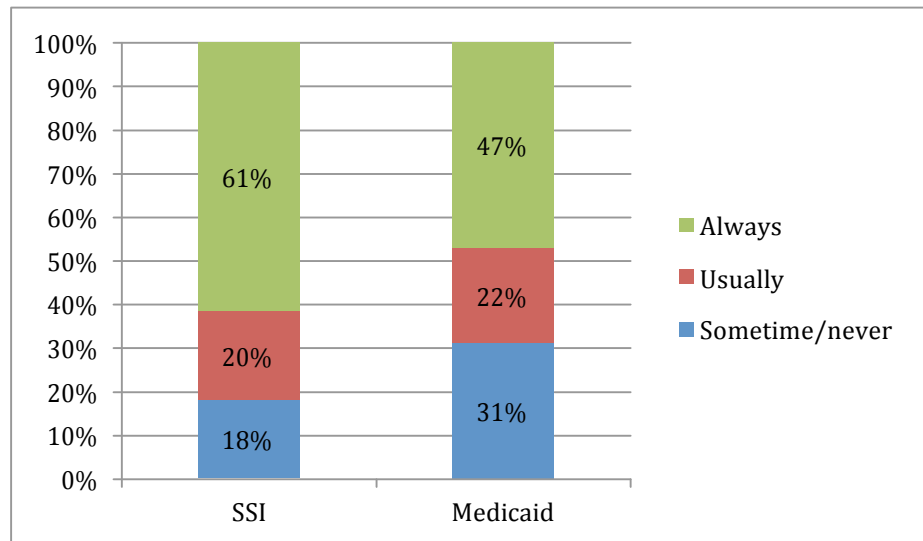


Figure 5-2. Coordination of care by plan

Communication with the doctor and interaction with staff

As mentioned, 89% of SSI adults had a personal doctor. Of those who had a personal doctor, 85% had visited the doctor in the last 6 months. During these visits:

- About two thirds of these adults reported that their personal doctor ‘always’ explained things in a way that was easy to understand (69%),
- 71% reported that their doctor listened carefully to them, and
- 76% reported that their doctor showed respect for what they had to say.
- 69% reported that their personal doctor ‘always’ gave them easy to understand information to address their health questions or concerns.
- Over half of adults reported that their personal doctor ‘always’ seemed to know the important information about their medical history (62%), and spent enough time with them (64%)

A composite score for communication with the doctor is shown in Figure 5-3. Almost seven in ten (69%) reported that doctor *always* communicated well.

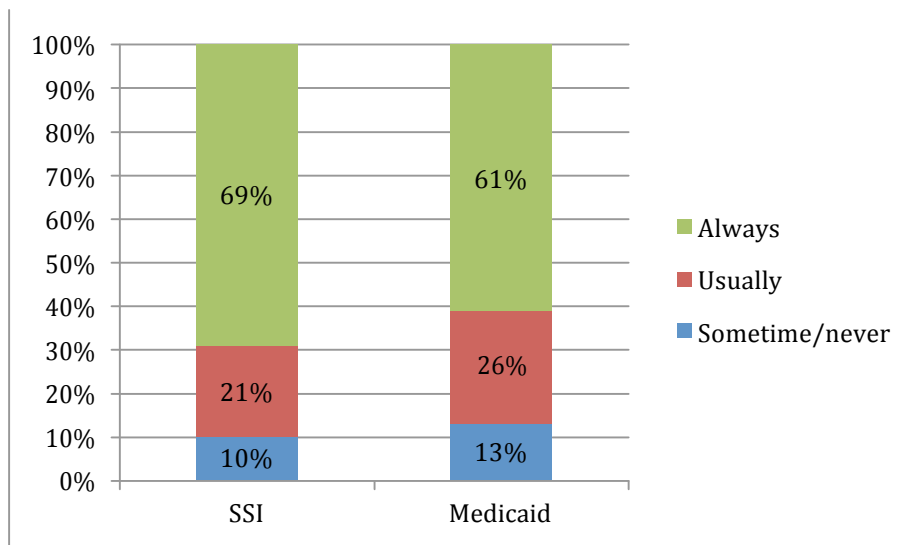


Figure 5-3. Communication with personal doctor by plan

Two questions asked about how their family was treated by the office staff. Almost two-thirds (64%) reported that the staff were ‘always’ courteous, respectful, and helpful (Figure 5-4).

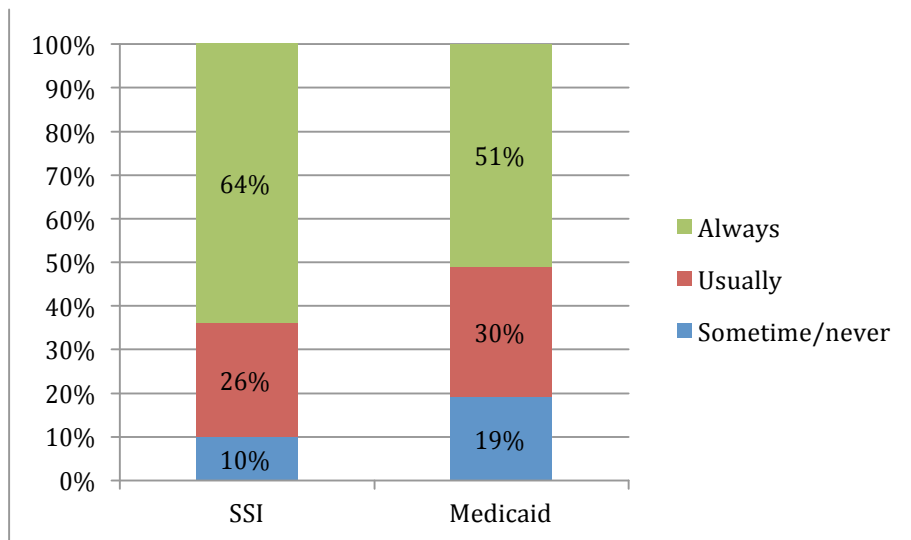


Figure 5-4. Personal doctor's staff was courteous, respectful, and helpful by plan

Comprehensive care

Comprehensive care means that the medical home provides services that account for the majority of patient needs, including mental health. Three items assessed if anyone in a doctor's office asked them about their mental and emotional health.

- 56% of SSI adults in the Medicaid program reported that someone in a doctor's office asked if there was a period of time when they felt sad, empty, or depressed
- 48% reported that they were asked about things in their life that worry them or cause them stress
- 44% reported they were asked about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness

A composite score for comprehensive care is shown in the figure 5-5. Slightly less than half of SSI adults (49%) had received comprehensive care in the past 6 months.

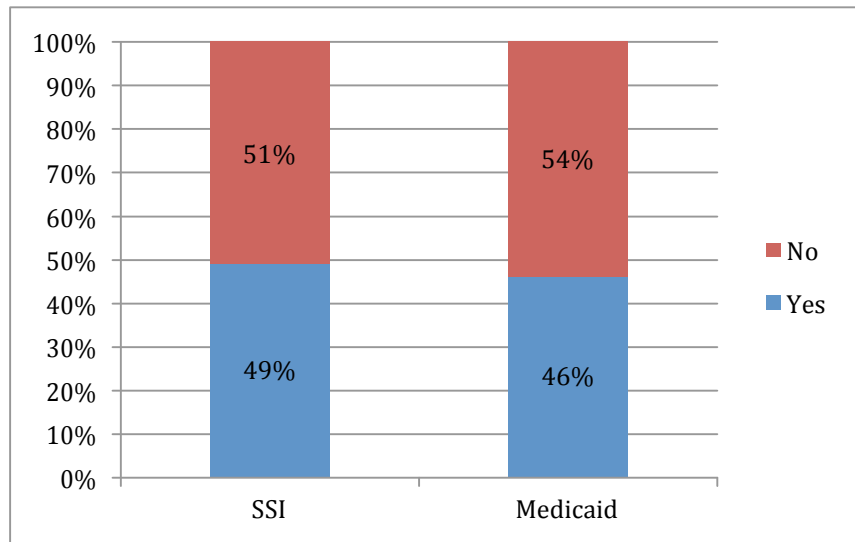


Figure 5-5. Comprehensive care by plan

Shared decision making

Three questions assessed shared decision making by asking whether they were asked questions regarding their prescription medication while visiting their personal doctor.

- 61% reported that their providers talked to them ‘a lot’ about the reasons they might want to take a medicine
- 47% reported that their providers talked to them ‘a lot’ about the reasons they might **not** want to take a medicine
- 82% reported that their providers asked them what they thought was the best for them

A composite score for shared decision making is shown in figure 5-6. About two thirds of SSI adults (63%) reported being a part of shared decision making in the past 6 months.

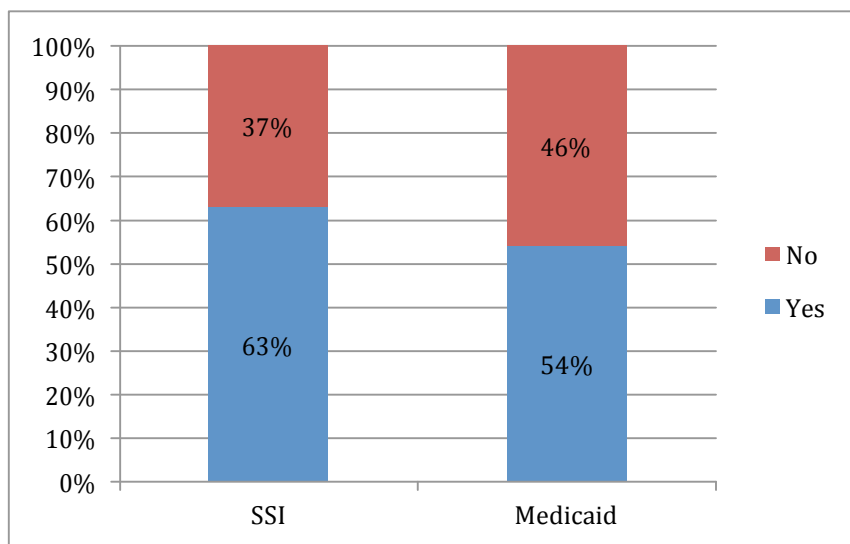


Figure 5-6. Shared decision making by plan

Self-management support

Two questions assessed the level of self-management support.

- 66% of SSI adults reported that they talked with their health providers about specific goals for their health
- 40% reported that they talked with their providers about things that make it harder for them to take care of their health

A composite score for self-management support is shown in figure 5-7. More than half of the SSI adults (53%) reported receiving support from their doctor's office for self-managing their health conditions.

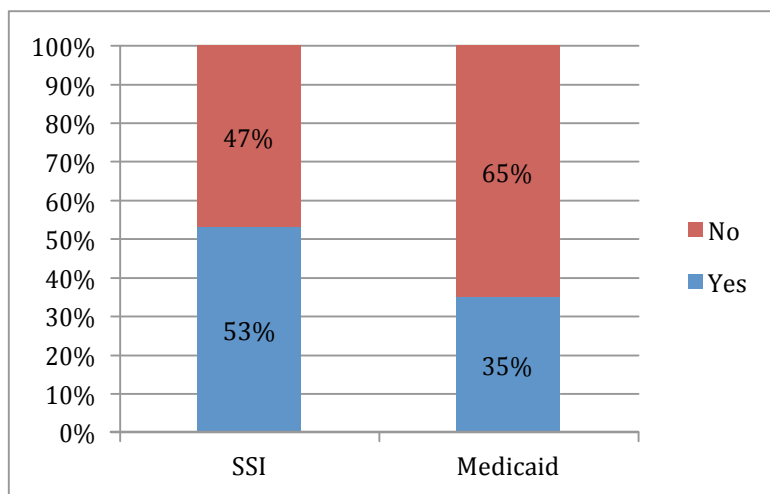


Figure 5-7. Support for self-management of health by plan

Health care in the last 6 months

Unmet need for care

Rates of unmet need among SSI adults varied by service area and were similar to those for non-SSI adults (Table 5-8). In particular:

- One in five had an unmet need for prescription medications
- Unmet need for medical care is close to one in ten
- Unmet need for dental care remained close to one in ten

Table 5-8. Unmet health care needs* among all adults (percent of all respondents)

	Iowa Medicaid SSI 2013	Iowa Medicaid 2013
Care right away	11%	9%
Routine care	11%	9%
Preventive health care	8%	8%
Specialty medical care	8%	7%
Dental care	8%	12%
Mental health care	9%	7%
Prescription medication	22%	23%

* Unmet need: not able to get needed care at some point in the last 6 months from the total sample

Outpatient Visits

Adults were asked how many times they went to a doctor's office or clinic (not counting emergency department visits) for care.

- 82% of all SSI adults had at least one visit to any doctor's office or clinic in the 6 months prior to the survey; 49% had three or more outpatient visits (Figure 5-8)
 - Of these, 93% had visited their personal doctor in the last 6 months

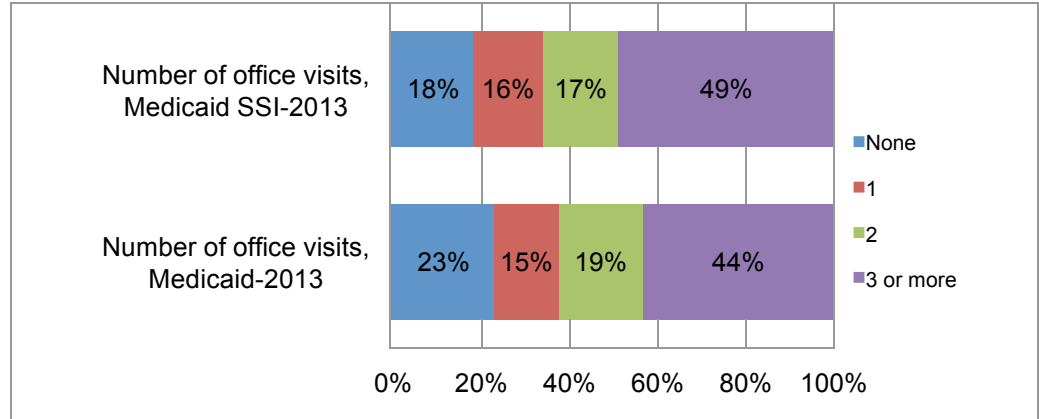


Figure 5-8. Adult outpatient visits in the last 6 months

Emergency care

- 33% had visited a hospital emergency department at least once in the last 6 months (Figure 5-9)

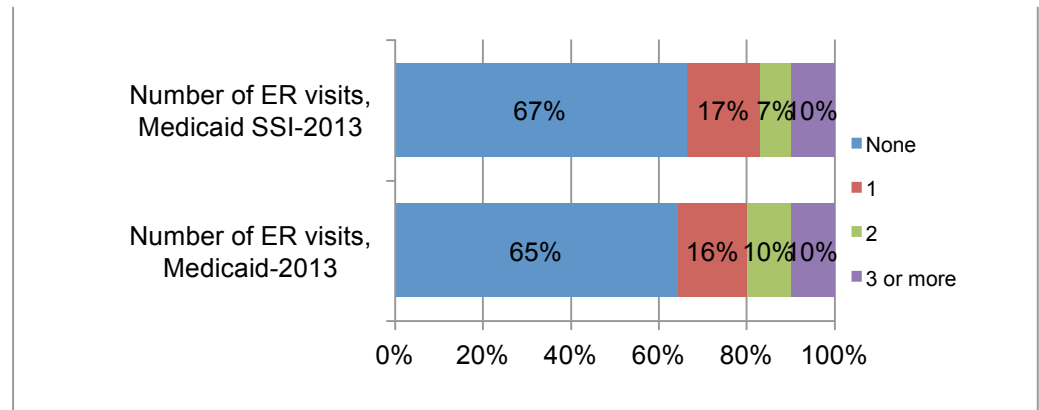


Figure 5-9. Adult emergency department visits in the last 6 months

Preventive care

Regarding preventive care, respondents were asked about preventive services in the past year and receipt of a flu shot.

- 52% of SSI adults reported that they had a preventive visit, such as a physical exam or mammogram, within the last year

- More than half of SSI adults (55%) had a flu shot during the past flu season. This was higher than the rate reported by non-SSI adults (38%)
- About four in ten (38%) reported that they smoke cigarettes
 - Of those who smoke, 68% received advice to quit smoking
 - 37% discussed or received recommendations on smoking cessation medication, and
 - 29% discussed or received recommendations on smoking cessation methods and strategies

Specialty care

- 52% of SSI adults had visited a specialist in the last 6 months. This was higher than the rate reported by non-SSI adults (32%)
 - 58% of those with a specialty visit saw 2 or more specialists in the last 6 months. This was also higher than the rate reported by non-SSI adults (38%)

Hospital stay

- 22% of all SSI adults stayed one or more nights in the hospital. This was higher than the rate reported by non-SSI adults (14%)
 - Of these adults 22% went back to the hospital soon after being allowed to go home

Prescription medication

Respondents were asked about their need for any prescription medicine, and if there were times when they were unable to get it for any reason.

- 78% of SSI adults needed or took a prescription medication.

- Almost all (99%) needed or took the prescription for a chronic condition
- 56% reported that someone in a provider’s office had talked to them at each visit about all the prescription medicines they were taking
- 29% needed prescription medication but could not get it for any reason

Quality of health care

Adult Medicaid enrollees rated their health care, personal doctor and specialist (if applicable) on the CAHPS® global 0-10 rating scale, where 0 = worst possible and 10 = best possible.

Rating of all health care

The overall rating of health care for SSI adults was higher than non-SSI adults (Figure 5-10).

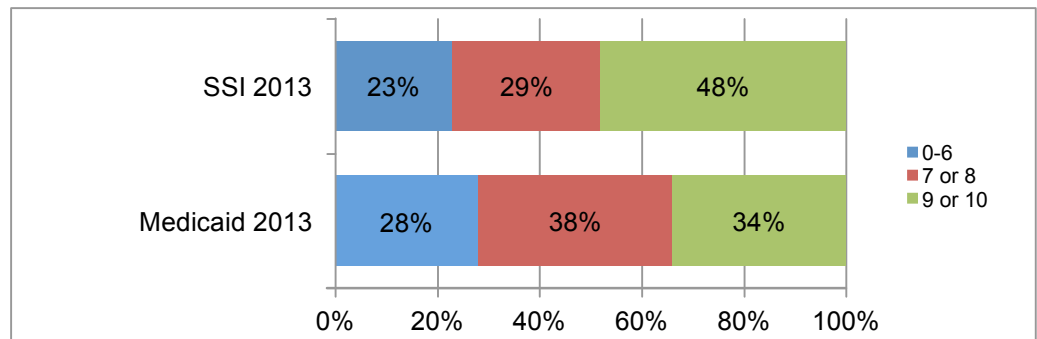


Figure 5-10. Rating of all health care for adults

Rating of personal doctor

About seven out of ten adults in Medicaid SSI (68%) rated their personal doctor a nine or ten. This was significantly higher than non-SSI adults (56%). (Figure 5-11)

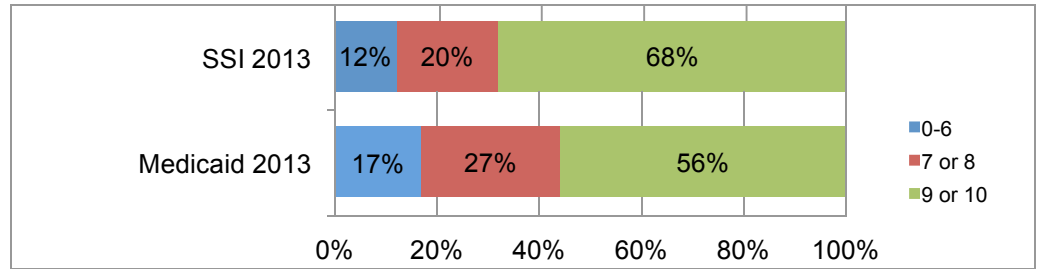


Figure 5-11. Rating of adult's personal doctor

Rating of specialist adult saw most often

About seven out of ten adults in Medicaid SSI (65%) rated their specialists as a nine or ten. This was significantly higher than non-SSI adults (54%).

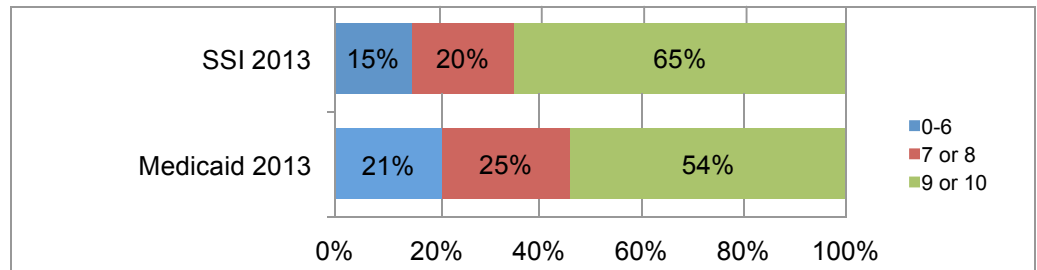


Figure 5-12. Rating of adult's specialist

Rating of dental care for adults

About half of adults in Medicaid SSI (46%) rated their dental care a nine or ten.

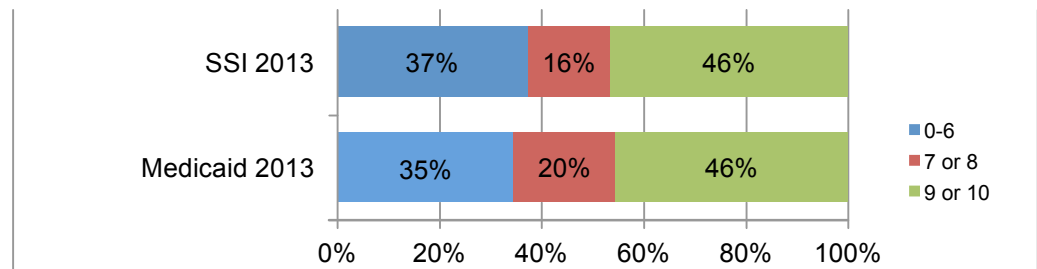


Figure 5-13. Rating of adult's dental care

Rating of Medicaid health plan

About half of adults in Medicaid SSI (47%) rated their health care plan a nine or ten.

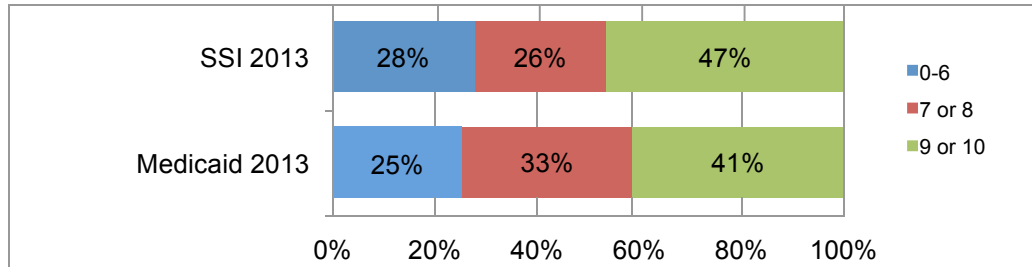


Figure 5-14. Rating of adult's health plan

Plan customer service and information

Respondents were asked about their experience trying to find information or completing paperwork regarding their health plan in the last six months.

- 37% of SSI adults knew about the Medicaid helpline.
 - Of these, 18% had called for information or help
 - 81% of those who called the helpline reported they 'usually' or 'always' got the information
 - About half (55%) of SSI adults reported that the helpline staff was 'always' courteous, respectful, and helpful
 - 13% of SSI adults had looked for information on how their health plan works and indicated which information source they found most helpful
 - Best information sources:
 - 12% friends and family who use Medicaid
 - 12% written materials, and
 - 9% DHS caseworker

The information and paperwork questions reflect how often the respondent thought it was easy to get plan information and fill out forms, as well as the quality of the toll-free Medicaid help line.

- 19% of SSI adults had some forms to complete
 - Of these, 28% thought it was 'always' easy to get information and complete forms, while
 - 13% 'never' or only 'sometimes' had an easy time with this.

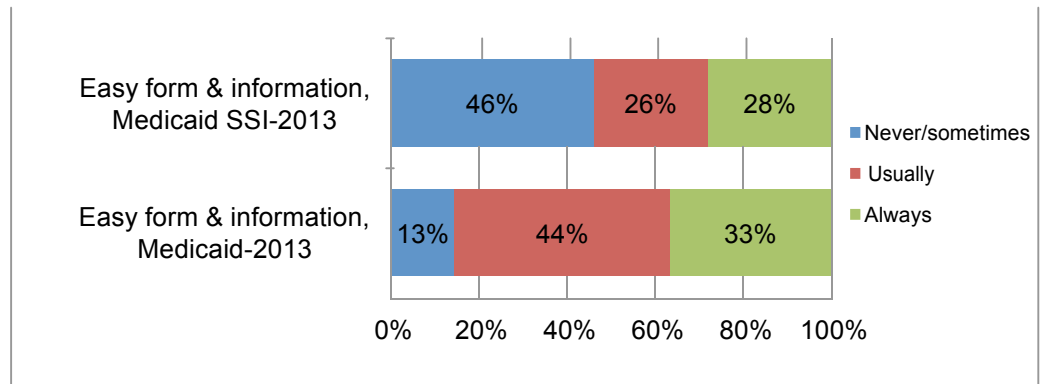


Figure 5-15. How often was it easy to get information and do paperwork?