

2004 Medicaid Enrollment Survey

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Introduction

This report presents an analysis of the characteristics and experiences of Medicaid enrollees who have recently enrolled or re-enrolled in the Florida Medicaid program. The data presented were gathered by means of a telephone survey, and, thus, are based on the self-report of the respondent. Subjects included enrollees who were new to the Medicaid program, and those who had been previously enrolled and had experienced a break in their enrollment, and were now re-enrolling.

Purpose

Several issues germane to the administration of the Florida Medicaid program will be examined in this report. These issues include:

- Determining the demographic characteristics of new enrollees and re-enrollees in the Florida Medicaid program,
- Determining satisfaction with the enrollment process
- Reasons why people churn
- Health insurance coverage prior to enrollment in Medicaid or during lapses in Medicaid coverage
- Determining satisfaction with the plan selection process in Medicaid

Background

The Enrollment Process

The Medicaid enrollment process can be difficult and intimidating for many new enrollees. Filling out the Medicaid application and gathering the necessary documentation can be a daunting task, and can prevent some eligible people from applying. Beneficiaries in many Florida counties must choose a managed care organization shortly after becoming enrolled, and must “lock-in” their choice by calling an 800 number. Enrollees may receive information from numerous health plans during their choice period, and must be able to interpret the information presented to them.

The redetermination process is similarly challenging, and studies from multiple states have shown that many Medicaid enrollees lose coverage because they fail to complete the necessary redetermination process, even if they are, in fact, still eligible.

Understanding enrollees’ perceptions of the Medicaid enrollment process can be a first step to identifying barriers to enrollment. Likewise, it can be a step toward understanding why some beneficiaries drop off the Medicaid rolls, only to reemerge later.

Intermittent Coverage

It is estimated that 38 million non-elderly Americans have some degree of instability in their health insurance coverage. Studies show that those who have unstable or “intermittent” spells of uninsurance are less likely to get preventive health care services, more likely to have difficulty paying medical bills, and are less satisfied with the care they receive when

compared with those who have stable health insurance coverage. However, few studies exist that focus specifically on the effects of intermittent insurance coverage for the Medicaid population, or the chronically ill. This report, along with the companion report by Harman et al, is meant to be a first step in determining those effects.

In this report, we explore the demographic characteristics of the population of Medicaid enrollees who have been intermittently covered by Medicaid. We also describe the experiences these enrollees have had in the enrollment/re-enrollment process, and we assess the enrollees' satisfaction with their health care

Methodology

Sampling

Data for this report were gathered by means of a telephone survey with Medicaid enrollees who met the inclusion criteria. The random sample for the telephone survey was drawn from Medicaid administrative data in early April, 2004. Enrollees eligible to be sample included those who were:

1. 21 years of age or older,
2. TANF or SSI recipients,
3. Enrolled during the month of February 2004 (the most current month available in QueryPath at the time the sample was drawn), and,
4. Recent enrollees or re-enrollees in Medicaid. This criterion was operationally defined as a period of at least 2 consecutive months during the prior 6 months (September, 2003 through January, 2004) in which they did not have Medicaid coverage.

The query showed 10,142 Medicaid enrollees who met these criteria.

Survey Administration

The telephone surveys were conducted by the Survey Research Center at the University of Florida's Warrington College of Business Administration. The surveys were conducted between April and June of 2004.

The database of telephone numbers provided in the sample from AHCA proved to be incomplete, with 8% of the sample containing no telephone number at all. In order to obtain valid telephone numbers for these non contacts, a commercial firm that provides contact information for telemarketers and survey researchers was contacted. Further, the Center's Driver License/Medicaid database was matched with the non contacts to find valid numbers. This database was extracted from the State's Department of Highway Safety and Motor Vehicles' master database of all licensed drivers in the State. The Center's database contains the address of record for every licensed driver in the state who is also enrolled in Medicaid. Once the address is obtained from this source, the match with the commercial firm can be more reliable, since the address can also be used as a match field in their database. Despite these efforts, over 28% (a of the sample proved to be unreachable due to inaccurate contact information. Nonetheless, the target number of completed surveys (372) was reached. This target was based on statistical power calculations showing the number of surveys needed to attain a $\pm 5\%$ confidence interval and a 95% confidence level.

Outcome Rates

An important aspect in determining whether survey results are truly representative of the population in question is to

determine whether “non-response effects” exist. Non-response effects occur when non respondents from the original sample differ from those who did respond in significant ways which might affect results of the study. One important step in determining whether non-response effects exist is to calculate outcome rates.

The American Association for Public Opinion Research (AAPOR) recognizes the use of a number of different types of outcome rates, and a number of different methods for calculating each of those types¹. One type of outcome rate is the Response Rate, which takes into account the number of interviews in proportion to the number of eligible respondents. Numerous methods exist to calculate Response Rates, with major differences being in the way in which the number of eligibles is determined and the way partial interviews are allocated. Another type of outcome rate is the Cooperation Rate, which takes into consideration the number of interviews in proportion to all eligibles ever contacted. Cooperation Rates exclude from calculation those respondents who could not be located. Like Response Rates, there are numerous ways to calculate Cooperation Rates, with the major differences being in the way that the number of eligibles is determined and the way partial interviews are allocated. Researchers consider various criteria in determining which outcome method to use, with the quality of the sample being a major criterion in their decision.

Outcome rates for the Medicaid surveys are as follows:

- RR1 = 55.3%
- RR6 = 76.3%
- COOP1 = 75.2%
- COOP4 = 90.5%

Four different AAPOR-approved outcome measures are given. Response Rate (RR) 1 is the most stringent method given, and RR6 is the least restrictive of the response rate methods. Cooperation Rate(COOP) 1 is less stringent than either RR method, and COOP4 is the least stringent of all methods presented. Overall, the outcome rates are quite good, especially considering that the Medicaid population in Florida is traditionally very difficult-to-reach. These rates are comparable to or better than those attained in large administrative surveys such as the CDC’s BRFSS.

Data Analysis

The data from the surveys was analyzed using SAS. Descriptive statistics were calculated for the overall sample as well as for various sub populations. Complete results are given in the Appendix, and selected results are discussed in

¹ The American Association for Public Opinion Research. 2000. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys*. Ann Arbor, Michigan: AAPOR

Demographics

Demographic characteristics of recently enrolled and re-enrolled Medicaid beneficiaries are explored in the paragraphs below. The characteristics of the group overall are presented, and, where possible, are compared with the characteristics of long-term Medicaid enrollees. The data for the long term enrollees was collected in a separate survey conducted in the fall of 2003. These enrollees had been enrolled in Medicaid for at least 6 consecutive months, and were enrolled in Medicaid at the time of interview. Significant differences between the recent enrollee/re-enrollee group and the long term enrollee group are highlighted and discussed.

Gender & Age

The recent enrollee group is comprised of 86% females and 14% males. Half of the group (50%) is comprised of young adults, aged 21 to 34 years. Another 27% is composed of 35 to 44 year olds. The remaining 23% of the sample is composed of those 45 years old or older.

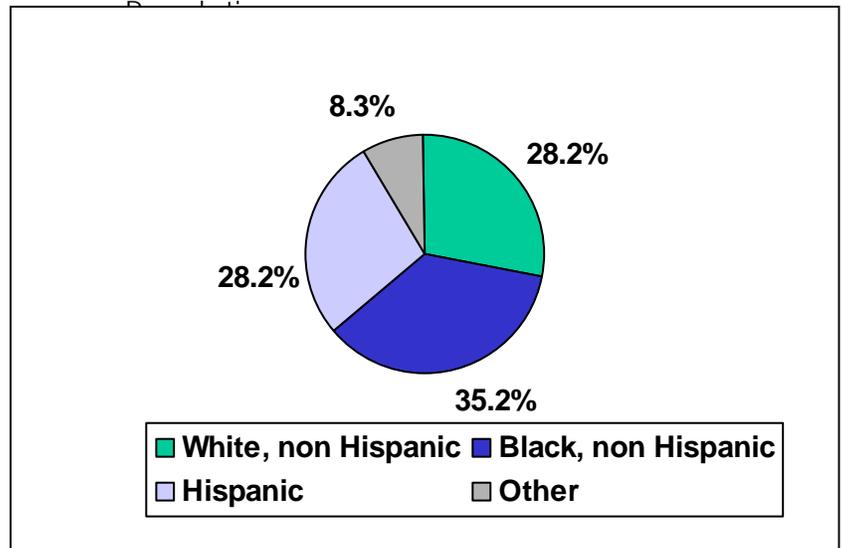
Race & Ethnicity

Survey respondents were asked whether they belonged to any of a list of race categories, including White, Black, Asian, and others. An open-ended "other" category was also included. Respondents could choose as many categories as they felt applied to them. Forty-six percent of the respondents reported that they were White, while 39% said they were Black, and less than 4% reported being in any of the other fixed race categories. However, 17% reported belonging in the "other" category. An analysis of the open-ended responses to this "other" category revealed that most of these responses included reference to Hispanic ancestry. The methodology used in this survey, modeled after that used in the 2000 Census, included Hispanic ancestry in a separate question, called "ethnicity," which was asked prior to the race question, and which showed 29% of the sample to be "Hispanic."

The large number of respondents in the "other" race category suggests that the separate treatment of race and ethnicity is not salient for many respondents. Thus, the two categories were combined into a single variable. The first category included those who described their race as "white" and did not indicate belonging to any of the other race categories. They also indicated that they were not of Hispanic ethnicity. The next category was for those who indicated that their race was "Black" and no other racial category was indicated. These respondents also responded that they were not of Hispanic ancestry. A third category included anyone who indicated that they were of Hispanic ethnicity, regardless of the race category or categories indicated. A final category included all respondents not captured in any of the previous categories. Thus, this

category thus includes individuals of mixed race, or of a racial category other than white or black. As shown in Figure 1, results of this recoding indicate that 28% of respondents were White and non-Hispanic, 35% were Black and non-Hispanic, 28% were Hispanic, and 8% were of some other racial/ethnic group.

Figure 1. Racial/Ethnic Makeup of Recent Enrollee



Education

Forty percent of the recent enrollee population indicated that they had a high school diploma or its equivalent, while 33% had education beyond high school, and the remaining 27% had less than a high school education.

Health Status

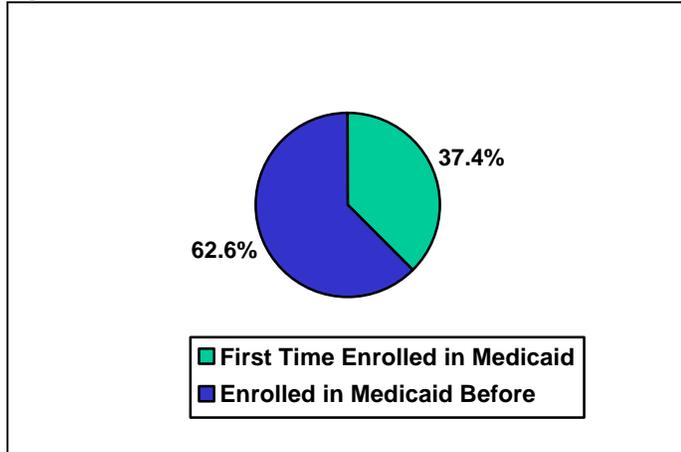
The largest group of recent enrollees indicated that they were in "good" health. This group made up 35% of the population. A further 34% indicated being in "fair" or "poor" health and 31% were in "very good" or "excellent" health.

Previous Medicaid Enrollment

The first question asked of respondents in the recent enrollee survey was whether they had ever been enrolled in Medicaid before their current span of enrollment. Sixty-two percent indicated that they had been enrolled at some point before, while 37% indicated that they had not (see Figure 2). It is important to remember that this figure is based on the self-report of survey respondents. An analysis of claims data may reveal different figures.

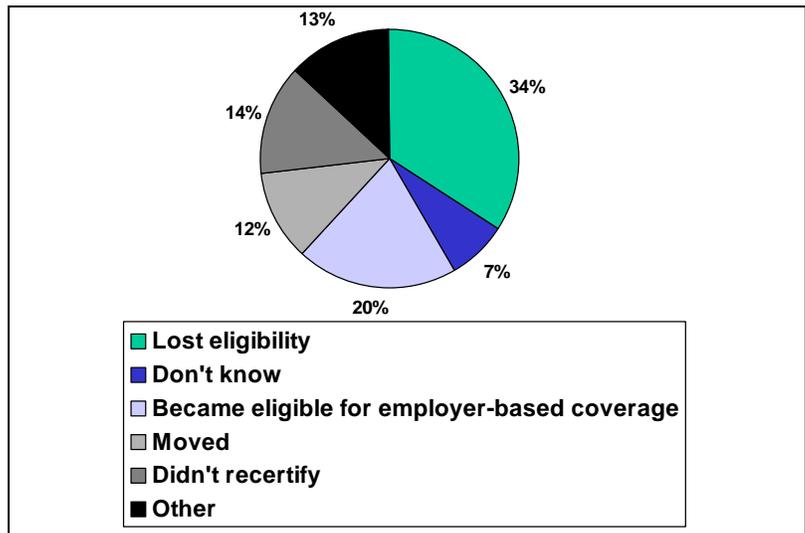
Those who had been enrolled before were asked how long ago their last enrollment span occurred. Responses varied, with the largest group of respondents (38%) indicating that their last enrollment span was 2 or more years ago. Seven percent of respondents indicated that their last enrollment span was between 1 and 2 years ago, twenty-three percent indicated it was 7 months to one year ago, and thirty-two percent said it was 6 months ago or less.

Figure 2. Previous Enrollment in Medicaid



Those who had been enrolled at some point prior were asked why they lost their Medicaid coverage. Over one-third said that they lost that previous enrollment because they became ineligible. Another 20% said that they became eligible for employer-based coverage, and thus, voluntarily disenrolled. Fourteen percent indicated that they failed to complete the recertification process, and 12% said that they moved from the State, and thus, lost their coverage. Seven percent of respondents indicated that they did not know why they lost their coverage, and another 13% indicated some other reason why they lost coverage.

Figure 3. Reasons for Losing Previous Medicaid Coverage



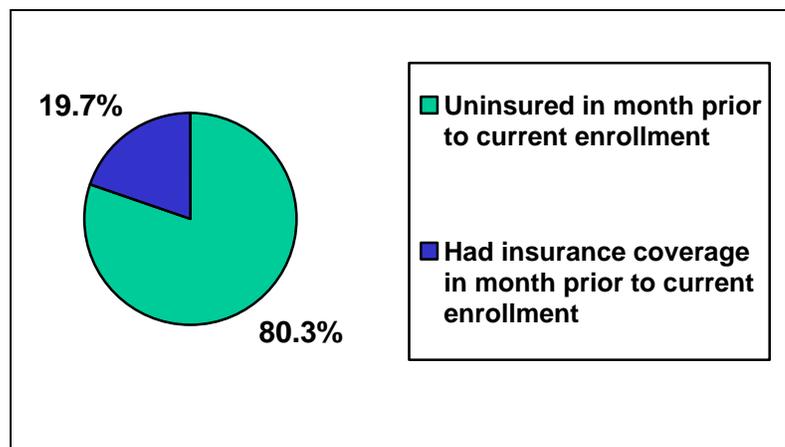
When asked how they found out their coverage was discontinued, most respondents indicated that they received a letter from Medicaid, while 18% were first informed by their health care provider. Thirteen percent found out when they spoke to someone from DCF or AHCA, either by telephone or in person. Two percent found out when they received an unpaid medical claim

or bill. About half of respondents indicated that they knew ahead of time that their Medicaid enrollment was going to end, while the other half did not find out until after the fact.

Experiences Prior to Current Enrollment Span

The vast majority (80%) of survey respondents reported that they were uninsured during at least on month prior to becoming enrolled in Medicaid (Figure 4), and 46% indicated that they “went without” needed medical care at some point during the 6 months prior to their current Medicaid enrollment span. Thirty percent of respondents indicated that they had no usual source of care during the time prior to their reenrollment, and a further 25% used the Emergency Room as their usual source of care. Once enrolled in Medicaid, however, only 12% of respondents indicated that they had no usual source of care and 14% used the Emergency Room for primary care.

Figure 4. Insurance Coverage in the Month Prior to Medicaid Enrollment



Application Process

Respondents were asked about the length of time to complete the Medicaid application process. They were instructed to include all time elapsed from when they first acquired the application, until they submitted it. Responses varied considerably, with some respondents indicating that it took only a few hours, while other indicated it took more than 6 months to gather the documentation and complete the process. Twenty-eight percent of respondents indicated that it took 15 to 30 days to complete the process. Fifteen percent indicated that it took between one and two months, while another 14% indicated it took 8 to 14 days. Twenty-three percent of respondents reported that it took 2 to 7 days to complete the process.

Roughly 21% of respondents said that they got help in filling out the application, and, among those, 58% reported that it was a friend or relative who gave that assistance. Another 21% got assistance from someone at

a State Agency while 12% got assistance from someone at a private Agency. Eleven percent got help from someone at a doctor or health care provider's office.

Respondents reported that they received notification of their enrollment in Medicaid very promptly, with more than 40% indicating that they were notified within 2 weeks. Another 40% found out by the end of 4 weeks, and all but 3% had heard back by the end of eight weeks.

Plan Choice

Respondents were asked whether they had received written information about their choices of health plans. Seventy-three percent indicated that they had received information, and 85% of those indicated that they had reviewed the information. Those who had reviewed the information were asked a series of questions about the information and its quality. When asked whether the information was clear and easy to understand, 89% indicated that they "agreed" or "strongly agreed" that it was easy to comprehend. Eighty-nine percent of respondents said that they received the information in time to make their health plan choice. And a vast majority (93%) of respondents said that the information they received was complete and accurate.

Forty-four percent of respondents indicated that they called the Medicaid Options 888 number to get information or help in choosing their Medicaid plan. Interestingly, exactly 44% of respondents indicated that they had heard of the Medicaid Options 888 number prior to interview. Of those who had called, 63% reported that the Medicaid Options staff were "very helpful" in assisting them. A further 27% of respondents called the Medicaid Options staff "somewhat helpful." Ten percent of those interviewed felt that the staff were "somewhat unhelpful" or "very unhelpful."

Twenty percent of respondents indicated that they had sought help in making plan choices from some source other than Medicaid Options. The most common source of assistance was a health care provider or provider's staff, with 30% of respondents indicating that they sought help from this source. Another 28% sought help from a friend or family member. Twenty-two percent sought help from someone at a State Agency, and 9% looked to someone at a private Agency for assistance. Respondents were asked about their experiences with the Medicaid plan, and about how satisfied they were with the Medicaid program and their health plan.

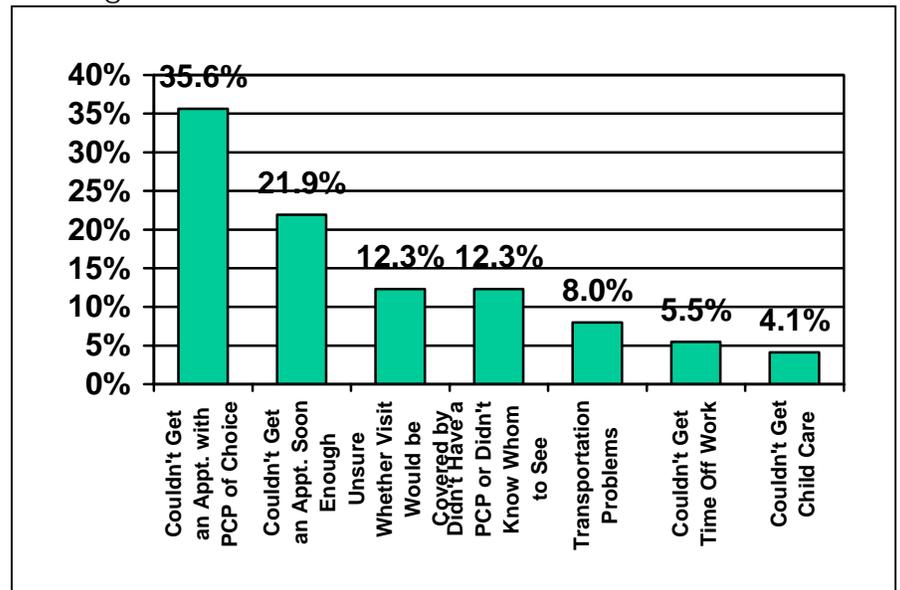
Experiences and Satisfaction with Medicaid

Respondents were asked to rate the choice of primary care providers on Medicaid, using a scale of 0 to 10, with 0 being the worst choice of doctors possible, and 10 being the best choice possible. The mean rating was 7.61 ± 2.56 . Eighty-four percent of respondents had selected their primary care provider at the time of interview, and, of these, 79% had been to see their PCP since enrolling. Those who had seen their PCP were asked to rate their provider on a 0 to 10 scale. The average rating was 8.24 ± 2.34 .

Unmet Need

Twenty-four percent of respondents said that there had been a time since they enrolled in Medicaid when they had needed to see a doctor, but could not. The most common reason cited for this unmet need, cited by 36% of those surveyed, was that they could not get an appointment with the specific PCP they wanted to see. Another 22% reported that they couldn't get an appointment soon enough. Twelve percent indicated that they had not been certain whether the visit would be covered under Medicaid, and another 12% indicated that they did not have a PCP at the time they experienced the need, and they did not know whom to see at that time (see Figure 5).

Figure 5. Reasons for Unmet Need for Primary Care Since Enrolling in Medicaid



Specialist Care

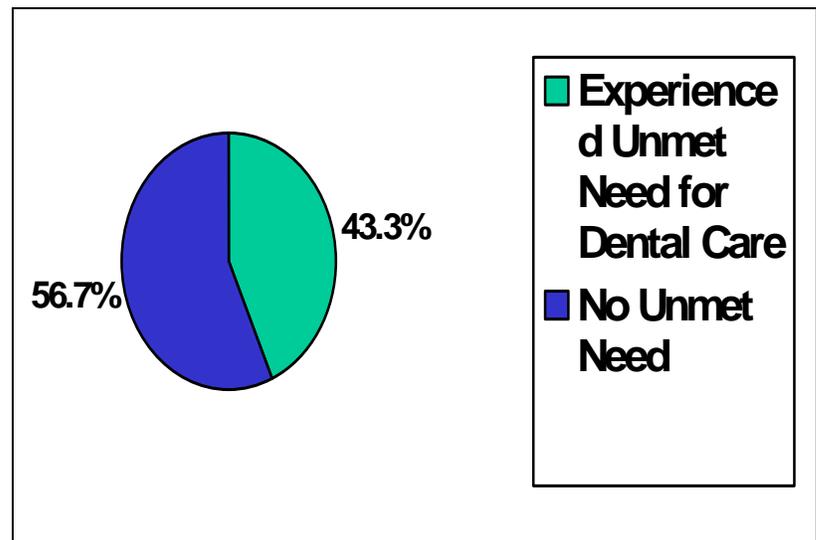
Thirty-seven percent of respondents indicated that they had seen a specialist since enrolled in Medicaid, and, of these, the average rating of the choice of specialists in Medicaid was 8.14 ± 2.57 . The average rating of the specialist that was seen was 8.72 ± 2.10 . The majority of those who saw a specialist indicated that it was "not a problem" to get a referral to see a specialist, while 12% said it was "a small problem" and 16% said it was "a big problem." The reader should note that this question was only asked of those who had seen a specialist. Presumably, these would be enrollees

who had successfully gotten a referral to see the specialist. Twenty-one percent of respondents indicated that they had needed to see a specialist but could not. The most common reason cited for not seeing a specialist was that they could not get an appointment, cited by 36%. Twenty-nine percent said that they were not certain whether or not the visit would be covered by Medicaid. Another 21% could not get a referral, and 10% could not get in to see the specialist soon enough.

Dental Care

Twenty-three percent of respondents said that they had seen a dentist since becoming enrolled in Medicaid. The mean rating of the choice of dentists in the program was quite low, at 5.86 ± 3.89 . The mean rating of the dentists themselves was 7.13 ± 3.60 . Unmet need for dental services was a significant problem for this population, with 43% indicating that, since they became enrolled in Medicaid, they had needed to see a dentist but could not (Figure 6). The most common reason cited for this unmet need was that the beneficiary was not certain whether the visit would be covered by Medicaid. This reason was cited by 44% of respondents. Thirty-six percent of respondents said that did not know whom to see or could not find a Medicaid dentist.

Figure 6. Unmet Need for Dental Care in Medicaid



Overall Satisfaction with Medicaid

The final satisfaction question in the survey was a global rating question concerning the Medicaid program overall. Respondents were asked to rate the program using the 0 to 10 scale used previously. The average rating was 7.77 ± 2.29 .

Summary and Conclusions

Demographics

The population of Medicaid recent enrollees is mostly female (86%) and relatively young (77% are less than 45 years old). The racial makeup of the program includes 35% black, non-Hispanics, 28% white, non-Hispanics, 28% Hispanics, and 8% who are multi-racial/ethnic or fit into another race category. One-third of the group has education beyond high school, and another 40% has a high school diploma or GED. Thirty-one percent indicate that their health is "excellent" or "very good," while another 35% describe their health as "good" and the remaining 34% is in "fair" or "poor" health.

Preliminary comparisons between the demographic characteristics of the recent enrollee population and the established enrollee population reveal that the recent enrollees may be significantly younger and more educated, and there may be a larger percentage of blacks and Hispanics in this group. Statistical analyses are ongoing, and more definitive results of the comparisons are forthcoming.

Previous Experiences in Medicaid

Most recent enrollees in Medicaid (63%) have been enrolled in the program before. The reasons they lost their Prior Medicaid coverage vary greatly. Thirty-four percent lost eligibility, while 20% became eligible for employer-based coverage. Fourteen percent of the population lost their coverage simply because they did not complete the recertification process. Twelve percent moved, and seven percent do not know why they lost their coverage.

Experiences Prior to Medicaid Enrollment

The majority of Medicaid recent enrollees (80%) were uninsured during at least one month before their current enrollment span in Medicaid began, and 54% "went without" needed medical care at some point in the 6 months prior to Medicaid enrollment. Fifty-five percent of recent enrollees reported that, during the 6 months prior to enrollment, they had no regular source of health care, or they used the hospital emergency room as their regular source of care.

Enrollees reported that the process of completing their Medicaid application, including time for filling out forms, gathering documentation, etc., was quite time-consuming, with half of the respondents indicated that it took more than 2 weeks to complete the process. Many respondents (21%) sought help in filling out the application, and that source of help tended to be a friend or family member in 58% of cases. Assistance from someone at a State Agency was sought 21% of the time, and help from someone at a private organization was reported 12% of the time. Health providers helped in 11% of cases.

Respondents were notified of their enrollment into Medicaid quite quickly, with 41% reporting that they were notified within 2 weeks. Another 40% were notified by the end of 4 weeks, and all but 3% of the population was notified by the end of 8 weeks.

Plan Choice

Respondents by-and-large indicated that they received written information about their choice of health plans (73%) in Medicaid, and that they reviewed that information (85%). Enrollees found the information to be clear and easy to understand (89%), complete and accurate (93%), and they received it in time to make their choice (89%).

Forty-four percent of enrollees called the Medicaid Options 888 number to get help or info on choosing a health plan, and 90% of those found the Medicaid Options staff to be helpful. Twenty percent of respondents sought help in making their plan choices from a source other than Medicaid options, and 30% of these enrollees reported that it was a health provider or his/her staff who provided this assistance. This finding is not particularly surprising, considering that enrollees may choose their health plan based on which plans his/her providers accept. Friends or family members provided assistance in 28% of cases, and State Agency staff provided help for 22% of the population.

Experiences and Satisfaction with Medicaid

Twenty-four percent of respondents indicated that they had experiences a time, since being enrolled in Medicaid, when they had needed to see a doctor, but could not. The reason for this unmet need tended to be that the respondents couldn't get an appointment with the PCP of choice (36%) or that he/she couldn't get an appointment soon enough (22%). Another common response was that the enrollee did not have a PCP yet or did not know whom to see (12%) or was uncertain whether the visit would be covered by Medicaid (12%). These results seem to indicate two possible problems for recent Medicaid enrollees. First, it is possible that recent enrollees are experiencing difficulty getting care because the PCP of choice is not accepting new patients or is so busy that appointments cannot be made promptly. Second, it is possible that, although the period from application to enrollment is short, a great deal of need may exist for some enrollees during this period of time.

Respondents who had seen a specialist physician since enrolling in Medicaid were asked about whether they had difficulty getting a referral to see a specialist. Sixteen percent indicated they had "a big problem" and 12% had "a small problem." Twenty one-percent of respondents overall indicated that they had needed to see a specialist but could not. Twenty one percent of those respondents indicated

that the reason they could not see the specialist was because they could not get a referral.

Unmet need in the area of dental care was a particularly prominent finding, with 43% of respondents indicating that, at some point since becoming enrolled in Medicaid, they needed to see a dentist but could not. Forty-four percent of those who experience unmet need indicated that they did not see a dentist because they were not certain whether the visit would be covered by Medicaid, while 36% indicated that they did not have a dentist to see or could not find a Medicaid dentist.

Ratings

Survey respondents were asked to rate some of their experiences and choices in the Medicaid program using a 0 to 10 scale, with 0 being the poorest possible rating and 10 being the highest possible rating. Results for all such ratings are listed below:

- Choice of PCPs in Medicaid: 7.61 ± 2.56
- Overall Rating of Respondents' PCP: 8.24 ± 2.34
- Choice of Specialist in Medicaid: 8.14 ± 2.57
- Overall Rating of Respondents' Specialist: 8.72 ± 2.10
- Choice of Dentists in Medicaid: 5.86 ± 3.89
- Overall Rating of Respondents' Dentist: 7.13 ± 3.60
- Rating of Medicaid Program Overall: 7.77 ± 2.29

Key Issues for AHCA to Consider

Most recent enrollees have already enrolled in Medicaid before. In a companion report, Harman et al report that the PMPM expenditures for chronically ill beneficiaries are higher in the 3 months after a lapse in coverage than in the 3 months before a lapse. Thus, it may be more cost-effective to keep people enrolled continuously.

Consider streamlining and shortening the application and recertification process. Respondents spent many days completing their Medicaid application, and the complexity of the application may act as a barrier to enrollment.

Address issues of unmet need and PCP access for the newly enrolled. Enrollees may experience particular difficulty accessing care when they are new to Medicaid.

Experiences Prior to Current Enrollment in Medicaid

	Survey Responses Overall	
	N	% or s
First-time Medicaid enrollee		
Yes	139	37.37%
No	233	62.63%
Had health insurance during the month prior to enrolling in Medicaid		
Yes	72	19.67%
No	294	80.33%
(If insured prior to enrolling)		
Insurance type		
Private health insurance through an employer	35	50.00%
Private health insurance not through an employer	6	8.57%
Medicare	6	8.57%
Other*	23	32.86%
(If previously privately insured)		
Still Enrolled in This Private Insurance?		
Yes	24	34.78%
No	45	65.22%
(If previously privately insured)		
Reason for Losing Private Health Insurance (Choose all that apply)		
Lost Job Due to Illness	2	4.35%
Lost Job- other	17	36.96%
Could No Longer Afford to Pay	4	8.70%
Lost Coverage Due to Divorce/Child Custody	3	6.52%
Other (record verbatim)	16	34.78%
Moved	7	15.22%
(If not insured prior to enrolling)		
Mean time uninsured in MONTHS		
Respondent "went without" needed medical care at some point in 6 months prior to Medicaid enrollment		
Yes	169	45.80%
No	200	54.20%
Usual source of care in the 6 months prior to Medicaid enrollment		
Doctor's Office or Private Clinic	83	22.37%
Community Health Center or Public Clinic	54	14.56%
Public Health Department	41	11.05%
Hospital Outpatient Dept.	32	8.63%
Hospital Emergency Room	93	25.07%
Some Other Place (specify____)	10	2.70%
No Regular Place of Care	111	29.92%
Kept same usual source of care upon enrolling in Medicaid?		
Yes	122	50.21%
No	121	49.79%

Experiences Prior to Current Enrollment in Medicaid

	Survey Responses Overall	
	N	% or s
(If respondent changed usual source of care upon enrolling in Medicaid)		
Usual source of care in Medicaid		
Doctor's Office or Private Clinic	157	62.80%
Community Health Center or Public Clinic	27	10.80%
Public Health Department	13	5.20%
Hospital Outpatient Dept.	20	8.00%
Hospital Emergency Room	34	13.60%
Some Other Place (specify ____)	7	2.80%
No Regular Place of Care	29	11.60%
Length of Time to Complete Medicaid Application Process		
1 day or less	41	12.5%
2 to 7 days	76	23.2%
8 to 14 days	47	14.4%
15 to 30 days	92	28.1%
31 to 60 days	48	14.7%
61 days to 6 months	17	5.2%
More than 6 Months	6	1.8%
Received help with application form?		
Yes	77	20.75%
No	294	79.25%
Source of help with application form		
Someone at State Agency	16	20.78%
Someone at Private Charity or Social Services Agency	9	11.69%
Friend or Family Member	45	58.44%
Someone from a Doctor or Provider's office	8	10.39%
Other	0	0.00%
Length of time from submission of application to notification of enrollment		
1 week or less	70	22.15%
8 to 14 days	58	18.35%
15 to 21 days	47	14.87%
22 to 28 days	79	25.00%
29 days to 8 weeks	51	16.14%
More than 8 weeks	11	3.48%

*The open-ended responses of the respondents in this category were examined and were not able to be classified into any of the other categories. Examples of responses include, "Humana," and "Blue Cross." In these cases, the

Managed Care Plan Choice Process

	Survey Responses Overall	
	N	% or s
At time of application, enrollee was aware that he/she would have a choice of health plans		
Yes	143	62.45%
No	86	37.55%
Received Written Info about Choices of Medicaid Health Plans		
Yes	165	73.33%
No	60	26.67%
(Of those who received information) Reviewed Written Information		
Yes	141	85.45%
No	24	14.55%
Information was clear and easy to understand		
Strongly Agree	36	25.53%
Agree	90	63.83%
Disagree	11	7.80%
Strongly Disagree	4	2.84%
Received info in time to make health plan choice		
Strongly Agree	46	32.62%
Agree	79	56.03%
Disagree	13	9.22%
Strongly Disagree	3	2.13%
Info was complete and correct		
Strongly Agree	44	31.43%
Agree	86	61.43%
Disagree	9	6.43%
Strongly Disagree	1	0.71%
Called Medicaid Options 888 for info/help in choosing plan		
Yes	102	44.35%
No	128	55.65%
(For those who did not call Medicaid Options)		
Respondent had heard of the Medicaid Options 888 number before interview		
Yes	57	44.88%
No	70	55.12%
Medicaid Options was helpful		
Very Helpful	63	63.00%
Somewhat Helpful	27	27.00%
Somewhat Unhelpful	6	6.00%
Very Unhelpful	4	4.00%
Sought help in making plan choice from sources other than Medicaid Options		
Yes	46	20.09%
No	183	79.91%

Managed Care Plan Choice Process

	Survey Responses Overall	
	N	% or s
(For those who sought help other than Medicaid Options)		
Source of help		
Someone at a State Agency	10	21.74%
Someone at Private Charity of Social Services Agency	4	8.70%
Friend or Family Member	13	28.26%
Someone from a Doctor or Provider's office	14	30.43%
Other	8	17.02%
Respondent had decided which plan to choose, as of time of interview		
Yes	172	77.83%
No	49	22.17%
(Of those who had decided on a plan)		
Respondent has called choice hotline to select plan		
Yes	110	65.48%
No	58	34.52%

Plan Experiences and Satisfaction

	Survey Responses Overall	
	N	% or s
Selected Primary Care Doctor	263	84.29%
Yes	49	15.71%
No		
Mean Rating of the Choice of Primary Care Doctors in Medicaid (0-10 scale)	7.61 ± 2.56	
Been To See Primary Care Doctor	207	79.31%
Yes	54	20.69%
No		
Mean Rating of Primary Care Doctor	8.24 ± 2.34	
Needed to See Doctor But Couldn't	73	23.70%
Yes	235	76.30%
No		
Reason for not Seeing Doctor		
Didn't have a PCP yet or didn't know whom to see	9	12.33%
Couldn't get time off work	4	5.48%
Couldn't get transportation	6	8.22%
Couldn't get child care	3	4.11%
Couldn't get an appointment with the PCP you wanted	26	35.62%
Not certain whether visit would be covered by Medicaid	9	12.33%
Other (record verbatim)	10	13.70%
Couldn't get an appointment soon enough	16	21.92%
Seen a specialist while enrolled		
Yes	117	37.38
No	196	62.62
Mean Rating of Choice of Specialists in Medicaid (0 to 10 scale)	8.14 ± 2.57	
Mean Rating of Specialist (0 to 10 scale)	8.72 ± 2.10	
Problem Getting Referral for Specialist		
A big problem	18	15.52%
A small problem	14	12.07%
Not a problem	84	72.41%
Needed to See Specialist But Couldn't		
Yes	67	21.34%
No	247	78.66%
Reason for not Seeing Specialist		
Couldn't get a referral	14	20.90%
Couldn't get time off work	1	1.49%
Couldn't get transportation	3	4.48%
Couldn't get child care	1	1.49%
Couldn't get an appointment	24	35.82%
Not certain whether visit would be covered by Medicaid	19	28.36%
Other (record verbatim)	6	8.96%
Couldn't Get an appointment soon enough	7	10.45%

Plan Experiences and Satisfaction

	Survey Responses Overall	
	N	% or s
Seen a Dentist while enrolled		
Yes	72	22.93
No	242	77.07
Mean Rating of Choice of Dentists in Medicaid (0 to 10 scale)	5.86 ± 3.89	
Mean Rating of Dentist (0 to 10 scale)	7.13 ± 3.60	
Needed to See Dentist But Couldn't		
Yes	135	43.27%
No	177	56.73%
Reason for Not Seeing Dentist		
Didn't know whom to see or couldn't find a Medicaid dentist	48	35.56%
Couldn't get time off work	3	2.22%
Couldn't get transportation	3	2.22%
Couldn't get child care	1	0.74%
Couldn't get an appointment	11	8.15%
Not certain whether visit would be covered by Medicaid	59	43.70%
Other (record verbatim)	27	20.00%
Mean or Overall Rating of Medicaid (0 to 10 scale)	7.77 ± 2.29	