Executive Summary

Study Populations

Adults in Healthy Options

Adults aged 18 years or older who were continuously enrolled in Medicaid from September 1, 2000 through February 28, 2001 in a Healthy Options plan and had either English or Spanish as their primary language were selected from Medicaid enrollment data. Up to a one-month break in enrollment period was allowed.

Children in Healthy Options

Children aged 13 years or younger who were continuously enrolled in Medicaid from September 1, 2000 through February 28, 2001 in Healthy Options and had either English or Spanish as their primary language were selected from Medicaid enrollment data. Up to a one-month break in enrollment period was allowed.

Children's Health Insurance Program (CHIP)

Children enrolled in the Children's Health Insurance Program and had either English or Spanish as their primary language and who meet the same age and continuous enrollment criteria as for Healthy Options were identified.

Sampling Methodology

Healthy Options – Enrollment Data

From each of the seven participating plans in Healthy Options, random samples of 1,050 adults and 1,050 children meeting the Medicaid eligibility criteria were randomly selected for the standard CAHPS analysis of core questions. One health plan, Northwest Medical Bureau, was limited to 851 adult enrollees. An individual could not receive more than one survey.

Children's Health Insurance Program – Enrollment Data

The Children's Health Insurance Program (CHIP) was initiated in the state of Washington on February 17, 2000. Since CHIP is a new program, the population size for CHIP was limited. A statewide random sample of 577 non-duplicated Washington resident enrollees was selected from enrollment data. Children meeting the Medicaid eligibility criteria were selected for the standard CAHPS analysis of core questions.

Survey Process

Surveys were administered to a random sample of enrollees from the seven health plans participating in Healthy Options and from the statewide program, CHIP. Beginning in June 2001, questionnaires were mailed to families of 7,350 children aged 13 years and younger in Healthy Options plans, to 7,151 adult Healthy Options clients aged 18 years and older, and to 577 clients who were enrolled in the Children's Health Insurance Program (CHIP).

On June 1, 2001, 14,501 Healthy Options enrollees and 577 CHIP enrollees, for a total of 15,078, were sent a pre-notification postcard alerting them to the survey. Three days after pre-notification postcards were mailed, cover letters and surveys were mailed to these clients. If a survey was not returned within about one week, reminder postcards were mailed. A second survey was then mailed to non-responders within 30 days of the first survey mailing. If questionnaires still were not returned, a second postcard reminder was sent out about one week later. Non-respondents received follow-up phone calls for five weeks with up to six calls attempted per client. The last telephone surveys took place on August 24, 2001.

Types of Questions

This report presents data for three general types of survey questions:

1) Questions that asked respondents to rate aspects of their or their child's care from 0 to 10, where 0 = Worst Possible and 10 = Best Possible.
2) Questions that asked respondents to report how often something happened, by choosing "Never," "Sometimes," "Usually," or "Always."
3) Questions that asked if certain things were "A Big Problem," "A Small Problem," or "Not A Problem."

Response Rate

The adjusted response rate for the sample of Healthy Options plans for adults was 37.9%, while for children it was 42.1%. The adjusted response rate for the Children's Health Insurance Program sample was 61.3%. The actual number of responses varied by question.

Analysis

Rounding

Survey response distributions (bars) for individual questions may not always sum to 100%. In most cases, this was due to rounding.

Case-Mix Adjustment

Case-mix refers to the characteristics of respondents used in adjusting the results for comparability among health plans. Results in the adult and child Healthy Options studies were case-mix adjusted for general health status of the adult or child, and educational level and age of the respondent. Because differences in case-mix can result in differences in ratings between plans that are not due to differences in quality, the data were adjusted to make plans similar for these characteristics.