



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Georgia Medicaid Program

## CAHPS® 5.0 Adult Medicaid Summary Report

June 2017



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**Introduction.** The CAHPS® 5.0H Survey of the adult members of the Georgia Medicaid Program (GA-ADMD Program) is a comprehensive tool for assessing consumers' experiences with the Medicaid program. This report is designed to allow the Medicaid program to look at summaries of members' experiences, using two types of presentations. First, this executive summary presents a brief description of the survey methodology, a graphic presentation of key results for rating questions, composites and Effectiveness of Care Measures followed by a sample disposition. Second, member responses are presented by question, including information about the response options used for scoring achievements. A copy of the questionnaire is found as an appendix.

Assessing consumers' experiences in this report is accomplished with the use of achievement scores and composite scores. Member responses to survey questions are summarized as achievement scores. Responses indicating a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. The lower the achievement score, the greater the need for the Medicaid program to improve. Composite scores are built from achievements for groups of survey items that make up broad domains of members' experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

**Results.** This report summarizes the findings of the adult Medicaid 5.0H CAHPS survey conducted for GA-ADMD Program. Attempts were made to survey 1350 member households by mail and telephone during the period February 7, 2017 through April 23, 2017, using a mixed-mode procedure and standard questionnaire. The survey procedure and questionnaire were developed jointly by the Agency for Healthcare Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA).

The survey drew as potential respondents the adult members of GA-ADMD Program who were continuously enrolled in the Medicaid program for at least 6 months as of November 30, 2016, with no more than one enrollment gap of 45 days or less. From this sample frame, a random sample of 1350 cases was drawn. The survey was offered in English and Spanish.

Questionnaires were considered complete if respondents did not answer "No" to Q1 and provided valid responses to at least three out of five key questions throughout the questionnaire, as per NCQA's completeness requirements. Complete interviews were obtained from 411 GA-ADMD Program members, and the response rate was 33.8%.

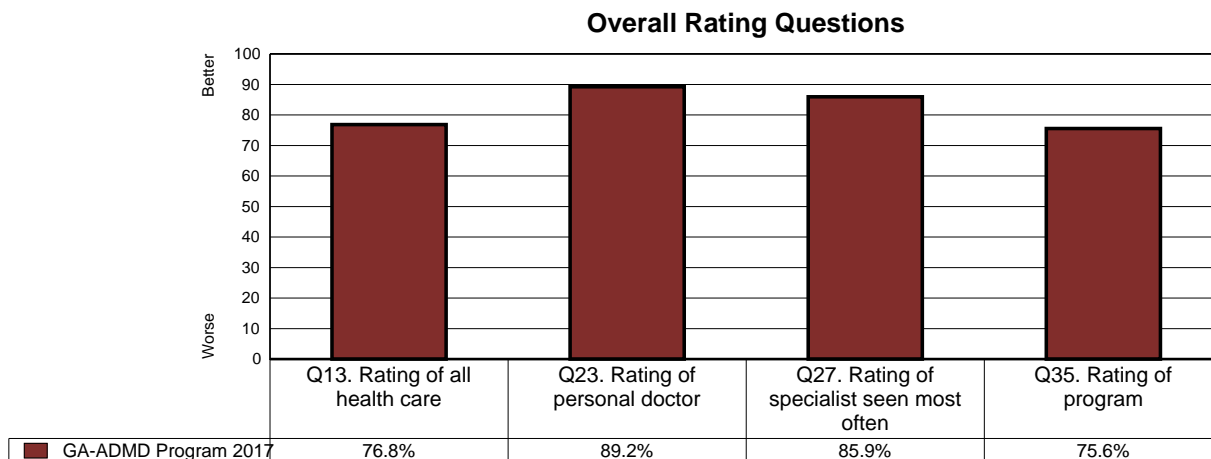
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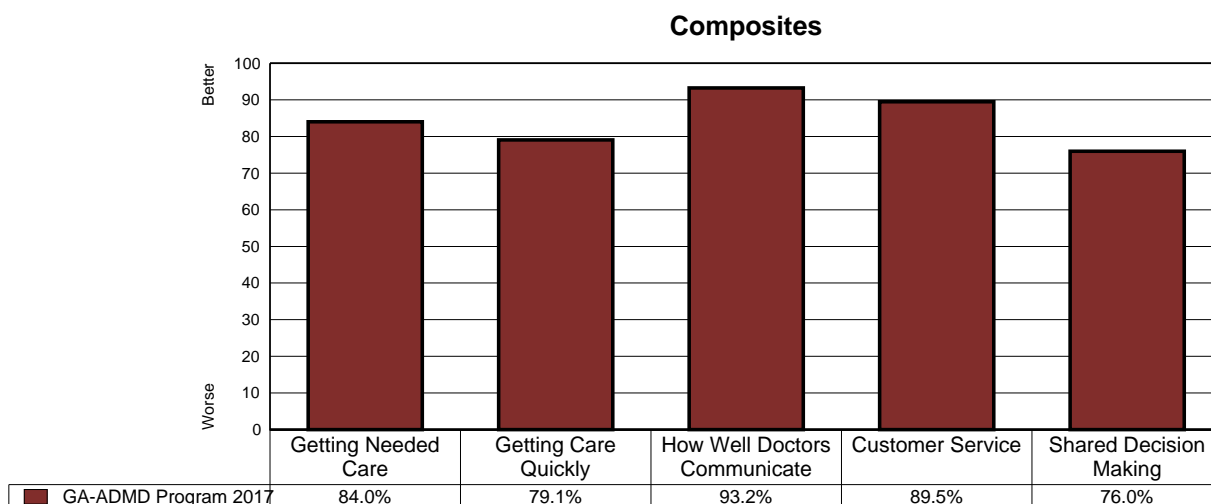
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**SUMMARY OF OVERALL RATING QUESTIONS**

Four rating questions assess overall consumer satisfaction with health care, personal doctor, specialist seen most often, and program. Response options for overall rating questions range from 0 (worst) to 10 (best). In the table below, ratings of "8," "9," or "10" are considered achievements, and the achievement score is presented as the proportion of members whose response was an achievement.



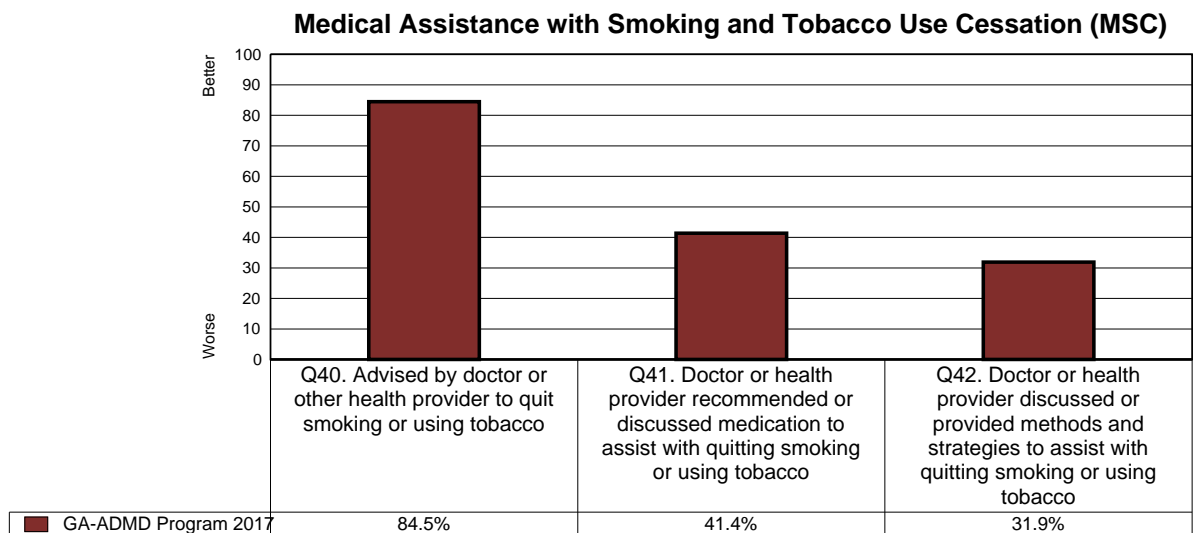
**SUMMARY OF COMPOSITES** A composite score is calculated for each of five domains of member experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making. The composite scores provide a summary assessment of how the plan performed across the domain. In the table below, proportions of positive responses are reported as achievement scores. Responses of "Yes" are considered achievements for the Shared Decision Making composite. For all other composites, responses of "Usually" or "Always" are considered achievements.



**SUMMARY OF EFFECTIVENESS OF CARE MEASURES**

Three Effectiveness of Care Measures are presented below. Two of the measures, Aspirin Use and Discussion and Medical Assistance with Smoking and Tobacco Use Cessation, typically use a rolling-average methodology, where scores are computed using two years of response data. For the purpose of this report, these measures are presented as single-year scores, rather than rolling averages.

The Medical Assistance with Smoking Cessation and Tobacco Use Cessation measure is composed of three questions. Scores represent the proportion of adult members whose provider advised them to (1) quit smoking or using tobacco; (2) recommended or discussed medication to assist with quitting smoking or using tobacco; or (3) discussed or provided methods and strategies other than medication to assist with quitting smoking or using tobacco. For each question, a response of "Sometimes," "Usually," or "Always" is considered an achievement.



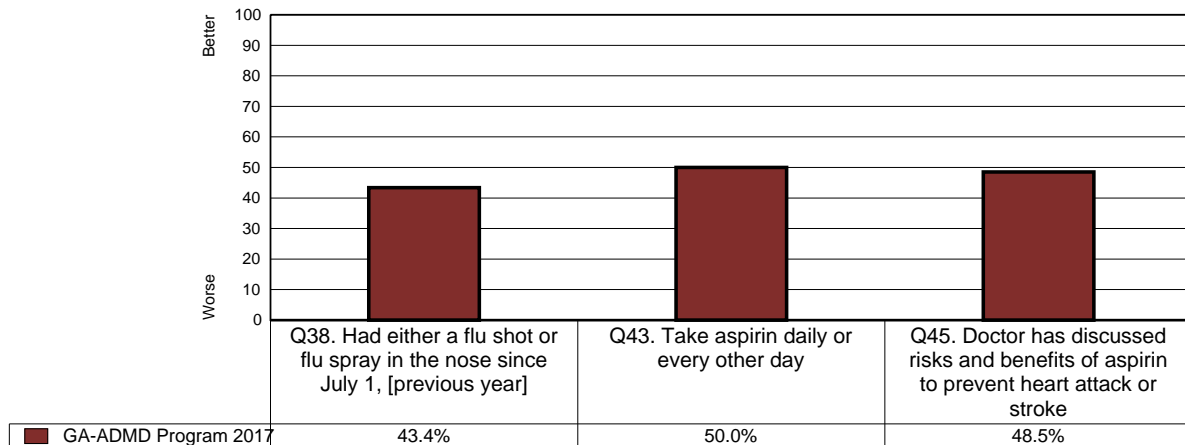
The Flu Vaccinations for Adults Ages 18-64 measure is based on a single question about getting a flu shot or flu spray. The score represents the proportion of members aged 18-64 who received an influenza vaccination since July 1 of the measurement year.

The Aspirin Use and Discussion measure assesses different facets of aspirin use in the primary prevention of cardiovascular disease. The measure is based on two questions, one assessing current aspirin use, and the other asking whether a health provider discussed the risks and benefits of taking aspirin to prevent heart attack or stroke.

The Aspirin Use component includes members in certain risk factor categories who could safely take aspirin (based on the response to Q44), had no cardiovascular disease exclusion (based on the response to Q47), and who answered Q43. The rate represents the proportion of these members who indicated they take aspirin daily or every other day.

The Discussing Aspirin Risks and Benefits component includes members in certain age/gender categories who had no cardiovascular disease exclusion (based on the response to Q47), and who answered Q45. The rate represents the proportion of these members who indicated that a health provider had discussed the risks and benefits of aspirin with them.

**Flu Shot for Adults Ages 18-64 (FSA) / Aspirin Use and Discussion (ASP)**



## Sample Disposition

	GA-ADMD Program 2017
First mailing - sent	1350
*First mailing - usable survey returned	212
Second mailing - sent	1102
*Second mailing - usable survey returned	96
*Phone - usable surveys	103
Total - usable surveys	411
†Ineligible: According to population criteria‡	51
†Ineligible: Language barrier	6
†Ineligible: Deceased	8
†Ineligible: Mentally or physically unable to complete survey	35
Invalid address and phone number	43
Refusal	18
†Incomplete survey - mail or phone	34
<b>Adjusted Response Rate</b>	<b>33.8%</b>

\*Included in response rate numerator

†Excluded from adjusted response rate denominator

‡Population criteria: The designated respondent must be enrolled in the health plan and meet the age requirements of the survey methodology.

Note: *Adjusted Response Rate = Total Usable Surveys / Total Eligible Cases*

## Responses by Question

**Q1. Our records show that you are now in Georgia Medicaid Program. Is that right?**

	GA-ADMD 2017	
	N	%
Yes	401	100.0%
No	0	0.0%
<b>Total</b>	401	100.0%
Not Answered	10	

### *Your Health Care in the Last 6 Months*

**Q3. In the last 6 months, did you have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office?**

	GA-ADMD 2017	
	N	%
Yes	166	41.1%
No	238	58.9%
<b>Total</b>	404	100.0%
Not Answered	7	

**Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?**

	GA-ADMD 2017	
	N	%
<input checked="" type="radio"/> Never	2	1.4%
<input checked="" type="radio"/> Sometimes	26	18.1%
<input checked="" type="radio"/> Usually	26	18.1%
<input checked="" type="radio"/> Always	90	62.5%
<b>Total</b>	144	100.0%
Not Answered	22	
<b>Reporting Category</b>	Getting Care Quickly	
Achievement Score	80.6%	

**Q5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?**

	GA-ADMD 2017	
	N	%
Yes	328	81.8%
No	73	18.2%
<b>Total</b>	401	100.0%
Not Answered	10	

**Response scored as:**  Achievement  Room for improvement

## Responses by Question

### *Your Health Care in the Last 6 Months (continued)*

**Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?**

	GA-ADMD 2017	
	N	%
<input type="radio"/> Never	12	4.2%
<input type="radio"/> Sometimes	50	17.5%
<input type="radio"/> Usually	63	22.1%
<input type="radio"/> Always	160	56.1%
<b>Total</b>	285	100.0%
Not Answered	43	
<b>Reporting Category</b>	Getting Care Quickly	
Achievement Score	78.2%	

**Q7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?**

	GA-ADMD 2017	
	N	%
None	65	16.4%
1 time	73	18.4%
2	82	20.7%
3	61	15.4%
4	37	9.3%
5 to 9	56	14.1%
10 or more times	22	5.6%
<b>Total</b>	396	100.0%
Not Answered	15	

**Q8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?**

	GA-ADMD 2017	
	N	%
<input type="radio"/> Yes	224	71.3%
<input type="radio"/> No	90	28.7%
<b>Total</b>	314	100.0%
Not Answered	17	
<b>Reporting Category</b>	Single Items	
Achievement Score	71.3%	

**Response scored as:**  Achievement  Room for improvement



## Responses by Question

### Your Health Care in the Last 6 Months (continued)

- Q9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?**

	GA-ADMD 2017	
	N	%
Yes	117	37.0%
No	199	63.0%
<b>Total</b>	316	100.0%
Not Answered	15	

- Q10. Did a doctor or other health provider talk about the reasons you might want to take a medicine?**

	GA-ADMD 2017	
	N	%
<input checked="" type="radio"/> Yes	103	92.8%
<input type="radio"/> No	8	7.2%
<b>Total</b>	111	100.0%
Not Answered	6	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	92.8%	

- Q11. Did a doctor or other health provider talk about the reasons you might not want to take a medicine?**

	GA-ADMD 2017	
	N	%
<input checked="" type="radio"/> Yes	69	62.7%
<input type="radio"/> No	41	37.3%
<b>Total</b>	110	100.0%
Not Answered	7	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	62.7%	

- Q12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?**

	GA-ADMD 2017	
	N	%
<input checked="" type="radio"/> Yes	79	72.5%
<input type="radio"/> No	30	27.5%
<b>Total</b>	109	100.0%
Not Answered	8	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	72.5%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### *Your Health Care in the Last 6 Months* (continued)

**Q13.** Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

	GA-ADMD 2017	
	N	%
● Worst health care possible	4	1.3%
● 1	0	0.0%
● 2	2	0.6%
● 3	3	1.0%
● 4	3	1.0%
● 5	16	5.1%
● 6	20	6.3%
● 7	25	7.9%
● 8	74	23.5%
● 9	52	16.5%
● Best health care possible	116	36.8%
<b>Total</b>	315	100.0%
Not Answered	16	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	76.8%	

**Q14.** In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

	GA-ADMD 2017	
	N	%
● Never	7	2.2%
● Sometimes	40	12.7%
● Usually	72	22.9%
● Always	196	62.2%
<b>Total</b>	315	100.0%
Not Answered	16	
<b>Reporting Category</b>	Getting Needed Care	
Achievement Score	85.1%	

### *Your Personal Doctor*

**Q15.** A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

	GA-ADMD 2017	
	N	%
Yes	336	83.4%
No	67	16.6%
<b>Total</b>	403	100.0%
Not Answered	8	

○ **Response scored as:** ● Achievement ● Room for improvement

# Responses by Question

## Your Personal Doctor (continued)

**Q16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?**

	GA-ADMD 2017	
	N	%
None	30	9.5%
1 time	73	23.2%
2	88	27.9%
3	52	16.5%
4	22	7.0%
5 to 9	39	12.4%
10 or more times	11	3.5%
<b>Total</b>	315	100.0%
Not Answered	21	

**Q17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?**

	GA-ADMD 2017	
	N	%
<input type="radio"/> Never	4	1.4%
<input type="radio"/> Sometimes	16	5.7%
<input checked="" type="radio"/> Usually	36	12.7%
<input checked="" type="radio"/> Always	227	80.2%
<b>Total</b>	283	100.0%
Not Answered	2	
<b>Reporting Category</b>	Communication	
Achievement Score	92.9%	

**Q18. In the last 6 months, how often did your personal doctor listen carefully to you?**

	GA-ADMD 2017	
	N	%
<input type="radio"/> Never	4	1.4%
<input type="radio"/> Sometimes	9	3.2%
<input checked="" type="radio"/> Usually	37	13.1%
<input checked="" type="radio"/> Always	232	82.3%
<b>Total</b>	282	100.0%
Not Answered	3	
<b>Reporting Category</b>	Communication	
Achievement Score	95.4%	

**Response scored as:**  Achievement  Room for improvement

# Responses by Question

## Your Personal Doctor (continued)

**Q19. In the last 6 months, how often did your personal doctor show respect for what you had to say?**

	GA-ADMD 2017	
	N	%
<input type="radio"/> Never	2	0.7%
<input type="radio"/> Sometimes	11	3.9%
<input type="radio"/> Usually	24	8.5%
<input checked="" type="radio"/> Always	245	86.9%
<b>Total</b>	282	100.0%
Not Answered	3	
<b>Reporting Category</b>	Communication	
Achievement Score	95.4%	

**Q20. In the last 6 months, how often did your personal doctor spend enough time with you?**

	GA-ADMD 2017	
	N	%
<input type="radio"/> Never	7	2.5%
<input type="radio"/> Sometimes	23	8.2%
<input type="radio"/> Usually	49	17.4%
<input checked="" type="radio"/> Always	203	72.0%
<b>Total</b>	282	100.0%
Not Answered	3	
<b>Reporting Category</b>	Communication	
Achievement Score	89.4%	

**Q21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?**

	GA-ADMD 2017	
	N	%
Yes	157	56.3%
No	122	43.7%
<b>Total</b>	279	100.0%
Not Answered	6	

**Response scored as:**  Achievement  Room for improvement

## Responses by Question

### *Your Personal Doctor (continued)*

**Q22.** In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

	GA-ADMD 2017	
	N	%
<input type="radio"/> Never	5	3.4%
<input type="radio"/> Sometimes	18	12.2%
<input type="radio"/> Usually	34	23.1%
<input type="radio"/> Always	90	61.2%
<b>Total</b>	147	100.0%
Not Answered	10	
<b>Reporting Category</b>	Single Items	
Achievement Score	84.4%	

**Q23.** Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

	GA-ADMD 2017	
	N	%
<input type="radio"/> Worst personal doctor possible	1	0.3%
<input type="radio"/> 1	2	0.6%
<input type="radio"/> 2	2	0.6%
<input type="radio"/> 3	3	0.9%
<input type="radio"/> 4	4	1.3%
<input type="radio"/> 5	8	2.5%
<input type="radio"/> 6	6	1.9%
<input type="radio"/> 7	8	2.5%
<input type="radio"/> 8	39	12.3%
<input type="radio"/> 9	55	17.4%
<input type="radio"/> Best personal doctor possible	188	59.5%
<b>Total</b>	316	100.0%
Not Answered	20	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	89.2%	

### *Getting Health Care From Specialists*

**Q24.** Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

	GA-ADMD 2017	
	N	%
Yes	208	51.1%
No	199	48.9%
<b>Total</b>	407	100.0%
Not Answered	4	

**Response scored as:**  Achievement  Room for improvement

## Responses by Question

### Getting Health Care From Specialists (continued)

**Q25.** In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

	GA-ADMD 2017	
	N	%
<input type="radio"/> Never	6	3.1%
<input type="radio"/> Sometimes	25	13.0%
<input type="radio"/> Usually	52	26.9%
<input type="radio"/> Always	110	57.0%
<b>Total</b>	193	100.0%
Not Answered	15	
<b>Reporting Category</b>	Getting Needed Care	
Achievement Score	83.9%	

**Q26.** How many specialists have you seen in the last 6 months?

	GA-ADMD 2017	
	N	%
None	5	2.6%
1 specialist	95	49.0%
2	51	26.3%
3	26	13.4%
4	8	4.1%
5 or more specialists	9	4.6%
<b>Total</b>	194	100.0%
Not Answered	14	

**Q27.** We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

	GA-ADMD 2017	
	N	%
<input type="radio"/> Worst specialist possible	1	0.5%
<input type="radio"/> 1	0	0.0%
<input type="radio"/> 2	0	0.0%
<input type="radio"/> 3	2	1.1%
<input type="radio"/> 4	3	1.6%
<input type="radio"/> 5	3	1.6%
<input type="radio"/> 6	6	3.2%
<input type="radio"/> 7	11	5.9%
<input type="radio"/> 8	23	12.4%
<input type="radio"/> 9	39	21.1%
<input type="radio"/> Best specialist possible	97	52.4%
<b>Total</b>	185	100.0%
Not Answered	4	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	85.9%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### Your Health Plan

**Q28.** In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

	GA-ADMD 2017	
	N	%
Yes	70	17.5%
No	331	82.5%
<b>Total</b>	401	100.0%
Not Answered	10	

**Q29.** In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

	GA-ADMD 2017	
	N	%
<input checked="" type="radio"/> Never	4	6.0%
<input checked="" type="radio"/> Sometimes	16	23.9%
<input checked="" type="radio"/> Usually	22	32.8%
<input checked="" type="radio"/> Always	25	37.3%
<b>Total</b>	67	100.0%
Not Answered	3	
<b>Reporting Category</b>	Single Items	
Achievement Score	70.1%	

**Q30.** In the last 6 months, did you get information or help from your health plan's customer service?

	GA-ADMD 2017	
	N	%
Yes	123	31.3%
No	270	68.7%
<b>Total</b>	393	100.0%
Not Answered	18	

**Q31.** In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

	GA-ADMD 2017	
	N	%
<input checked="" type="radio"/> Never	2	1.7%
<input checked="" type="radio"/> Sometimes	16	13.4%
<input checked="" type="radio"/> Usually	30	25.2%
<input checked="" type="radio"/> Always	71	59.7%
<b>Total</b>	119	100.0%
Not Answered	4	
<b>Reporting Category</b>	Customer Service	
Achievement Score	84.9%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### Your Health Plan (continued)

**Q32.** In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

	GA-ADMD 2017	
	N	%
● Never	1	0.8%
● Sometimes	5	4.2%
● Usually	16	13.6%
● Always	96	81.4%
<b>Total</b>	118	100.0%
Not Answered	5	
<b>Reporting Category</b>	Customer Service	
Achievement Score	94.9%	

**Q33.** In the last 6 months, did your health plan give you any forms to fill out?

	GA-ADMD 2017	
	N	%
Yes	95	23.9%
No	303	76.1%
<b>Total</b>	398	100.0%
Not Answered	13	

**PQ34.** In the last 6 months, how often were the forms from your health plan easy to fill out? [NOTE: Response of 'Always' padded with Q33 = 'No', based on NCQA scoring guidelines.]

	GA-ADMD 2017	
	N	%
● Never	3	0.8%
● Sometimes	15	3.8%
● Usually	25	6.4%
● Always	347	89.0%
<b>Total</b>	390	100.0%
Not Answered	8	
<b>Reporting Category</b>	Single Items	
Achievement Score	95.4%	

○ Response scored as: ● Achievement ● Room for improvement



## Responses by Question

### *Your Health Plan (continued)*

**Q35.** Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

	GA-ADMD 2017	
	N	%
● Worst health plan possible	8	2.0%
● 1	1	0.3%
● 2	2	0.5%
● 3	5	1.3%
● 4	5	1.3%
● 5	22	5.6%
● 6	17	4.3%
● 7	36	9.2%
● 8	61	15.5%
● 9	62	15.8%
● Best health plan possible	174	44.3%
<b>Total</b>	393	100.0%
Not Answered	18	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	75.6%	

### *About You*

**Q36.** In general, how would you rate your overall health?

	GA-ADMD 2017	
	N	%
● Excellent	23	5.7%
● Very Good	58	14.4%
● Good	150	37.3%
● Fair	131	32.6%
● Poor	40	10.0%
<b>Total</b>	402	100.0%
Not Answered	9	
<b>Reporting Category</b>	Single Items	
Achievement Score	20.1%	

○ **Response scored as:** ● Achievement ● Room for improvement

## Responses by Question

### About You (continued)

**Q37.** In general, how would you rate your overall mental or emotional health?

	GA-ADMD 2017	
	N	%
<input type="radio"/> Excellent	63	15.6%
<input type="radio"/> Very Good	66	16.4%
<input type="radio"/> Good	150	37.2%
<input type="radio"/> Fair	94	23.3%
<input type="radio"/> Poor	30	7.4%
<b>Total</b>	403	100.0%
Not Answered	8	
<b>Reporting Category</b>	Single Items	
Achievement Score	32.0%	

**Q38.** Have you had either a flu shot or flu spray in the nose since July 1, [previous year]?

	GA-ADMD 2017	
	N	%
<input type="radio"/> Yes	105	43.4%
<input type="radio"/> No	137	56.6%
Don't Know	7	
<b>Total</b>	242	100.0%
Not Answered	0	
<b>Reporting Category</b>	Flu Shot for Adults	
Achievement Score	43.4%	

**Q39.** Do you now smoke cigarettes or use tobacco every day, some days or not at all?

	GA-ADMD 2017	
	N	%
Every day	73	18.5%
Some days	48	12.2%
Not at all	274	69.4%
Don't Know	2	
<b>Total</b>	395	100.0%
Not Answered	14	

**Response scored as:**  Achievement  Room for improvement

## Responses by Question

### About You (continued)

- Q40.** In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

	GA-ADMD 2017	
	N	%
<input checked="" type="radio"/> Never	18	15.5%
<input checked="" type="radio"/> Sometimes	30	25.9%
<input checked="" type="radio"/> Usually	18	15.5%
<input checked="" type="radio"/> Always	50	43.1%
<b>Total</b>	116	100.0%
Not Answered	5	
<b>Reporting Category</b>	Medical Assistance with Smoking Cessation	
Achievement Score	84.5%	

- Q41.** In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

	GA-ADMD 2017	
	N	%
<input checked="" type="radio"/> Never	68	58.6%
<input checked="" type="radio"/> Sometimes	17	14.7%
<input checked="" type="radio"/> Usually	17	14.7%
<input checked="" type="radio"/> Always	14	12.1%
<b>Total</b>	116	100.0%
Not Answered	5	
<b>Reporting Category</b>	Medical Assistance with Smoking Cessation	
Achievement Score	41.4%	

- Q42.** In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

	GA-ADMD 2017	
	N	%
<input checked="" type="radio"/> Never	79	68.1%
<input checked="" type="radio"/> Sometimes	16	13.8%
<input checked="" type="radio"/> Usually	7	6.0%
<input checked="" type="radio"/> Always	14	12.1%
<b>Total</b>	116	100.0%
Not Answered	5	
<b>Reporting Category</b>	Medical Assistance with Smoking Cessation	
Achievement Score	31.9%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### About You (continued)

**Q43. Do you take aspirin daily or every other day? [NOTE: Data presented for eligible respondents determined by NCQA scoring guidelines.]**

	GA-ADMD 2017	
	N	%
<input type="radio"/> Yes	26	50.0%
<input type="radio"/> No	26	50.0%
Don't know	0	0.0%
<b>Total</b>	52	100.0%
Not Answered	0	
<b>Reporting Category</b>	Aspirin Use and Discussion	
Achievement Score	50.0%	

**Q44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?**

	GA-ADMD 2017	
	N	%
Yes	63	17.6%
No	294	82.4%
Don't know	45	
<b>Total</b>	357	100.0%
Not Answered	9	

**Q45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke? [NOTE: Data presented for eligible respondents determined by NCQA scoring guidelines.]**

	GA-ADMD 2017	
	N	%
<input type="radio"/> Yes	50	48.5%
<input type="radio"/> No	53	51.5%
<b>Total</b>	103	100.0%
Not Answered	0	
<b>Reporting Category</b>	Aspirin Use and Discussion	
Achievement Score	48.5%	

**Q46.1. Are you aware that you have any of the following conditions? Response: High cholesterol**

	GA-ADMD 2017	
	N	%
Yes	163	54.0%
No	139	46.0%
<b>Total</b>	302	100.0%
Not Answered	109	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### *About You (continued)*

**Q46.2. Are you aware that you have any of the following conditions? Response: High blood pressure**

	GA-ADMD 2017	
	N	%
Yes	244	80.8%
No	58	19.2%
<b>Total</b>	<b>302</b>	<b>100.0%</b>
Not Answered	109	

**Q46.3. Are you aware that you have any of the following conditions? Response: Parent or sibling with heart attack before the age of 60**

	GA-ADMD 2017	
	N	%
Yes	84	27.8%
No	218	72.2%
<b>Total</b>	<b>302</b>	<b>100.0%</b>
Not Answered	109	

**Q47.1. Has a doctor ever told you that you have any of the following conditions? Response: A heart attack**

	GA-ADMD 2017	
	N	%
Yes	44	24.0%
No	139	76.0%
<b>Total</b>	<b>183</b>	<b>100.0%</b>
Not Answered	228	

**Q47.2. Has a doctor ever told you that you have any of the following conditions? Response: Angina or coronary heart disease**

	GA-ADMD 2017	
	N	%
Yes	29	15.8%
No	154	84.2%
<b>Total</b>	<b>183</b>	<b>100.0%</b>
Not Answered	228	

**Q47.3. Has a doctor ever told you that you have any of the following conditions? Response: A stroke**

	GA-ADMD 2017	
	N	%
Yes	37	20.2%
No	146	79.8%
<b>Total</b>	<b>183</b>	<b>100.0%</b>
Not Answered	228	

## Responses by Question

### *About You* (continued)

**Q47.4.** Has a doctor ever told you that you have any of the following conditions? Response: Any kind of diabetes or high blood sugar

	GA-ADMD 2017	
	N	%
Yes	130	71.0%
No	53	29.0%
<b>Total</b>	183	100.0%
Not Answered	228	

**Q48.** In the last 6 months, did you get health care 3 or more times for the same condition or problem?

	GA-ADMD 2017	
	N	%
Yes	134	34.6%
No	253	65.4%
<b>Total</b>	387	100.0%
Not Answered	24	

**Q49.** Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

	GA-ADMD 2017	
	N	%
Yes	101	78.9%
No	27	21.1%
<b>Total</b>	128	100.0%
Not Answered	6	

**Q50.** Do you now need or take medicine prescribed by a doctor? Do not include birth control.

	GA-ADMD 2017	
	N	%
Yes	326	83.4%
No	65	16.6%
<b>Total</b>	391	100.0%
Not Answered	20	

**Q51.** Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

	GA-ADMD 2017	
	N	%
Yes	291	92.4%
No	24	7.6%
<b>Total</b>	315	100.0%
Not Answered	11	

## Responses by Question

### *About You* (continued)

**Q52. What is your age?**

	GA-ADMD 2017	
	N	%
18 to 24	19	4.8%
25 to 34	31	7.8%
35 to 44	40	10.1%
45 to 54	58	14.6%
55 to 64	101	25.4%
65 to 74	96	24.1%
75 or older	53	13.3%
<b>Total</b>	398	100.0%
Not Answered	13	

**Q53. Are you male or female?**

	GA-ADMD 2017	
	N	%
Male	146	36.9%
Female	250	63.1%
<b>Total</b>	396	100.0%
Not Answered	15	

**Q54. What is the highest grade or level of school that you have completed?**

	GA-ADMD 2017	
	N	%
8th grade or less	42	10.7%
Some high school but did not graduate	105	26.9%
High school graduate or GED	126	32.2%
Some college or 2-year degree	88	22.5%
4-year college graduate	17	4.3%
More than 4-year college degree	13	3.3%
<b>Total</b>	391	100.0%
Not Answered	20	

**Q55. Are you of Hispanic or Latino origin or descent?**

	GA-ADMD 2017	
	N	%
Yes, Hispanic or Latino	24	6.3%
No, Not Hispanic or Latino	360	93.8%
<b>Total</b>	384	100.0%
Not Answered	27	

## Responses by Question

### ***About You*** (continued)

**Q56.1. What is your race? Response: White.**

	GA-ADMD 2017	
	N	%
Yes	187	47.6%
No	206	52.4%
<b>Total</b>	393	100.0%
Not Answered	18	

**Q56.2. What is your race? Response: Black or African-American.**

	GA-ADMD 2017	
	N	%
Yes	195	49.6%
No	198	50.4%
<b>Total</b>	393	100.0%
Not Answered	18	

**Q56.3. What is your race? Response: Asian.**

	GA-ADMD 2017	
	N	%
Yes	9	2.3%
No	384	97.7%
<b>Total</b>	393	100.0%
Not Answered	18	

**Q56.4. What is your race? Response: Native Hawaiian or other Pacific Islander.**

	GA-ADMD 2017	
	N	%
Yes	3	0.8%
No	390	99.2%
<b>Total</b>	393	100.0%
Not Answered	18	

**Q56.5. What is your race? Response: American Indian or Alaska Native.**

	GA-ADMD 2017	
	N	%
Yes	15	3.8%
No	378	96.2%
<b>Total</b>	393	100.0%
Not Answered	18	



## Responses by Question

### *About You* (continued)

**Q56.6.** What is your race? Response: Other.

	GA-ADMD 2017	
	N	%
Yes	10	2.5%
No	383	97.5%
<b>Total</b>	393	100.0%
Not Answered	18	

**Q57.** Did someone help you complete this survey?

	GA-ADMD 2017	
	N	%
Yes	96	32.1%
No	203	67.9%
<b>Total</b>	299	100.0%
Not Answered	9	

**Q58.1.** How did that person help you? Response: Read the questions to me.

	GA-ADMD 2017	
	N	%
Yes	36	37.5%
No	60	62.5%
<b>Total</b>	96	100.0%
Not Answered	0	

**Q58.2.** How did that person help you? Response: Wrote down the answers I gave.

	GA-ADMD 2017	
	N	%
Yes	37	38.5%
No	59	61.5%
<b>Total</b>	96	100.0%
Not Answered	0	

**Q58.3.** How did that person help you? Response: Answered the questions for me.

	GA-ADMD 2017	
	N	%
Yes	28	29.2%
No	68	70.8%
<b>Total</b>	96	100.0%
Not Answered	0	

## Responses by Question

### ***About You*** (continued)

**Q58.4.** How did that person help you? Response: Translated the questions into my language.

	GA-ADMD 2017	
	N	%
Yes	9	9.4%
No	87	90.6%
<b>Total</b>	96	100.0%
Not Answered	0	

**Q58.5.** How did that person help you? Response: Helped in some other way.

	GA-ADMD 2017	
	N	%
Yes	8	8.3%
No	88	91.7%
<b>Total</b>	96	100.0%
Not Answered	0	



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-877-455-7161.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark ●

Incorrect Marks ⊘



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

● Yes → Go to Question 1
○ No

START HERE

1. Our records show that you are now in Georgia Medicaid. Is that right?

- Yes → Go to Question 3
○ No

2. What is the name of your health plan? (Please print)

\_\_\_\_\_



## YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
- Yes  
 No → *Go to Question 5*
4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Never  
 Sometimes  
 Usually  
 Always
5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
- Yes  
 No → *Go to Question 7*
6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
- Never  
 Sometimes  
 Usually  
 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
- None → *Go to Question 15*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times
8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?
- Yes  
 No
9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?
- Yes  
 No → *Go to Question 13*
10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
- Yes  
 No
11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
- Yes  
 No

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- Yes
- No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Health Care           |                       |                       |                       |                       | Health Care           |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- Never
- Sometimes
- Usually
- Always

### YOUR PERSONAL DOCTOR

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No → *Go to Question 24*

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → *Go to Question 23*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always



21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes
 No -> Go to Question 23

22. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
 Sometimes
 Usually
 Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 1 2 3 4 5 6 7 8 9 10
Worst Best
Personal Doctor Personal Doctor
Possible Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments to see a specialist?

- Yes
 No -> Go to Question 28

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- Never
 Sometimes
 Usually
 Always

26. How many specialists have you seen in the last 6 months?

- None -> Go to Question 28
 1 specialist
 2
 3
 4
 5 or more specialists

27. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 1 2 3 4 5 6 7 8 9 10
Worst Best
Specialist Specialist
Possible Possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- Yes
 No -> Go to Question 30



29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- Never
- Sometimes
- Usually
- Always

30. In the last 6 months, did you get information or help from your health plan's customer service?

- Yes
- No → **Go to Question 33**

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → **Go to Question 35**

34. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Health Plan           |                       |                       |                       |                       | Health Plan           |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

### ABOUT YOU

36. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

37. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2016?

- Yes
- No
- Don't know



39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → **Go to Question 43**
- Don't know → **Go to Question 43**

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

43. Do you take aspirin daily or every other day?

- Yes
- No
- Don't know

44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- Yes
- No
- Don't know

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- Yes
- No

46. Are you aware that you have any of the following conditions? Mark one or more.

- High cholesterol
- High blood pressure
- Parent or sibling with heart attack before the age of 60

47. Has a doctor ever told you that you have any of the following conditions? Mark one or more.

- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar

48. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- Yes
- No → **Go to Question 50**



◆

49. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

50. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- Yes
- No → **Go to Question 52**

51. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

52. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

53. Are you male or female?

- Male
- Female

54. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

◆

55. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

56. What is your race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

57. Did someone help you complete this survey?

- Yes → **Go to Question 58**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

58. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

**Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.**

**When you are done, please use the enclosed prepaid envelope to mail the survey to:**

**DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108**



