The Arkansas Medicaid program constantly strives to improve the quality of services to Medicaid beneficiaries. Surveys show that Medicaid beneficiaries continue to see improvement in several key indicators of health care quality and cost effectiveness.

To evaluate how well Medicaid works for its beneficiaries, what services are used, and how beneficiaries evaluate the program in general, the Arkansas Department of Human Services, Division of Medical Services, contracts with AFMC to conduct surveys to learn more about beneficiaries’ satisfaction with their doctors and recent care received, and experiences with the Medicaid program and its customer service. AFMC uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys as a baseline to measure beneficiaries’ satisfaction with Medicaid and assess how beneficiaries perceive their own health.

CAHPS® surveys are publicly available and are widely used by quality monitoring organizations, regulators, community collaboratives, provider organizations and health plans to improve health service quality and develop public policies. The CAHPS® 5.0H surveys that ask consumers about their experiences with health care are available in four versions that can be administered to adults or a child’s caregiver (Medicaid and commercially insured). Questionnaires, fielding protocols, analysis and reporting are all standardized to ensure comparability. They may be administered across a range of heterogeneous populations including adults and children with chronic conditions.¹

AFMC’s analytics department manages all aspects of survey design, population design, sampling, data collection, analysis and reporting. In addition to the ratings questions, composites, health scales and question frequencies from the CAHPS® questions, program-specific supplemental questions are often incorporated to measure satisfaction. AFMC also submits data to national data repositories such as the National CAHPS® Benchmarking Database. This enables regional and national comparisons and highlights any significant differences.

MEDICAID PROGRAMS IN ARKANSAS

ConnectCare manages Medicaid care and helps patients find providers. ARKids First A is Medicaid’s program for children. Together, these programs provided health care services to more than 390,000 Arkansas adults and children in state fiscal year (SFY) 2015. Additional benefits are available to Medicaid beneficiaries through ARKids First B, one of the most successful and innovative children’s health care programs in the United States. In SFY 2015, ARKids First B provided for the health care needs of approximately 48,000 Arkansas children who were not eligible for ARKids First A.

Another source of help for Arkansas children includes the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). This program allows Arkansas to open its Medicaid program to children with physical or mental disabilities who would not ordinarily be eligible because of their parents’ income or resources. It also permits disabled children to be cared for at home rather than in an institution. As of 2010, Arkansas is one of only 18 states offering TEFRA benefits.² More than 3,000 Arkansas families are currently enrolled.
A CLOSER LOOK AT QUALITY

More information about these programs is at: www.medicaid.state.ar.us/General/General.aspx

MEDICAID BENEFICIARIES’ SATISFACTION SURVEYS
The CAHPS® 5.0H Medicaid adult and child surveys include five composite measures, four rating questions, two question summary rates and five effectiveness-of-care measures. AFMC has conducted the Medicaid beneficiary satisfaction surveys since 2007, making it possible to trend available data. Figure 1 shows the trend of three CAHPS® measures for adults and children. The measures represent the percentage of beneficiaries who responded favorably to:
- **Getting needed care**: Measures beneficiaries’ ease of seeing a specialist and getting any care, tests or treatment
- **Getting care quickly**: Measures beneficiaries’ access to urgent and non-urgent care in a timely manner
- **Health promotion and education**: Measures how often beneficiaries and doctors talk about specific preventive measures to improve health

The ratings for personal doctor, specialists, health care and health plans show the percentage of beneficiaries who responded with an 8, 9 or 10 on questions rated from 0 (worst possible) to 10 (best possible).

The adult survey also captures effectiveness-of-care measures by inquiring about:
- **Aspirin use**: Did beneficiaries discuss with a doctor or other provider the risks and benefits of using aspirin
- **Smoking cessation**: Beneficiaries age 18 and older were asked if they are current smokers or tobacco users and, if yes, whether they received advice to quit
- **Smoking cessation medications/strategies**: Beneficiaries age 18 and older who are current smokers or tobacco users were asked if they had discussed or had been recommended cessation medications or discussed cessation strategies

AFMC is NCQA Certified
The National Committee for Quality Assurance (NCQA) is a private non-profit organization dedicated to improving health care quality. The NCQA’s Survey Vendor Certification team trains, certifies and provides quality oversight to survey vendors. Since 2007, AFMC has been one of only 16 NCQA-certified HEDIS survey vendors in the nation and the only one based in Arkansas. To become a NCQA-certified CAHPS 5.0H survey vendor, an organization must demonstrate that it has the capabilities, experience and expert personnel to accurately collect and report survey results.

REFERENCES

Ms. Pullman is manager of survey research and Ms. Joshi is a statistician, both in the AFMC’s analytics department.