

EMBARGOED FOR RELEASE THURSDAY, DECEMBER 17, 2015

Media contacts:

Mark DiCamillo, Field Research, 415-530-5613 Gretchen Alkema, The SCAN Foundation, 562-308-2865 Norman Williams, DHCS, 916-440-7660

Large majorities of Cal MediConnect enrollees express satisfaction and confidence with their health services

Dual eligibles outside of the program also satisfied and confident, and in a few cases at slightly higher levels than CMC enrollees

In November, Field Research completed the second wave of the Rapid Cycle Polling Project, an ongoing tracking survey of the state's dual Medicare and Medi-Cal beneficiaries enrolled in Cal MediConnect (CMC) to evaluate their transitioning to the new program. The study compares the levels of confidence and satisfaction of CMC enrollees with dual eligible beneficiaries who are eligible for CMC but are not participating or live in non-CMC counties within California. It is being conducted on behalf of The SCAN Foundation, in conjunction with the California Department of Health Care Services. Each survey wave was conducted by telephone with approximately 2,500 dual eligible beneficiaries or their proxies across five of the California counties participating in Cal MediConnect — Los Angeles, Riverside, San Bernardino, San Diego and Santa Clara¹ — and two non-CMC counties, Alameda and San Francisco.

Large majorities of CMC enrollees are confident and satisfied with their health services

Between 73% and 85% of CMC enrollees in the study's second wave of data collection express confidence and satisfaction with the health services in each of eight areas measured by the survey. The items rated and the proportions of CMC enrollees who are confident or satisfied in each area are as follows:

Table 1²

- satisfied with the amount of time their doctors and staff spend with them (85%).
- confident that they can get questions about their health needs answered (79%).
- satisfied with the way their different providers work together (78%).
- satisfied with the choice of doctors they can see (78%).
- satisfied with the choice of hospitals they can use (77%).
- confident that they know how to manage their health conditions (77%).

¹ San Mateo County was not included among the CMC counties in 2015 due to an insufficient number of listings identifying dual eligibles who had opted out of the program. In future survey waves, the study plans to include both San Mateo and Orange among the CMC counties to be examined.

² Refers to the table where these results are reported in the Chart Pack (attached).

- satisfied with the wait time required to see a doctor when they need an appointment (76%).
- satisfied with the information provided by their health plan explaining their benefits (73%).

In a few areas beneficiaries who opted out of CMC³ or who reside in non-CMC counties express higher levels of confidence and satisfaction than CMC enrollees

On most measures, the confidence and satisfaction levels expressed by CMC enrollees are comparable to eligible beneficiaries who are not participating in the program (opt outs) or who live in non-participating counties. There are a few areas, however, where there is a difference in satisfaction and confidence levels.

Table 2

While overall satisfaction with the choice of doctors (78%) and choice of hospitals (77%) is high among CMC enrollees, satisfaction among opt outs and beneficiaries in the non-CMC counties is slightly higher (87% and 85%, respectively).

In addition, while similar proportions of CMC enrollees as beneficiaries not in CMC say they are confident they can manage their health conditions or are satisfied with the amount of time their doctors and other staff spend with them, slightly more beneficiaries not in CMC report being "very confident" or "very satisfied."

Tables 3-6

Non-English speakers⁴, enrollees with no more than an 8th grade education, those in fair or poor health, and those who require assistance with common daily activities are the subgroups least likely to express these high levels of confidence and satisfaction.

"We are really encouraged that this latest data continues to show that an overwhelming majority of beneficiaries are satisfied with Cal MediConnect and confident in their care," said Jennifer Kent, director of DHCS. "Californians enrolled in Cal MediConnect see its value and are generally happy with the way their health care providers are working together to help coordinate their health care needs – confirming what we have long believed: that receiving coordinated, streamlined care is better for our beneficiaries."

"Enrollees in the state's Cal MediConnect program continue to report satisfaction and confidence in key areas," said Dr. Bruce Chernof, president and CEO of The SCAN Foundation. "While every new program has challenges and sticking points, these findings show great promise for ensuring that Californians served through public programs get coordinated, person-centered care."

³ Opt outs refer to dual eligible beneficiaries who are eligible for, but not participating in, CMC at the time the survey was administered. This includes beneficiaries who may have enrolled in CMC at an earlier date, but later dis-enrolled from the program.

⁴ For the purposes of this survey, non-English speakers refer to beneficiaries who speak Spanish, Cantonese or Mandarin.

CMC enrollees are no more likely than other dual eligible beneficiaries to report problems with their health services

The study finds that CMC enrollees are no more likely than other dual eligible beneficiaries to report experiencing any of six problems with their health services over the past year or so. These results are again similar to those observed in the first wave survey.

Table 7

Main reasons given by opt outs for not participating in Cal MediConnect relate to beneficiaries' resistance to change

The survey also asked those who opted out of the Cal MediConnect program about their reasons for doing so. The dominant theme expressed relates to a fear to change. For example, the two most frequently cited reasons given by opt outs for not choosing to participate in the program were:

Table 8

- "I was satisfied with my current health care services and didn't want to make any changes," mentioned by 86%.
- "I didn't want to risk losing my doctor," cited by 70%.

Two other reasons were also cited with some frequency include:

Table 8

- "I didn't understand the information that I received about the new program enough to make the change" (48%).
- "I thought my benefits and services might be reduced under the new program (40%).

The reasons given by opt outs for not participating in Cal MediConnect are generally similar across each of the five CMC counties examined. The only significant difference found is that a slightly larger proportion of opt outs in Los Angeles County than in other CMC counties report that they didn't want to risk losing their doctor.

Table 9

As a group, beneficiaries who opted out of Cal MediConnect are somewhat more likely than CMC enrollees to describe themselves as being in somewhat poorer health and require more health services.

Table 10

-30-

Note: See Chart Pack (attached) for tables referred to in this release.

About the Survey

The results reported in this release come from the second wave of a large-scale tracking survey of the state's dual Medicare and Medi-Cal beneficiaries conducted by <u>Field Research Corporation</u> on behalf of The SCAN Foundation and the California Department of Health Care Services. Each survey wave has been conducted by telephone with stratified random samples of dual eligible beneficiaries across five California counties participating in the Cal MediConnect demonstration project — Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara — and two counties not participating in the program, Alameda and San Francisco.

A total of 2,500 dual eligible beneficiaries were interviewed in the second wave survey, including 1,370 Cal MediConnect enrollees, 690 of those who chose to opt of Cal MediConnect living in the same counties, and 440 dual eligibles living in non-CMC counties.

To enable the study to include the opinions of dual eligible beneficiaries who were either unable or found it difficult to complete the telephone interview themselves, the survey offered those chosen to participate in the survey the option of naming another individual who assisted them in making their health care decisions to complete the survey on their behalf (a proxy).

All interviews from wave two were completed October 7 – November 10, 2015 in four languages and dialects, English, Spanish, Cantonese and Mandarin. Up to twelve attempts by Field Research were made to reach and complete an interview with each randomly selected dual eligible beneficiary or their proxy on different days and times of day during the interviewing period.

The samples of dual eligible beneficiaries interviewed as part of the study were stratified both by county and within the CMC counties between enrollees and those who had opted out of the program. After the completion of interviewing, weights were developed to return these stratified sample allocations to overall characteristics of dual eligible beneficiary population in each county. In addition, weights were assigned to the sample of beneficiaries in the two control counties to match the demographic characteristics of dual eligible beneficiaries across the five Cal MediConnect counties for comparative purposes.

Sampling error estimates applicable to any probability-based survey depend upon its sample size and the percentage distributions being compared. According to statistical theory, 95% of the time results from the CMC enrollee sample are subject to a maximum sampling error of +/- 2.7 percentage points, while those from the opt out sample have a maximum sampling error of +/- 3.9 percentage points. The maximum sampling error is based on percentages in the middle of the sampling distribution (e.g., at or near 50%). Percentages at either end of the distribution (such as those closer to 30% or 70%) have somewhat smaller margins of sampling error.

About the Rapid Cycle Polling Project

The Rapid Cycle Polling Project is supported by a grant from <u>The SCAN Foundation</u> – advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

Dual Eligible Beneficiary Survey - Topline Findings from Waves 1 and 2 Across the Target Populations –

How confident are you that you know how to manage your health conditions – very confident, somewhat confident, not too confident or not at all confident? Do you know who to call if you have a health need or a question about your health? How confident are you that you can get your questions answered about your health needs – very confident, somewhat confident, not too confident or not at all confident?	NO DON'T KNOW/REFUSED VERY CONFIDENT SOMEWHAT CONFIDENT NOT TOO CONFIDENT NOT AT ALL CONFIDENT DON'T KNOW/REFUSED	35	WAVE 2 CMC ENROLLEES 43%50%49% 342833 131310 653 445 80%86%83% 181314 213 47%51%48% 323334 11912 553 523
A personal doctor is the doctor who knows you best and can refer you to other doctors when you need to see a specialist. Do you have a doctor who you think of as your personal doctor? IF HAS A PERSONAL DOCTOR:	YES NODON'T KNOW/REFUSED		88% 89% 86% 10 9 12 2 2
About how long have you been going to this doctor? How many years? Just your best estimate. (IF LESS THAN 6 MONTHS, ENTER "0")	LESS THAN 1 YEAR	18	14% 6% 10% 14 13 8 21 21 22 14 14 11 21 22 26 6 10 9 7 11 14 3 3 *

Note: Percentages may add to slightly more or slightly less than 100% due to rounding.

Topline Findings 5

^{*} Less than 1/2 of 1%.

The next questions are about different aspects of health care services. For each, please tell me how satisfied or dissatisfied you are with the health care services you are receiving now (under Cal MediConnect.) Are you very satisfied, satisfied, neither satisfied nor dissatisfied or very dissatisfied with ITEM? (READ ITEMS IN RANDOM ORDER)

Sausiic	u, nemier sansneu nor uis	ssalished, dissalished of very dissalished with <u>iter</u>	- `	AD I I E IVI		JOINI OK	,	
			VERY SATIS <u>FIED</u>	SATIS- FIED	NEITHER SAT. OR DISSAT.	DISSAT-	VERY DISSAT- ISFIED	DK/ REF
() a.	the choice of doctors y	ou can see						
` '	,	CMC ENROLLEES	27%	50	6	8	4	6
	Wave 1	OPT-OUTS						
		NON-CMC COUNTIES	36%	48	4	6	3	3
		CMC ENROLLEES						
	WAVE 2	OPT-OUTS	34%	53	4	6	1	2
		NON-CMC COUNTIES						
() b.	the choice of hospitals	VOIL CAN LISE						
() 5.	the choice of hoopitale	CMC ENROLLEES	27%	49	4	5	2	12
	Wave 1	OPT-OUTS						
	**/WE 1	NON-CMC COUNTIES						
		CMC ENROLLEES						
	Wave 2	OPT-OUTS						
	VV/WL Z	NON-CMC COUNTIES						
() 0	the information that you	ur health plan has given you explaining your ber		00				
() c.	the information that you	CMC ENROLLEES		5 1	5	0	2	7
	Wave 1	OPT-OUTS						
	VVAVE I	NON-CMC COUNTIES						
		CMC ENROLLEES						
	Wave 2	OPT-OUTS						
	VVAVEZ	NON-CMC COUNTIES						
<i>(</i>) 1	1 770 (11			50	0	/	∠	4
() d.	your ability to call some	eone if you need help in the evenings or on weel		40	-	-	0	00
	10/ · · · = 4	CMC ENROLLEES						
	Wave 1	OPT-OUTS						
		NON-CMC COUNTIES						
	\\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	CMC ENROLLEES						
	Wave 2	OPT-OUTS NON-CMC COUNTIES						
			25%	45	4	9	∠	15
() e.	the amount of time you	ur doctor and other staff people spend with you	000/				_	
	M 4	CMC ENROLLEES						
	WAVE 1	OPT-OUTS						
		NON-CMC COUNTIES						
	M/ 0	CMC ENROLLEES						
	WAVE 2	OPT-OUTS						
		NON-CMC COUNTIES		47	3	4	3	4
() f.	how long you have to v	wait to see a doctor when you need an appointm			_	<u>.</u>		_
		CMC ENROLLEES						
	WAVE 1	OPT-OUTS						
		NON-CMC COUNTIES						
		CMC ENROLLEES						
	WAVE 2	OPT-OUTS						
		NON-CMC COUNTIES				7	2	2
() g.	the way different health	n care providers work together to give you the se	rvices	you ne	<u>ed</u>			
		CMC ENROLLEES	26%	51	5	8	3	7
	WAVE 1	OPT-OUTS	30%	48	6	8	4	4
		NON-CMC COUNTIES						
		CMC ENROLLEES						
	WAVE 2	OPT-OUTS						
		NON-CMC COUNTIES	27%	54	6	8	1	4

^{*} Less than ½ of 1%.

Next, I am going to read some problems or difficulties that people sometimes have with their health care services. For each, please tell me if you had a problem like this (with your current health services in the past year or so) (since your health care services changed over to Cal MediConnect). (READ ITEMS IN RANDOM ORDER, ASKING:) Has this happened to you (in the past year or so) (since changing over to Cal MediConnect)?

			<u>YES NO DK/I</u>
a. <u>You</u>	had a misunders	tanding about your health care services or coverage	
147	4	CMC ENROLLEES	
Wav	Æ 1	OPT-OUTS	
		NON-CMC COUNTIES	
		CMC ENROLLEES	
Wav	⁄E 2	OPT-OUTS	
		NON-CMC COUNTIES	18%793
b. You	r health plan den	ed a treatment or referral for another service recommended	d by a doctor
		CMC ENROLLEES	15%804
Wav	⁄E 1	OPT-OUTS	16%83 1
		NON-CMC COUNTIES	17%803
		CMC ENROLLEES	18%80 2
Wav	⁄E 2	OPT-OUTS	16%813
		NON-CMC COUNTIES	15%832
c. You	r doctor did not s	beak your language or there was not an interpreter available	e for you when you visited yo
doct	tor or other health	care professional (AMONG NON-ENGLISH SPEAKERS)	
		CMC ENROLLEES	11%872
Wav	′E 1	OPT-OUTS	12%87 1
		NON-CMC COUNTIES	13%87
		CMC ENROLLEES	14%84 2
Wav	′E 2	OPT-OUTS	12%87 1
		NON-CMC COUNTIES	11%881
d. Tran	nsportation proble	ms kept you from getting needed health care	
		CMC ENROLLEES	13%843
Wav	⁄E 1	OPT-OUTS	17%82 1
		NON-CMC COUNTIES	
		CMC ENROLLEES	15%832
Wav	⁄E 2	OPT-OUTS	15%84 1
		NON-CMC COUNTIES	14%86
e. A do	octor vou were se	eing is not available through your plan	
· <u>/</u>	, , , , , , , , , , , , , , , , , , , 	CMC ENROLLEES	23%716
Wav	∕E 1	OPT-OUTS	18%802
		NON-CMC COUNTIES	
		CMC ENROLLEES	
Wav	/E 2	OPT-OUTS	
		NON-CMC COUNTIES	
	had trouble com	municating with a doctor or health care provider because of	a speech, hearing or other
uisa	<u>wiity</u>	CMC ENROLLEES	12% 86 3
Wav	/ ⊏ 1	OPT-OUTS	
V V AV	LI	NON-CMC COUNTIES	
		CMC ENROLLEES	
Wav	v⊏ 2	OPT-OUTS	
VV AV	EZ		
		NON-CMC COUNTIES	10%83

^{*} Less than ½ of 1%.

		CMC	WAVE 1	NON-CMC	CMC	WAVE 2	NON-CMC
		ENROLLEES	OPT-OUTS	COUNTIES		OPT-OUTS	
In general, would you say your health	EXCELLENT	7%	7%	7%	7%	5%	6%
is excellent, very good, good, fair, or	VERY GOOD	13	11	16	14	12	13
poor?	GOOD	28	24	31	26	27	31
•	FAIR	37	40	27	35	37	36
	POOR	14	16	17	16	16	12
	DON'T KNOW/REFUSED	1	2	1	2	3	1
			•	•		•	

The next questions ask about any long-term impairments or disabilities you may have that have lasted or can be expected to last for at least 3 months.

expected to last for at least 3 months.							
			WAVE 1			WAVE 2	
		CMC		NON-CMC	CMC		NON-CMC
		ENROLLEES	OPT-OUTS	COUNTIES	ENROLLEES		
Do you require assistance for any	YES	41%	47%	51%	43%	46%	44%
common daily activities?	NO	58	50	46	56	53	55
, ,	DON'T KNOW/REFUSED	1	2	3	1	1	1
Do you use any specialized equipment,	YES				51%	55%	49%
such as a cane, wheelchair, scooter, a	NO	53	48	46		45	
special bed or other assistive devices?	DON'T KNOW/REFUSED	1	*	*	*	*	*
•							
In the past 12 months, have you been	YES	24%	33%	26%	26%	32%	27%
an overnight patient in a hospital for	NO	75	66	74	73	67	71
one day or longer?	DON'T KNOW/REFUSED	1	2	*	1	1	2
one day or longer.							
What is the highest grade or year of	8 TH GRADE OR LESS	30%	32%	29%	31%	28%	29%
school you completed – 8 TH grade or	SOME HIGH SCHOOL					14	
less, some high school, high school	HIGH SCHOOL GRADUATE					20	
graduate or equivalent, trade or	SOME COLLEGE/TECH.			··		0	0
	SCHOOL	21	20	22	21	20	22
vocational school, some college,	COLLEGE GRADUATE					15	
college graduate or post graduate	DON'T KNOW/REFUSED					3	
education?	DON'T KNOW/KEI OOLD			······ '	7	0	0
A no service common the magazining	YES	E00/	620/	600/	E00/	59%	600/
Are you currently receiving							
Supplemental Security Assistance	NO					32	
benefits from the federal government?	DON'T KNOW/REFUSED	10	8	9	9	9	9
		700/	750/	000/	000/	040/	700/
Which of the following best describes	PRIVATE RESIDENCE	78%	75%	69%	82%	81%	79%
the place where you live – a private	NURSING HOME/				_	_	
residence, a nursing home or assisted	ASSISTED LIVING FACILITY					7	
living facility, or are you living in some	OTHER					10	
other type of place?	DON'T KNOW/REFUSED	¦1	2	2	1	2	*
IF PRIVATE RESIDENCE, ASK:							
Including yourself, how many people	1	23%	25%	31%	23%	29%	36%
currently live in your household?	2	26	32	33	27	29	20
, , , , , , , , , , , , , , , , , , , ,	3					13	
	4					12	
	5+					16	
	DON'T KNOW/REFUSED			2			

^{*} Less than ½ of 1%.

		<u>Wave 1</u>				ĺ	
		CMC		NON-CMC	CMC		NON-CMC
		ENROLLEES	OPT-OUTS	COUNTIES	ENROLLEES	OPT-OUTS	COUNTIES
Gender	MALE	46%	40%	44%	46%	41%	44%
	FEMALE	54	60	56	54	59	56
Age	LESS THAN 45	10%	6%	6%	8%	7%	6%
	45-64	24	26	27	25	28	27
	65-74	34	32	33	34	32	33
	75-84	22	25	23	25	22	19
	85 OR OLDER			10	8	11	14
Race/Ethnicity	WHITE NON-HISPANIC	22%	21%	22%	22%	23%	22%
•	BLACK / AFRICAN-AMERICAN	12	13	12	12	13	12
	ASIAN / PACIFIC ISLANDER	10	12	11	11	10	11
	LATINO/HISPANIC	42	43	43	44	40	43
	OTHER				4	*	*
	NOT RECORDED				12	14	12
	NOT RECORDED IIII						
Preferred Language	ENGLISH	63%	61%	63%	62%	65%	63%
5 5	SPANISH	33	33	33	34	30	33
	CHINESE	4	6	5	4	5	4
			,	'		,	'
				•			•

Note: Percentages may add to slightly more or slightly less than 100% due to rounding.

Topline Findings

^{*} Less than ½ of 1%.

Chart Pack

Findings from Wave 2 of the Rapid Cycle Polling Project

for release

Thursday, December 17, 2015

conducted for

The SCAN Foundation

in conjunction with

The California Department of Health Care Services

by

Field Research Corporation
San Francisco, California

Table 1

CMC enrollee confidence and satisfaction with the health care services they are receiving

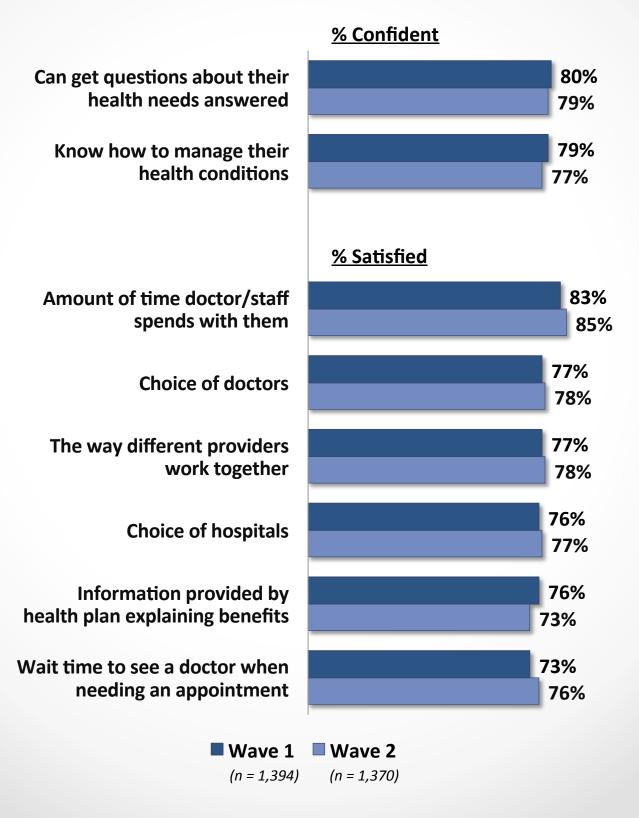


Table 2

Comparing CMC enrollee confidence and satisfaction to opt outs and dual eligible beneficiaries in non-CMC counties

	5-County Totals				Non-CMC	
	CMC Er	rollees	Opt-	Outs	Cou	nties
	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>
			% Con	<u>fident</u>		
Can get questions about their health needs answered	80	79	80	84	80	82
Know how to manage their health conditions	79	77	81	78	87	82
	% Satisfied					
Amount of time doctor/staff spends with them	83	85	86	80	78	86
Choice of doctors	77	78	83	87	84	85
The way different providers work together	77	78	78	83	84	81
Choice of hospitals	76	77	84	85	86	86
Information provided by health plan explaining benefits	76	73	75	78	78	79
Wait time to see a doctor when needing an appointment	73	76	77	80	74	79
(n)	(1,394)	(1,370)	(678)	(690)	(430)	(440)

Note: Circled percentages identify those items where proportions of CMC enrollees are significantly less than those of both opt outs and beneficiaries in non-CMC counties at the 95% confidence level..

Table 3

Confidence that you know how to manage your health conditions

			5-Count		Non-CMC Counties		
		CMC Enrollees		Opt-			Outs
		<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>
Very confident		44%	43%	52%	50%	54%	49%
Somewhat confident		35	34	29	28	33	33
Not too confident		11	13	9	13	7	10
Not at all confident		6	6	7	5	5	3
Not reported		5	4	3	4	1	5
	(n)	(1,394)	(1,370)	(678)	(690)	(430)	(440)

Table 4

Satisfaction with the choice of doctors you can see

		5-Count		Non-CMC Counties		
	CMC Enrollees		Opt-			Outs
	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>
Very satisfied	27%	27%	34%	34%	36%	33%
Satisfied	50	51	49	53	48	52
Neither satisfied/dissatisfied	6	6	3	4	4	6
Dissatisfied	8	8	6	6	6	5
Very dissatisfied	4	3	3	1	3	3
Not reported	6	5	4	2	3	1
(n)	(1,394)	(1,370)	(678)	(690)	(430)	(440)

Table 5

Satisfaction with the choice of hospitals you can use

		5-Count	y Totals		Non-CMC	
	CMC Enrollees		Opt-	Outs	Counties	
	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>
Very satisfied	27%	28%	36%	34%	29%	33%
Satisfied	49	49	48	51	57	53
Neither satisfied/dissatisfied	4	4	3	3	5	3
Dissatisfied	5	5	5	4	5	4
Very dissatisfied	2	3	2	1	2	1
Not reported	12	11	7	7	3	4
(n)	(1,394)	(1,370)	(678)	(690)	(430)	(440)

Table 6

Satisfaction with the amount of time your doctor and other staff spend with you

		5-Count	y Totals		Non-CMC	
	CMC Enrollees		Opt-	Outs	Counties	
	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>
Very satisfied	30%	31%	40%	39%	36%	39%
Satisfied	53	54	46	51	52	47
Neither satisfied/dissatisfied	4	5	4	4	3	3
Dissatisfied	6	5	6	5	5	4
Very dissatisfied	2	2	2	1	3	3
Not reported	4	2	2	2	1	4
(n)	(1,394)	(1,370)	(678)	(690)	(430)	(440)

Table 7

Beneficiaries who report encountering any of six specific problems with their health services

		5-County Totals				Non-CMC	
	CMC Er	rollees	Opt-	Outs	Counties		
	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>	<u>W1</u>	<u>W2</u>	
A doctor they were seeing is not available through their plan	23%	22%	18%	21%	20%	16%	
Had a misunderstanding about their health care services or coverage	20%	22%	26%	23%	21%	18%	
Was denied a treatment or referral for another service recommended by a doctor	15%	18%	16%	16%	17%	15%	
Transportation problems kept them from getting needed health care	13%	15%	17%	15%	17%	14%	
Had trouble communicating with a health provider because of a speech, hearing or other disability	12%	13%	12%	13%	14%	16%	
Health provider did not speak language and no interpreter was available (among non-English speakers)	11%	14%	12%	12%	13%	11%	
(n)	(1,394)	(1,370)	(678)	(690)	(430)	(440)	

Note: For enrollees the time frame referenced was since the time beneficiaries changed over to Cal MediConnect. For other beneficiaries the time frame referenced was the past year.

Opt outs in CMC counties who report that each of five factors was a reason for choosing not to participate in Cal MediConnect

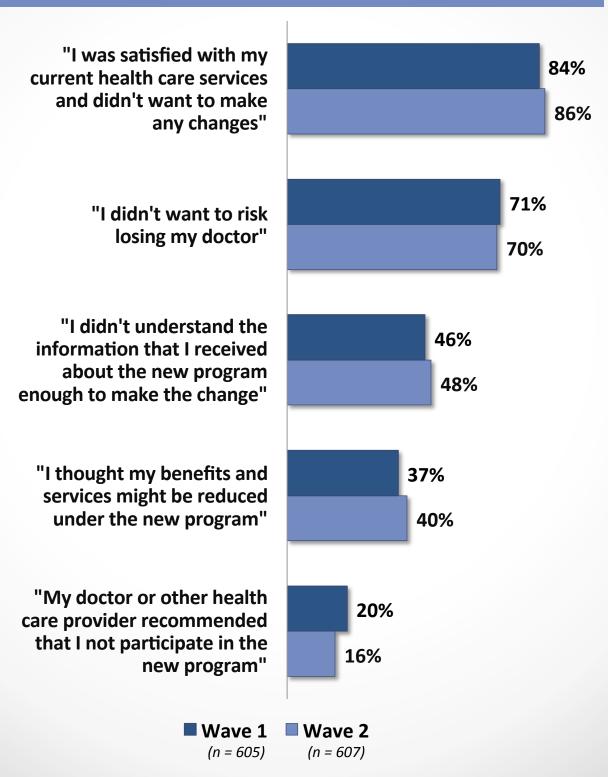


Table 9

Reasons given by opt outs in each CMC county for not participating in Cal MediConnect

	Los Angeles	Riverside	San Bernardino	San Diego	Santa Clara
"I was satisfied with my current health care services and didn't want to make any changes"	86%	80%	83%	81%	81%
"I didn't want to risk losing my doctor"	73%	67%	65%	61%	61%
"I didn't understand the information that I received about the new program enough to make the change"	47%	53%	44%	45%	44%
"I thought my benefits and services might be reduced under the new program"	39%	40%	37%	33%	31%
"My doctor or other health care provider recommended that I not participate in the new program"	19%	13%	13%	19%	21%
(n)	(543)	(176)	(196)	(190)	(105)

Note: Because of small sample sizes, percentages shown are the combined total of opt outs interviewed from both Waves 1 and 2 in each county. Percentages based on opt outs in each wave who offered an opinion.

Table 10

Differences in the health characteristics of enrollees and opt outs in CMC counties

	CMC Enrollees	Opt Outs
In fair or poor health	51%	55%
Use specialized equipment such as a cane, wheelchair, scooter, or special bed	49%	53%
Require assistance for common daily activities	42%	47%
Overnight patient in a hospital in the past 12 months	25%	32%
(n)	(2,764)	(1,368)

Note: Percentages shown are the combined totals for enrollees and opt outs in CMC counties from both Waves 1 and 2.