

**Dual Eligible Beneficiary Survey**  
**– Topline Findings from Waves 1, 2 and 3 Across the Target Populations –**

	WAVE 1			WAVE 2			WAVE 3		
	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES
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?	VERY CONFIDENT .....	.44%	.52%	.54%	.43%	.50%	.49%	.51%	.53% .... .47%
	SOMEWHAT CONFIDENT .....	35	29	33	34	28	33	29	28 .... .40
	NOT TOO CONFIDENT .....	11	9	7	13	13	10	10	9 .... .9
	NOT AT ALL CONFIDENT .....	6	7	5	6	5	3	6	5 .... .2
	DON'T KNOW/REFUSED .....	5	4	2	4	4	5	4	5 .... .3
Do you know who to call if you have a health need or a question about your health?	YES .....	81%	82%	83%	80%	86%	83%	86%	83% .... .84%
	NO .....	16	15	15	18	13	14	12	15 .... .14
	DON'T KNOW/REFUSED .....	3	3	1	2	1	3	2	2 .... .2
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?	VERY CONFIDENT .....	48%	50%	47%	47%	51%	48%	52%	53% .... .56%
	SOMEWHAT CONFIDENT .....	32	30	33	32	33	34	29	25 .... .31
	NOT TOO CONFIDENT .....	9	11	13	11	9	12	11	8 .... .7
	NOT AT ALL CONFIDENT .....	6	5	5	5	5	3	4	8 .... .2
	DON'T KNOW/REFUSED .....	5	4	2	5	2	3	4	6 .... .4
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?	YES .....	87%	92%	87%	88%	89%	86%	91%	93% .... .93%
	NO .....	12	7	11	10	9	12	8	6 .... .7
	DON'T KNOW/REFUSED .....	2	1	2	2	2	2	1	1 .... *
<b>IF HAS A PERSONAL DOCTOR:</b>									
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 .....	15%	6%	7%	14%	6%	10%	10%	6% .... .7%
	1 YEAR .....	15	10	12	14	13	8	14	7 .... .15
	2-3 YEARS .....	18	17	19	21	21	22	23	21 .... .22
	4-5 YEARS .....	13	13	14	14	14	11	16	19 .... .11
	6-10 YEARS .....	21	26	18	21	22	26	22	25 .... .25
	10-15 YEARS .....	7	10	14	6	10	9	6	10 .... .7
	MORE THAN 15 YEARS .....	8	15	13	7	11	14	7	9 .... .12
	NOT RECORDED .....	3	3	3	3	3	*	3	3 .... .1

\* Less than ½ of 1%.

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

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, dissatisfied or very dissatisfied with ITEM?  
**(READ ITEMS IN RANDOM ORDER)**

			VERY SATISFIED	SATISFIED	NEITHER	DISSATISFIED	VERY DISSATISFIED	DK/REF
( ) a.	<u>the choice of doctors you can see</u>							
WAVE 1	CMC ENROLLEES .....	27%	50	6	8	4	6	
	OPT-OUTS .....	34%	49	3	6	3	4	
	NON-CMC COUNTIES .....	36%	48	4	6	3	3	
WAVE 2	CMC ENROLLEES .....	27%	51	6	8	3	5	
	OPT-OUTS .....	34%	53	4	6	1	2	
	NON-CMC COUNTIES .....	33%	52	6	5	3	1	
WAVE 3	CMC ENROLLEES .....	31%	53	4	6	3	3	
	OPT-OUTS .....	37%	50	4	5	2	2	
	NON-CMC COUNTIES .....	35%	51	6	4	3	1	
( ) b.	<u>the choice of hospitals you can use</u>							
WAVE 1	CMC ENROLLEES .....	27%	49	4	5	2	12	
	OPT-OUTS .....	36%	48	3	5	2	7	
	NON-CMC COUNTIES .....	29%	57	5	5	2	3	
WAVE 2	CMC ENROLLEES .....	28%	49	4	5	3	11	
	OPT-OUTS .....	34%	51	3	4	1	7	
	NON-CMC COUNTIES .....	33%	53	4	5	1	4	
WAVE 3	CMC ENROLLEES .....	29%	52	4	4	2	9	
	OPT-OUTS .....	36%	47	3	4	1	9	
	NON-CMC COUNTIES .....	33%	51	5	5	1	5	
( ) c.	<u>the information that your health plan has given you explaining your benefits</u>							
WAVE 1	CMC ENROLLEES .....	25%	51	5	9	3	7	
	OPT-OUTS .....	25%	50	5	11	3	6	
	NON-CMC COUNTIES .....	24%	54	6	8	2	6	
WAVE 2	CMC ENROLLEES .....	23%	50	10	8	3	6	
	OPT-OUTS .....	26%	52	7	8	2	5	
	NON-CMC COUNTIES .....	21%	58	8	7	2	4	
WAVE 3	CMC ENROLLEES .....	28%	56	6	5	2	3	
	OPT-OUTS .....	26%	55	6	7	2	4	
	NON-CMC COUNTIES .....	29%	52	5	10	2	2	
( ) d.	<u>your ability to call a health provider regardless of the time of day**</u>							
WAVE 3	CMC ENROLLEES .....	24%	52	5	6	2	11	
	OPT-OUTS .....	27%	49	7	6	2	10	
	NON-CMC COUNTIES .....	30%	44	6	8	2	9	

\* Less than ½ of 1%.

\*\* Only asked in Wave 3

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

(continued)

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, dissatisfied or very dissatisfied with ITEM? (READ ITEMS IN RANDOM ORDER)

			VERY SATISFIED	SATISFIED	NEITHER	DISSATISFIED	VERY DISSATISFIED	DK/REF
( ) e.	the amount of time your doctor and other staff people spend with you							
WAVE 1	CMC ENROLLEES .....	30%	53	4	6	2	4	
	OPT-OUTS .....	40%	46	4	6	2	2	
	NON-CMC COUNTIES.....	36%	52	3	5	3	1	
WAVE 2	CMC ENROLLEES .....	31%	54	5	5	2	2	
	OPT-OUTS .....	39%	51	4	5	1	*	
	NON-CMC COUNTIES.....	39%	47	3	4	3	4	
WAVE 3	CMC ENROLLEES .....	34%	53	4	5	2	2	
	OPT-OUTS .....	38%	52	3	4	1	1	
	NON-CMC COUNTIES.....	40%	48	3	5	2	2	
( ) f.	how long you have to wait to see a doctor when you need an appointment							
WAVE 1	CMC ENROLLEES .....	24%	49	6	13	4	3	
	OPT-OUTS .....	29%	48	5	10	5	3	
	NON-CMC COUNTIES.....	28%	46	6	13	6	3	
WAVE 2	CMC ENROLLEES .....	26%	50	5	11	4	4	
	OPT-OUTS .....	35%	45	5	11	3	1	
	NON-CMC COUNTIES.....	30%	49	10	7	2	2	
WAVE 3	CMC ENROLLEES .....	26%	51	5	11	4	3	
	OPT-OUTS .....	32%	49	5	10	3	1	
	NON-CMC COUNTIES.....	32%	50	5	6	3	3	
( ) g.	the way different health care providers work together to give you the services you need							
WAVE 1	CMC ENROLLEES .....	26%	51	5	8	3	7	
	OPT-OUTS .....	30%	48	6	8	4	4	
	NON-CMC COUNTIES.....	33%	51	6	6	2	2	
WAVE 2	CMC ENROLLEES .....	26%	52	6	7	3	6	
	OPT-OUTS .....	30%	53	5	7	2	3	
	NON-CMC COUNTIES.....	27%	54	6	8	1	4	
WAVE 3	CMC ENROLLEES .....	30%	52	5	6	2	5	
	OPT-OUTS .....	30%	54	5	5	2	3	
	NON-CMC COUNTIES.....	35%	49	8	4	1	3	

\* Less than ½ of 1%.

\*\* Only asked in Wave 3

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

And now I am going to be a little more specific about two aspects of your health care services.

		CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES
Do you have a single care manager, such as a nurse or other helper from your health plan, who serves as your main point of contact and can arrange all aspects of your care?	YES.....	36%	35%	38%
	NO .....	54	57	56
	DON'T KNOW/REFUSED .....	10	8	6
<b>IF YES, ASK:</b>		<b>36%</b>	<b>35%</b>	<b>38%</b>
Do you feel that having a <u>single care manager</u> has improved your care a lot, a little or not at all?	A LOT .....	24%	23%	26%
	A LITTLE .....	5	7	7
	NOT AT ALL.....	3	2	3
	DON'T KNOW/REFUSED .....	4	3	2
<b>IF NO, ASK:</b>		<b>54%</b>	<b>57%</b>	<b>56%</b>
Do you feel that having a <u>single care manager</u> , such as a nurse or other helper from your health plan, who can serve as your main point of contact and can arrange all aspects of your care, would improve your care a lot, a little or not at all?	A LOT .....	21%	19%	25%
	A LITTLE .....	11	12	10
	NOT AT ALL.....	12	17	12
	DON'T KNOW/REFUSED .....	10	10	9
Do you have a personal care plan designed to take into account your health goals, needs and preferences?	YES.....	33%	38%	40%
	NO .....	49	47	45
	DON'T KNOW/REFUSED .....	18	14	15
<b>IF YES, ASK:</b>		<b>33%</b>	<b>38%</b>	<b>40%</b>
Do you feel that having a <u>personal care plan</u> has improved your care a lot, a little or not at all?	A LOT .....	22%	26%	26%
	A LITTLE .....	7	7	8
	NOT AT ALL.....	2	3	3
	DON'T KNOW/REFUSED .....	2	2	3
<b>IF NO, ASK:</b>		<b>49%</b>	<b>47%</b>	<b>45%</b>
Do you feel that having a <u>personal care plan</u> designed to take into account your health goals, needs and preferences would improve your care a lot, a little or not at all?	A LOT .....	22%	15%	22%
	A LITTLE .....	13	12	11
	NOT AT ALL.....	8	13	6
	DON'T KNOW/REFUSED .....	6	8	6

Note: All questions on this page were only asked in the Wave 3 survey.

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

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)?

		YES	NO	DK/REF
( ) a.	<u>You had a misunderstanding about your health care services or coverage</u>			
WAVE 1	CMC ENROLLEES .....	20%	76	4
	OPT-OUTS .....	27%	71	2
	NON-CMC COUNTIES .....	21%	77	2
WAVE 2	CMC ENROLLEES .....	22%	74	4
	OPT-OUTS .....	23%	75	2
	NON-CMC COUNTIES .....	18%	79	3
WAVE 3	CMC ENROLLEES .....	18%	79	3
	OPT-OUTS .....	22%	77	1
	NON-CMC COUNTIES .....	23%	73	4
( ) b.	<u>Your health plan denied a treatment or referral for another service recommended by a doctor</u>			
WAVE 1	CMC ENROLLEES .....	15%	80	4
	OPT-OUTS .....	16%	83	1
	NON-CMC COUNTIES .....	17%	80	3
WAVE 2	CMC ENROLLEES .....	18%	80	2
	OPT-OUTS .....	16%	81	3
	NON-CMC COUNTIES .....	15%	83	2
WAVE 3	CMC ENROLLEES .....	15%	83	2
	OPT-OUTS .....	16%	81	3
	NON-CMC COUNTIES .....	16%	83	1
( ) c.	<u>Your doctor did not speak your language or there was not an interpreter available for you when you visited your doctor or other health care professional (AMONG NON-ENGLISH SPEAKERS)</u>			
WAVE 1	CMC ENROLLEES .....	11%	87	2
	OPT-OUTS .....	12%	87	1
	NON-CMC COUNTIES .....	13%	87	*
WAVE 2	CMC ENROLLEES .....	14%	84	2
	OPT-OUTS .....	12%	87	1
	NON-CMC COUNTIES .....	11%	88	1
WAVE 3	CMC ENROLLEES .....	10%	90	*
	OPT-OUTS .....	9%	91	*
	NON-CMC COUNTIES .....	12%	88	*

\* Less than ½ of 1%.

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(continued)

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)?

		YES	NO	DK/REF
( ) d.	<u>Transportation problems kept you from getting needed health care</u>			
WAVE 1	CMC ENROLLEES .....	13%	84	3
	OPT-OUTS .....	17%	82	1
	NON-CMC COUNTIES.....	17%	83	*
WAVE 2	CMC ENROLLEES .....	15%	83	2
	OPT-OUTS .....	15%	84	1
	NON-CMC COUNTIES.....	14%	86	*
WAVE 3	CMC ENROLLEES .....	11%	88	1
	OPT-OUTS .....	16%	83	1
	NON-CMC COUNTIES.....	18%	82	*
( ) e.	<u>A doctor you were seeing is not available through your plan</u>			
WAVE 1	CMC ENROLLEES .....	23%	71	6
	OPT-OUTS .....	18%	80	2
	NON-CMC COUNTIES.....	20%	78	2
WAVE 2	CMC ENROLLEES .....	22%	73	5
	OPT-OUTS .....	21%	77	1
	NON-CMC COUNTIES.....	16%	82	2
WAVE 3	CMC ENROLLEES .....	20%	77	3
	OPT-OUTS .....	18%	79	3
	NON-CMC COUNTIES.....	17%	81	2
( ) f.	<u>You had trouble communicating with a doctor or health care provider because of a speech, hearing or other disability</u>			
WAVE 1	CMC ENROLLEES .....	12%	86	3
	OPT-OUTS .....	12%	87	2
	NON-CMC COUNTIES.....	14%	86	1
WAVE 2	CMC ENROLLEES .....	13%	85	2
	OPT-OUTS .....	13%	86	1
	NON-CMC COUNTIES.....	16%	83	1
WAVE 3	CMC ENROLLEES .....	11%	88	1
	OPT-OUTS .....	11%	87	2
	NON-CMC COUNTIES.....	16%	83	1

\* Less than  $\frac{1}{2}$  of 1%.

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

	WAVE 1			WAVE 2			WAVE 3		
	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES
In general, would you say your health is excellent, very good, good, fair, or poor?	EXCELLENT .....	7%	7%	7%	7%	5%	6%	6%	8%.....5%
	VERY GOOD .....	13	11	16	14	12	13	14	12.....15
	GOOD .....	28	24	31	26	27	31	31	29.....26
	FAIR.....	37	40	27	35	37	36	35	33.....39
	POOR.....	14	16	17	16	16	12	12	15.....15
	DON'T KNOW/REFUSED .....	1	2	1	2	3	1	2	3.....*

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.

	WAVE 1			WAVE 2			WAVE 3		
	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES
Do you require assistance for any common daily activities?	YES .....	41%	47%	51%	43%	46%	44%	37%	45%.....47%
	NO .....	58	50	46	56	53	55	61	53.....51
	DON'T KNOW/REFUSED .....	1	2	3	1	1	1	2	2.....2
Do you use any specialized equipment, such as a cane, wheelchair, scooter, a special bed or other assistive devices?	YES .....	47%	52%	55%	51%	55%	49%	45%	52%.....55%
	NO .....	53	48	45	49	45	51	55	48.....45
	DON'T KNOW/REFUSED .....	1	*	*	*	*	*	*	*
In the past 12 months, have you been an overnight patient in a hospital for one day or longer?	YES .....	24%	33%	26%	25%	32%	27%	25%	28%.....30%
	NO .....	75	66	74	74	67	71	74	71.....69
	DON'T KNOW/REFUSED .....	1	2	*	1	1	2	1	1.....1
What is the highest grade or year of school you completed – 8 <sup>TH</sup> grade or less, some high school, high school graduate or equivalent, trade or vocational school, some college, college graduate or post graduate education?	8 <sup>TH</sup> GRADE OR LESS .....	30%	32%	29%	31%	28%	29%	29%	33%.....34%
	SOME HIGH SCHOOL .....	11	9	11	12	14	6	12	10.....8
	HIGH SCHOOL GRADUATE.....	22	21	22	21	20	20	23	19.....18
	SOME COLLEGE/TECH. SCHOOL.....	21	20	22	21	20	22	20	21.....22
	COLLEGE GRADUATE .....	12	16	15	11	15	20	13	12.....16
	DON'T KNOW/REFUSED .....	4	3	1	4	3	3	3	5.....3
Are you currently receiving Supplemental Security Assistance benefits from the federal government?	YES .....	59%	63%	60%	59%	59%	60%	61%	64%.....62%
	NO .....	31	29	30	32	32	30	30	25.....28
	DON'T KNOW/REFUSED .....	10	8	9	9	9	9	9	11.....10

\* Less than ½ of 1%.

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		WAVE 1			WAVE 2			WAVE 3		
		CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES	CMC ENROLLEES	OPT-OUTS	NON-CMC COUNTIES
Which of the following best describes the place where you live – a private residence, a nursing home, assisted living facility, or are you living in some other type of place?	PRIVATE RESIDENCE.....	78%	75%	69%	82%	81%	79%	79%	80%	79%
	NURSING HOME/ASSISTED LIVING .....	8	8	12	5	7	7	7	9	6
	NURSING HOME							2	5	3
	ASSISTED LIVING FACILITY							5	4	3
	OTHER.....	13	15	17	12	10	14	11	8	13
	DON'T KNOW/REFUSED .....	1	2	2	1	2	*	3	3	2
<b>IF PRIVATE RESIDENCE, ASK:</b>										
Including yourself, how many people currently live in your household?	1 .....	23%	25%	31%	23%	29%	36%	23%	22%	30%
	2 .....	26	32	33	27	29	20	27	31	29
	3 .....	17	17	16	19	13	11	16	17	16
	4 .....	13	10	7	14	12	12	15	11	9
	5+ .....	19	14	10	17	16	20	19	18	15
	DON'T KNOW/REFUSED .....	1	2	2	*	1	1	*	1	1
Gender	MALE .....	46%	40%	44%	46%	41%	44%	46%	39%	43%
	FEMALE.....	54	60	56	54	59	56	54	61	57
Age	LESS THAN 45 .....	10%	6%	6%	8%	7%	6%	6%	5%	7%
	45-64.....	24	26	27	25	28	27	26	24	24
	65-74.....	34	32	33	34	32	33	34	33	34
	75-84.....	22	25	23	25	22	19	24	25	26
	85 OR OLDER .....	9	11	10	8	11	14	10	13	10
Race/Ethnicity	WHITE NON-HISPANIC .....	22%	21%	22%	22%	23%	22%	29%	22%	26%
	BLACK / AFRICAN-AMERICAN .....	12	13	12	12	13	12	12	13	13
	ASIAN / PACIFIC ISLANDER.....	10	12	11	11	10	11	12	15	13
	LATINO/HISPANIC.....	42	43	43	44	40	43	45	44	45
	OTHER .....	*	1	*	*	*	*	1	1	1
	NOT RECORDED .....	13	11	13	12	14	12	1	5	3

\* Less than ½ of 1%.

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