





ARMedicaid



2025

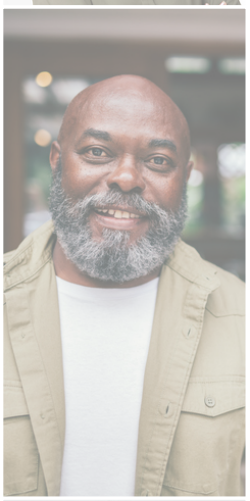


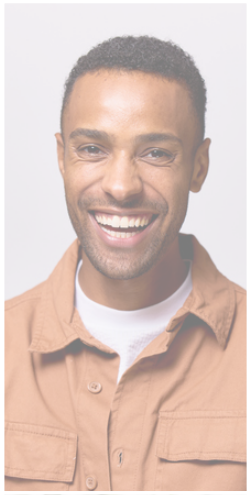


Beneficiary Satisfaction Survey Results









Adult Medicaid

DATA COLLECTION AND ANALYSIS BY

afmc

ARKANSAS DEPARTMENT OF HUMAN SERVICES



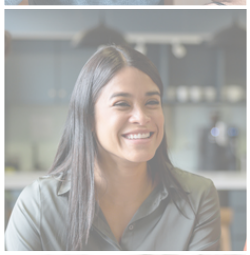




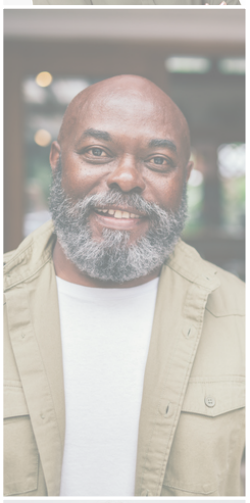
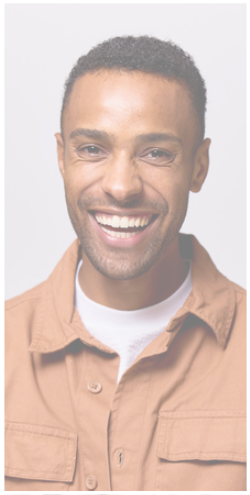














HEDIS® CAHPS® HEALTH PLAN SURVEY, ADULT

2025 Beneficiary Satisfaction Survey Results

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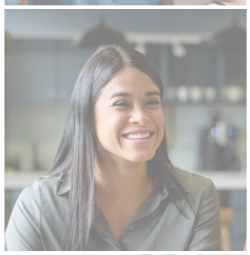
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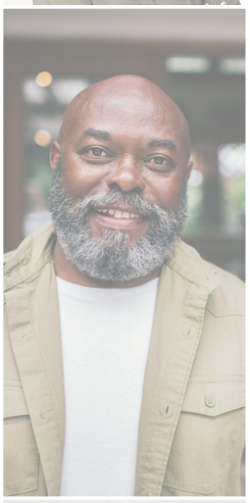
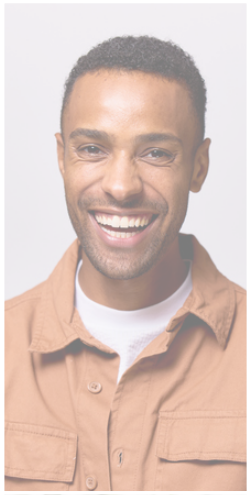














Executive Summary

The Arkansas Department of Human Services (DHS) Division of Medical Services (DMS) engaged Arkansas Foundation for Medical Care (AFMC), a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS®) survey vendor, to conduct its 2025 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1H Adult Medicaid survey with NCQA-approved supplemental questions. This report summarizes 2025 survey data and results compared to 2024 Adult Medicaid survey results and the national and South Region benchmarks. This comprehensive analysis aims to assist DMS in identifying the services Adult Medicaid beneficiaries utilize and evaluating their satisfaction with these services and the program overall.

For the first time, AFMC administered both paper and online versions of the Adult Medicaid survey to sampled members. Data were collected from early February to mid-April to evaluate beneficiary satisfaction. A random sample of 2,430 Adult Medicaid beneficiaries was selected to participate in the survey. Before analyzing responses, AFMC removed seven (7) individuals deemed ineligible and excluded 400 due to invalid addresses, leaving an analyzable sample size of 2,023 eligible recipients.

Out of the 2,430 individuals originally sampled, 513 completed and returned the survey—69 online and 444 by paper. Completed surveys that did not meet eligibility guidelines, NCQA question requirements, or enrollment criteria were also excluded, leaving 499 valid surveys for analysis.

Table 1 shows the overall composite and rating percentages for the Adult Medicaid program for 2025 and 2024, as well as for the 2024 National CAHPS Benchmark Database (NCBD).

TABLE 1. Composite and rating percentages

	ADULT		
COMPOSITES	**2025**	**2024**	**NCBD 2024**
Getting needed care	52%	50%	51%
Getting care quickly	59%	61%	55%
How well doctors communicate	77%	77%	75%
Customer service	62%	64%	67%
RATING ITEMS	**2025**	**2024**	**NCBD 2024**
Rating of personal doctor	71%	70%	69%
Rating of specialist	67%	63%	67%
Rating of health care	48%	47%	56%
Rating of health plan	47%	48%	61%
QUESTION SUMMARY RATES	**2025**	**2024**	**NCBD 2024**
Coordination of care	59%	59%	58%
EFFECTIVENESS OF CARE	**2025**	**2024**	**NCBD 2024**
Advising tobacco users to quit	77%	75%	73%
Discussing tobacco cessation medications	57%	56%	53%
Discussing tobacco cessation strategies	49%	51%	47%

1: HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

2: CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

The CAHPS 5.1H Adult Medicaid survey includes four composite measures, four rating questions, one summary rate question, and three effectiveness of care measures.

Because NCBD considers only the most favorable outcomes or responses, it provides the most positive response options in analysis figures. As a result, the analysis figures are focused on the best-case scenarios and fewer respondents.

AFMC, on the other hand, provides a more comprehensive analysis by considering a wider range of positive response options. Therefore, AFMC considers a greater range of scenarios, which can lead to a more nuanced and realistic assessment with more respondents.

NCBD composite measures represent the percentage of beneficiaries who responded by selecting the most favorable responses, "always" or "yes," to the questions comprising the following composite measures:

- **Getting needed care** measures the beneficiary's ease of seeing a specialist and getting any care, tests, or treatment.
- **Getting care quickly** measures a beneficiary's access to urgent and non-urgent care in a timely manner.
- **How well doctors communicate** measures how well doctors listen, explain, spend enough time with, and show respect for what beneficiaries have to say (since 2021, doctor visits have included in-person, by phone, or by video).
- **Customer service** measures how often beneficiaries got the help they needed and were treated with courtesy and respect by Medicaid's customer service representatives.

The CAHPS 5.1H survey contains four rating questions with responses scaled from 0 to 10, where 0 represents the "worst possible" and 10 represents the "best possible" rating. Each rating represents the percentage of beneficiaries who rated the question a 9 or 10. Categories include the following measures:

- **Rating of personal doctor**
- **Rating of specialist**
- **Rating of health care**
- **Rating of health plan**

The summary rate question indicates the proportion of beneficiaries who selected "always" for the following measure:

- **Coordination of care** measures how often beneficiaries' personal doctor seemed informed and up to date about the care they got from other doctors or health care providers.

The effectiveness of care measures define criteria for the numerator as "always", "usually," and "sometimes" in each measure. These measures are described in detail below:

- **Advising smokers to quit** represents the percentage of beneficiaries ages 18 and older who were current smokers or tobacco users and who received advice to quit.
- **Discussing cessation medications** represents the percentage of beneficiaries ages 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications.

- **Discussing cessation strategies** represents the percentage of beneficiaries ages 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies.

KEY FINDINGS

The key findings show adult Medicaid beneficiaries' data trends over time and comparisons with national and regional benchmarks. For the complete analysis, please refer to the Trend Analysis (**Page 14**) and Comparisons with Benchmark Data (**Page 18**) sections of this summary. Key findings also show demographic data over time compared with both 2024 and 2023 data. For a complete analysis, rating trends, and comparisons of composite scores with national and regional benchmarks, please refer to the Demographics of Survey Sample and Respondents (**Page 9**) section of this summary.

In demographic comparisons between 2025 and 2024, Adult Medicaid survey respondents showed one significant difference within the race category (**Table 4**). In the race category, those reporting their race as "Multiracial" were significantly lower compared to 2024 by 2.9 percentage points. The percentage of male respondents non-significantly decreased by 1.9 percentage points from 2024 to 2025. In the age category, slight variations in proportions (less than 5%) occur in all age groups between 2024 and 2025. Regarding education, the proportion of "Some college" respondents non-significantly decreased (1.9 percentage points) from 2024 to 2025, and the proportion of "College graduate or more" non-significantly increased (2.7 percentage points) from 2024 to 2025. In the overall health status category, the proportion of respondents reporting their overall health status as "Fair/poor" non-significantly decreased (1.3 percentage points), those reporting "Good" non-significantly increased (2.9 percentage points), and those reporting "Excellent/very good" non-significantly decreased (1.5 percentage points) from 2024 to 2025. The proportion of respondents reporting "Excellent/very good" in mental health status non-significantly decreased (3.0 percentage points) from 2024 to 2025. The proportion of respondents reporting their smoking status who reported smoking "Every day" significantly decreased (5.4 percentage points) from 2024 to 2025.

In demographic comparisons of 2025 respondents with 2023 respondents, although there was only one significant difference that occurred within demographic categories, small differences were observed (**Table 4**). Less than a 4.0 percentage point difference is noted for each gender in the gender category. Slight variations occurred in each of the age groups within the age category; all were within 6.0 percentage points or less. The "Black or African-American" race non-significantly increased (3.6 percentage points) from 2023 to 2025, while the "Multiracial" race significantly decreased (2.7 percentage points) from 2023 to 2025.

AFMC compared the 2025 Adult Medicaid survey results with previous years (**Table 6**) and found that no significant differences occurred between 2025 and 2024 or 2025 and 2023 for any of the composite measures, though a few slight differences occurred in some component questions between years 2025 and 2024. The summary rate for the "getting needed care" composite has not significantly changed since 2023, even with more respondents to the component questions in each respective year. The "getting care quickly" composite

non-significantly decreased (0.9 percentage points) from 2024 to 2025 and increased (1.5 percentage points) from 2023 to 2025. The "obtaining check-up or routine care appointment as soon as needed" component of the "getting care quickly" composite slightly decreased (1.2 percentage points) from 86.8% in 2024 to 85.6% in 2025. In 2025, the "how well doctors communicate" composite non-significantly increased (0.6 percentage points) from 92.1% in 2024 to 92.7% in 2025 and increased (0.1 percentage points) from 92.6% in 2023 to 92.7% in 2025. One component, "doctors spending enough time with you," in the "how well doctors communicate" composite non-significantly increased (2.5 percentage points) from 89.1% in 2024 to 91.6% in 2025. The "customer service" summary rate non-significantly increased (2.1 percentage points) from 85.4% in 2024 to 87.5% in 2025.

Comparisons with benchmark data (**Table 7**) show three 2025 Arkansas Adult Medicaid composite rates scored higher than the 2024 NCBD composite rates: "getting needed care", "getting care quickly", and "how well doctors communicate." The outcome of a z-test indicated the 2025 Adult Medicaid "getting care quickly" composite rate of 59% is non-significantly higher than the 2024 NCBD rate of 55%. The 2025 Arkansas Adult Medicaid "obtaining check-up or routine care appointment as soon as needed" component rate of 61% from the "getting care quickly" composite is significantly higher (10.0 percentage points) than the 2024 NCBD component rate of 51% from the same composite. The "how well doctors communicate" composite and its component rates are non-significantly higher (<3.0 percentage points) for the Arkansas Adult Medicaid data when compared to the 2024 NCBD data. The "customer service" composite and its components are lower for the 2025 Arkansas Adult Medicaid data compared to both the 2024 NCBD data and the NCBD South Region data. All comparisons are non-significant except for "treated with courtesy and respect," which had a significantly lower result of 69% when compared to the 2024 NCBD rate of 78% and NCBD South Region's rate of 80%.

The 2025 Adult Medicaid data show the "rating of personal doctor" is non-significantly higher at 71% than the rate of 69% from the 2024 NCBD and non-significantly lower than the rate of 72% from the South Region data. The 2025 Adult Medicaid data show the "rating of specialist" is the same as the 2024 NCBD rate (67%) and non-significantly lower than the rate of 70% from the South Region data. The data from the 2025 Adult Medicaid show the "rating of health care" rate of 48% is significantly lower (8.0 and 10.0 percentage points, respectively) than rates in both the 2024 NCBD and South Region data. The 2025 Adult Medicaid data also show the "rating of health plan" rate of 47% is significantly lower than the corresponding rates in the 2024 NCBD and South Region data (14.0 percentage points for both).

In 2025, "coordination of care" summary question rate of 59% is non-significantly higher (1.0 percentage points) than the rate of 58% from the 2024 NCBD data and non-significantly lower (2.0 percentage points) than the rate of 61% from South Region data.

There are no significant differences in the effectiveness of care measures "advising smokers and tobacco users to quit," "discussing cessation medications," or "discussing cessation strategies," although rates from the 2025 Adult Medicaid data are non-significantly higher than rates from both 2024 NCBD and South Region data.

3: The South Region includes Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

Survey Overview and Methodology

BACKGROUND AND SURVEY INSTRUMENT

As part of its contract with DMS, AFMC regularly surveys Medicaid beneficiaries about their health care experiences. For the most recent survey activities, AFMC used the HEDIS MY 2024 CAHPS 5.1H Medicaid Adult Beneficiary Satisfaction Survey with NCQA-approved supplemental questions. NCQA's naming convention refers to "HEDIS MY ####" where "MY" refers to "Measurement Year" and #### is the performance period (year) from which the data is derived.

The CAHPS surveys are a set of survey tools developed to assess patient satisfaction with their health plan. CAHPS is funded by the Agency for Healthcare Research and Quality (AHRQ) and was developed jointly by AHRQ and NCQA. AFMC has conducted this survey biennially from 1998 to 2023. Effective January 1, 2024, the Centers for Medicare & Medicaid Services established requirements for mandatory annual State reporting as a major step in the development of a national evidence-based system for measuring and improving the quality of care delivered to Medicaid beneficiaries.

This report summarizes results derived from the CAHPS 5.1H Medicaid Adult survey as applied to a systematic random sample of Medicaid adult beneficiaries. The four composite measures are "getting needed care," "getting care quickly," "how well doctors communicate," and "customer service."

The four rating questions covered by the CAHPS survey are "personal doctor," "specialist seen most often," "health care," and "health plan." The Adult survey also covers a summary question, "coordination of care." In addition, the adult CAHPS survey has three effectiveness of care measures: "advising tobacco users to quit," "discussing tobacco cessation medications," and "discussing tobacco cessation strategies."

Satisfaction is presented as the percentage of respondents who chose the most positive question responses as specified by NCQA. Where applicable, Arkansas rates are shown alongside the NCBD national benchmark and South regional rates to assess how well Arkansas performed compared to other Medicaid plans.

In 2024, the National Committee for Quality Assurance (NCQA) approved the State's request to incorporate three supplemental items into the CAHPS® Health Plan Survey 5.1H. These additional items were designed to assess enrollees' access to and experiences with transportation services related to healthcare utilization.

SURVEY SIZE, SAMPLE DISPOSITION, AND RESPONSE RATE

Per NCQA guidelines, AFMC systematically selected 2,430 adult beneficiaries from the Arkansas Medicaid Enterprise Decision Support System claims data. AFMC received 513 Adult surveys, resulting in a return rate of 25.4%. After further adjusting for invalid addresses (400 surveys) and beneficiaries found to be ineligible (7 beneficiaries), the analyzable sample size was 2,023 for adult beneficiaries. Surveys not meeting eligibility guidelines, NCQA question requirements, or enrollment criteria were also excluded, resulting in 499 Adult surveys (24.7%) available for analysis. The response rate remained relatively stable compared with the previous year, despite the use of both online and paper survey modes. It should be noted that the oversampling rate for 2025 was 80% for the Adult sample.

TABLE 2. Survey disposition and response rates

CAHPS SURVEYS	ADULT 2025	ADULT 2024
Total mailing sent	2,430	2,430
Ineligible: According to population criteria*	5	7
Ineligible: Language barrier*	0	0
Ineligible: Mentally or physically incapacitated*	0	2
Ineligible: Deceased*	2	3
Invalid address*	400	363
Analyzable sample size	2,023	2,055
Refusal	4	0
Eligible but incomplete (3 of 5 NCQA required questions were not answered)**	5	8
Nonresponse***	1,515	1,514
Analyzable surveys returned	499	533
Analyzable response rate	24.7%	25.9%

**Excluded from response rate denominator*
***An eligible but incomplete disposition code is assigned to received surveys that have not answered at least 3 of 5 specified questions as indicated in HEDIS MY 2024 Volume 3 Specifications for Survey Measures. These surveys are not included in the analyzable surveys returned.*
****Does not include invalid addresses*

SAMPLING FRAME

Beneficiary information was obtained from Medicaid. NCQA guidelines require each beneficiary to be enrolled for a minimum of six months with no more than one gap in enrollment of up to 45 days before participating in the survey. Although NCQA defines the allowable gap as 45 days, AFMC set this criterion at 30 days because the enrollment data are reported monthly. The Adult sample frame consisted of all Arkansas Medicaid PCP-focused care enrollees at least 18 years old as of December 31, 2024. The adult six-month continuous enrollment began on July 1, 2024. Only one beneficiary per household was selected.

SURVEY PROCEDURE

AFMC followed the Internet data collection protocol enhancement methodology as presented in HEDIS specifications with minor adjustments to accommodate the Arkansas enrollment data structure. AFMC conducted a survey using both mail and online methods. An advance letter, written on DMS letterhead and signed by the director of DMS, was mailed to each selected adult beneficiary. The letter explained the purpose of the survey, informed the beneficiary of its confidential and voluntary nature, and gave information for requesting a Spanish and/or Marshallese version of the survey and for accessing the survey online. Over two weeks later, a packet containing a questionnaire, a postage-paid return envelope, and a cover letter was sent to each beneficiary. The cover letter, on DMS letterhead and signed by the director, reiterated the information in the advance letter and gave specific instructions on completing and returning the survey. Additionally, the cover letter contained a unique access code for each beneficiary to access the survey through REDCap.

REDCap is a user-friendly, secure web platform for building and managing online databases. The platform features authentication, data logging, and limited access to each database to qualified personnel. REDCap surveys are accessible from anywhere with Internet access, which is an effective survey method. A reminder notice was mailed two weeks later to those beneficiaries who did not respond to the first survey mailing. Approximately one month after the initial survey was sent, a second survey packet was mailed to any beneficiary who had not returned the initial survey. Two weeks after the second survey was mailed, a second reminder notice was mailed to nonrespondents.

All mail was sent bulk rate with return receipt and address correction requested. Letters and surveys returned as undeliverable with an address correction were remailed. Beneficiary telephone numbers were not available. Therefore, telephone follow-up of nonrespondents was not performed.

SURVEY TIMETABLE

TABLE 3. Survey mailing dates

SURVEY MAILINGS	DATE
Advance letter	February 6, 2025
First survey	February 24, 2025
First reminder notice	March 6, 2025
Second survey	March 26, 2025
Second reminder notice	April 4, 2025
Data collection cutoff	April 24, 2025

SURVEY TRACKING

A unique number was assigned to each survey for tracking purposes and so that a second survey could be mailed to nonrespondents, but not to those who had already completed and returned the survey. Beneficiary confidentiality was never compromised.

NONANALYZABLE SURVEYS

A total of 1,931 Adult Medicaid surveys were either not returned or not available for analysis. AFMC tracked the reasons why these surveys were not returned or were ineligible for analysis following NCQA guidelines.

DISQUALIFIED RECEIVED SURVEYS

Adult Medicaid surveys received after the cutoff date of April 24th, 2025, were not included in the survey analysis. Surveys received without any valid responses, those no longer meeting enrollment criteria, and those deemed incomplete were excluded from analysis. These exclusions were made following standard HEDIS/CAHPS protocol and recommendations. Surveys not available for analysis represented 2.7% of the total Adult Medicaid surveys received.

SPANISH AND MARSHALLESE LANGUAGE SURVEYS

AFMC translates all surveys into Spanish and Marshallese and provides the Spanish/Marshallese version to beneficiaries upon request. No Spanish or Marshallese surveys were returned from the 499 analyzable Adult Medicaid surveys received.

Demographics of Survey Sample and Respondents

AFMC follows NCQA protocol and uses their systematic random sampling method. Therefore, the Adult Medicaid survey sample should be similar to the adult Medicaid population. **Table 4** shows the percentage of respondents by each demographic category of gender, age, race, education, overall health and mental health status, and smoking status for adults.

Table 4 also compares the demographics of survey respondents with the 2024 and 2023 Arkansas Medicaid respondents. Comparing the data with previous years shows how the adult Medicaid respondents have changed over time. Using a z-test, AFMC highlights where the proportion of 2025 Adult Medicaid respondents differs significantly from the previous years.

In demographic comparisons between 2025 and 2024, when using a z-test, Adult Medicaid survey respondents showed one significant difference within the race category (**Table 4**). In the race category, those reporting their race as "Multiracial" were significantly lower compared to 2024 by 2.9 percentage points. The percentage of male respondents non-significantly decreased by 1.9 percentage points from 2024 to 2025. In the age category, slight variations in proportions (less than 5 percentage points) occur in all age groups between 2024 and 2025. Regarding education, the proportion of "Some college" respondents non-significantly decreased (1.9 percentage points) from 2024 to 2025, and the proportion of "College graduate or more" non-significantly increased (2.7 percentage points) from 2024 to 2025. In the overall health status category, the proportion of respondents reporting their overall health status as "Fair/poor" non-significantly decreased (1.3 percentage points), those reporting "Good" non-significantly increased (2.9 percentage points), and those reporting "Excellent/very good" non-significantly decreased (1.5 percentage points) from 2024 to 2025. The proportion of respondents reporting "Excellent/very good" in mental health status non-significantly decreased (3 percentage points) from 2024 to 2025. The proportion of respondents reporting their smoking status who reported smoking "Every day" significantly decreased (5.4 percentage points) from 2024 to 2025.

A z-test is used to determine significant differences in demographic categories when comparing the proportion of 2025 respondents with 2023 respondents. Although there was only one significant difference that occurred between 2025 and 2023 within demographic categories, small differences were observed (**Table 4**). Less than a 4.0 percentage point difference is noted for each gender in the gender category. Slight variations occurred in each of the age groups within the age category; all were within 6 percentage points or less. The "Black or African-American" race non-significantly increased (3.6 percentage points) from 2023 to 2025, while the "Multiracial" race significantly decreased (2.7 percentage points) from 2023 to 2025. In the education category, all groups had a less than 4 percentage point variation in proportions for these same years. In the overall health category, the proportion of respon-

dents reporting their overall health as "excellent/very good" non-significantly decreased (1.4 percentage points) from 2023 to 2025. All differences in reporting groups for the mental health category were 4 percentage points or less in 2025 compared to 2023. In the smoking status category, the proportion of adult Medicaid respondents who reported their smoking status as "Every day" non-significantly decreased (4.1 percentage points) from 2023 to 2025. **Table 4** findings are depicted in **Figure 1**.

Table 5 demographic data is derived from the population data, not from the survey responses. It shows how the sample demographics compare with the respective populations and the demographics of the survey respondents. In 2025, the percentage of Adult Medicaid analyzable responses for "female" respondents was larger than the percentage of "male" respondents. Within the age of analyzable responses for Adult Medicaid respondents, the largest percentage was from the "55-64" age group (39.7%). This year's data also shows that more respondents are located in the "Northwest" region (28.3%) than in any other region of the state.

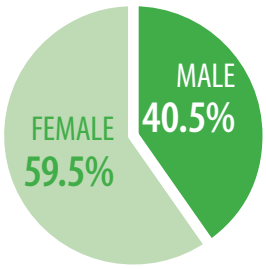
TABLE 4. Profile of adult Medicaid survey respondents: Comparison with 2024 and 2023						
					SIGNIFICANT DIFFERENCE	
DEMOGRAPHIC	CATEGORY	2025	2024	2023	2025 VS. 2024	2025 VS. 2023
Gender	Male	40.5%	42.4%	37.5%	Not significant	Not significant
	Female	59.5%	57.6%	62.5%	Not significant	Not significant
Age	18–34	23.4%	23.4%	26.0%	Not significant	Not significant
	35–44	13.7%	14.6%	14.3%	Not significant	Not significant
	45–54	18.8%	21.9%	21.2%	Not significant	Not significant
	55 or older	44.0%	40.1%	38.5%	Not significant	Not significant
Race	White	66.7%	64.1%	69.1%	Not significant	Not significant
	Black or African-American	24.9%	25.0%	21.3%	Not significant	Not significant
	Asian	0.6%	0.9%	0.9%	Not significant	Not significant
	Multiracial	2.4%	5.3%	5.1%	Significantly Lower	Significantly Lower
	Other	5.3%	4.7%	3.5%	Not significant	Not significant
Education	High school graduate or less	76.2%	77.0%	73.0%	Not significant	Not significant
	Some college	17.3%	19.2%	21.2%	Not significant	Not significant
	College graduate or more	6.5%	3.8%	5.8%	Not significant	Not significant
Overall health status	Excellent/very good	17.1%	18.6%	18.5%	Not significant	Not significant
	Good	28.0%	25.1%	28.3%	Not significant	Not significant
	Fair/poor	54.9%	56.2%	53.3%	Not significant	Not significant
Mental health status	Excellent/very good	21.2%	24.2%	22.4%	Not significant	Not significant
	Good	32.0%	30.9%	28.0%	Not significant	Not significant
	Fair/poor	46.8%	45.0%	49.6%	Not significant	Not significant
Smoking status	Every day	20.3%	25.7%	24.4%	Significantly Lower	Not significant
	Some days	13.8%	12.2%	15.5%	Not significant	Not significant
	Not at all	65.9%	62.1%	60.1%	Not significant	Not significant

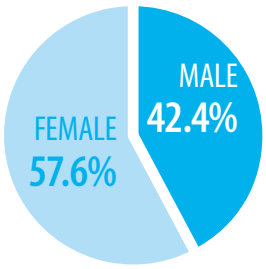
FIGURE 1. (ADULT MEDICAID)

Demographics

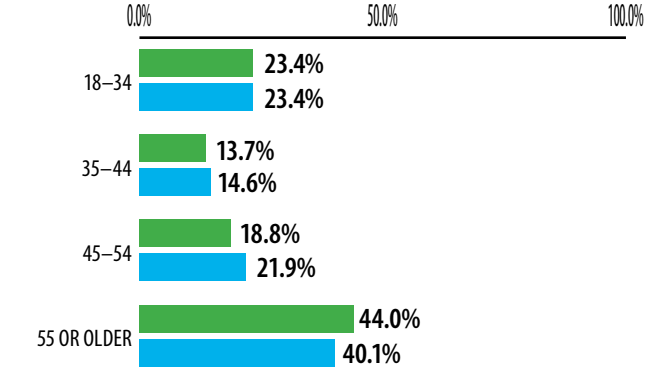
2025 2024

• GENDER

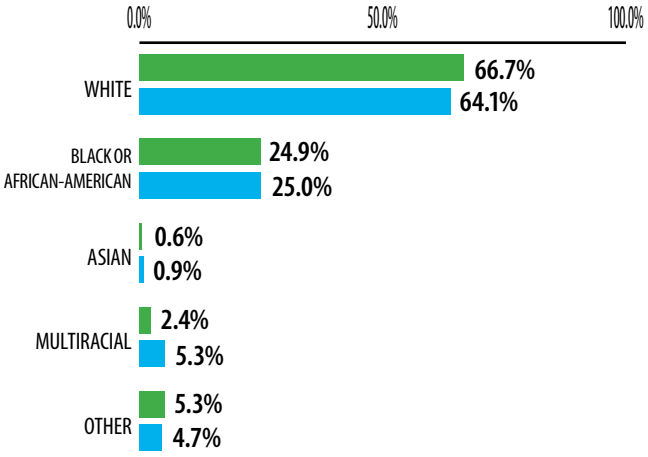




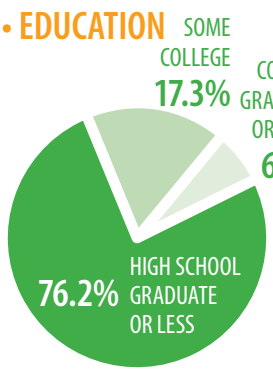
• AGE

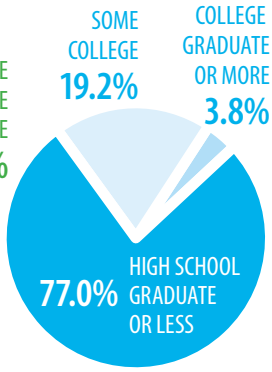


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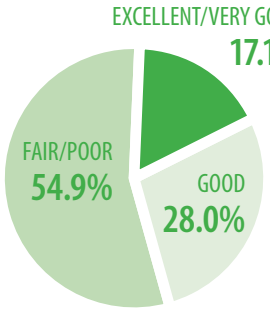


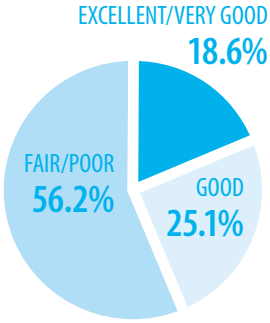
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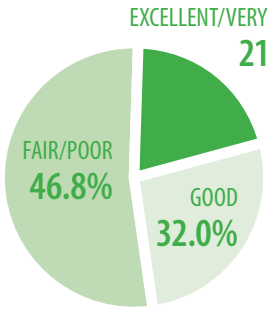


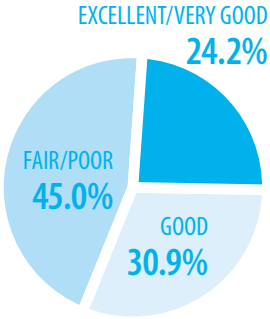
• OVERALL HEALTH STATUS



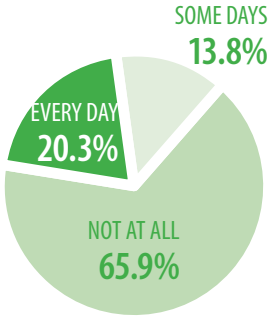


• MENTAL HEALTH STATUS





• SMOKING STATUS



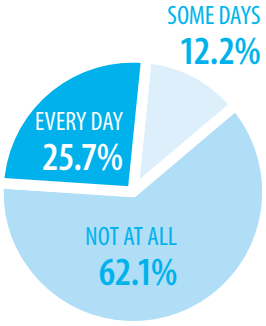


TABLE 5. Adult Medicaid sample and population demographics							
DEMOGRAPHIC	CATEGORY	BENEFICIARIES SURVEYED	PERCENT OF TOTAL	ADULT MEDICAID POPULATION	ANALYZABLE RESPONSES	PERCENT OF TOTAL	ANALYZABLE RESPONSE RATE
Gender	Female	1,179	58.3%	61.8%	293	58.7%	24.9%
	Male	844	41.7%	38.2%	206	41.3%	24.4%
	TOTAL	**2,023**	**100.0%**	**100.0%**	**499**	**100.0%**	**24.7%**
Age	18–24	446	22.0%	26.3%	60	12.0%	13.5%
	25–34	305	15.1%	18.6%	56	11.2%	18.4%
	35–44	356	17.6%	19.0%	74	14.8%	20.8%
	45–54	371	18.3%	15.9%	96	19.2%	25.9%
	55–64	516	25.5%	19.0%	205	41.1%	39.7%
	65–74	19	0.9%	0.7%	6	1.2%	31.6%
	75 or older	10	0.5%	0.4%	2	0.4%	20.0%
	TOTAL	**2,023**	**100.0%**	**100.0%**	**499**	**100.0%**	**24.7%**
Race/Ethnicity	White	1,197	59.2%	58.0%	310	62.1%	25.9%
	Black or African-American	518	25.6%	25.3%	119	23.8%	23.0%
	American Indian or Alaska Native	23	1.1%	0.7%	8	1.6%	34.8%
	Hispanic or Latino	75	3.7%	4.6%	16	3.2%	21.3%
	Asian-American	17	0.8%	1.1%	4	0.8%	23.5%
	Native Hawaiian or other Pacific Islander	12	0.6%	0.5%	1	0.2%	8.3%
	Multiracial	42	2.1%	2.0%	11	2.2%	26.2%
	Unknown	139	6.9%	7.8%	30	6.0%	21.6%
	TOTAL	**2,023**	**100.0%**	**100.0%**	**499**	**100.0%**	**24.7%**
Geographic region	Northwest	573	28.3%	29.4%	141	28.3%	24.6%
	Northeast	449	22.2%	22.1%	127	25.5%	28.3%
	Central	541	26.7%	25.1%	117	23.4%	21.6%
	Southwest	239	11.8%	12.4%	63	12.6%	26.4%
	Southeast	221	10.9%	11.0%	51	10.2%	23.1%
	TOTAL	**2,023**	**100.0%**	**100.0%**	**499**	**100.0%**	**24.7%**

Rounding occurs after calculations and may not sum to 100.0%

Trend Analysis

The following pages contain trending tables and graphs that show how the Adult Medicaid CAHPS data changed over time. The tables and graphs specifically show each composite measure, the questions that make up these composites, and the overall rating questions for the current year (2025) and the previous two survey years (2024 and 2023). The composite measures in the trending tables represent the percentage of beneficiaries who responded favorably by selecting "usually" or "always" to the composite measures and question summary rates and "8," "9," or "10" to the rating questions. Although the trending graphs show a visual representation of the trends, the trending tables show whether any trend comparisons are significantly different; a z-test was used to determine significant differences. Any significant differences are highlighted.

Note that the measure figures in this section differ from the NCBD figures in that the NCBD figures only include the most positive response options, such as "always" for composite measures and question summary rates and "9" or "10" for the rating questions.

ADULT MEDICAID TREND ANALYSIS

AFMC compared the 2025 Adult Medicaid survey results with previous years in **Table 6** (displayed in **Figure 2**) and found the following composite trends:

- No significant differences occurred between 2025 and 2024 or 2025 and 2023 for any of the composite measures, though a few slight differences occurred in some component questions between years 2025 and 2024.
- The summary rate for the "getting needed care" composite has not significantly changed since 2023, even with more respondents to the component questions in each respective year.
- The "getting care quickly" composite non-significantly decreased (0.9 percentage points) from 2024 to 2025 and increased (1.5 percentage points) from 2023 to 2025.
- The "obtaining care when wanted, when not needed right away" component of the "getting care quickly" composite slightly decreased (1.2 percentage points) from 86.8% in 2024 to 85.6% in 2025.
- In 2025, the "how well doctors communicate" composite non-significantly increased (0.6 percentage points) from 92.1% in 2024 to 92.7% in 2025 and increased (0.1 percentage points) from 92.6% in 2023 to 92.7% in 2025.
- One component, "doctors spending enough time with you," in the "how well doctors communicate" composite non-significantly increased (2.5 percentage points) from 89.1% in 2024 to 91.6% in 2025.
- The "customer service" summary rate non-significantly increased (2.1 percentage points) from 85.4% in 2024 to 87.5% in 2025.

AFMC compared the 2025 adult Medicaid survey results with previous years in **Table 6** (displayed in **Figure 2**) and found the following rating and summary question trends:

- No significant differences occurred between 2025 and 2024 or 2025 and 2023 for any of the rating questions.
- The "rating of personal doctor" rating question non-significantly increased each year, reaching a high of 83.3% in 2025.
- The "rating of specialist" rating question has non-significantly increased from 77.2% in 2024 to a high of 80.1% in 2025.
- The "rating of health care" rating question non-significantly increased (2.7 percentage points) from 64.9% in 2024 to 67.6% in 2025 and non-significantly decreased (3.8 percentage points) from 71.4% in 2023 to 67.6% in 2025.
- Each year, the "rating of health plan" rating question non-significantly increased, reaching a high of 62.6% in 2025.
- In 2025, the "coordination of care," "advising smokers and tobacco users to quit," "discussing cessation medications," and "discussing cessation strategies" effectiveness of care measures were all higher than the 2023 measures, with the percentage of respondents reporting "discussing cessation strategies" significantly increasing (11.5 percentage points) from 37.6% in 2023 to 49.1% in 2025 and non-significantly decreasing (1.7 percentage points) from 50.8% in 2024 to 49.1% in 2025.
- The "coordination of care" rating question from 2023 and 2024 shows no significant change, reaching a high of 85.1% in 2025.
- Although insignificant, 2025 has a greater percentage of respondents who reported being advised to quit smoking and/or the use of tobacco and discussing cessation medications than in 2024 and 2023.

TABLE 6. Composites, components of composites, and ratings of adult Medicaid beneficiary satisfaction

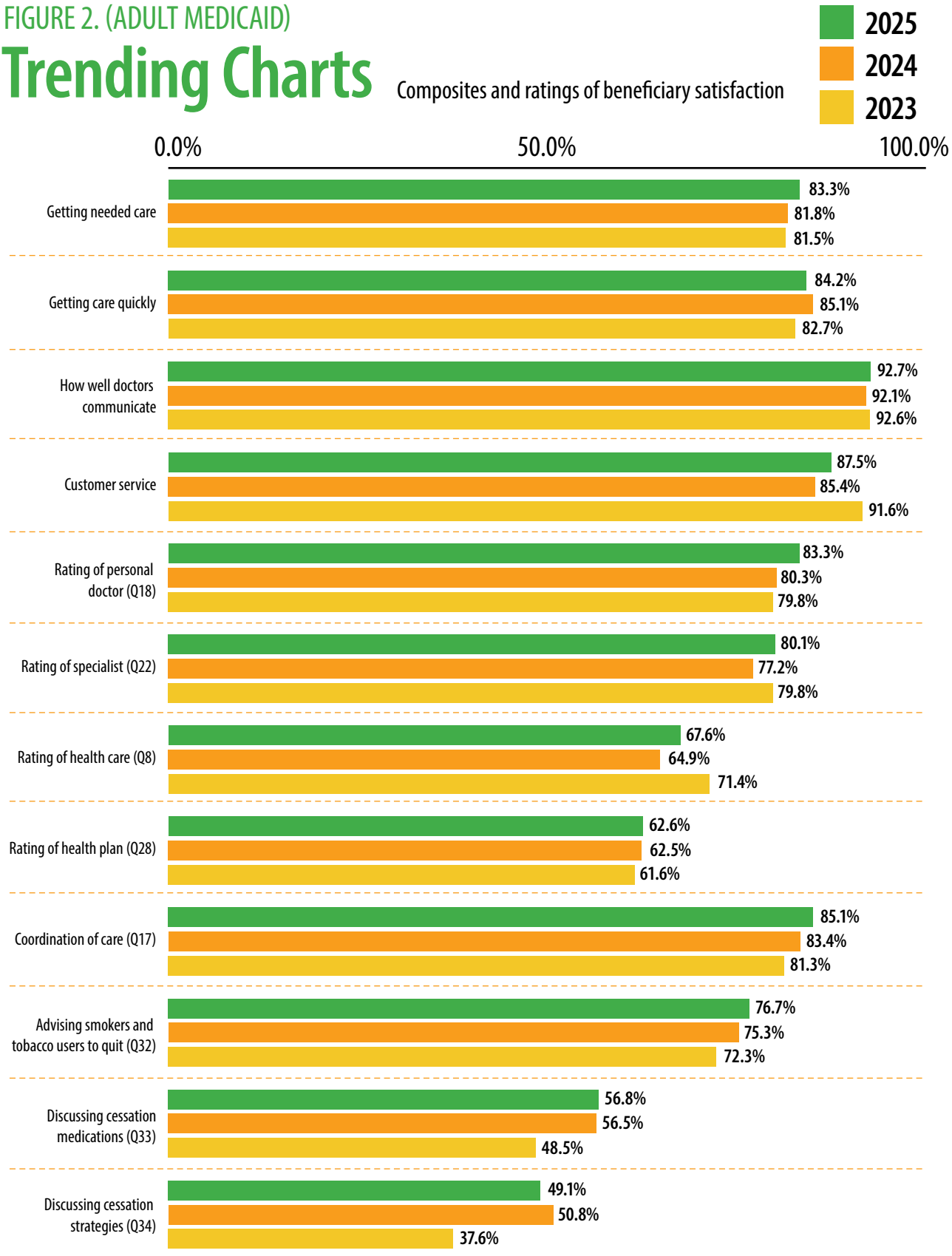
COMPOSITES AND COMPONENTS	2025		2024		2023		SIGNIFICANT DIFFERENCE	
	VALID n	SUMMARY RATE	VALID n	SUMMARY RATE	VALID n	SUMMARY RATE	2025 VS. 2024	2025 VS. 2023
Getting needed care		***83.3%***		***81.8%***		***81.5%***	***Not significant***	***Not significant***
Q20. Seeing a specialist	267	80.1%	257	80.5%	208	80.3%	Not significant	Not significant
Q9. Getting care, tests, or treatment	361	86.4%	383	83.0%	294	82.7%	Not significant	Not significant
Getting care quickly		***84.2%***		***85.1%***		***82.7%***	***Not significant***	***Not significant***
Q4. Obtaining care right away for an illness/injury/condition	215	82.8%	253	83.4%	174	84.5%	Not significant	Not significant
Q6. Obtaining check-up or routine care appointment as soon as needed	347	85.6%	357	86.8%	282	80.9%	Not significant	Not significant
How well doctors communicate		***92.7%***		***92.1%***		***92.6%***	***Not significant***	***Not significant***
Q12. Doctors explaining things in an understandable way	371	91.1%	395	92.7%	306	92.8%	Not significant	Not significant
Q13. Doctors listening carefully to you	368	93.2%	394	93.1%	306	92.8%	Not significant	Not significant
Q14. Doctors showing respect for what you had to say	363	94.8%	394	93.7%	305	92.8%	Not significant	Not significant
Q15. Doctors spending enough time with you	370	91.6%	394	89.1%	306	92.2%	Not significant	Not significant
Customer service		***87.5%***		***85.4%***		***91.6%***	***Not significant***	***Not significant***
Q24. Getting help when calling customer service	112	81.3%	113	78.8%	78	91.0%	Not significant	Not significant
Q25. Treated with courtesy and respect	113	93.8%	113	92.0%	77	92.2%	Not significant	Not significant
RATING ITEMS								
Rating of personal doctor (Q18)	431	83.3%	463	80.3%	367	79.8%	Not significant	Not significant
Rating of specialist (Q22)	251	80.1%	241	77.2%	198	79.8%	Not significant	Not significant
Rating of health care (Q8)	364	67.6%	385	64.9%	294	71.4%	Not significant	Not significant
Rating of health plan (Q28)	487	62.6%	518	62.5%	422	61.6%	Not significant	Not significant
QUESTION SUMMARY RATES								
Q17. Coordination of care	228	85.1%	229	83.4%	176	81.3%	Not significant	Not significant
EFFECTIVENESS OF CARE*								
Q32. Advising smokers and tobacco users to quit	163	76.7%	194	75.3%	166	72.3%	Not significant	Not significant
Q33. Discussing cessation medications	162	56.8%	193	56.5%	167	48.5%	Not significant	Not significant
Q34. Discussing cessation strategies	163	49.1%	193	50.8%	165	37.6%	Not significant	Significantly Higher

**Scores for effectiveness of care items include the following response options: Always, Usually, Sometimes.*

FIGURE 2. (ADULT MEDICAID)

Trending Charts

Composites and ratings of beneficiary satisfaction



Comparisons with Benchmark Data

The following table shows how the 2025 Adult Medicaid data compared to the 2024 Adult national Medicaid benchmarks and the NCBD South Region. To report regional benchmarks, NCBD uses the United States Census Bureau's four regions. The South Region includes Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

The table specifically shows each composite measure, the questions that make up these composites, the overall rating questions, the question summary rates, and the effectiveness of care measures for 2025 and the 2024 national and Southern region Medicaid benchmarks. The table also includes the results from a z-test indicating whether any benchmark comparisons are significantly different from response data; any significant differences are highlighted.

The benchmark data come from the 2024 NCBD. To make comparisons with NCBD benchmarks, the composite questions and rating questions shown in **Table 7** are calculated differently than in other composite/rating tables in this report. **Table 7** composites are calculated using the highest value only ("always"). **Table 7** ratings are calculated as the percentage of respondents who chose a "9" or a "10" on a scale of 0 to 10.

ADULT MEDICAID SURVEY COMPARISONS WITH BENCHMARK DATA

Results in **Table 7** show three 2025 Arkansas Adult Medicaid composite rates scored higher than the 2024 NCBD composite rates: "getting needed care", "getting care quickly", and "how well doctors communicate." The outcome of a z-test indicated the 2025 Adult Medicaid "getting care quickly" composite rate of 59% is non-significantly higher than the 2024 NCBD rate of 55%. The 2025 Arkansas Adult Medicaid "obtaining check-up or routine care appointment as soon as needed" component rate of 61% from the "getting care quickly" composite is significantly higher (10.0 percentage points) than the 2024 NCBD component rate of 51% from the same composite. The "how well doctors communicate" composite is non-significantly higher (<3.0 percentage points) for the Arkansas Adult Medicaid data when compared to the 2024 NCBD data. The "customer service" composite and its components are lower for the 2025 Arkansas Adult Medicaid data compared to both the 2024 NCBD data and the NCBD South Region data. All comparisons are non-significant except for "treated with courtesy and respect," which had a significantly lower result of 69% when compared to the 2024 NCBD rate of 78% and NCBD South Region's rate of 80%.

The "rating of personal doctor" rate of 71% from the 2025 Adult Medicaid data is non-significantly higher (2.0 percentage points) than the rate of 69% from the 2024 NCBD and non-significantly lower than the rate of 72% from the South Region data. The 2025 Adult Medicaid data show the "rating of specialist" is the same as the 2024 NCBD rate (67%) and non-significantly lower than the rate of 70% from the South Region data. The data from the 2025 Adult Medicaid show the "rating of health care" rate of 48% is significantly lower (8.0 and 10.0 percentage points, respectively) than rates in both the 2024 NCBD and South Region data. The 2025 Adult Medicaid data also show the "rating of health plan" rate of 47% is significantly lower than the corresponding rates in the 2024 NCBD and South Region data (14.0 percentage points for both).

The 2025 Adult Medicaid data show the "coordination of care" summary question rate of 59% is non-significantly higher (1.0 percentage points) than the rate of 58% from the 2024 NCBD data and non-significantly lower (2.0 percentage points) than the rate of 61% from South Region data.

There are no significant differences in the effectiveness of care measures "advising smokers and tobacco users to quit," "discussing cessation medications," or "discussing cessation strategies," although rates from the 2025 Adult Medicaid data are non-significantly higher than rates from both 2024 NCBD and South Region data. These results are depicted in **Figure 3**.

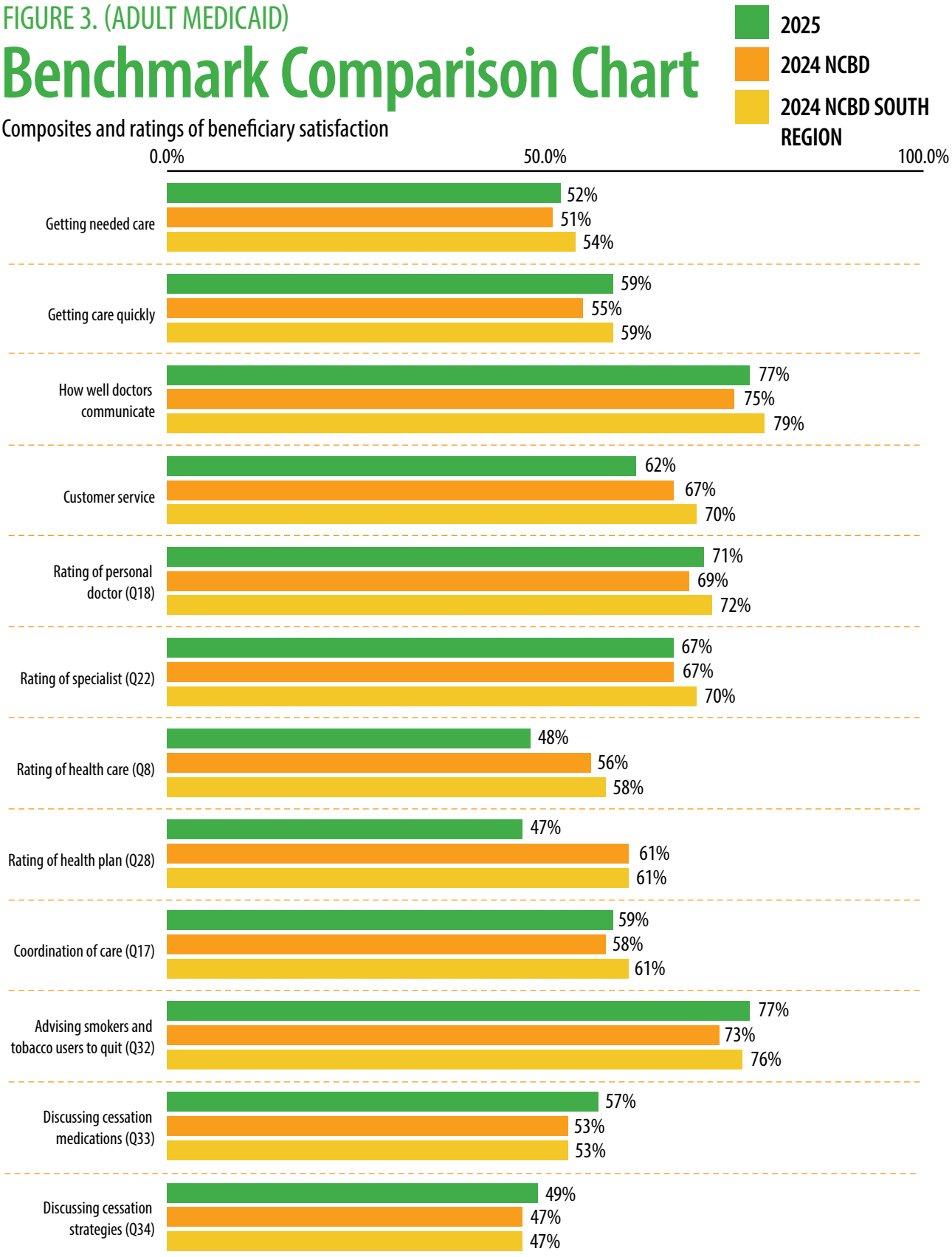
TABLE 7. Comparisons with benchmark data — Adult Medicaid survey					
COMPOSITES AND COMPONENTS	2025 ADULT SUMMARY RATE	2024 NCBD RATE	2024 NCBD SOUTH REGION	SIGNIFICANT DIFFERENCE	
				ADULT MEDICAID VS. NCBD	ADULT MEDICAID VS. SOUTH REGION
Getting needed care	***52%***	***51%***	***54%***	***Not Significant***	***Not Significant***
Q20. Seeing a specialist	51%	48%	52%	Not Significant	Not Significant
Q9. Getting care, tests, or treatment	54%	53%	57%	Not Significant	Not Significant
Getting care quickly	***59%***	***55%***	***59%***	***Not Significant***	***Not Significant***
Q4. Obtaining care right away for an illness/injury/condition	57%	58%	61%	Not Significant	Not Significant
Q6. Obtaining check-up or routine care appointment as soon as needed	61%	51%	56%	Significantly higher	Not Significant
How well doctors communicate	***77%***	***75%***	***79%***	***Not Significant***	***Not Significant***
Q12. Doctors explaining things in an understandable way	74%	74%	78%	Not Significant	Not Significant
Q13. Doctors listening carefully to you	79%	77%	80%	Not Significant	Not Significant
Q14. Doctors showing respect for what you had to say	82%	82%	84%	Not Significant	Not Significant
Q15. Doctors spending enough time with you	73%	70%	73%	Not Significant	Not Significant
Customer service	***62%***	***67%***	***70%***	***Not Significant***	***Not Significant***
Q24. Getting help when calling customer service	54%	57%	60%	Not Significant	Not Significant
Q25. Treated with courtesy and respect	69%	78%	80%	Significantly lower	Significantly lower
RATING ITEMS					
Rating of personal doctor (Q18)	71%	69%	72%	Not Significant	Not Significant
Rating of specialist (Q22)	67%	67%	70%	Not Significant	Not Significant
Rating of health care (Q8)	48%	56%	58%	Significantly lower	Significantly lower
Rating of health plan (Q28)	47%	61%	61%	Significantly lower	Significantly lower
QUESTION SUMMARY RATES					
Q17. Coordination of care	59%	58%	61%	Not Significant	Not Significant
EFFECTIVENESS OF CARE*					
Q32. Advising smokers and tobacco users to quit	77%	73%	76%	Not Significant	Not Significant
Q33. Discussing cessation medications	57%	53%	53%	Not Significant	Not Significant
Q34. Discussing cessation strategies	49%	47%	47%	Not Significant	Not Significant

**Scores for effectiveness of care items include the following response options: Always, Usually, Sometimes.*

FIGURE 3. (ADULT MEDICAID)

Benchmark Comparison Chart

Composites and ratings of beneficiary satisfaction



Demographic Analysis

At the end of the CAHPS survey, there are questions regarding the demographics of the beneficiary. The following tables show how beneficiaries in various demographic categories responded to the composites and the rating questions. AFMC performed demographic analysis on age, education level, gender, race, overall health status, and mental health status. Range is the difference between the highest and lowest percentage on the specific composite or rating item. The number of respondents was small in some categories (<30), and caution should be exercised when making conclusions based on small numbers.

Composite measures consist of any number of question components. The number of respondents to component questions will differ. Therefore, composite measures do not have "n" values.

TABLE 8. Adult Medicaid composite, ratings, and summary questions by age category

AGE	18–34		35–44		45–54		55 OR OLDER		
COMPOSITES/RATINGS	n	%	n	%	n	%	n	%	RANGE*
Getting needed care		79.9%		84.0%		81.2%		85.8%	5.8%
Getting care quickly		77.0%		85.4%		81.9%		87.8%	10.8%
How well doctors communicate		93.1%		89.6%		90.1%		94.4%	4.7%
Customer service		87.5%		75.0%		79.4%		92.5%	17.5%
Rating of personal doctor	102	79.4%	56	75.0%	77	81.8%	192	88.0%	13.0%
Rating of specialist	51	86.3%	32	68.8%	51	80.4%	115	80.0%	17.5%
Rating of health care	80	63.8%	50	60.0%	72	62.5%	158	74.1%	14.1%
Rating of health plan	115	70.4%	67	62.7%	91	57.1%	213	60.6%	13.3%
Coordination of care	44	88.6%	29	79.3%	47	83.0%	105	86.7%	9.3%
Advising smokers and tobacco users to quit	13	53.8%	22	50.0%	38	76.3%	90	86.7%	36.7%
Discussing cessation medications	13	53.8%	21	28.6%	38	60.5%	90	62.2%	33.7%
Discussing cessation strategies	13	46.2%	22	22.7%	37	51.4%	91	54.9%	32.2%

**Rounding occurs after calculations.*

Results from **Table 8** show that among the composite measures, the "how well doctors communicate" composite recorded the smallest range, with a difference of 4.7 percentage points between age categories. The "customer service" composite recorded the largest range between age categories, with respondents ages "55 or older" at the high end (92.5%) and respondents ages "35–44" at the low end (75.0%). Of the ratings, the "rating of specialist" had the largest range, with a difference of 17.5 percentage points between respondents aged "35–44" at the low end and aged "18–34" at the high end.

The "coordination of care" range had a 9.3 percentage point difference between age groups. The "advising smokers and tobacco users to quit" measure recorded the largest range (36.7%) among the tobacco measures. Some age groups had a small number of respondents, which warrants caution when making conclusions based on these small numbers.

TABLE 9. Adult Medicaid composite, ratings, and summary questions by level of education

EDUCATION	HIGH SCHOOL GRADUATE OR LESS		SOME COLLEGE OR MORE		
COMPOSITES/RATINGS	n	%	n	%	RANGE*
Getting needed care		83.7%		83.2%	0.5%
Getting care quickly		83.8%		85.6%	1.8%
How well doctors communicate		92.7%		92.5%	0.2%
Customer service		86.7%		90.0%	3.3%
Rating of personal doctor	326	83.4%	99	83.8%	0.4%
Rating of specialist	181	79.0%	67	83.6%	4.6%
Rating of health care	263	68.8%	96	64.6%	4.2%
Rating of health plan	370	63.8%	113	59.3%	4.5%
Coordination of care	160	85.0%	64	85.9%	0.9%
Advising smokers and tobacco users to quit	133	75.2%	29	82.8%	7.6%
Discussing cessation medications	132	57.6%	29	51.7%	5.9%
Discussing cessation strategies	133	48.9%	29	51.7%	2.9%

**Rounding occurs after calculations.*

All composite measures, seen in **Table 9**, between education levels had ranges of 3.3 percentage points or less. Of the composites, the "how well doctors communicate" composite percentages show the least amount of variation between beneficiary education levels, with a 0.2 percentage point difference. The "customer service" composite had the greatest range between education levels at 3.3 percentage points, with the "some college or more" respondents at the high end (90.0%). The "rating of personal doctor" had the smallest range of rating questions at 0.4 percentage points between education levels, followed by the "rating of health care" at 4.2 percentage points.

The "coordination of care" measure is higher for those respondents reporting as "some college or more" (85.9%) compared to respondents with "high school graduate or less" (85.0%). The "advising smokers and tobacco users to quit" had a lower percentage in the "high school graduate or less" education category (75.2%) compared to those with some college education (82.8%). The "discussing cessation medications" summary rate is higher for the "high school graduate or less" category of respondents (57.6%) than for respondents with more education (51.7%). The "discussing cessation strategies" summary rate was slightly lower for the "high school graduate or less" education category (48.9%) when compared with the "some college or more" rate (51.7%).

TABLE 10. Adult Medicaid composite, ratings, and summary questions by gender					
GENDER	MALE		FEMALE		
COMPOSITES/RATINGS	n	%	n	%	RANGE*
Getting needed care		88.4%		80.6%	7.9%
Getting care quickly		87.9%		82.9%	5.1%
How well doctors communicate		93.6%		92.2%	1.4%
Customer service		92.0%		84.4%	7.7%
Rating of personal doctor	169	86.4%	256	81.3%	5.1%
Rating of specialist	91	83.5%	155	78.7%	4.8%
Rating of health care	135	71.1%	222	66.2%	4.9%
Rating of health plan	196	65.8%	285	60.7%	5.1%
Coordination of care	83	86.7%	140	84.3%	2.5%
Advising smokers and tobacco users to quit	69	73.9%	90	77.8%	3.9%
Discussing cessation medications	70	50.0%	88	60.2%	10.2%
Discussing cessation strategies	69	44.9%	90	51.1%	6.2%

**Rounding occurs after calculations.*

Of composites from **Table 10**, "getting needed care" composite has the largest range with a difference of 7.9 percentage points between genders. The "how well doctors communicate" composite has the smallest difference of 1.4 percentage points amongst all the composites between genders. Both "rating of personal doctor" and "rating of health plan" have the largest range of 5.1 percentage points, with "male" respondents on the high end in both composites (86.4% and 65.8%, respectively).

The "coordination of care" measure is higher for males (86.7%) than for females (84.3%). There are more female smokers and tobacco users than male users, with only a 3.9 percentage point difference in respondents reported being advised to quit. Higher proportions of females reported "discussing cessation medications" (60.2%) and "discussing cessation strategies" (51.1%) with their providers than males.

TABLE 11. Adult Medicaid composite, ratings, and summary questions by race

RACE	WHITE		BLACK OR AFRICAN-AMERICAN		OTHER		
COMPOSITES/RATINGS	n	%	n	%	n	%	RANGE*
Getting needed care		84.7%		83.4%		71.8%	12.9%
Getting care quickly		84.6%		84.2%		83.3%	1.2%
How well doctors communicate		92.4%		92.7%		94.3%	1.9%
Customer service		85.5%		90.0%		87.5%	4.5%
Rating of personal doctor	297	83.8%	94	79.8%	37	86.5%	6.7%
Rating of specialist	176	77.8%	53	84.9%	19	84.2%	7.1%
Rating of health care	254	66.5%	77	70.1%	28	78.6%	12.0%
Rating of health plan	325	61.5%	119	65.5%	40	62.5%	4.0%
Coordination of care	164	83.5%	43	88.4%	19	94.7%	11.2%
Advising smokers and tobacco users to quit	107	76.6%	44	77.3%	11	72.7%	4.5%
Discussing cessation medications	106	56.6%	44	61.4%	11	36.4%	25.0%
Discussing cessation strategies	108	46.3%	44	56.8%	10	40.0%	16.8%

**Rounding occurs after calculations.*

In **Table 11**, the "getting needed care" composite registered the widest range of 12.9 percentage points among race categories. Respondents identifying as "white" gave higher scores in the "getting needed care" (84.7%) and "getting care quickly" (84.6%) composites. Respondents in the "Black or African-American" race category reported a higher score in the "customer service" (90.0%) composite.

The "rating of health care" has the greatest range of 12.0 percentage points between races, with respondents identifying as "other" at the high end (78.6%), while those identifying as "white" at the low end (66.5%). Smaller numbers of respondents are found in the "other" race category within rating and summary questions, so caution should be applied when drawing inferences. The "coordination of care" measure received the highest score from those identifying as "other" (94.7%).

In the effectiveness of care measures, "discussing cessation medications" had the greatest range, with a difference of 25.0 percentage points between groups in this measure, and "Black or African American" respondents had the highest measure (61.4%). Results should be viewed with caution as numbers are small within the "other" race category.

TABLE 12. Adult Medicaid composite, ratings, and summary questions by overall health status							
OVERALL HEALTH STATUS	EXCELLENT/ VERY GOOD		GOOD		FAIR/POOR		
COMPOSITES/RATINGS	n	%	n	%	n	%	RANGE*
Getting needed care		90.2%		87.3%		79.7%	10.5%
Getting care quickly		84.7%		85.5%		83.6%	1.9%
How well doctors communicate		95.5%		95.1%		90.9%	4.5%
Customer service		91.2%		89.5%		85.5%	5.7%
Rating of personal doctor	73	84.9%	117	88.0%	234	80.8%	7.3%
Rating of specialist	35	88.6%	63	79.4%	148	77.7%	10.9%
Rating of health care	48	70.8%	106	77.4%	205	61.5%	15.9%
Rating of health plan	83	80.7%	132	69.7%	265	52.8%	27.9%
Coordination of care	26	84.6%	55	98.2%	143	80.4%	17.8%
Advising smokers and tobacco users to quit	14	57.1%	49	75.5%	99	80.8%	23.7%
Discussing cessation medications	13	53.8%	49	61.2%	99	54.5%	7.4%
Discussing cessation strategies	14	42.9%	49	51.0%	99	48.5%	8.2%

**Rounding occurs after calculations.*

Shown in **Table 12**, the "getting needed care" composite had the widest range amongst composite questions at 10.5 percentage points, followed by the "customer service" composite at 5.7 percentage points between respondents' overall health status categories. Respondents who perceived their health status as "excellent/very good" had the highest measure in the "how well doctors communicate" composite (95.5%).

Those respondents who perceived their health status as "fair/poor" had the lowest percentage of positive measures in the rating of "health plan" (52.8%), compared to the respondents who perceived their health status as "excellent/very good" (80.7%). The rating of "health plan" had the largest range amongst all rating questions at 27.9 percentage points.

The effectiveness of care measures had small numbers of respondents in the "excellent/very good" health status category. Caution should be used in drawing any conclusions from this data. "Advising smokers and tobacco users to quit" had the widest range between health status categories at 23.7 percentage points. Respondents in the "fair/poor" health status category had greater proportions of positive responses for "advising smokers and tobacco users to quit" (80.8%).

TABLE 13. Adult Medicaid composite, ratings, and summary questions by overall mental health status							
OVERALL MENTAL HEALTH STATUS	EXCELLENT/ VERY GOOD		GOOD		FAIR/POOR		
COMPOSITES/RATINGS	n	%	n	%	n	%	RANGE*
Getting needed care		86.6%		81.6%		83.2%	5.0%
Getting care quickly		89.8%		84.3%		82.0%	7.8%
How well doctors communicate		91.9%		96.5%		90.8%	5.6%
Customer service		89.4%		89.2%		84.5%	4.9%
Rating of personal doctor	89	85.4%	137	88.3%	200	79.5%	8.8%
Rating of specialist	54	83.3%	72	77.8%	121	80.2%	5.6%
Rating of health care	74	75.7%	112	69.6%	174	63.2%	12.5%
Rating of health plan	103	74.8%	152	63.8%	226	55.8%	19.0%
Coordination of care	42	83.3%	66	89.4%	117	83.8%	6.1%
Advising smokers and tobacco users to quit	25	80.0%	59	81.4%	79	72.2%	9.2%
Discussing cessation medications	25	64.0%	58	69.0%	79	45.6%	23.4%
Discussing cessation strategies	25	52.0%	58	58.6%	80	41.3%	17.4%

**Rounding occurs after calculations.*

Results from **Table 13** convey that the "getting care quickly" composite had the largest range among composites of 7.8 percentage points between mental health status categories, with the highest percentage (89.8%) coming from those identifying as having "excellent/very good" overall mental health status. The "how well doctors communicate" had the next largest range of composites at 5.6 percentage points, with beneficiaries identifying as having "good" mental health status at the high end (96.5%) and those who identified their mental health status as "fair/poor" at the low end (90.8%).

Two rating questions have ranges of over 12.0 percentage points between the different categories of mental health status: "rating of health care" and "rating of health plan." The largest range of 19.0 percentage points occurs in the "rating of health plan," with those at the low end (55.8%) perceiving their mental health status as "fair/poor," and those at the high end (74.8%) perceiving their mental health status as "excellent/very good."

The "coordination of care" high measure (89.4%) is from those who perceived their overall mental health status as "good."

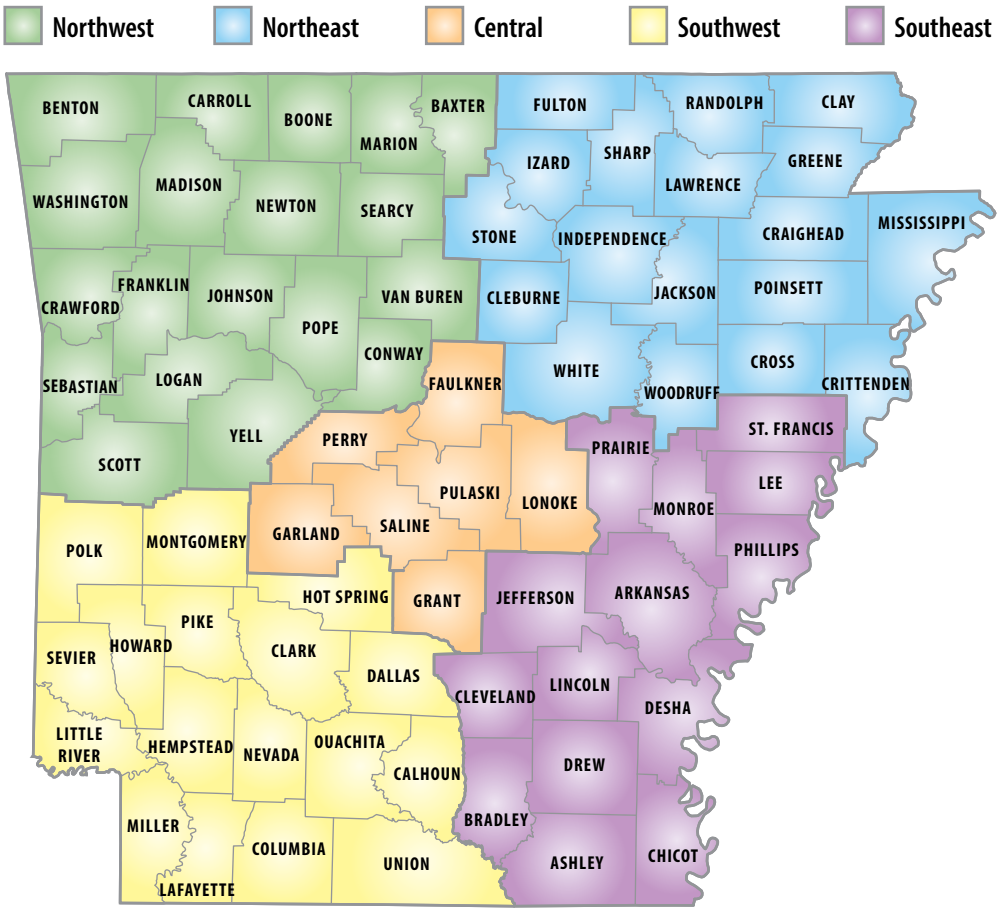
The effectiveness of care measures show a wide range in the "discussing cessation medications" question, with a high percentage (69.0%) coming from those who perceived their overall mental health status as "good." Those who perceived their mental health status as "good" had higher measures in all questions pertaining to the effectiveness of care.

State and Regional Analysis

Overall mean ratings and utilization of services are further reported by geographic regions of the state. The map below shows the five regions and the counties that lie within them.

GEOGRAPHICAL REGIONS:

- **Northwest:** Baxter, Benton, Boone, Carroll, Conway, Crawford, Franklin, Johnson, Logan, Madison, Marion, Newton, Pope, Scott, Searcy, Sebastian, Van Buren, Washington, and Yell counties
- **Northeast:** Clay, Cleburne, Craighead, Crittenden, Cross, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Mississippi, Poinsett, Randolph, Sharp, Stone, White, and Woodruff counties
- **Central:** Faulkner, Garland, Grant, Lonoke, Perry, Pulaski, and Saline counties
- **Southwest:** Calhoun, Clark, Columbia, Dallas, Hempstead, Hot Spring, Howard, Lafayette, Little River, Miller, Montgomery, Nevada, Ouachita, Pike, Polk, Sevier, and Union counties
- **Southeast:** Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson, Lee, Lincoln, Monroe, Phillips, Prairie, and St. Francis counties



OVERALL MEAN RATINGS

The overall mean ratings are based on individual questions that ask beneficiaries to rate their personal doctor, specialist, health care, and health plan on a scale of 0 to 10, where 0 represents the "worst possible" rating and 10 represents the "best possible" rating. The following (**Table 14**) shows the mean ratings by region compared to the state mean and the number of beneficiaries who responded to the question. Caution should be exercised where there exists a small number (<30) of respondents.

TABLE 14. Overall mean ratings for Adult Medicaid beneficiaries

	CENTRAL		NORTHWEST		NORTHEAST		SOUTHWEST		SOUTHEAST		STATEWIDE	
RATINGS	n	MEAN	n	MEAN	n	MEAN	n	MEAN	n	MEAN	n	MEAN
Personal doctor	105	8.7	120	8.9	115	8.7	51	8.8	40	8.9	431	8.8
Specialist	71	8.5	66	8.6	64	8.7	27	8.2	23	8.7	251	8.5
Health care	92	7.8	98	7.8	99	8.1	40	8.8	35	7.9	364	8.0
Health plan	113	7.5	137	7.5	125	7.9	61	7.9	51	6.9	487	7.6

Statewide, the mean rating scores were highest for "personal doctor" (8.8) and "specialist" (8.5) by Adult Medicaid beneficiaries (**Table 14**). The range of means across all regions was 8.9—6.9 for Adult Medicaid beneficiaries. The low mean score of 6.9 is for "health plan" in the Southeast region, and the high mean score of 8.9 is for "personal doctor" in the Southeast and Northwest regions.

UTILIZATION OF SERVICES

The questionnaire contained several questions asking whether beneficiaries used various health care services in the previous six months. The following table (**Table 15**) shows the percentage of respondents that utilized these different health care services.

TABLE 15. Utilization of services by Adult Medicaid beneficiaries

UTILIZATION OF SERVICES	CENTRAL		NORTHWEST		NORTHEAST		SOUTHWEST		SOUTHEAST		STATEWIDE	
	n	%	n	%	n	%	n	%	n	%	n	%
Visiting the doctor at least once, in person, by phone, or by video	115	81%	138	71%	125	79%	61	66%	50	70%	489	75%
Three or more visits to doctor, in person, by phone, or by video	115	50%	138	43%	125	46%	61	31%	50	42%	489	44%
Visiting personal doctor at least once, in person, by phone, or by video	105	89%	120	84%	114	88%	51	84%	39	87%	429	86%
Three or more visits to personal doctor, in person, by phone, or by video	105	42%	120	39%	114	45%	51	37%	39	59%	429	43%
Seeking routine medical care, in person, by phone, or by video	116	77%	140	63%	125	78%	63	71%	50	74%	494	72%
Needing medical care for illness/injury	116	51%	141	44%	127	46%	63	37%	49	45%	496	45%
Seeking specialist care	116	64%	139	50%	125	57%	63	49%	51	51%	494	55%

For Adult Medicaid beneficiaries statewide, "visiting personal doctor at least once, in person, by phone, or by video" recorded the highest statewide utilization rate (86%), followed by "visiting the doctor at least once, in person, by phone, or by video" (75%), and "seeking routine medical care, in person, by phone, or by video" (72%) (**Table 15**). The least utilized service statewide was "three or more visits to personal doctor, in person, by phone, or by video" (43%), followed by "three or more visits to doctor, in person, by phone, or by video" (44%). "Needing medical care for illness/injury" and "three or more visits to personal doctor, in person, by phone, or by video," and "three or more visits to doctor, in person, by phone, or by video" had a statewide rate less than 50%.

"Visiting personal doctor at least once, in person, by phone, or by video" is the only service to have utilization rates higher than 80% amongst all regions.

The "visiting the doctor at least once, in person, by phone, or by video," "three or more visits to doctor, in person, by phone, or by video," "visiting personal doctor at least once, in person, by phone, or by video," "needing medical care for illness/injury," and "seeking specialist care" services were used most in the Central region when compared with other regions in **Table 15**.

The Adult Medicaid beneficiaries indicated the highest utilization rate for "Three or more visits to personal doctor, in person, by phone, or by video" in the Southeast region. The Northeast region reported the highest utilization of "Seeking routine medical care, in person, by phone, or by video" (78%) among all the regions.

Transportation

(Supplemental questions 40, 41, and 42)

Beneficiaries were asked if they contacted their health plan to get help with transportation to doctors' offices, clinics, or pharmacies. They were also asked about how often they got help with transportation when they called their health plan, and how often the transportation assistance met their needs.

KEY FINDINGS:

- 14.5% of respondents stated that in the last 6 months, they contacted their health plan to get help with transportation.
- Of all the respondents who stated they called their health plan to get help with transportation, 61.2% responded that they "usually" got the transportation help that was requested, and 6.0% responded that they "always" received the transportation help that was requested.
- Most respondents who received transportation help from their health plan reported that the help with transportation "always" met their needs (69.5%).

Frequency Tables

Q1) Our records show that you are now in Arkansas' Adult Medicaid program. Is that right?				
Q1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	490	100.00	490	100.00

Q2) What is the name of your health plan? (Please print)

A frequency table for Question 2 is not provided. If Question 1 has a response of "Yes," beneficiaries are instructed to skip to Question 3. Based on the HEDIS MY 2023 QAP assessment of Question 1 responses of "No" or those left blank can be eligible for analysis if member indicates coverage in plan.

Q3) In the last 6 months, did you have an illness, injury, or condition that needed care right away?				
Q3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	224	45.16	224	45.16
No	272	54.84	496	100.00

Q4) In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?				
Q4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	3	1.40	3	1.40
Sometimes	34	15.81	37	17.21
Usually	56	26.05	93	43.26
Always	122	56.74	215	100.00

Q5) In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care?				
Q5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	357	72.27	357	72.27
No	137	27.73	494	100.00

Q6) In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?				
Q6	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	8	2.31	8	2.31
Sometimes	42	12.10	50	14.41
Usually	87	25.07	137	39.48
Always	210	60.52	347	100.00

Q7) In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care in person, by phone, or by video?				
Q7	Frequency	Percent	Cumulative Frequency	Cumulative Percent
None	124	25.36	124	25.36
1 time	72	14.72	196	40.08
2	78	15.95	274	56.03
3	59	12.07	333	68.10
4	53	10.84	386	78.94
5 to 9	73	14.93	459	93.87
10 or more times	30	6.13	489	100.00

Q8) 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?				
Q8	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0 Worst health care possible	1	0.27	1	0.27
1	4	1.10	5	1.37
2	8	2.20	13	3.57
3	4	1.10	17	4.67
4	6	1.65	23	6.32
5	34	9.34	57	15.66
6	21	5.77	78	21.43
7	40	10.99	118	32.42
8	70	19.23	188	51.65
9	40	10.99	228	62.64
10 Best health care possible	136	37.36	364	100.00

Q9) In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?				
Q9	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	7	1.94	7	1.94
Sometimes	42	11.63	49	13.57
Usually	116	32.13	165	45.71
Always	196	54.29	361	100.00

Q10) A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem or get sick or hurt. Do you have a personal doctor?				
Q10	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	443	90.41	443	90.41
No	47	9.59	490	100.00

Q11) In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?				
Q11	Frequency	Percent	Cumulative Frequency	Cumulative Percent
None	58	13.52	58	13.52
1 time	103	24.01	161	37.53
2	84	19.58	245	57.11
3	74	17.25	319	74.36
4	44	10.26	363	84.62
5 to 9	46	10.72	409	95.34
10 or more times	20	4.66	429	100.00

Q12) In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?				
Q12	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	8	2.16	8	2.16
Sometimes	25	6.74	33	8.89
Usually	62	16.71	95	25.61
Always	276	74.39	371	100.00

Q13) In the last 6 months, how often did your personal doctor listen carefully to you?				
Q13	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	5	1.36	5	1.36
Sometimes	20	5.43	25	6.79
Usually	53	14.40	78	21.20
Always	290	78.80	368	100.00

Q14) In the last 6 months, how often did your personal doctor show respect for what you had to say?				
Q14	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	7	1.93	7	1.93
Sometimes	12	3.31	19	5.23
Usually	45	12.40	64	17.63
Always	299	82.37	363	100.00

Q15) In the last 6 months, how often did your personal doctor spend enough time with you?				
Q15	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	9	2.43	9	2.43
Sometimes	22	5.95	31	8.38
Usually	68	18.38	99	26.76
Always	271	73.24	370	100.00

Q16) In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?				
Q16	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	234	63.93	234	63.93
No	132	36.07	366	100.00

Q17) 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?				
Q17	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	13	5.70	13	5.70
Sometimes	21	9.21	34	14.91
Usually	60	26.32	94	41.23
Always	134	58.77	228	100.00

Q18) 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?				
Q18	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0 Worst personal doctor possible	2	0.46	2	0.46
1	1	0.23	3	0.70
2	2	0.46	5	1.16
3	14	3.25	19	4.41
4	6	1.39	25	5.80
5	14	3.25	39	9.05
6	13	3.02	52	12.06
7	20	4.64	72	16.71
8	51	11.83	123	28.54
9	61	14.15	184	42.69
10 Best personal doctor possible	247	57.31	431	100.00

Q19) 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 with a specialist?				
Q19	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	271	54.86	271	54.86
No	223	45.14	494	100.00

Q20) In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?				
Q20	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	10	3.75	10	3.75
Sometimes	43	16.10	53	19.85
Usually	79	29.59	132	49.44
Always	135	50.56	267	100.00

Q21) How many specialists have you talked to in the last 6 months?				
Q21	Frequency	Percent	Cumulative Frequency	Cumulative Percent
None	10	3.80	10	3.80
1 specialist	115	43.73	125	47.53
2	70	26.62	195	74.14
3	41	15.59	236	89.73
4	11	4.18	247	93.92
5 or more specialists	16	6.08	263	100.00

Q22) We want to know your rating of the specialist you talked to 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?				
Q22	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0 Worst specialist possible	3	1.20	3	1.20
1	3	1.20	6	2.39
2	0	0.00	6	2.39
3	6	2.39	12	4.78
4	2	0.80	14	5.58
5	12	4.78	26	10.36
6	9	3.59	35	13.94
7	15	5.98	50	19.92
8	34	13.55	84	33.47
9	44	17.53	128	51.00
10 Best specialist possible	123	49.00	251	100.00

Q23) In the last 6 months, did you get information or help from your health plan's customer service?				
Q23	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	116	23.77	116	23.77
No	372	76.23	488	100.00

Q24) In the last 6 months, how often did your health plan's customer service give you the information or help you needed?				
Q24	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	1	0.89	1	0.89
Sometimes	20	17.86	21	18.75
Usually	30	26.79	51	45.54
Always	61	54.46	112	100.00

Q25) In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?				
Q25	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	2	1.77	2	1.77
Sometimes	5	4.42	7	6.19
Usually	28	24.78	35	30.97
Always	78	69.03	113	100.00

Q26) In the last 6 months, did your health plan give you any forms to fill out?				
Q26	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	118	24.48	118	24.48
No	364	75.52	482	100.00

Q27) In the last 6 months, how often were the forms from your health plan easy to fill out?				
Q27	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	4	3.64	4	3.64
Sometimes	13	11.82	17	15.45
Usually	41	37.27	58	52.73
Always	52	47.27	110	100.00

Q28) 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?				
Q28	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0 Worst health plan possible	12	2.46	12	2.46
1	7	1.44	19	3.90
2	9	1.85	28	5.75
3	15	3.08	43	8.83
4	16	3.29	59	12.11
5	47	9.65	106	21.77
6	33	6.78	139	28.54
7	43	8.83	182	37.37
8	76	15.61	258	52.98
9	65	13.35	323	66.32
10 Best health plan possible	164	33.68	487	100.00

Q29) In general, how would you rate your overall health?				
Q29	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Excellent	22	4.49	22	4.49
Very good	62	12.65	84	17.14
Good	137	27.96	221	45.10
Fair	189	38.57	410	83.67
Poor	80	16.33	490	100.00

Q30) In general, how would you rate your overall mental or emotional health?				
Q30	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Excellent	34	6.92	34	6.92
Very good	70	14.26	104	21.18
Good	157	31.98	261	53.16
Fair	164	33.40	425	86.56
Poor	66	13.44	491	100.00

Q31) Do you now smoke cigarettes or use tobacco every day, some days, or not at all?				
Q31	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Every day	99	20.20	99	20.20
Some days	67	13.67	166	33.88
Not at all	321	65.51	487	99.39
Don't know	3	0.61	490	100.00

Q32) 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?				
Q32	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	38	23.31	38	23.31
Sometimes	37	22.70	75	46.01
Usually	33	20.25	108	66.26
Always	55	33.74	163	100.00

Q33) 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.				
Q33	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	70	43.21	70	43.21
Sometimes	32	19.75	102	62.96
Usually	23	14.20	125	77.16
Always	37	22.84	162	100.00

Q34) 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.				
Q34	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	83	50.92	83	50.92
Sometimes	34	20.86	117	71.78
Usually	19	11.66	136	83.44
Always	27	16.56	163	100.00

Q35) What is your age?				
Q35	Frequency	Percent	Cumulative Frequency	Cumulative Percent
18 to 24	60	12.12	60	12.12
25 to 34	56	11.31	116	23.43
35 to 44	68	13.74	184	37.17
45 to 54	93	18.79	277	55.96
55 to 64	195	39.39	472	95.35
65 to 74	19	3.84	491	99.19
75 or older	4	0.81	495	100.00

Q36) Are you male or female?				
Q36	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Male	199	40.53	199	40.53
Female	292	59.47	491	100.00

Q37) What is the highest grade or level of school that you have completed?				
Q37	Frequency	Percent	Cumulative Frequency	Cumulative Percent
8th grade or less	28	5.69	28	5.69
Some high school, but did not graduate	97	19.72	125	25.41
High school graduate or GED	250	50.81	375	76.22
Some college or 2-year degree	85	17.28	460	93.50
4 year college graduate	19	3.86	479	97.36
More than 4-year college degree	13	2.64	492	100.00

Q38) Are you of Hispanic or Latino origin or descent?				
Q38	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes, Hispanic or Latino	29	6.05	29	6.05
No, Not Hispanic or Latino	450	93.95	479	100.00

Q39) What is your race? Mark one or more				
Q39	Frequency	Percent	Cumulative Frequency	Cumulative Percent
White	329	66.73	329	66.73
Black or African-American	123	24.95	452	91.68
Asian	3	0.61	455	92.29
Native Hawaiian or other Pacific Islander	1	0.20	456	92.49
American Indian or Alaska Native	9	1.83	465	94.32
Other	16	3.25	481	97.57
Multiracial	12	2.43	493	100.00

Q40) Some health plans help with transportation to doctor's offices, clinics, or pharmacies. In the last 6 months, did you phone your health plan to get help with transportation?				
Q40	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	72	14.55	72	14.55
No	423	85.45	495	100.00

Q41) In the last 6 months, when you phoned to get help with transportation from your health plan, how often did you get it?				
Q41	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	7	10.45	7	10.45
Sometimes	15	22.39	22	32.84
Usually	41	61.19	63	94.03
Always	4	5.97	67	100.00

Q42) In the last 6 months, how often did the help with transportation meet your needs?				
Q42	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	1	1.69	1	1.69
Sometimes	7	11.86	8	13.56
Usually	10	16.95	18	30.51
Always	41	69.49	59	100.00

Comments

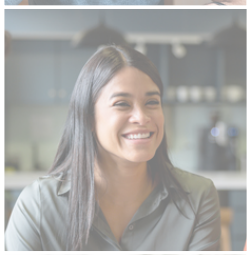
Satisfaction with Health Plan	Overall Health Status	Age	Education Level	Comments
8-10	Fair	65 to 74	High school graduate or GED	I HAVE NEVER CALLED TO GET HELP. SO FAR, I HAVE A FRIEND TO DRIVE TO THE DOCTORS OFFICE.
8-10	Fair	55 to 64	Some high school, but did not graduate	I HAVE MY OWN TRANSPORTATION;
5-7	Good	35 to 44	High school graduate or GED	P.S. MEDICAID ONLY COVERS SO MANY URINARY CATHETERS EVERY MONTH AND IT'S NOT ENOUGH. I HAVE TO BUY CATHETERS EVERY MONTH. MEDICAID SHOULD PAY FOR ENOUGH.
8-10	Fair	55 to 64	Some high school, but did not graduate	Q28) I'M 64 AND I NEED DENTAL HELP!
0-4	Fair	45 to 54	High school graduate or GED	I NEED A MEDICAID PLAN LIKE AETNA OR HUMANA. ALL I HAVE IS AR MEDICAID NO BENEFITS; Q28) I NEED AETNA ; Q40) I HAVE MEDICAID ONLY I NEED A PLAN;
8-10	Good	55 to 64	High school graduate or GED	Q9) THE SYSTEM IS BROKEN. MOST DOCTORS DON'T LISTEN TO THEIR PATIENT;
8-10	Fair	55 to 64	8th grade or less	PS: IT WOULD BE NICE IF MY PAIN MEDS WERE PAID FOR SO I DON'T HAVE TO PAY CASH I DON'T REALLY HAVE. THANK YOU.
8-10	Fair	55 to 64	Some high school, but did not graduate	Q42) NEVER CALLED NOT HAPPY ABOUT MY MEDICAID NOT COVERING SHOTS!!
0-4	Fair	25 to 34	High school graduate or GED	Q42) TRANSPORTATION NEEDS TO BE ABLE TO GET AND OR PULL UP MEDICAID ID # WHEN CALLED.
8-10	Poor	55 to 64	Some college or 2-year degree	THANK YOU TOO!
5-7	Fair	55 to 64	Some high school, but did not graduate	THANK YOU!
5-7	Poor	35 to 44	8th grade or less	Q30) I NEED MENTAL HELP MORE THAN 7 DAYS
5-7	Fair	35 to 44	Some high school, but did not graduate	Q28) COULD USE SOME TYPE OF EYE COVERAGE. PEOPLE CAN'T ALWAYS AFFORD EYE APPTS OUT OF POCKET

Satisfaction with Health Plan	Overall Health Status	Age	Education Level	Comments
8-10	Poor	55 to 64	High school graduate or GED	Q26) NO BUT I WOULD LOVE TO KNOW IF I COULD GET FALSE TEETH I HAVEN'T HAD ANY SINCE 2019. I HAVE NO TEETH AND HARD TO EAT ANYTHING; Q36) I SUFFER FROM A STROKE AND HAVE A HARD TIME AT TIMES TAKING CARE OF STUFF LIKE THIS. I ALSO HAVE CANCER BUT SO FAR SO GOOD. I TOOK TREATMENT AND MY PSA IS WHERE IT SHOULD BE. I HAVE DEFIBRILATOR AND PACEMAKER; Q40) I DON'T EVEN KNOW WHAT HEALTH PLAN I HAVE OR WHAT IT COVERS I KNOW NOTHING ABOUT IT. I HAVE NEVER HAD TROUBLE WITH ANYTHING I NEEDED DONE. ALL I KNOW IS MEDICAID. I HAVE HAD IT SEVERAL YEARS AND I DONT HAVE A CARD, NEVER HAD ONE.
8-10	Fair	75 or older	High school graduate or GED	Q40) I DO NOT DRIVE ANY VEHICLE NEIGHBOR AND FRIEND WHO HELPED ME GET TO THE DR OFFICE WHEN I NEED IT SOMETIMES MY DAUGHTER IN LAW HELPS!
0-4	Fair	55 to 64	Some college or 2-year degree	NOT PART OF SURVEY. MY ONLY COMPLAINT WITH HAVING MEDICAID IS DENTAL. I HAVE HAD AN UPPER PLATE AND A PARTIAL PLATE ON THE BOTTOM. I NO LONGER HAVE EITHER ON. I CAN'T AFFORD TO PAY FOR DENTURES SO I HAVE NO TEETH. I HAVE TRIED FOR GRANTS "NO" NOT ON MEDICAID
0-4	Poor	35 to 44	Some college or 2-year degree	THE ONLY PROBLEM THAT I HAVE WITH MEDICAID IS THAT I HAVE TO PAY OUT OF POCKET FOR MEDICINE AND CANNOT GO TO A DENTIST.
-	Very good	65 to 74	Some high school, but did not graduate	THANK YOU: Q7) I SEE MY DOCTOR EVERY 3 MONTHS SO I CAN GET MY PAIN PILLS. Q12) ALWAYS SITS DOWN WITH ME AND EXPLAINS EVERYTHING TO ME IS WHAT I LIKE ABOUT HIM.
8-10	Excellent	45 to 54	High school graduate or GED	NEVER HAVE TO PAY ANY DOCTOR.
8-10	Fair	55 to 64	Some college or 2-year degree	THANK YOU
8-10	Very good	55 to 64	High school graduate or GED	Q18) BELIEVE I HAD 2 FLU SHOTS THIS YEAR. WAS TOLD NO TYPE 2 DIABETES THEN WAS REINSTATED WITH NEW DOCTOR
0-4	Fair	55 to 64	Some college or 2-year degree	Q28) NEVER RECEIVED MEDICAID CARD
5-7	Good	65 to 74	Some high school, but did not graduate	I AM WAITING ON DHS TO GET MY MEDICARE SAVINGS PROGRAM TO GET PROCESSED. I BEEN WAITING HERE FOR A WHILE NOW BECAUSE MY PAPERWORK WAS MESSED UP AND IT HAS TO BE REDONE BECAUSE SOMEONE AT THE OFFICE SIGNED ME UP FOR MEDICALLY NEEDED AND I DIDN'T SIGN UP FOR THAT, SO DHS TELLS ME THEY HAVE TO RESEND MY PAPERWORK TO GET ME SIGNED UP FOR THE MEDICARE SAVINGS PROGRAM, SO I CAN GET HELP THROUGH WELLCARE. HUMANA SENT ME A CARD BUT I DIDN'T SIGN UP FOR THE HUMANA PROGRAM.

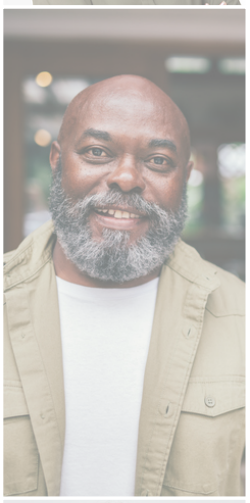
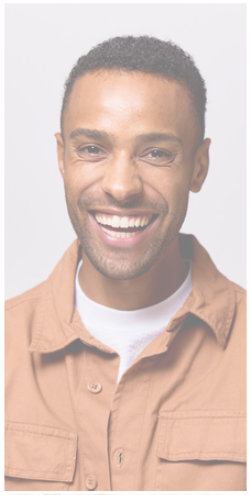
Satisfaction with Health Plan	Overall Health Status	Age	Education Level	Comments
8-10	Fair	55 to 64	Some high school, but did not graduate	Q40) DIDN'T KNOW IF I COULD USE THEM
0-4	Poor	55 to 64	Some high school, but did not graduate	I WISH YOU ALL WOULD FOCUS ON THE PATIENT AND THEIR NEEDS. MEDICAID PAYS FOR 5 OF MY 14 MEDICATIONS THE DOCTOR PRESCRIBED. MEDICAID HAS PAID LITTLE TO NOTHING FOR TESTS, X RAYS, ETC. I HAVE COPD AND MY PHARMACIST PRESCRIBED A MED TO BE TAKEN DAILY TO HELP MY LUNGS AND AVOID FLARES, PNEUMONIA, ETC. I WAS FORCED TO PAY $44 FOR A ONE MONTH'S SUPPLY WHEN YOU PUT US ON AMBETTER AND DIDN'T HAVE TO WORRY ABOUT ANYTHING BUT GETTING WELL. LAST MONTH MY PHARMACY BILL WAS $78, WHICH WOULD BUY GROCERIES. SOMEONE NEEDS TO CARE.
0-4	Poor	55 to 64	Some college or 2-year degree	Q40) DIDN'T KNOW I COULD
8-10	Good	55 to 64	Some college or 2-year degree	Q17) MY MENTAL DR DOES NOT UPDATE PERSONAL DR
8-10	Good	55 to 64	High school graduate or GED	THANK YOU











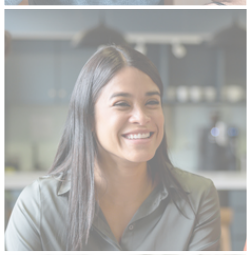








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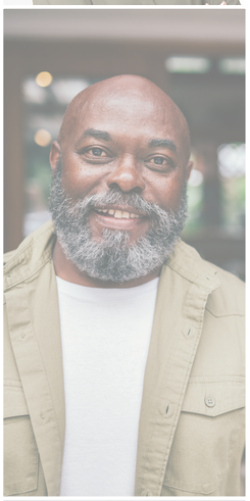
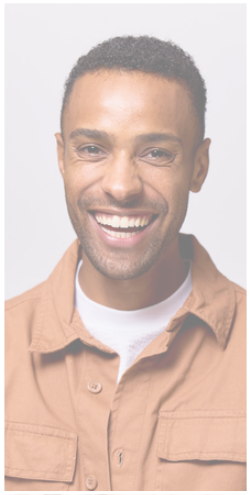


Adult Medicaid

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