



Washington State Department
of Social and Health Services

JULY 2004

2004 MEDICAL ASSISTANCE PROVIDER SURVEY

Nancy K. Raiha, MSW, Ph.D

Nearly 2,300 individuals and agencies that provide services to clients of Medical Assistance Administration (MAA) responded to a recent survey. They reported that most DSHS staff are generally courteous and respectful, and cited a number of areas of satisfaction and dissatisfaction. Difficulty reaching MAA staff by phone was the most frequent source of dissatisfaction, although the most common reason given for limiting the number of Medicaid clients was low reimbursement rates. The support received from MAA staff was the most frequent source of satisfaction.

COURTESY AND RESPECT

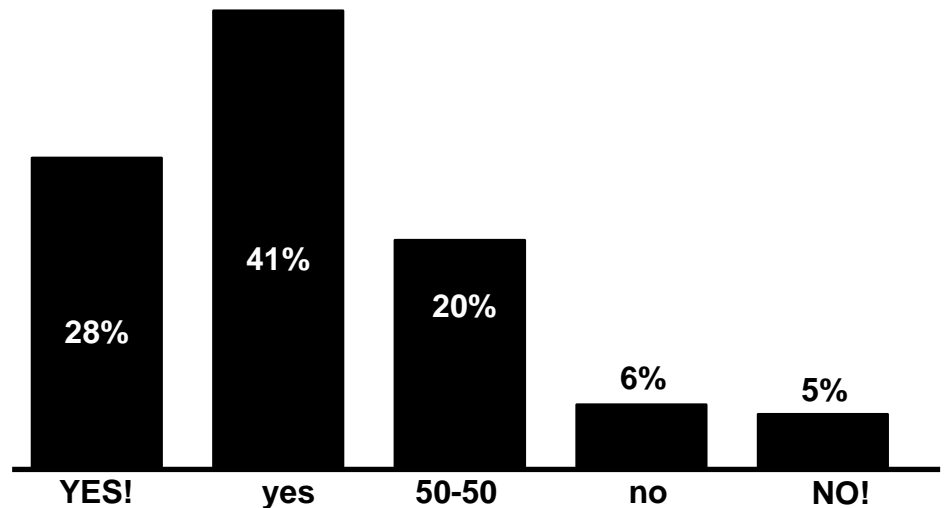
Most providers reported that they were treated with courtesy and respect by DSHS staff:

Question:

Do DSHS staff treat you with courtesy and respect?

Answer:

Nearly seven out of ten MAA providers said that they were treated with courtesy and respect. Almost eleven percent disagreed.



Differences by Type of Provider. Overall, almost seven out of ten providers answered “YES!” or “yes” – they were treated with courtesy and respect. The table at the top of the next page shows the perception of courtesy and neglect by service type. For each major type of health care service provided, the percentage of respondents who said they were treated with courtesy and respect is reported for two groups: (1) all individuals/ agencies providing that service; and (2) the smaller group of individuals/ agencies who provide *only* that service.

Perceptions of DSHS staff courtesy varied slightly by specialty

| Service Provided | Provides This Service | | Provides Only This Service | |
|--|-----------------------|--------|----------------------------|--------|
| | Number | % Yes* | Number | % Yes* |
| Specialty Care | 871 | 67% | 597 | 66% |
| Dental Services | 444 | 67% | 369 | 67% |
| Primary Care | 417 | 66% | 200 | 64% |
| Physical, Occupational, Speech Therapies | 223 | 72% | 128 | 66% |
| Other Services | 202 | 77% | 99 | 82% |
| Durable Med Equipment | 175 | 74% | 79 | 74% |
| Pharmacy | 154 | 71% | 82 | 79% |
| Optometry | 153 | 77% | 122 | 76% |
| Lab / Radiology | 144 | 72% | 30 | 89% |
| ARNP | 129 | 62% | 10 | 70% |
| Emergency Services | 127 | 72% | 29 | 76% |
| Hospitalization | 102 | 71% | 1 | 100% |
| More than one Service | NA | NA | 455 | 70% |
| Service not specified | 69 | NA | 69 | NA |

* Answer to “Do DSHS staff treat you with courtesy and respect?”

Note: 220 respondents did not answer this question.

PROVIDERS SPEAK OUT

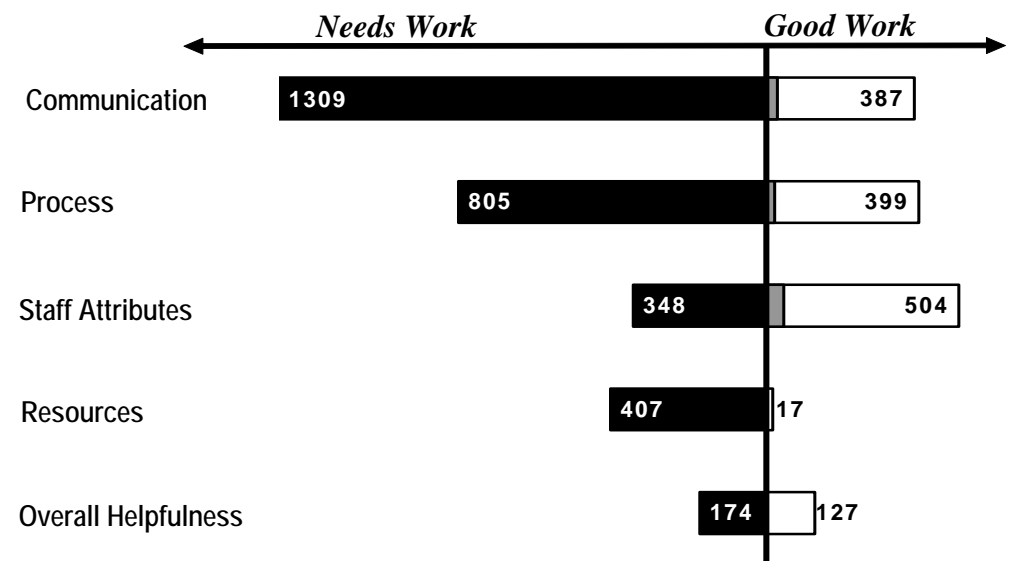
Providers were asked two general questions about DSHS services

The survey asked two open-ended questions:

- *What does DSHS do well?*
- *What could DSHS do better?*

Providers’ answers gave valuable insight into areas of satisfaction and dissatisfaction. The table below shows the five major issues identified and the number of providers who made positive comments (Good Work), and critical comments or suggestions for improvement (Needs Work). A small number gave neutral or mixed responses (in gray).

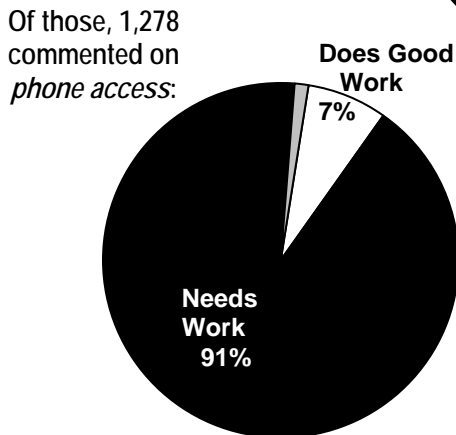
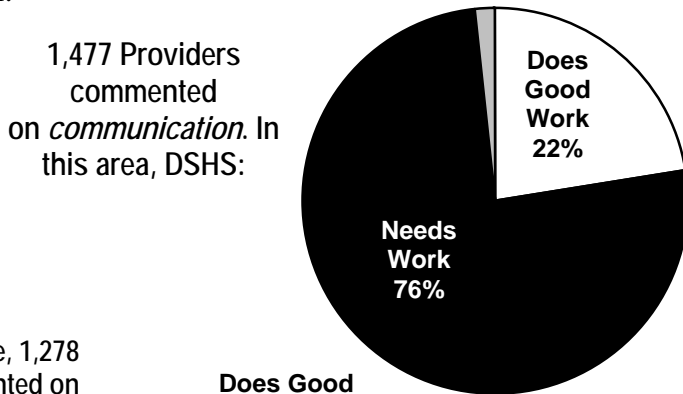
They identified FIVE major issues:



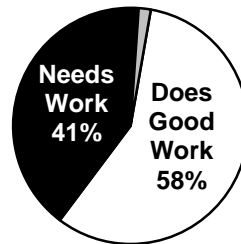
COMMUNICATION

Communication was by far the most frequently mentioned issue in this survey. About two out of three providers (1,477 of the 2,270 respondents) mentioned communication.¹ More than three quarters of the comments (76%) were complaints or suggestions for improvement. The communication comments can be divided into two smaller categories:

- **Phone access** - the main source of discontent. Comments in this category addressed how easy it is to contact DSHS staff via phone.
- **Information and other communication** – more positive feedback. These comments addressed how well DSHS staff provided accurate and timely information, answered questions, and communicated via e-mail.



And 523 commented on *information and other communication*:



What DSHS does well: Some providers expressed appreciation for helpful workers who return e-mails and phone calls quickly, are knowledgeable, answer questions and share information.

What DSHS could do better: The majority of providers expressed frustration with DSHS responsiveness. The phrases “Answer phone” and “Reduce hold time” and “Don’t disconnect calls” occurred repeatedly. Providers often requested improved communication methods, follow-up, and delivery of current, accurate information about DSHS changes.

“Being on hold on the phone for 30-40 minutes makes every phone call to DSHS a real pain.”

“Love the e-mail when I need a question answered. Always get a response quickly.”

“Better communication between themselves and other agencies. Lots of wrong information.”

“Can never get through...are told lines are all busy and then it hangs up on you. Have not gotten through for months.”

“When we do reach someone, they give accurate and helpful information.”

“We need to confirm eligibility same day. Phones are almost impossible to get through on. E-mailed questions need to be addressed promptly.”

“Send reasons why claims are denied that are clearer and make it easier to contact someone for questions.”

“Be available on the phone. Half hour waits are ridiculous.”

“Knowledgeable and almost always cheerful help/answers. Usually very clear instruction/answers. ALWAYS very patient. THANK YOU!”

¹ Some providers made both positive and negative comments on the same issue. Often they also commented on more than one subcategory of a major issue. Thus, one cannot total the subcategories to calculate the total number of providers commenting on a particular issue.

“Seem knowledgeable regarding coverage, and if they do not know will go the extra mile to look it up. Good turnaround on e-claims.”

“Hold time is tremendous. If we could access a patient’s eligibility dates, like other insurance carriers, we would rarely have to call at all.”

“When we bill correctly and are denied incorrectly, would like claims reprocessed vs. us having to redo it.”

“The new pre-authorization plan is a great help – takes a lot of guesswork out and keeps us from denials and having to re-bill.”

“Because MAID cards are mailed so late in the month, our clients often don’t have their cards the first few days of the following month. It puts us on the spot.”

“Pay claims in a timely manner. Also, stop denying claims that have had pre-authorization.”

“You are great at supplying coupon copies when patients forget to bring them. Thank you.”

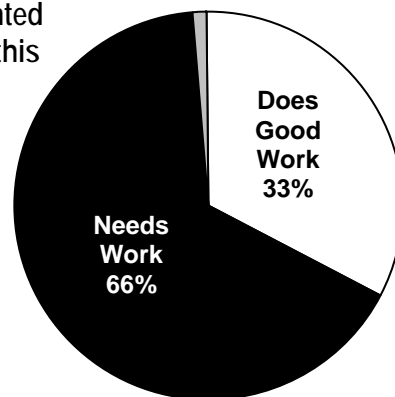
“You need an automated phone system so we can check on claims status. Also, and most important, is please standardize your code system to what everyone else is using.”

PROCESS

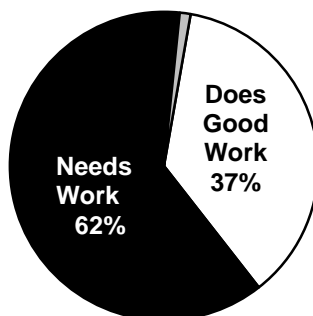
Less than half of the Medicaid providers (1,047) addressed the ease or difficulty of working with DSHS business processes and procedures. Negative process comments outnumbered positive. Process issues are divided into two categories:

- **General Process.** Issues with the process of working with DSHS, including paperwork, bureaucracy, and efficiency.
- **Pay.** Comments related to the process of being paid, such as accurate and timely payment, invoices, denials, methods to ascertain claim status, and electronic billing.

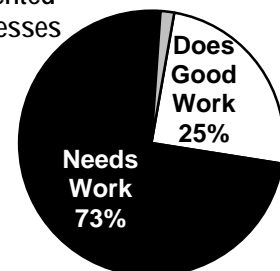
1,047 Providers commented on DSHS processes. In this area, DSHS:



Of those, 697 commented on pay processes



And 520 commented on general processes



What DSHS does well: Respondents commented favorably about electronic billing, timely payment with electronic billing, and direct deposit. They also appreciate the pre-authorization fax back system, being faxed coupons when clients don’t provide them, the website, and the willingness of staff to research claims issues.

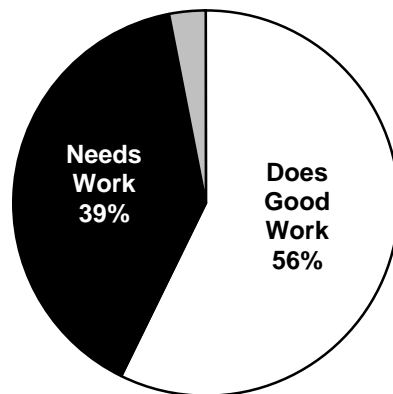
What DSHS could do better: Providers had many suggestions for improvement: have an automated phone line to check eligibility and claims status, improve the on-line system to check eligibility, provide clearer paper guidelines for billing, send coupons to clients earlier in the month, change codes to industry standards, organize the website more efficiently, and give more detailed denial explanations. Many of these suggestions were offered in hope of reducing the need to use overtaxed phone lines. Providers also expressed dissatisfaction with the timeliness of payment, the number of denied claims that are correctly billed, the processing of secondary claims, and the amount of paperwork required for low payment.

STAFF ATTRIBUTES

About one out of three providers (774) mentioned staff characteristics. More than half of the comments were positive. Staff attributes include:

- **Courtesy and respect.** Whether staff treat providers with courtesy and respect.
- **Follow through and support.** How well staff follow through with requests, provide guidance and support, and resolve problems.
- **Knowledge of rules and help.** Level of knowledge about the various programs and resources to help providers and clients, and staff willingness to assist.
- **Specific staff.** 96 providers mentioned a specific staff member by name – more than 80% of these comments were complimentary.

773 Providers commented on staff attributes. In this area, DSHS:



What DSHS does well: More than half of the respondents who mentioned DSHS staff expressed satisfaction and praised efforts to assist providers. DSHS staff were repeatedly described as helpful, responsive, courteous, and supportive. Providers praised DSHS staff who help them arrive at an answer. Many found DSHS staff a source of support when faced with problems. They also commended staff who responded quickly to requests for assistance. An example of a typical response is, “The staff are very friendly and courteous. They are great about checking on claims and verifying information.”

What DSHS could do better: Some respondents described DSHS staff as unsupportive or unresponsive. Much of the dissatisfaction with staff was related to the previously discussed difficulty in reaching MAA by phone. A number of providers complained that they never get replies to voice and e-mail messages. Some indicated disappointment with the staff’s lack of knowledge. Others felt that some DSHS employees are not courteous. One provider said, “Customer service staff needs to be trained so they can actually answer questions and help (if you can manage to get through). They are rude and condescending, snide.” Several respondents expressed the belief that DSHS staff problems are related to overwork and low staffing levels.

“The best staff are patient and helpful to arrive at an answer.”

“New representatives give us inaccurate information, which results in hours of correcting errors at times.”

“They are knowledgeable and almost always cheerful... Thank You!”

“Don’t transfer us from one desk to another, then the last guy can’t help with the questions anyway.”

“They respond to questions and requests for assistance in a timely manner.”

“MAA is often rude and short with me on the phone.”

“If we have any problems they do everything they can to help.”

“I have received 4 different answers and been reprimanded by DSHS for doing what members of your staff have instructed...”

“Once we get someone on the phone, they are usually helpful.”

“Customer service people are always helpful – Gary, Rita, Peggy. They will call us back with an answer.”

“... You can sometimes get voice mail, but NO ONE calls back.”

“Medical Assistance is helpful and courteous. Representatives are... knowledgeable.”

“Put in more phone lines and add more staff.”

“Pay us enough so we are not PAYING OUT OF POCKET to see your patients.”

“DSHS workers are dedicated and underpaid, under-appreciated and overworked.”

“Educate people on DSHS, on ‘How it works’ – Patients should be more responsible regarding their coverage.”

“If they say they are going to cover Chiropractic services, they should follow through with those promises.”

“More educational workshops would be nice!”

“Your phone line is always busy. Get more people to help and make sure they know how to answer questions.”

“Why don’t you just admit that you ask physicians to donate their time to treat DSHS patients?”

“The free training classes are very helpful.”

“The people I have personally contacted have been considerate, knowledgeable, and helpful. Thank you!”

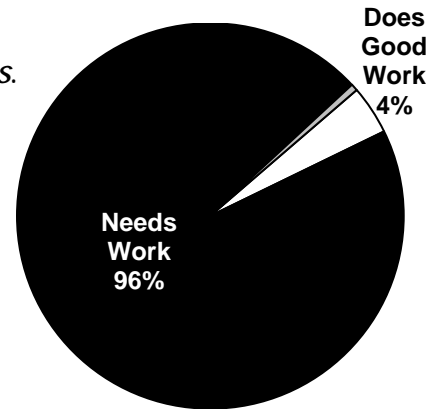
“It’s a great benefit to help the less fortunate.”

“DSHS is very difficult to work with.”

RESOURCES

About one in five providers (421) commented on resources. Most comments in this area were suggestions for improvement. More than 200 providers said that DSHS needs more staff. More than 140 stated that reimbursement levels are too low. Other comments included requests for broader benefit coverage and training. Additional training was suggested for MAA staff, for providers, and for clients (for providers, staff and client).

421 providers commented on needed resources. In this area, DSHS:



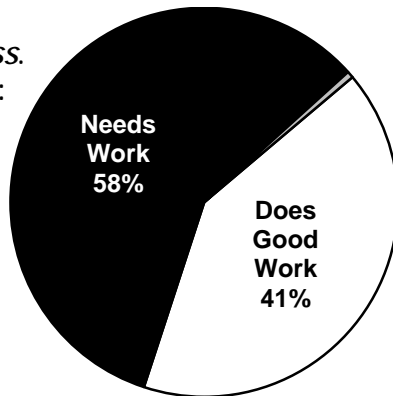
What DSHS does well: Seventeen of the 421 providers expressed satisfaction with DSHS resources. In particular, these respondents found training to be helpful and felt that DSHS provides a good benefit to clients.

What DSHS could do better: The majority of comments in this area were focused on phone support and reimbursement levels. Providers would like DSHS to hire more customer service representatives in order to improve the phone system, and to increase reimbursement levels to cover their costs. Other suggestions for improvement include educating clients regarding their responsibilities, providing more workshops/meetings, and honoring the perceived commitment to provide chiropractic benefits to clients.

OVERALL HELPFULNESS

More than one tenth of respondents (298) made more general comments about how they liked or disliked DSHS, or about how DSHS did or did not help them. More than half of these comments were negative. Comments about specific programs were more positive; 63 providers commented on specific programs. Two-thirds of these program-specific comments were positive.

298 providers commented on DSHS helpfulness. In this area, DSHS:



“Nothing comes to mind. Helpful and DSHS are not associated in my mind.”

“Local Office is knowledgeable and helpful.”

“I don’t know how well DSHS works, I can never get through to them.”

“Nothing – I am satisfied with the way that I have been treated.”

“I am sorry to say, I cannot think of anything DSHS does well.”

“We like the ABCD program. Stressing preventative care.”

What DSHS does well: Of the 127 providers who commented favorably on DSHS help, 44 mentioned specific programs such as Airway Optical, the ABCD dental program, or their local office. The remainder said DSHS was helpful (38 respondents), thought that there was “nothing” DSHS could do to improve (26), or felt that everything was “okay”(25).

What DSHS could do better: By contrast, 151 providers felt that DSHS did “nothing” well or could not comment because they are unable to communicate with DSHS. An additional 11 respondents felt that DSHS did not help them and 20 respondents expressed dissatisfaction with specific programs.

ADDITIONAL QUESTIONS: LIMITING MEDICAID CLIENTS

The preceding response summaries have addressed the questions asked throughout this series of DSHS provider surveys. This survey, however, contained some additional questions. Because of concerns about provider access, Medical Assistance Administration staff asked that two questions about limiting Medicaid clients be added to the survey. The next two pages summarize the responses to these two questions. Interestingly, although providers report the same concerns in response to these questions as they did in response to the question about improving service, the emphasis was different. Suggestions for improvement most often concerned phone access, while concerns about low reimbursement rates topped the reasons for limiting Medicaid clients.

Please keep one fact in mind when reading the following pages: This survey was administered only to providers who have billed for services to Medicaid clients in the past two years – and mainly to providers who have billed recently. Thus, the survey does not represent those providers who do not do business with MAA and refuse all Medicaid clients. The true percentage of *all* health care providers in Washington State who limit or refuse Medicaid clients is higher than the percentages reported for the group of MAA providers queried in this survey.

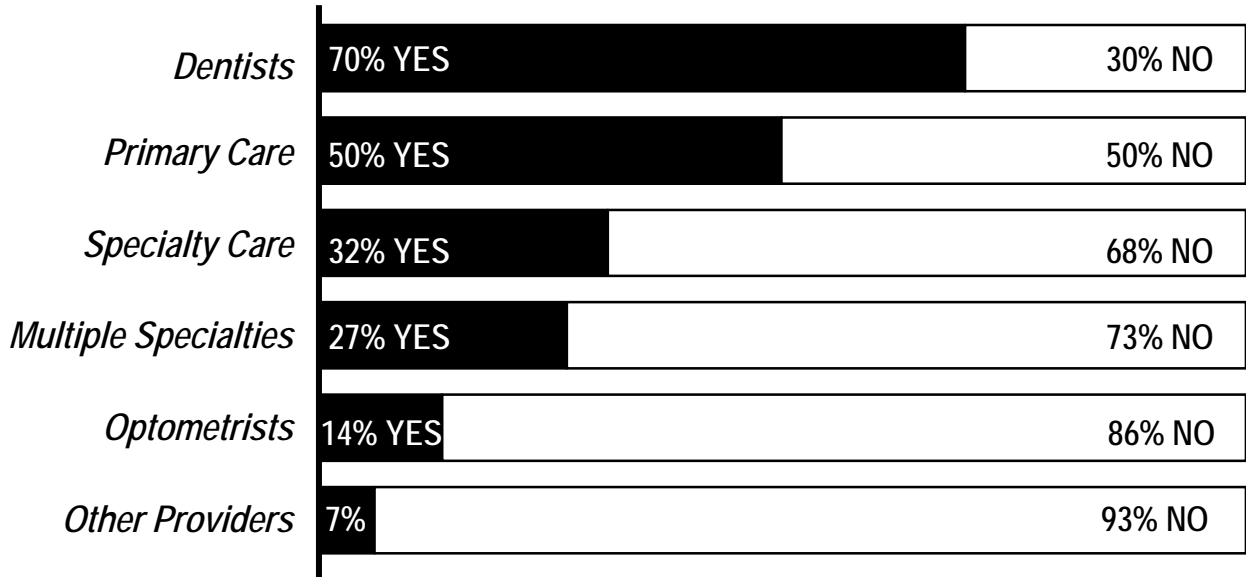
Two added questions:

- Do you limit the number of Medicaid clients?
- If yes, why?

LIMITING MEDICAID CLIENTS

Which specialties limit Medicaid clients?

Who limits Medicaid clients? 728 of the 2,270 respondents (31%) reported their agency or clinic restricted the number of Medicaid clients served. An additional 29 said they were considering limiting services to Medicaid clients in the future.



“Cannot afford discounted fees for a great number of patients – we take only existing patients and their families.”

“We want to serve our local Medicaid people, so see only in our area.”

“Reimbursement levels are so poor it’s insulting.”

“Each DSHS patient we see represents a loss of money. I would rather choose where I give charitable dentistry, rather than having it forced on me.”

“Reimbursement is below our expenditures – we believe poor people should have treatment, but we also have to look at the bottom line.”

The main groups limiting services to Medicaid clients are dentists (7 out of 10), primary care providers (1 out of 2), and specialty care providers (1 out of 3). Some providers reported limiting Medicaid clients to a certain percentage of their practice, some restrict their Medicaid clientele to current clients or to the local geographic area. Others only accept referrals from certain sources, or only accept certain types of Medicaid clients (children or those requiring a certain specialty). Although this survey was mainly focused on current Medicare providers, a number reported that they refuse to take Medicaid clients under any circumstances.

Why limit Medicaid clients? The primary reason given for limiting the number of Medicaid clients was low reimbursement; 514 providers (71% of those limiting Medicaid clients) mentioned this problem. Provider after provider said that they could not afford to take on too many Medicaid clients. They said, “Reimbursement is so low it does not even cover the cost of care,” and “We go into the red to see DSHS clients.” Many worried about the survival of their practice: “Would go bankrupt if we took too many of these patients.” Many of the providers appeared to think of treating Medicaid clients as a form of charity: “It actually costs our clinic money to see these patients.”

Some additional issues appeared to add to the frustration of low reimbursement. Twenty percent (145) of those limiting Medicaid clients complained about the hassle of dealing with DSHS: difficulty contacting MAA staff, difficulty getting paid, complex paperwork, poor service and

frequent denials of claims. Many of these comments were similar to the suggestions for improving DSHS services discussed earlier in this report. Payment hassles were often mentioned in conjunction with a discussion of low reimbursement rates. A typical comment was, “Very poor reimbursement with a lot of hassle.” One provider said, “To get paid is nearly worthless. By the time you get the billing issues resolved, the amount of reimbursement is absorbed.”

Another 106 respondents (15% of those limiting Medicaid clients) cited characteristics of Medicaid clients as reasons to limit the number of these clients. They complain that Medicaid clients are frequent no-shows, that they frequently forget their medical coupons, and that these patients often have complex and costly medical problems. Some providers characterize Medicaid clients as rude, non-compliant, and/or unhygienic. One provider said, “It is a financial hardship to serve them and they are often the most demanding patients.” Another said, “Clients are late, no-show, cancel repeatedly, don’t comply with oral hygiene, have poor communication/ comprehension skills.” A third added, “Managing the health of this patient population is very time consuming due to multiple health and mental issues.” 55 respondents said that there are “too many” Medicaid clients.

A number of the respondents explained why they stopped taking Medicaid clients: “Retroactive reimbursement waits were insulting as was the contract provided. In addition, reimbursement was not at a level which will allow practice survival. Have chosen not to remain a provider.” “We recently terminated our contract with you because of the reimbursement and the number of HCFA’s you processed incorrectly.” “We no longer accept new DSHS patients because of the difficulty in receiving payment (the little that we do get paid).” “We can’t afford to take on any new Medicaid patients and still stay in practice.”

Solutions: Many providers suggested that Medicaid should provide higher levels of reimbursement. As one provider put it, “I am reimbursed LESS than it costs to treat these patients. If I at least broke even I would see many more.” Others suggested easing the hassles of working with DSHS. Some providers offered more creative solutions. Dentists were very aware of the difficulties that DSHS clients have finding a provider, and some had obviously given some thought to possible solutions. A number of responses from dental clinics implied that they would be more likely to take some DSHS clients (even at a loss) IF other dentists would also take a share. One dental clinic responded, “No one takes adult DSHS and if we take one we get 50 more calls. If everyone was REQUIRED to take so many we wouldn’t have the problem we have. NO dentists take DSHS, but a few of us.” Another dentist agreed, “Other dentists need to share some of the responsibility of seeing these clients.” Another solution was offered by another dentist: “I don’t have the financial resources to pay for their care and DSHS does not cover the expenses! They need to allow the patient to pay a co-pay, then they could get reasonable care if that is the objective.”

“It’s easier to do charity for charity, and not have to fill out the paperwork.”

“Can’t afford shuffling paper for rude, impatient patients.”

“Cannot get through to provider services.”

“It costs us too much to serve them and they’re difficult patients.”

“It is a financial hardship to serve them and they are often most demanding patients.”

“AWFUL PAY!!! Patients need to be required to BATHE!”

“Low reimbursement – DSHS clients have generally complex problems with other factors affecting slower recovery.”

“Too much trouble.”

“Patients come late or do not show up and need large amounts of work.”

“We try to take as many as we can, but there are not many doctors in our area who will treat DSHS patients and we cannot take them all.”

“There’s such a huge write-off. If there was no limit we’d see nothing but DSHS recipients. I believe all providers should obligate themselves to divide the load so all DSHS recipients have a DDS provider.”

RESPONDENTS

| | |
|---------------------------------|----------------------|
| 9,200 Survey recipients | 2,270 Respondents |
| At least a 25% Response Rate | |

Response Rate. The MAA provider survey was distributed to two different groups. The main effort concentrated on current providers paid through the MMIS system. Surveys were sent to all MAA providers who received payments or other mailings pertaining to billing in the last week in February and first week in May 2004. During this two-week period, payment-related mailings were sent to approximately 8,200 individual providers or agencies. Some provider groups received multiple mailings. The short postcard-style provider survey was enclosed with each payment. 2,144 current providers responded to the survey. The response rate for these current providers is approximately 26%.

In a trial effort to also capture additional input from providers who had previously accepted Medicaid clients, but no longer did so, the survey was also sent to a sample of 1,000 providers who had billed in 2002, but not in 2003. This trial was not particularly successful in reaching large numbers of providers who had decided to stop accepting Medicaid payments. Only 126 (13%) responded. Many agencies in the sample were no longer in business. Others responded to the survey, but noted that they continued to accept Medicaid clients. It appears that current billing may not match the specific billing identifier used in drawing this sample.

This survey achieved a higher response rate than DSHS provider surveys in most other areas. The high response rate and high numbers of clients responding to narrative questions appears to be indicative of the high level of concern in the MAA provider population.

Provider Type. The chart below shows the number and percentage of respondents providing each major type of healthcare service. The chart shows all respondents who provide each type of service (including those who provide multiple services). It also shows the number and percentage of respondents who provide only the specified service.

| Service Provided | Respondent Provides This Service | | Respondent Provides Only This Service | |
|--|----------------------------------|-----|---------------------------------------|-----|
| | Number | % | Number | % |
| Specialty Care | 871 | 38% | 597 | 26% |
| Dental Services | 444 | 20% | 369 | 16% |
| Primary Care | 417 | 18% | 200 | 9% |
| Physical, Occupational, Speech Therapies | 223 | 10% | 128 | 6% |
| Other Services | 202 | 9% | 99 | 4% |
| Durable Med Equipment | 175 | 8% | 79 | 3% |
| Pharmacy | 154 | 7% | 82 | 4% |
| Optometry | 153 | 7% | 122 | 5% |
| Lab / Radiology | 144 | 6% | 30 | 1% |
| ARNP | 129 | 6% | 10 | 0% |
| Emergency Services | 127 | 6% | 29 | 1% |
| Hospitalization | 102 | 4% | 1 | 0% |
| More than one Service | NA | NA | 455 | 20% |
| Service not specified | 69 | 3% | 69 | 3% |

Response rate was higher than typical provider surveys.

Most provide:

- Specialty Care
- Dental Services, or
- Primary Care

Provider Specialty. As shown in the table on the preceding page, the largest number of respondents (871 or 38%) reported that they provide specialty care. Of these, 597 (26% of total respondents) provide only specialty care. They represent a wide range of specialties. The largest specialty group was 98 OB/GYN or women’s health care providers, followed by 44 pediatricians, 42 ophthalmologists, 41 podiatrists, 33 orthopedic surgeons, and 25 psychiatrists. The second largest major group (20% of respondents) provides dental care. The third largest group (18% of respondents) provides primary care, although more than half of them were part of groups also offering services in addition to primary care. Twenty percent of the respondents reported that their agency provides more than one type of service.

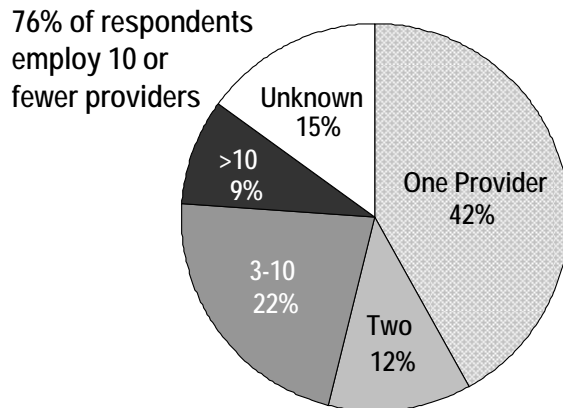
Most provide only one type of service

Number of Medicaid Clients. Respondents chose to answer the question about the number of Medicaid clients in many ways. Many gave a number – ranging from 1 to 120,000. Many others gave the percentage of practice – ranging from 0% to 97%. A few spoke of daily, monthly or annual visits; average daily census; or percent of income. Some chose to give text descriptions, such as, “Lots,” “Bunches,” “Too Many,” or “As few as possible.” This diverse group of answers can best be summarized by the most popular text answer: These providers serve “many” DSHS clients.

Most provide care to many DSHS clients

Number of providers. The majority of respondents were part of small clinics; 54% of respondents (1,234) represented one or two provider clinics, and 76% (1,735 respondents) represented clinics with ten or fewer providers.

Most are part of small clinics



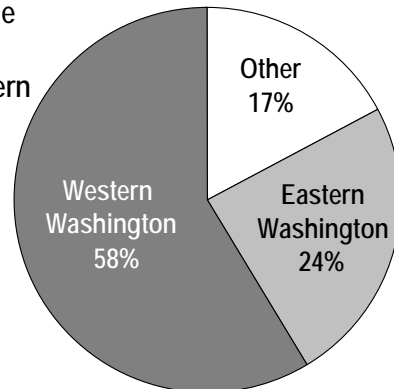
Fifteen percent of the respondents did not specify the number of providers – in some cases, such as Durable Medical Equipment suppliers, employees are not categorized as “providers.” Fewer than 10% of the respondents represented more than 10 providers, but some of these numbers were very large. Two respondents reported more than 1,000 providers each, and one respondent represented 32 clinics.

Location. Most of the respondents (1,327) practiced exclusively in Western Washington. Another 13 practiced in Western Washington and another state.

Most practice:

- in Western Washington
- in a single county

More than half the respondents practice in Western Washington



Of those serving Eastern Washington, 549 practiced exclusively in that area, with another 35 practicing in Eastern Washington and out of state. Some respondents (73) provided care in both Eastern and Western Washington. More than half of the 2,056 respondents who answered the questions about location practiced in only one county (1,071 respondents); 985 served more than one county.

Acknowledgment and Thanks:

This report is the result of the collaboration of many talented individuals:

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- Deborah Macy – who provided thematic coding of narrative comments and assisted in writing summaries of responses
- Elizabeth Mancuso – who assisted with formatting and writing summaries of responses
- Jung Chong – who assisted in writing summaries of responses
- Tim Carter and Nora Ellsworth – who assisted in stuffing envelopes and entered thousands of surveys in the database; and Viki Pfeltz and Lora McKiddy who also assisted in entering surveys
- Kim Bustos and the Cash Management Unit at Financial Service Administration – who stuffed thousands of surveys into envelopes containing payment-related mailings
- Staff from the Medical Assistance Administration who provided technical consultation and assistance – Steven Wish, Jean Du, Selia Evans, and Ann Lawrence

For questions or comments on this report contact: Nancy Raiha, PhD, DSHS Research and Data Analysis at (360) 902-7667 or raiha@dsht.wa.gov

This fact sheet, other provider survey reports, and complete lists of provider comments are available from the **RDA website**: www-app2.wa.gov/dshs/rda

Additional copies of this fact sheet may be obtained from Department of Social and Health Services, Research and Data Analysis Division, P.O. Box 45204, Olympia, WA 98504-5204, or request by telephone: (360) 902-0701, please refer to Fact Sheet Number 11.108h.