



**Commonwealth Care  
Member Survey  
Results  
Year 2**

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**Board of Directors Meeting  
March 8, 2012**



# Why a Second Commonwealth Care Member Survey

- The first Commonwealth Care Member Satisfaction Survey conducted during FY11 showed very positive results for the program
- It was, however, important to repeat the survey within a reasonable timeframe to track program performance against the baseline set by the FY11 survey
- In addition, we introduced significant program changes for FY12 in an effort to achieve aggressive fiscal goals; member experience and satisfaction are key indicators of program success in FY12 and therefore must be measured



**The Second Commonwealth Care Member Survey is a core component of the FY2012 Commonwealth Care performance analysis and oversight initiative**



# Today's Discussion

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- Some highlights of the survey results were shared at the February 9<sup>th</sup> Board meeting as part of the FY13 procurement roll out
- Today's discussion will provide an expanded view of the comprehensive survey results, focusing on areas other than those highlighted during the February board meeting



# Survey Methodology

- FY11 Survey Methodology:
  - 600 members surveyed
    - At least 3 months of enrollment
  - Stratified by MCO & plan type; results were weighted to match the member profile based on health plan, plan type, sex, age and region
  - Survey conducted by mail or phone
  - Key categories
    - Demographics
    - Awareness & Knowledge of Commonwealth Care
    - Satisfaction with Commonwealth Care Program
    - Prior Health Insurance Coverage
    - Health Status
    - Understanding of and Satisfaction with Health Insurance Plan and Benefits
    - Access to and Utilization of Health Care
    - Medical Expenses and Barriers to Care
    - Application and Enrollment Process
    - Communications with Commonwealth Care and Satisfaction with Communications



# Survey Methodology (cont'd)

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- FY12 Survey Methodology:
  - All FY11 questions were repeated
  - The same data collection and stratification methodology as in FY11 was applied
  - Increased the overall sample size to 750 with 3 areas of oversampling:
    - New Plan Type I members with limited health plan choice
    - Members who changed their health plan during Open Enrollment
    - Members who were enrolled in Network Health prior to the open enrollment period
  - Added a series of new questions that focused on:
    - Member experience during Open Enrollment and their decision-making process
    - Experience of members who made provider changes



# Key Takeaways

- Commonwealth Care continues to have high member satisfaction (77% extremely satisfied or satisfied), although there was a slight decline in FY12 compared with FY11
- FY12 results suggest that access to care remains robust for all members
- Members also continue to report that premiums and copayments are affordable (as in FY11, 80% are able to pay their medical bills)
- Commonwealth Care members are informed consumers, and the open enrollment process works well
  - Open enrollment communications and benefit materials are very important, useful tools in helping members make decisions
  - When making changes, the cost of enrollee premiums is an important factor
  - Most members who changed plans did so because of provider network changes (e.g. Network Health members)



## Key Takeaways (cont'd)

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- Plan Type I members with limited choice had high satisfaction (81%) and their member experience was strong
  - Oversight program will continue to monitor overall utilization and access to care
- Members enrolled in Network Health prior to Open Enrollment (regardless of whether they made a change) collectively showed a similar overall program experience relative to all members, reporting very high satisfaction (80%)
  - 89% of these members rated their overall quality of care as excellent, very good or good
- Elements of the Commonwealth Care program with lower relative levels of satisfaction for FY12 include member education and communication and customer service
  - Most likely attributable to more complex, new program rules for certain PT1 members and changes made by MCOs

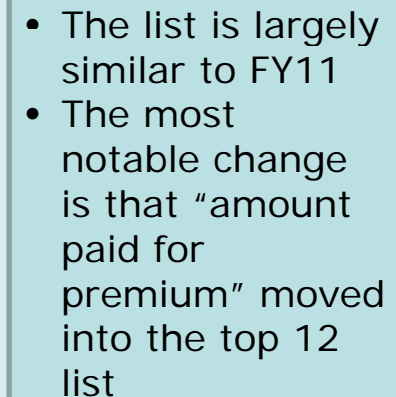


# Drivers of Member Satisfaction

Overall member satisfaction continues to be driven by the choice of health plans and members' understanding of plan benefits.

## Top 12 Survey Questions with Results Having the Highest Correlation with Overall Satisfaction

- 1) Choice of health plans
- 2) Helpfulness of benefit materials
- 3) Knowledge about health plan benefits
- 4) Amount paid for premium (new)
- 5) Quality of care
- 6) Broad range of services covered by plan
- 7) Completeness of information by representatives
- 8) Speed with which calls are answered by Call Center
- 9) Courteous treatment by Call Center representatives
- 10) Reasonableness of co-pays for prescription drugs
- 11) Having a broad choice of doctors from which to choose
- 12) Reasonableness of co-pays for ER visits

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- The list is largely similar to FY11
  - The most notable change is that "amount paid for premium" moved into the top 12 list





# Survey Results

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Quality & Access

Open Enrollment  
& Provider Changes  
(New)

Member  
Communication &  
Servicing

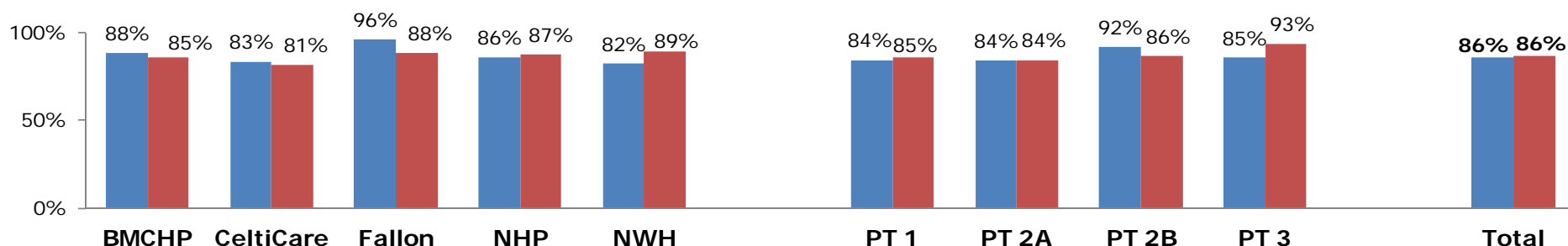


# Quality & Access – Overview

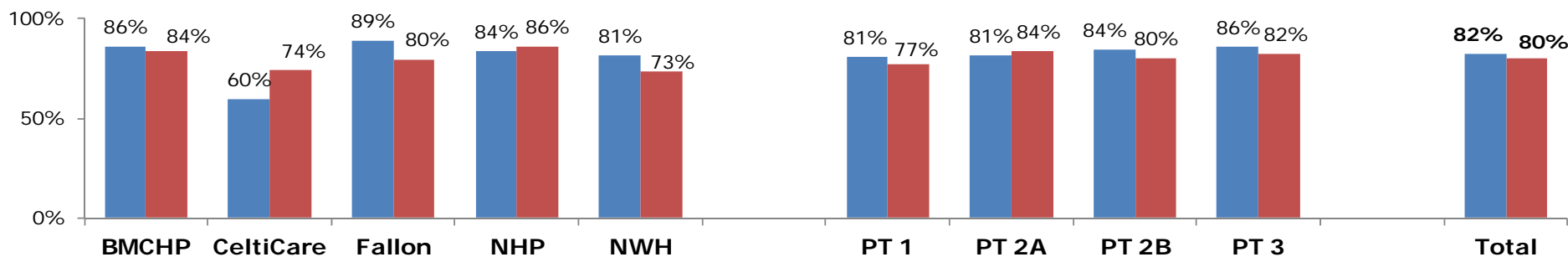
Member feedback on quality of care and provider choice appears to be similar to FY11.

FY11 FY12

How would you rate the quality of care under your health plan? (Excellent, Very good, Good)



How would you rate the choice of providers available? (Excellent, Very good, Good)





# Quality & Access – Use of Services

As in FY11, the vast majority of members (81%) report having a usual source of care with a physician, clinic or health center.

Utilization of Health Care	FY11	FY12
Visited general doctor who treats variety of illnesses	81%	82%
Had a visit for check up, physical exam or preventive care	89%	86%
Visited a specialist	52%	49%
Taken any prescription drugs	72%	73%
Were a patient in the hospital overnight	12%	13%



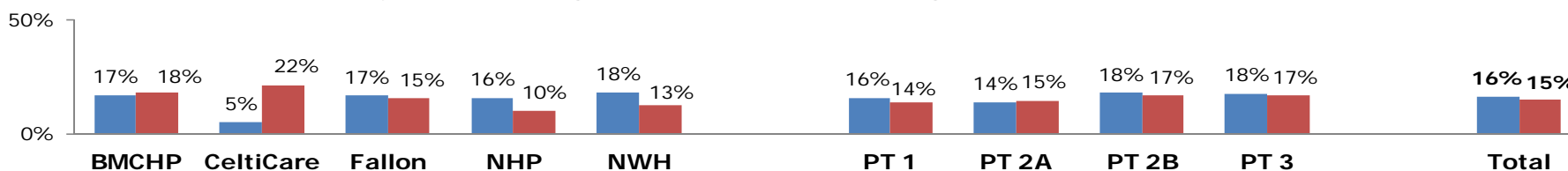
# Quality & Access – Use of Services (cont'd)

As in FY11, very few members indicated that they postponed or did not get needed care.

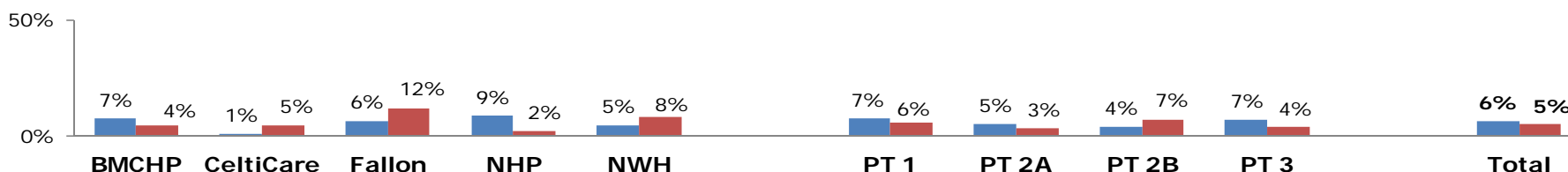
*During the past 12 months...*

FY11 FY12

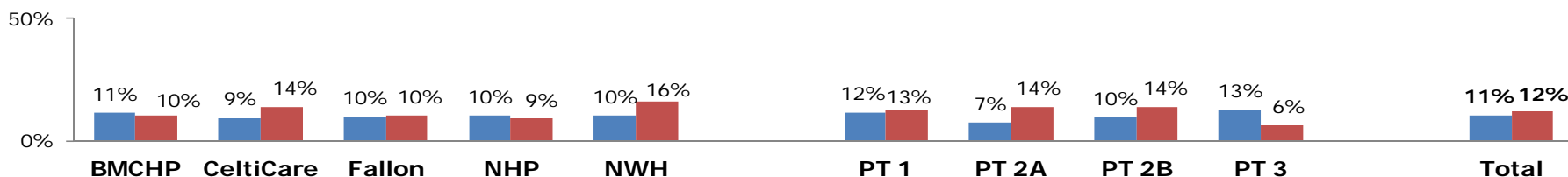
"Was there ever a time you did not get or postponed filling a prescription for medicine?" (Yes)



"Was there ever a time you did not get or postponed getting preventive care screening?" (Yes)



"Was there ever a time you did not get or postponed getting doctor care that you needed?" (Yes)





# Quality & Access – Scheduling Doctor Visits

As in FY11, some members experienced problems in scheduling doctor visits.

Barriers to Care	FY11	FY12
You were told by a doctor's office/clinic that they weren't accepting your type of insurance	31%	33%
You were told by a doctor's office/clinic that they weren't accepting new patients	23%	19%
You had to change to a new doctor's office/clinic because of a change in your health insurance	17%	18%
You were unable to get an appointment at the doctor's office as soon as you thought one was needed	24%	16%
You had trouble finding a doctor that spoke your language*	N/A	2%

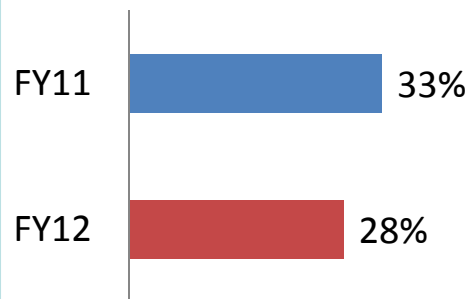
\*New question in FY12



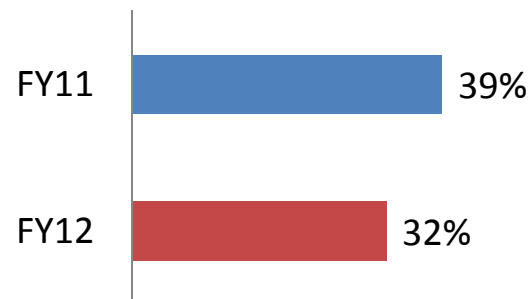
# Quality & Access – ER Use

Fewer members in FY12 reported visiting the ER than in the previous year. Among those visiting an ER, fewer members reported they could have been treated by a regular doctor if one were available.

During the past 12 months/since becoming a member, did you receive care in a hospital ER?



When you visited the ER, was it for a condition that could have been treated by a regular doctor if he/she had been available? (% among those receiving care in ER who responded "Yes")





## Quality & Access – ER Use (cont'd)

Those members who could have been treated by a regular doctor if one were available cited the following reasons for visiting the ER instead:

Reason for ER visit	FY11	FY12
Needed care after regular business hours	56%	70%
More convenient to go to ER	43%	31%
Unable to get a doctor appointment as soon as they needed	37%	39%
Doctor's office told them to go to ER	27%	22%
Owed money to doctor's office or clinic	8%	2%



# Survey Results

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Quality & Access

Open Enrollment &  
Provider Changes  
(New)

Member  
Communication &  
Servicing

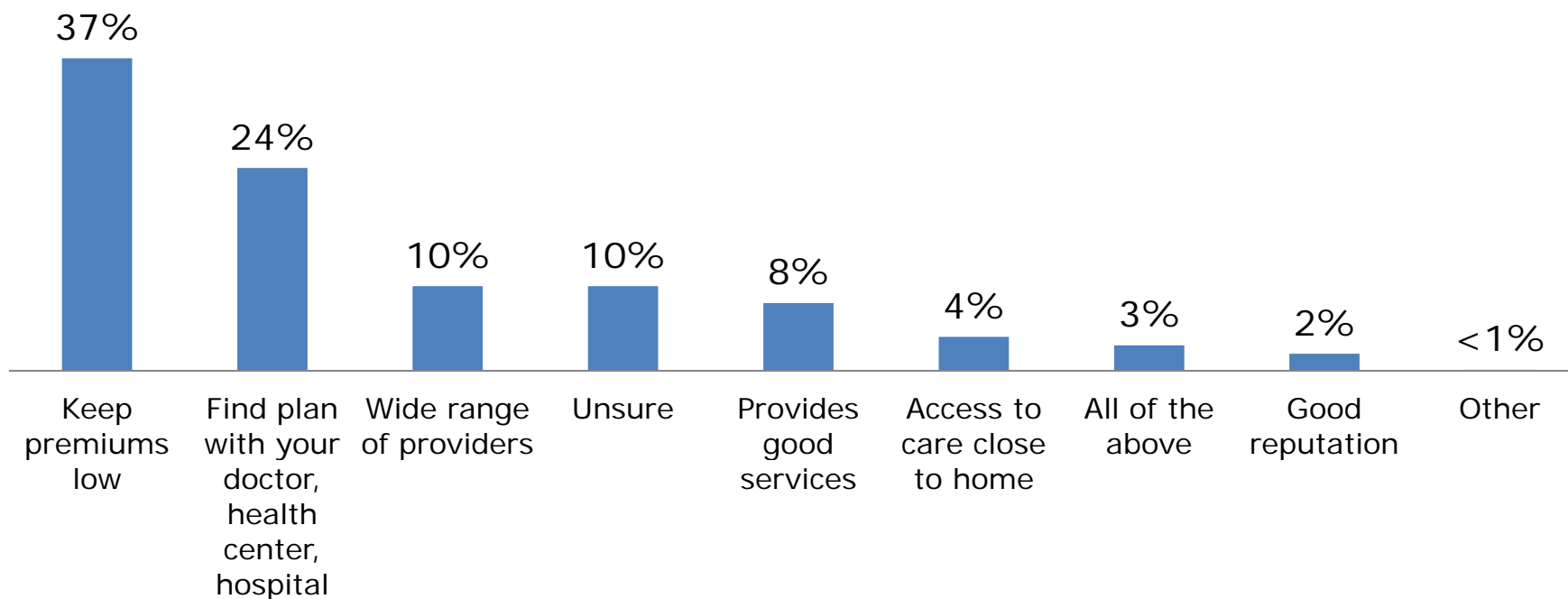




# Open Enrollment

**Keeping premiums low and having access to current providers were the most important member considerations when making decisions during Open Enrollment.**

**In deciding whether or not to select a new health plan during Open Enrollment, which of the following was most important to you?**

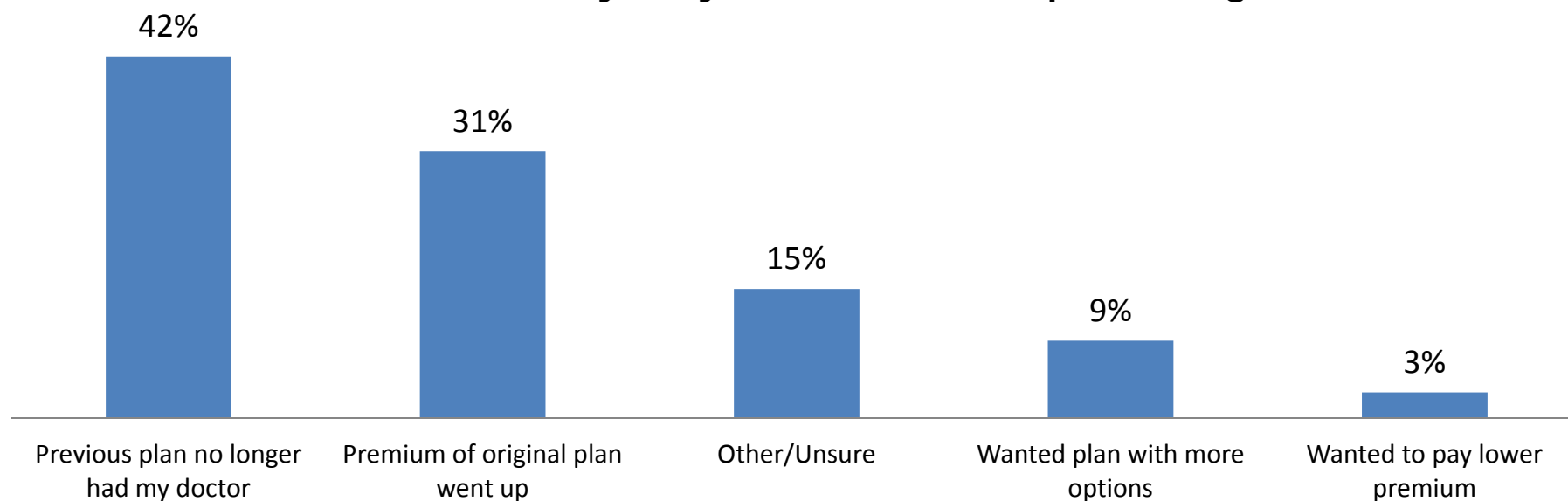




## Open Enrollment (cont'd)

**Most members who changed health plans during Open Enrollment did so because their previous health plan no longer had their doctor available.**

**We understand you made a health plan change during Open Enrollment. Why did you make a health plan change?**





# Members who Made a Change in Open Enrollment

**Overall feedback from members who made a change during Open Enrollment was positive.**

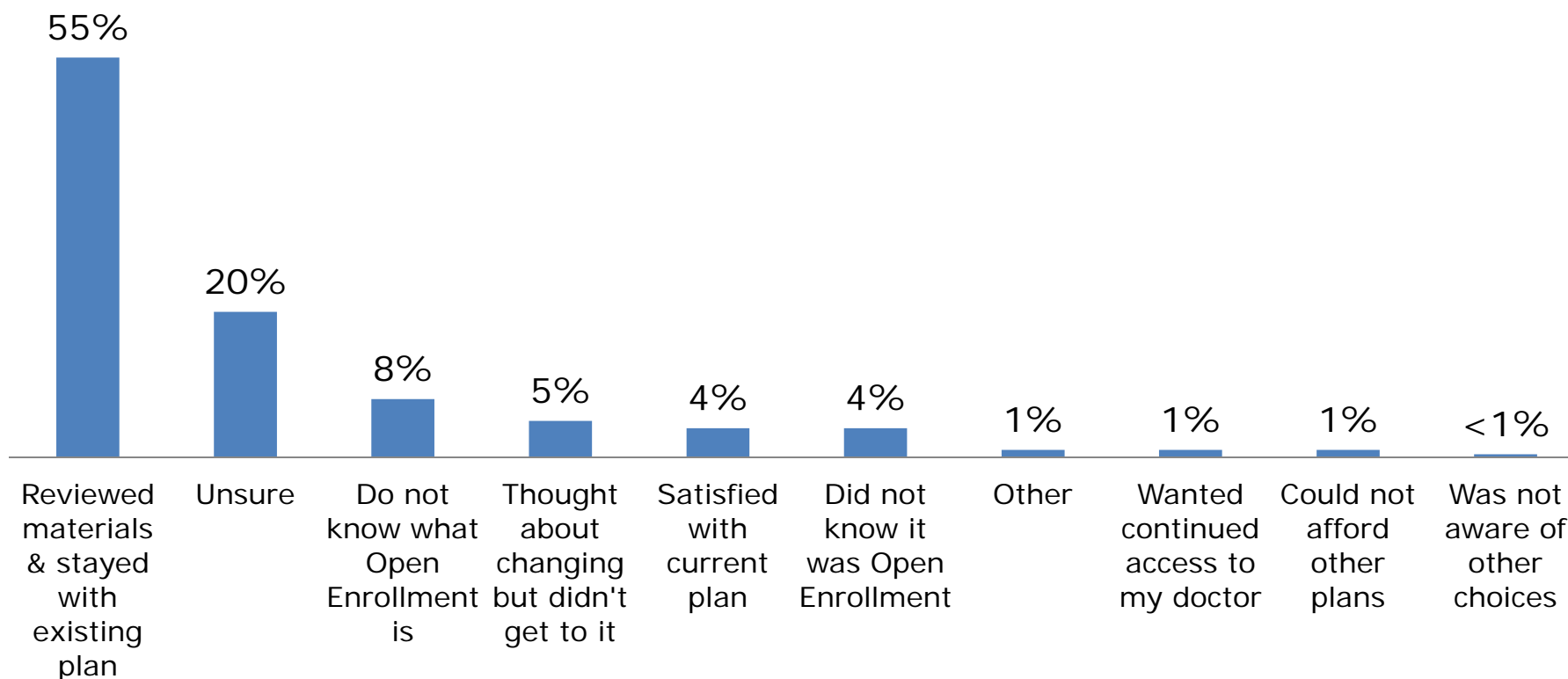
Survey Questions	FY11	FY12	
	All	Made Change in OE	No Change in OE
Satisfied or Extremely satisfied with the program overall	84%	75%	77%
Rate the choice of providers available as Excellent, Very good or Good	82%	81%	80%
Rate the quality of care as Excellent, Very good or Good	86%	88%	86%
Were told by a doctor's office/clinic that they weren't accepting new patients	23%	33%	18%
Had to change to a new doctor's office/clinic because of a change in health plan	17%	21%	18%
During the past 12 months...			
Did not get or postponed filling a prescription for medicine	16%	20%	14%
Did not get or postponed getting preventive care screening	6%	5%	5%
Did not get or postponed getting doctor care needed	11%	7%	12%
Found it easy to enroll in a health plan	88%	88%	86%
Satisfied or Extremely satisfied with the choice of health plans available	73%	60%	72%



## Open Enrollment (cont'd)

Most members who did not make a switch during Open Enrollment were aware of the opportunity and evaluated their options.

We understand you did not change your health plan during Open Enrollment. What was the reason?

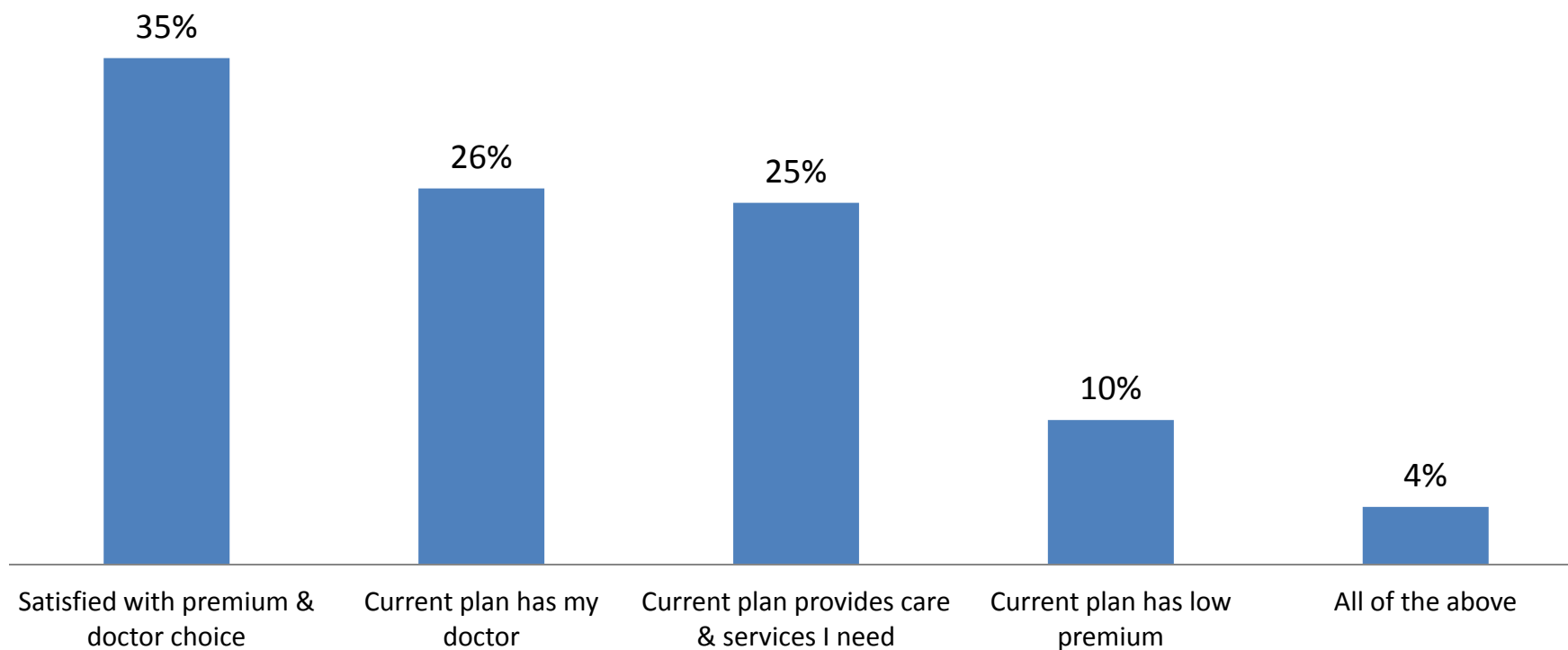




## Open Enrollment (cont'd)

For those members who did not make a switch, satisfaction with premium and doctor choice were the primary reasons.

Why did you choose to stay with your current plan during Open Enrollment?





# Certain Members Experiencing a Network Change

**Members enrolled in Network Health prior to Open Enrollment (regardless of whether they made a change) collectively showed a similar overall program experience relative to all members.**

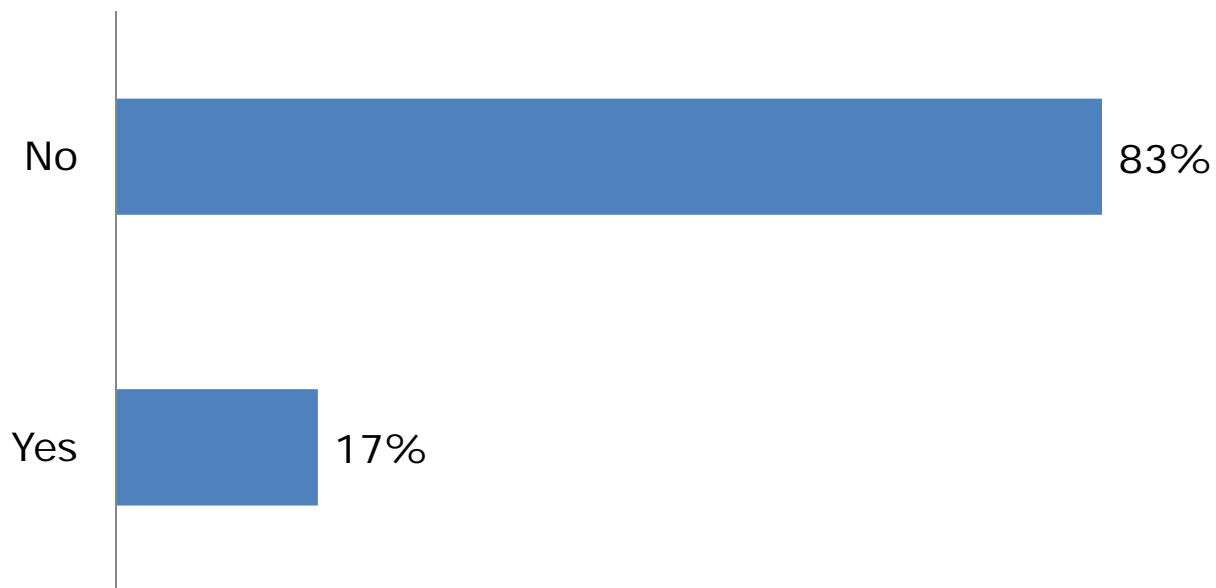
Survey Questions	FY12	
	All Members	Enrolled in NWH Prior to OE
Satisfied or Extremely satisfied with the program overall	77%	80%
Rate the choice of providers available as Excellent, Very good or Good	80%	74%
Rate the quality of care as Excellent, Very good or Good	86%	90%
Were told by a doctor's office/clinic that they weren't accepting new patients	19%	18%
Had to change to a new doctor's office/clinic because of a change in health plan	18%	26%
During the past 12 months...		
Did not get or postponed filling a prescription for medicine	15%	15%
Did not get or postponed getting preventive care screening	5%	8%
Did not get or postponed getting doctor care needed	12%	16%
Found it easy to enroll in a health plan	86%	88%
Satisfied or Extremely satisfied with the choice of health plans available	71%	72%



# Provider Changes

Most members have not had a change in their providers in the past 6 months.

**In the past 6 months, did you change your primary care physician, hospital, health center or another type of provider that you use routinely?**

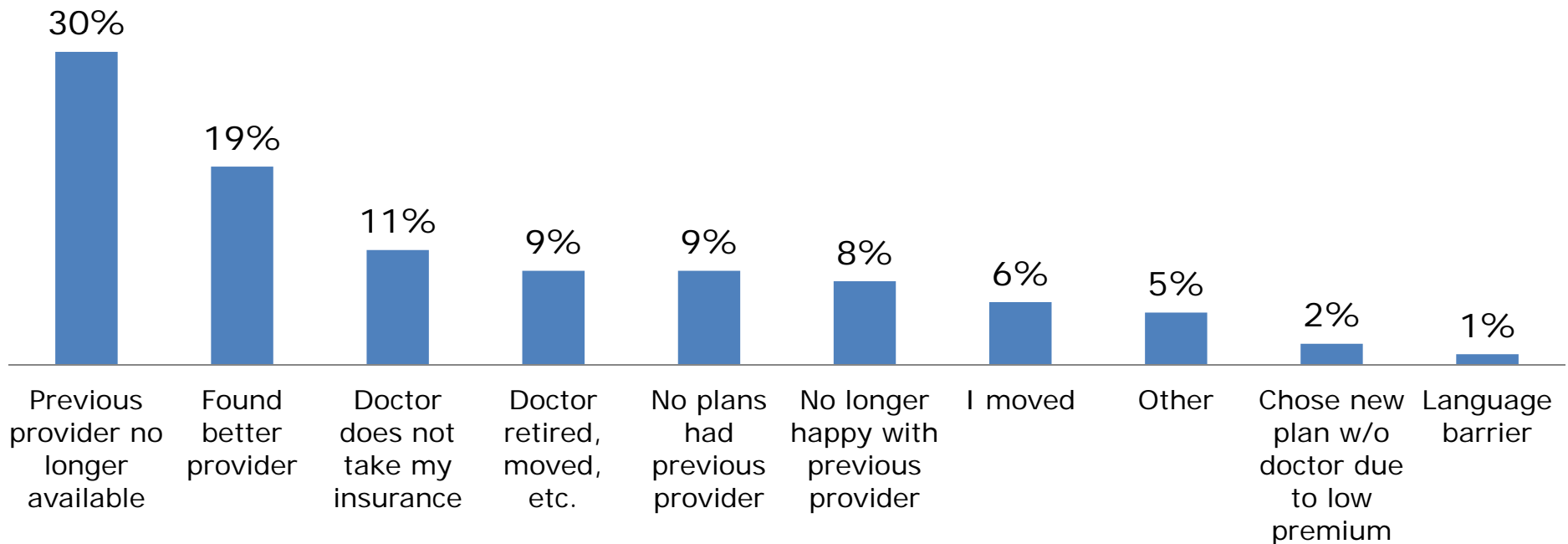




# Provider Changes (cont'd)

Members who decided to change providers in the past 6 months did so primarily because their provider was no longer available.

What was the reason for the change?



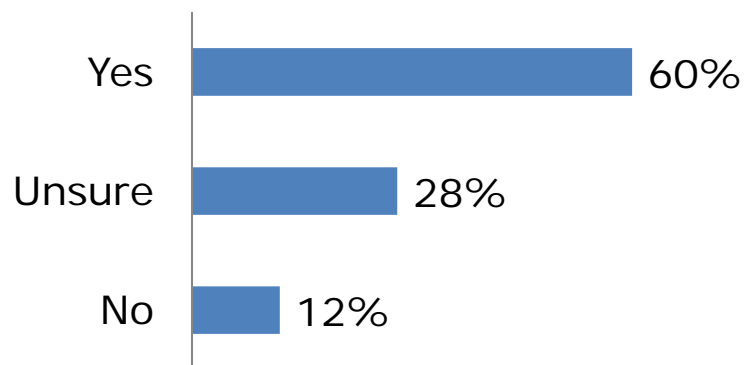




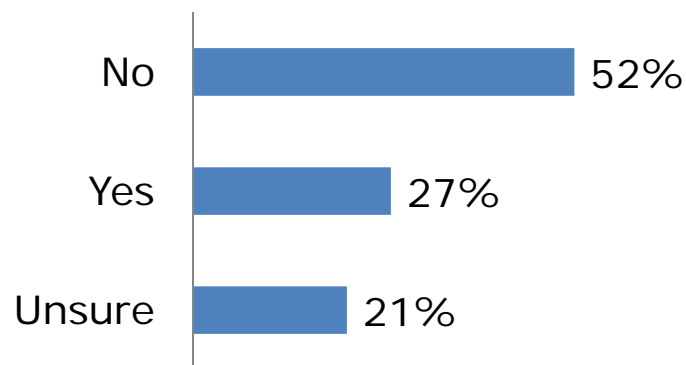
## Provider Changes (cont'd)

Of those members who changed providers in the past 6 months (because they switched health plans or their provider was not in their network), most are satisfied and do not believe their health care has been affected.

Have you been satisfied with your new and current doctor, hospital or health center?



Do you think your health care was affected as a result of this transition?



A significant portion of members are still “unsure” about the impact of their provider change. This is an area that needs to be monitored over time.



# Survey Results

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Quality & Access

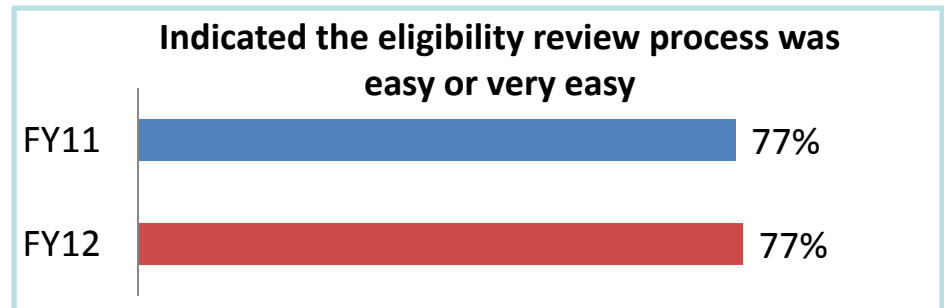
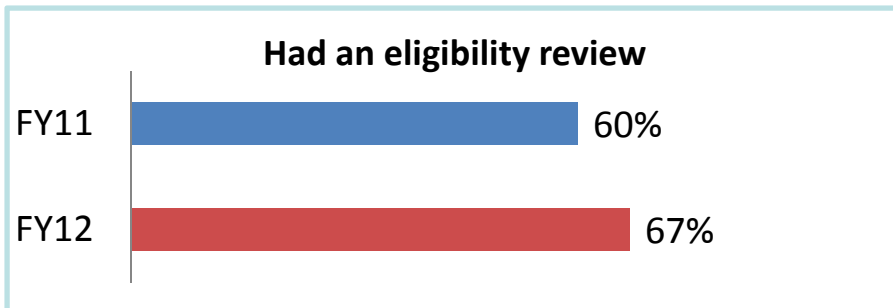
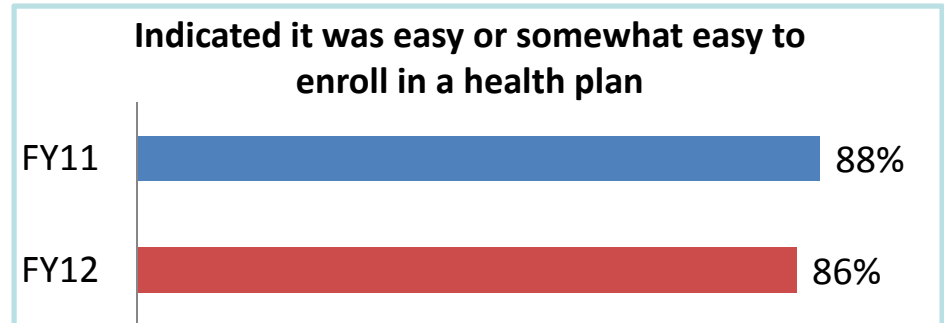
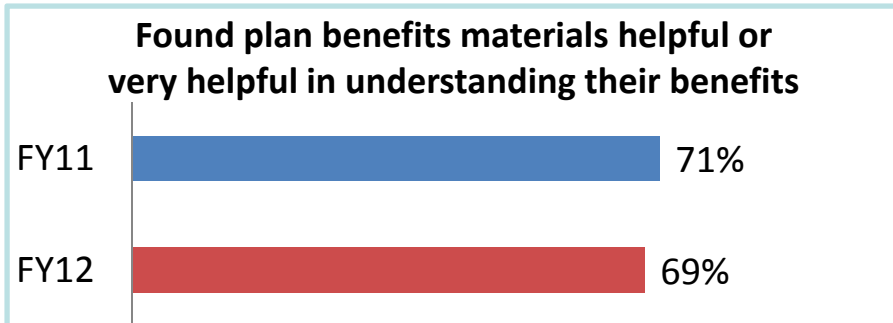
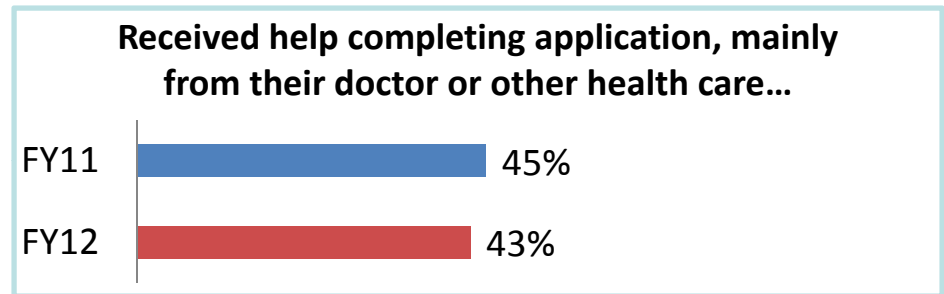
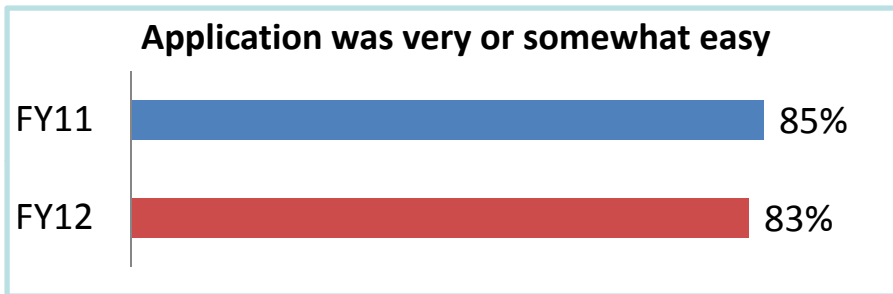
Open Enrollment &  
Provider Changes  
(new)

Member  
Communication &  
Servicing



# Member Communications & Servicing

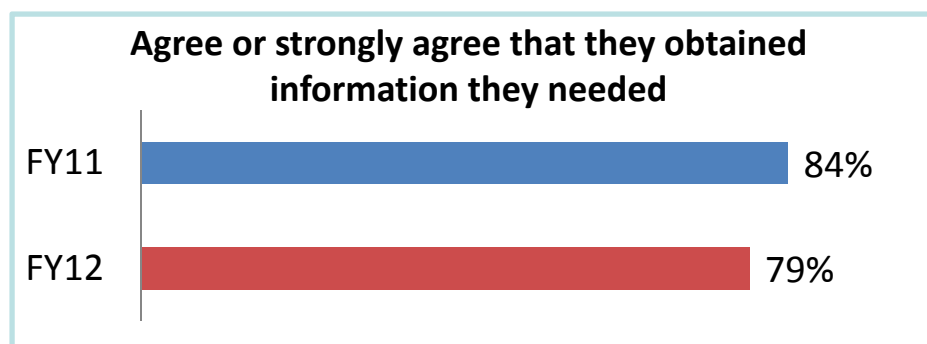
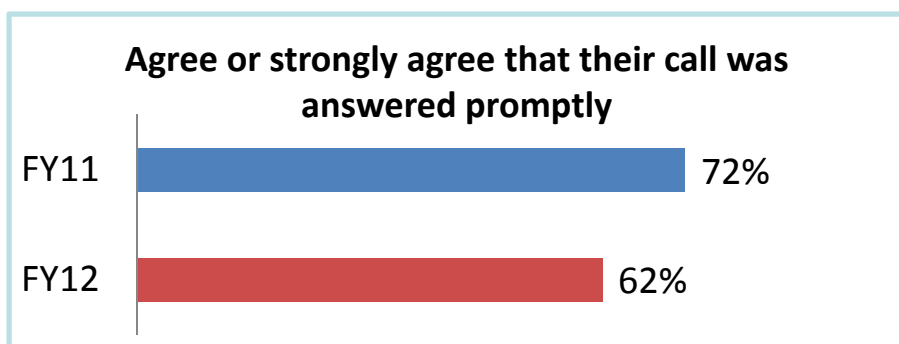
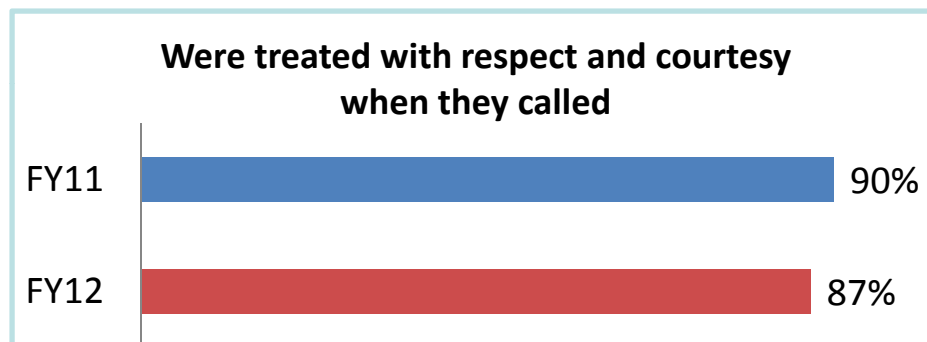
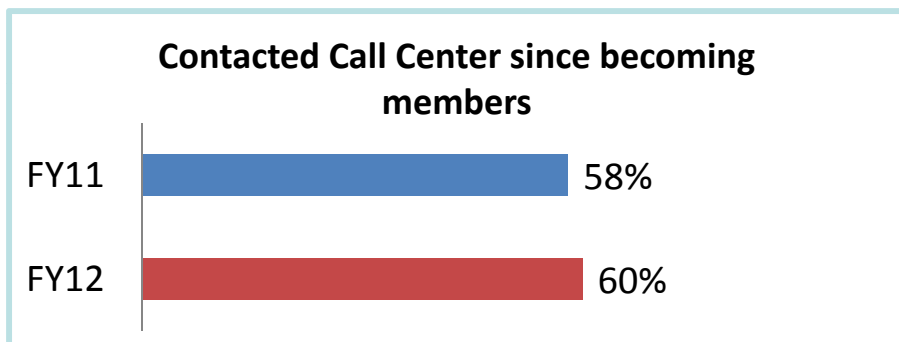
Overall, members continue to find the application, enrollment and eligibility processes easy.





# Member Communications & Servicing (cont'd)

More than half of members contacted Commonwealth Care since becoming members. The majority experienced positive customer service however, there was a slight decline in servicing satisfaction.



Actual speed of answer remained under 30 seconds on average for the past 12 months.

93% of Spanish speaking members as well as members with a high school education or less report they got the information they needed.



# Member Communications & Servicing (cont'd)

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**Satisfaction with benefit materials and knowledge about plan benefits are two of the biggest drivers of overall satisfaction. While the majority of members found the materials to be helpful, even a small improvement in the clarity and simplicity would likely have a large impact on overall satisfaction.**

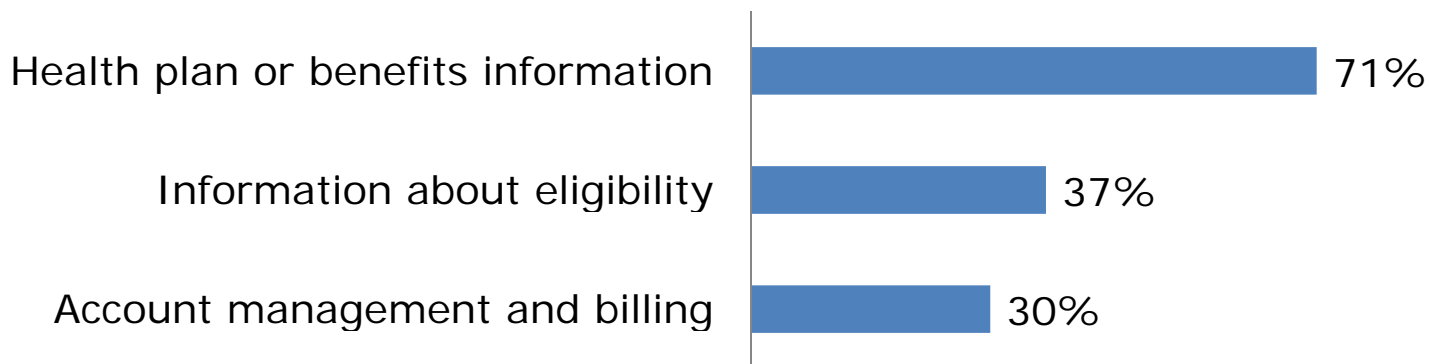
- 69% of members in FY12 found the plan benefit materials to be helpful, compared to 71% in FY11
- Many members noted that plan benefit materials were confusing, contained too much information and it was difficult to extract useful information



## Member Communications & Servicing (cont'd)

Similar to FY11, a majority of Commonwealth Care members have access to the internet (either a home/work computer or mobile phone), and premium-paying members use the web most often.

- In FY12, 74% indicated access to the internet, with 67% accessing the internet through a computer at home
- More Commonwealth Care members (64%) visited the web site in FY12, compared to 52% in FY11
- They were looking for the following information:





# Conclusions & Next Steps

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- Overall, the Commonwealth Care Program remains strong with high levels of member satisfaction
- The member experience for those members directly affected by the FY12 program changes was very good
  - These members reported very good access to care, choice of providers, and high quality of care
- Excellence in member education, communication and customer service are critical elements of member satisfaction and must be improved as we plan for FY13 Open Enrollment and ultimately 2014
- The Commonwealth Care oversight program will continue to monitor health plans and member experience utilizing other metrics to ensure continued success of the program