



# **Commonwealth Care Member Survey & Contract Renewals (VOTE)**

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**Board of Directors Meeting**  
**April 11, 2013**



# Agenda

- FY13 Commonwealth Care Member Survey
  - Background
  - Summary Findings
  - Member Survey Results
  - Lessons Learned
- Commonwealth Care Contract Renewals
  - Background (Reminder of the Fiscal Challenge for FY14)
  - Renewal Goals
  - Renewal Parameters
  - Renewal Results
  - Request for Board Vote
- Commonwealth Care Open Enrollment
  - Member Communications



# Background

- The FY13 Commonwealth Care Member Survey marks the 3<sup>rd</sup> consecutive annual survey conducted for the Commonwealth Care program
- The goals of the year 3 survey include:
  - Comparing members' experiences to prior years
  - Examining enrollees' overall experience with the Commonwealth Care program
  - Assessing members' experiences with programmatic changes implemented during the year
- The survey was fielded by phone and mail in January and February
  - A total of 857 surveys were completed
  - All questions in the FY13 survey remained consistent with the questions included in the FY12 survey
  - The year 3 survey also continued to focus on populations who may have experienced program changes during the year, including
    - Plan Type 1 members subject to limited health plan choice
    - Individuals who changed plans during Open Enrollment



# Drivers of Member Satisfaction

**For the 3<sup>rd</sup> year, choice of health plans is the top driver of overall member satisfaction.**

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

- 1) Choice of health plans
- 2) Broad range of services covered by plan
- 3) Broad choice of doctors and other providers
- 4) Quality of care
- 5) Reasonableness of co-pays for ER services
- 6) Helpfulness of benefit materials
- 7) Usefulness of Open Enrollment materials (new)
- 8) Ease of enrolling in a health plan (new)
- 9) Amount paid for premium
- 10) Reasonableness of co-pays for doctor visits (new)
- 11) Received needed information from call center (new)
- 12) Speed with which calls are answered by call center (new)

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- Several new drivers of satisfaction were identified in FY13
- Overall satisfaction was most highly correlated with choice of health plans, range of services, quality of care and choice of providers



# Summary Findings

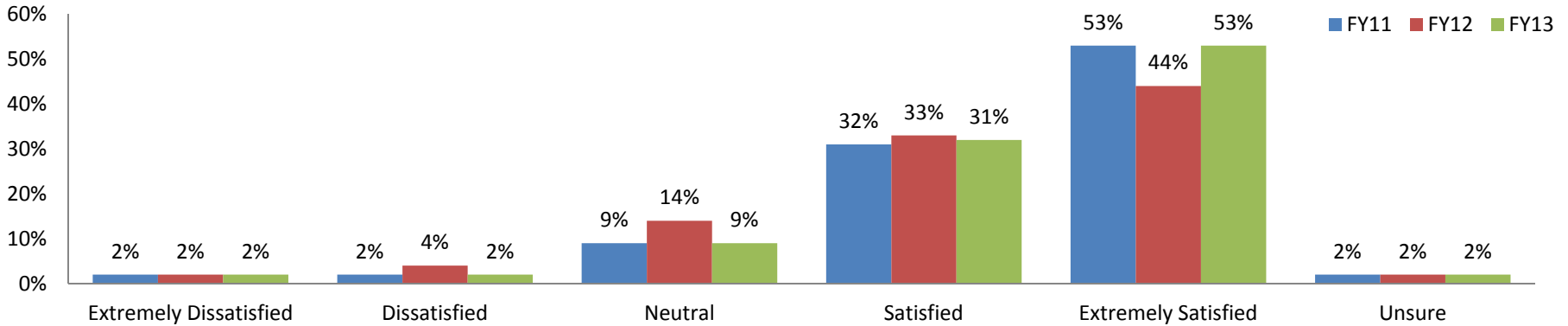
- Survey results suggest that Commonwealth Care members continue to be highly satisfied with the program (85% extremely satisfied or satisfied)
- Survey results further demonstrate high satisfaction in the following discrete areas:
  - Choices available – plans and providers
  - Quality and access to care
  - Affordability
  - Customer service
- Plan Type 1 members subject to limited choice in FY12 and FY13 have not experienced degradation of service
- Areas for potential improvement:
  - Minimizing gaps in coverage
  - Administrative simplification



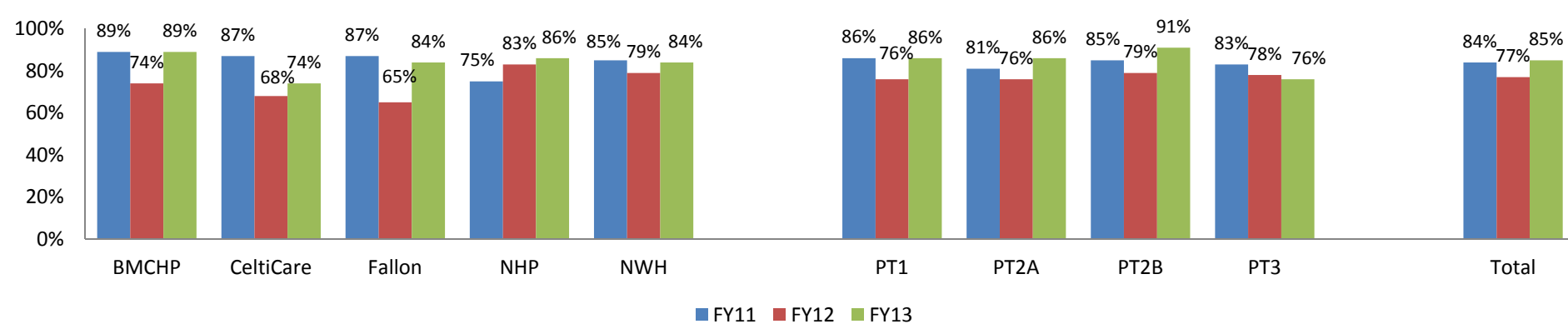
# Member Survey Results

**Overall satisfaction increased in FY13 relative to FY12.**

**Question: How satisfied are you with the Commonwealth Care program overall?**



## Satisfied or Extremely Satisfied

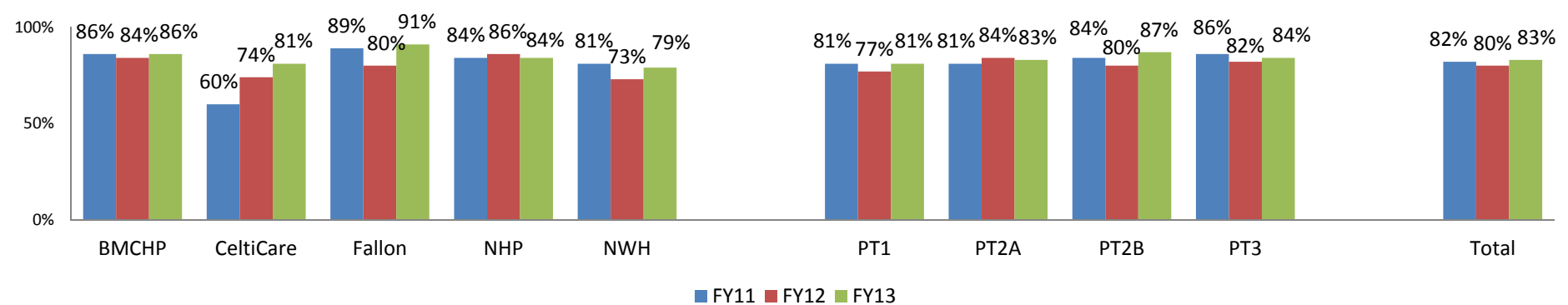




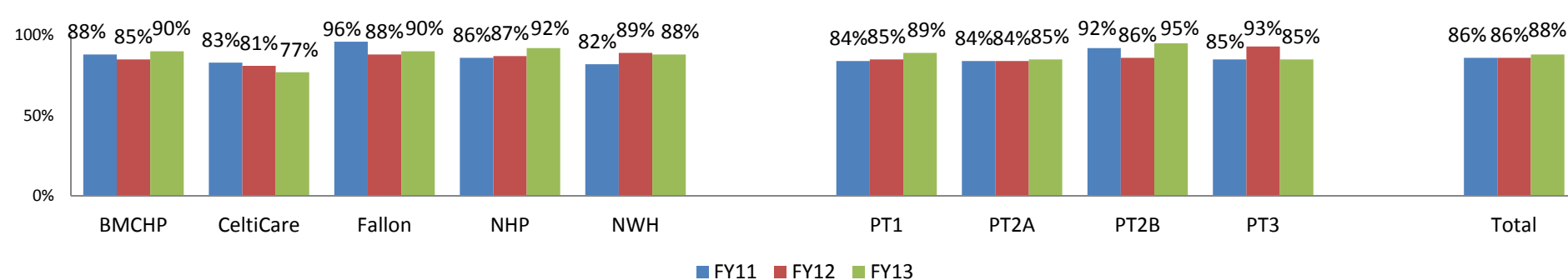
# Member Survey Results (cont'd)

Member feedback on provider choice and quality increased slightly relative to FY11 and FY12.

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



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

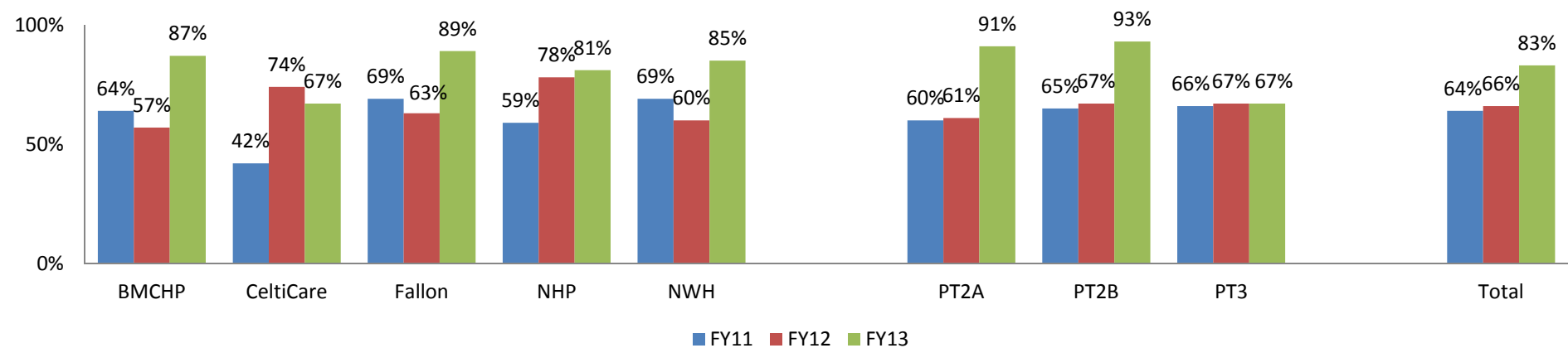




# Member Survey Results (cont'd)

Positive member feedback on premium affordability increased notably relative to FY11 and FY12.

"I think that the amount that I pay for my premium is reasonable." (Strongly Agree or Agree)

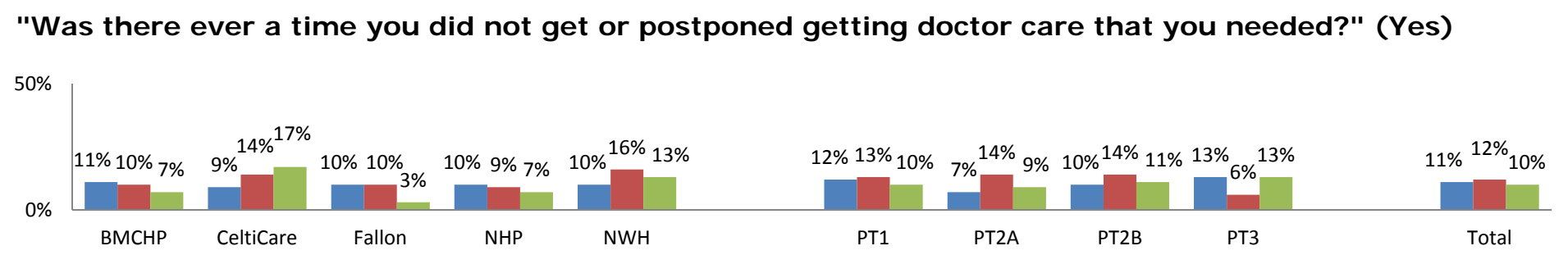
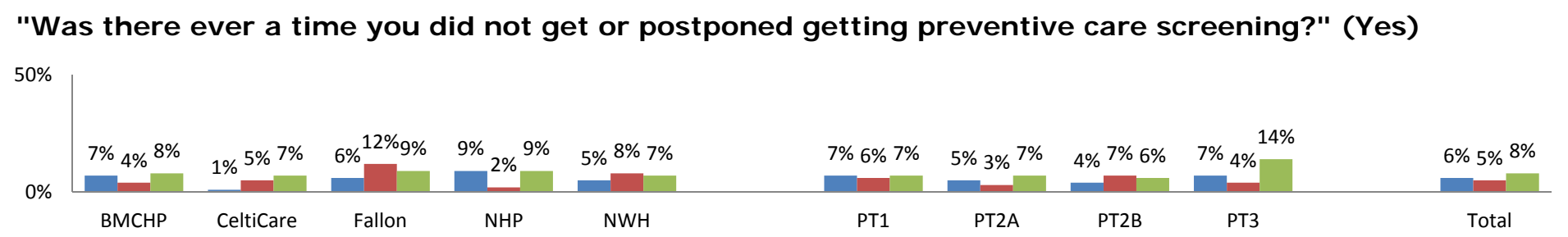
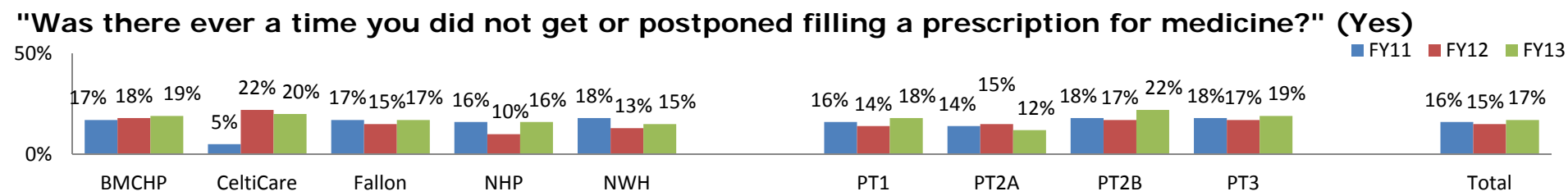






# Member Survey Results (cont'd)

**Overall, member feedback on their ability to access medical and pharmacy care is also similar to FY11 and FY12.**  
 During the past 12 months...





# Member Survey Results (cont'd)

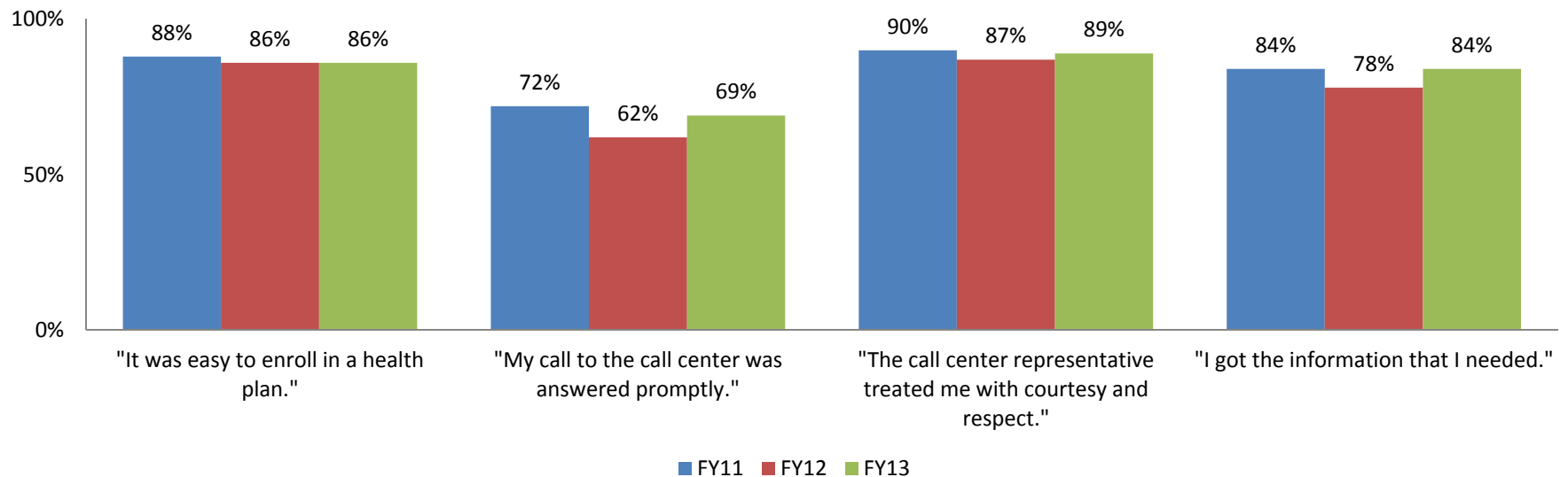
**PT1 members who were subject to limited health plan choice did not reflect a compromised experience in their coverage.**

Survey Questions	FY 11	FY12		FY13	
	PT1	All PT1s	Subject to Limited Choice	All PT1s	Subject to Limited Choice
Satisfied or Extremely Satisfied with the program overall	86%	76%	81%	86%	87%
Rate the choice of providers available as Excellent, Very Good, or Good	81%	77%	73%	81%	80%
Rate the quality of care as Excellent, Very Good, or Good	84%	85%	85%	89%	86%
Found it easy to enroll in a health plan	87%	86%	89%	84%	83%
Satisfied or Extremely Satisfied with the choice of health plans available	69%	69%	69%	77%	77%
Were told by a doctor's office/clinic that they weren't accepting new patients	28%	18%	18%	23%	19%
Had to change to a new doctor's office/clinic because of a change in health plan	17%	17%	24%	19%	17%
During the past 12 months...					
Did not get or postponed filling a prescription	16%	14%	16%	18%	15%
Did not get or postponed getting preventive care	7%	6%	7%	7%	8%
Did not get or postponed getting doctor care needed	12%	13%	13%	10%	9%



# Member Survey Results (cont'd)

We observed an increase in positive member feedback in questions related to member service relative to FY12.

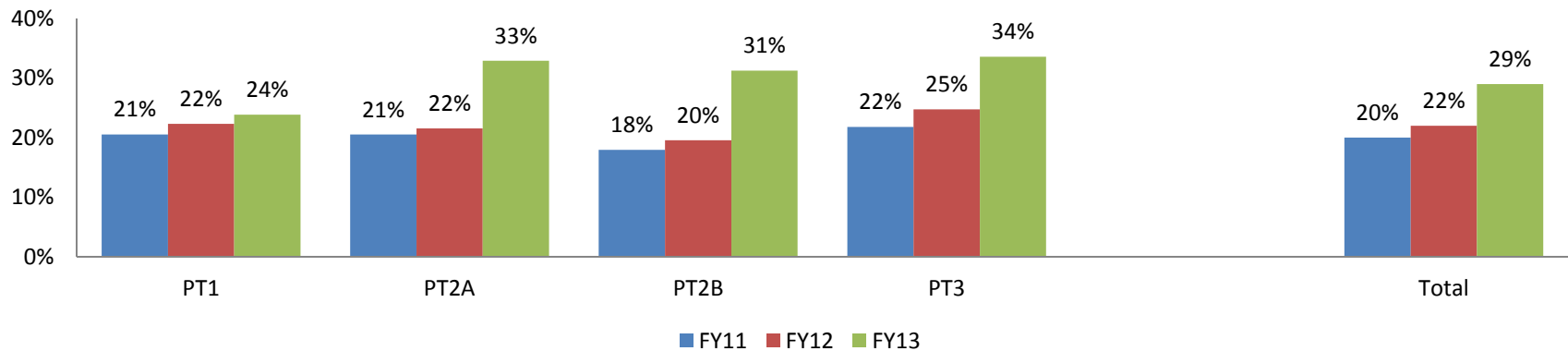




# Member Survey Results (cont'd)

**An increased number of members reported experiencing a loss in coverage since becoming a Commonwealth Care member.**

**"Since you first started getting your health insurance through Commonwealth Care, was there ever a time you lost your health insurance coverage?" (Yes)**



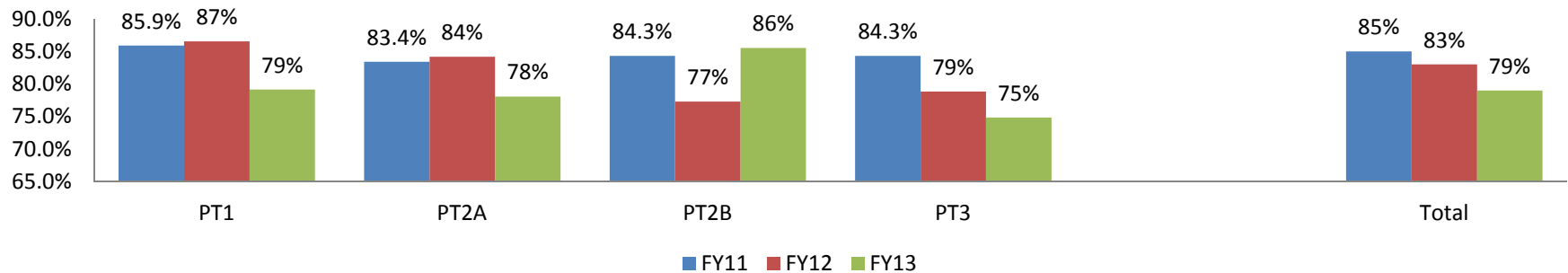
Top Reasons for Loss of Coverage	FY11 %	FY12 %	FY13 %
Did not receive your form or did not know about the renewal	23%	22%	19%
You did not complete your renewal form	16%	12%	17%
You forgot to pay the monthly premium (new in FY13)	5%	5%	14%
You had a change in income that made you no longer eligible	11%	26%	14%



# Member Survey Results (cont'd)

**Slightly fewer members indicate that the application process is easy.**

**"How easy was the application process?" (Very Easy, Somewhat Easy)**



Top Reasons for Challenges with Application Process	FY11 %	FY12 %	FY13 %
Too much paperwork, forms, ask too many questions	38%	29%	28%
Can't read forms, can't understand forms, trouble reading forms	15%	17%	20%
Needed help in filling out application forms	13%	15%	16%



# Lessons Learned

As we approach the remaining six months of the Commonwealth Care program and the implementation of the Affordable Care Act (ACA), lessons learned from the member survey help inform our future support model for members.

## *Key Takeaways*

Minimizing gaps in coverage

Administrative simplification

Maintain access to a broad range of affordable, quality health plans



## *Programmatic Solutions*

Enhanced communication for renewals, close collaboration with MassHealth to extend coverage to end of month

New, online application through HIX/IES & enhanced consumer support

Commonwealth Care renewal & 2014 Seal of Approval



# Lessons Learned (cont'd)

- Enhanced communication & customer support
  - Increased multi-lingual support via written communications and phone
  - Enhanced outbound calling, including “Robo calls” and live agent calls
  - Comprehensive overhaul of member notices
  - New Navigator program offering enhanced support in the community
- Leveraging new technology through the HIX/IES project
  - Email message center
  - Online applications and renewals
  - Web chat
- Collaborate with MassHealth to define policies and processes that minimize gaps in coverage and member confusion, including:
  - Previous decision made to extend MassHealth benefits to the end of the month if funding is available, which will align with first of month effective dates for QHP enrollment
  - Creation of a common mailing address and new “no wrong door” phone line
  - Development of escalation workflows, training and script sharing



## Commonwealth Care Contract Renewals





# Goals of the FY14 Renewal

- During the February 2013 Board meeting, we discussed our plans to renew our existing contracts with each of the five MCOs for the final six month period of the program
- As a reminder, the goals of our renewal strategy are as follows:
  - Minimize member disruption, especially in advance of a major transition process at the end of 2013
  - Capitalize on the program’s strong fiscal performance achieved over the past two years by largely maintaining our current capitation position
  - Maintain (or potentially lower) enrollee contribution rates for premium-paying members without reductions to benefits or increases in co-pays
  - Retain high levels of member satisfaction by preserving adequate network coverage levels and excellent service standards
- With your approval, we released the “Request for Renewal” on February 15 and concluded our contract renewal process with the MCOs in March



# FY14 Renewal Parameters

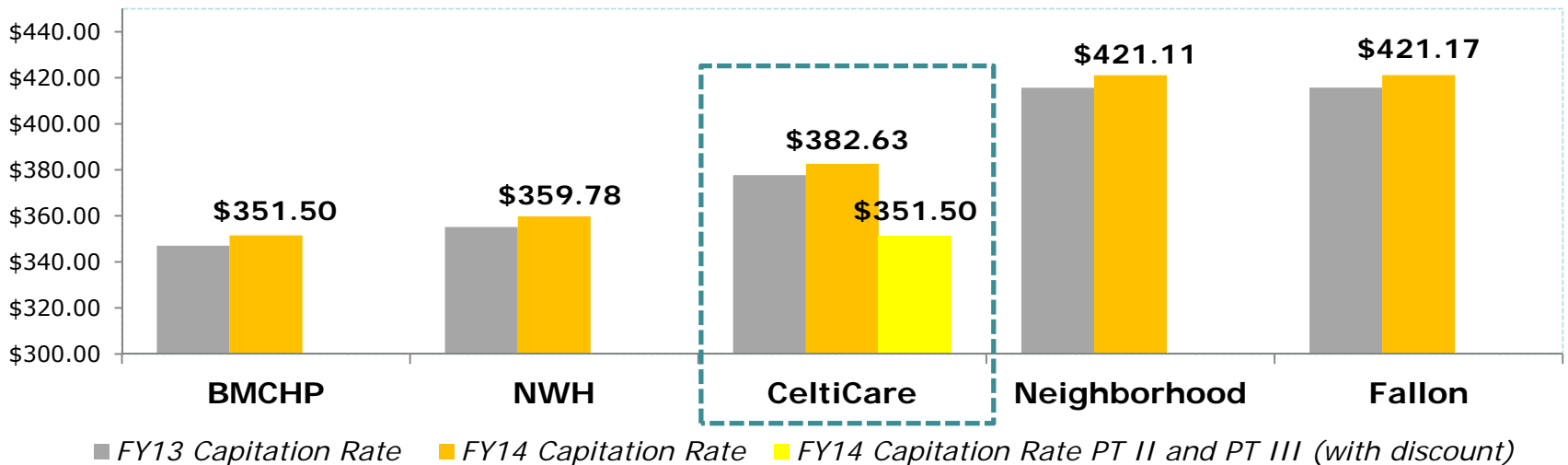
- The core provisions of the FY13 Commonwealth Care program will remain in place for the FY14 contract extension period
- Each MCO was asked to accept their FY13 base capitation rate for the renewal period, subject to a 1.4% inflationary increase applied to the medical component of their capitation rate, consistent with the updated Actuarially Sound Rate Range (ASRR) for FY14
  - The Administrative Capitation Rate of \$27.50 PMPM was unchanged resulting in a roughly 1.3% increase to each MCO's FY13 total capitation rate
- We introduced no change to the rules that apply to certain incoming Plan Type 1 members with respect to their choices among MCOs
- However, MCOs were given the option to propose a discount to their capitation rate for Plan Type 2 and Plan Type 3 members, potentially resulting in a decrease in premium for these members
- Based on the FY14 affordability schedule, we made no changes to the base enrollee premium and enrollee premium levels



# FY14 Renewal Results

- All MCOs agreed to new contracts for FY14 with no significant modifications to our existing contractual arrangements
- All received a modest upward adjustment to their capitation rates
- CeltiCare proposed a discount to their Plan Type 2 and 3 medical capitation rates
  - This discount will position their capitation rate for these members at the lower bound of the ASRR (a 7% decrease on FY13)

## Medical + Administrative Capitation Bid, \$PMPM





# FY14 Enrollee Premiums

- As reflected below, enrollee premiums will be adjusted for CeltiCare's premium-paying members to reflect the discounted capitation rate
- Enrollee premiums for all other MCOs will be unchanged in FY14

FY13 Enrollee Premium Schedule						
	Base Enrollee Premium	BMCHP	Network Health	CeltiCare	Neighborhood	Fallon
PT IIA	\$0	\$0	\$3	\$12	\$28	\$28
PT IIB	\$40	\$40	\$45	\$58	\$81	\$81
PT IIIA	\$78	\$78	\$85	\$105	\$138	\$138
PT IIIB	\$118	\$118	\$126	\$147	\$182	\$182

FY14 Enrollee Premium Schedule						
	Base Enrollee Premium	BMCHP	Network Health	CeltiCare	Neighborhood	Fallon
PT IIA	\$0	\$0	\$3	\$0	\$28	\$28
PT IIB	\$40	\$40	\$45	\$40	\$81	\$81
PT IIIA	\$78	\$78	\$85	\$78	\$138	\$138
PT IIIB	\$118	\$118	\$126	\$118	\$182	\$182

Difference FY13 and FY14 Enrollee Premium Schedule						
	Base Enrollee Premium	BMCHP	Network Health	CeltiCare	Neighborhood	Fallon
PT IIA	\$0	\$0	\$0	(\$12)	\$0	\$0
PT IIB	\$40	\$0	\$0	(\$18)	\$0	\$0
PT IIIA	\$78	\$0	\$0	(\$27)	\$0	\$0
PT IIIB	\$118	\$0	\$0	(\$29)	\$0	\$0



# Commonwealth Care Open Enrollment



# Open Enrollment

- During Open Enrollment, any Commonwealth Care member can change to any health insurance plan in their service area for any reason
- This year's Open Enrollment experience will be unique in that coverage spans the last six months of the Commonwealth Care program, prior to the majority of ACA elements going into effect
  - Shortened plan year with coverage ending 12/31/13
  - Changes to members' Maximum Out-of-Pocket levels (MOOP) will be reduced given that members are less likely to reach the current maximums over the shorter program year



# Member Support

**In preparation for Open Enrollment Outreach, various levels of member support are put into place.**

- ✓ **Direct Member Communications**
  - Open Enrollment packets
  - Emails
  - Website
  - Social Media
- ✓ **Call Center support**
- ✓ **Stakeholder communication & training for member support**

This year's support is unique in that additional information must be included to create member "awareness" of upcoming ACA provisions going into effect.



# Key Messages for Members

## *Included in the Open Enrollment Information packet:*

- Inform members that open enrollment is the annual opportunity to change health plans for any reason
  - Time period: June 3<sup>rd</sup> – 21<sup>st</sup>
- Inform members that health plan changes take effect July 1, 2013 and are valid through **December 31, 2013**
- Use 'call to action' message:
  - **“Do you want to change your health insurance plan? Now is the time.”**
- Important considerations for the member
  - Your monthly premium may be decreasing or staying the same
  - The providers (such as doctors and hospitals) that are available through each health plan's network may vary
  - Your benefits and co-pays will be the same, no matter which health plan you choose





# Key Messages for Members (cont'd)

## *Health Care Reform Specific Messaging:*

- New health insurance plans and new ways to pay for coverage will be available January 1, 2014
- Members will need to take action to apply for and select from those new plans
- More detailed information will be shared with members in the fall
- Beginning in May of 2013, an email collection campaign is being conducted to help keep members informed



# Member Communications

June 3rd– 21st  
Open Enrollment

<p><b>Invoice Text &amp; Insert</b></p>	<p>● <b>INSERT and INVOICE TEXT</b> included in May Invoice</p>	<p>● <b>INVOICE TEXT</b> included in June Invoice</p>	
<p><b>Web page</b>          -Premium comparison          -Plans by region          -Decision support tool          -Benefits and co-pays          -Hospital list by MCO          -Community Health Center by MCO          -Enrollment tutorial          -Link to email collection campaign</p>	<p>● <b>WEBPAGE</b> posted mid-May</p>		
<p><b>Emails</b></p>	<p>● <b>EMAIL</b> sent with link to web page</p>	<p>● <b>Reminder EMAIL</b> sent</p>	
<p><b>Information Packet</b></p>	<p>★ Last week in May <b>PACKET</b> mailed</p>		

May 2013

June 2013

July 2013



# Stakeholder Outreach

- State-wide Massachusetts Health Care Training Forums (MTF)
- Open enrollment conference calls for hospitals, health centers, MCOs and Advocates
  - Conference Calls with provider community scheduled following Health Connector Board meeting – April 18<sup>th</sup>
- Web resources posted on: [www.MAhealthconnector.org](http://www.MAhealthconnector.org)
- Ongoing MCO collaboration
- Advocate meetings – May 23<sup>rd</sup>
- Email reminders to stakeholders via listserv



**Board Vote**



# FY14 Commonwealth Care Contract Recommendation

Connector staff recommends that FY14 Commonwealth Care contract renewals be awarded to the following health plans, for the period beginning July 1, 2013 and ending December 31, 2013:

- BMC HealthNet Plan
- CeltiCare Health Plan
- Fallon Community Health Plan
- Neighborhood Health Plan
- Network Health