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 3rd 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 3rd 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)

• 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
Overall satisfaction increased in FY13 relative to FY12.

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

Satisfied or Extremely Satisfied

<table>
<thead>
<tr>
<th></th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMCHP</td>
<td>89%</td>
<td>89%</td>
<td>87%</td>
</tr>
<tr>
<td>CeltiCare</td>
<td>74%</td>
<td>68%</td>
<td>74%</td>
</tr>
<tr>
<td>Fallon</td>
<td>87%</td>
<td>84%</td>
<td>87%</td>
</tr>
<tr>
<td>NHP</td>
<td>87%</td>
<td>84%</td>
<td>87%</td>
</tr>
<tr>
<td>NWH</td>
<td>84%</td>
<td>75%</td>
<td>85%</td>
</tr>
<tr>
<td>PT1</td>
<td>85%</td>
<td>81%</td>
<td>91%</td>
</tr>
<tr>
<td>PT2A</td>
<td>91%</td>
<td>83%</td>
<td>78%</td>
</tr>
<tr>
<td>PT2B</td>
<td>83%</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>PT3</td>
<td>84%</td>
<td>77%</td>
<td>85%</td>
</tr>
<tr>
<td>Total</td>
<td>89%</td>
<td>89%</td>
<td>84%</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Plan</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMCHP</td>
<td>86%</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>CeltiCare</td>
<td>60%</td>
<td>74%</td>
<td>81%</td>
</tr>
<tr>
<td>Fallon</td>
<td>89%</td>
<td>80%</td>
<td>91%</td>
</tr>
<tr>
<td>NHP</td>
<td>84%</td>
<td>86%</td>
<td>84%</td>
</tr>
<tr>
<td>NWH</td>
<td>81%</td>
<td>73%</td>
<td>79%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
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<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
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<td>BMCHP</td>
<td>88%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CeltiCare</td>
<td>85%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Fallon</td>
<td>96%</td>
<td>88%</td>
<td>90%</td>
</tr>
<tr>
<td>NHP</td>
<td>86%</td>
<td>87%</td>
<td>92%</td>
</tr>
<tr>
<td>NWH</td>
<td>82%</td>
<td>89%</td>
<td>88%</td>
</tr>
<tr>
<td>PT1</td>
<td>84%</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>PT2A</td>
<td>84%</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>PT2B</td>
<td>92%</td>
<td>86%</td>
<td>95%</td>
</tr>
<tr>
<td>PT3</td>
<td>93%</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>86%</td>
<td>86%</td>
<td>88%</td>
</tr>
</tbody>
</table>
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)
Overall, member feedback on their ability to access medical and pharmacy care is also similar to FY11 and FY12.

During the past 12 months...

"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)
### Member Survey Results (cont’d)

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

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

- "It was easy to enroll in a health plan."  
  - FY11: 88%  
  - FY12: 86%  
  - FY13: 86%

- "My call to the call center was answered promptly."  
  - FY11: 72%  
  - FY12: 62%  
  - FY13: 69%

- "The call center representative treated me with courtesy and respect."  
  - FY11: 90%  
  - FY12: 87%  
  - FY13: 89%

- "I got the information that I needed."  
  - FY11: 84%  
  - FY12: 78%  
  - FY13: 84%
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)

<table>
<thead>
<tr>
<th>Reason</th>
<th>FY11 %</th>
<th>FY12 %</th>
<th>FY13 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not receive your form or did not know about the renewal</td>
<td>23%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>You did not complete your renewal form</td>
<td>16%</td>
<td>12%</td>
<td>17%</td>
</tr>
<tr>
<td>You forgot to pay the monthly premium (new in FY13)</td>
<td>5%</td>
<td>5%</td>
<td>14%</td>
</tr>
<tr>
<td>You had a change in income that made you no longer eligible</td>
<td>11%</td>
<td>26%</td>
<td>14%</td>
</tr>
</tbody>
</table>
Slightly fewer members indicate that the application process is easy.

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

<table>
<thead>
<tr>
<th>Top Reasons for Challenges with Application Process</th>
<th>FY11 %</th>
<th>FY12 %</th>
<th>FY13 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too much paperwork, forms, ask too many questions</td>
<td>38%</td>
<td>29%</td>
<td>28%</td>
</tr>
<tr>
<td>Can't read forms, can't understand forms, trouble reading forms</td>
<td>15%</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>Needed help in filling out application forms</td>
<td>13%</td>
<td>15%</td>
<td>16%</td>
</tr>
</tbody>
</table>
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.
• 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

<table>
<thead>
<tr>
<th>MCO</th>
<th>FY13 Capitation Rate</th>
<th>FY14 Capitation Rate</th>
<th>FY14 Capitation Rate PT II and PT III (with discount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMCHP</td>
<td>$351.50</td>
<td>$359.78</td>
<td>$351.50</td>
</tr>
<tr>
<td>NWH</td>
<td>$382.63</td>
<td>$421.11</td>
<td>$421.17</td>
</tr>
<tr>
<td>CeltiCare</td>
<td>$351.50</td>
<td>$382.63</td>
<td>$421.11</td>
</tr>
<tr>
<td>Neighborhood</td>
<td>$351.50</td>
<td>$382.63</td>
<td>$421.17</td>
</tr>
<tr>
<td>Fallon</td>
<td>$351.50</td>
<td>$382.63</td>
<td>$421.17</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Base Enrollee Premium</th>
<th>BMCHP</th>
<th>Network Health</th>
<th>CeltiCare</th>
<th>Neighborhood</th>
<th>Fallon</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT II A</td>
<td>$0</td>
<td>$0</td>
<td>$12</td>
<td>$28</td>
<td>$28</td>
</tr>
<tr>
<td>PT II B</td>
<td>$40</td>
<td>$40</td>
<td>$58</td>
<td>$81</td>
<td>$81</td>
</tr>
<tr>
<td>PT III A</td>
<td>$78</td>
<td>$78</td>
<td>$105</td>
<td>$138</td>
<td>$138</td>
</tr>
<tr>
<td>PT III B</td>
<td>$118</td>
<td>$118</td>
<td>$147</td>
<td>$182</td>
<td>$182</td>
</tr>
</tbody>
</table>

<table>
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<tbody>
<tr>
<td>PT II A</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$28</td>
<td>$28</td>
</tr>
<tr>
<td>PT II B</td>
<td>$40</td>
<td>$0</td>
<td>$40</td>
<td>$81</td>
<td>$81</td>
</tr>
<tr>
<td>PT III A</td>
<td>$78</td>
<td>$0</td>
<td>$78</td>
<td>$138</td>
<td>$138</td>
</tr>
<tr>
<td>PT III B</td>
<td>$118</td>
<td>$0</td>
<td>$118</td>
<td>$182</td>
<td>$182</td>
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</tbody>
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<td>$0</td>
<td>($12)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>PT II B</td>
<td>$40</td>
<td>$0</td>
<td>($18)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>PT III A</td>
<td>$78</td>
<td>$0</td>
<td>($27)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>PT III B</td>
<td>$118</td>
<td>$0</td>
<td>($29)</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
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 3rd – 21st
- 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

### Invoice Text & Insert
- INSERT and INVOICE TEXT included in May Invoice
- INVOICE TEXT included in June Invoice

### Web page
- 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
- WEBPAGE posted mid-May

### Emails
- EMAIL sent with link to web page
- Reminder EMAIL sent

### Information Packet
- Last week in May PACKET mailed

### Timeline
- May 2013: PACKET mailed
- June 2013: WEBPAGE posted, EMAIL sent, Reminder EMAIL sent
- July 2013: No additional communications

### June 3rd–21st
- Open Enrollment
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 18th
- Web resources posted on: www.MAhealthconnector.org
- Ongoing MCO collaboration
- Advocate meetings – May 23rd
- Email reminders to stakeholders via listserv
Board Vote
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