

Sub-project 2: Quality of Care, Outcomes, and Enrollee Experience Analyses

A stated goal of Medicaid Reform is to contain costs while maintaining or improving health care, measured both in terms of clinical outcomes and enrollee satisfaction. Therefore, the overarching purpose of this component of the evaluation is to monitor enrollee experiences under Medicaid Reform. Data for this component will come from enrollee surveys, a series of in-depth interviews over the life of the evaluation with a defined panel of enrollees, and the collection and analysis of Healthcare Effectiveness Data and Information Set (HEDIS) and other quality indicators.

Research Questions

For planning purposes, key questions to be addressed are discussed in three sections: enrollee satisfaction, enrollee experiences, and enrollee health status and outcomes. However, data collection and analysis activities will overlap across all sections. In addition, it is expected that as Medicaid Reform evolves over the years, the evaluation design will change accordingly.

Enrollee Satisfaction

An important indicator of health plan quality is enrollee satisfaction with the plan and overall satisfaction with the health care received in the plan. The following research question will be addressed in this section:

- Under Medicaid Reform does enrollee satisfaction improve, remain the same, or decrease over time?

The enrollee satisfaction survey will be the primary source of information. The longitudinal panel will provide additional context for understanding changes in enrollee satisfaction.

Enrollee Experiences

As envisioned, Medicaid Reform is designed to encourage greater enrollee involvement in their health and health care. Notably, enrollees are expected to have greater choice of health plans, including the option to enroll in employer-sponsored arrangements, and access to enhanced benefits following participation in an approved wellness activity. A key element to empowering enrollees is the development and dissemination of accurate, timely, and easily understood information via the Choice Counseling program. Choice counseling will include outreach and education in the areas of health plan and benefit package options, the Opt-Out provision, and the mechanism for accessing the Enhanced Benefits Account program. In addition, Choice Counselors will provide information aimed at improving health literacy and the promotion of healthy lifestyles.

Research under this component will examine how enrollee healthcare access, utilization, and health behavior change under Medicaid Reform. Specific research questions to be addressed under this component include but are not limited to:

- Under Medicaid Reform, do enrollees make ‘active’ choices about their health and in selecting their health plan?
- Under Medicaid Reform how has access to care (primary, specialty, hospital, and ancillary services) changed?

The longitudinal study panel and the enrollee satisfaction survey will provide data for this component.

Enrollee Health Status/Health Outcomes

As a result of Medicaid Reform, it is expected that clinical aspects of quality of care and health status will improve. It is also anticipated that health disparities between racial and ethnic minority enrollees and white enrollees will decrease. The objective of these analyses will be to monitor changes to the health status and health outcomes (as measured by HEDIS indicators) of the Medicaid Reform population over time and relative to the Medicaid population that remain in the traditional Primary Care Case Management (PCCM) arrangement. Specific research questions to be addressed under this section include:

- How do health status and health outcomes change under Medicaid Reform?
- Do Enhanced Benefit Accounts promote use of preventive health care services and healthy behaviors?

The main data source will be HEDIS data.

Data Collection Activities

Data collection activities to support these analyses will include a periodic enrollee satisfaction survey, a series of in-depth structured interviews with a panel of enrollees, and the collection of HEDIS indicators from plan encounter data. Constant communication with AHCA’s staff will be necessary to ensure that data collection activities are responsive to the various changes that are occurring over the duration of the Medicaid Reform demonstration.

Enrollee Telephone Survey

The principal survey instrument to be used in this study will be the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The CAHPS is a standardized instrument used nationwide to measure enrollee satisfaction with health plans. The CAHPS questionnaires have been thoroughly tested and validated. In addition to the CAHPS instrumentation, other possible survey items will include more specific

and detailed questions related to the plan enrollment process, choice counseling, health literacy, health and wellness behavior, health status (SF-12), and demographic information. These additional survey items will capture information that is more specifically related to measuring enrollee experiences.

Pre-Reform survey data were collected during the Fall of 2006 in Broward and Duval Counties. Survey respondents were composed of Medicaid enrollees living in the two initial demonstration counties with at least six (6) months of continuous participation in MediPass or a qualified PSN or HMO, eligible to enroll in Reform, and who had a valid telephone number.

Survey fieldwork is being conducted by the UF Survey Research Center in the Bureau of Economic and Business Research. In order to maximize response, each telephone number will be called up to 25 times, at different times of the day, including both weekend and weekday attempts.

Analysis of survey data will involve tracking satisfaction rates over time, across health plans, county, and demographic characteristics. In addition, linkages with plan encounter data, Medicaid enrollment, and eligibility files will permit analysis comparing auto-assignment rates, enrollment experiences, plan selection, and level of satisfaction.

Longitudinal Panel

In-depth telephone interviews are conducted every six months with a panel of Medicaid enrollees who are in Reform plans and in non-Reform plans. These in-depth semi-structured interviews are intended to provide detailed and specific data on the actual experiences of Medicaid enrollees as they receive medical care.

It is expected that participants in the longitudinal panel will be interviewed throughout the life of the evaluation project. However, it is expected that some of the participants will drop off the panel, at which point a new participant will be added to the study. Every attempt will be made to include individuals of varying ages, racial and ethnic backgrounds, health status, Medicaid eligibility, language groups, and gender groups.

The interview protocol asks individuals about their experiences with eligibility determination, choice counseling, enrollment, service delivery, care-seeking behavior, and disenrollment, if applicable.

Analysis of the longitudinal study data will follow procedures associated with ethnographic qualitative research. This includes coding and abstracting transcripts using specialized qualitative software including NVivo 2.0 and Atlas.ti 5.0.

Collection of HEDIS Data

Health Maintenance Organizations currently participating in Medicaid are required to submit annual “Quality Indicator” data to AHCA. The measures submitted are a subset of HEDIS 3.0, and calculation guidelines follow those specified in HEDIS documentation. Similarly, the MediPass program publishes Quality Assurance Reports using the HEDIS standards. AHCA will collect similar data from the Reform plans. Comparisons will be made on HEDIS measures across several dimensions including managed care arrangement (i.e., Reform plan, existing HMO, MediPass, enrollment in the Enhanced Benefit Account program, enrollment in a specialty network) and racial and ethnic groups. Trends in HEDIS scores will also be tracked over time.

Procedures will be developed between AHCA and the research staff for periodic collection of HEDIS data.