

This issue brief summarizes the levels of enrollee satisfaction with their healthcare experiences prior to Medicaid Reform. The enrollee satisfaction survey was conducted during the Fall 2006.

Enrollee Satisfaction: Baseline CAHPS Survey

Introduction

A baseline Medicaid Reform Evaluation Survey of Medicaid enrollees was conducted in the Fall of 2006 in the initial two demonstration counties, assessing the healthcare experiences and satisfaction levels of enrollees who were eligible for Reform prior to the implementation of the demonstration. The survey used the Agency for Healthcare Research and Quality's (AHRQ) "Consumer Assessment of Healthcare Providers and Systems" (CAHPS) model in a manner similar to that used for Florida's HMO Report Card.

The research design includes annual follow-up of the measures in Duval and Broward Counties (with data collection in 2008 and 2009), augmented by a similar pattern of baseline measures (2007) in the tri-county rural area comprised of Baker, Clay, and Nassau Counties, with replication in 2008.

Analysis of the survey data includes tracking satisfaction measures over time and across health plans, counties and demographic characteristics. In the future, linkages with plan encounter data and Medicaid enrollment and eligibility files will permit continuing analysis comparing auto-assignment rates, enrollment experiences, plan selection, and overall level of satisfaction.

CAHPS Survey

The majority of items for the initial baseline survey were drawn from the CAHPS health plan survey version 3.0. The CAHPS health plan survey is one of a family of standardized survey instruments used widely in the healthcare industry to assess enrollees' experiences and satisfaction with their health care.

In addition to the core CAHPS instrumentation, other survey items include detailed questions related to the plan enrollment process, choice counseling, health literacy, health and wellness behavior, and health status (SF-12).

The initial universe for the survey was composed of Medicaid enrollees living in the two pilot counties prior to the implementation of Reform who were deemed eligible to be enrolled in Reform, with at least six months of continuous participation in MediPass or a qualified Provider Service Network (PSN) or Health Maintenance Organization (HMO).

The survey sampling plan allowed for the measurement of satisfaction among enrollees in each plan operating in Duval and Broward Counties along with referent samples of MediPass enrollees. Survey data were assigned sampling weights to reflect health plan market share in each county, taking survey non-response into account.

A total of 5,767 interviews were completed by the University of Florida's Survey Research Center in the Bureau of Economic and Business Research (BEBR). Interviews were conducted by telephone and had an average duration of 20 minutes.

Survey Findings

Overall, survey respondents reported a high level of satisfaction with individual health care and with their health plan.

When level of satisfaction is measured on a scale of 0 – 10, (10 being the best possible and 0 being the worst possible) a vast majority of enrollees in Broward and Duval Counties (approximately 80%) gave their overall health care a score of 8, 9, or 10, while 70% gave their health plan a score of 8, 9, or 10 (Table 1).

A significant majority (around 80%) reported that their healthcare providers always listened closely to them, explained things in a way that they could understand, and showed respect for what they had to say.

This is generally consistent with positive reviews expressed by Medicaid enrollees in numerous other surveys throughout the nation.

TABLE 1: OVERALL PLAN SATISFACTION

Using any number from 0–10, where 0 is the worst health plan possible and 10 is the best plan possible, what number would you rate your health plan?

ENROLLEE SATISFACTION	BROWARD		DUVAL	
	Weighted		Weighted	
	N	%	N	%
0 Worst Health Care Possible	1358	1.64	963	1.70
1	425	0.51	800	1.41
2	699	0.84	429	0.76
3	691	0.83	872	1.54
4	1287	1.55	647	1.14
5	3898	4.70	4008	7.07
6	3709	4.48	2427	4.28
7	6379	7.70	5470	9.65
8	14421	17.41	8293	14.63
9	11401	13.76	6883	12.14
10 Best Health Care Possible	35086	42.35	24404	43.04
<i>Missing</i>	3493	4.22	1501	2.65
TOTAL	82848	100	56696	100

Further, 75% of Broward respondents and 69% in Duval reported that it is “not a problem” finding a personal doctor or nurse that they are happy with. It is also noteworthy that 64% of enrollees in Broward County and 68% in Duval said that their providers always spent enough time with them (Table 2).

When measuring unmet need, between 30%–40% were not always able to get help or advice when needed, or to get care as soon as they needed (Table 3).

Office staff courtesy, respect, and helpfulness were rated positively, with 70%–80% of survey respondents noting that office staff was always courteous and respectful and helpful.

Adequate access to specialty care continues to be a challenge. Just over 50% of enrollees stated that they had “no problems” seeing a specialist, and did not experience delays in health care while waiting for approval from their health plan or from Medicaid.

Finally, obtaining information on health plans was reported as “not a problem” for approximately 75% of enrollees in Broward and 71% of Duval enrollees. A large majority of enrollees (between 66%–68%) indicated that they did not have a problem with the paperwork associated with their health plan (data not shown).

Similarly, only 50% of pilot county respondents reported that it is not a problem to get help when they called the health plan’s customer service line; over 26% of Broward and 23% of Duval enrollees indicated that it was a “big problem” to get help from customer service (Table 5).

Despite the generally positive views of enrollees, there are a few areas of concern that should be closely tracked during the evaluation period. Specifically, many enrollees had some difficulty getting help from Medicaid’s or a health plan’s customer service. Gaining access to specialty care was also problematic. In addition, about 50 % experienced delays while they waited for approval from Medicaid or their health plan.

TABLE 2: HOW WELL PROVIDERS COMMUNICATE WITH MEMBERS

In the last 6 months, how often did doctors or other healthcare providers spend enough time with you?

ENROLLEE SATISFACTION	BROWARD		DUVAL	
	Weighted		Weighted	
	N	%	N	%
Never	2935	4.52	1878	4.27
Sometimes	9345	14.41	6120	13.92
Usually	10356	15.96	5767	13.12
Always	41427	63.86	29866	67.96
Missing	812	1.25	319	0.73
TOTAL	64876	100	43950	100

TABLE 3: GETTING CARE QUICKLY WITHOUT LONG WAIT

In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

ENROLLEE SATISFACTION	BROWARD		DUVAL	
	Weighted		Weighted	
	N	%	N	%
Never	1917	4.85	1642	5.90
Sometimes	6528	16.50	4500	16.18
Usually	5802	14.66	4291	15.43
Always	24948	63.05	17257	62.04
Missing	374	0.94	126	0.45
TOTAL	39570	100	27816	100

In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?

Never	1283	4.31	1035	5.24
Sometimes	3724	12.51	2729	13.80
Usually	4359	14.64	2939	14.87
Always	19862	66.72	12985	65.69
Missing	541	1.82	79	0.40
TOTAL	29769	100	19766	100

TABLE 4: GETTING NEEDED CARE

In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?

ENROLLEE SATISFACTION	BROWARD		DUVAL	
	Weighted		Weighted	
	N	%	N	%
Big Problem	6359	22.64	4866	25.82
Small Problem	6145	21.88	3361	17.83
Not a Problem	14768	52.59	10141	53.81
Missing	808	2.88	480	2.55
TOTAL	28080	100	18848	100

TABLE 5: GETTING HELP FROM CUSTOMER SERVICE:

In the last 6 months, how much of a problem, if any, was it to get the help you needed when you call your health plan’s customer service or the Medicaid office?

ENROLLEE SATISFACTION	BROWARD		DUVAL	
	Weighted		Weighted	
	N	%	N	%
Big Problem	8075	26.15	5110	23.45
Small Problem	7128	23.08	4257	19.53
Not a Problem	15396	49.85	12238	56.15
Missing	286	0.93	189	0.87
TOTAL	30885	100	21795	100

The University of Florida is conducting a five-year evaluation of Florida’s “Medicaid Reform Initiative” under a contract with the Agency for Health Care Administration (AHCA), Florida’s health policy and planning state agency. The evaluation is for the period of Florida’s Section 1115 Medicaid demonstration waiver (July 1, 2006 – June 30, 2010), which was approved by the U.S. Department of Health and Human Services. The evaluation study is known as the Medicaid Reform Evaluation, or the MRE, and is managed by the Department of Health Service Research, Management and Policy at UF. The Florida Center for Medicaid and the Uninsured is a major partner, with additional partners included on specific projects.

This issue brief is based on a more detailed report produced by the University of Florida Medicaid Reform Evaluation Team. For more information visit <http://mre.phhp.ufl.edu>.



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