

# **THE 2002 MEDICAID MANAGED CARE CUSTOMER SATISFACTION SURVEY**

## ***Executive Summary***

Prepared for: Ohio Department of Job and Family Services on  
behalf of the Delmarva Foundation for Medical Care, Inc.

Prepared by: WB&A Market Research

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## Introduction

The Ohio Department of Job and Family Services (ODJFS) obtains feedback from Medicaid consumers about the services they receive from Managed Care Plans (MCPs) in Ohio. In 2001 and 2002, the Delmarva Foundation for Medical Care, Inc. (Delmarva), commissioned WB&A Market Research (WB&A) to conduct the Medicaid managed care consumer satisfaction study on behalf of ODJFS to assess perceptions of access to care and satisfaction with care received from individual MCPs.

Members from six MCPs participated in the 2002 research, which included CareSource (previously Dayton Area Health Plan), Family Health Plan (FHP), Paramount Care, Inc., Peoples Health Plan, QualChoice Health Plan, and SummaCare Health Plan. (Note: Peoples Health Plan was not included in the results for 2002 because it did not yield a large enough sample/respondent size to show the results).

Delmarva, on behalf of ODJFS, provided WB&A with a list of all eligible Medicaid managed care members as of September 30, 2002. To qualify, members had to be continuously enrolled in the same MCP for at least five of the last six months. Adult members were classified as those 18 years of age and older as of the last day of the measurement year, while child members were defined as those 17 years of age and younger. (Note: In 2001, the CAHPS® 2.0H sampling protocol was used which excludes child members aged 13-17 years from the survey sample. In 2002, although child members aged 13-17 were surveyed, only children aged 12 and younger were presented in the child analysis).

A total of 1,523 adult and 1,916 child surveys (1,462 0-12 year olds; 454 13-17 year olds) were completed between November 20, 2002 and January 23, 2003. Specifically, a telephone (CATI) methodology was used.

The survey instrument was the CAHPS® 2.0H Medicaid consumer satisfaction survey. The Special Health Care Needs (SHCN) screener was included for adults and children as well as the chronic conditions module for children. In addition, several recommended and supplemental questions were added under the direction of ODJFS. Separate surveys were conducted for adults and children. The child surveys were completed by the parent/guardian or proxy who knows the most about the sampled child's health care.

The data from this research were statistically analyzed by a number of variables. Statistically significant differences are noted on all bar charts using the following indicators:

Arrows (↑,↓) indicate that the MCP is performing statistically better or worse than it did in the 2001 survey at the 95% confidence level.

An asterisk (\*) at the end of the chart title indicates statistically significant differences between at least one MCP and the program average for 2002.

Only statistically significant findings are discussed in the text of the report.

Please refer to the Background, Purpose and Research Approach section of the Detailed Findings Report or the Implementation Report for more information about the research methodology.

## Introduction (cont'd)

### Summary of Findings

Ratings of overall satisfaction improved or remained consistent between 2001 and 2002. Improvements were seen in the following overall ratings:

- Overall rating of health plan;
- Overall rating of health care; and
- Overall rating of specialist.

Composite scores were derived by combining the results for several questions which measured similar areas of concern. Results for composite scores improved or remained consistent between 2001 and 2002. Improvements were seen in the results for the following composite scores:

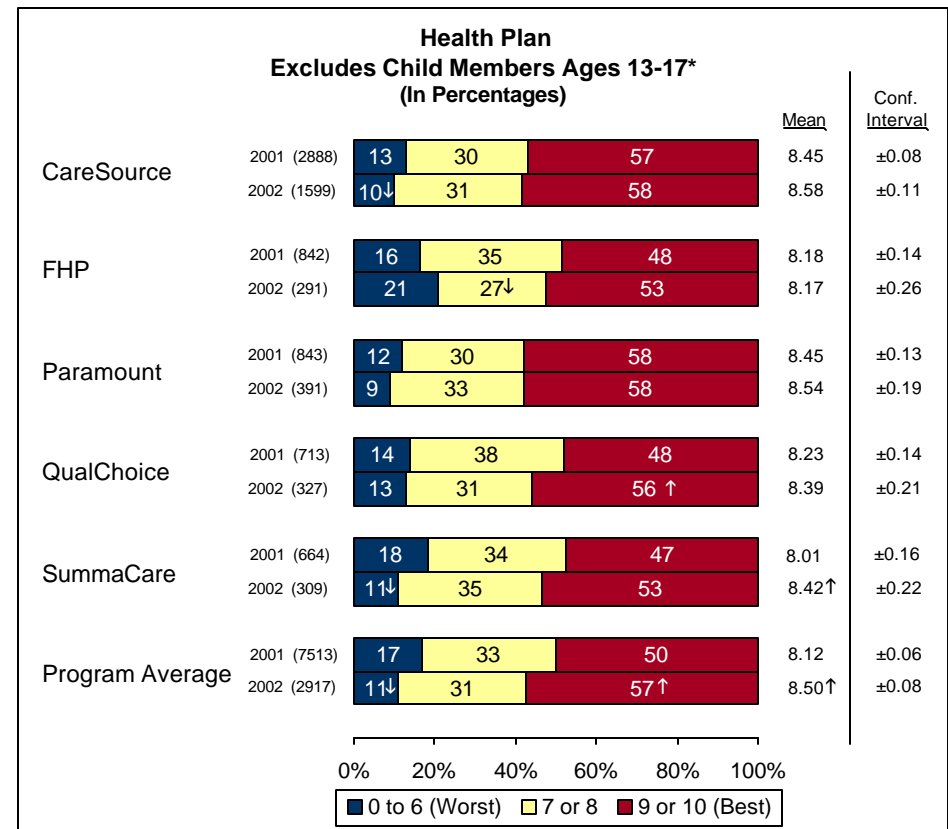
- Customer service; and
- Getting care quickly.

# Overall Ratings of Personal Doctor, Specialist, Health Care and Health Plan

## Overall Rating of Health Plan (Exhibit 2-4)

Members were asked to rate their/their child's health plan overall, using a "0 to 10" scale, where a "0" means the worst health plan possible and a "10" means the best health plan possible.

- There were improvements in the program average between 2001 and 2002: ① members gave their/their child's health plan higher ratings, on average (8.50, up from 8.12); ② more members gave a rating of 9 or 10 (57%, up from 50%); and ③ fewer members gave a rating of less than 7 (11%, down from 17%).
  - > There were also improvements in results for CareSource, FHP, QualChoice, and SummaCare between 2001 and 2002.
- Results were similar for the program average and individual MCPs in 2002. There were no statistically significant differences between the program average and individual MCPs for either the average rating or in the percent rating their/their child's health plan a 9 or a 10.



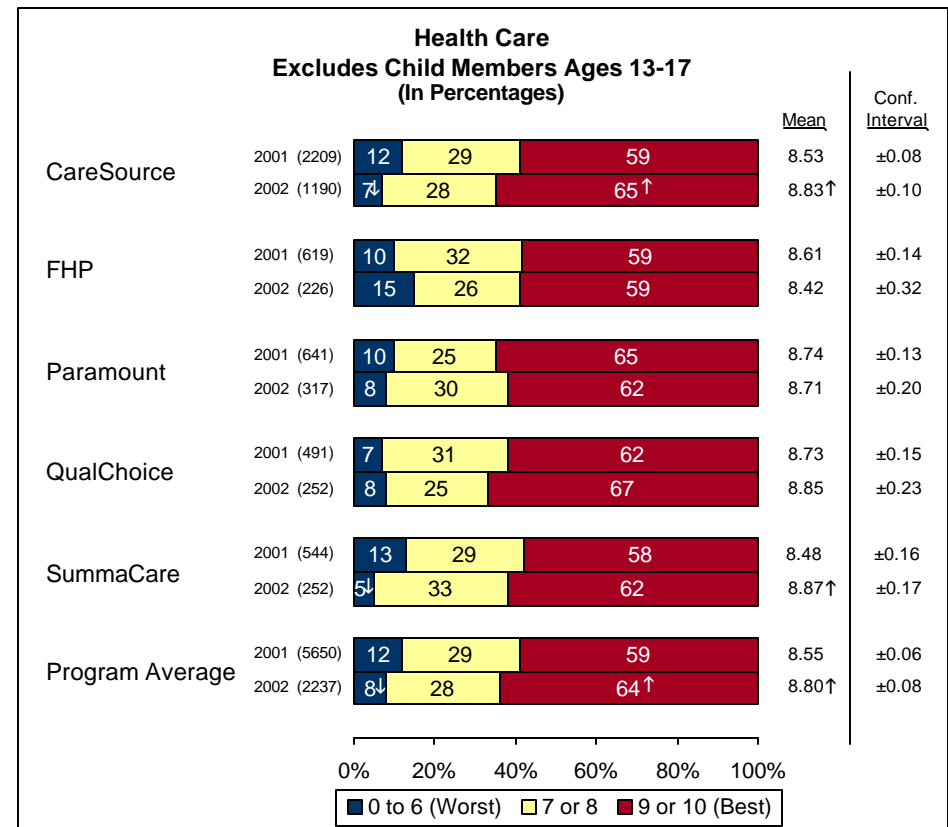
\*There were statistically significant differences between at least one MCP and the program average for 2002.

# Overall Ratings of Personal Doctor, Specialist, Health Care and Health Plan (cont'd)

## Overall Rating of Health Care (Exhibit 2-3)

Members who went to a doctor's office or clinic in the past six months were asked to rate their/their child's health care overall, using a "0 to 10" scale, where a "0" means the worst health care possible and a "10" means the best health care possible.

- There were improvements in the program average between 2001 and 2002: ① members gave higher ratings, on average, for their/their child's health care overall (8.80, up from 8.55); ② more members gave a rating of 9 or 10 (64%, up from 59%); and ③ fewer members gave a rating of less than 7 (8%, down from 12%).
  - There were also improvements in results for CareSource and SummaCare between 2001 and 2002.
- There were no statistically significant differences between results for the program average and any individual MCP in 2002.

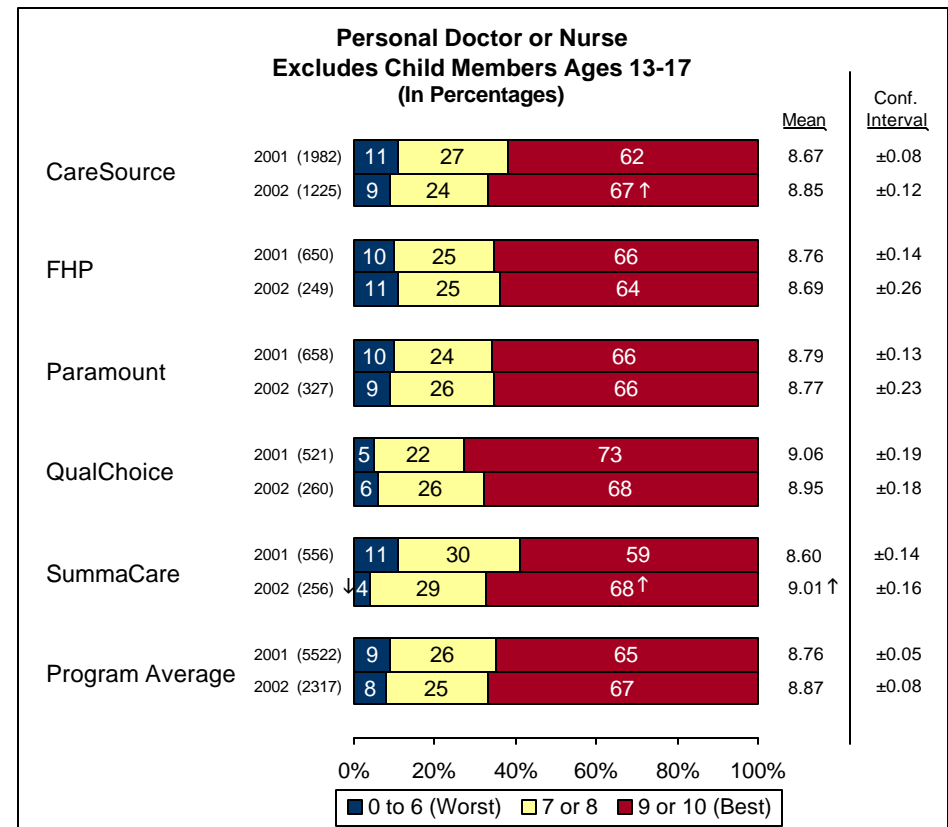


# Overall Ratings of Personal Doctor, Specialist, Health Care and Health Plan (cont'd)

## Overall Rating of Personal Doctor or Nurse (Exhibit 2-1)

Members who have one person they think of as their/their child's personal doctor or nurse were asked to rate their health care provider overall, using a "0 to 10" scale, where a "0" means the worst personal doctor or nurse possible and a "10" means the best personal doctor or nurse possible.

- There were no statistically significant differences in the program average between 2001 and 2002.
  - > However, there were improvements in results for CareSource and SummaCare.
- There were no statistically significant differences between results for the program average and any individual MCP in 2002.
- In 2002, members rated their/their child's personal doctor or nurse, on average, an 8.87. Specifically, in 2002, about two-thirds of the members (67%) gave a rating of 9 or 10 to their/their child's personal doctor or nurse, while 25% gave a rating of 7 or 8 and another 8% gave a rating of less than 7.

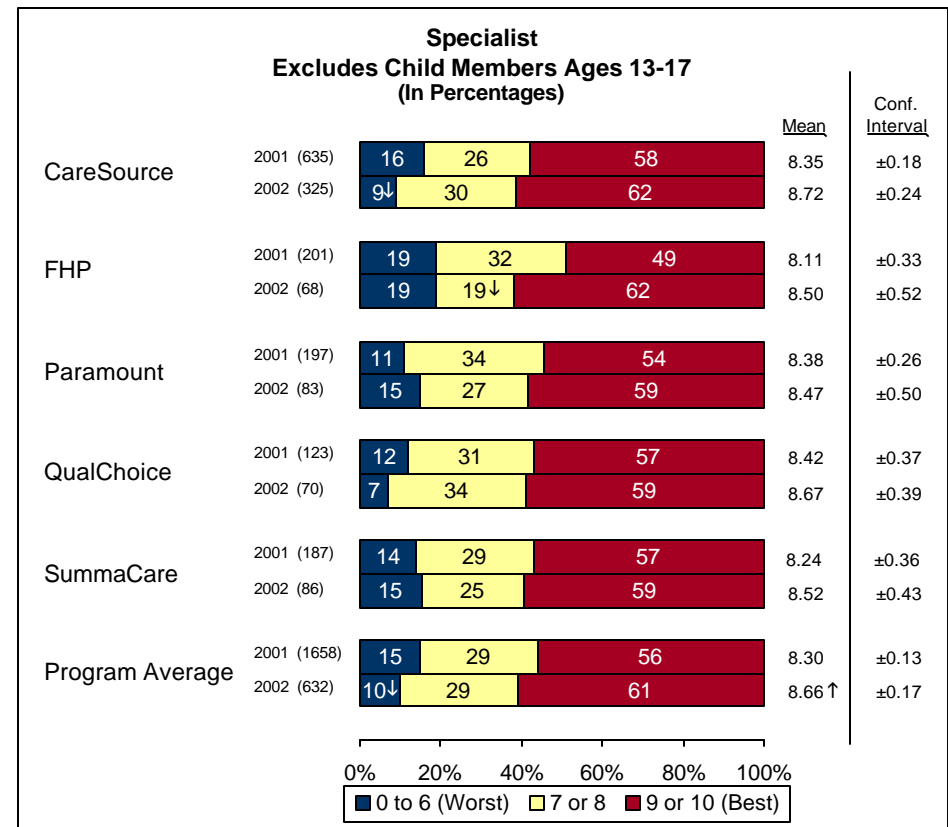


# Overall Ratings of Personal Doctor, Specialist, Health Care and Health Plan (cont'd)

## Overall Rating of Specialist (Exhibit 2-2)

Members who have seen a specialist in the past six months were asked to rate their/their child's specialist overall, using a "0 to 10" scale, where a "0" means the worst specialist possible and a "10" means the best specialist possible.

- There were improvements in the program average between 2001 and 2002: ① members rated their/their child's specialist higher, on average (8.66, up from 8.30); and ② fewer members gave their/their child's specialist a rating of less than 7 (10%, down from 15%).
  - > There were also improvements in results for CareSource between 2001 and 2002.
- There were no statistically significant differences between results for the program average and any individual MCP in 2002.

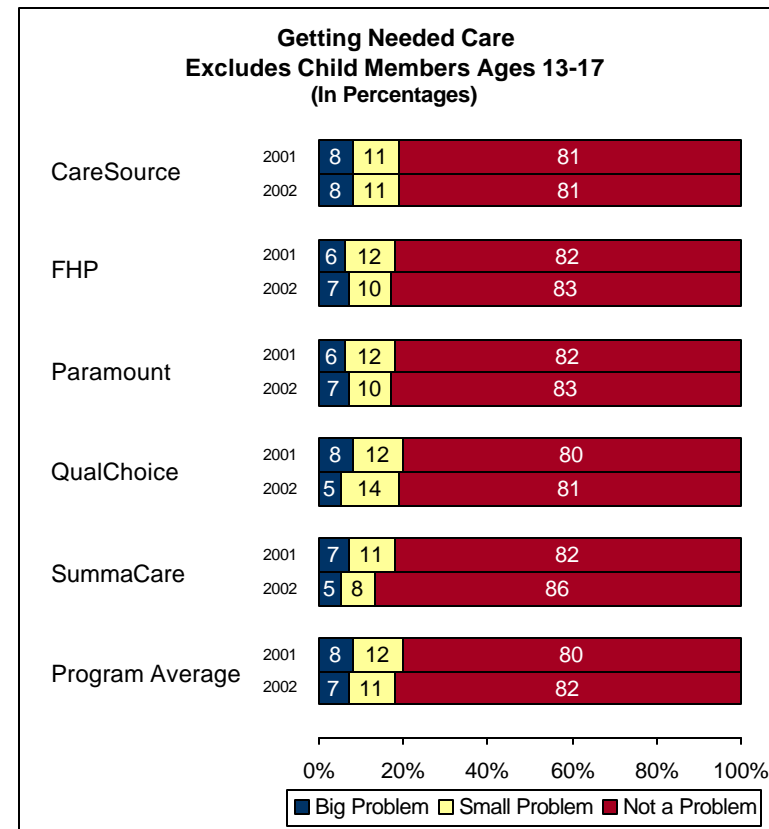


# Getting Needed Care

## Composite Score for Getting Needed Care (Exhibit 3-1)

The composite scores for “Getting Needed Care” indicated that the majority of members have had no problems with issues related to getting needed care within the last six months.

- There were no statistically significant differences in results for either the program average or the individual MCPs between 2001 and 2002.
- There were no statistically significant differences between results for the program average and any individual MCP in 2002.
- The composite scores for “Getting Needed Care” in 2002 showed a rating of not a problem by about eight in ten members (82%), followed by 11% saying they had a small problem, and 7% saying they had a big problem.

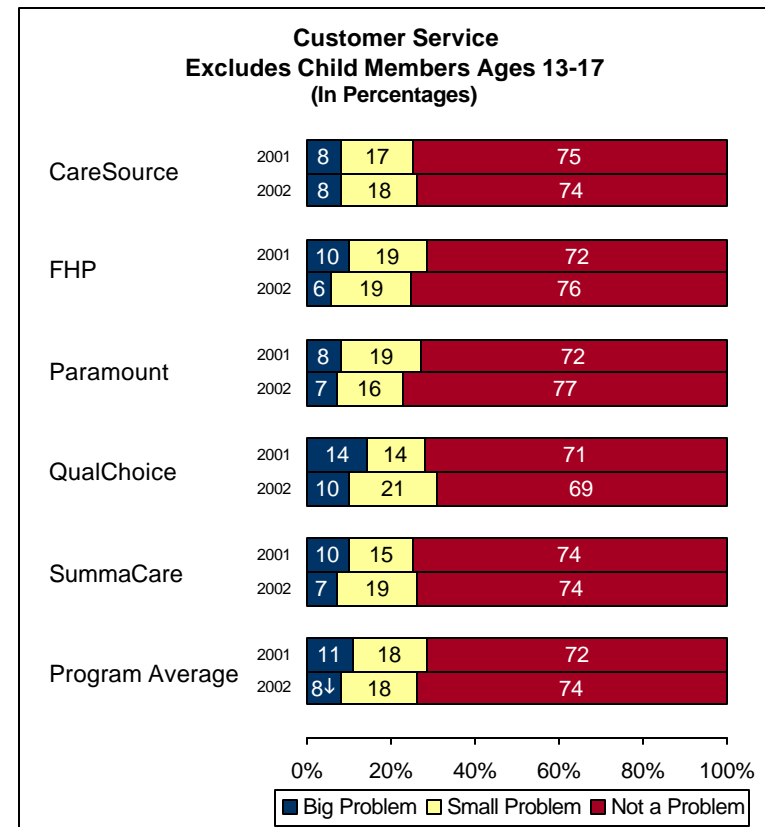


# Customer Service

## Composite Score for Customer Service (Exhibit 3-19)

The composite scores for “Customer Service” indicate that the majority of members have had no problems with issues related to customer service during the last six months.

- There were improvements in the program average between 2001 and 2002. Members in 2002 were less likely to report that they/their child had a big problem with issues related to customer service (8%, down from 11% in 2001).
  - There were no statistically significant differences in results for the individual MCPs between 2001 and 2002.
- There were no statistically significant differences between results for the program average and any individual MCP in 2002.

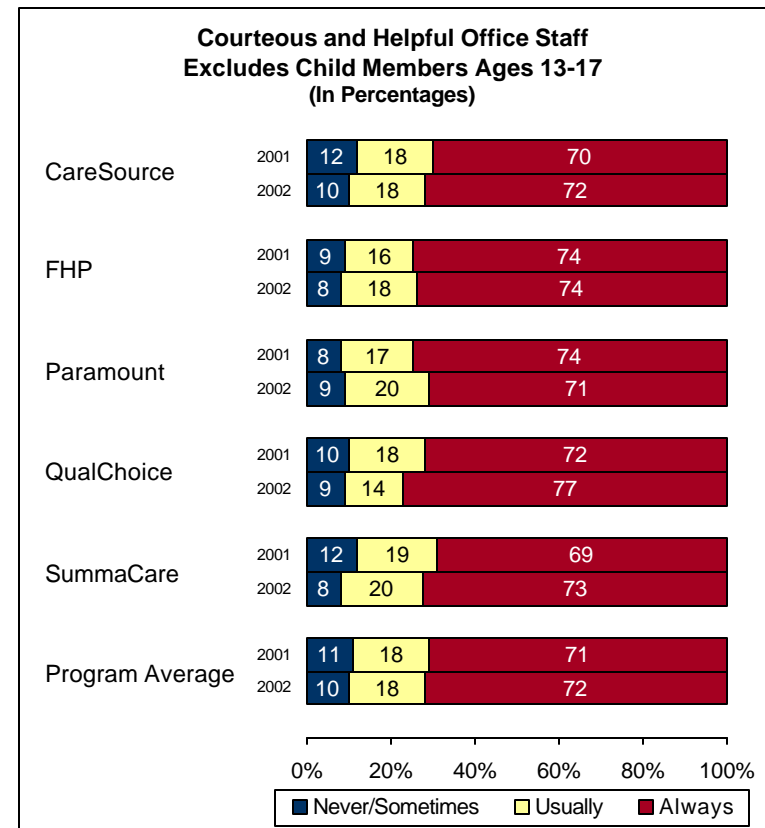


# Courteous and Helpful Office Staff

## Composite Score for Courteous and Helpful Office Staff (Exhibit 3-16)

The composite scores for “Courteous and Helpful Office Staff” indicate that about seven in ten members report that their doctor’s office staff is always courteous and helpful.

- There were no statistically significant differences in results for either the program average or the individual MCPs between 2001 and 2002.
- There were no statistically significant differences between results for the program average and any individual MCP in 2002.
- The composite scores for “Courteous and Helpful Office Staff” in 2002 showed a rating of always or usually by nine in ten members (90%), while 10% gave a rating of never or only sometimes.

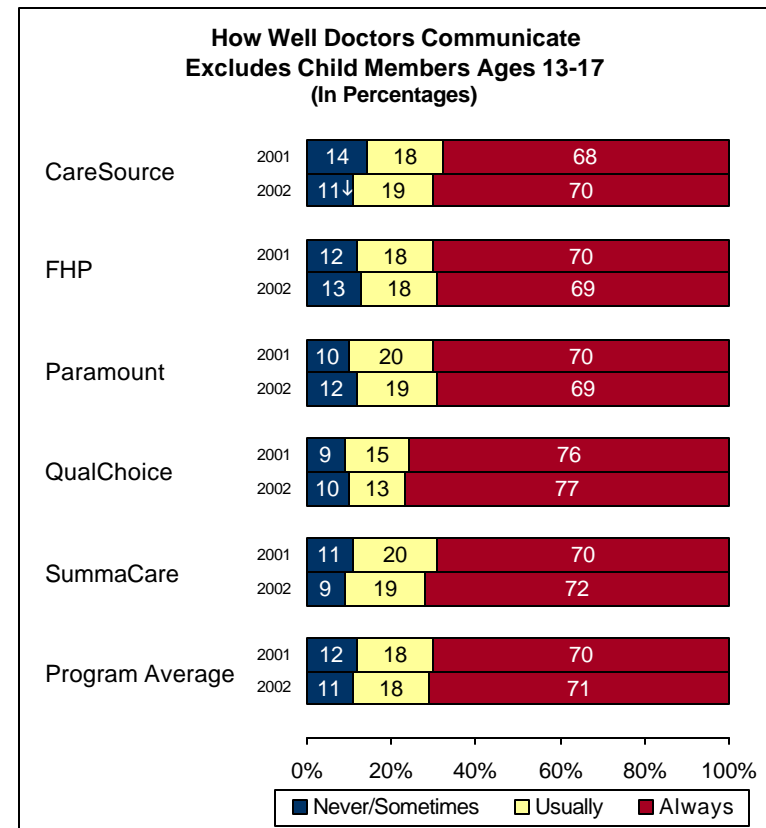


# How Well Doctors Communicate

## Composite Score for How Well Doctors Communicate (Exhibit 3-11)

The composite scores for “How Well Doctors Communicate” indicate that about seven in ten members feel that their/their child’s doctors always communicate well with them.

- There were no statistically significant differences for the program average between 2001 and 2002.
  - However, there were improvements in results for CareSource.
- There were no statistically significant differences between results for the program average and any individual MCP in 2002.
- The composite score for “How Well Doctors Communicate” in 2002 showed a rating of always or usually by nearly nine in ten members (89%), while 11% gave a rating of never or only sometimes.



# Getting Care Quickly

## Composite Score for Getting Care Quickly (Exhibit 3-6)

The composite scores for “Getting Care Quickly”<sup>\*</sup> indicated that about six in ten members have always received care quickly within the last six months.

- There were improvements in the program average between 2001 and 2002. Members in 2002 were more likely to report that they always got care quickly (59%, up from 56% in 2001).
  - > There were no statistically significant differences in results for the individual MCPs between 2001 and 2002.
- There were no statistically significant differences between results for the program average and any individual MCP in 2002.

