

STATE OF MARYLAND PRIMARY ADULT CARE POPULATION

2013 Primary Adult Care Enrollee Satisfaction Survey

Executive Summary

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Job Number: 13-402



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Starting in 2008, the State of Maryland Department of Health and Mental Hygiene (DHMH) selected WB&A Market Research (WB&A), a certified National Committee for Quality Assurance (NCQA) survey vendor, to conduct its Primary Adult Care (PAC) Enrollee Satisfaction Survey.

- DHMH began the PAC Program in July 2006. The PAC Enrollee Satisfaction Survey was administered for the first time in 2008. There are currently five PAC managed care organizations (MCOs), but only three were included in the 2008 and 2009 surveys: Jai Medical Systems, Maryland Physicians Care and UnitedHealthcare. The fourth MCO, Priority Partners, started in January 2008 and has been included since the 2010 survey. The fifth MCO, AMERIGROUP Community Care, began in May 2009 and has been included since the 2011 survey.

The PAC Survey measures those aspects of care for which members are the best and/or the only source of information. From this survey, WB&A can determine members' ratings of and experiences with the medical care they receive. Based on members' health care experiences, potential opportunities for improvement can be identified.

- Specifically, the results obtained from this enrollee survey will allow DHMH to determine how well participating PAC MCOs are meeting their members' expectations, provide feedback to the MCOs to improve quality of care and encourage MCO accountability.
- Results from the PAC Survey summarize member satisfaction through ratings, composites and question Summary Rates. In general, question Summary Rates represent the percentage of respondents who chose the most positive response categories.

WB&A administered a mixed-methodology which involved a mailed survey with telephone follow-up.

- Specifically, two questionnaire packages and follow-up postcards were sent to random samples of eligible PAC enrollees from each of the five PAC MCOs, with “Return Service Requested” and WB&A’s toll-free number included. The mail materials also included a second toll-free number for Spanish-speaking members to complete the survey over the telephone. Those who did not respond by mail were contacted via telephone to complete the survey. During the telephone follow-up, members had the option to complete the survey in either English or Spanish.
- The recommended sample size was 1,350 for each PAC MCO. In addition to the recommended sample size, DHMH chose to over-sample their PAC population by 30%. To qualify, PAC enrollees had to be 19 years of age or older as well as continuously enrolled in the MCO for five of the last six months as of December 31, 2012.

Between February and May 2013, WB&A collected 3,280 valid surveys from the eligible PAC population. Specifically, 2,590 were returned by mail and 690 were conducted over the telephone (10 of which were conducted in Spanish).

- Ineligible members included those who were deceased, did not meet eligible population criteria (indicated non-membership in the specified plan), were either mentally or physically incapacitated or had a language barrier (non-English or Spanish). Non-respondents included those who had refused to participate, could not be reached due to a bad address or telephone number, or were unable to be contacted during the survey time period.
- Ineligible surveys were subtracted from the sample size when computing a response rate.

Table 1 shows the total number of PAC enrollees in the sample that fell into each disposition category.

Table 1: Sample Dispositions

Disposition Group	Disposition Category	Number
Ineligible	Deceased (M20/T20)	12
	Does not meet eligibility criteria (M21/T21)	390
	Language barrier (M22/T22)	33
	Mentally/Physically incapacitated (M24/T24)	3
	Total Ineligible	438
Non-Response	Bad address/phone (M23/T23)	771
	Refusal (M32/T32)	241
	Maximum attempts made (M33/T33)*	4,045
	Total Non-Response	5,057

*Maximum attempts made include two survey mailings and an average of six call attempts.

Table 2 illustrates the number of PAC surveys mailed, the number of completed surveys (mail and phone) and the response rate for each MCO.

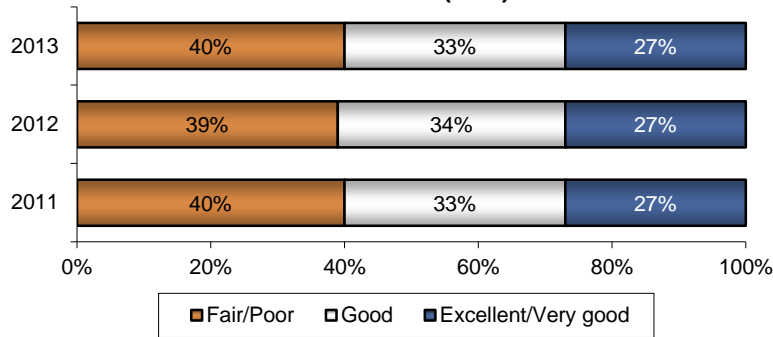
Table 2: PAC Survey

MCO	Surveys Mailed	Mail and Phone Completes*	Response Rate
AMERIGROUP Community Care	1,755	701	41%
Jai Medical Systems	1,755	666	39%
Maryland Physicians Care	1,755	432	28%
Priority Partners	1,755	717	42%
UnitedHealthcare	1,755	764	45%
Total PAC MCOs	8,775	3,280	39%

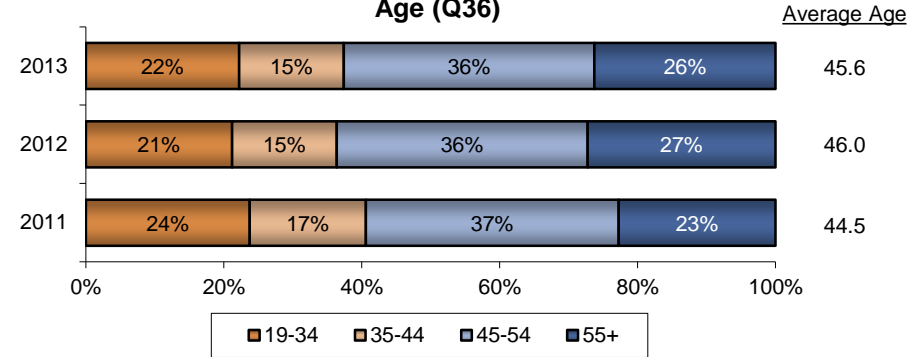
*During the telephone follow-up, members had the option to complete the survey in either English or Spanish.

Profile of Primary Adult Care Enrollees Surveyed

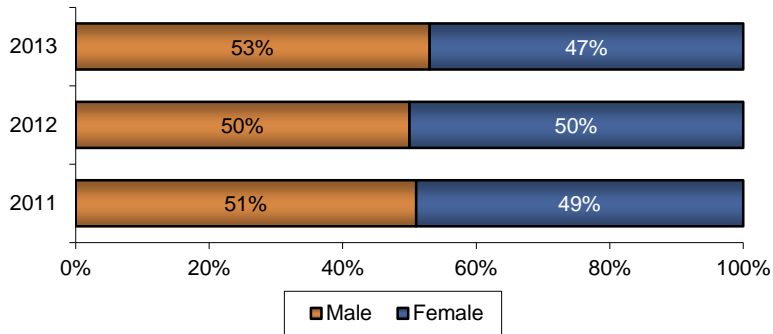
Health Status (Q33)



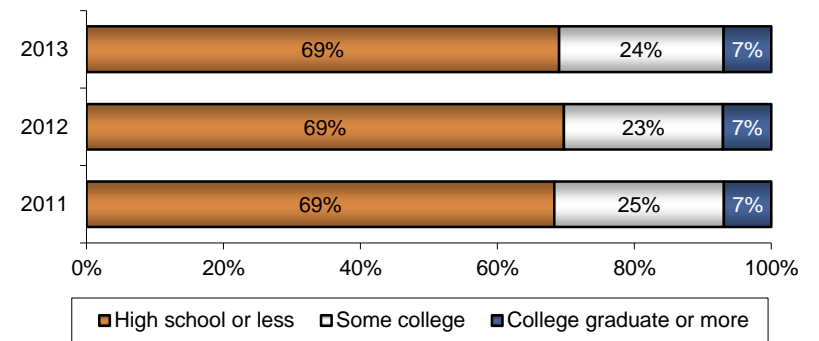
Age (Q36)



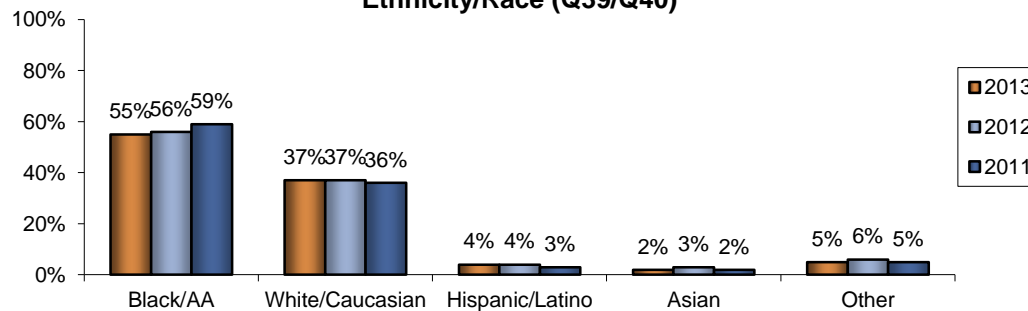
Gender (Q37)



Level of Education (Q38)



Ethnicity/Race (Q39/Q40)*



Base=Those answering

*Multiple Responses Accepted

There were four Overall Ratings questions asked in the PAC Survey that use a scale of “0 to 10” (a “0” represents the worst possible rating and a “10” represents the best possible rating). These measures included “Pharmacy Coverage”, “Primary Care Provider”, “Health Plan” and “Health Care”. The Summary Rate for these questions represents the percentage of members who rated the question an 8, 9 or 10.

Table 3: Overall Ratings

	Overall Ratings (Summary Rate – 8,9,10)											
	Pharmacy Coverage			Primary Care Provider			Health Plan			Health Care		
	2013	2012	2011	2013	2012	2011	2013	2012	2011	2013	2012	2011
PAC Aggregate	70%	72%	72%	64%	67%	64%	54%	57%	56%	54%	57%	54%
AMERIGROUP Community Care	74%	71%	72%	69%	64%	65%	58%	55%	55%	56%	57%	53%
Jai Medical Systems	66%	72%	71%	61%	69%	63%	56%	64%	61%	56%	60%	58%
Maryland Physicians Care	67%	72%	70%	61%	66%	65%	54%	55%	54%	52%	55%	54%
Priority Partners	71%	71%	73%	63%	68%	65%	51%	56%	58%	53%	58%	55%
UnitedHealthcare	71%	75%	73%	66%	67%	64%	50%	56%	53%	53%	57%	51%

Composite measures assess results for main issues/areas of concern. These composite measures were derived by combining the survey results from similar questions (*note: one of the composite measures is comprised of only one question*). The PAC Enrollee Satisfaction Survey includes four composite measures, defined in Table 4.

Table 4: Composite Measure Definitions

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate ¹
Getting Needed Care	5 and 28	Measures members' experiences in the last 6 months when trying to get care from their Primary Care Provider and through their Health Plan	% of members who responded "Usually" or "Always"
Getting Care Quickly	7	Measures members' experiences with receiving care as soon as they wanted	% of members who responded "Usually" or "Always"
How Well Primary Care Provider Communicates	12, 13, 14	Measures how well their Primary Care Provider explained things, listened to them and spent enough time with them	% of members who responded "Usually" or "Always"
Customer Service	30 and 31	Measures members' experiences with getting the information needed and treatment by Customer Service staff	% of members who responded "Usually" or "Always"

¹Summary Rates most often represent the most favorable responses for that question.

Table 5 shows the composite measure ratings.

Table 5: Composite Measures

	Composite Measures (Summary Rate – Always/Usually)											
	How Well Primary Care Provider Communicates			Customer Service			Getting Care Quickly			Getting Needed Care		
	2013	2012	2011	2013	2012	2011	2013	2012	2011	2013	2012	2011
PAC Aggregate	83%	84%	83%	74%	74%	73%	73%	78%	76%	69%	70%	69%
AMERIGROUP Community Care	85%	86%	85%	77%	74%	71%	74%	76%	74%	70%	66%	69%
Jai Medical Systems	84%	84%	83%	72%	77%	78%	69%	80%	79%	71%	76%	75%
Maryland Physicians Care	77%	85%	84%	65%	71%	76%	64%	75%	77%	63%	69%	69%
Priority Partners	84%	82%	82%	74%	70%	71%	78%	79%	74%	69%	68%	69%
UnitedHealthcare	83%	83%	84%	76%	78%	71%	75%	78%	76%	68%	69%	65%

In an effort to identify the underlying components of PAC enrollees' ratings of their Health Plan and Health Care, advanced statistical techniques were employed.

- Regression analysis is a statistical technique used to determine which influences or “independent variables” (composite measures) have the greatest impact on an overall attribute or “dependent variable” (overall rating of Health Plan or Health Care).
- In addition, correlation analyses were conducted between each composite measure attribute and overall rating of Health Plan and Health Care in order to ascertain which attributes have the greatest impact.

Key Drivers of Satisfaction with Health Plan

Based on the 2013 findings, the “**Customer Service**” composite measure has the most significant impact on PAC enrollees' overall rating of their Health Plan.

- Specifically, the attributes listed below are identified as **unmet needs**¹ and should be considered priority areas for the PAC MCOs. If performance on these attributes are improved, it could have a positive impact on PAC enrollees' overall rating of their Health Plan.
 - **Got the care, tests or treatment you thought necessary**
 - **Customer Service gave the information or help needed**

Key Drivers of Satisfaction with Health Care

Based on the 2013 findings, the “**How Well Primary Care Provider Communicates**” composite measure has the most significant impact on PAC enrollees' overall rating of their Health Care.

- The specific attributes listed below are identified as **unmet needs**¹ and should be considered priority areas for the PAC MCOs. If performance on these attributes is improved, it could have a positive impact on PAC enrollees' overall rating of their Health Care.
 - **Got care as soon as you thought you needed**
 - **Got the care, tests or treatment you thought necessary**

- **Attributes** are the questions that relate to a specific service area or composite.
- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of plan quality. Specifically, it's the average of each response category of the attributes that comprised a particular service area or composite.
- **Confidence Level** is the degree of confidence, expressed as a percentage, that a reported number's true value is between the lower and upper specified range.
- **Correlation Coefficient** is a statistical measure of how closely two variables or measures are related to each other.
- **Disposition Category** is the final status given to a member record within the sample surveyed. The category signifies both the survey administration used to complete the survey (M=Mail, T=Telephone) and the status of the member record (M21=Mail, Ineligible; T10=Telephone, Complete).
- **Key Drivers** are composite measures that have been found to impact ratings of overall Health Plan (Q32) and Health Care (Q10) among MCO members as determined by regression analysis.
- **Over-Sampling** is sampling more than the minimum required sample size. The recommended sample size for MCOs in the PAC Program is 1,350 and the target number of completed surveys is 411. The Department may choose to over-sample to obtain a greater number of completed surveys, particularly if it anticipates, by history, a low response rate.
- **Significance Test** is a test used to determine the probability that a given result could not have occurred by chance.
- **Summary Rates** generally represent the most favorable responses for a particular question (i.e., *Always and Usually; 8, 9 or 10; etc.*). Keep in mind that not every question is assigned a Summary Rate.