



Members of Medicaid Managed Care Plans Are Happier With Their Plans Than Members of Commercial Plans

Patient satisfaction is a fundamental measure of health care quality; after all, health care is a service to consumers. Health systems which perform at a truly high level don't just meet the medical needs of the patients they serve; high-performing health systems engage patients and their families in an accessible, responsive, transparent and understandable way.

This paper examines patient satisfaction surveys of Medicaid managed care health plan members. To those unfamiliar with the high level of service provided by Safety Net Health Plans, the results may be surprising: Not only is satisfaction with Medicaid managed care plans generally very high, consumer satisfaction with public-sector plans is consistently higher than satisfaction among those enrolled in private health plans.

The most widely-used measure of patient experience, the Consumer Assessment of Healthcare Providers and Systems (CAHPS), is a regular, systematic survey of patient experience published through the Agency for Healthcare Research and Quality (AHRQ). CAHPS has been in place for more than 20 years and is used nearly universally among Medicaid managed care plans.¹ CAHPS measures have been included in the CHIPRA set of core child care quality measures, as well as the Medicaid Adult Core Set of quality measures set forth by the Centers for Medicare & Medicaid Services (CMS).

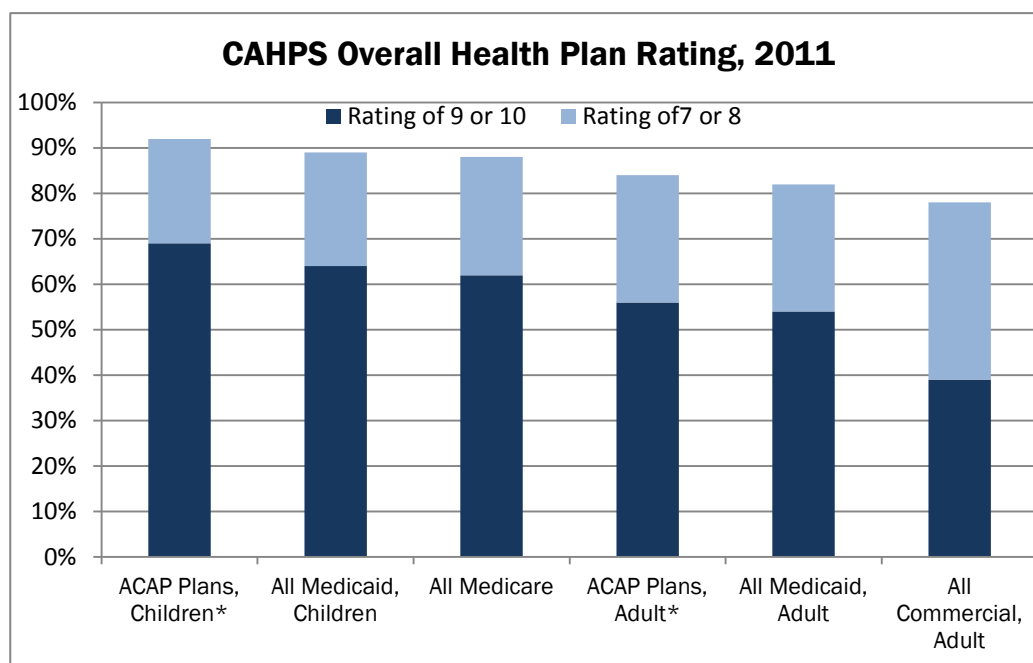
CAHPS surveys are used by several entities; in addition to the survey administered by AHRQ, health plans accredited by the National Committee for Quality Assurance (NCQA) report CAHPS to NCQA as part of their accreditation. CAHPS is required by 32 of the 36 states that have capitated Medicaid managed care, but only nine states use CAHPS in their Medicaid fee-for-service program. Both NCQA and state Medicaid programs add custom questions and may calculate results slightly differently from AHRQ. Accordingly, CAHPS results reported to various entities may not be strictly comparable.

National surveys indicate higher satisfaction among Medicaid and Medicare health plan members than commercial enrollees

The "Rating of Health Plans" metric in CAHPS simply asks surveyed health plan members to assign a rating from "0" (the worst) to "10" (the best) to their health plan. The most recent CAHPS data show that enrollees in Medicaid health plans were more likely to give their plan the highest rating than those enrolled in commercial health plans. Enrollees of ACAP-member Safety Net Health Plans surveyed by CAHPS were even more likely to give their health plan an overall rating of "9" or "10" than those enrolled in Medicaid managed care plans in general—whether answering for themselves or on behalf of their children (Figure 1).

¹ While versions of CAHPS exist to accommodate other delivery systems such as hospitals, its usage is uneven; no comprehensive record of patient experience in fee-for-service systems exists such as it does among Medicaid managed care plans.

Figure 1: Respondents Rate Medicaid and Medicare Health Plans More Highly than Commercial Health Plans²



* ACAP-specific averages result from an ACAP analysis of CAHPS data from AHRQ’s national CAHPS benchmarking database.

These results are consistent with data collected in previous years: a March 2011 report of the Medicaid and CHIP Payment and Access Commission (MACPAC) notes that 2009 CAHPS data for managed care organizations show that 59.0% of Medicare recipients and 52.5% of Medicaid recipients gave their health plan a rating of “9” or “10”, compared with 38.3% for members of commercial plans.³

NCQA Health Plan Report Card

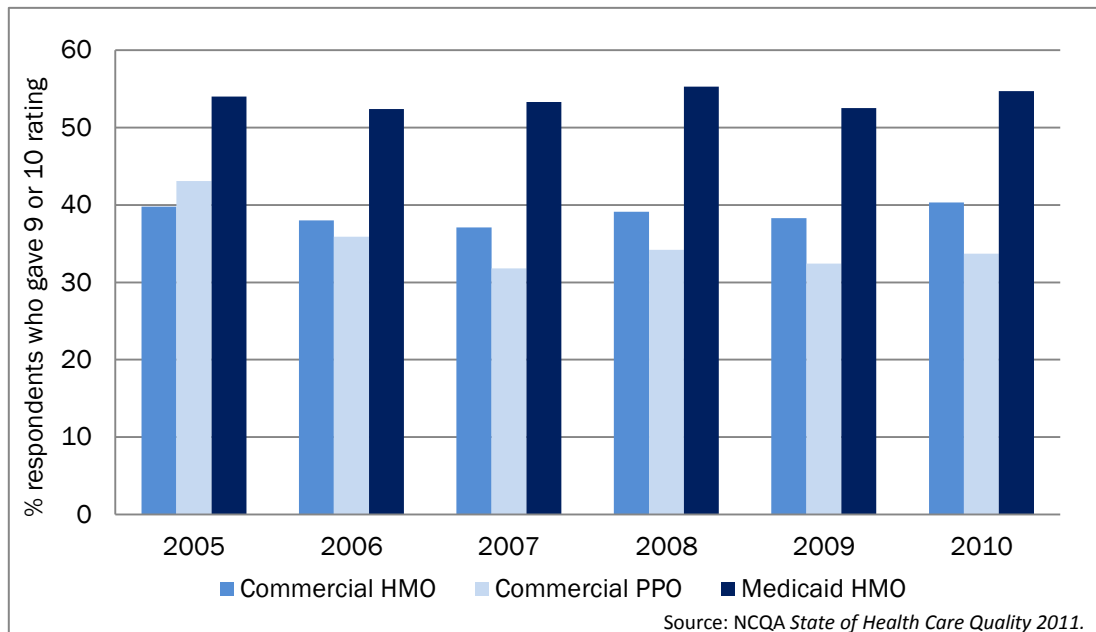
Consumer experience data is also collected through the National Committee for Quality Assurance (NCQA) using an adapted version of CAHPS.⁴ NCQA also asks its respondents to give their health plan an overall rating, on a scale of “0” to “10”. In 2010, 54.7% of all respondents on Medicaid plans gave their plan a rating of a “9” or a “10,” compared with 40.3% of respondents on commercial health maintenance organization (HMO) plans and on commercial preferred provider organization (PPO) plans (Figure 2, overleaf).

² CAHPS 2011 data from the CAHPS national benchmarking database. It is important to note that AHRQ’s contract for support of the CAHPS program expired on June 27, 2012. Data for calendar year 2012 was not collected. The national CAHPS benchmarking database which provided data for this fact sheet is not publicly accessible at this time. For more, see <https://www.cahps.ahrq.gov/>. This fact sheet will be updated with new data in the future.

³ MACPAC Report to the Congress on Medicaid and CHIP, March 2011, accessed at http://democrats.energycommerce.house.gov/sites/default/files/documents/MACPAC_Report_031511.pdf

⁴ “Measuring Performance,” NCQA Health Plan Report Card, accessed at <http://reportcard.ncqa.org/plan/external/About.aspx?Tab=MeasuresPerformance>

**Figure 2: Rating of Health Plan as Reported to NCQA, “9” or “10”:
Medicaid HMO vs. Commercial HMO/PPO, 2005-2010⁵**



It is important to note that the cohort of plans reporting CAHPS results to NCQA differs from that reporting to AHRQ. Accordingly, some differences in results between the two data sets are to be expected.

Parents Express Satisfaction with Children’s Medicaid and CHIP Coverage

Measuring patient satisfaction extends beyond overall ratings of health plans. Specific measures of access and service are frequently explored in patient satisfaction surveys. These surveys explore whether patients could get in quickly to see a doctor, whether their plan was affordable, whether their plan’s suite of benefits was sufficiently comprehensive, and more. Here, too, Medicaid enrollees report a high degree of satisfaction. In 2011, The Centers for Medicare & Medicaid Services conducted a national survey of 1,936 parents⁶, and found the following percentages were “very or somewhat satisfied” with various aspects of their child’s Medicaid or Children’s Health Insurance Program (CHIP) coverage:

- **93%** were “very” or “somewhat” satisfied with the quality of care their child received;
- **89%** were satisfied with how quickly they could get a doctor’s appointment for their child;
- **88%** were satisfied with the range of services covered;
- **86%** were satisfied with the affordability of their coverage; and
- **87%** were satisfied with the ease with which they could find a doctor.

⁵ National Committee for Quality Assurance. *The State of Health Care Quality 2011*, page 119.

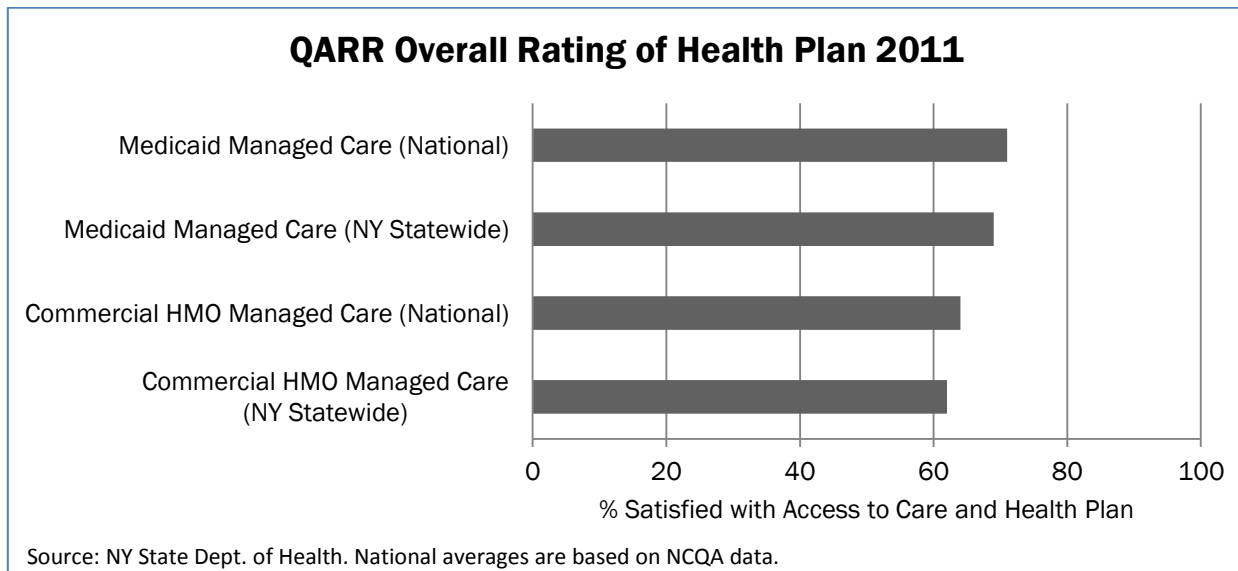
⁶ “Informing CHIP and Medicaid Outreach and Education,” Centers for Medicare & Medicaid Services, Department of Health and Human Services, accessed at <http://www.insurekidsnow.gov/professionals/CHIP-Medicaid-Survey-Topline.pdf>. This survey was designed by a third party and is not part of CAHPS.

New York Survey Results Also Show Higher Satisfaction Among Medicaid Plans Than Commercial Plans

Nine of ACAP's 58 Safety Net Health Plans operate in New York State. New York's Quality Assurance Reporting Requirements (QARR) is a state-level initiative overseen by the New York State Department of Health aimed at measuring health plan performance. QARR data are used by insurance purchasers, consumers, regulators and accreditation agencies. Consumer experience surveys are included in the QARR data set.

Again, members of Medicaid managed care plans are more likely to indicate satisfaction with their health plan. Among Medicaid managed care plan members in New York, 69 percent of respondents indicated satisfaction with their health plan in 2011, compared with 62 percent of commercial plan members (Figure 3). National figures included in the report similarly show that enrollees in Medicaid managed care are more likely to rate their plan highly than national commercial plan enrollees.

Figure 3: QARR Finds Medicaid Managed Care Plan Enrollees More Likely to Rate Their Health Plan Highly Than Commercial Plan Members⁷



Members of MLTC Plans Report High Level of Satisfaction; 9 in 10 in N.Y. Would Recommend Their Plan to a Friend

A sector of managed care that has commanded a growing share of attention is managed long-term care (MLTC), which helps chronically ill patients or people with disabilities stay in their homes for the longest possible period of time. Medicaid managed long-term care plans arrange for a wide range of services for their members, including home- and community-based services. Such plans have increased their enrollment

⁷ "eQARR 2010 - An Online Report on Managed Care Plans Performance in New York State," New York State Department of Health, accessed at http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2010/index.htm

in recent years, and more states are looking at implementing Medicaid MLTC programs; the state of Florida launched their MLTC program on August 1, 2013.⁸

A standardized satisfaction survey conducted in 2011 by the New York Department of Health and IPRO found that among members of Medicaid MLTC plans, 85 percent rated their plan as “good” or “excellent.” 87% rated their quality of care provided by their care managers as “good” or “excellent.”

The study also reported that 91% of recipients would recommend their plan to a friend, and 84% felt the plan helped them and their families to better manage illness.^{9,10}

Conclusion

As millions of Americans gain health care coverage through the Medicaid expansions provided under the Affordable Care Act, the data presented in this report demonstrate that members of Medicaid managed care organizations have a high level of satisfaction with their service and care. As detailed here, enrollees in Medicaid managed care are more likely to be satisfied with their health plan than people who purchase insurance in the commercial market. And the performance of Medicaid managed care plans with respect to consumer satisfaction is improving over time. Policymakers should take the high level of satisfaction among members of Medicaid managed care programs—and Medicaid managed long-term care programs—into consideration when evaluating an expansion of, or improvements to, the Medicaid program in their state.

⁸ “State set for launch of Medicaid managed Long-term care program.” Florida Today. July 30, 2013.

<http://www.floridatoday.com/article/20130730/BUSINESS/130730015/State-set-launch-Medicaid-managed-Long-term-care-program>.

⁹ “New York State Medicaid Update,” New York Department of Health, February 2012, accessed at

http://www.health.ny.gov/health_care/medicaid/program/update/2012/feb12mu.pdf

¹⁰ It should be noted that despite earning high marks for consumer satisfaction, many Special Needs Plans, which often provide managed long-term care services are unduly penalized under the Medicare STARS Quality Rating System as a result of a downward case-mix adjustment used in calculating Stars quality ratings. From ACAP. “Medicare’s Quality Incentive System Does Not Adequately Account for Special Needs of Dual-Eligible Populations.” May 2012.

<http://www.communityplans.net/LinkClick.aspx?fileticket=qkFGYMsHc48%3d&tabid=214&mid=718&forcedownload=true>. Page 10.