

# Medicaid Beneficiaries' Perceptions of Access to and Quality of Care: Comparison of Satisfaction between MCO and FFS Beneficiaries

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# Overview

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# Background: DC Medicaid Managed Care Program

- The District's Medical Assistance Administration (MAA) administers two Medicaid managed care programs:
  - 1994 - DC Healthy Families Program (DCHFP): Eligible Medicaid beneficiaries enroll in one of 3 managed care organizations (MCOs) (voluntary selection or automatic enrollment)
  - 1996 - Children and Adolescent SSI Program (CASSIP): Children with special needs automatically enroll in one MCO

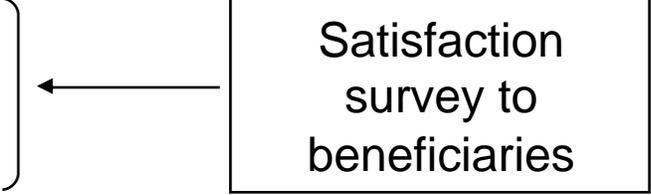
	Medicaid Managed Care (MMC)	Fee-For-Service (FFS)
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>•Children under 21 yo</li> <li>•Pregnant women at 300% FPL</li> <li>•Parents at 200% FPL</li> <li>•TANF eligible</li> <li>•SCHIP eligible</li> </ul>	<ul style="list-style-type: none"> <li>•Elderly or disabled persons who are:               <ul style="list-style-type: none"> <li>-SSI recipients</li> <li>-65 or older, blind, or disabled at 100% FPL and assets not exceed SSI</li> <li>-In long-term care facility</li> <li>-Dual Medicare eligible</li> <li>-Childless adults who do not meet MMC</li> </ul> </li> <li>•Children in foster care or DYS</li> </ul>
<b>Benefits</b>	Doctor and hospital visits, well-child care, prescriptions, health screening, vision, dental, mental health, home nursing, adult day care	

# Background: DCHFP Evaluation

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- DC MAA contracted with Abt Associates to conduct an independent evaluation of its DCHFP

– The evaluation consisted of four parts:

- Access to care;
  - Quality of care;
  - Medical and administrative spending; and
  - Quality Improvement and Assessment.
- 
- Satisfaction survey to beneficiaries

## Study Objective

- To distinguish differences between adult MCO and FFS Medicaid beneficiaries in their experiences and satisfaction ratings with the Medicaid program
- To identify factors that influence beneficiaries' experience and satisfaction

# Data Source

- Beneficiary Satisfaction Surveys
  - Based on CAHPS survey instruments
  - Administered by mail and phone
  - \$10 incentive for survey completion
- Sample
  - 2006: Stratified, random sample of 2,400 Medicaid beneficiaries enrolled in one of the four participating MCOs
    - 1,198 responded = 51% RR
  - 2007: Random sample of 800 Medicaid beneficiaries enrolled in FFS
    - 288 responded = 36% RR
  - Both samples included adults and children
    - **This analysis is limited to adults** since few (n=24) children in FFS

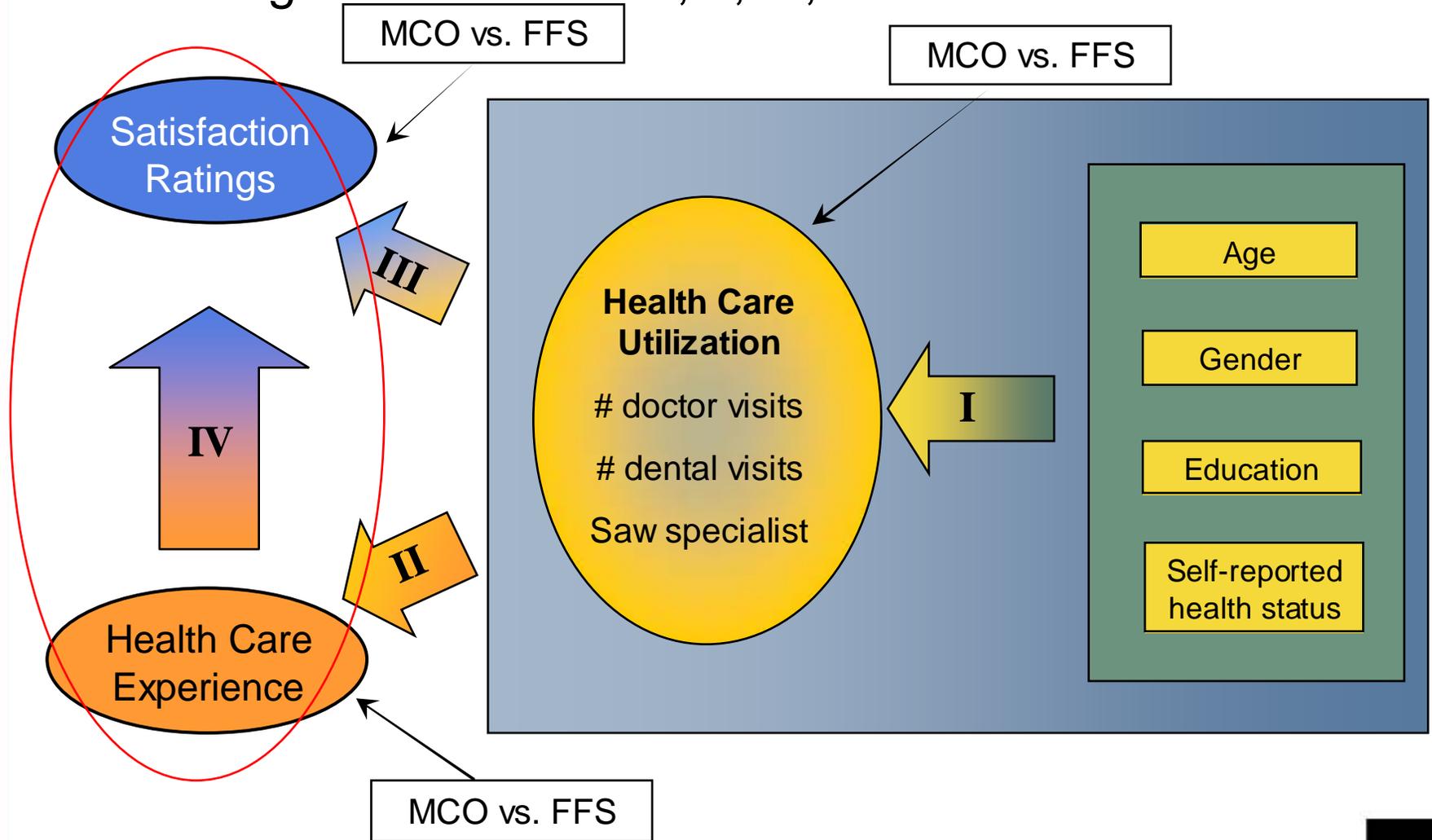
# Respondent Characteristics (N=762)

	MCO	FFS
<b>Adults only (n)</b>	<b>498</b>	<b>264</b>
Mean age (yrs)	44.7	<b>56.4*</b>
Gender (% female)	31.3	36.4
Education (% with more than high school)	<b>28.6*</b>	21.5
Self-reported general health status (% fair or poor)	14.2	<b>47.2*</b>
Self-reported mental health status (% fair or poor)	10.4	<b>34.1*</b>

\*Significant differences at  $p < .05$ .

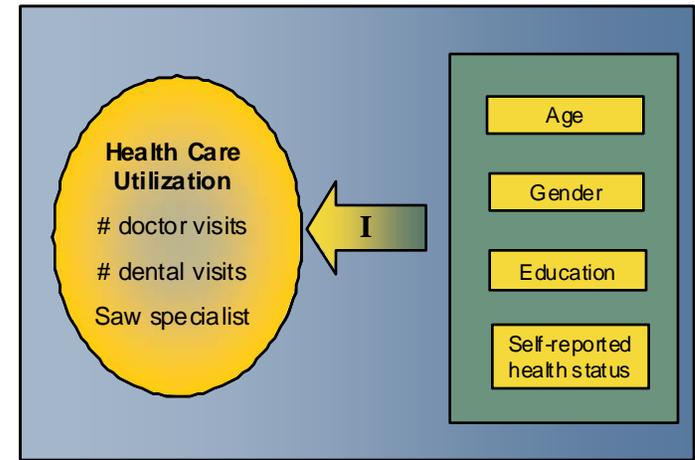
# Analysis

- Linear regression models I, II, III, IV



# Results (I): Health Care Utilization

- # Doctor visits: 47% with 3+visits
  - No difference MCO/FFS
  - MALES less likely to have 3+ visits
- # Dental visits: 3.8% with 3+ visits
  - No difference MCO/FFS
  - Having HIGH SCHOOL DEGREE related to more visits
- Saw a specialist: 39.8% yes
  - FFS more likely than MCO to see specialist
  - OLDER enrollees and enrollees with WORSE MENTAL HEALTH status more likely to see specialist

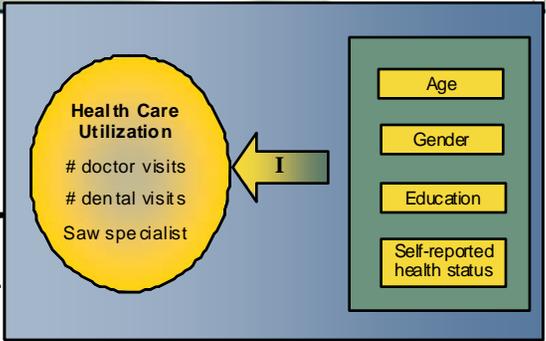


# Results (II): Health Care Experiences

- No differences between FFS and MCO enrollees' experiences.

Problems in...	More problems reported by enrollees...
<i>Getting needed care</i>	<ul style="list-style-type: none"> <li>•Worse mental health status</li> </ul>
<i>Getting care quickly</i>	<ul style="list-style-type: none"> <li>•Females</li> <li>•At lower age</li> <li>•Worse mental health status</li> </ul>
<i>Communication with providers</i>	<ul style="list-style-type: none"> <li>•Worse mental and general health status</li> <li>•More doctor visits</li> </ul>
<i>Customer service</i>	<ul style="list-style-type: none"> <li>•Worse mental and general health status</li> <li>•More doctor visits</li> </ul>
<i>Seeing a specialist</i>	<ul style="list-style-type: none"> <li>•Worse mental health status</li> </ul>

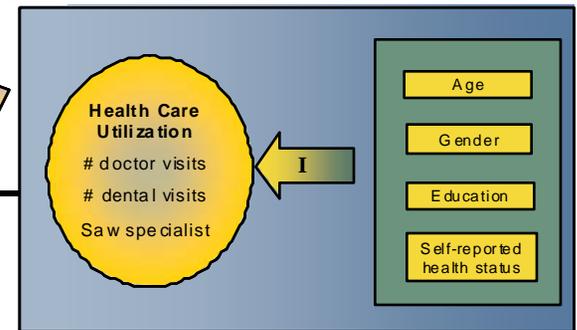
Health Care Experience



# Results (III): Satisfaction Ratings



- No differences in satisfaction ratings between MCO and FFS enrollees.



Ratings...	Lower ratings reported by enrollees...
<i>For personal doctor</i>	<ul style="list-style-type: none"> <li>Worse mental health status</li> </ul>
<i>For all health care</i>	<ul style="list-style-type: none"> <li>Worse mental &amp; general health status</li> <li>More than high school degree</li> </ul>
<i>For specialist</i>	<ul style="list-style-type: none"> <li>Lower age</li> </ul>
<i>For dental care</i>	<ul style="list-style-type: none"> <li>Worse mental health status</li> </ul>
<i>For health plan</i>	<ul style="list-style-type: none"> <li>Worse mental health status</li> <li>Lower age</li> </ul>



# Results (IV): Experience Related to Satisfaction

- Examined each experience separately, then all together.



	Personal Doctor	Health Plan	Overall Health Care	Specialist
Getting needed care	✓	✓	✓	✓
Getting care quickly	✓	✓	✓	✓
Communication w/provider	✓	✓	✓	✓
Customer service	NS	✓	✓	NA
<b>All Together</b>	Communicate Care quickly	Communicate Care quickly Needed care	Communicate Care quickly Needed care	Communicate Care quickly

# Discussion

- Few differences between FFS and MCO enrollees in reporting health care utilization, experience and satisfaction except
  - FFS enrollees were more likely to see a specialist
- Enrollees with *more doctor visits* reported more problems with communication with providers and with customer service
- Enrollees that reported *worse mental health status* reported worse experiences and lower ratings
- *Communication with providers* and *getting care quickly* were strongest predictors of satisfaction ratings (more problems, lower ratings)