



Member Research Update

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Overview



Today we will update the Board on two recent member research initiatives and plans for future research. Findings reveal high levels of satisfaction among members, opportunities for growing member understanding and insurance literacy, and confirm that the Health Connector plays a key role in covering Massachusetts residents that move between MassHealth and commercial coverage.

- The Health Connector policy team conducts research to better understand Health Connector members and their experience in our coverage
- This research provides insight we can use to help guide policy and programmatic decision making
- We recently launched a new member web survey, contributing to our understanding of where members previously received coverage, if at all, and how they heard about us
- We also received key findings from our 2016 Member Experience Survey, a comprehensive survey of both current and former members
- Future efforts in member/policy research include accessing the All Payer Claims Database (APCD) from the Center for Health Information and Analysis (CHIA)

Survey Research

Survey research allows us to better understand our members' experience across multiple dimensions of the Health Connector's areas of responsibility.

Understand Members

- Experience in the shopping and coverage selection process
- Health insurance literacy and financial experience
- Barriers to care, perception of quality and care utilization

Improve Customer Experience

- Enhance customer experience, product shelf, shopping tools that better meet consumer needs

Establish Baseline

- Measure against baseline of customer satisfaction and perceptions

Track Pre- and Post-Health Connector Coverage

- Understand why people come to us and why some people leave our coverage

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New Member Survey

New Member Survey



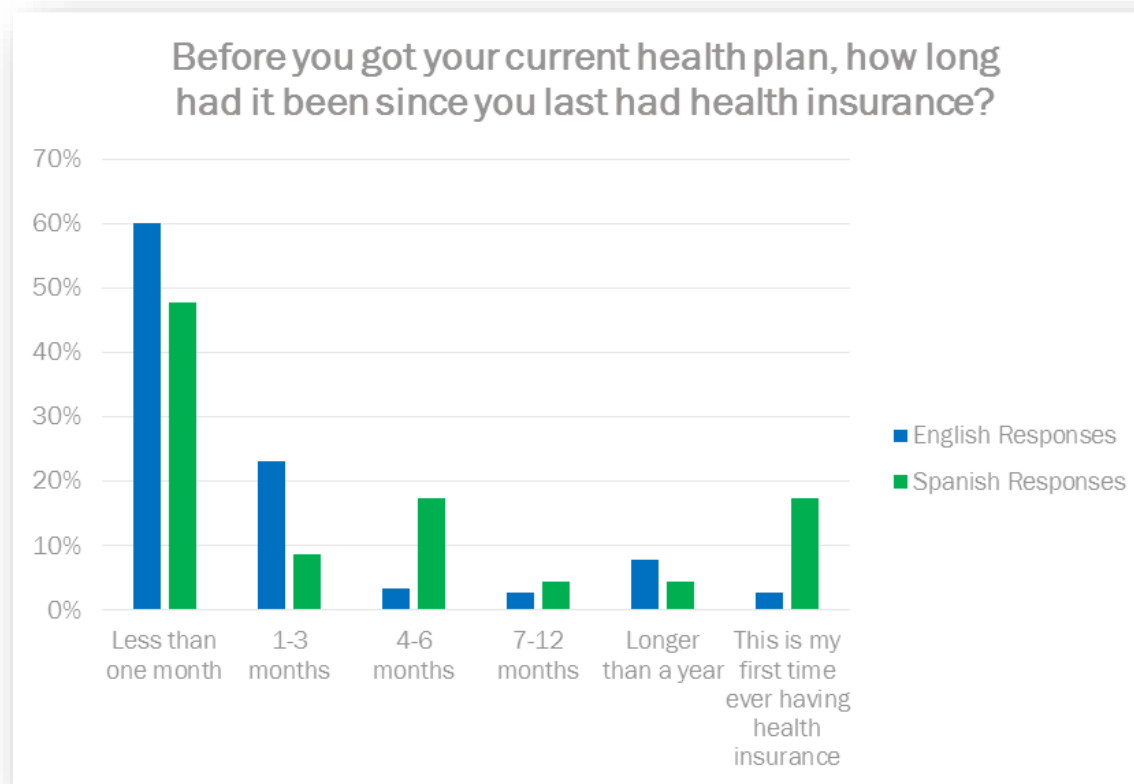
Beginning in August, the Health Connector launched an online survey for all members enrolling in a given month.

- The survey collects information about prior insurance status, reasons for seeking coverage, and where members heard about the Health Connector

Survey Methodology	
Sample	<ul style="list-style-type: none">• Sampling is based on enrollees for a given month who have an email address
Data Collection	<ul style="list-style-type: none">• Data collection is done online• Because members could select more than one response for many questions, data presented reflect a count of responses, not respondents
Fielding	<ul style="list-style-type: none">• Emails are sent early in the member's first month of coverage and the survey link is active for one week• A Spanish survey is sent to members who indicated a Spanish language preference in their online application
Response rate	<ul style="list-style-type: none">• Response rates vary by month, but approximately 800-950 surveys completed per month to date

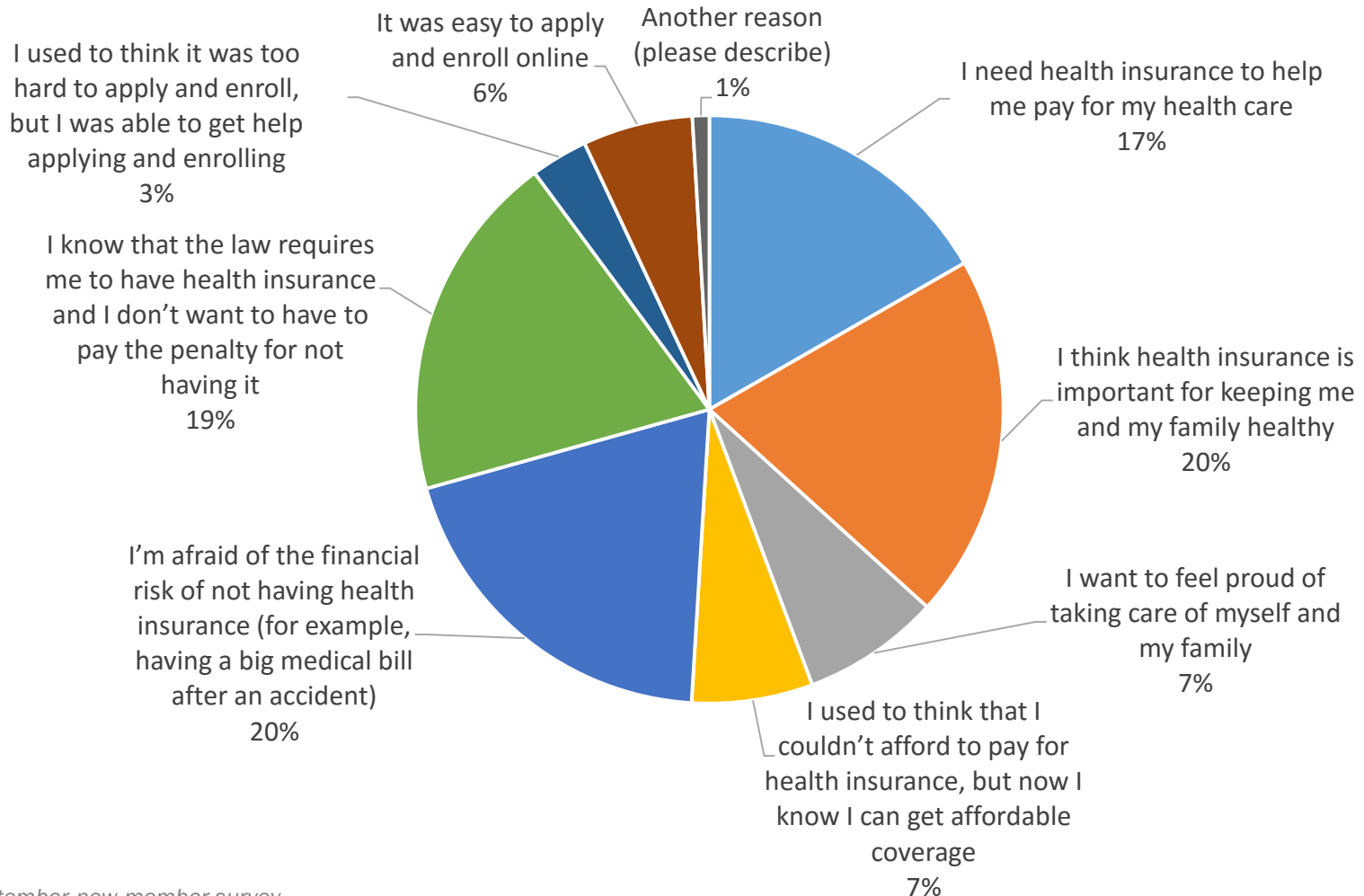
Gaps in Coverage

Most new members report having had a gap of under three months prior to enrollment. Spanish respondents more frequently reported longer gaps in coverage or never having had coverage in the past.



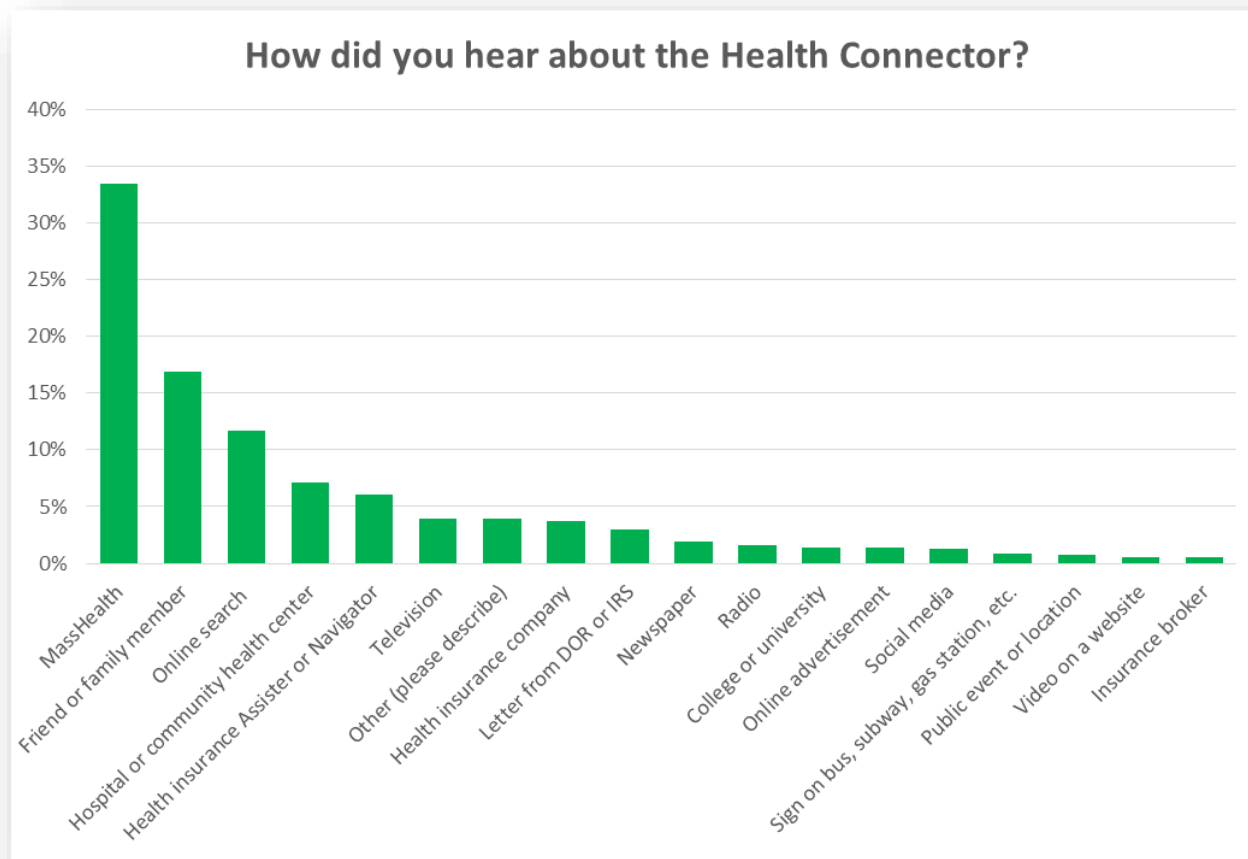
Motivations for Having Coverage

Which of these are important reasons to you for having health insurance?



How Members Heard About the Health Connector

New members most commonly heard about the Health Connector through MassHealth, word of mouth, or an online search.





Member Experience Survey

2016 Member Experience Survey



The member experience survey was fielded in July and August, completed by approximately 1,021 enrolled or recently-disenrolled Health Connector members.

Survey Methodology	
Sample & Stratification	<ul style="list-style-type: none">• Sampling was based on a stratified sample of current health plan enrollees (non-group) and those that had been enrolled (non-group) but did not continue their enrollment (disenrollees)
Data Collection	<ul style="list-style-type: none">• Data collection used a dual mode online and telephone survey with a mailed pre-notification letter
Fielding	<ul style="list-style-type: none">• The survey invitation letter was mailed on Wednesday, July 6, 2016 and was followed with an email invitation sent to all selected members on Wednesday, July 13, 2016• Additional email reminders were sent on July 19, July 25, 2016, and August 10, 2016• Telephone data collection began on July 26, 2016 and was completed by August 12, 2016
Response Rate	<ul style="list-style-type: none">• The overall online response rate was 12.3%• The overall telephone survey response rate among respondents was 14.2%• Response rates were calculated using the standard American Association for Public Opinion Research response rate formula
Sampling Error	<ul style="list-style-type: none">• The sampling error associated with results presented in this report for all members, which includes those who are dis-enrolled, is +/-3.9% at 95% confidence

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Major Findings in Member Experience Survey

Member Experience Survey – Summary of Findings

Key findings from the member experience survey fall into seven general categories:

Why the Health Connector
& Overall Member Satisfaction

Customer
Communication
and Assistance

Plan Selection

Health Literacy
and Financial
Assistance

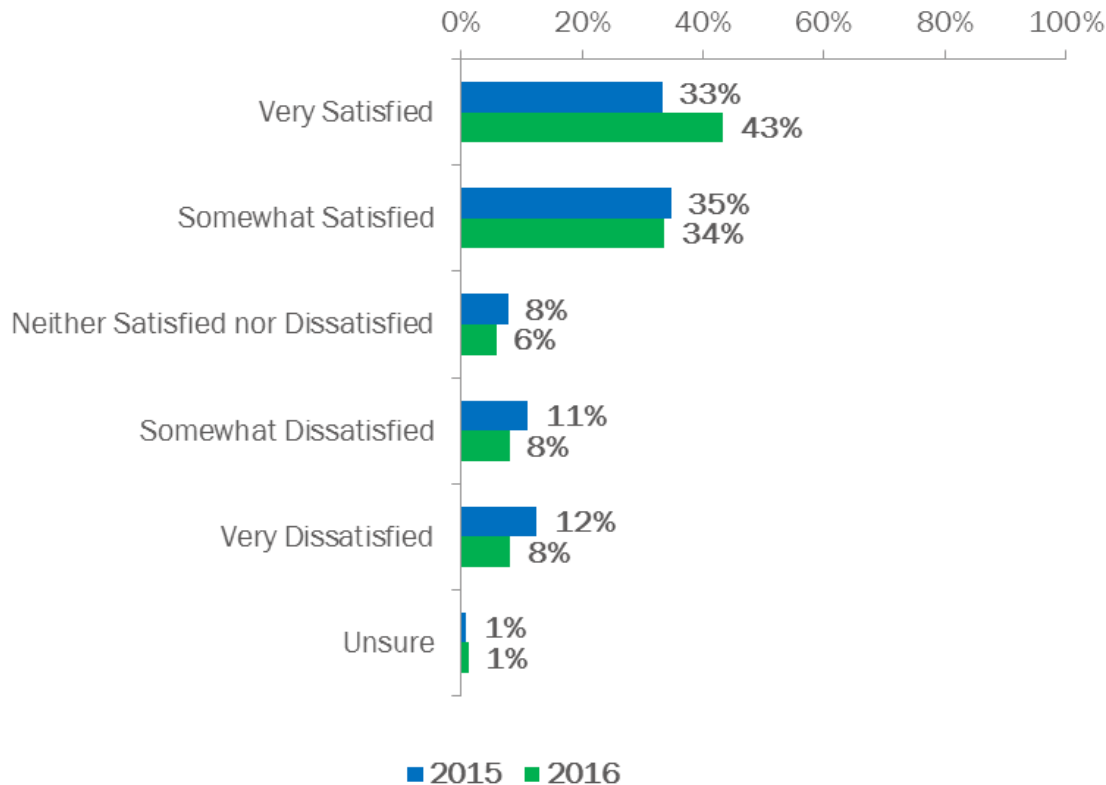
Interest in New
Features

Disenrollment

Health Care
Costs and
Quality

Overall Member Satisfaction

Over three-quarters (77%) of Health Connector members are satisfied with their experience. This is a significant increase since 2015, when satisfaction was at 68%.



Member Ratings of Health Plan Quality and Value

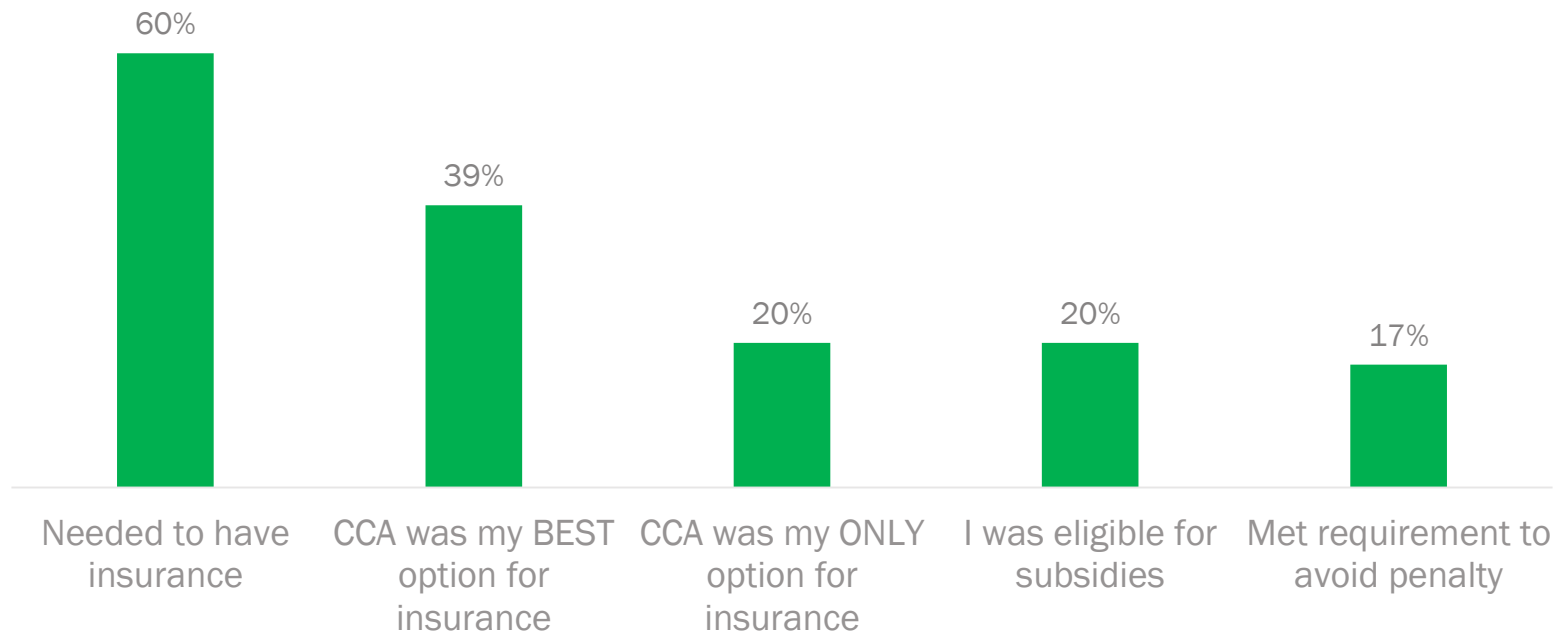


How would you rate....	Percent Responding Good/Very Good/Excellent	
	2015	2016
... the choice of doctors and other providers available under your current health plan coverage?	80%	80%
... the range of services covered by your current health plan coverage?	78%	76%
... the quality of care available under your current health plan coverage?	78%	83%

	Percent that Agree	
	2015	2016
I think that the amount that I pay for my premium is reasonable.	68%	64%

Why Did Member Choose the Health Connector?

Members came to the Health Connector because they needed health insurance and it represented their best option.

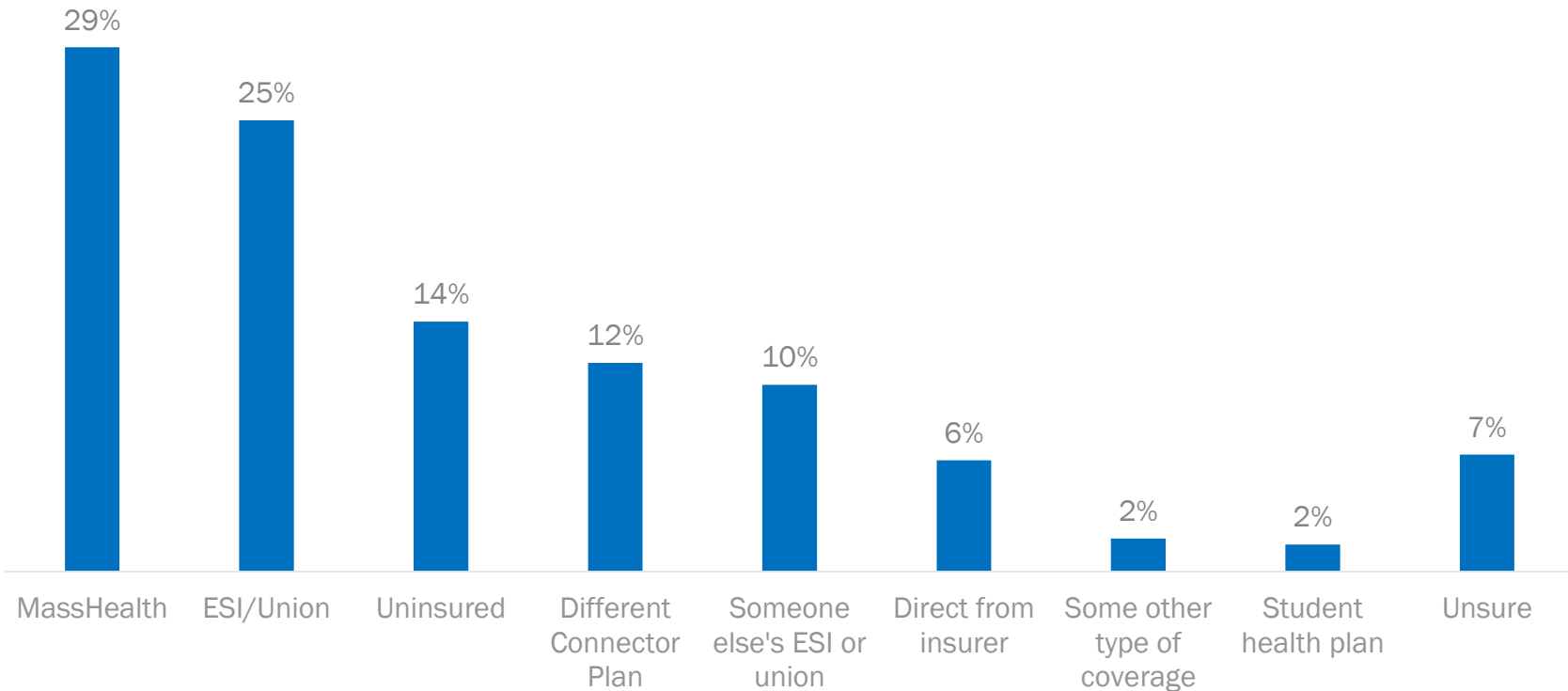


- Being able to find a lower cost plan was the most common reported reason for using the Health Connector *rather* than a private company or broker (48%)
 - Percentage even higher among unsubsidized members at 60%

Coverage Immediately Prior to the Health Connector



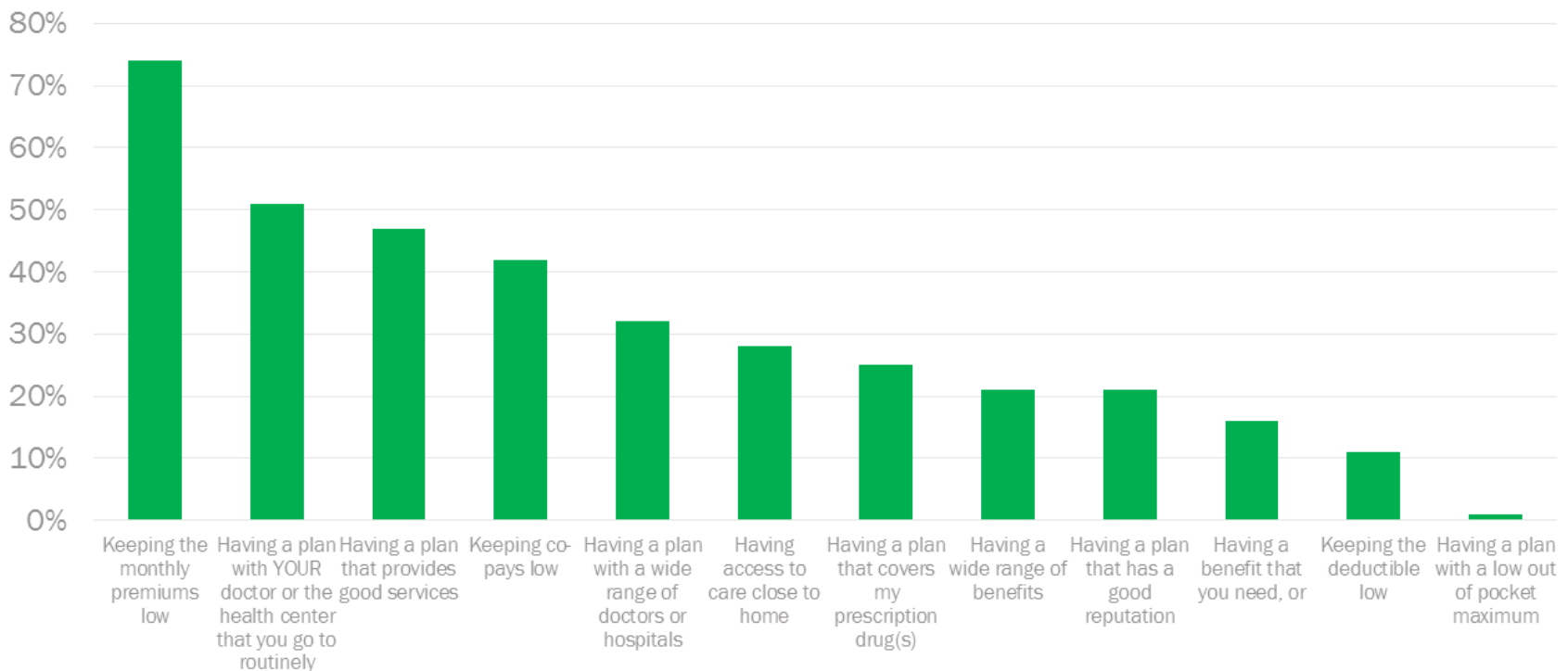
The most common prior sources of coverage are MassHealth and Employer-Sponsored Insurance (ESI). Notably, fourteen percent of respondents reported that they had been uninsured prior to enrolling in Health Connector coverage.



Note: Totals do not sum to 100% due to respondents being allowed to select multiple responses

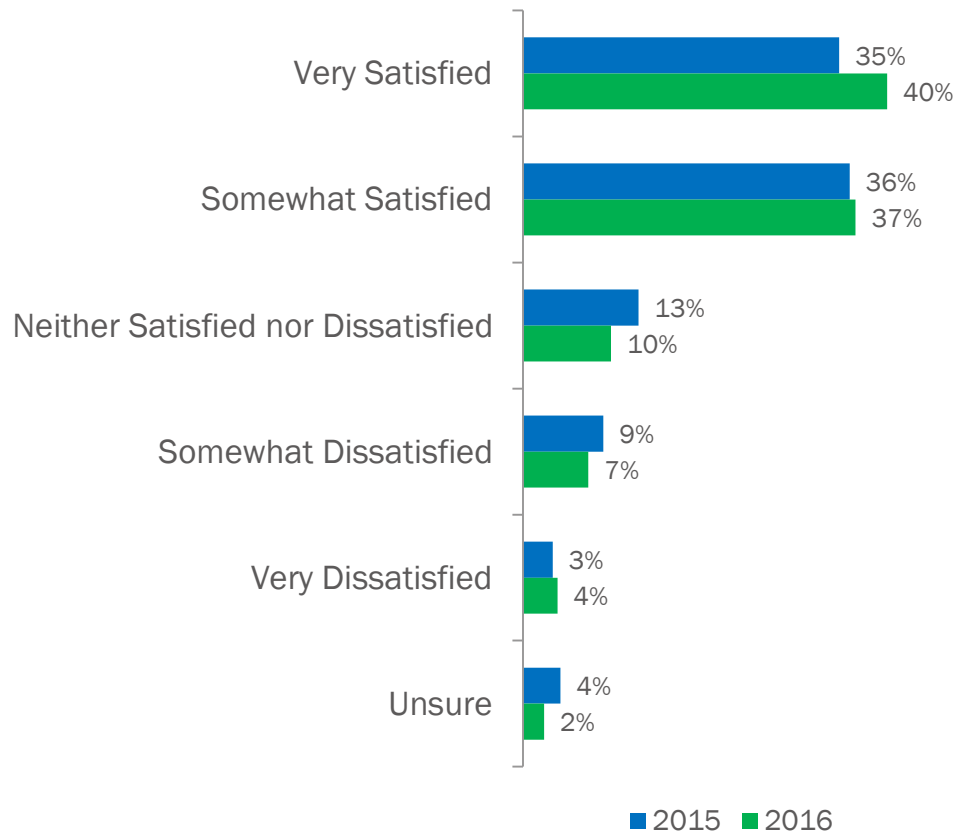
Factors in Plan Selection

Cost is by far the most significant factor in plan selection among members, followed by having a plan with one's own provider(s).



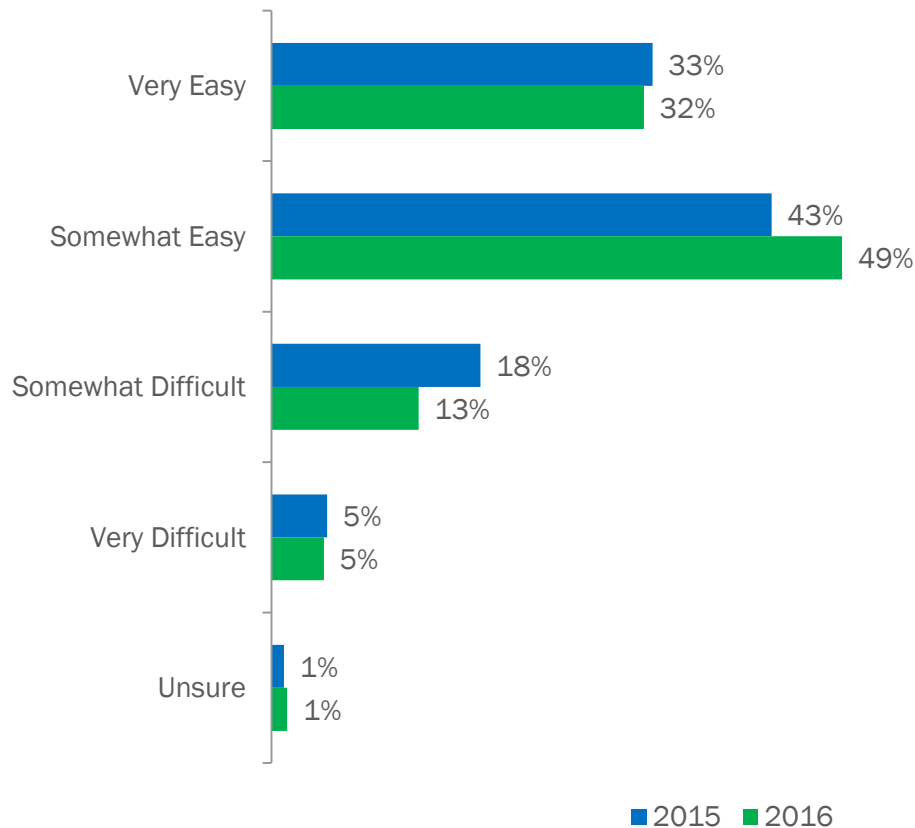
Plan Choice

Approximately three-quarters of Health Connector members are satisfied with their choice of plans through the Health Connector. This is an increase from 71% in 2015.



Plan Choice (cont'd)

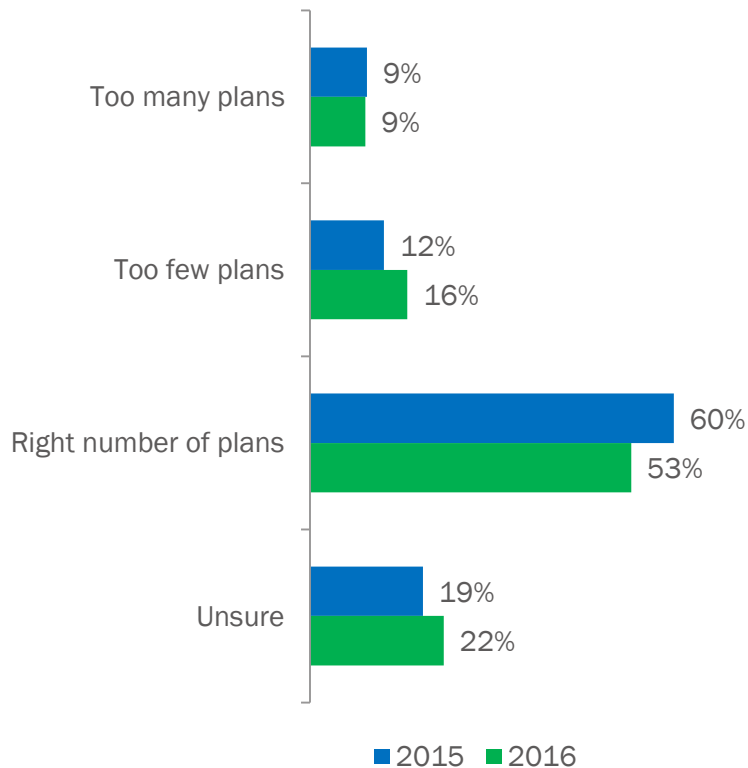
Eight-in-ten (81%) customers found the process of choosing their plan easy.



- The ability to comparison shop for plans is the feature most commonly reported to work well (41%) -- a notable increase from 26% in 2015

Plan Choice (cont'd)

Just over half (down from 60% last year) felt that the Health Connector offers “the right number of plans.”



- Drop in percent reporting “the right number of plans” due to more reporting “too few” or “unsure”
- Higher income and unsubsidized members were significantly more likely to feel that there were too many plans
- Members who rated their health as fair or poor were significantly more likely to feel that there were too few plans (33%)

Health Insurance Literacy



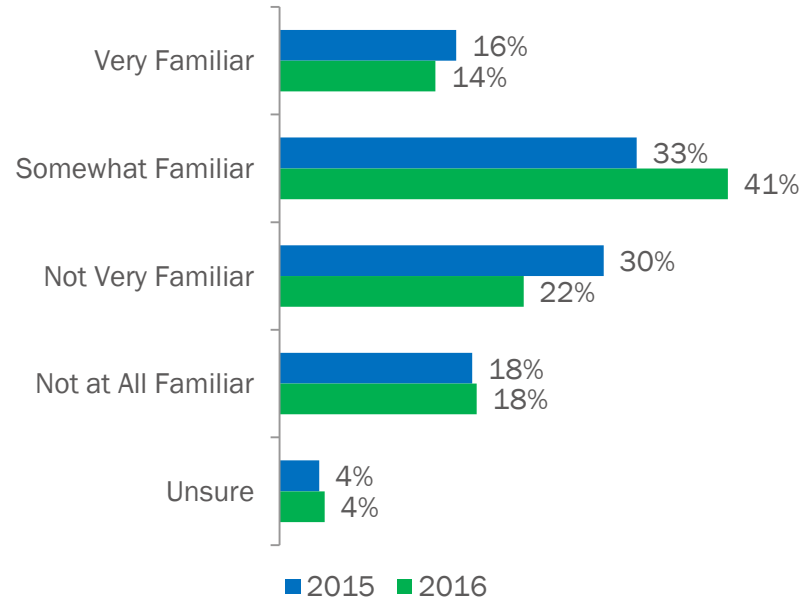
Members report being fairly confident that they understand common terms used in describing health plans, with the exception of Advance Premium Tax Credits (APTCs).

Term	Confident	Not Confident
Co-payment	91%	8%
Deductible	88%	10%
Premium	87%	13%
Maximum annual out-of-pocket spending	79%	19%
Co-insurance	60%	36%
Advance Premium Tax Credit	46%	49%

- Less than half of customers are confident in the meaning of Advance Premium Tax Credit; understanding of that term was especially low with unsubsidized enrollees. Unsubsidized respondents were significantly less likely to report confidence with APTC understanding (32%)
- Higher income and older members were more likely to report understanding of health insurance terms in general

Awareness of Financial Assistance

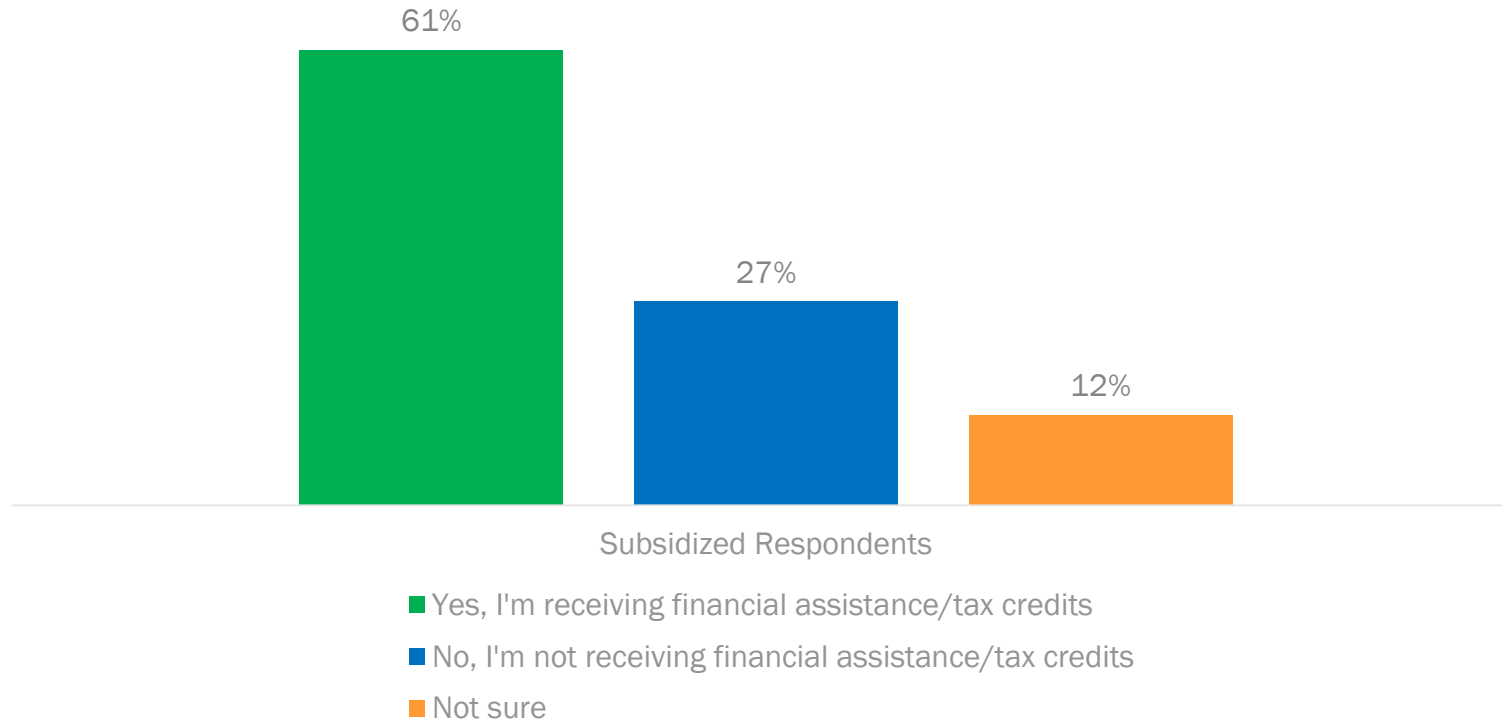
About half of Health Connector members report being familiar with the financial help (subsidies) available to help make coverage more affordable.



- 57% members getting a subsidy reported being familiar with availability of subsidies vs. 50% of unsubsidized members
- Members who rated their health as fair or poor were significantly more likely to be unfamiliar with the help available through the ACA to pay for insurance (60%)

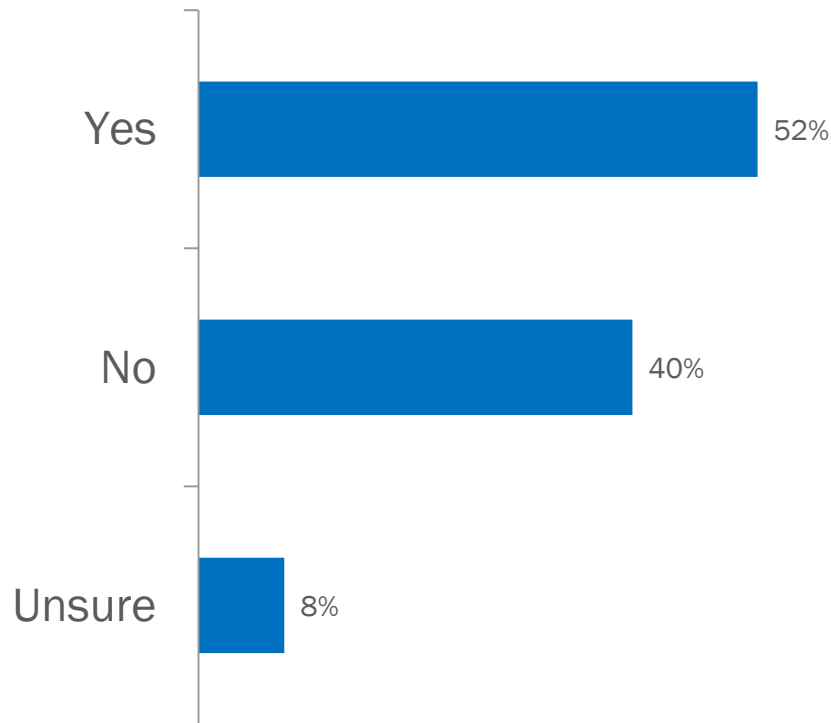
Subsidy Utilization Awareness

61% of people in subsidized coverage report that they are receiving financial assistance or tax credits to help make coverage more affordable, revealing an awareness gap.



Awareness of Tax Implications of Subsidy Utilization

When asked whether they understood that utilizing subsidies meant that they could owe money or get money back, depending on actual income, when they filed their taxes, only about half of respondents reported yes.



Assistance During Process of Shopping & Enrollment



Method	Contact for any reason	Contacted to sign up
Visit the Health Connector website	61%	67%
Contact Health Connector customer service	41%	31%
Contact a health care provider	12%	7%
Contact a health insurance company	9%	-
Talk with someone else to help find information on select a plan	6%	-
Contact a community group, Navigator, or assistor	6%	3%
Another Source	7%	16%

- About one in three members did not use the website to sign up and choose their health plan. Of those respondents:
 - ★ The main reasons for not signing up for a health plan through the website center around issues with the site itself (37%), and wanting the help of a live person (31%)
 - ★ Fourteen percent mentioned difficulties with computer literacy or access (with 7% indicating they did not know how to use a computer and 7% without access to computer or the internet)

Member-Initiated Contact After Selecting a Plan



	Current Enrollees	Dis-enrollees
Call the Health Connector call center	40%	53%
Visit the Health Connector website	13%	24%
Contact a hospital, community health center or provider	3%	4%
Visit a Health Connector Walk-in Center	3%	2%
Contact a community group, Navigator, or assistor	1%	3%
Have not contacted the Health Connector since enrolling	1%	0%
Other	1%	3%
No, did not contact the Health Connector	52%	35%
Unsure	4%	4%

- The most common reasons for contacting the Health Connector after choosing a health plan were:
 - Issues with billing or premiums (25%)
 - Responding to information requests (24%)
 - Questions about benefits (22%)
- Those who dis-enrolled were more likely to have contacted the Health Connector and/or called the call center

Reasons for Disenrollment

The majority of people who disenrolled from Health Connector coverage did so because they joined a plan from another source.

Reason for Disenrollment	Overall
I now have a health care plan from another source	66%
I am now covered by MassHealth/Medicaid	14%
I could not afford cost of monthly premiums	11%
Health care plan did not cover the services I needed	5%
Wanted plan with better coverage, more coverage options	5%
I moved out of state	4%
The money I paid out of pocket for doctor visits or prescriptions	2%
I lost my health plan, the plan was cancelled	2%
Health care plan did not include my doctor	2%
I had billing problems	2%
Health care plan included too few doctors to choose from	2%
There were no doctors included in plans near where I lived	1%
Unsure	3%

Coverage After Disenrolling from Health Connector



Those leaving the Health Connector are going to plans through other sources, most commonly through employers or unions.

Coverage Source after Health Connector	Overall
Health insurance through your work or union	44%
Medicare	16%
MassHealth or Medicaid	15%
Health insurance through someone else's work or union	11%
Some other type of health insurance coverage	6%
Uninsured	5%
Insurance bought directly by you from an insurance company or website	4%
Veteran's Affairs, Military Health, TRICARE, or CHAMPUS	0%
Unsure	5%

Note: Totals do not sum to 100% due to respondents being allowed to select multiple responses

Out-of-Pocket Health Care Costs

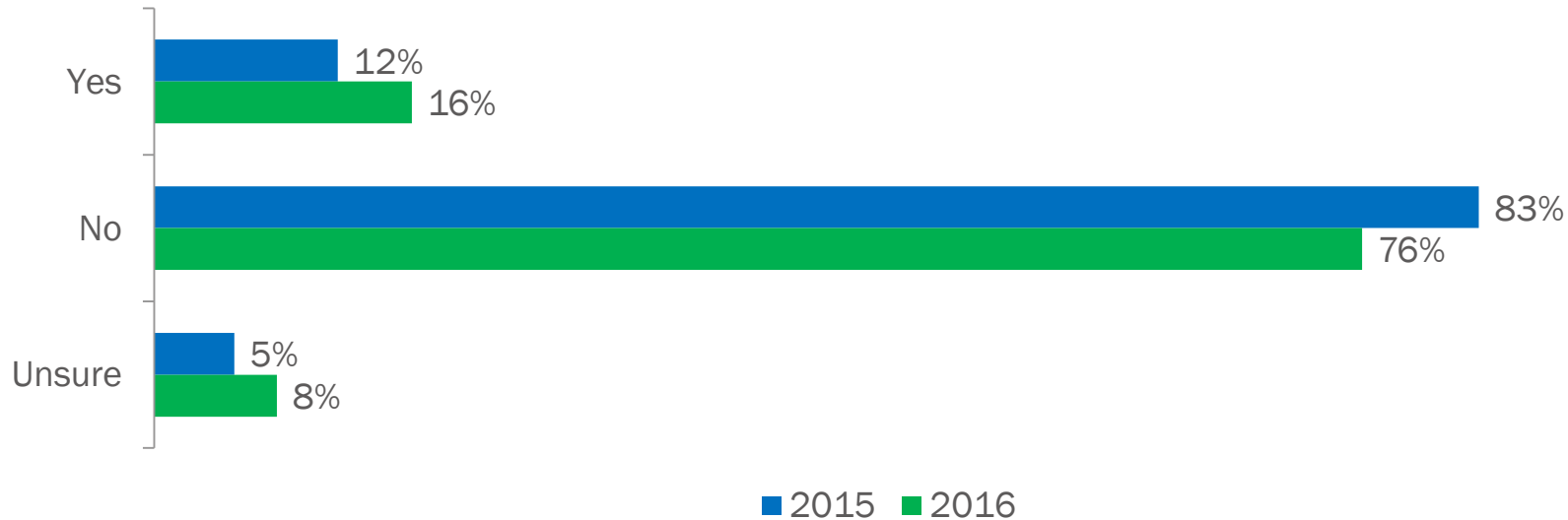


About half of Health Connector members have spent over \$500 out of pocket on health care in the last 12 months.

	Overall
Less than \$200	26%
\$200 to under \$500	21%
\$500 to under \$1,000	18%
\$1,000 to under \$3,000	15%
\$3,000 to under \$5,000	4%
\$5,000 or more	3%

- Members over the age of 60 are significantly less likely to have spent less than \$200 in the past 12 months (14%)
- Non-subsidized plan members are significantly more likely to have spent \$5,000 or more in the past 12 months (9%) – specifically those in silver, gold, and platinum plans

Problems Paying Medical Bills in Last 6 Months



- 76% of members in 2016 reported having no problems paying medical bills, compared to 83% last year
- Members who rated their health as 'Fair' or 'Poor' were significantly more likely to have had problems paying their medical bills (33%)

Probes for Interest in New Shopping Features

The majority of respondents expressed interest in the Health Connector offering potential new features like Primary Care Provider (PCP) selection and plan recommendations.

- 70% of members would be interested in signing up for a PCP at the time they select their health plan
- More than three-quarters of members (78%) would be interested in a feature that allowed the Health Connector to recommend plans to them

Probes for Interest in New Product Offerings

	Overall
A vision plan for adults	78%
Long-term disability insurance	59%
Short-term disability insurance	58%
Long-term care insurance	53%
Life insurance	51%
Medicare supplemental insurance, also called Medigap	48%
A vision plan for children	37%



Other Research Efforts & Next Steps

Accessing APCD Data

The Health Connector is seeking data from the All Payer Claims Database (APCD) to help answer a variety of research questions related to our membership and the Health Connector's role in the broader health care landscape.

- APCD-driven research can help us identify how our members use health care services
 - *What can patterns and trends in health services utilization tell us about member needs?*
 - *How do our members use different provider networks?*
 - *How might our members differ from counterparts outside the Exchange?*
- The Health Connector's application for access to APCD is in progress; we are currently working to identify the specific data fields we need
- We will continue to keep the Board apprised of progress and welcome Board members' input regarding how to shape our APCD-related research agenda

Next Steps

We will leverage member feedback gathered from surveys where possible and continue to expand our broader research efforts.

- Survey-related work:
 - Incorporate and consider results of survey in Health Connector decision making where adjustments can be made to enhance member experience and satisfaction levels
 - Share findings regarding MassHealth-related dynamics around member coverage transitions (pre and post-Health Connector) with MassHealth colleagues
 - Consider adjustments we may wish to make for next year’s survey (e.g., new topics to explore, methodological changes, etc.)
- Broader policy research work:
 - Continue to seek ways to leverage existing or reasonably obtainable data to shape and direct Health Connector policy and programmatic decisions