



Membership Survey Research Findings

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Overview

Today's presentation will review two sets of recent survey research that provide insights to the member experience.

Non-group Customer Experience Survey

- Fielded annually
- Wide-ranging survey instrument assessing all aspects of applying for, enrolling in, and using Health Connector coverage
- Participants selected randomly in stratified sample to ensure representation of all member groups

Non-group New and Terminated Member Surveys

- Fielded monthly
- Targeted survey instruments with just a few questions about enrolling in or leaving Health Connector coverage
- All subscribers in their first or last month of coverage with an e-mail address are invited to participate



Non-group Customer Experience Survey

2020 Customer Experience Survey

In late March and April, the Health Connector conducted a survey of 2,400 current and former members to learn more about the customer experience.

- This completes a shift in the timing of our survey to be closer to open enrollment, so plan selection is fresher in members' minds
- The survey covers member satisfaction, priorities for plan selection, use of coverage, and costs and barriers to care
 - Some questions remain the same over time to assess trends, while others are focused on strategic initiatives of interest each year
- The survey vendor made sure to reach a representative sample of various types of members
- The survey was exclusively web-based, though individuals could call for assistance
- Statistically significant differences over time or across subgroups of members are denoted with an asterisk, indicating the change is not likely to be based on the particular sample of members who responded

Key Takeaways

Satisfaction improved markedly from the 2019 survey, but affordability remains a concern, as in past years.

- Satisfaction overall increased significantly from 2018 and 2019 from 69 percent to 80 percent
- Confusion about how to navigate the website and about noticing volume and content remain areas of frustration
- As in past years, about a quarter of members report having had a problem since they enrolled, most often related to billing and accessing their online account
- Although Bronze plans have become increasingly popular over the last several years, members enrolled in those plans are much less satisfied with their plans and their experience with the Health Connector overall
- Cost is a barrier to care for one in five members, but provider access issues are less common
- The Health Connector continues to serve as a transition between different types of coverage, like Medicaid, Medicare, and employer-sponsored coverage. Seven percent of former members reported being uninsured, reversing a growing trend of members falling out of coverage after they leave the Health Connector

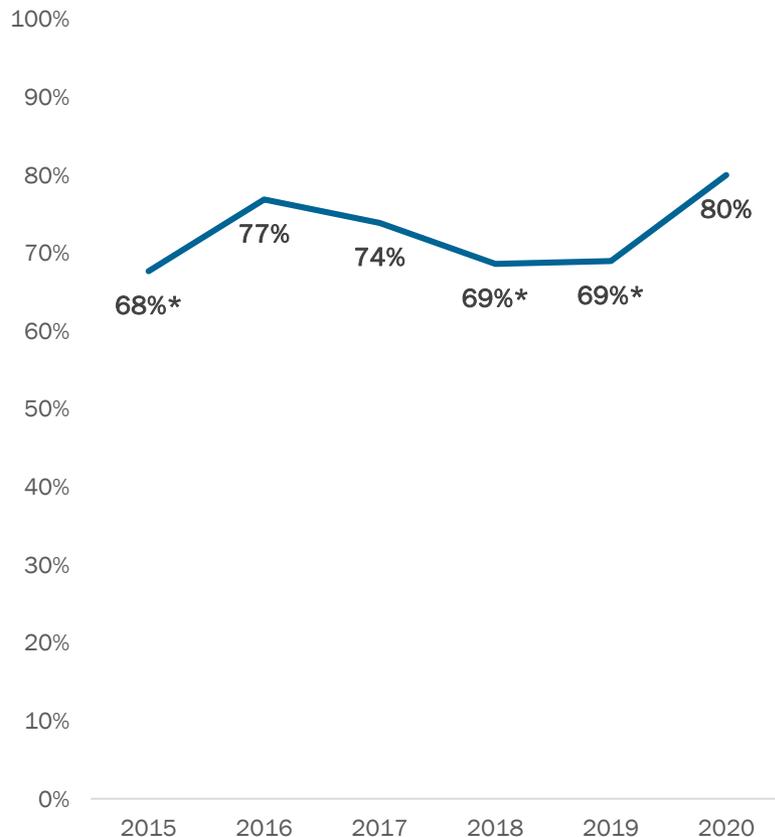


Member Satisfaction

Overall Satisfaction

Overall satisfaction increased significantly, reaching an all-time high of 80 percent and reversing a trend of decreasing satisfaction over the last several years.

Overall, how satisfied are you with your experience with the Health Connector?



- Satisfaction among former members jumped from 43 percent in 2019 to 71 percent in 2020
- Several factors could have influenced this jump in satisfaction, including the shift in timing of the survey from fall to spring and a fielding that coincided with increasing impacts of the COVID-19 pandemic
- A review of surveys submitted earlier and later in the survey period did not find changes in satisfaction as the pandemic intensified
- Members outside ConnectorCare had significantly lower satisfaction rates than the overall population

Strengths and Opportunities

“The people on the phone are very patient and very helpful. Sometimes it is not easy to understand and they are able to walk you through the process easily.”

What was the best part of your experience with the Health Connector?

	2020	2019	2018
Good customer service	27%	28%	24%
The affordability of insurance coverage	16%	11%	17%
The ease of the application process	12%	7%	11%
The ease/ability to compare plans	8%	6%	5%
The website	8%	10%	6%
Just being able to have insurance coverage	7%	8%	11%
General Positive	7%	8%	10%

What could the Health Connector have done better?

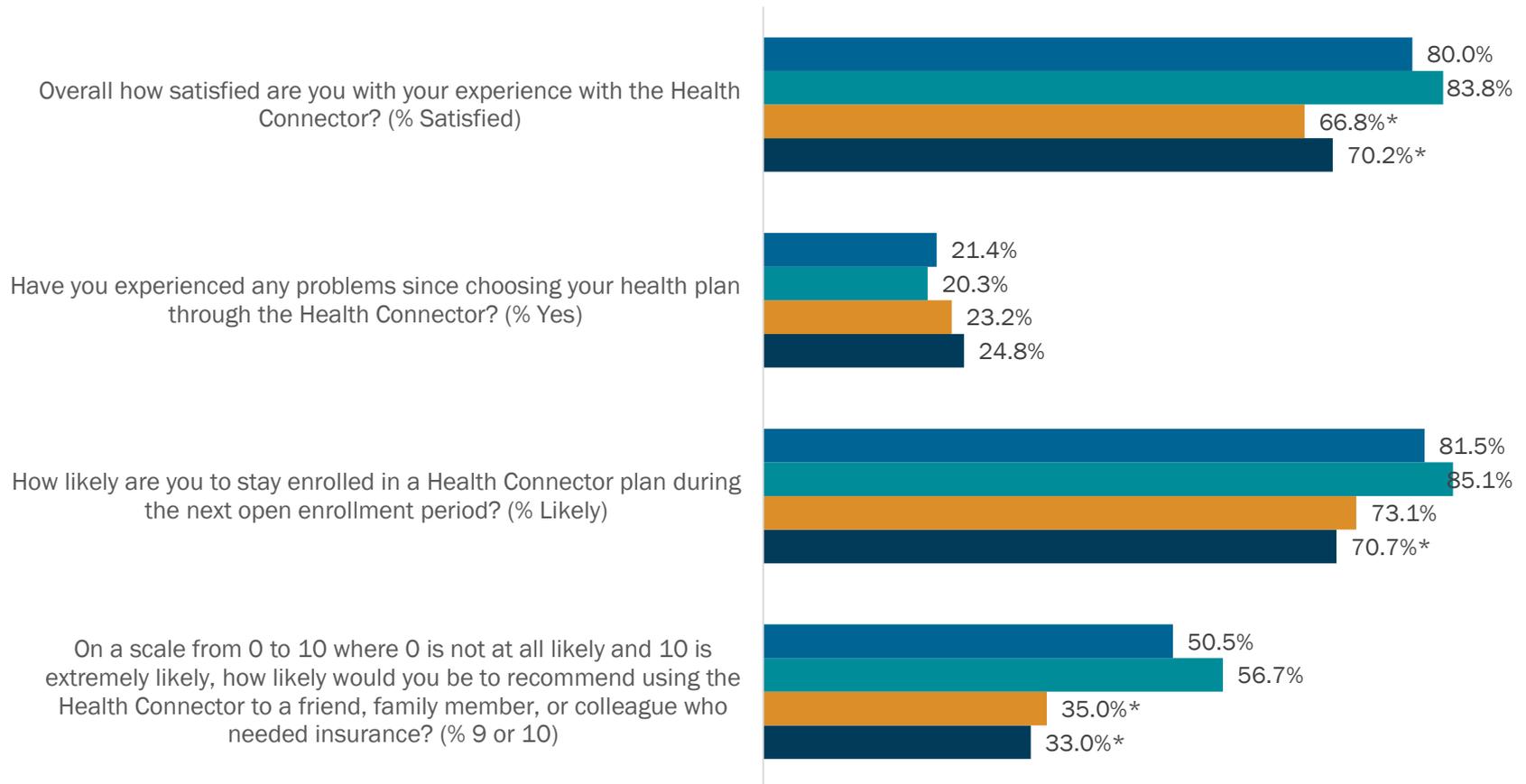
	2020	2019	2018
Expensive, costs too much	12%	10%	9%
Better website (General)	10%	9%	9%
Better Customer Service (General)	9%	8%	11%
General Positive	9%	-	-
Website set up confusing, broken	6%	6%	14%
Better representative training	6%	5%	3%
Issues with online payment system, double billing/overbilling	6%	5%	6%

WAY TOO MUCH MAIL. Every time I make any sort of change to my profile (adjust income, update contact info, etc.) I get a flurry of new mail, including new notifications telling me that I've enrolled.

The website is also pretty confusing.

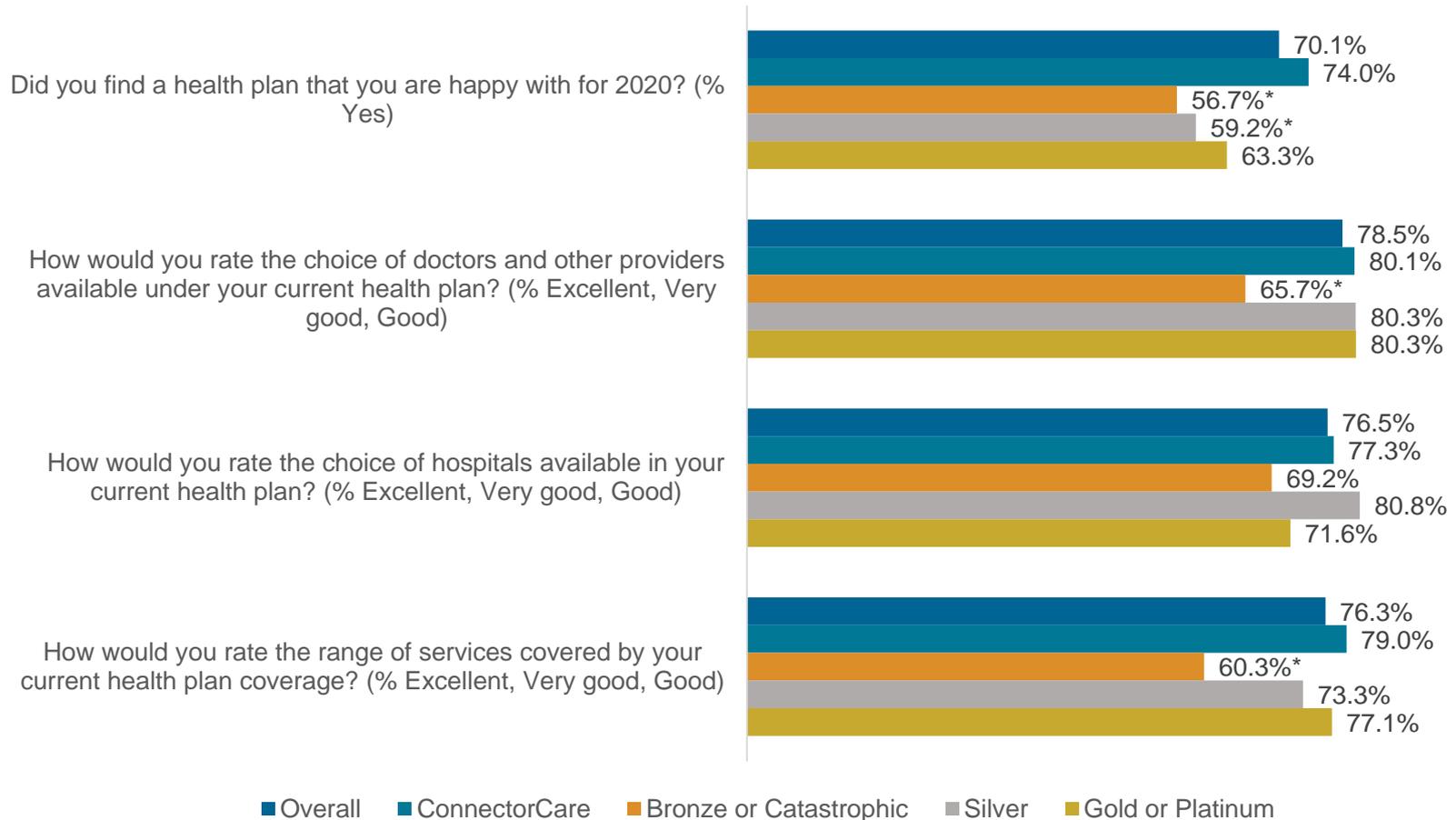
Satisfaction by Program Type

Unsubsidized and APTC-only members are significantly less satisfied, despite experiencing problems at roughly the same rate as ConnectorCare members.



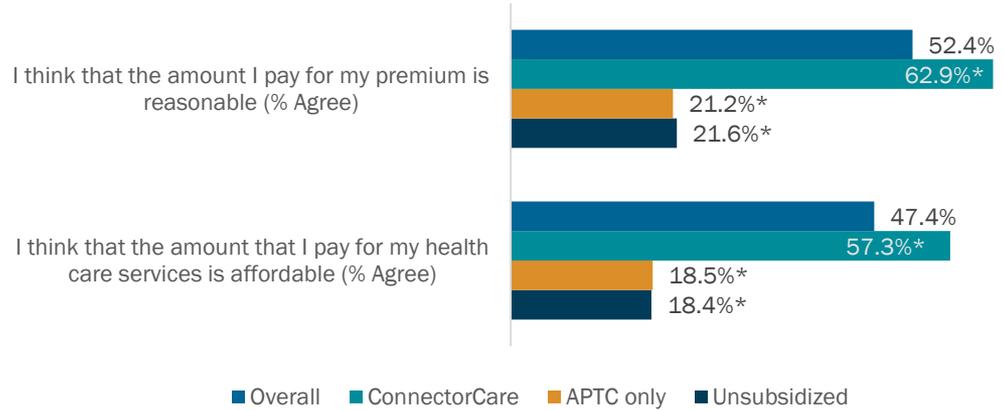
Perceptions of Quality

Non-ConnectorCare members—particularly Bronze plan enrollees—are more likely to report dissatisfaction with the providers and services their plans cover.



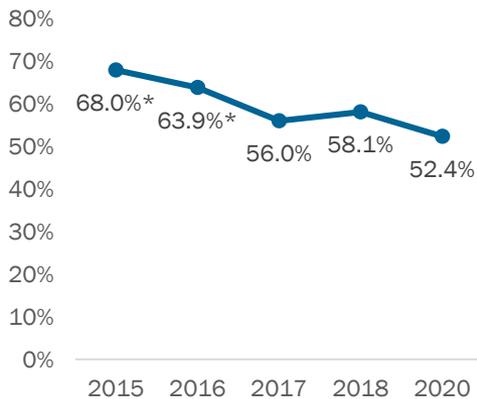
Affordability of Premiums and Cost Sharing

Overall, half of members feel their premium is reasonable, but far fewer non-ConnectorCare members agree.

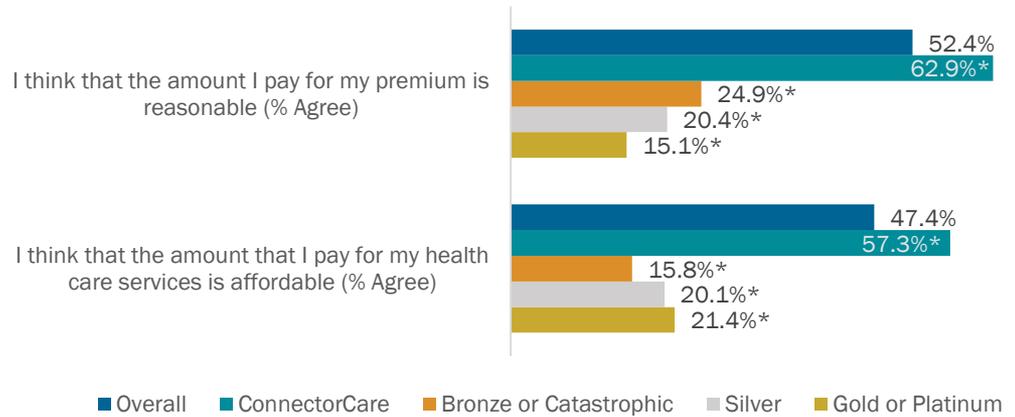


*Significantly different from Overall

I think that the amount I pay for my premium is reasonable (% Agree)



*Significantly different from 2020



*Significantly different from Overall



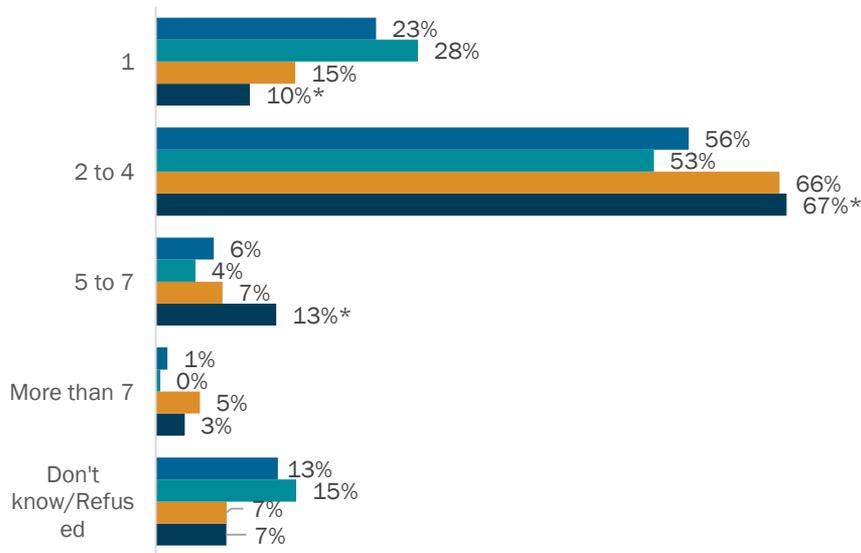
Choosing and Using Coverage

Shopping for Plans – Process

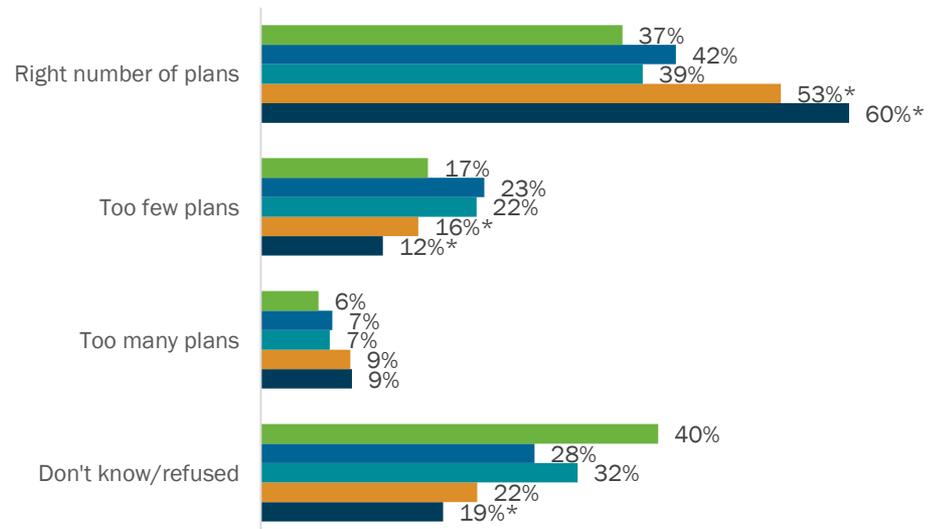
Over three quarters of renewing members who did not shop for a new plan said they didn't shop because they were happy with their plan, but 15 percent said they were not sure how to compare different plans and their costs

- Two-thirds of members would prefer a lot of plans they can filter rather than fewer plans curated by the Health Connector.
 - Unsubsidized members were significantly more likely to prefer many plans they could filter, at 82%

About how many plans did you compare when choosing your health plan?



What do you think about the number of health insurance plans offered through the Health Connector?

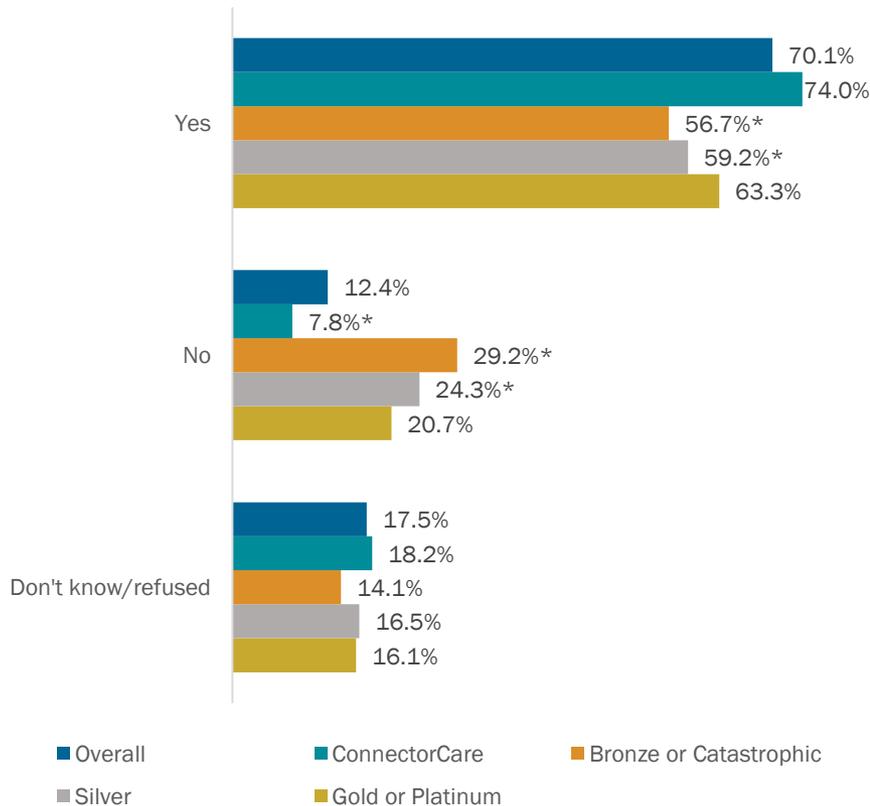


Overall ConnectorCare APTC only Unsubsidized

Shopping for Plans - Outcomes

Seven in ten members found a plan they were happy with for 2020, though fewer non-ConnectorCare members were satisfied, largely due to cost.

Did you find a health plan that you are happy with for 2020?



Was there something you wanted to find in a health plan that you couldn't find through the Health Connector? (asked of those answering "No" to finding a health plan they are happy with)

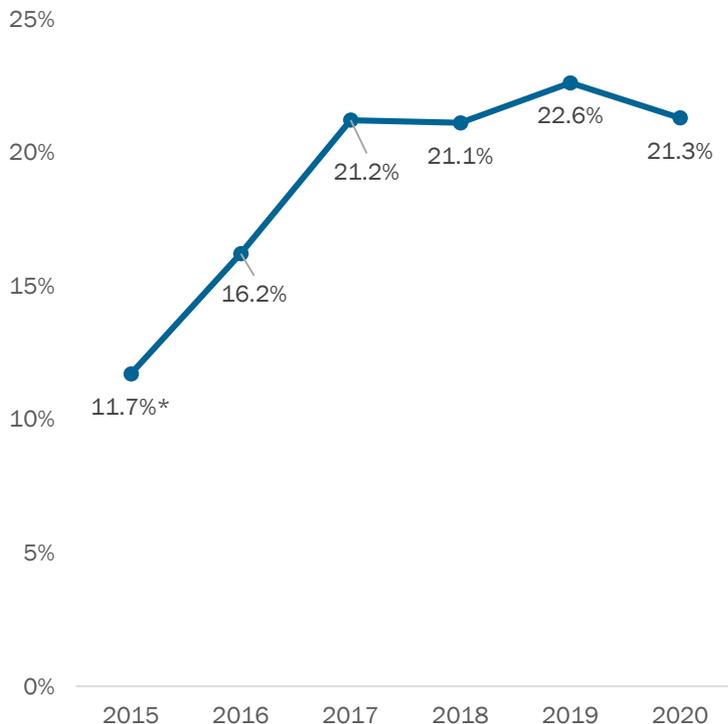
Plan with a lower monthly premium	70%
Plan with lower out-of-pocket costs for services	54%
Plan with my preferred doctor or hospital	34%
Plan with in-network providers outside Massachusetts	10%
Plan with specialized benefits or medications	9%
Something else	1%
Don't Know/Refuse	7%

Problems Paying for Care

While health care costs have been increasingly problematic, they have held steady for several years.

- Difficulty paying did not vary significantly by subsidy receipt

Since selecting your plan through the Health Connector (or during the past 6 months), did you have any **problems paying or were you unable to pay any of your medical bills?** (% Yes)



What types of medical services led to those medical bills?
(Asked if had trouble paying bills in the past 6 months)

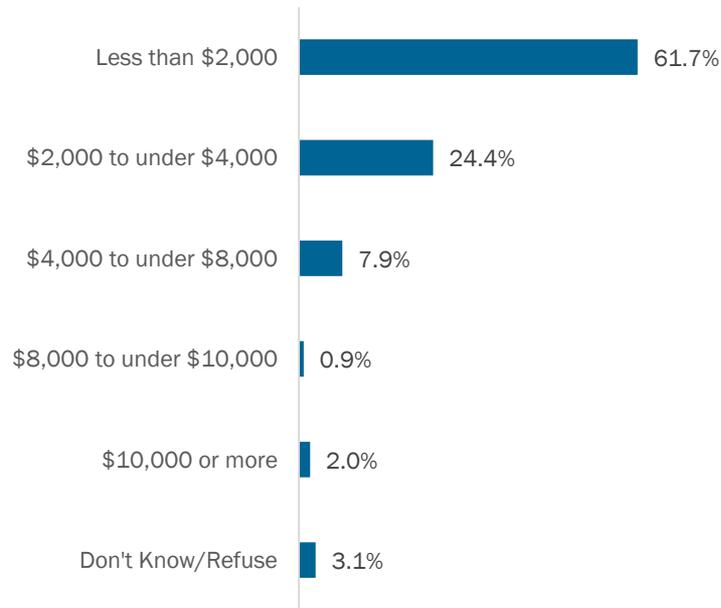
A medical test or surgical procedure	17%
Prescription drugs	16%
Emergency care	15%
Dental care	13%
An on-going treatment for a chronic or long-term health condition or health problem	13%
The birth of a child	3%
Something else	11%
Don't Know/Refuse	11%

Medical Debt

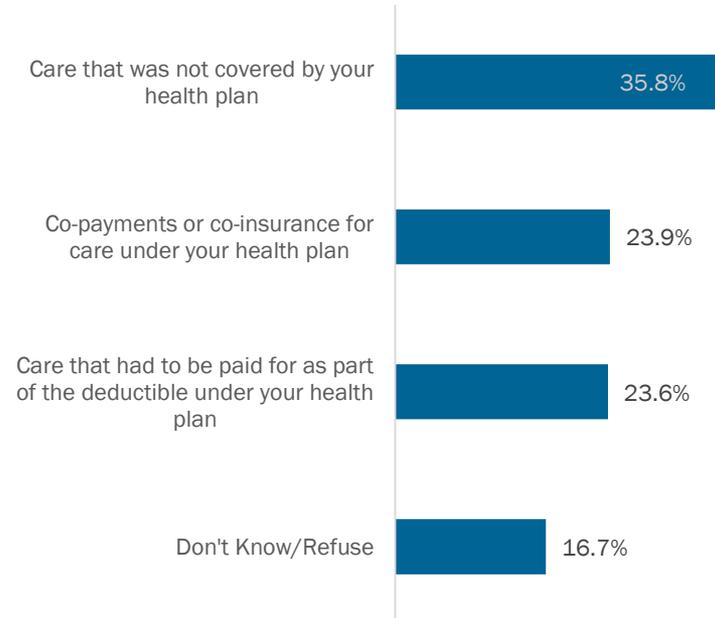
New questions assessed whether members had medical debt and found 20 percent of members have medical bills they are paying over time.

- Most members with debt owe less than \$2,000, and many report it is for care that was not covered by their plan

How much are the medical bills that are being paid off over time? (Asked if currently paying medical bills over time)



Please think about the medical bills that are being paid off over time that are from the period in which you or a family member had health insurance. Were any of those medical bills for: (Asked if currently paying medical bills over time)

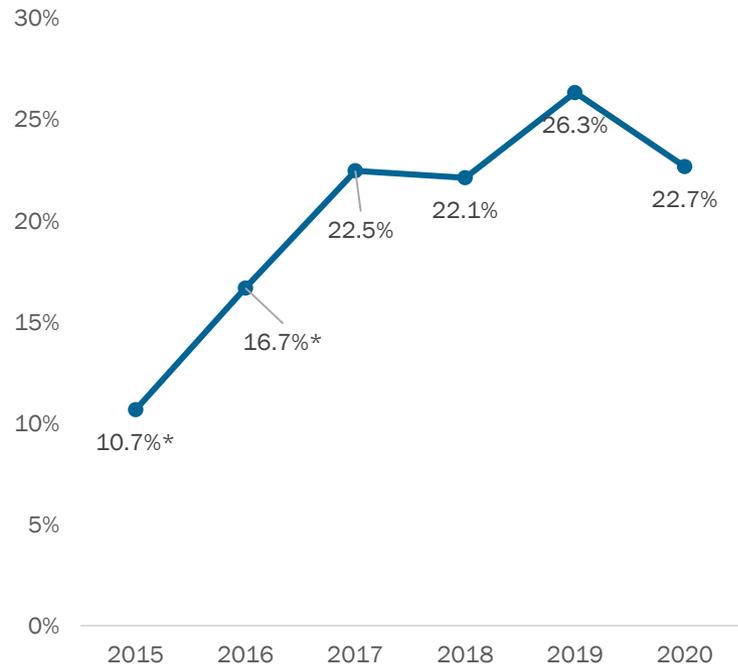


Cost as a Barrier to Care

Cost barriers have grown over time but recently leveled.

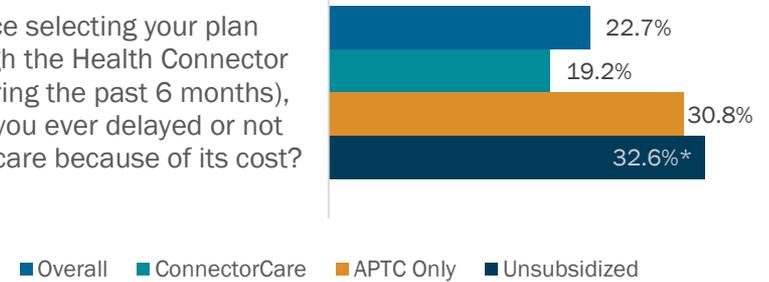
- Overall, 23 percent delayed care in the last six months due to cost, but significantly more members on bronze/catastrophic plans (35 percent) or plans that are unsubsidized (33 percent) delayed care

Since selecting your plan through the Health Connector (or during the past 6 months), have you ever **delayed or not gotten care because of its cost?** (% Yes)



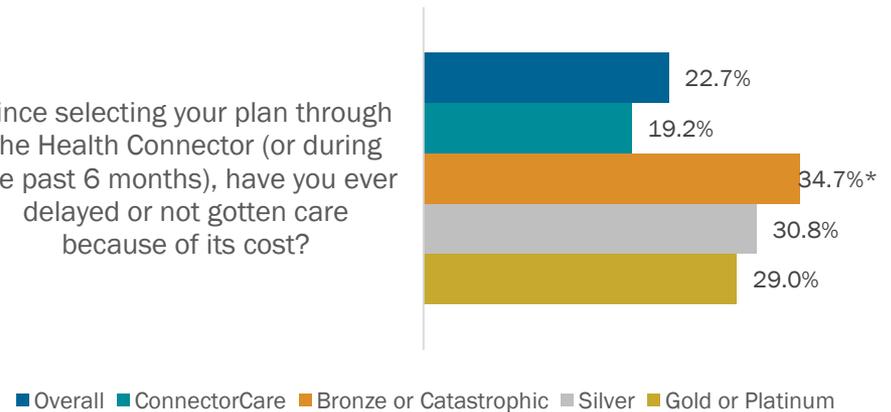
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*Significantly different from Overall

Problems Accessing Providers and Services

Although cost barriers have grown, members are experiencing fewer problems accessing providers.

- Two-thirds of members received preventive care under their plan, and 12 percent received mental health care

What type of place do you usually go when you are sick or need medical attention?

A doctor's office or private clinic	56%	59%	61%
A community health center or public clinic	16%	13%	16%
An urgent care center that is not part of a community health center	8%	11%	6%
Do not have a usual place I go for care	5%	4%	4%
Hospital emergency room	4%	6%	5%
Hospital outpatient department	3%	4%	3%
Does not go to one place most often	1%	2%	1%
Some other place	1%	-	-
Don't Know/Refuse	5%	2%	4%

Please indicate if you have had any of the following problems during the last six months.

	2020	2019	2018
You were told by a doctor's office or clinic that they weren't accepting patients with your type of health insurance.	12%	29%	26%
You were unable to get an appointment at the doctor's office as soon as you thought one was needed.	7%	15%	14%
You had to change to a new doctor's office or clinic because of a change in your health insurance plan.	6%	16%	14%
You were told by a doctor's office or clinic that they weren't accepting new patients.	4%	16%	15%
None of these	64%	54%	54%
Don't Know/Refuse	8%	4%	7%

Deferred Care Due to Lack of Provider Access

14 percent of members indicated that they delayed or did not get care because they could not find a provider who accepted their insurance.

- Among those who delayed care, one third contacted their health plan for assistance
- Bronze and catastrophic plan members were significantly less likely to reach out to their health plan, at only 8 percent

*What types of care did you delay or not get?
(Asked of those who delayed care)*

	2020	2019	2018
Routine or preventive medical care (checkup, physical, well baby visit)	27%	21%	19%
Diagnostic test (cat scan, MRI, lab work, or x-ray)	23%	16%	12%
Mental health care or counseling	21%	26%	24%
Prescription drugs	17%	13%	11%
Rehabilitation services (physical or speech therapy)	13%	5%	7%
Medical care for an illness or condition (flu, asthma)	12%	-	6%
Dental care	10%	39%	35%
Specialists	9%	-	-
Medical care for an injury or accident	7%	-	6%
Outpatient care or outpatient surgery	6%	5%	7%
Vision care	5%	6%	-
Emergency room care	4%	8%	6%
Hospital stay	4%	6%	2%
Surgery	4%	8%	4%
Drug or alcohol use treatment or counseling	3%	-	2%
Hearing Aids	<1%	-	-
Don't Know/Refuse	11%	4%	12%



2020 Non-group Monthly Survey Findings

Monthly Surveys to New and Leaving Members

New member survey

- Around 22,000 new members enrolled for April or May. Of new subscribers with an e-mail address invited to participate, 1,433 members completed the survey, for an overall response rate of 9.6 percent
- Results confirm hypotheses that COVID SEP enrollees are more likely to have previously opted out of health insurance and felt the COVID emergency presented a risk to their physical and financial health, while overall new members tended to use the Health Connector to prevent gaps in coverage through life transitions.
- Nearly a third of COVID SEP enrollees had the Health Connector as their prior coverage source, while other enrollees most often had job-based coverage. Overall, a higher proportion of members indicated coming to the Health Connector from ESI in May (42 percent) than in April (28 percent).

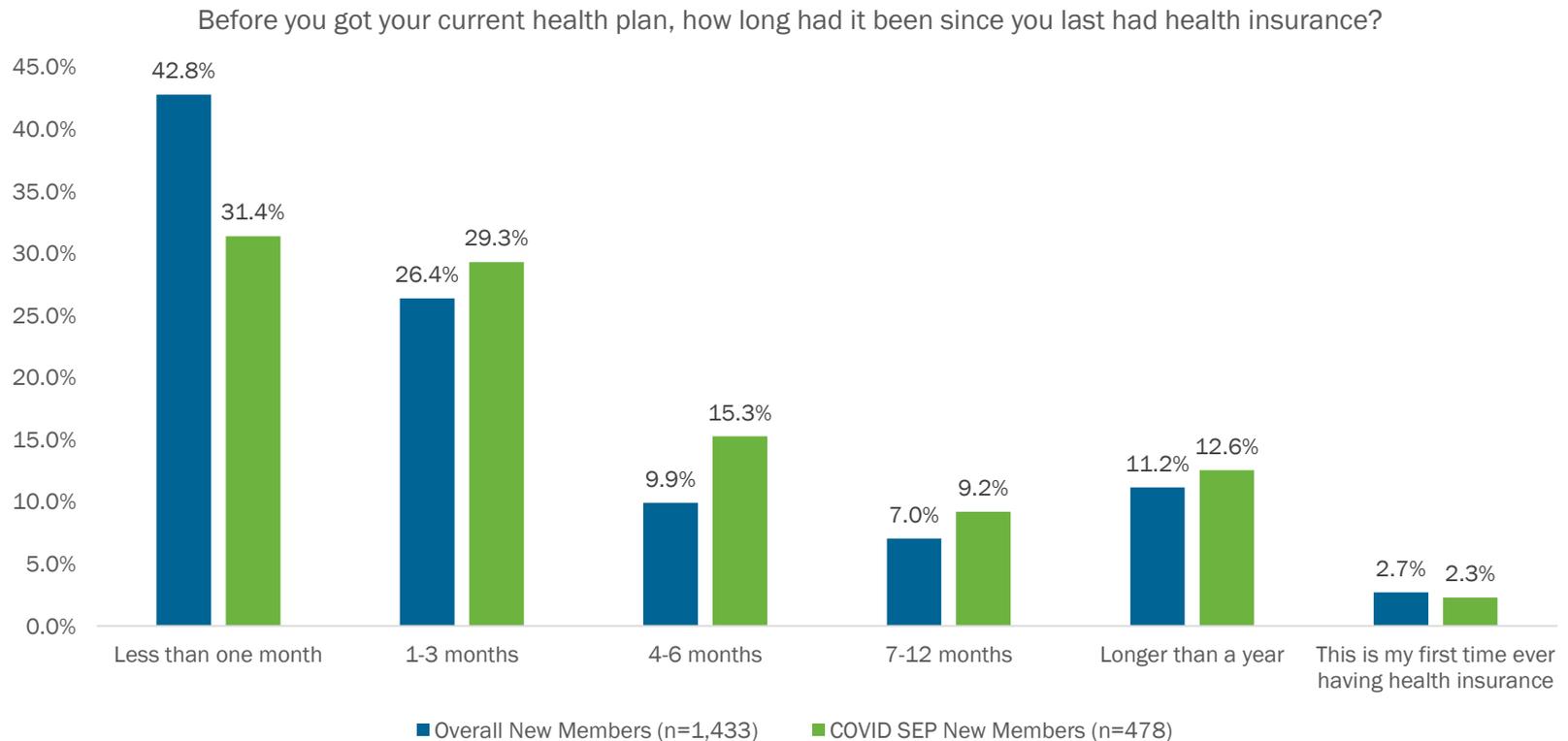
Terminating member survey

- Of approximately 1,900 terminated subscribers, 107 (5.6 percent) completed the survey. The survey excluded members who were known to be terming to MassHealth.
- Most termed members now have a health plan from a new coverage source, primarily employer-sponsored insurance and Medicare.
- These results confirm that the Health Connector often serves as a way station for people experiencing life transitions to prevent any gaps in coverage.
- Additionally, survey results confirm that existing members are not necessarily dropping their Health Connector coverage due to new affordability concerns stemming from the COVID-19 related economic downturn.

Before you got your current health plan, how long had it been since you last had health insurance?

Overall April and May new members reported short gaps in coverage before enrolling in their current plan while COVID SEP new members were more likely to indicate longer gaps in coverage.

- On average, 2.5 percent of COVID SEP new members reported this was their first time ever having health insurance, mirroring the trend among new members

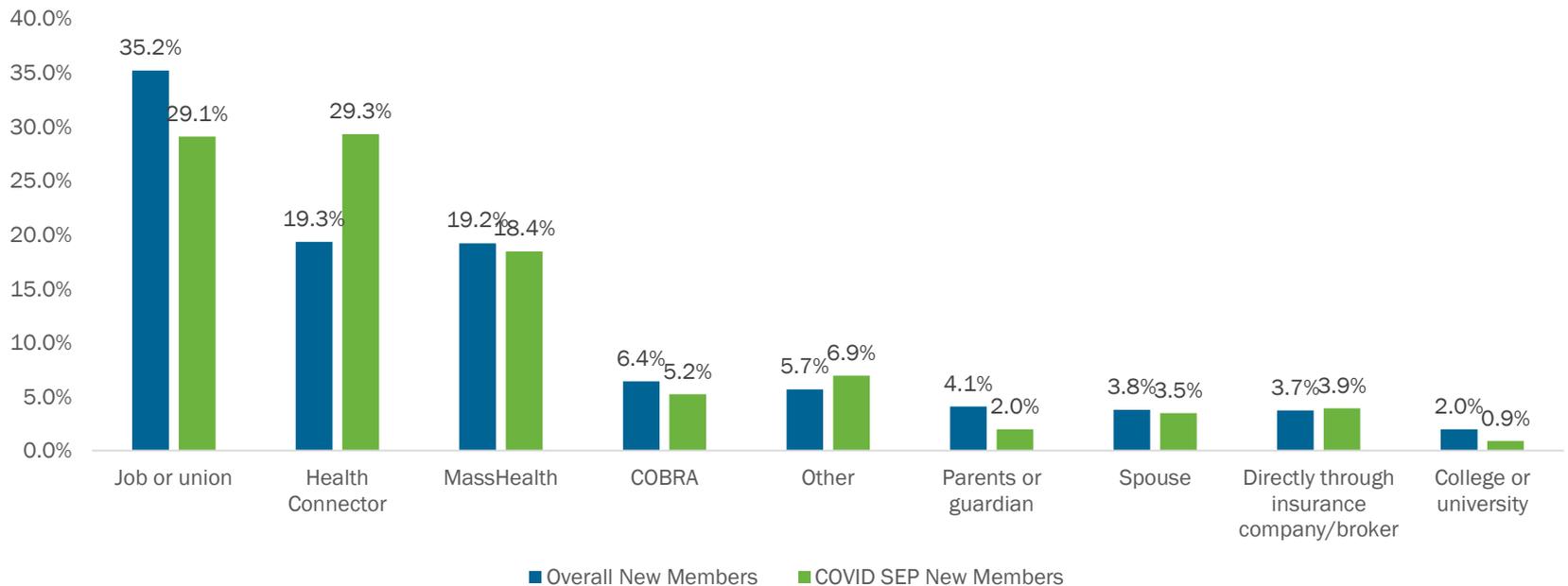


Before you got your current health plan, where did you get your health insurance?

Overall, April and May new members were most likely to report obtaining their health insurance through a job or union before enrolling in their current Health Connector plan (35 percent). COVID SEP enrollees were more likely to indicate previously getting their health insurance through the Health Connector (30 percent).

- A higher proportion of members indicated coming to the Health Connector from ESI in May (42 percent) than in April (28 percent).

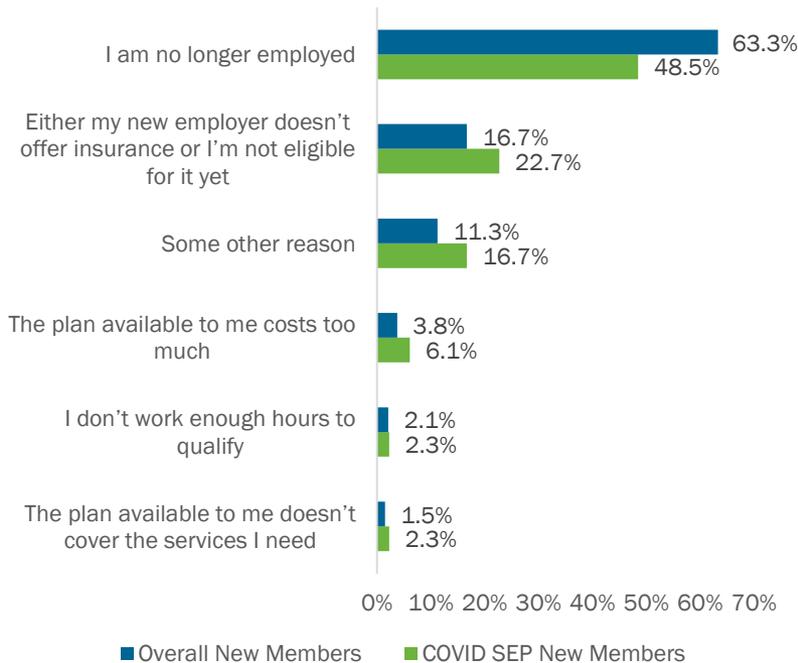
Before you got your current health plan, where did you get your health insurance?



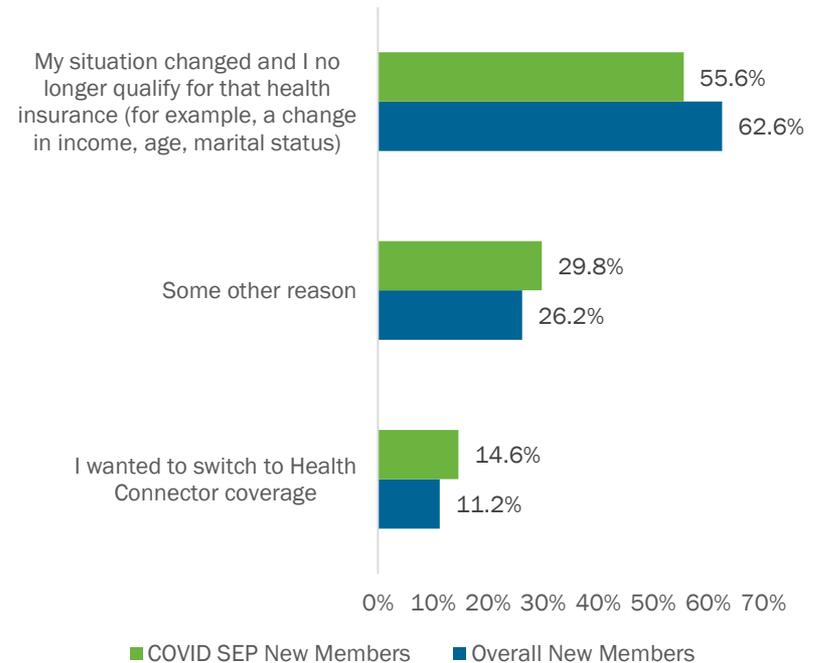
Why do you no longer have that health insurance?

Job loss or other life circumstances that led to a loss of coverage were more often reported by individuals reporting qualifying life events other than COVID issues.

Why don't you have health insurance through your employer or union anymore?



Why do you no longer have that health insurance?

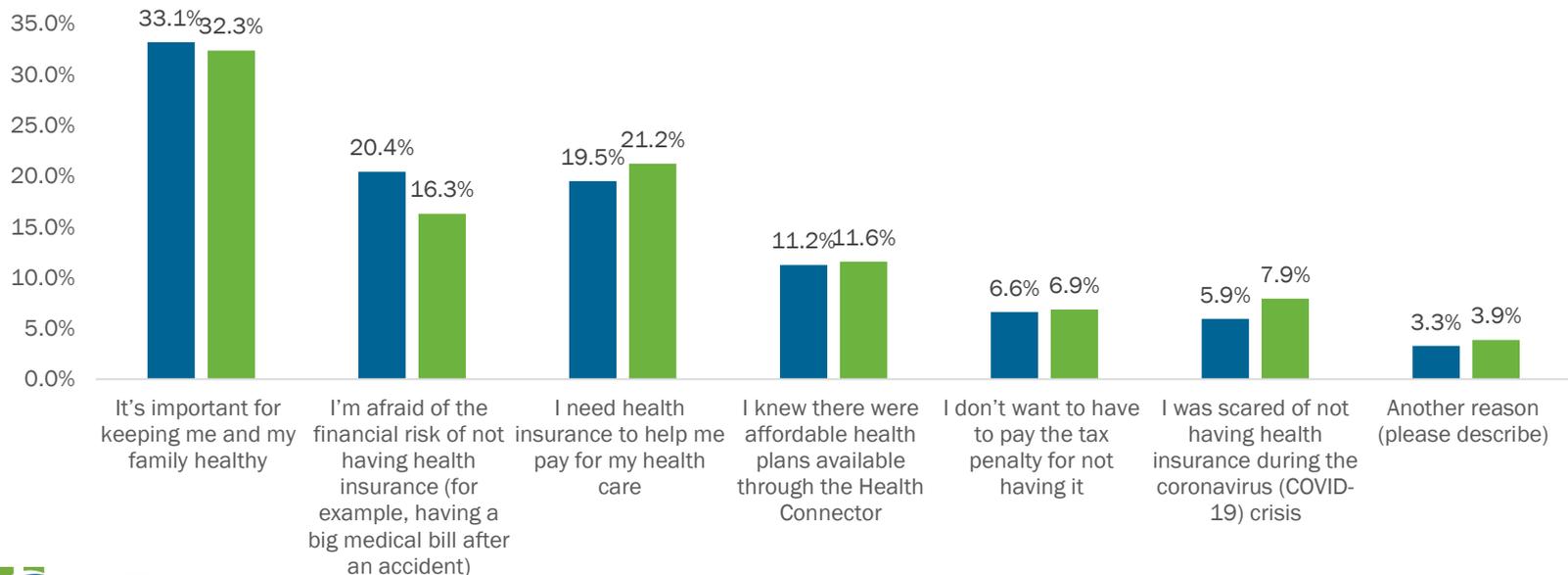


What is the main reason you decided to get health insurance?

Overall new members were most likely to get health insurance because it was important to them to keep themselves and their families healthy (33 percent and 32 percent, respectively). COVID SEP enrollees were more likely to indicate being afraid of not having health insurance during the coronavirus crisis (6 percent overall vs. 8 percent COVID SEP).

- Both overall new enrollees and COVID SEP new members were most likely to have heard about the Health Connector through MassHealth. Many new members cited getting information through the Massachusetts Department of Unemployment

Q6 What is the main reason you decided to get health insurance?

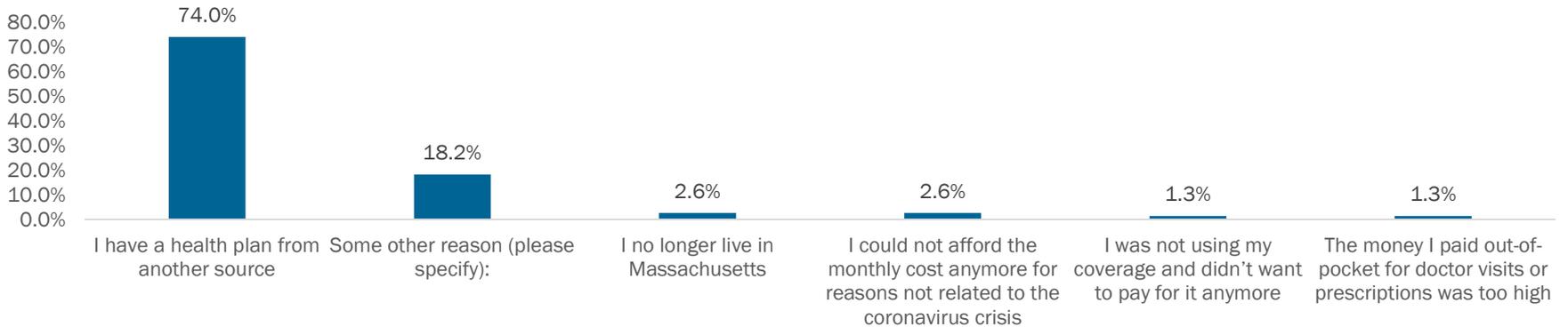


What was your main reason for ending health coverage through the Health Connector?

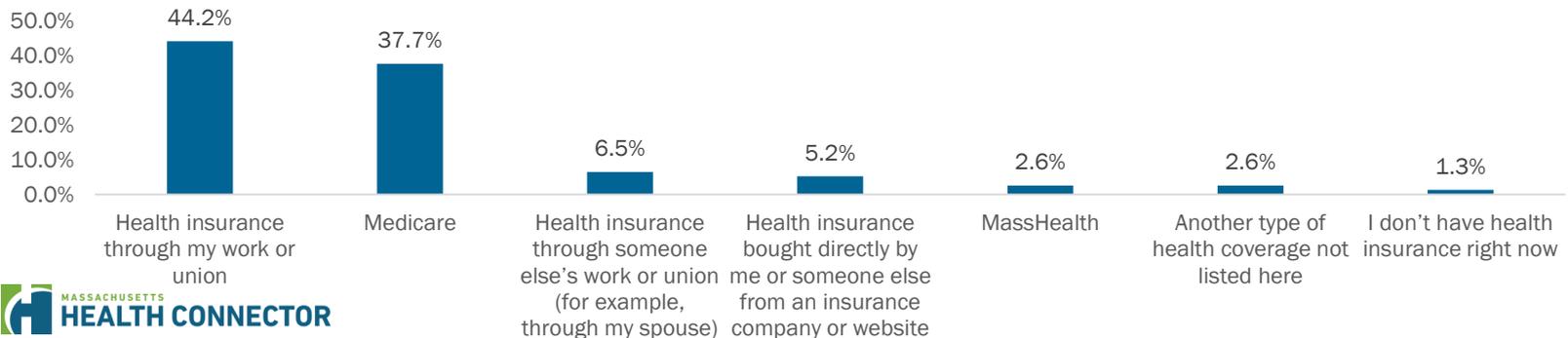
Most members cited having other coverage as the reason for ending their coverage, with only 1 percent reporting being uninsured.

- No terminated members identified affordability issues related to the COVID crisis as a reason for ending their Health Connector coverage

What was your main reason for ending health coverage through the Health Connector? (n=77)



Are you currently covered by any of the following types of health insurance? (n=77)





Next Steps

Next Steps

Many survey findings support existing knowledge about Health Connector members and can further refine implementation of the Health Connector's 2020-2022 strategic plan, which is underway.

- Staff will watch satisfaction trends closely as the Health Connector transitions to its new customer service vendors in July
- Other data will support ongoing plan management and noticing strategy
- Launching new annual survey of small groups this fall