

Vermont Health Connect

Customer Satisfaction and Experience Evaluation

Spring 2015 Survey of QHP & Medicaid Customers

Executive Summary

September 2015

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Background and Objectives

The goal of the customer service and satisfaction evaluation was to provide information that will help Vermont Health Connect (VHC) improve its customer service and enrollment experience.

Specific objectives of the evaluation were first to conduct stakeholder sessions and focus groups to inform the VHC customer survey, and secondly, to develop and conduct a mixed-mode survey of VHC customers who enrolled or renewed during the second open enrollment period, which took place from November 2014 to February 2015.

VHC solicited proposals seeking an independent vendor to evaluate the opinions and experiences of its customers and selected the University of Massachusetts Medical School (UMass) to conduct this evaluation. UMass has extensive expertise in research, evaluation and public consulting, and currently supports health and human service agencies in over 20 states.

Overview

The evaluation took place in three phases. In Phase 1, meetings with stakeholders were held in September 2014 to gain input into the development of the evaluation plan. These meetings included representatives from VHC, Department of Vermont Health Access, Navigators, consumer advocates and insurers. The evaluation plan was finalized in November 2014.

In Phase 2, two focus groups were held in January 2015 with Medicaid and Qualified Health Plan (QHP) enrollees in order to inform the design of the VHC customer survey and provide preliminary customer experience information to VHC. The customer survey was designed and tested from January to March 2015, and was conducted by mail, telephone and online modes from April to June, 2015.

In Phase 3, the results of the focus groups and customer survey were analyzed, and the findings and recommendations were presented to VHC in August 2015.

Survey Methodology

Medicaid and QHP enrollees were surveyed. Selection criteria included head of household, ages 19 or above, with effectuated enrollment or renewal between November 15, 2014 and February 15, 2015. Individuals who were in the midst of a change of circumstance were not included in the sample.

The survey was conducted by the Office of Survey Research (OSR) at UMass using three modes of data collection: mail, online and telephone. The questionnaire was mailed in April 2015 to all customers in the sample with a postage-paid business reply envelope. The survey cover letter included a web link giving customers the option to complete the survey online.

Customers with email addresses on file also received an email invitation to the survey, followed by up to three reminder emails spaced approximately a week apart.

Those who did not respond by mail or online were contacted by telephone by OSR's professional interviewing staff during May and June 2015.

Sample Composition and Response Rates

From the available population of Medicaid and QHP members, a total of 6,000 members were selected for the survey. In order to ensure a readable base size of New Enrollees, the QHP sample was selected using a stratified random sampling procedure to allow a sufficient number of New Enrollees in addition to Renewers. A considerably higher-than-expected response rate of 43% was achieved, yielding 2,569 completed surveys in total (490 QHP New Enrollees, 1,410 QHP Renewers, and 669 Medicaid members). Survey respondents were subsequently weighted to produce representative estimates of population parameters.

Key Findings

Obtaining Health Insurance

VHC serves a diverse group of customers

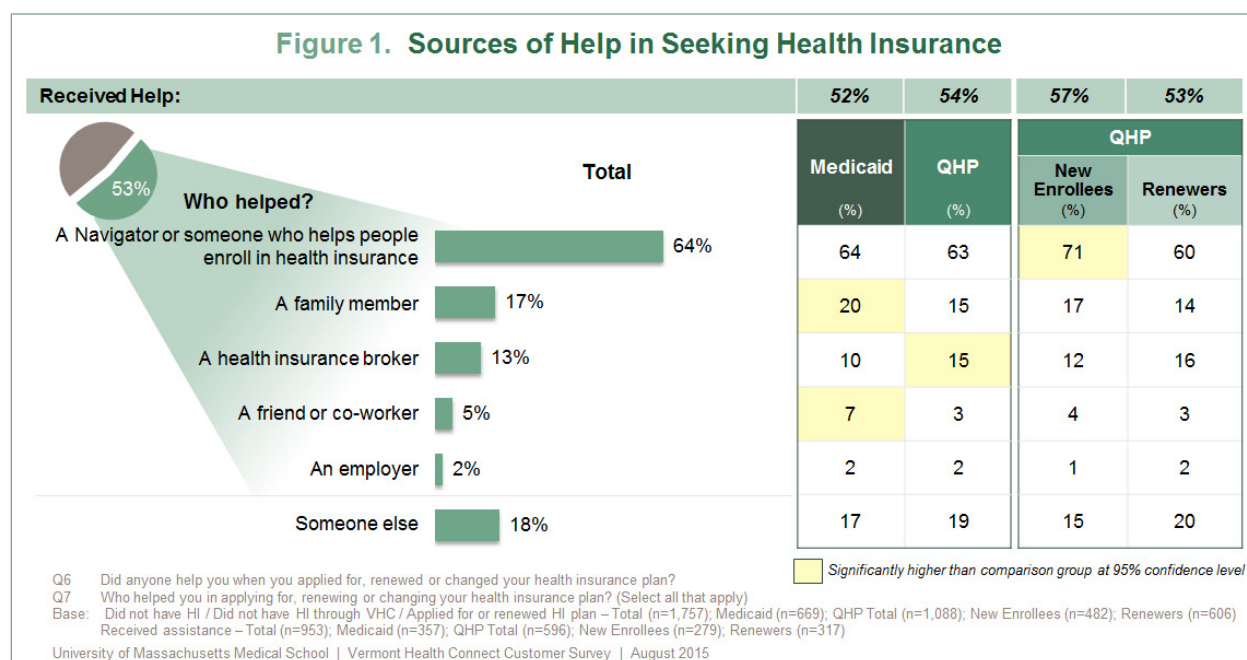
- VHC customers include Medicaid and QHP enrollees, new and renewing enrollees, previously insured and previously uninsured individuals.

VHC customers were highly engaged with the process of obtaining health insurance

- The key motivation for obtaining or renewing health insurance was the importance of being insured in case of illness (82% of customers cited this as a reason).
- Even among QHP Renewers, over 30% were actively engaged in renewing their health plan as opposed to taking no action and renewing automatically.

VHC customers engaged in multiple modes of communication

- Roughly half of VHC customers (53%) received help when seeking health insurance, mostly from a Navigator or some other assister who helps people enroll in health insurance. (Figure 1)



- Most customers obtained health insurance during the second open enrollment period by phone or on the website (46% and 43%), and fewer obtained insurance by mail or in person (17% and 15%).

Many customers experienced problems in obtaining or renewing insurance

- A substantial proportion of customers (44%) encountered difficulties, and half of them encountered multiple issues (3 or more problems).

The most prevalent difficulties reported were billing issues and delays in processing applications, renewals and changes

- These were prominent themes in both the survey and the focus groups.

VHC Website

The VHC website was highly utilized, and was used for a wide variety of reasons

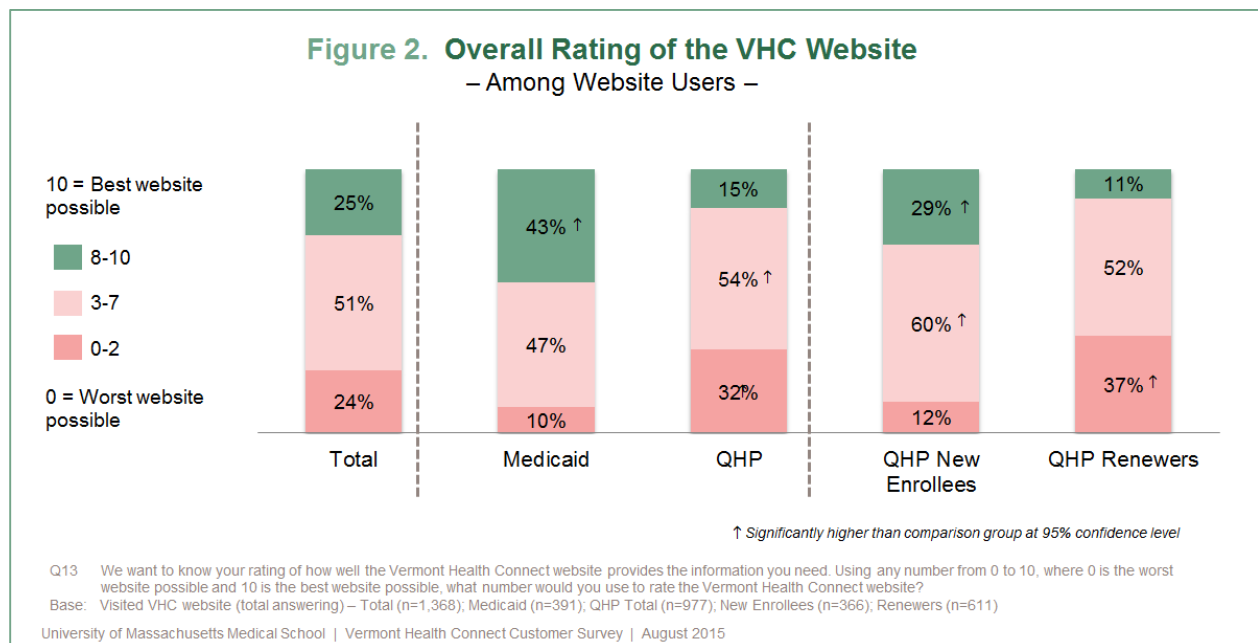
- 53% of VHC customers visited the VHC website during the second open enrollment period.
- Medicaid Enrollees and QHP New Enrollees were more likely to visit the website than QHP Renewers (61% vs. 44%).
- The most common reasons for using the website were to learn how to apply/renew/change a health plan and to seek cost-related information.
- The VHC website was the most common resource used for selecting a plan, above the VHC Customer Support Center, Navigators, family and friends, and websites of insurance carriers.

The VHC website was an effective source of information for many customers

- For the types of information that were most sought on the website, roughly 70 to 77% of information seekers obtained the information they were looking for.
- Half of VHC customers who used the website reported that they always or usually obtained the information they were looking for.

However, there was significant opportunity and desire for VHC website improvements

- The website appears to have been less helpful as a resource for resolving problems or obtaining information about bills and payments.
- Medicaid Enrollees and QHP New Enrollees were more likely to find the information they needed than QHP Renewers.
- While 25% of VHC customers rated the website highly (rating of 8 to 10), nearly the same proportion rated the website poorly (rating of 0 to 2). (Figure 2)
- Medicaid Enrollees and QHP New Enrollees rated the website more positively than QHP Renewers.



VHC Customer Support Center

The VHC Customer Support Center was highly utilized by customers

- 62% of customers called the Customer Support Center during the second open enrollment period.
- QHP New Enrollees were more likely to call the Customer Support Center than QHP Renewers (78% vs. 44%).
- Customers called the Customer Support Center for a wide variety of reasons, the most predominant of which were to learn how to apply/renew/change a health plan, to resolve a problem, and for issues related to bills, payments, and premium amounts.

VHC Customer Support Center was an effective source of information for its customers

- 70% of those who called the Customer Support Center reported that they always or usually obtained the information they were looking for.
- The Customer Support Center staff was rated positively on displaying professionalism in their interaction with customers, with 77% of customers selecting the highest rating.
- Over half of VHC customers (56%) who called the Customer Support Center rated the center highly (rating of 8 to 10).

The VHC Customer Support Center performed relatively better than the website

- 70% of customers using the Customer Support Center always or usually obtained the information that they were seeking, compared to 50% of customers using the VHC website (Figure 3).
- High ratings of 8 of 10 were given by 56% of users of the Customer Support Center, compared to 25% of VHC website users. (Figure 3)

Figure 3. VHC Website vs. Customer Support Center

– Among Total Users of Website/Support Center –

	Website	Customer Support Center
Incidence of usage	53%	62%
Top-5 types of information (Sought / Obtained)	• How to apply/renew/change health plan: 74% / 77%	• How to apply/renew/change health plan: 59% / 88%
	• Monthly premium amounts for health plans: 65% / 75%	• Resolving a problem with application/renewal: 47% / 66%
	• Other costs of health plans (e.g., deductibles and co-pays): 50% / 76%	• Information about bills and payments: 47% / 78%
	• If qualify for help paying for health insurance costs: 49% / 70%	• Monthly premium amounts for health plans: 47% / 80%
	• Benefits and coverage for doctor or specialist visits: 48% / 75%	• If qualify for help paying for health insurance costs: 36% / 81%
Obtained needed information (Always or usually)	50%	70%
Overall rating (8-10)	25%	56%

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Plan Selection and Satisfaction

Customers used a variety of resources in selecting a plan

- The VHC website is the most commonly cited resource for selecting a plan, followed by the Customer Support Center, then family/friends/co-works, Navigators, and websites of insurance carriers.

For QHP Enrollees, costs were the main driver when selecting a plan

- The monthly premium was the top factor for selecting a plan, followed by other cost-related factors (i.e., the deductible amount and annual maximum out-of-pocket).
- Carrier preference or continuing in a previous plan were not among key drivers.

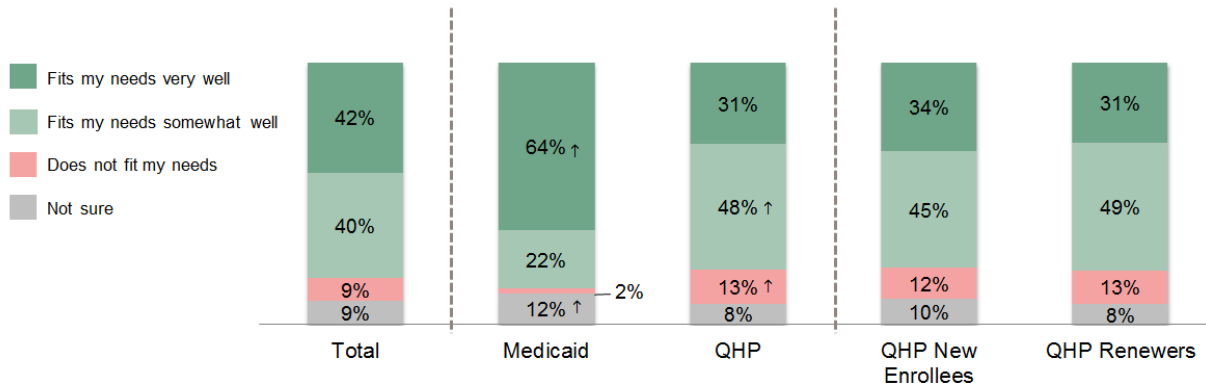
QHP Enrollees were generally satisfied with the amount of information provided by VHC to help compare plans

- 66% of QHP Enrollees were satisfied with the amount of information provided by VHC about the available plans; however, 20% considered it too little.
- 43% of QHP Enrollees compared plans during open enrollment, and most of them (67%) found the comparison somewhat easy or very easy to make based on the information provided by VHC.

VHC customers were generally satisfied with their plans

- 42% of VHC customers rated their plan positively as fitting their needs very well, and nearly an equal proportion (40%) rated it as fitting their needs somewhat well. (Figure 4)
- Medicaid Enrollees were more satisfied with their plan than QHP Enrollees. (Figure 4)
- Only 9% of QHP Renewers changed from one plan to another during the second open enrollment.
- The most common reason for changing plans was to reduce costs.

Figure 4. Overall Plan Perception



Q26 How well does your health insurance plan fit your needs?
 Base: Total Respondents (total answering) – Total (n=2428); Medicaid (n=634); QHP Total (n=1794); New Enrollees (n=465); Renewers (n=1329)
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Dental Plans

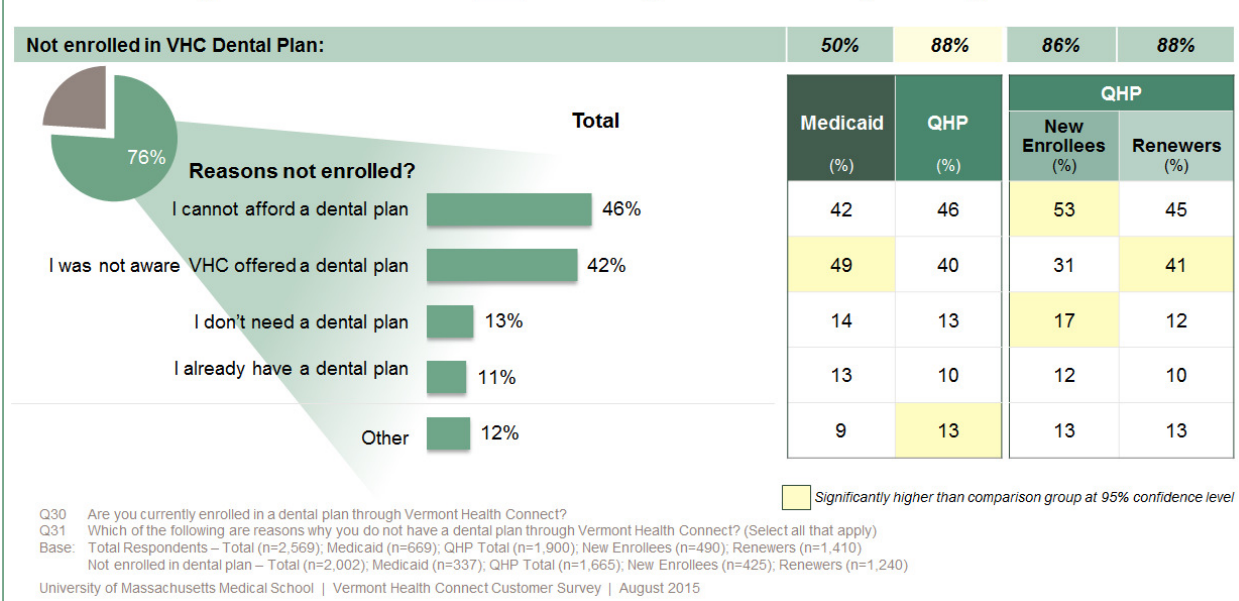
Most VHC customers did not have dental insurance through VHC

- 16% of VHC customers have dental insurance through VHC.
- More Medicaid Enrollees reported having dental insurance through VHC than QHP Enrollees (36% vs. 8%).

The key barrier to customers adopting dental insurance through VHC was lack of awareness that it was offered

- The primary reasons for not enrolling in dental coverage through VHC were either cost (46%) or lack of awareness that VHC offered dental coverage (42%). (Figure 5)
- Among QHP Enrollees, cost was a more significant barrier for New Enrollees, while lack of awareness was a more significant barrier among Renewers. (Figure 5)

Figure 5. Reasons for Not Obtaining Dental Coverage through VHC



Health Insurance Literacy

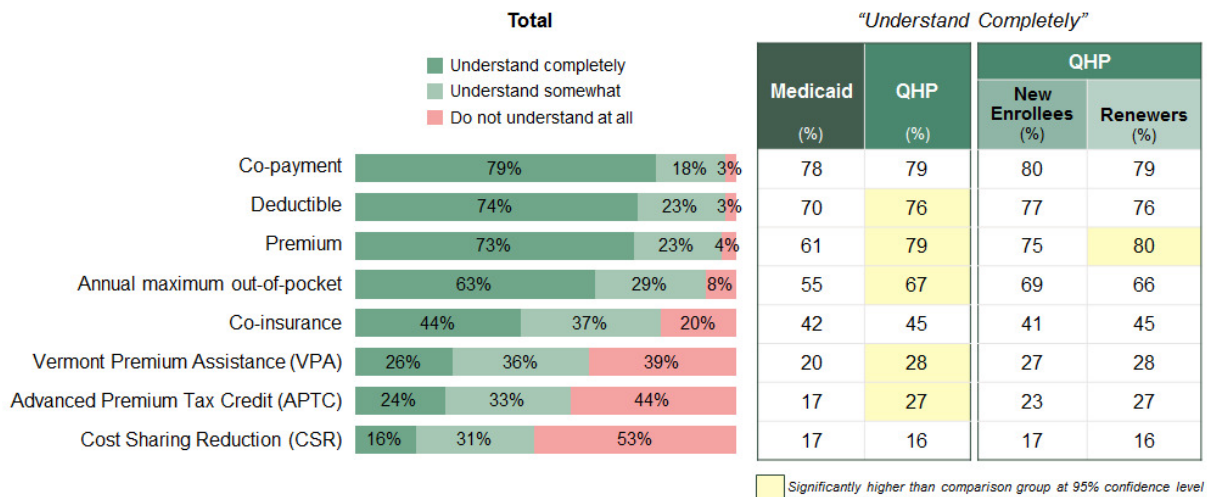
VHC customers believed they understood certain cost-related terms quite well

- Most customers (73-79%) felt that they completely understood the terms premium, deductible and co-payments (Figure 6).

However, maximum out-of-pocket and co-insurance were terms not well understood

- 63% of customers felt that they completely understood the term maximum out-of-pocket, and only 44% felt they completely understood the term co-insurance. (Figure 6)
- Focus groups supported the survey finding that maximum out-of-pocket and co-insurance were less understood than premiums, deductibles and co-payments.

Figure 6. Customers' Understanding of Health Insurance Terms



Q32 How well do you understand the following terms? (Select a response in each row)
 Base: Total Respondents – Total (n=2,569); Medicaid (n=669); QHP Total (n=1,900); New Enrollees (n=490); Renewers (n=1,410)
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Customers could use help understanding terms related to assistance (i.e., VPA, APTC and CSRs)

- Between 16% and 26% of customers felt that they completely understood the terms VPA, APTC and CSR. (Figure 6)
- QHP Enrollees seemed to have higher levels of health insurance literacy than Medicaid Enrollees. (Figure 6)

Customers could also benefit from education about out-of-pocket expenses

- 33% of VHC customers considered their out-of-pocket costs to be higher than expected, while only 15% regarded them to be lower than expected.

Financial Assistance (APTC and VPA)

VHC successfully connected many customers with financial help to afford health insurance

- 80% of those receiving financial assistance were aware of the help they were receiving.

However, customers could benefit from education in understanding financial assistance for health insurance

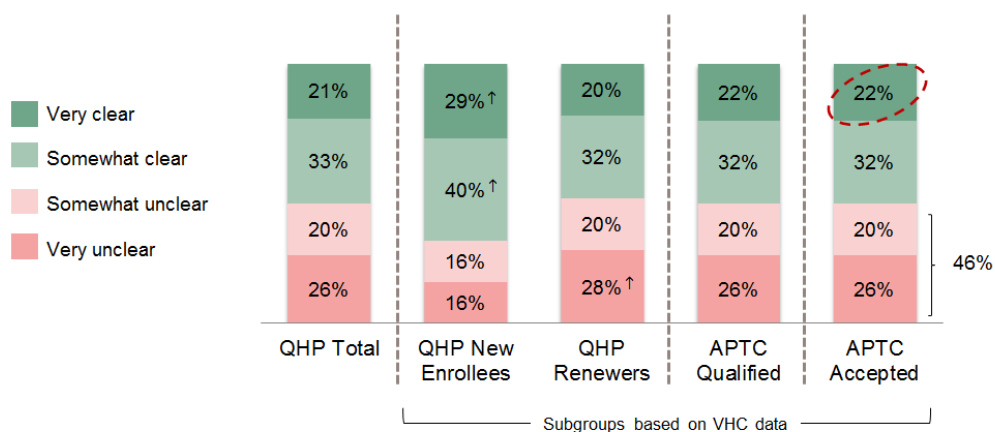
- 20% of customers who received an APTC or VPA were either not aware or unsure that they were receiving financial assistance.
- Roughly one-quarter (23%) of those who received an APTC reported that at the time of plan selection or renewal they were somewhat or very unclear on the amount of financial assistance that they would receive.

The impact of an APTC on a customer's federal income taxes is especially an area where people could use additional education

- Only 22% percent of those who received an APTC reported that they very clearly understood its effect on their federal income taxes. (Figure 7)
- Roughly half (46%) of those who received an APTC found this information to be very or somewhat unclear. (Figure 7)
- Focus groups supported this finding that consumers were unclear about how an APTC would affect their federal income taxes.

Figure 7. Understanding that the APTC May Affect Federal Income Taxes

– Among Those Receiving Financial Assistance –



↑ Significantly higher than comparison group at 95% confidence level

Q36 Advanced Premium Tax Credit (APTC) may affect your federal income taxes. How clear was this to you when you started receiving APTC?
 Base: Receiving financial assistance (total answering) : QHP Total (n=912); New Enrollees (n=235); Renewers (n=677); APTC Qualified (n=898); APTC Accepted (n=892)
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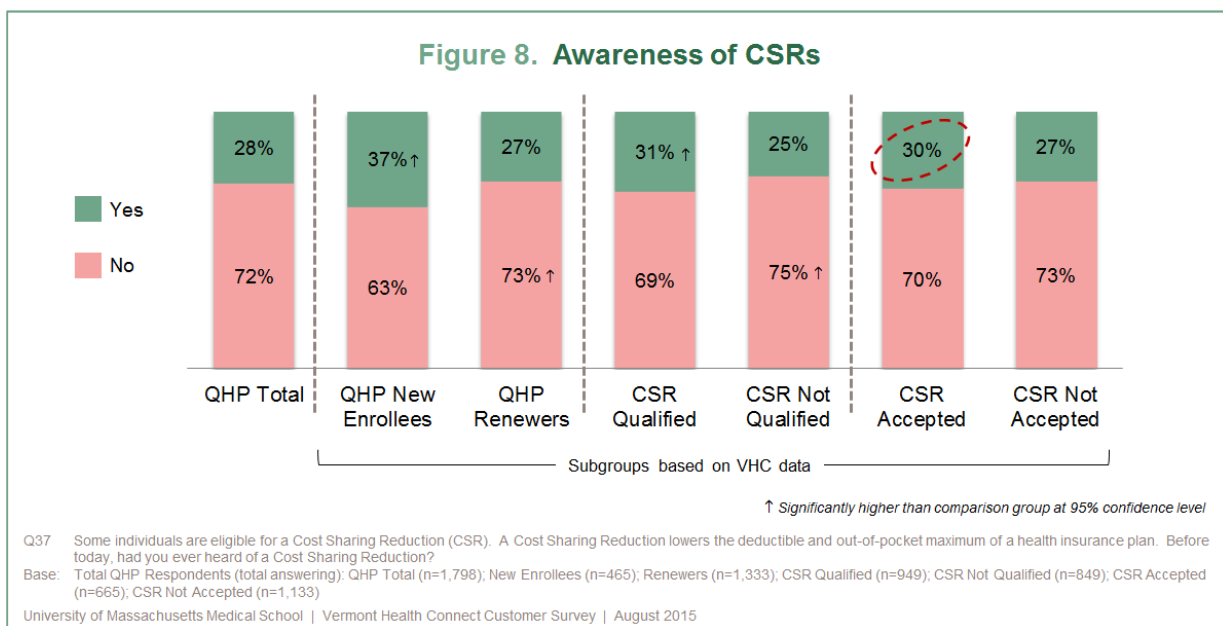
Cost Sharing Reductions (CSRs)

New QHP Enrollees were more likely than QHP Renewers to be aware of CSRs

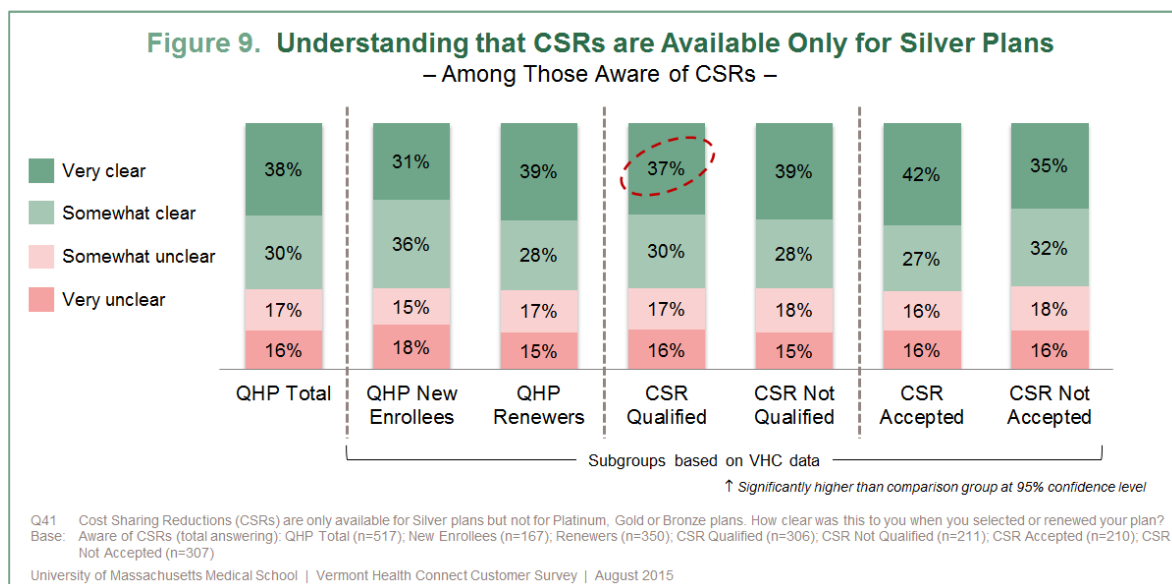
- 37% of New QHP Enrollees reported being aware of CSRs, compared to 27% of QHP Renewers.

However, CSRs are an area where customers could benefit from improved education

- Among QHP Enrollees who accepted CSRs, only 30% reported being aware of CSRs. (Figure 8)



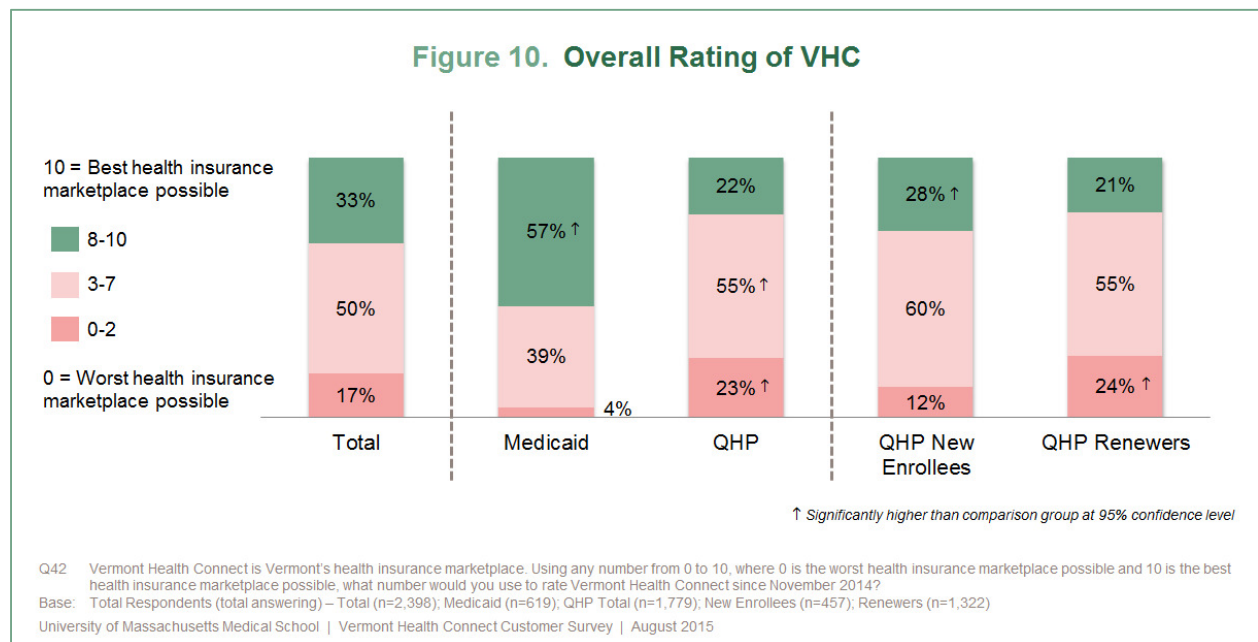
- Among QHP Enrollees who were aware of CSRs, only 33% found it very easy to understand why they did or did not qualify for a CSR.
- Only 37% of QHP Enrollees who qualified for CSRs found it very clear that CSRs were only available for Silver plans. (Figure 9)



Overall Opinion of VHC

More customers gave VHC an overall high rating (of 8 to 10) than gave it a very low rating (of 0 to 2).

- 33% of customers gave VHC an overall high rating (8 to 10) while 17% gave a low rating (0 to 2). (Figure 10)
- Overall perception of VHC was considerably more positive among Medicaid Enrollees than among QHP Enrollees. (Figure 10)
- QHP New Enrollees gave more positive ratings than QHP Renewers. (Figure 10)



There is good opportunity for VHC to improve its customers' opinions

- Customer explanations of their overall negative ratings show opportunities for improvement:
 - **Website:** "I still find it hard to navigate the site." "The website is slow and extremely buggy."
 - **Customer Support Center:** "Long hold times on the phone."
 - **Explaining Financial Assistance:** "Did not understand the premium assistance and what I would end up owing at the end of the year."
 - **Billing:** "Not being able to set up auto-pay on a monthly basis is annoying."
 - **Resolving Problems:** "Changes are not processed in a timely manner."

Positive customer feedback highlighted VHC's ability to satisfy and please customers

- Customer explanations of their overall positive ratings show some success:
 - "It was easy to enroll, incredibly affordable, and I can keep the doctors I already have."
 - "I have been very pleased with Vermont Health Connect. The website is easy to navigate and is a great resource to find information about providers, benefits, contacts, etc. All customer support representatives were friendly, helpful, and knowledgeable."

Additional Information Needs

Future evaluations may be helpful to monitor progress and guide improvements

- Repeating this survey, or parts of it, will help VHC track customer satisfaction, measure the impact of improvements being implemented by VHC, and identify opportunities for additional enhancements.
 - Although CMS is in the process of designing a Marketplace Survey for use in all 50 states, important modifications will need to be made in order to make it applicable to Vermont.
 - VHC may want to conduct future research and evaluation to better understand particular populations, such as:
 - People who began or completed an application, but did not enroll in a VHC plan
 - QHP Enrollees who changed plans during open enrollment
 - Enrollees in a dental plan that was purchased through VHC
 - Enrollees who were eligible for a CSR, but did not enroll in a Silver plan
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Contact Information

Vermont Health Connect

- **VHC website:** *VermontHealthConnect.gov*
- **VHC Customer Support Center:** *1-855-899-9600*

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