

New Enrollees' Satisfaction with Information from Their Medicaid HMO

More than 35,000 Medicaid clients moved to HMO managed care in fiscal 1996. To assess HMO client education programs, a representative sample of new enrollees were telephone surveyed. Within an average of 2.3 weeks of enrollment, HMO representatives had contacted 81% of respondents. Satisfaction with information received was high and 7 factors explaining satisfaction were identified.

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To expand access while controlling costs, Utah Medicaid received a waiver modification to move all clients in Utah's major urban area to HMO (health maintenance organization) managed care in FY 1996. Over 35,000 clients chose among five HMOs. Client information had an important role in the transition, both in HMO selection and in learning to use their new HMO. Letters stressed the importance of clients selecting the HMO that best met their special needs and suggested working with local Medicaid representatives. Additional information was found in a Medicaid brochure, HMO handbooks, and an HMO video tape. After clients made a selection and HMOs were notified, HMO representatives were to contact their new enrollees to provide specific instructions on use of their HMO's benefits and procedures, including the availability and accessibility of all benefits.

The purposes of the study were to determine whether new enrollees had been educated by their HMO, the timeliness and thoroughness of that education, and whether clients were satisfied with the information received from their new HMO.

Methods

The population for the survey was Medicaid clients who enrolled in an HMO during the previous 4 months, stayed enrolled more than one month, had telephones, and still lived in the 4 county urban area. Random samples were drawn by HMO, totaling 773. Medicaid staff conducted telephone interviews in spring 1996. Completed interviews totaled 579; 194 others were non-respondents. The response rate was 74.9%. Comparisons of non-respondents and respondents found no significant differences by demographics or HMO. The survey questionnaire was developed by Utah Medicaid staff. On average, it took 1.8 telephone calls to reach the appropriate respondent. English interviews averaged 4.8 minutes and other languages averaged twelve minutes.

The respondent was the recipient 41% of the time,

the recipient's parent/guardian, 52%, and another adult, 7%. Recipients were 60% children and 40% adults; they were 62% female and 38% male. Recipients were 81% white, 12% Hispanic, and 11% other; a total of 97% spoke English.

Results and Conclusions

An HMO representative had contacted 81% of the respondents, not contacted 16%, and 3% could not recall. On average, recipients received HMO information 2.3 weeks after enrollment. The HMO representative visited the respondent's home 22% of the time, phoned 49%, and used the mail 52%. Many were contacted by phone and at home or mail.

An HMO Medicaid Handbook was received by 77% of the respondents. HMO representatives gave 63% of the respondents phone numbers to call, told 60% how to get non-emergency services, 56% how to get emergency services, 46% about preventive health services, 45% how to get care away from home, asked 41% about services for specific health care needs, and told 31% how to complain or file a grievance. Satisfaction with HMO information received averaged 5.44 on a 7-point scale, midway between "very satisfied" and "somewhat satisfied." Satisfaction did not differ significantly by HMO.

A factorial analysis of variance was conducted to explain variation in respondents' satisfaction with information. The analysis had an adjusted R-square of .417 and 7 factors were significant. Significant factors and their direction were HMO Handbook received, prompt receipt of information, speaking English, and being told about four services.

Results provide a benchmark for future studies. New enrollee education needs to be promptly completed to avoid client errors in use of HMO services.

Endnote

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