

#### **MEMO**

To: Bob Alexander, Director of Arkansas Employee Benefits Division

From: Ro Summers, ACHI Senior Policy Analyst, Hanna Jokinen-Gordon, PhD, ACHI Senior Research Analyst

**Date:** 1/23/15

Re: Strategy recommendations for member survey

In December 2014, EBD asked ACHI to research various options and methods for surveying its member population. The purpose of the survey would be to assess and evaluate EBD members' experiences with their health plans and the plans' administration, similar to a customer satisfaction survey. EBD instructed ACHI to target all active employees for both the state and public school employee plans. A key consideration in ACHI's recommended approaches are the time constraints associated with various survey modalities. Despite potential limitations, we believe that the recommended survey strategies can yield comprehensive and meaningful results.

The two options researched were postal and web-based surveys. Telephone surveys were also considered, but phone numbers available are both highly unreliable and considered protected health information. It is likely that the administrative burden of that methodology would outweigh the response rate we would produce. There are pros and cons to both web-based and postal surveys. While online surveys are much less expensive, mail out surveys allow you to directly target a pin-pointed population. However, online surveys allow for almost immediate analysis, whereas the data entry and management elements of mail surveys significantly influence the amount of time and administering required.

Given the need for a timely and cost effective, yet rigorous assessment, we strongly recommend that EBD utilize web-based survey methodology. The timeline will still be tight despite the efficiency of web-based methods. The goal will be to market to all primary subscribers through a variety of tactics. In order to maximize the survey reach to the population of interest and to increase response rates, information regarding the survey can be included in "The Buzz" mailing to all members in March, as well as the monthly E-Newsletter. Additional communication can also be sent out through the Health Insurance Representatives and distributed to members. A link to the survey website can also be added to EBD's website. A question about how the individual learned about the survey can be added to the survey in order to establish the most effective mechanism for future surveys.

#### **Survey Options**

#### Survey Mode

Findings regarding the effect of web-based methodology on response rates vary. Some research shows slightly lower rates for internet surveys, but focusing on pertinent topic areas can alleviate that effect. However, web-surveys are dramatically less expensive than mailings. For EBD to mail a survey to all 72,000 of its active primary subscribers, the postage alone would exceed \$24,000. Additional costs would include printing, return envelopes, and return postage. Further, survey responses would then need to be manually entered into a secure database, which would add to the administrative burden and cost.

An online survey would involve minimal costs and no need for data entry. Most online survey vendors allow unlimited questions, unlimited responses, and multiple methods of accessing the survey. The online option also allows for a quick download of results for reporting in multiple forms. While it's possible that not every member has access to a computer, the survey will also be accessible through smart phones and mobile devices.

#### **Administration**

One option for administering a mail-out survey is through a certified vendor that would print and mail the surveys, receive and input data from the survey responses, and then analyze the data. Another option is EBD mailing out the surveys, and a contracted vendor inputting and analyzing the data. Establishing formal agreements for these vendors would take time through the required state procurement processes.

Alternatively, if an internet survey is chosen, most of the administrative burden is simplified in promoting the survey, and then reviewing the results. EBD has several options for promoting the survey including: writing about it in "The Buzz" bi-annual mail-out (planned for March 2015), highlighting it in the monthly E-Newsletter, linking through the ARBenefits website, and sending the link to the Health Insurance Representatives for distribution. With all of the survey responses organized through one secure website, EBD or its designee will be able to quickly review and analyze the results.

#### Survey Design

The length and type of questions used in a survey can impact the response rate significantly. Without a targeted and intriguing topic, generally the more questions a survey has the lower the response rate will be. For reference, a vetted Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to Arkansas Medicaid adults typically yields about a 30% response rate. With a population of 72,138 active primary subscribers, a goal response rate for the internet survey is a minimum of 25% of each group, or 6,854 ASE members, and 11,180 PSE members.

We recommend selecting topic areas of interest and asking questions that can cover a range of experiences. For example, a single question asking the survey recipient to rank various aspects of customer service can be effective. The questions will all be worded clearly in closed-question formats for easier analysis. We will utilize best practices of both survey design and plain language to be sure the survey is accessible. Depending on the number of topic areas desired, a target maximum number of questions would be 15. A list of sample topic areas and example questions is attached.

Another benefit of the survey design being electronically administered is the ability to easily adjust the survey if there is an issue. This will also allow the survey to be saved and re-administered in upcoming years for trending purposes over time.

#### **Timeline**

The timeline for this survey is again the largest determinant in ACHI's recommendation. Should the timeline be extended, we might offer alternative strategies for a more secure assessment of the EBD membership. With the Task Force expiring June 30, 2015, it is assumed that the committee would like to review results by the May 2015 meeting. Any sooner would be a challenge to execute. An online survey would be possible within this timeline, though it will still be tight. A postal survey would take much longer to print, mail, wait to receive responses, enter the data, and then analyze and report. In order to meet the May deadline, the survey should be made accessible between March 1st and April 15th. By keeping the survey open for this extended period, we will be able to evaluate at different points if we're on track to meet the goal response rates. If it looks off target, additional marketing tactics can be used. ACHI will work to have the results prepared by May 15th, or by whenever the May meeting is scheduled.

#### **Risks and Mitigation Plan**

Our recommended strategy is not without limitation. The key concern is the ability to reach the target population, for which we have identified multiple marketing strategies. Another issue is the potential for people to take the survey multiple times, which may skew results. To curb this concern, the internet survey will check for duplicate IP addresses. This is still not fool-proof as people may use the same computer at work to take the survey, and from what we can tell, employees have the same IP addresses within the same state agencies. We can encourage both state and school employees to access the survey from their homes to mitigate this. The other key risk is the assumption of the timeline. If we are incorrect in aiming to have results prepared for May, other strategies may need to be used, which are likely to come at a higher cost.

#### Summary

We feel confident that an internet survey is EBD's best option for a membership survey given the current circumstances. ACHI's team of researchers will develop a comprehensive survey available and marketed to all primary members. We will work with EBD for final approval. The design survey and analysis of its results can be folded into the existing agreement between EBD and ACHI. This should significantly cut the costs and timeline for the survey.

i Bryman, Alan. 2012. Social Research Methods 4e. 4th Rev ed. New York, USA: Oxford University Press, 2012. 676-677.

ii Arkansas Foundation for Medical Care: 2012 Beneficiary Satisfaction Survey Results, 2013. Retrieved from <a href="http://mmcs.afmc.org/Portals/3/Documents/SurveysFolder/ARHN12%20executive%20summary.pdf">http://mmcs.afmc.org/Portals/3/Documents/SurveysFolder/ARHN12%20executive%20summary.pdf</a>

#### **EBD Membership Survey Sample Question Guide**



#### **Sample Topic Areas**

Below is a list of sample topic areas and an example question for each. More areas will be added to the final survey, as will additional questions for each topic if applicable.

#### **Overall Satisfaction with Plan**

How satisfied are you overall with the current health plan coverage offered by EBD?

#### Satisfaction with Services

- Using the same scale, where a "10" means completely satisfied and "1" means completely dissatisfied, how satisfied are you with the following?
  - Access to care
  - Claim processing accuracy
  - Third party administrator services

- Information on what your health plan covers
- Telephone response

#### **Sources of Information**

- How often do you use each of the following to receive information about your health plan?
  - EBD Website
  - District/Agency Health Insurance Representative
  - Third party administrator website

- Plan customer service line
- Co-workers or friends
- EBD Facebook
- Teachers Insurance Facebook

#### **Preferred Method of Receiving Updates**

- What is your preferred method for receiving periodic updates on information about your health plan?
  - Printed and mailed material
  - District/Agency Health Insurance Representative
  - E-mail

- EBD website
- E-Newsletter
- Work presentations
- Third party administrator website

#### Costs inhibiting care

Over the past six months, have you chosen not to seek treatment or fill a medication due to cost?

#### Interest in an additional choice

Would you like to have more plans to choose from, in addition to the current plans EBD offers?

#### **Respondent Profile**

• Demographics, length of plan enrollment, ASE/PSE, etc.



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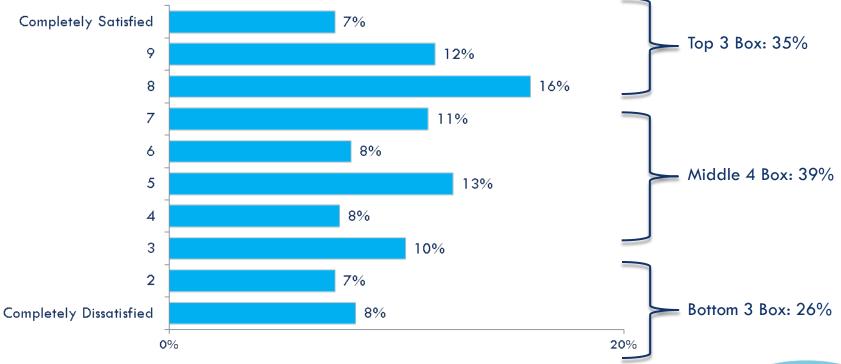
## MEMBER SATISFACTION SURVEY RESULTS

The State Health Plan conducted a Member Satisfaction Survey in November, focusing on member communication and customer service topics. This survey was a way for the Plan to solicit feedback to learn how we can improve the member experience. Members received a postcard inviting them to participate in the online survey.



### Overall Satisfaction With the Plan

- Slightly more than one-third (35%) of the respondents are satisfied with the health plan coverage offered by the State Health Plan as measured by the top 3 box percentage. On the other hand, more than one quarter (26%) are not satisfied with the plan coverage and another 39% are indifferent.
  - Medicare-primary retired employees (47%) are more likely to be satisfied than active (25%) and COBRA, RIF, Survivor or SHP Primary retirees (39%).
  - Active employees have the lowest level of satisfaction.

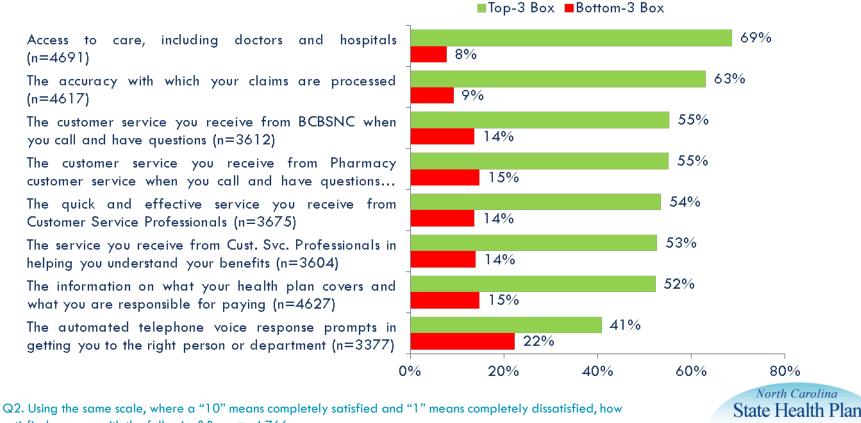


Q1. How satisfied are you overall with the current health plan coverage offered by the State Health Plan? For this question, please use a 10-point scale where a "10" means completely satisfied and "1" means completely dissatisfied. Base = 4,765



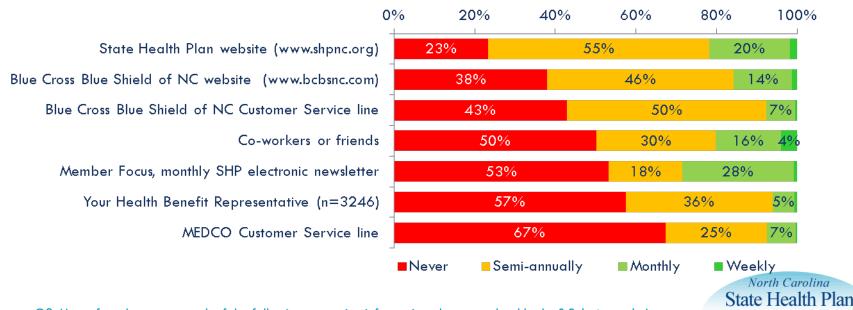
### Satisfaction with Services

- Respondents are most satisfied with services such as access to care and accuracy of claims processed. They are least satisfied with the automated telephone voice response system.
  - Active employees are less likely to be satisfied than Medicare-primary retired employees and COBRA, RIF, Survivor or SHP Primary retirees with all listed services when measured by top 3 box percentages.



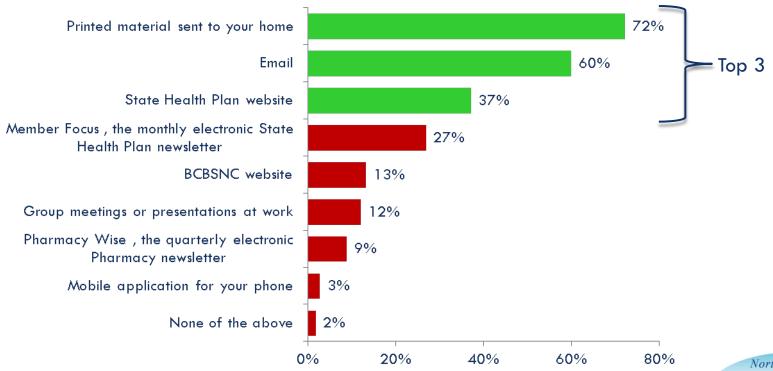
# Sources and Frequency of Receiving Information

- The State Health Plan website is the most used source of information by the respondents followed by the BCBSNC website and BCBSNC customer service line.
  - More Medicare-primary retired employees are more likely to have never used the SHP website, nor the BCBSNC website.
  - More active employees are more likely to have never used the BCBSNC customer service line.
- MEDCO customer service line is the least used source, followed by the health benefit representative.
  - More active employees are never likely to use MEDCO customer service line.
- Respondents use co-workers or friends more frequently than any other source to receive information on their health plan. Member Focus, the SHP newsletter, is second most frequently used source of information.
  - Active employees are more likely to use co-workers or friends.
  - COBRA, RIF, Survivor or SHP Primary Retirees are more likely to use the monthly newsletter.



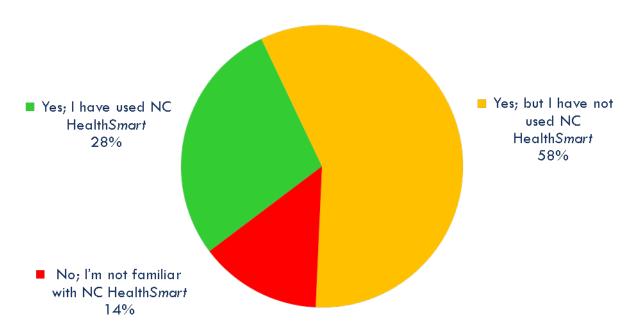
# Preferred Method of Receiving Updates

- Printed material sent to the home, email and the SHP website are the top three preferred methods cited by the respondents for receiving periodic updates on information about their health plan.
  - Printed material is more preferred by Medicare-primary Retirees and COBRA, RIF, Survivor or SHP Primary Retirees.
  - Email is least preferred by Medicare-primary retired employees.
  - The SHP website is more preferred by COBRA, RIF, Survivor or SHP Primary Retirees.
- Active employees are more likely than other subgroups to prefer group meetings and mobile applications.



### Awareness of NC HealthSmart

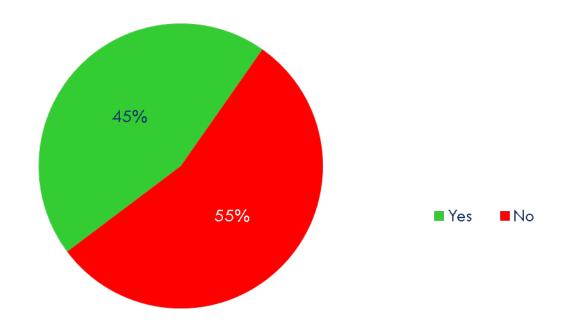
- More than eight-in-ten (86%) of the respondents are aware of the Plan's wellness program, NC HealthSmart; 28% are aware and have used the program and 58% are aware but have not used the program.
  - COBRA, RIF, Survivor or SHP Primary Retirees (36%) are more likely to have used the program than active employees (25%).
- Fourteen percent of the respondents are not familiar with NC HealthSmart.
  - More active employees (16%) are not familiar than COBRA, RIF, Survivor or SHP Primary Retirees (9%).





## No Treatment or Medication Due to Cost

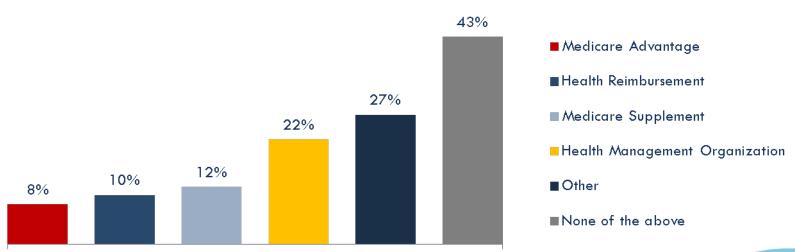
- Over the past six months, 45% of the respondents have chosen not to seek treatment or fill a medication due to cost.
  - Active employees (61%) are more likely to have not sought treatment or fill a prescription than Medicare-primary retired employees (25%) and COBRA, RIF, Survivor or SHP Primary Retirees (37%).





### Interest in Additional Choice

- More than four-in-ten (43%) of the respondents are satisfied with the current PPO plan and would not like to have more plans to choose from active employees (33%) are less satisfied than Medicare-primary retirees (54%) and COBRA, RIF, Survivor or SHP Primary Retirees (51%).
- Twenty-seven percent would like to have another plan option (but one that is not listed in the question) to choose from, in addition to the current PPO plan – active employees are more likely to want "Other" plan options.
- Likewise, 22% would like to have a Health Management Organization (HMO), 12% would like to have Medicare Supplement, 10% would like to have Health Reimbursement, and 8% would like to have Medicare Advantage.
- HMO and Health Reimbursement plans are more preferred by active employees.
- Medicare Supplement and Medicare Advantage plans are more preferred by retired employees.





## Respondent Profile

Employment Status	Percent
Insured through the State Health Plan as an Active Employee	50%
Insured through the State Health Plan as a Medicare Primary Retired Employee	32%
Insured through the State Health Plan through COBRA, RIF, Survivor benefits, or as an SHP Primary Retiree	18%

