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Large majorities of Cal MediConnect enrollees report increasing satisfaction and confidence with their health care

In October 2017, the University of California, San Francisco completed the 2017 wave of the Cal MediConnect (CMC) Rapid Cycle Polling Project, a tracking survey that included over 2,800 interviews with older adults and people with disabilities who were dually eligible for Medicare and Medi-Cal. CMC health plans integrate all Medicare and Medi-Cal benefits, including long-term services and supports (LTSS), in seven California counties. As with surveys conducted in 2015 and 2016, the latest survey follows three groups: 1) those enrolled in CMC; 2) those who opted out of the program and who live in CMC demonstration counties; and 3) those who live in non-CMC demonstration counties.

Beneficiaries were asked about their confidence and satisfaction with health care, and problems encountered. In 2017, beneficiaries were also asked for the first time about their needs and use of LTSS. All surveys were conducted on behalf of The SCAN Foundation, in conjunction with the California Department of Health Care Services.

Cal MediConnect enrollees' confidence navigating their health care continues to increase

CMC enrollees' confidence in their care has steadily increased since 2015, while confidence among opt-outs has remained steady.

- Large majorities of CMC enrollees express confidence that they know: how to manage their health conditions (85%), how to get questions about their health needs answered (84%), and who to call if they have a health need or question (88%).
- While confidence ratings in earlier years had been similar across enrollees and opt-outs, in 2017 CMC enrollees' confidence was higher in all three areas.

Cal MediConnect enrollees' satisfaction with their health care increased in 2017

CMC enrollees satisfaction increased in all seven areas: the amount of time doctors spent with them, the information they received from the health plan explaining benefits, their choice of doctors, their choice of hospitals, the way their providers work together, wait times for appointments, and their ability to call a provider regardless of the time of day.

- Large majorities of CMC enrollees – ranging from 78% to 88% – report being satisfied with the health care services they are receiving in each of the areas tracked.
- The satisfaction levels of CMC enrollees increased from 2015-2017 in the seven areas.
- In 2017, CMC enrollees were more satisfied than opt-outs in most areas except with their choice of doctors, where those who opted out were more satisfied than enrollees.

Cal MediConnect enrollees continued to report problems with some aspects of their health care

Low percentages (between 11% and 19%) of CMC enrollees reported they encountered problems with their health services in six different areas.

- The two most commonly reported problems among CMC enrollees were: they had a misunderstanding about their health care services or coverage (19%), and a doctor they had been seeing was no longer available through their plan (18%).
- CMC enrollees in 2017 had lower rates of reported problems than in previous years in two areas: a doctor they had been seeing was no longer available through their plan (23% in 2015, down to 18% in 2017), and denied treatment or referral for a service recommended by a doctor (17% in 2015, down to 14% in 2017).
- CMC enrollees were slightly less likely than opt-outs to have trouble in two areas: transportation problems keeping them from getting needed health care, and having a misunderstanding about health care coverage.
- Opt-outs, however were slightly less likely than CMC enrollees to report that they had a treatment or referral denied, the doctor did not speak their language/no interpreter available, a doctor they were seeing was not available through their plan, and that they had trouble communicating with a doctor because of a speech, hearing, or other disability.

Beneficiaries reported their LTSS needs and use of In-Home Supportive Services (IHSS) in 2017.

In 2017, beneficiaries in all three groups who used LTSS were asked about their LTSS needs and use of IHSS, California's consumer-directed personal assistance program. Consistent with the self-reported health status of enrollees and opt-outs, CMC enrollees reported lower rates of needing help with personal care compared to opt-outs and non-CMC beneficiaries.

- Of those who reported needing help, about 4 in 10 beneficiaries in all groups had unmet needs for personal or routine care.
- Despite lower reported rates of needing LTSS assistance, more CMC enrollees and opt-outs reported receiving IHSS (84% and 86%) in 2017 compared to non-CMC counties, where only 78% of LTSS beneficiaries received IHSS.
- Additionally, both CMC enrollees and opt-outs reported receiving significantly higher average monthly IHSS hours than beneficiaries in non-CMC counties.

“These trends continue to show a positive beneficiary experience, highlighting how care coordination can deliver better outcomes in LTSS and deliver on the promise of Cal MediConnect,” said Jennifer Kent, Director of California Department of Health Care Services. “We will use this evaluation data to guide our work with the plans to strengthen and improve the Cal MediConnect program.”

“It is exciting to see the continuous satisfaction and confidence of Cal MediConnect enrollees with their health care in this demonstration,” says Bruce Chernof, President and CEO of The SCAN Foundation. “Changes made throughout the program's implementation are making a real positive difference in peoples' lives.”

About the Survey

The results reported in this release come from a large-scale tracking survey of dually-eligible Medicare and Medi-Cal beneficiaries in California, conducted in 2017 by University of California on behalf of The SCAN Foundation and the California Department of Health Care Services (DHCS). Earlier waves in 2015 and 2016 were conducted by Field Research Corporation.

All surveys were conducted by means of telephone interviews with stratified random samples of CMC enrollees and opt-outs across California counties participating in the Cal MediConnect demonstration. In 2015, the survey included five counties (Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara). In 2016, two additional CMC counties (San Mateo and Orange) were added to the survey.

Each survey also included interviews with samples of dual eligible beneficiaries in non-CMC counties. In 2015 and 2016, those counties were San Francisco and Alameda. In 2017, the non-CMC comparison counties were expanded to include nine counties where the demonstration was not implemented.

To enable the study to compare the opinions of dual eligible beneficiaries who were either unable or found it difficult to complete the telephone interview themselves, the survey offered those chosen to participate the option of naming another individual who assisted them in making their health care decisions to complete the survey on their behalf (i.e., proxy).

The 2017 survey was administered to 2,865 dual eligible beneficiaries or their proxies. Of those, 1,711 were CMC enrollees, 747 were CMC opt-outs, and 407 were beneficiaries from non-CMC counties.

Over the course of the five survey waves across the three years, a total of 14,380 dually eligible beneficiaries were interviewed, including: 7,826 CMC enrollees, 4,146 opt-outs and 2,408 beneficiaries in non-CMC counties. Each survey was administered in four languages and dialects – English, Spanish, Cantonese, and Mandarin. Up to eight attempts were made to reach and complete an interview with each randomly selected dual eligible beneficiary or their proxy on different days and times of day during the interviewing period. The allocation of interviews for each survey was stratified by county and within the CMC counties, between enrollees and those who had opted out of the program. After the completion of interviewing, weights were applied to return these stratified sample allocations to population estimates of the share of beneficiaries in each county as reported by DHCS.