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Since 2018, Cal MediConnect enrollees are reporting higher levels of satisfaction, confidence and continuity of care; but there are differences by county, race, language, and disability.

New look at Cal MediConnect polling results: differences by county, race, language and disability between 2015 – 2018.

In June 2018, the University of California, San Francisco completed the 2018 wave of the [Cal MediConnect \(CMC\) Rapid Cycle Polling Project](#), a tracking survey that included over 2,900 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. Since 2015, almost 10,000 CMC enrollees were surveyed about their experiences with the program.

Beneficiaries were asked about their confidence and satisfaction with health care, and problems encountered. Previous analyses report beneficiary experiences over the 4-year survey, including changes over time and comparisons with the non-CCI groups. In this analysis, researchers analyzed data from CMC beneficiaries and compared by several member characteristics including: county, race, language, and disability (need for long-term services and support).

Results indicate several differences that can inform policy makers and CMC health plans moving forward.

COUNTY

San Mateo County exceeds other Cal MediConnect (CMC) counties in some enrollees experiences: CMC enrollees in San Mateo were the most likely to: 1) report having a personal doctor, 2) had the highest percent of enrollees saying they still have the same doctor they had before the transition to CMC, and 3) were the most likely to say they were satisfied with their choice of doctors.

San Mateo County's CMC program is part of what is called a "County Organized Health System" model. Unlike other counties where there are two or more CMC plans to choose from, San Mateo county has a single plan. Despite this, San Mateo county seems to exceed other counties in many key areas of enrollee satisfaction.

San Mateo and San Bernardino counties enrollees reported the highest satisfaction in choice of hospitals.

Riverside and San Bernardino Counties did the best in making sure their non-English speaking CMC enrollees received interpreter services. Less than 8% of non-English speaking enrollees in Riverside and San Bernardino Counties reported that their health plan failed to provide interpreter services.

Average number of monthly IHSS hours differed significantly by county. Orange County had the lowest average of 72 IHSS hours, while San Mateo and Santa Clara Counties provided an average of over 100 hours. But there were no significant difference by county in unmet needs for personal care.

RACE

Cal MediConnect enrollees confidence navigating health care differed by race: White and Black CMC enrollees were significantly more likely than Latinos or Asians to say they were “very” or “somewhat confident” in knowing how to manage their health conditions.

Asian enrollees were least likely to say they knew whom to call with questions about their health coverage, compared to other races.

Latinos had the lowest satisfaction with choice of doctors and hospitals in 2018 (only 25% were very satisfied).

Asian enrollees reported the most continuity with providers, with 98% saying they had a personal doctor and 75% reporting they had the same doctor as before enrolling in CMC.

While Asian CMC enrollees were most likely to report they had a care manager from the CMC plan, Latino and Black CMC enrollees who had a single care manager were most likely to say that the single care manager improved their care “a lot.”

White CMC enrollees were most likely to report problems such as: having a misunderstanding about health care services or coverage, being denied a treatment, and having a doctor not available through the plans network.

There are key areas where experiences with CMC differed by race. White and Black enrollees were more likely to know how to navigate their plan and get the assistance they needed. Asian enrollees were more likely to have problems with communication, transportation, and unmet needs for long-term services and supports.

Asian CMC enrollees were most likely to report problems such as: not getting an interpreter, transportation barriers, trouble communicating with providers, and having unmet needs for personal or routine care.

LANGUAGE

There were major differences by language in CMC enrollees' confidence managing health care in all years. In 2018, English-speaking CMC enrollees were more confident they knew how to manage their health conditions, knew who to call if they had a health need or questions about their health, and were very confident they could get their questions answered, compared to Spanish speakers and Chinese speakers.

Chinese-speaking CMC enrollees reported more continuity with past providers compared to English and Spanish speakers. In 2018, 75% of Chinese speakers reported they had the same doctor as before enrolling in the program, compared to 63% of English speakers and 57% of Spanish speakers.

English-speaking CMC enrollees were the most likely to be “very satisfied” with most aspects of their health care, including: choice of hospitals, information from the plan explaining benefits, ability to call a provider 24/7, amount of time spent with providers, wait time for appointments, and provider coordination.

English speakers were the most likely to have a single care manager. Furthermore, English and Spanish speakers were most likely to say their single care manager has improved their care “a lot” (at least 60% of English and Spanish speakers, compared to only 30% of Chinese speakers).

English-speaking CMC enrollees were the most likely to report the following problems:

- Had a misunderstanding about health care services or coverage
- Health plan denied treatment or referral for another service recommended by a doctor
- A doctor you were seeing was not available through the plan

Chinese-speaking CMC enrollees were the most likely to report the following problems:

- Doctor did not speak your language or there was not an interpreter available
- Transportation problems kept you from getting needed health care

DISABILITY

In 2018, CMC enrollees with no LTSS needs were more likely to feel “very confident” that they know how to manage their health conditions.

Respondents were separated into three different categories based on their self-reported need for long-term services and supports (LTSS), including: 1) No need for LTSS; 2) needs assistance with routine tasks; and 3) needs assistance with personal care (enrollees with the most significant needs for assistance with bathing, dressing, eating, etc).

CMC enrollees with personal care needs were slightly less likely to feel very confident that they could get their questions answered, compared to those with no needs or just routine needs.

CMC enrollees with personal care needs were more likely than those with no LTSS needs and those with only routine needs to experience the following problems with their health care services:

- Having a misunderstanding about their health care services
- Health plan denied treatment or referral for another service recommended by a doctor
- [For non-English interviews] Doctor did not speak your language or there was not an interpreter available for you when you visited your doctor or other health care professional
- Transportation problems kept you from getting needed health care
- A doctor you were seeing was not available through your plan
- You had trouble communicating with a doctor or health care provider because of a speech, hearing, or other disability

While only about a third of CMC enrollees with personal care needs reported having a care manager (34%), this is significantly higher than those with routine needs (28%) and those with no LTSS needs (21%).

While only about a third of CMC enrollees with personal care needs reported having a personal care plan (32%), this is more than those with routine needs (29%) and those with no LTSS need (24%).

“We are pleased that polls continue to show that Cal MediConnect members, overall, are satisfied with their care and choice of doctors and confident about navigating their care,” said Jennifer Kent, Director of the California Department of Health Care Services. “At the same time, this latest analysis provides a wealth of data that will allow us to explore areas where we can work with our plan partners to improve access to care, and ensure all Cal MediConnect members have the same high-quality experience.”

“These results show that Cal MediConnect enrollees have improved access to care to meet their individualized needs while experiencing greater confidence and satisfaction with their care,” said Bruce Chernof, President and CEO of The SCAN Foundation. “Although important challenges still exist and must be addressed, enrollee voices are telling us that integrating Medicare and Medi-Cal can work in California.”

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 and 2018 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 2018 survey was administered to 2,961 dual eligible beneficiaries or their proxies. Of those, 1,775 were CMC enrollees, 781 were CMC opt-outs, and 405 were beneficiaries from non-CMC counties.

Over the course of the six survey waves across the four years, a total of 17,460 dually eligible beneficiaries were interviewed, including: 9,671 CMC enrollees, 4,966 opt-outs, and 2,823 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.