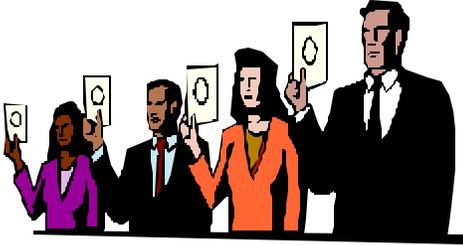


Getting the Best Out of Managed Care #5

Consumer Surveys

What can I learn from this fact sheet?



This fact sheet will help you find **consumer surveys** of health plans.

We will also give you some pointers on how to look at these surveys, get the information you need, and avoid getting misled by surveys.

What are consumer surveys?

Consumer surveys are lists of questions that ask patients what they think about a health plan, a medical group, or a health provider. Health plans often will do a survey of their members to find out whether the members are happy with the services they get. You might also get consumer surveys from your doctor's office or a medical group. They also want to know whether their patients are receiving good care and how to improve their services.

Consumer surveys are important for finding out about the quality of care. Instead of just looking at the numbers, the survey can find out what people really think. With consumer surveys, a health plan also can find out whether people have trouble getting access to care. Surveys can find out how much people know about staying healthy. This can be important for showing whether a plan is really educating people about healthy living.

Who uses consumer surveys?

Consumer surveys are useful to employers and other purchasers who want to decide which managed care plans to buy. Consumers can use the surveys to decide which plan they want to use. Health plans use consumer surveys to see where

they need to improve their services or see how particular medical providers are doing their jobs. Regulating agencies look at consumer surveys to monitor how well health plans are performing.

Are consumer surveys required?

Most states do not require consumer surveys. However, federal law requires consumer surveys of people on Medicaid or Medicare under certain circumstances. Health plans may need to do consumer surveys in order to receive accreditation.

What kinds of consumer surveys are there?

There are many different kinds of consumer surveys that will ask many different questions. One of the best-known consumer surveys is the Consumer Assessments of Health Plans Study (CAHPS). This survey is sponsored by the Agency for Healthcare Research and Quality (AHRQ), a federal agency. CAHPS tries to do three things:

- ?? Develop and test questionnaires from the consumer's point of view;
- ?? Produce reports that consumers can easily understand; and
- ?? Figure out how useful the surveys are for consumers when they are choosing health plans and services.

Where can I get consumer surveys?

If you have health insurance from your employer, you may be able to get copies of consumer surveys through your personnel or human resources department at work. If you have Medicare, you can contact the Centers for Medicare and Medicaid Services (CMS), the agency that oversees Medicare, for consumer surveys. If you have Medicaid, you might contact your state's Medicaid agency to ask about consumer surveys. You can also ask your

health care provider, health plan, or local health services provider to see if they have done any recent consumer surveys.

At the end of this fact sheet, we list numerous ways of **Making Contact** to get copies of consumer surveys.

Can I use two surveys to compare two health plans?

You should be careful comparing different health plans with surveys of each. Did they both use the same survey format? If not, they probably asked different questions, and you cannot fairly compare the two surveys. You really cannot say that one survey is better than the other. They both may be good, but they may be looking for different information.

Can I use consumer surveys to see if a health plan has improved?

One problem with surveys is that they are like taking a picture of a health plan at one point in time. They do not tell you what the health plan was like the day before, or whether it will be better or worse tomorrow. Few surveys follow patients over time to see if they stay satisfied or how they get treated as their health changes. As consumer surveys become more common, it may be possible to compare surveys for more than one year.

Why is it important to know who developed the survey and the survey's purpose?

If the survey were developed by an HMO to help it get more members, do you think it would be reliable? Do you think that it would report negative information?

Be cautious with surveys developed by the managed care industry, insurance companies, or an accreditation agency. They may be reporting useful

information, but they may also be trying to make their industries or managed care plans look good. If an employer group, a state Medicaid agency, or a university school of public health develops and conducts the survey, it may contain more reliable information.

Why should I look at the questions the survey asks?

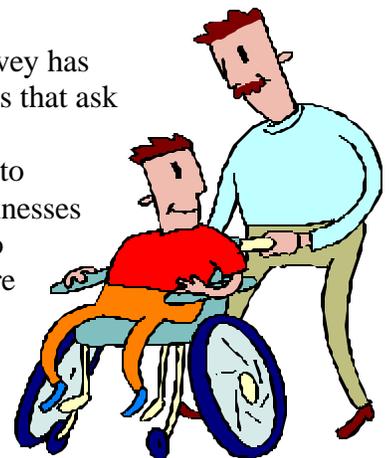
The way questions are asked and the choices of answers make a big difference in survey results.

For some reason, if a survey asks, "How would you rate your health plan?" a consumer will give a more critical answer than if the survey asks, "How satisfied are you with your health plan?" Questions that just ask about your satisfaction with a health plan do not tell as much as questions that ask you to describe your experiences with the health plan.

Also look at the choices of answers to questions. If you can choose several answers like "excellent," "very good," and "satisfactory," you will get a wider range of results than a survey that just offers "excellent" and "satisfactory" as possible answers. You should be a little skeptical when a survey does not include "unsatisfactory" or "poor" as possible answer choices.

Are there surveys that include questions that are important to people with special needs?

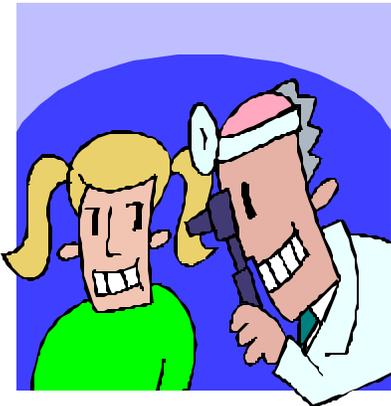
Yes. The CAHPS survey has supplemental questions that ask about services that are particularly important to people with chronic illnesses or special needs and to Medicaid and Medicare beneficiaries. With other surveys, look at the questions to see whether they ask



about health care services that are important to your needs.

Family Voices, a national grassroots organization of parents of children with special needs, has also developed surveys to determine how well health plans are serving children with special needs.

Why should I look at who was surveyed?



Most people in a health plan are healthy and do not use the health plan that often. A minority of people who have greater health care needs use most of the plan's services. If the survey

questions more of the first group of members, the survey will not say much about the experiences of the people who use the services most. People who really use the health plan a lot would be better people to survey about how good the plan is. They have a lot more experience with the plan.

A lot of consumer surveys only ask questions of people who have been in the health plan at least a year. This creates some problems. Most people who are really unhappy with the health plan will try to disenroll within the year. People who stay in the health plan longer tend to be the people who are happier with the plan. Also, a lot of people who receive Medicaid go on and off Medicaid during a year. So, if you only survey the people who have been in at least a year, you will miss many Medicaid beneficiaries.

Is the way the survey was done important?

Yes! Surveys are usually done by telephone or by mail or both. People in telephone surveys tend to give more positive answers--maybe because they want to get the surveyor off the phone. People may

also be suspicious that their phone responses may not be kept anonymous. Since lower income people are less apt to have telephones, telephone surveys will reach fewer people on Medicaid.

Mail-in surveys have problems too. If the survey is only available in English, the survey will miss people who do not speak English. Mail-in surveys will also have trouble reaching people who do not read well or who move a lot.

Should I ask how many people took part in the survey?

Absolutely! If only a few people answer a survey, then the survey will not tell you much. Look at the response rate—that means the number of people who answered the survey compared to the number of surveys attempted. If only 20 people answered the survey out of 2000 questionnaires sent out, those 20 people, or 1%, might not represent the members very well.

Watch out for some of the website surveys. Some of them are based only on the answers of people who visit the website. That health plan or doctor may have a perfect score based on only two responses!



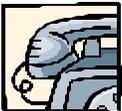
Be the Smart Consumer: Probably no survey will be perfect. However, you can judge how well a survey meets your needs by looking at:

- ?? Who did the survey? Is it a source that you can trust?
- ?? What were the questions?
- ?? What were the choices for answers?
- ?? Who was surveyed? Do they represent people like you?
- ?? Was it a telephone or mail survey?
- ?? What was the response rate?

Did the survey include people who:

- ?? Have special needs or need more health care (if their answers are listed separately)?
- ?? Have disenrolled from the plan?
- ?? Receive Medicaid or Medicare?
- ?? Are members of minority groups or do not speak English well?
- ?? Have been in the health plan less than a year?
- ?? Have made complaints or filed grievances?

Making Contact:



If you have health insurance through your work:

Talk to your personnel or human resources department. If your employer has an insurance broker, check with the broker. Your employer or the broker may be able to get consumer surveys.

Medicare Personal Plan Finder

1-800-633-4227 (Medicare Hotline)

1-800-MEDICARE

www.medicare.gov

This federal website can help you find and compare Medicare managed care plans and Medicare supplemental plans in your area.

If you are receiving Medicaid:

Contact your state's Medicaid agency. The name of the agency may be on a notice you have received about your benefits. The agency may require surveys of managed care organizations that serve people with Medicaid. You should ask for copies of those surveys.

For everyone:

Check with your state's agency that watches over managed health care plans. This may be the Department of Corporations, Department of Health, or Department of Insurance. Some states now have a special Department of Managed Health Care or a name something like that.

Also check out the resources listed below by writing, calling, or visiting their websites. Because consumer surveys are still fairly new, you can expect the list to change over time.

National Association of Insurance Commissioners

1-816-842-3600

www.naic.org

On the website, you can find out which agency of your state regulates insurance. Go to: http://www.naic.org/state_contacts/sid_website.s.htm

Click on your state, and it will take you to the website for your state's insurance regulating agency.

Family Voices

3411 Candelaria NE, Suite M

Albuquerque, NM 87107

(888) 835-5669 or (505) 872-4774

www.familyvoices.org

Family Voices supports families with children with special needs. It also surveys its members on health care quality.



New York State Insurance Department

<http://www.nyshmoguide.org/>

This website of the New York State Insurance Department offers health information for consumers. The New York Consumer Guide to Health includes enrollee satisfaction surveys, as well as rankings of HMOs based on complaint statistics.

Ohio Dept. of Job & Family Services

www.jfs.ohio.gov/ohp/satisfaction/

This website has consumer satisfaction surveys for Ohio Medicaid Managed Care plans.

Mental Health Statistics Improvement Program

www.mhsip.org/surveylink.htm

This program to improve the collection of satisfaction statistics on mental health care has surveys for several states.

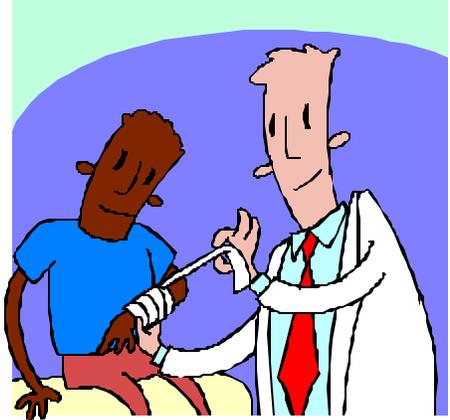
HealthCareCoach.com

www.healthcarecoach.com

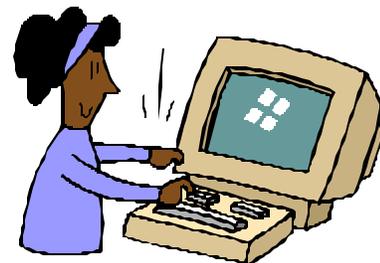
This website has information about health insurance and your rights as a consumer. The articles can also help you understand managed care and how to make your health plan work for you effectively.

CAHPS Surveys for your Health Plan:

Contact your health plan or visit the website for your health plan to see if the plan provides recent CAHPS survey results. Ask for results in all categories, not just the categories in which the plan did well. The survey should also have been done within the last couple of years. An old survey may not show the plan as it is now.



Having trouble finding this information?



Take this fact sheet to your local library that has computer access to the Internet. Ask the librarian to help you find this information on the Internet.

The Center for Health Care Strategies (CHCS), in Lawrenceville, NJ, provided funding for “Making Sense of Managed Care Quality Information for Consumers with Special Needs.” This project was made possible through a separate grant to CHCS by The Robert Wood Johnson Foundation.

Fact Sheet #5 is the final of five fact sheets on managed care for consumers. If you have trouble finding copies of the other fact sheets, please visit the National Health Law Program’s website at: www.healthlaw.org/consumer.shtml to download your free copies.

National Health Law Program 2004