



# CALIFORNIA HEALTHCARE FOUNDATION

## The Experiences of Seniors and Persons with Disabilities Who Transitioned to Medi-Cal Managed Care

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With special thanks to the  
California Medicaid Research Institute



# Evaluation Priorities

- Examine Seniors and Persons with Disabilities (SPD) beneficiary experiences with notification of the transition to mandatory Medi-Cal Managed Care (MMC)
- Examine SPD beneficiary experiences choosing and enrolling in MMC plans
- Examine SPD beneficiary experiences with accessing and receiving care through MMC after transition
- Identify beneficiary characteristics and experiences that can help target support for beneficiaries during future managed care expansion

# Evaluation Design

- Telephone survey with beneficiaries
- Focus groups and individual interviews
- Stakeholder advisory group
- Collaboration with DHCS Medi-Cal Managed Care Division

# Telephone Survey

- 1,521 Medi-Cal-only SPDs and proxies participated
  - Transitioned between June 2011 and April 2012
  - Age 18 or over
  - In FFS Medi-Cal for at least 6 months prior to transition
  - Spoke English or Spanish
  - All 16 counties affected by transition
  - Complete address on file
  - Reachable phone number

# Telephone Survey

- Methodology
  - Sampled from a total of 172,334 SPD beneficiaries
  - Margin of error ( $\pm 2.5\%$ )
  - Bivariate and multivariate analysis to identify associations between beneficiary characteristics and experiences
  - Response rate of 59%\*

\* American Association for Public Opinion Research Response Rate 1= .587

# Focus Groups & Interviews

- 54 beneficiaries/proxies participated in focus groups and individual interviews
  - Three language-based focus groups: Vietnamese, Cantonese, and Armenian
  - Three other focus groups: two with people with developmental disabilities and one with people who are homeless
  - Two interviews with beneficiaries undergoing dialysis

# Key Themes

- In most areas about two-thirds of beneficiaries say the transition improved or did not affect their care.
- About one-quarter to one-third of beneficiaries report problems with notification or care in various areas.
- Opportunities to improve beneficiary notification and support are identified.
- Problematic areas include: specialty care, prescription medications, medical equipment/supplies, member services/support, and out-of-pocket expenses.
- Certain groups of beneficiaries need more support.

# Beneficiary Experiences with Notification, Choice, & Enrollment

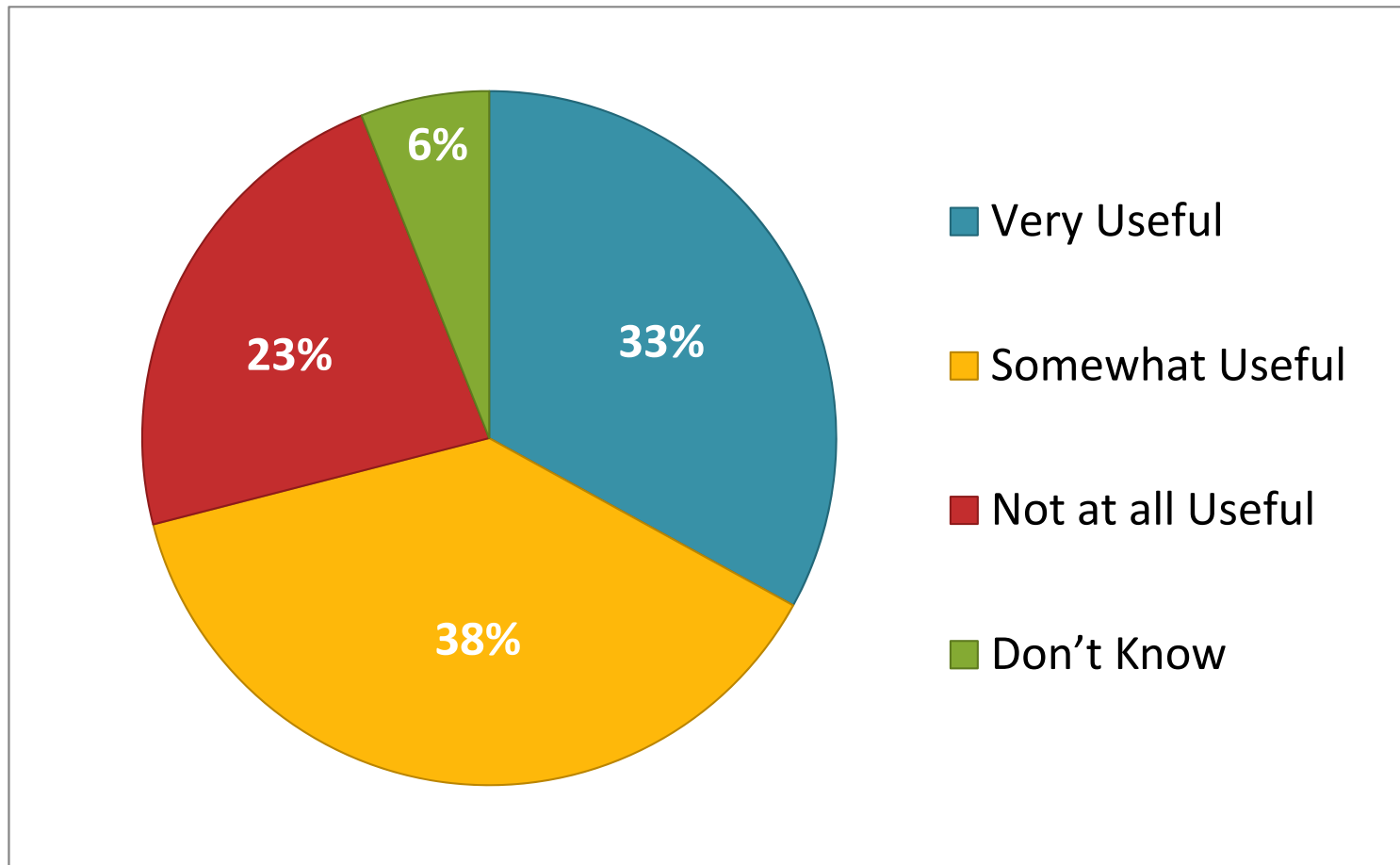




# Experiences with Notification

- Beneficiaries were asked how they were notified about the switch to MMC:
  - 69% reported receiving a letter or packet in the mail
  - 13% heard from someone at doctor's office, clinic or hospital
  - 5% learned through a phone call
  - 9% said they were not notified in any way
- How beneficiaries prefer to get information about Medi-Cal:
  - 76% materials in the mail
  - 29% talking on the phone
  - 19% talking to someone in person
  - Email, website, video, and text message were NOT popular choices (< 5%)

# Beneficiaries Rated Usefulness of Notification Information



# Beneficiaries' Unanswered Questions

- 43% of beneficiaries shared a question that was NOT answered in their notification materials. Most common included:
  - Why is this switch happening? Why can't I stay on original Medi-Cal? (39%)
  - How will this affect my particular care, such as: benefits, costs, doctors, prescriptions, hospitals? (28%)
  - Which plan is best for me? (13%)

# Choosing vs. Assignment

- 46% said they chose a plan and 50% said they were assigned
- Being a “chooser” is associated with many positive experiences:
  - Keeping the same primary care provider
  - Knowing how to find doctors, make appointments with PCP and specialists, get tests and advice
  - Easier to make PCP and specialist appointments
  - Being very satisfied with Medi-Cal benefits
  - Not filing complaints since switch
  - Reporting out of pocket expenses did not increase
  - Viewing benefits and quality as better after switch
- Plan and provider assignment is important
  - 95% of those who said they chose got the plan that they chose
  - 79% of those who said they chose a doctor got the doctor they picked

# Barriers to Choosing

- 77% understood that they could choose between plans
- About one-third of beneficiaries knew they could choose but didn't. Reasons given for not choosing:
  - 26% I didn't have enough information/plans seemed the same
  - 22% I wanted to/thought I could stay on original Medi-Cal
  - 13% I was ill/hospitalized/in crisis/didn't have time to choose
  - 9% I let them choose for me/it didn't matter that much
  - 8% My doctors were not on either/any of the plans
  - 6% I could not read or understand the information

# Help & Information Seeking

- 70% of beneficiaries chose a plan on their own
- 30% had someone help them choose, including:
  - Friend, family member, or caregiver (44%)
  - Doctor's office, clinic, hospital, or pharmacy (35%)
  - Case manager, social worker, or benefits counselor (8%)
- 29% of beneficiaries said they tried to find additional info about the plans other than what was sent
  - 60% reported it was very or somewhat easy to find the information they needed
  - 37% very or somewhat difficult to find information they needed

# Take Away: Notification

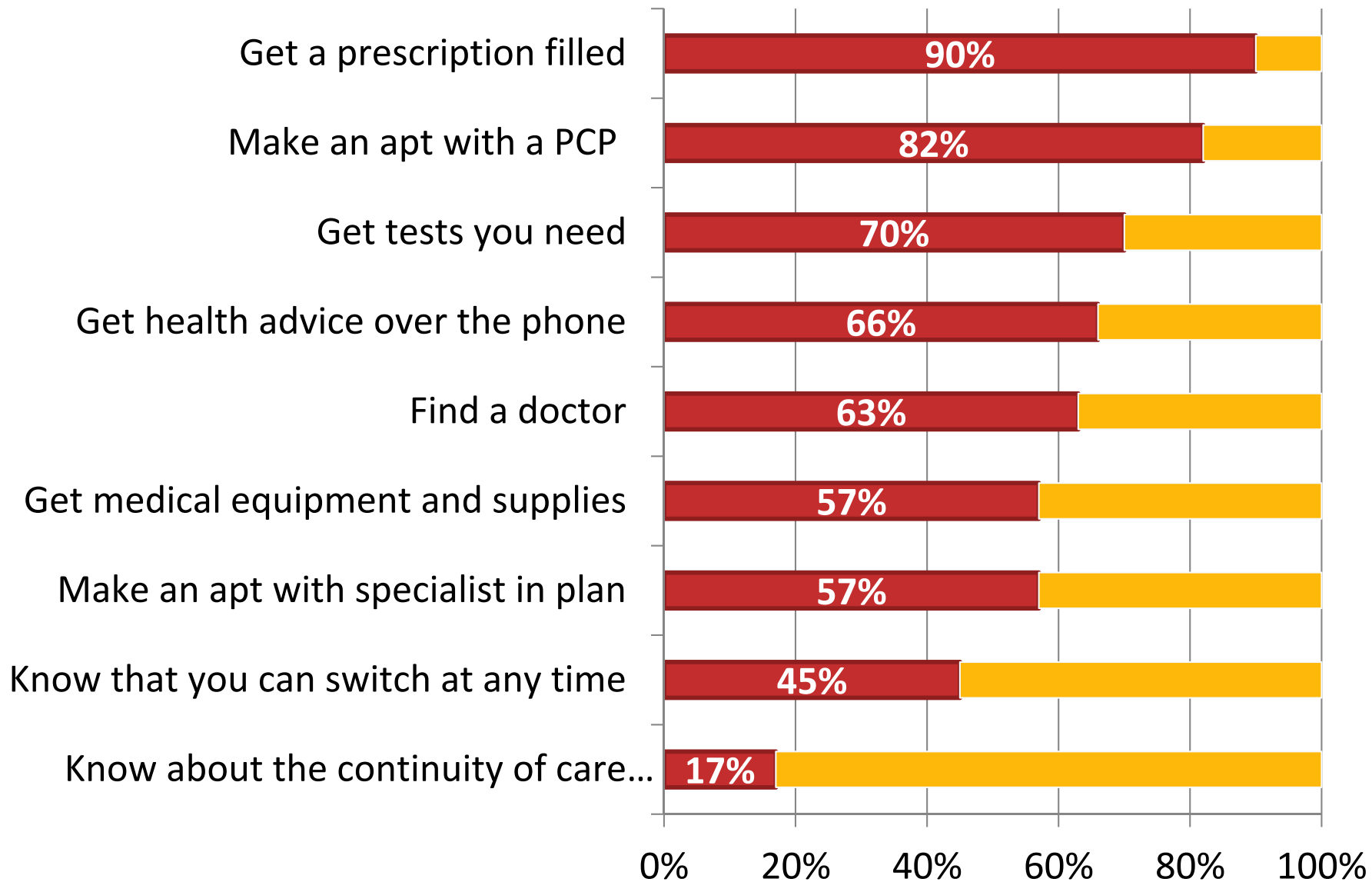
- The information packet sent to beneficiaries in the mail is critical – for most beneficiaries it is all they see
- Beneficiaries gave many suggestions in the survey on how to improve the notification information:
  - Give them an explanation of WHY the transition is happening
  - Give specific information on how the switch will affect their care
  - Very clear message that they CANNOT stay on original Medi-Cal
- Beneficiaries in crisis need more time for transition

# Plan Navigation & Member Services





# Plan Navigation: Do You Know How To...?



# Member Service & Assistance

- 37% reported getting call from new plan to discuss health needs
- 33% called plan's member services since the switch. Of those:
  - 46% always got the help they needed
  - 17% usually got the help they needed
  - 24% sometimes got the help they needed
  - 10% said never got the help they needed
- Help finding doctors and getting the services you need:
  - 16% reported receiving more help in MMC
  - 56% reported help is about the same
  - 20% reported less help since switch

# Take Away: Plan Navigation

- Beneficiaries are navigating MMC on their own or with family/friends so beneficiary information must be written at an accessible literacy level
- The doctors office, clinic, and hospital are key sites for beneficiary education and support, both during and after the transition
- Beneficiaries want in-person and telephone assistance and support
- Key areas for more beneficiary education and support:
  - Help finding doctors in the network
  - Assistance with the authorization process for specialists, medical equipment/supplies, and prescriptions
  - Education and support with medication changes
  - Advocacy around continuity of care requests

# Beneficiary Experiences with Care in Medi-Cal Managed Care



# Satisfaction with Benefits & Quality of Care

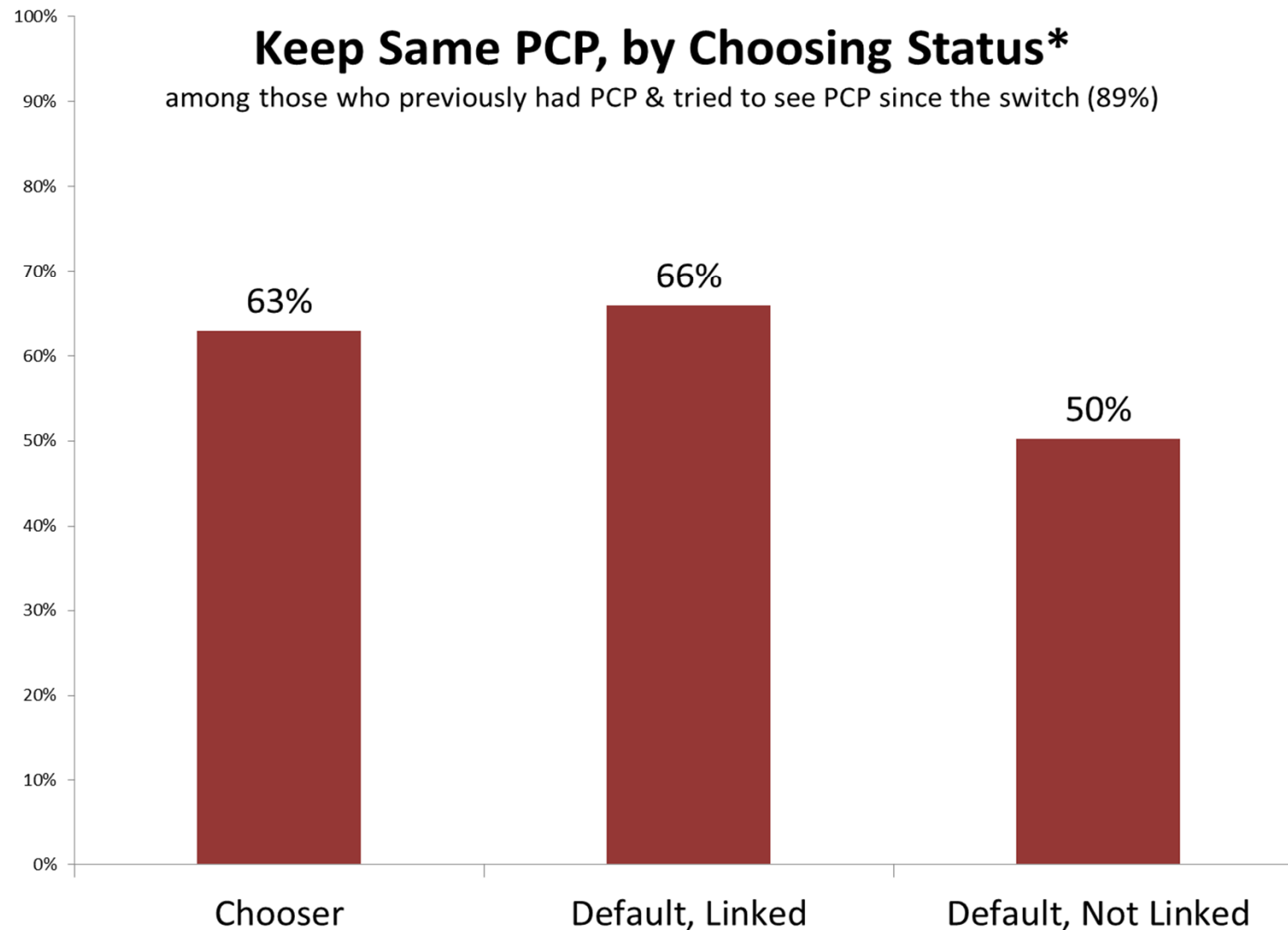
- Beneficiary satisfaction with Medi-Cal benefits:
  - 34% very satisfied
  - 29% somewhat satisfied
  - 9% somewhat dissatisfied
  - 21% very dissatisfied
- Ratings of overall quality of care since switch:
  - 20% quality of care is better
  - 54% about the same
  - 21% worse now than in original Medi-Cal

# Are Your Benefits Different in MMC?

- 42% said their benefits in MMC were the same as in FFS
- 20% reported benefits better in MMC. Open ended reasons:
  - Prescription medication (25%)
  - Specialty care (8%)
  - Medical equipment and supplies (7%)
  - Primary care (4%)
- 32% reported benefits worse in MMC. Open ended reasons:
  - Prescription medication (42%)
  - Specialty care (22%)
  - Medical equipment and supplies (19%)
  - Primary care (12%)

# Primary Care

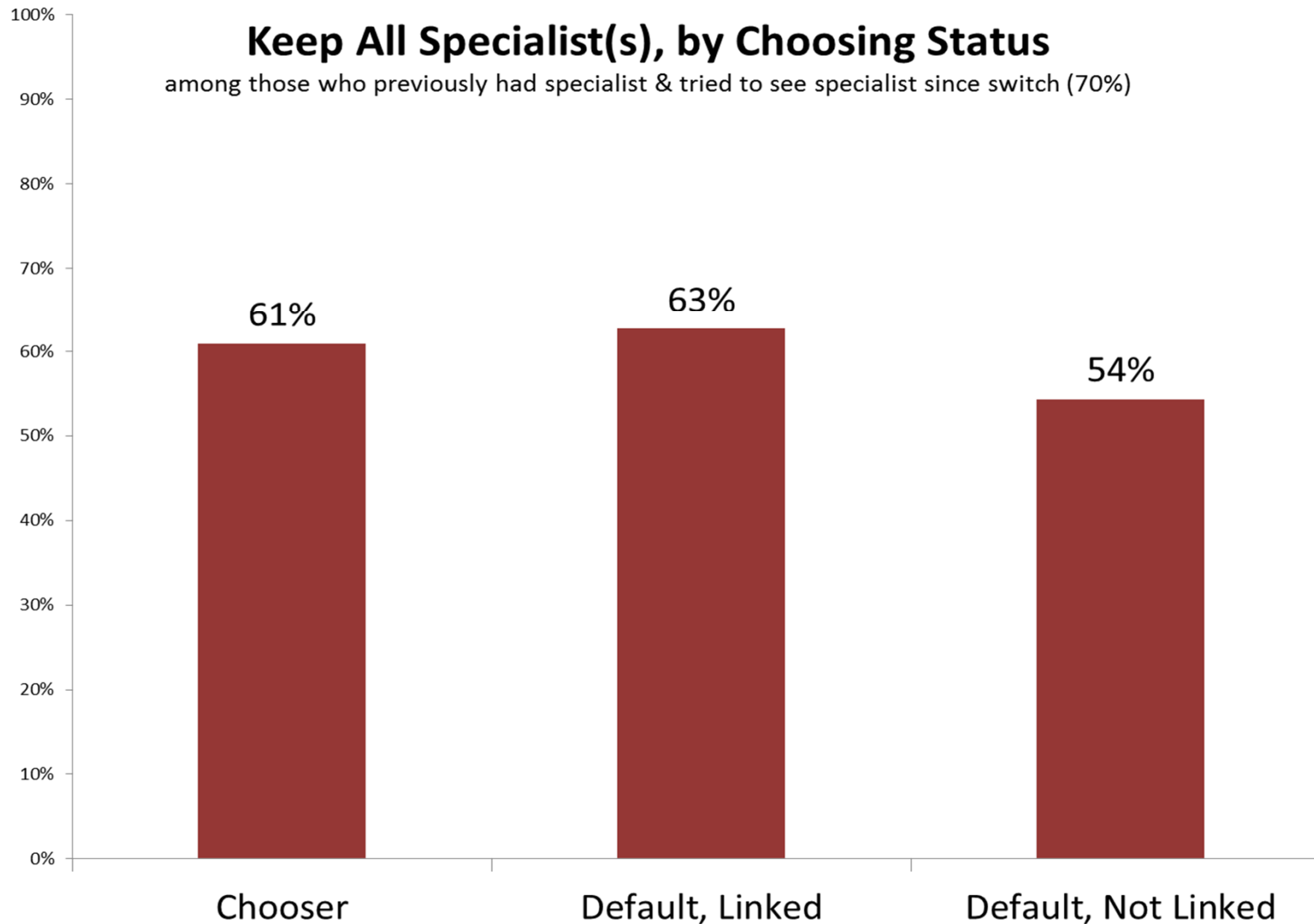
60% of beneficiaries were able to keep their primary care doctor



\* Changing PCPs is significantly associated with choosing status

# Specialty Care

60% of beneficiaries were able to keep all of their specialists



\* Changing specialists is NOT significantly associated with choosing status



# Access to Appointments Since Switch

- Ease of getting appointments with **primary care doctor** since switch has been:
  - 15% easier
  - 56% about the same
  - 18% more difficult
  - 7% have not tried to see a primary care doctor
- Ease of getting appointments with **specialists** since switch has been:
  - 11% easier
  - 36% about the same
  - 19% more difficult
  - 31% have not tried to make an appointment

# Mental Health Care

36% of respondents reported they use mental health care

- 80% reported the transition **did not** influence their mental health care
- 3% reported the transition **positively affected** their mental health care
- 17% reported the transition **negatively impacted** their mental health care in the following ways:
  - Medication change (e.g., brand or dose, Rx no longer covered)
  - Had to change mental health provider
  - Compromised number of visits or quality of care
  - Services no longer accessible or covered
  - Providers farther away, wait longer for appointment
  - Can't find mental health provider in plan

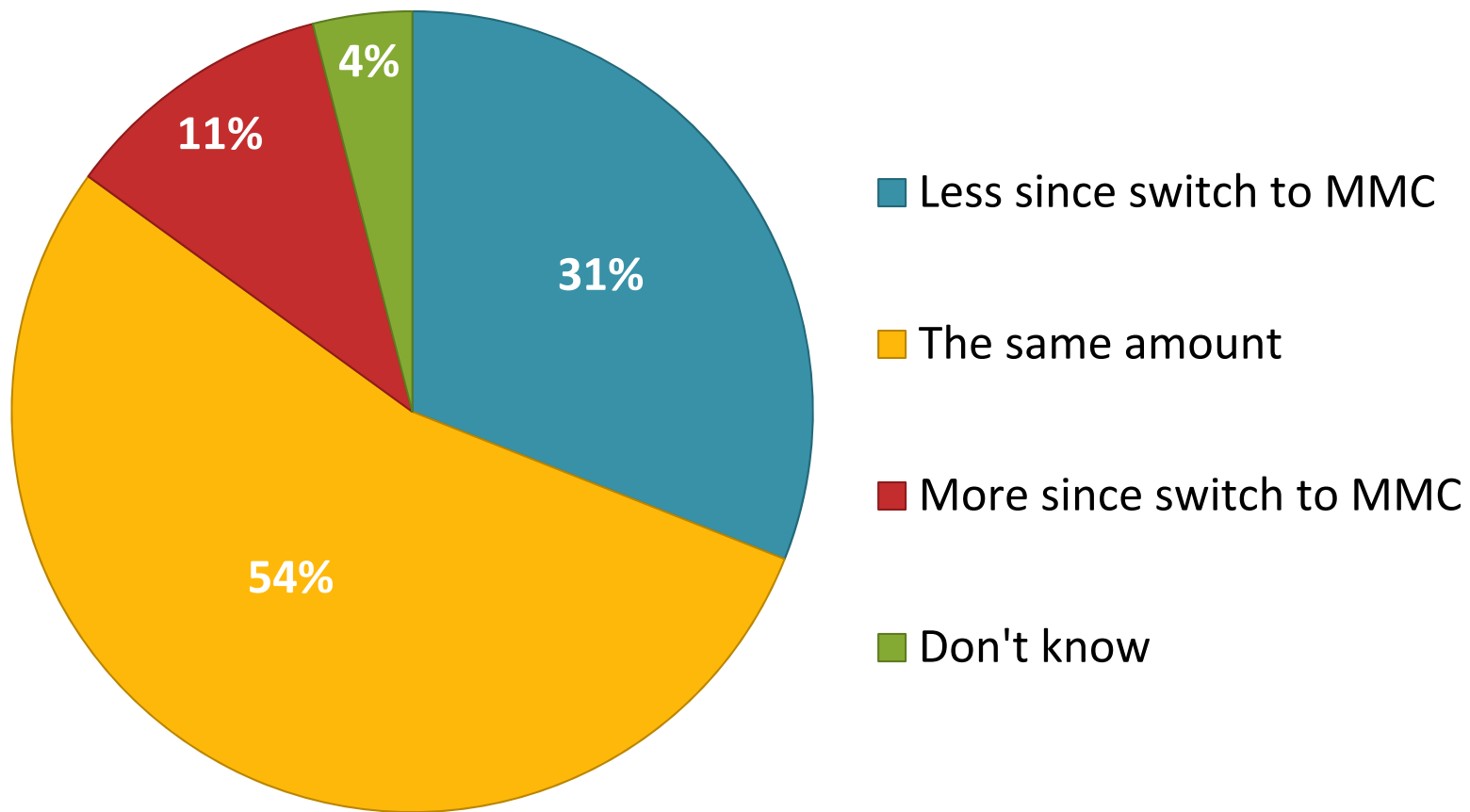
# Out-of-Pocket Expenses

62% of beneficiaries reported transition did not affect their out-of-pocket expenses for health care

- 19% say their expenses are higher due to:
  - Prescription medications needed but not covered
  - Medical equipment/supplies or equipment repairs formerly covered
  - Paying to visit doctors/specialists not in new plan
  - Over-the-counter items formerly covered (vitamins, aspirin, cough syrup)
  - Travelling farther to appointments
- 11% say their expenses are lower. They report spending less on:
  - Prescription medications now covered in new plan
  - Plan covers more (unspecified)
  - Copays lower in MMC

# Emergency Department Use Since Switch

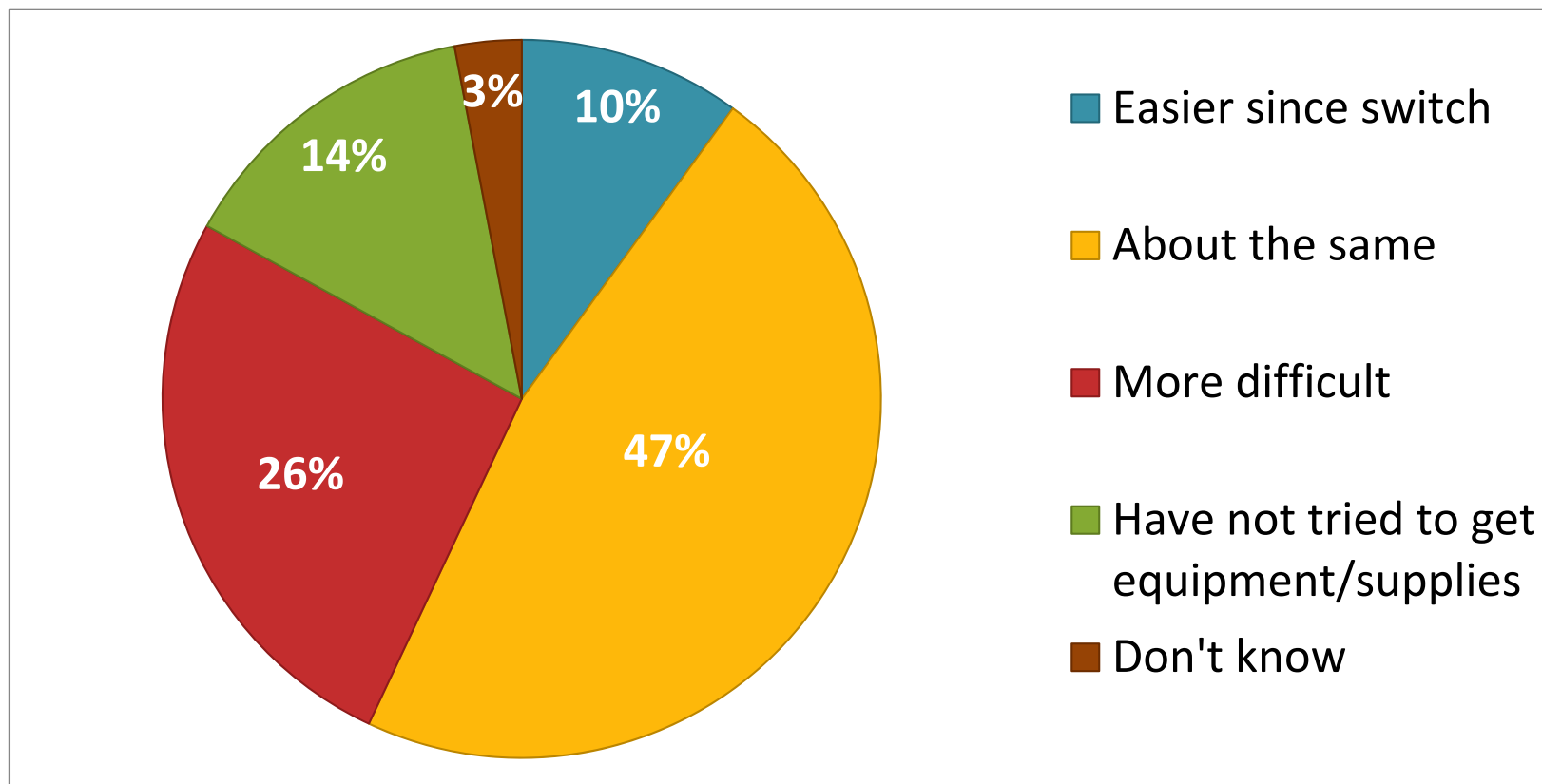
Since you switched to MMC, have you used the Emergency Department?



# Medical Equipment & Supplies

- 37% report using medical equipment or supplies, of those,
- 28% reported changing suppliers because of the transition

Accessing Medical Equipment/Supplies Is.....?



# Prescription Medication

- 88% of beneficiaries report using prescription medication. These beneficiaries said....
  - 56% prescriptions stayed the same
  - 33% had to change some prescriptions
  - 6% had to change all prescriptions
  - 17% had to change pharmacies due to the transition
- Beneficiaries say that getting their prescriptions has become:
  - 18% easier
  - 59% about the same
  - 21% more difficult than it was on original Medi-Cal

# Disability Access

- Beneficiaries reported providers' understanding of how to care for a person with their specific health condition or disability:
  - 18% better in MMC
  - 62% about the same
  - 14% worse
- 9% of beneficiaries reported that they ever had difficulty being seen or examined at a doctor's office because the office didn't have equipment or services to accommodate their condition. Of those:
  - 50% say doctors' office accessibility is same or better in MMC
  - 39% say office accessibility is worse in MMC

# Language Access

- 43% of Spanish speakers requested an interpreter to help communicate with a doctor or other professional since switch
- Spanish speakers reported how often they had difficulty communicating with or understanding their provider in MMC
  - 62% never
  - 21% sometimes
  - 13% usually or always
- Spanish speakers reported that in MMC getting an interpreter when needed was:
  - 22% easier since switch to MMC
  - 65% about the same
  - 11% more difficult in MMC



# Experiences Associated with Beneficiary Characteristics

	Disability Access at MD	Higher health care or Rx utilization	Mental health issues after transition	ADL functional limitations	Difficulty concentrating, remembering	Active treatment during transition
Changing prescriptions	X	X				
Changing pharmacies	X					X
Changing Medical Equip suppliers	X	X				
Higher ED use	X	X	X	X		
More out of pocket expenses	X		X		X	

† Logistic regression, controlling for demographics, health status, health literacy, choosing plan, and medical exemption request (MER) filing.

# Take Away: PCP, Specialty, Rx, Equipment

- Linking beneficiaries with FFS data resulted in more beneficiaries keeping their primary care doctor.
- Specialty care has been more problematic for beneficiaries than primary care.
- Beneficiaries' prescriptions, medical equipment and supplies have changed due to the transition, and this has been a problem for a subset of beneficiaries.
- Disability access is a problem in MMC for those with the most serious access issues.
- Language access in managed care did not present as a major problem for Spanish speakers.

# Looking Ahead

- There are numerous lessons learned from the California SPD transition that can inform the future of Medicaid expansion:
  - Many beneficiaries did not report having problems with the transition to managed care, but a sub-set of beneficiaries did.
  - These data can be used to identify the specific characteristics of beneficiaries who are having problematic experiences to target them for additional support.
  - Provide beneficiaries more specific information in the notification materials about how the transition will affect their choices/care.
  - Provide beneficiaries in health care crisis more transition time.
  - Doctors, their offices, and clinics are key venues for beneficiary education and support.
  - Help beneficiaries navigate managed care through more telephone and in-person support.

# Advisory Group

## *Special thanks to our advisors:*

Teresa Favuzzi	California Foundation for Independent Living Centers
Catherine Hoffman	California Medicaid Research Institute
Ben Jauregui	CA State Independent Living Council, Inland Empire Health Plan
Greg Knoll	Legal Aid Society of San Diego
Lisa Kodmur	L.A. Care Health Plan
Janice Milligan	Health Net of California
Nancy Mudrick	Syracuse University
Elisa Nicholas	The Children's Clinic
Gary Passmore	Congress of California Seniors
Bob Prath	AARP California Executive Council
Brenda Premo	Harris Family Center for Disability and Health Policy
Roderick Seamster	Watts Healthcare Corporation
Rusty Selix	California Council of Community Mental Health Agencies
Ed Walsh	Riverside County Office on Aging
Alice Wong	Center for Personal Assistance Services, UCSF
Silvia Yee	Disability Rights Education and Defense Fund

# Thank You for Your Attention

For further questions or to request a copy of the final report, contact:

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# APPENDIX

# Results from these additional evaluation priorities will be available in the final report

- An examination of the intervention to link “non-choosing” beneficiaries to a provider through FFS data and whether it was effective in improving beneficiary experiences with managed care.
- More details of the experiences of beneficiaries who filed, and were denied, MERs.

# Telephone Survey by Strata

1,521 SPD Medi-Cal beneficiaries completed the telephone survey between Sept 14 and Dec 20, 2012

	English	Spanish	TOTAL
Active Choosers	326	82	408
Defaulter-linked	313	92	405
Defaulter-unlinked	315	93	408
MER denials	253	47	300
TOTAL	1,207	314	1,521



# How Representative Was Telephone Survey?

	SPD Telephone Survey Self-report (N=1,521)	SPD Population Admin data (N=236,449)
White	28%	27%
African American	22%	24%
Asian/Pacific Islander	3%	5%
Female	56%	49%
Seniors	11%	12%
Spanish language	22%	16%
Non-English/Spanish	0%	17%*
Use IHSS	24%	22%^
Mental Health	36%	44%^
From LA County	41%	40%

\* From sample of 285,861 beneficiaries

^ From sample of 29,297 beneficiaries

# Health Status of Survey Participants

- 91 total respondents reported they had been in active treatment for dialysis or cancer at the time of transition
- 66% reported their health as fair or poor
- 54% reported difficulty getting to places out of walking distance
- 34% reported difficulty with activities of daily living (bathing, dressing)
- 30% reported limited ability to read/understand written materials about health care
- 28% had a proxy answer the survey for them
- 22% had been hospitalized in the last 6 months
- 9% had experienced lack of disability access at the doctor's office

# Focus Group Participants

Six focus groups and two interviews completed

N=54 (44 beneficiaries/proxies and 10 accompanying caregivers)

- Language-based Groups
  - Armenian speakers, Los Angeles County (n=11)
  - Chinese speakers, San Francisco County (n=4)
  - Vietnamese speakers, Santa Clara County (n=9)
- Vulnerability-based Groups and Interviews
  - Homeless or marginally housed, San Diego County (n=11)
  - Developmentally disabled, English, LA County (n=12)
  - Developmentally disabled, Spanish, LA County (n=5)
  - Dialysis patient interviews, Spanish, Fresno County (n=2)

# Who Filed a MER?

	<b>MER N=384</b>	<b>Non-MERs N=1,137</b>
Less than a high school education	27%	36%
Not seen specialist in 6 months	25%	45%
Female	62%	56%
Self-reported fair or poor health	78%	66%
Disability access issues at MD	13%	9%
Still in first plan	85%	92%
Know about continuity of care provision	31%	16%