

## **MyCare Ohio Member Experience Survey Outline**

### **Introduction:**

The MyCare Ohio dual eligible demonstration was implemented in 2013 with the promise to change the way those who receive both Medicare and Medicaid (dual eligible) receive their care and the way that care is paid for. The intent was to achieve integrated and coordinated care for beneficiaries, to improve the enrollees' quality of life and health outcomes, and to reduce avoidable expenditures.

(<http://medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx>).

The voices of enrollees in each plan are vital to achieving those shared goals, because these Medicare-Medicaid enrollees have complex medical and social needs, as well as personal preferences, which must be understood and respected by all members of the MyCare Ohio delivery system in order to truly provide person-centered care.

The MyCare demonstration has been running for 18 months. However, data for the first eighteen months of the MyCare Ohio demonstration will not be available until mid-point of 2016, which is too late to determine if mid-course corrections are needed for the direction of MyCare Ohio. Members, stakeholders, and advocates need to know now whether members are experiencing improved health and well-being outcomes and just what the member experience has been.

The purpose of a non-scientific survey, prepared by Ohio's Consumer Voice for Integrated Care, (OCVIC), was to ask MyCare members to share what is or is not working for them, how they are experiencing care coordination, and how they are experiencing home and community-based services (HCBS) and long-term services and supports (LTSS) being provided by each Managed Care Organization (MCO).

The survey was organized by the Ohio Consumer Voice for Integrated Care (OCVIC) coalition (<http://www.uhcanohio.org/ocvic>).

### **Methodology:**

Data was collected through Survey Monkey and mailed surveys to MyCare members which were returned to the OCVIC coordinator. Member information was collected through various question and answer sessions, presentations, and health fair events. Service coordinators, with whom OCVIC has built relationships, allowed access to their residents. With the assistance of some service coordinators, MyCare members without access to a computer had support submitting responses. The survey was disseminated throughout the seven MyCare Regions.

### **Survey Options:**

- Online Survey Monkey tool
- Paper hard copy for members with limited computer capabilities or access

### **Participant selection:**

- Ohio Consumer Voice for Integrated Care member email list
- Residents of Service Coordinators throughout the seven regions
- Clients served by provider groups participating in OCVIC's Network meetings

Criteria for inclusion in the survey:

- MyCare Ohio members with both their Medicare and Medicaid services and supports administered by one of the five MyCare Managed Care Organizations, or
- MyCare Ohio members with their Medicaid only services and support administered by one of the five MyCare Managed Care Organizations

Sample Questions

**Q1 Do you have a care manager/care coordinator?**

**Q2 Do you know the name of your care manager/care coordinator?**

**Q3 Can you reach your care manager when you need to?**

**Q4 How many times over the past six months has your care manager contacted you?**

**Q5 Have you had an assessment to develop a plan for what services you need?**

**Limitations:**

1. The intent of this survey was to provide a snapshot of member experiences taken at a point in time with a limited group of MyCare Ohio members. There was no attempt to design or administer the survey utilizing scientific research methodologies. OCVIC did not make any conjectures or predictions which would lead to the agreement or conflict derived from an assumption.
2. The survey was designed to be anonymous; therefore, the responses could not be separated by MCOs or by regions, limiting our ability to sort or analyze on that basis.
3. Due to anonymity, OCVIC could not speak directly with members expressing significant problems with their healthcare or get further clarification on comments presented.

**Key Findings:**

**Care Coordination:** Care coordination involves taking into account the patient's needs and preferences, sharing those with those involved in delivering their health care and supportive services, deliberately organizing the patient care activities provided and sharing information among all of the providers as well as the patient and their caregivers to achieve safer and more effective care.

1. 71% of respondents believe they have a care manager (CM); however, 50% report that they have not been able to reach their CM when needed; 29% report that they do not have a CM.
2. 45% reported never having had an assessment.
3. 61% stated they were not included in their care planning process.
4. 63% reported that their care plans did not include services, supplies, and equipment the member needed.
5. 67% stated that their care team did not include their providers, friends, or family.

**Self-Direction or consumer directed care:** the provision of long-term care services and supports that help members of all ages across all types of disabilities maintain their independence, and allow members to determine for themselves what mix of services and supports works best for them.

1. 74% of the respondents reported that they did not have the discussion and/or opportunity to self-direct.

**Durable Medical Equipment:** any equipment that provides therapeutic benefits to the member in need because of certain medical conditions and/or illnesses.

1. 80% of the respondents reported that they require the use of Durable Medical Equipment (DME).
2. 44% reported that they were asked to change their supplier.
3. 73% stated they did not receive a needed upgrade or replacement in a timely manner.

### **Recommendations**

#### **Care Coordination**

1. Education & Training
  - Include care managers, primary care providers, and other members of the care team on how to develop a care plan and who to include, and on how to present the option of self-direction.
2. Ratio of Care Managers to Members
  - Reassess caseload sizes utilizing a caseload matrix that takes into account the practice setting, care coordination services, clinical (physical, behavioral and psychosocial) factors, family dynamics, the care plan, and desired outcomes.
3. Timing of Assessments (Stratification: prioritizing the management of care in order to prevent worse outcomes.)
  - 15 days for intensive level risk stratification
  - 30 days for high level risk stratification
  - 60 days for medium level risk stratification
  - 75 days for low and monitoring level risk stratification

#### **Self-Direction**

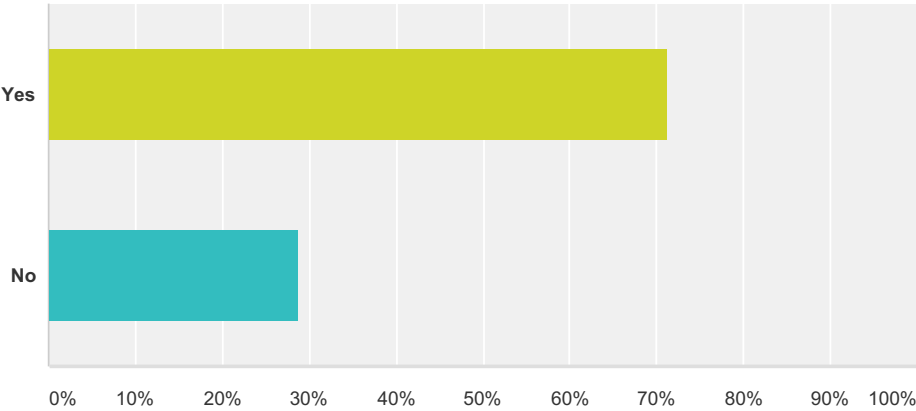
1. All members should be offered the option of self-direction, and have the information necessary to make a well-informed choice regarding that option.
2. Training should be provided to assessors and care managers on how to present the option of self-direction.
3. MCOs should provide support for those who choose self-direction in order to assure that their care is well coordinated and they are achieving desired health and well-being outcomes.

#### **Durable Medical Equipment**

Members must be provided, in a timely manner in a timely way, the DME necessary, based on their needs, for them to achieve maximum well-being and independence.

Q1 Do you have a care manager/care coordinator?

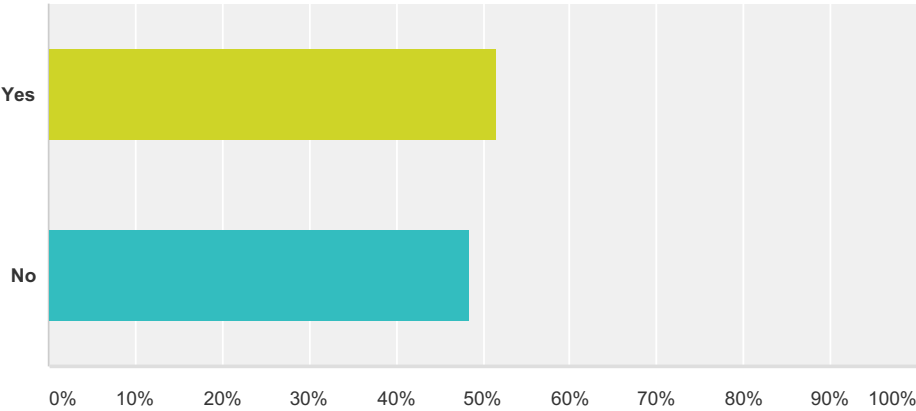
Answered: 385 Skipped: 7



Answer Choices	Responses	
Yes	71.17%	274
No	28.83%	111
Total		385

Q2 Do you know the name of your care manager/care coordinator?

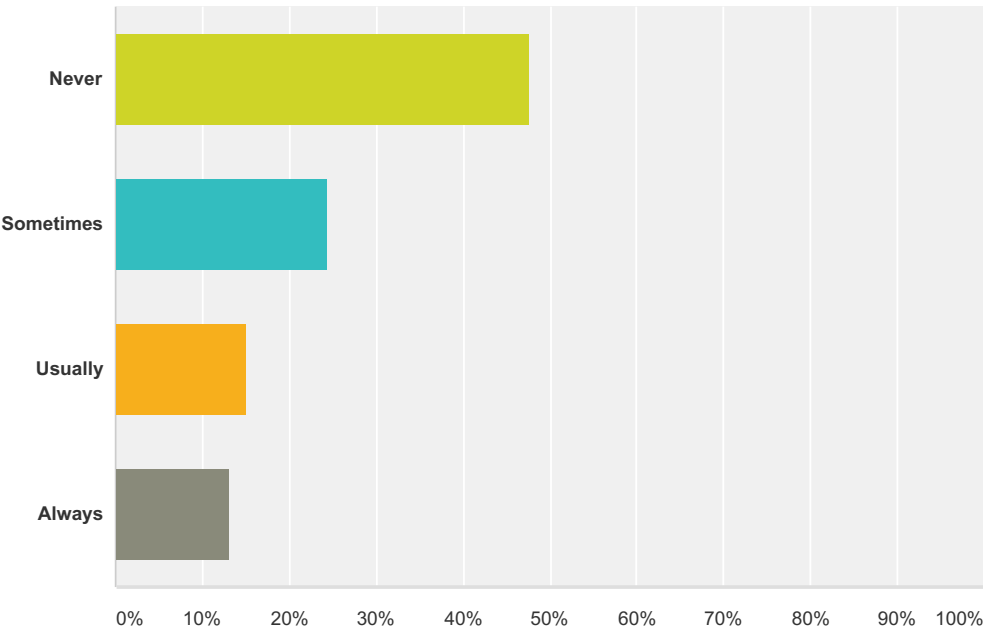
Answered: 386 Skipped: 6



Answer Choices	Responses	
Yes	51.55%	199
No	48.45%	187
Total		386

Q3 Can you reach your care manager when you need to?

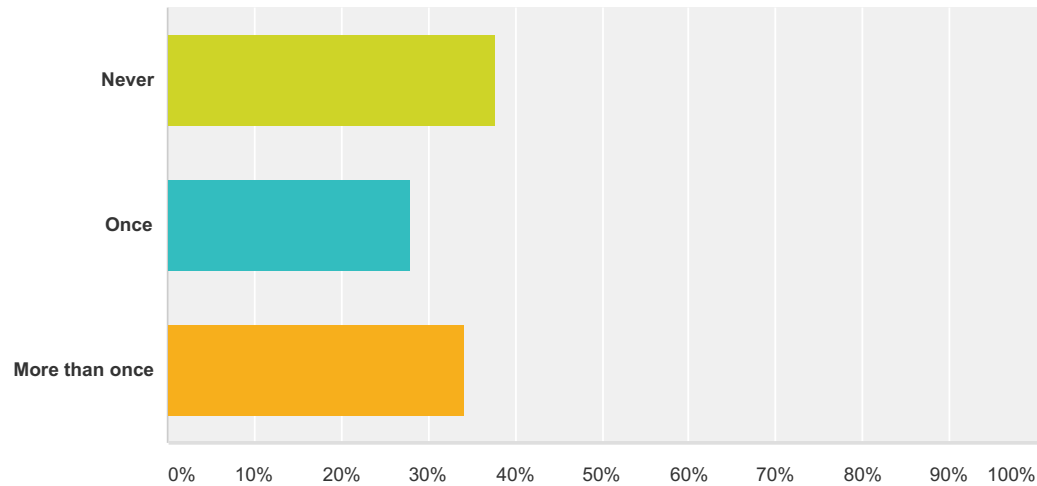
Answered: 381 Skipped: 11



Answer Choices	Responses
Never	47.51%181
Sometimes	24.41%93
Usually	14.96%57
Always	13.12%50
Total	381

Q4 How many times over the past six months has your care manager contacted you?

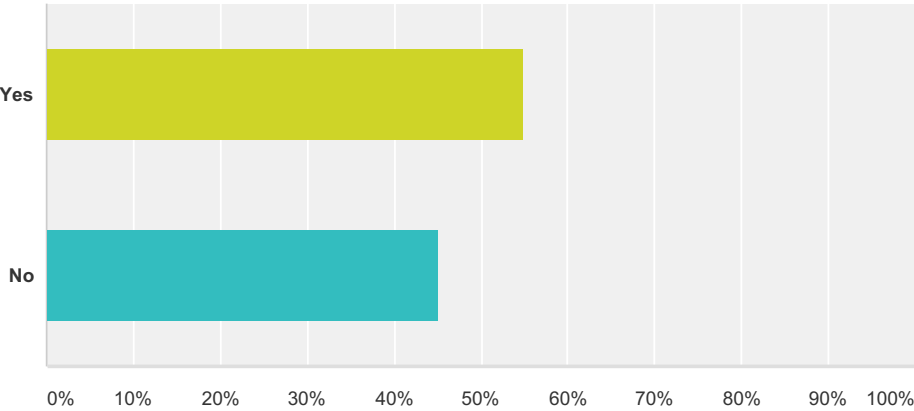
Answered: 382 Skipped: 10



Answer Choices	Responses	
Never	37.70%	144
Once	28.01%	107
More than once	34.29%	131
Total		382

Q5 Have you had an assessment to develop a plan for what services you need?

Answered: 366 Skipped: 26

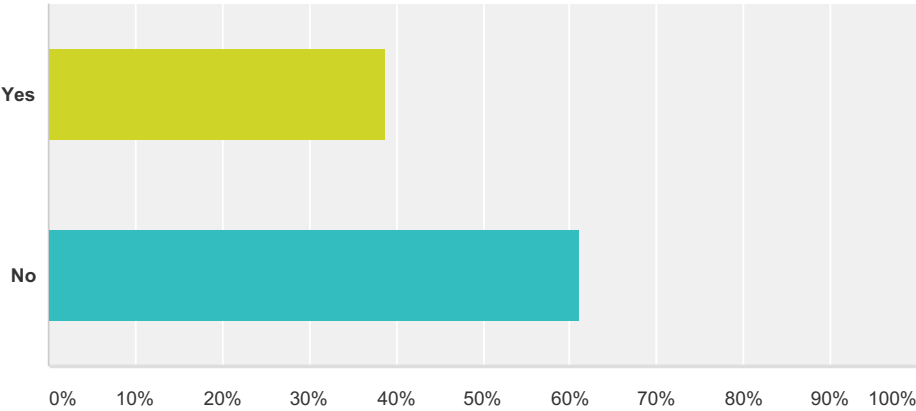


Answer Choices	Responses	
Yes	54.92%	201
No	45.08%	165
Total		366



Q6 Did your care manager include you in developing your care plan?

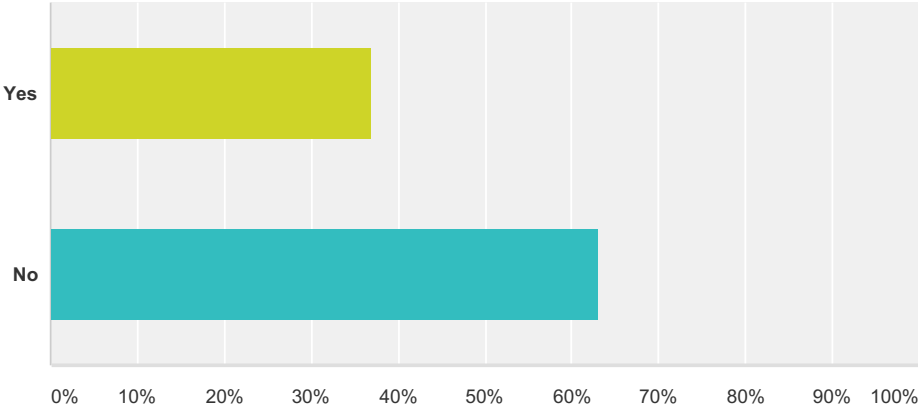
Answered: 368 Skipped: 24



Answer Choices	Responses	
Yes	38.86%	143
No	61.14%	225
Total		368

Q7 Did your care plan include all of the services that you needed including supplies and equipment?

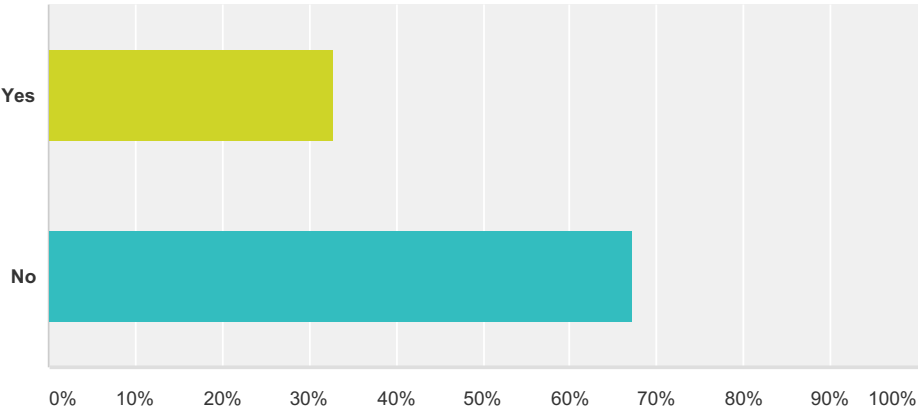
Answered: 368 Skipped: 24



Answer Choices	Responses	
Yes	36.96%	136
No	63.04%	232
Total		368

Q8 Did your care plan include the names of all providers and other people that you want to be a part of your care team?

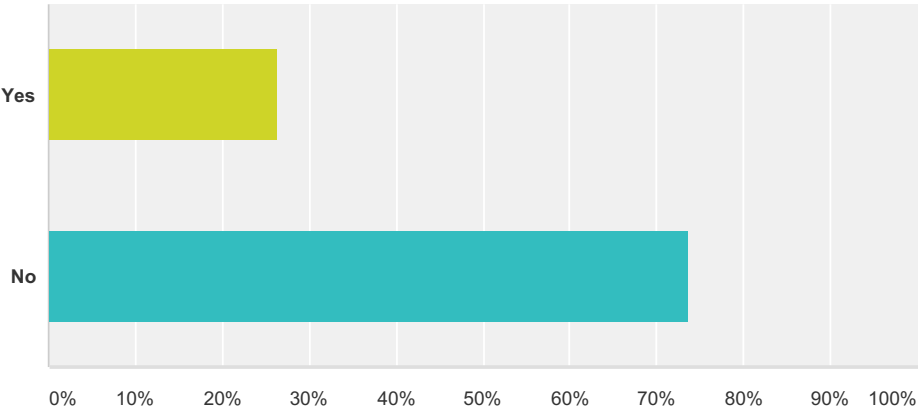
Answered: 369 Skipped: 23



Answer Choices	Responses	
Yes	32.79%	121
No	67.21%	248
Total		369

**Q9 Did your care plan include the option for you to direct your care? (Self-direction means that you or someone you appoint are in charge of services and support you receive; you say, "who," you say "where," you say "how much.")**

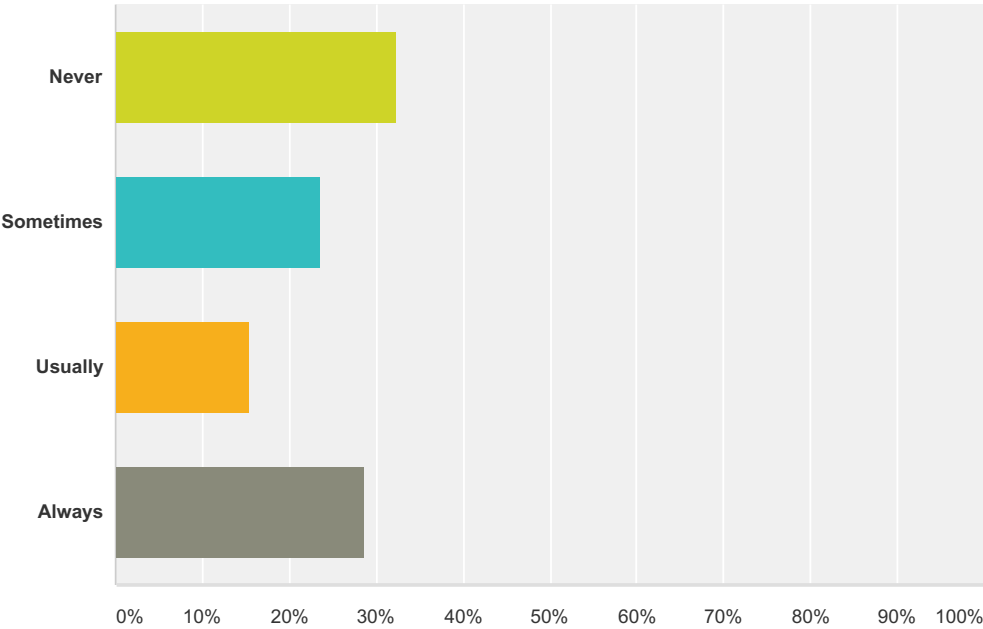
Answered: 346 Skipped: 46



Answer Choices	Responses	
Yes	26.30%	91
No	73.70%	255
Total		346

Q10 Have you had any difficulty in getting the care you need, or seeing the doctors or specialists you need in the last 6 months?

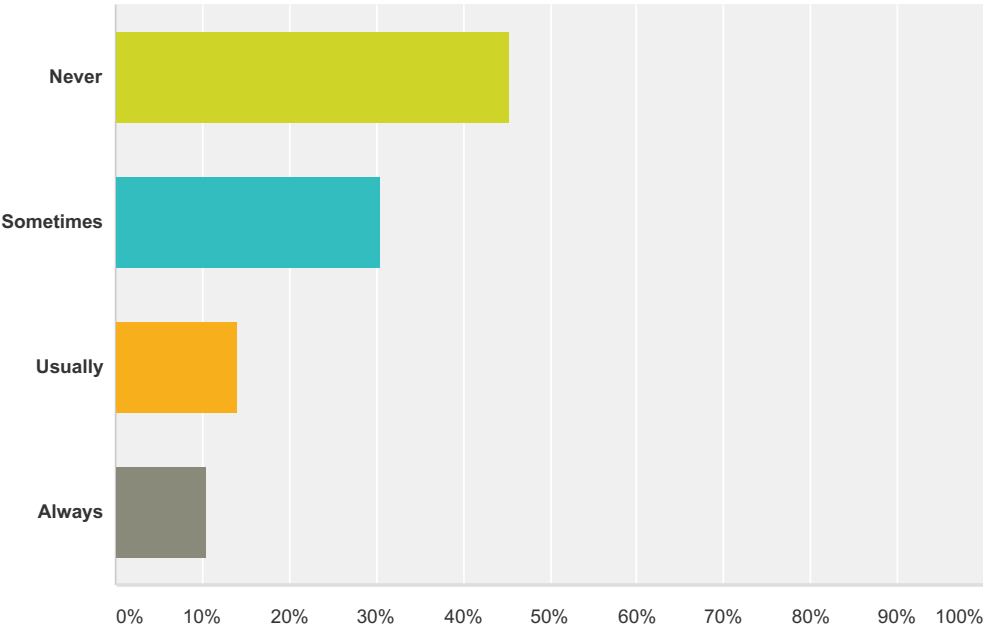
Answered: 368 Skipped: 24



Answer Choices	Responses	
Never	32.34%	119
Sometimes	23.64%	87
Usually	15.49%	57
Always	28.53%	105
Total		368

Q11 In the last six months, how often have you had repeated emergency room visits or rehospitalizations?

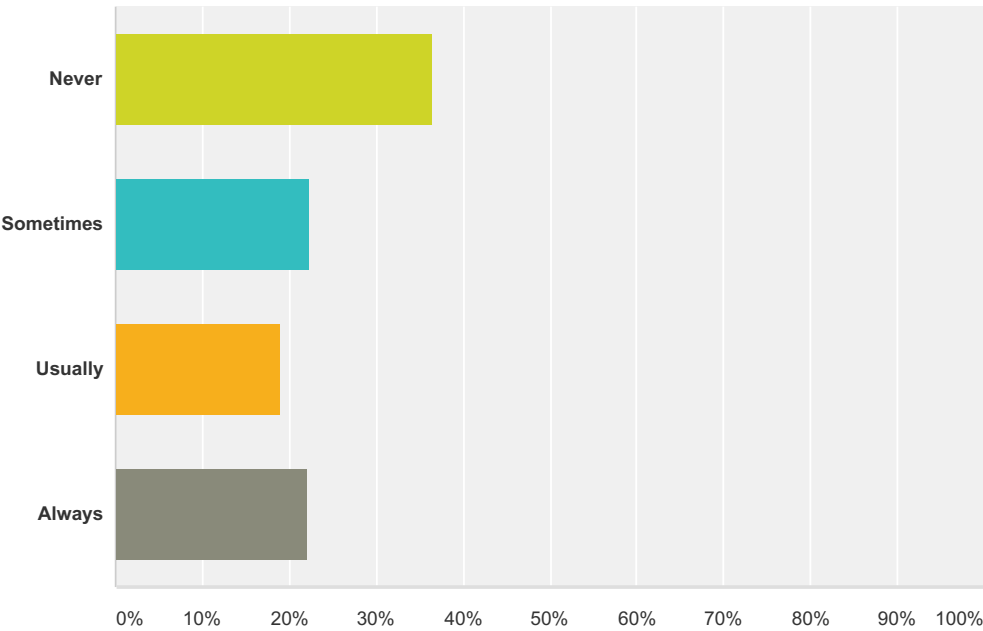
Answered: 367 Skipped: 25



Answer Choices	Responses	
Never	45.23%	166
Sometimes	30.52%	112
Usually	13.90%	51
Always	10.35%	38
Total		367

Q12 In the last 6 months, were you able to get care as soon as you needed?

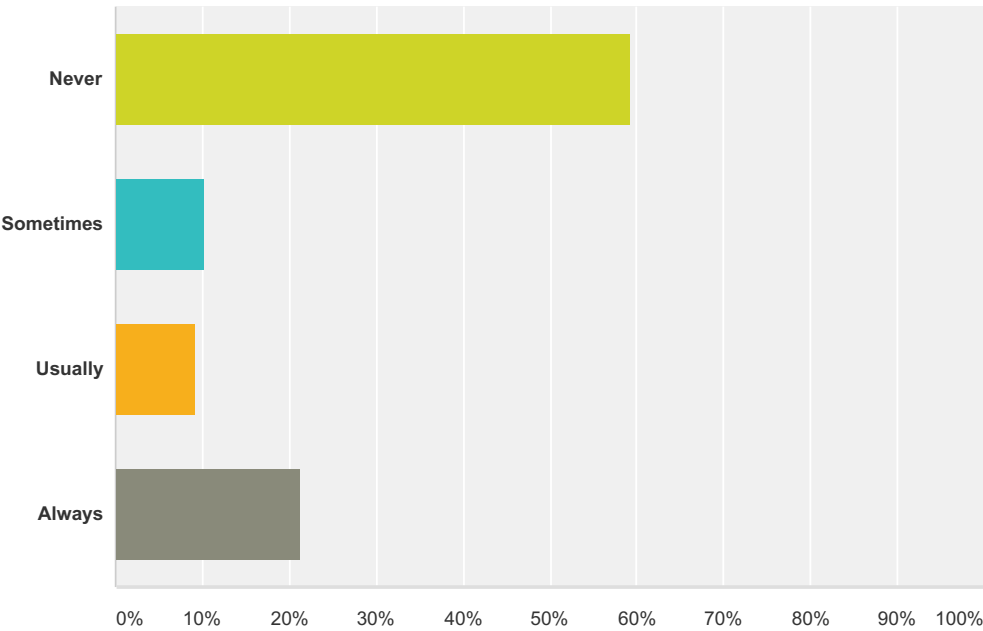
Answered: 367 Skipped: 25



Answer Choices	Responses
Never	36.51%134
Sometimes	22.34%82
Usually	19.07%70
Always	22.07%81
Total	367

Q13 If you have used transportation services, was it easy to schedule?

Answered: 315 Skipped: 77

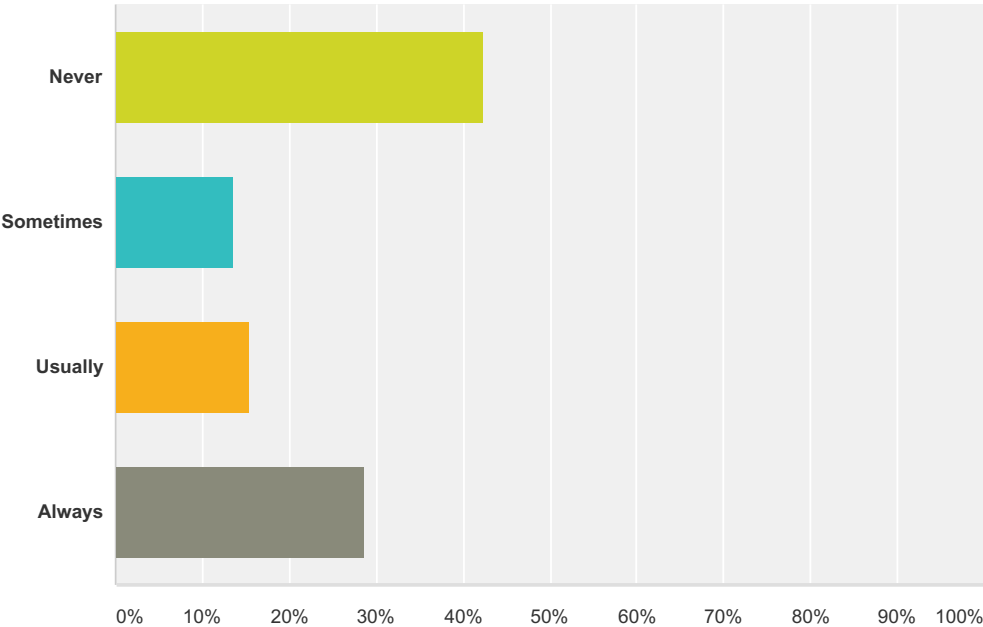


Answer Choices	Responses	
Never	59.37%	187
Sometimes	10.16%	32
Usually	9.21%	29
Always	21.27%	67
Total		315



**Q14 In the last six months, how often have you missed or been late for an appointment because the transportation provider was late or did not show up?**

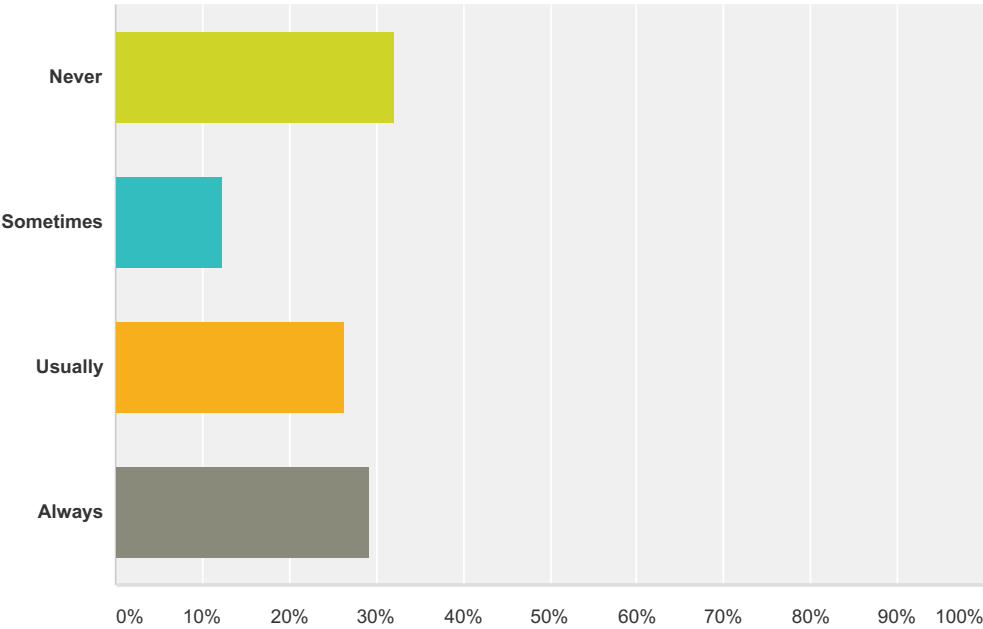
Answered: 293 Skipped: 99



Answer Choices	Responses	
Never	42.32%	124
Sometimes	13.65%	40
Usually	15.36%	45
Always	28.67%	84
Total		293

Q15 Does your transportation provider come to your door and assist you to the van if needed?

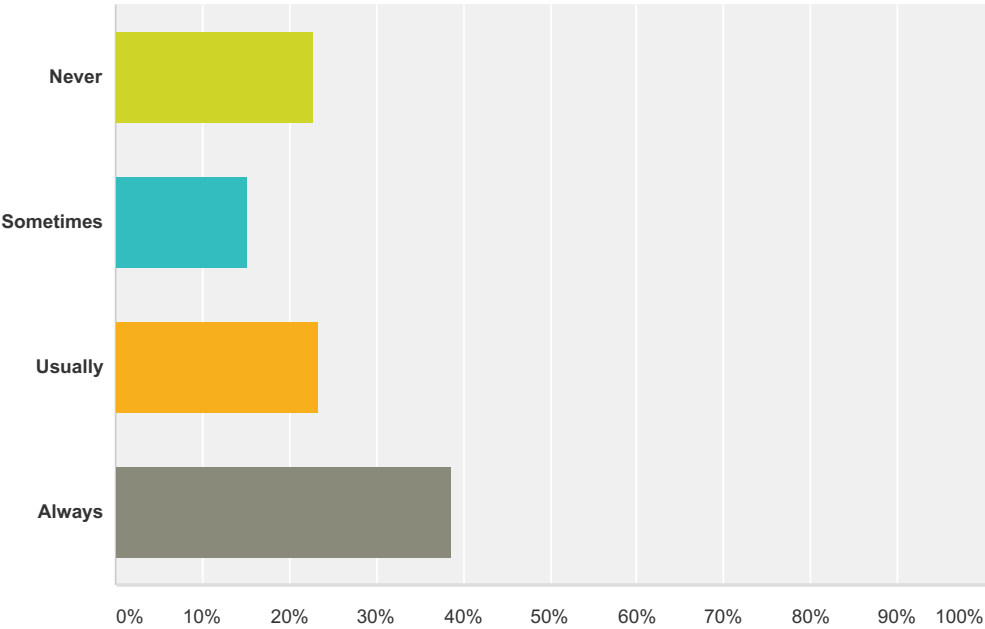
Answered: 290 Skipped: 102



Answer Choices	Responses	
Never	32.07%	93
Sometimes	12.41%	36
Usually	26.21%	76
Always	29.31%	85
Total		290

Q16 The vehicle used to transport me  
meets all of my transportation needs and is  
safe for me to use.

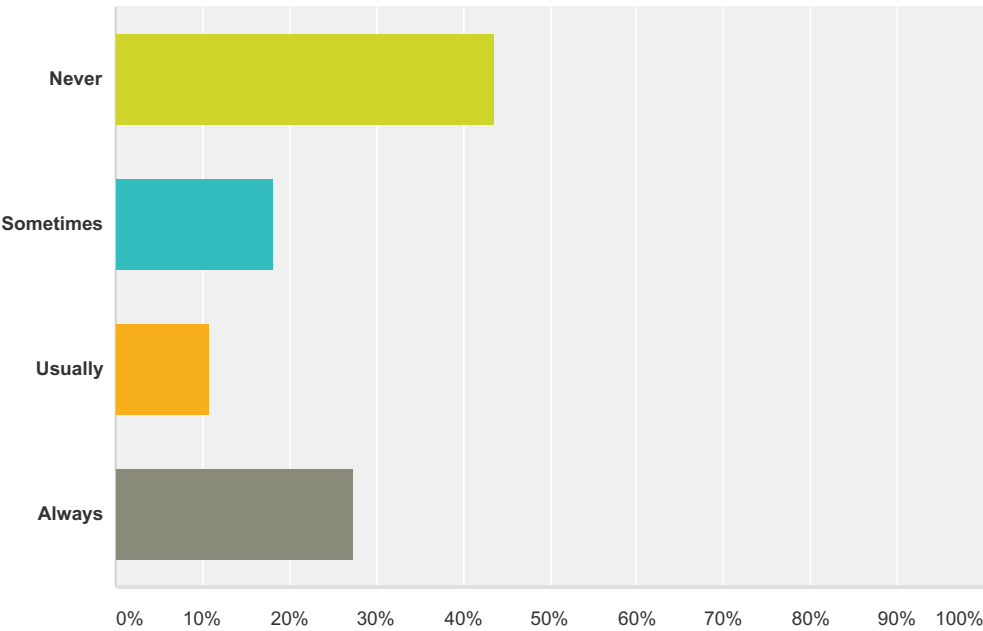
Answered: 295   Skipped: 97



Answer Choices	Responses
Never	22.71%67
Sometimes	15.25%45
Usually	23.39%69
Always	38.64%114
Total	295

Q17 I am satisfied with my transportation benefit.

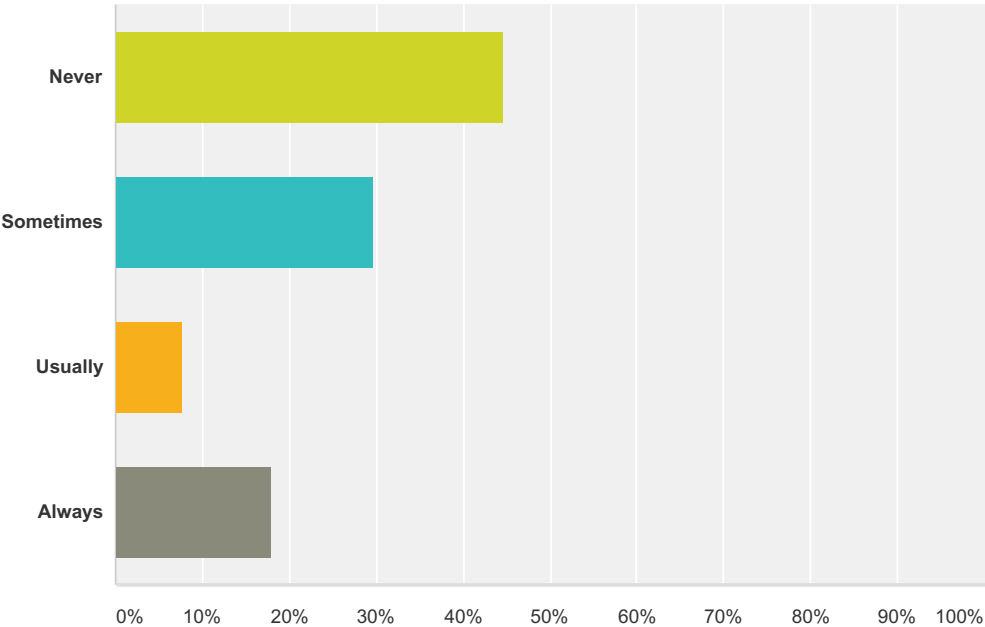
Answered: 296 Skipped: 96



Answer Choices	Responses
Never	43.58%129
Sometimes	18.24%54
Usually	10.81%32
Always	27.36%81
Total	296

Q18 In the last 6 months, have you successfully used your health plan’s customer service system to get the information or help you needed?

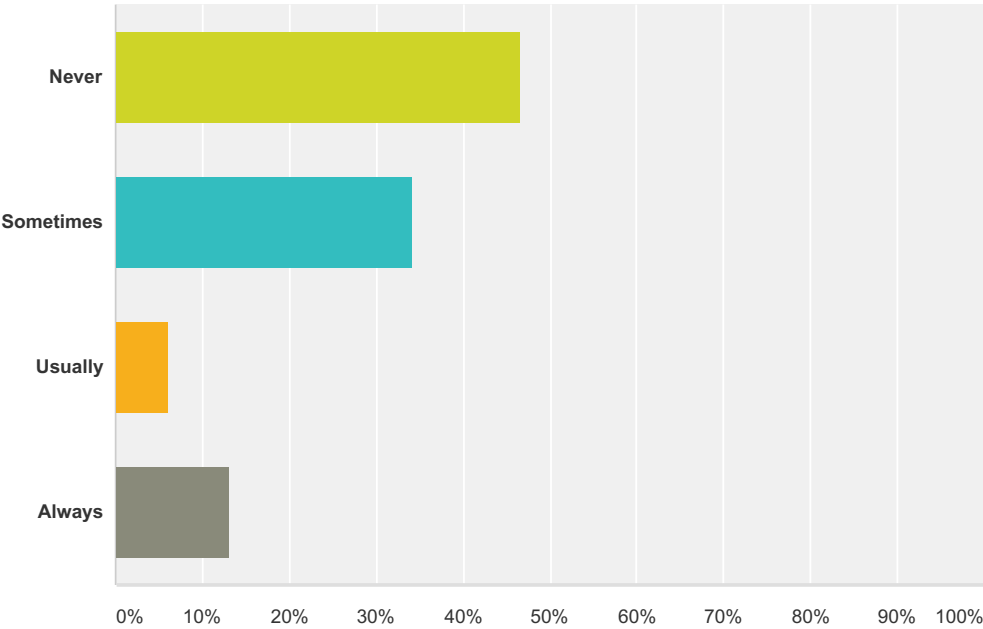
Answered: 361 Skipped: 31



Answer Choices	Responses	
Never	44.60%	161
Sometimes	29.64%	107
Usually	7.76%	28
Always	18.01%	65
Total		361

Q19 In the last 6 months, how often have you received a bill for services or medical treatment?

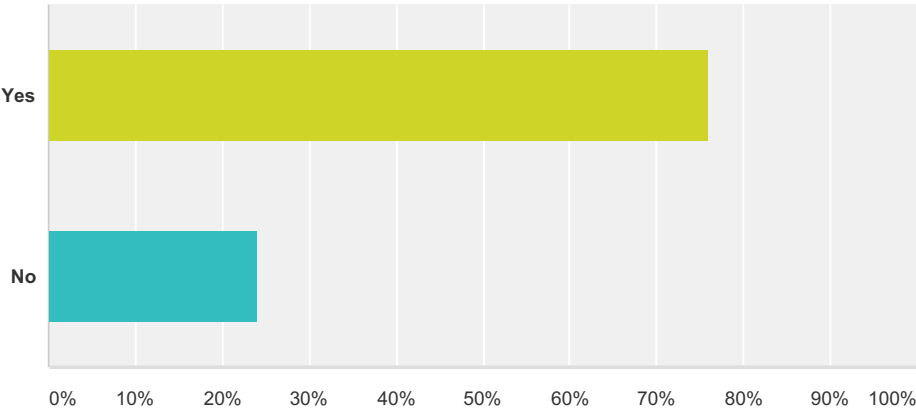
Answered: 363 Skipped: 29



Answer Choices	Responses	
Never	46.56%	169
Sometimes	34.16%	124
Usually	6.06%	22
Always	13.22%	48
Total		363

**Q20 Do you have someone that comes into your home to assist you with personal care and homemaking task? If "NO" skip to the next section.**

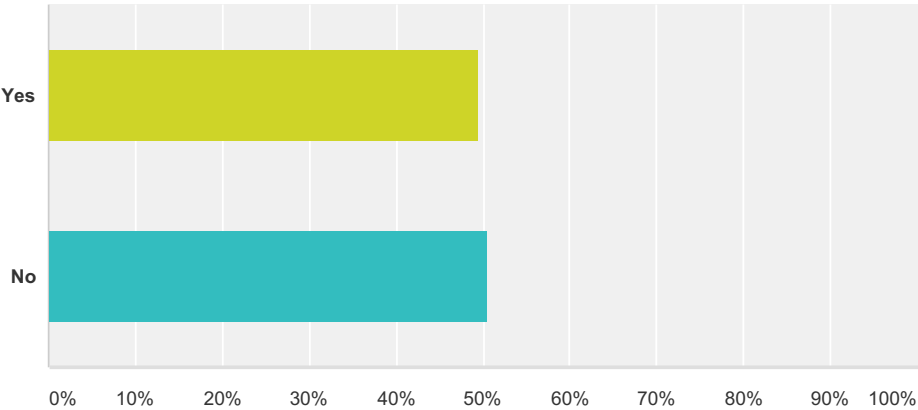
Answered: 362 Skipped: 30



Answer Choices	Responses	
Yes	75.97%	275
No	24.03%	87
Total		362

Q21 Did your Homecare agency or personal assistant stop providing care to you because of MyCare Ohio?

Answered: 287 Skipped: 105

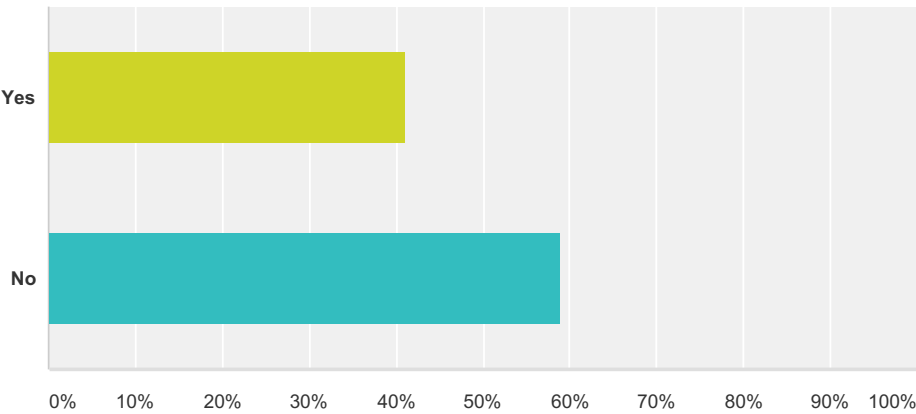


Answer Choices	Responses	
Yes	49.48%	142
No	50.52%	145
Total		287



Q22 Were you asked to change your  
Homecare Assistant or Personal Assistant?

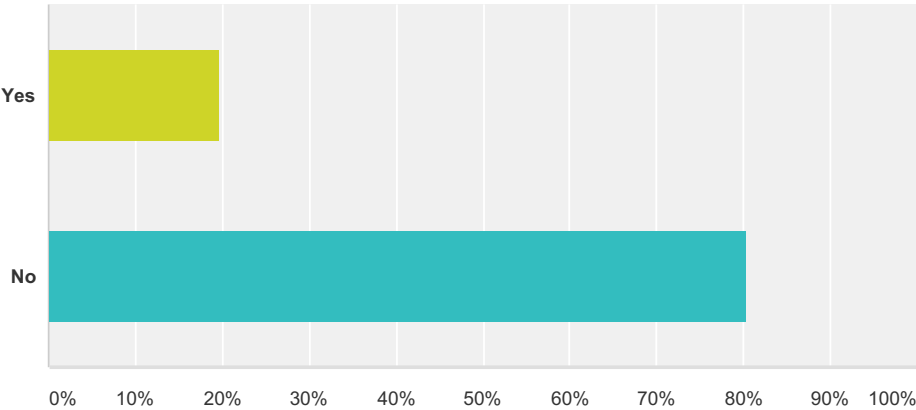
Answered: 285 Skipped: 107



Answer Choices	Responses	
Yes	41.05%	117
No	58.95%	168
Total		285

**Q23 If you were asked or had to switch providers, did your care manager help you choose a Home Care Assistant or Personal Assistant?**

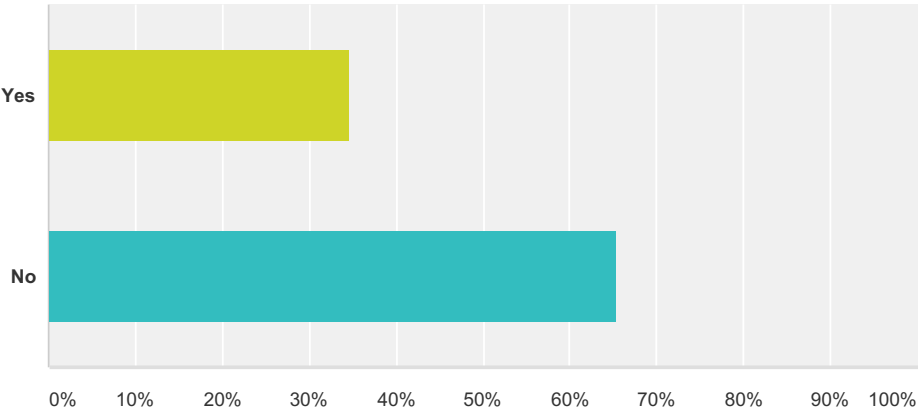
Answered: 264 Skipped: 128



Answer Choices	Responses	
Yes	19.70%	52
No	80.30%	212
Total		264

Q24 Were you asked to accept fewer Home Care Assistant or Personal Assistant hours?

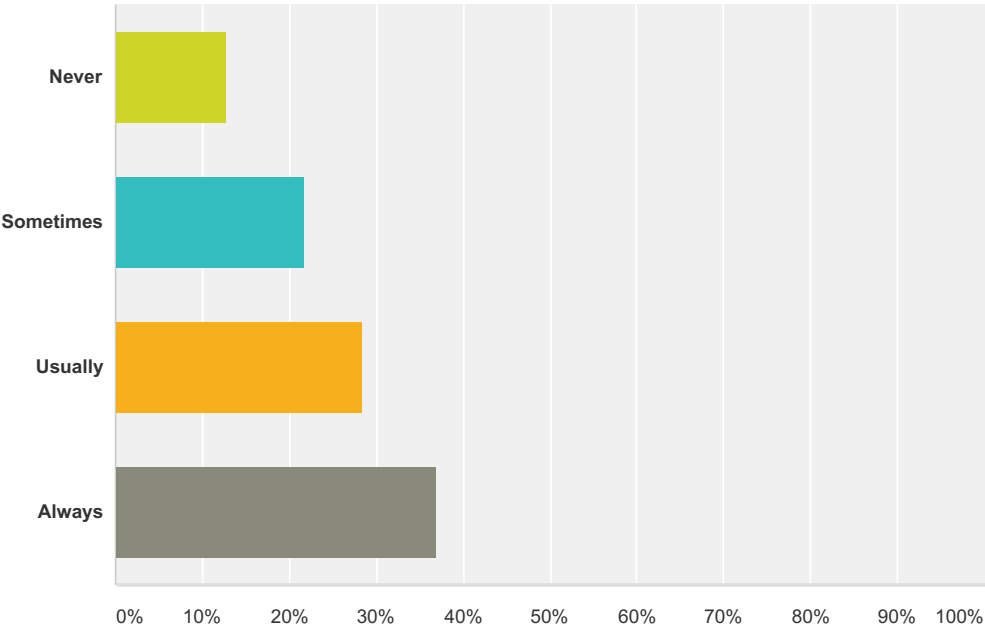
Answered: 286 Skipped: 106



Answer Choices	Responses	
Yes	34.62%	99
No	65.38%	187
Total		286

Q25 Are you happy with the Home Care Assistant or Personal Assistant services that you are receiving?

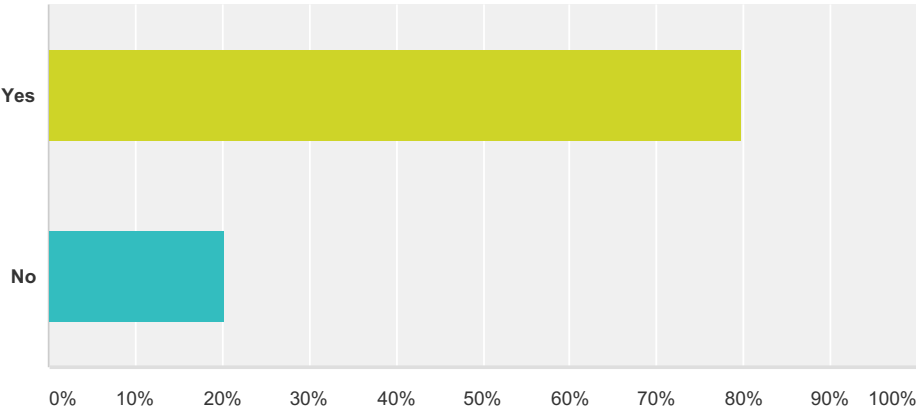
Answered: 289 Skipped: 103



Answer Choices	Responses
Never	12.80%37
Sometimes	21.80%63
Usually	28.37%82
Always	37.02%107
Total	289

**Q26 Do you use assistive devices (Walker, Scooter, Can, Wheelchair, Hearing aids, Communication device, hospital bed, lifts, etc.)? If "NO" skip to the next section.**

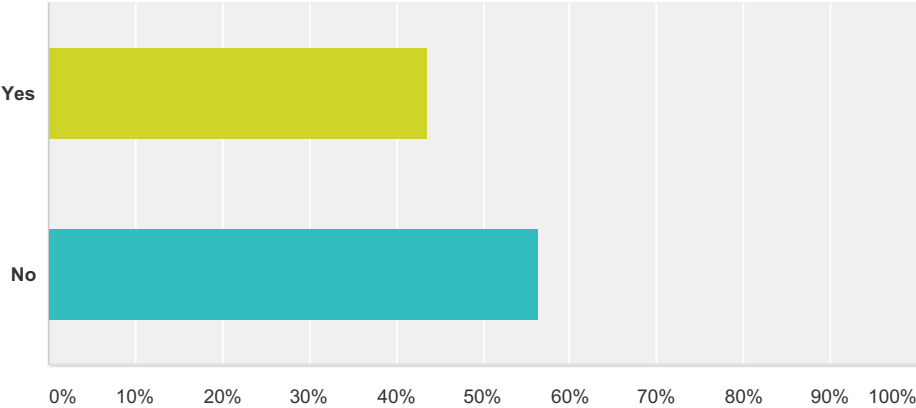
Answered: 356   Skipped: 36



Answer Choices	Responses	
Yes	79.78%	284
No	20.22%	72
Total		356

Q27 Were you asked to change your Durable Medical Equipment supplier after becoming a MyCare member?

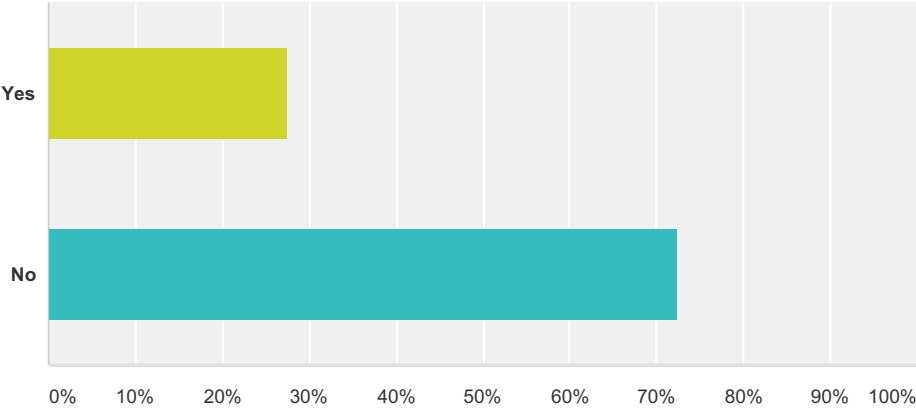
Answered: 289 Skipped: 103



Answer Choices	Responses	
Yes	43.60%	126
No	56.40%	163
Total		289

Q28 If you needed an upgrade or replacement for your equipment was it provided in a timely way?

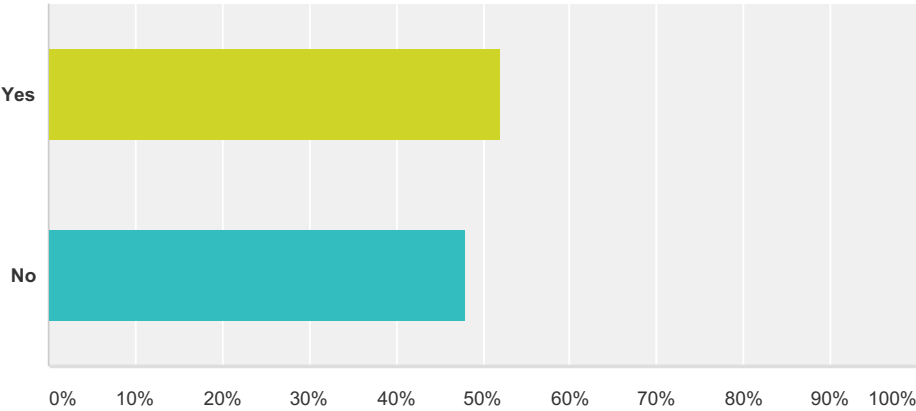
Answered: 280 Skipped: 112



Answer Choices	Responses	
Yes	27.50%	77
No	72.50%	203
Total		280

Q29 Are you satisfied with the device(s) that you received?

Answered: 283 Skipped: 109

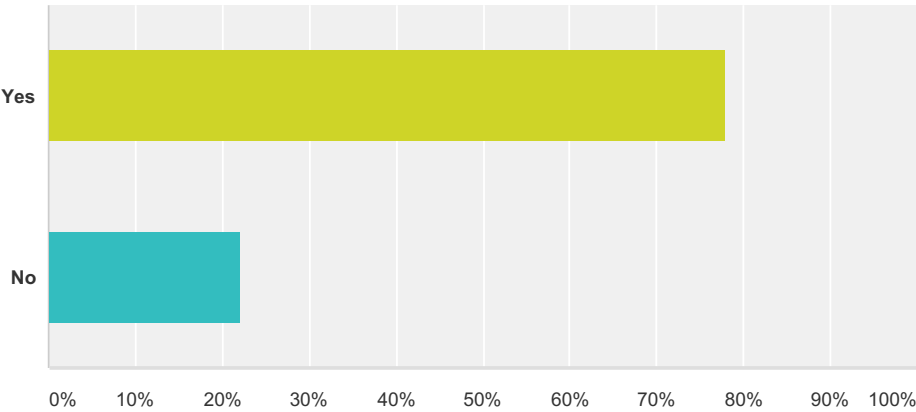


Answer Choices	Responses	
Yes	51.94%	147
No	48.06%	136
Total		283



**Q30 Do you need/use medical supplies as part of your care management (diabetic needles/lancets/test strips, gloves, adult briefs, oxygen, catheters, ostomy supplies, wound care supplies, nutritional supplements)? If "NO" skip to the final section.**

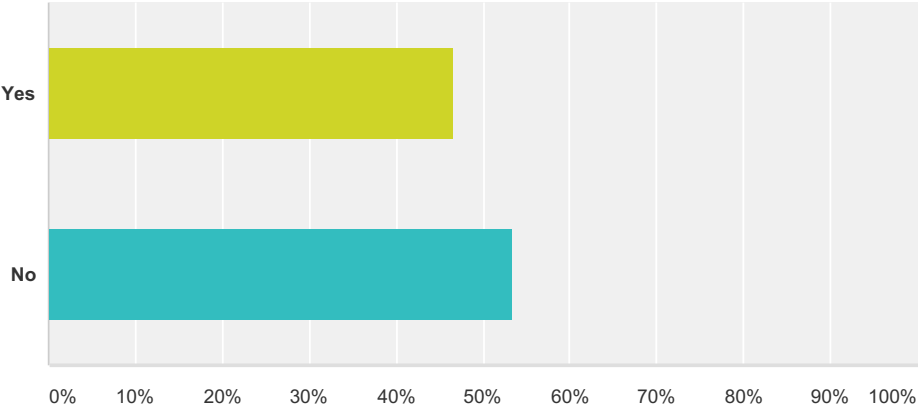
Answered: 356 Skipped: 36



Answer Choices	Responses	
Yes	77.81%	277
No	22.19%	79
Total		356

Q31 Were you asked to change supply companies after becoming a MyCare member?

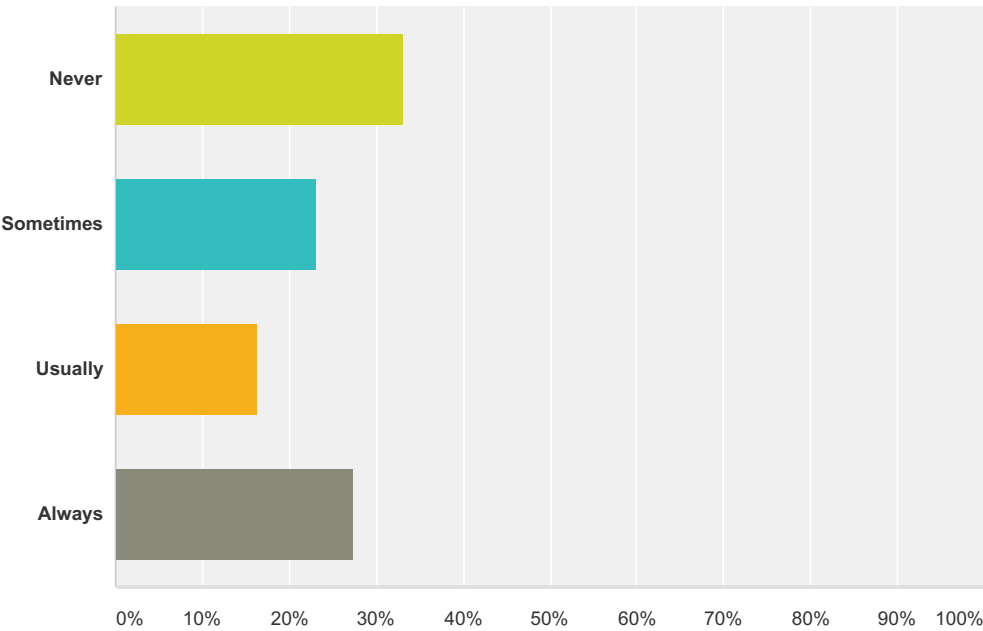
Answered: 286 Skipped: 106



Answer Choices	Responses	
Yes	46.50%	133
No	53.50%	153
Total		286

Q32 Are you receiving the same quality of supplies that you had before MyCare Ohio?

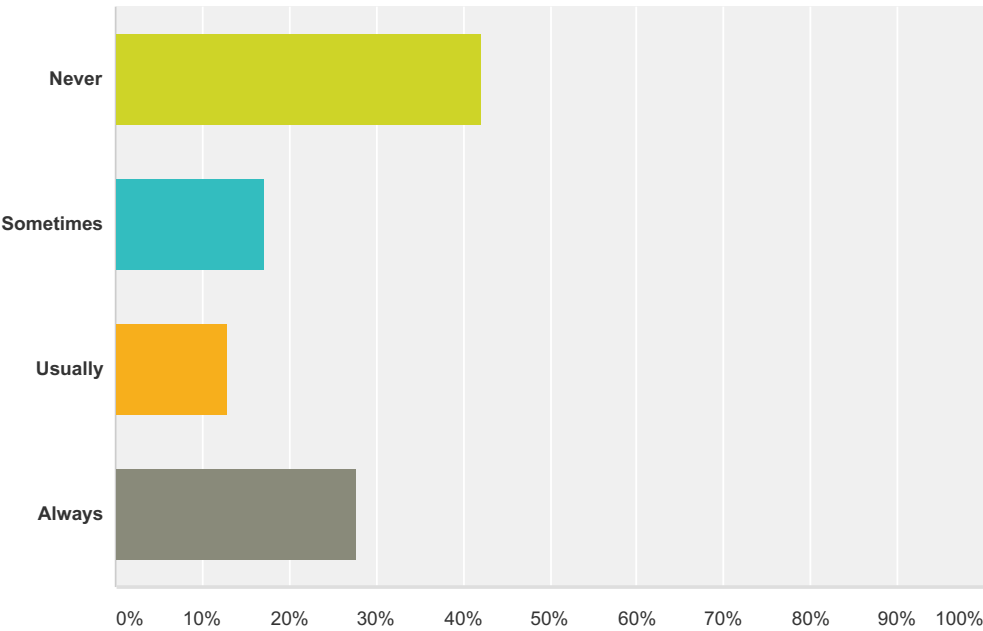
Answered: 281 Skipped: 111



Answer Choices	Responses
Never	33.10%93
Sometimes	23.13%65
Usually	16.37%46
Always	27.40%77
Total	281

Q33 Are you receiving the same quantity of supplies that you had before MyCare Ohio?

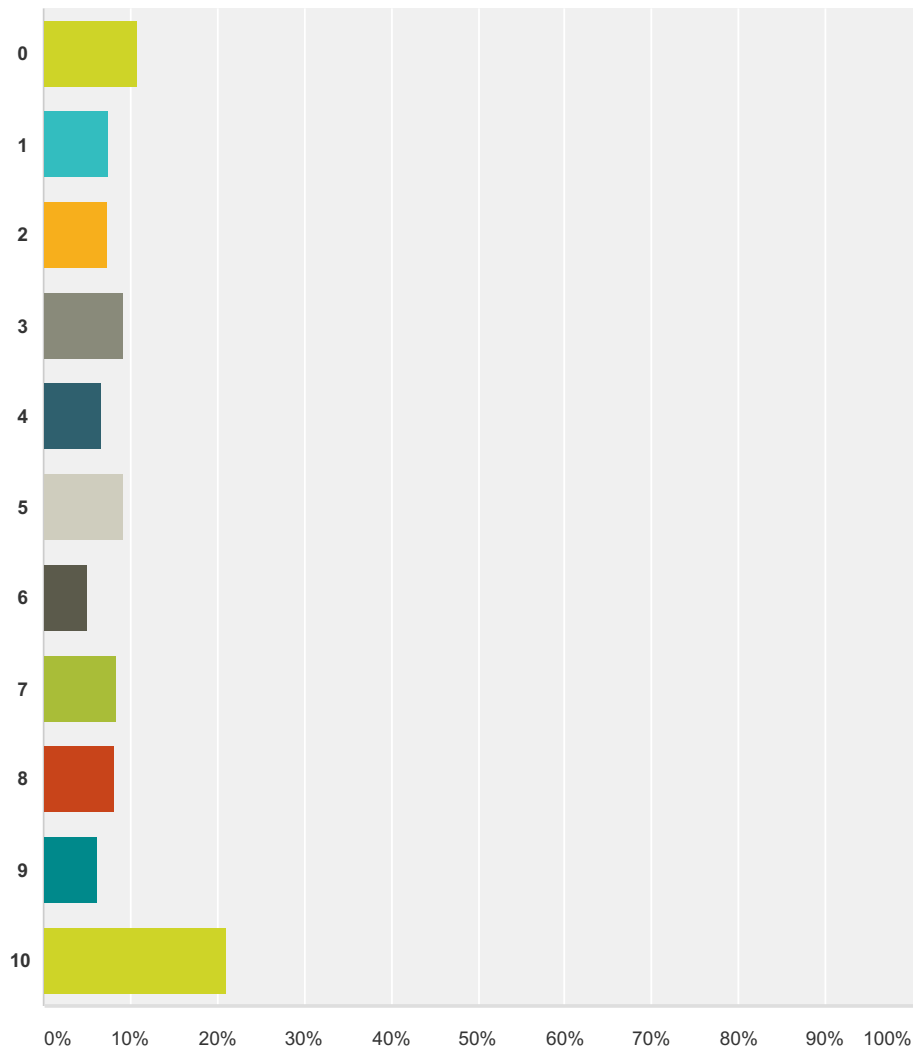
Answered: 280 Skipped: 112



Answer Choices	Responses	
Never	42.14%	118
Sometimes	17.14%	48
Usually	12.86%	36
Always	27.86%	78
Total		280

Q34 Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best healthcare possible, what number would you use to rate all your health care in the last 6 months?

Answered: 356 Skipped: 36

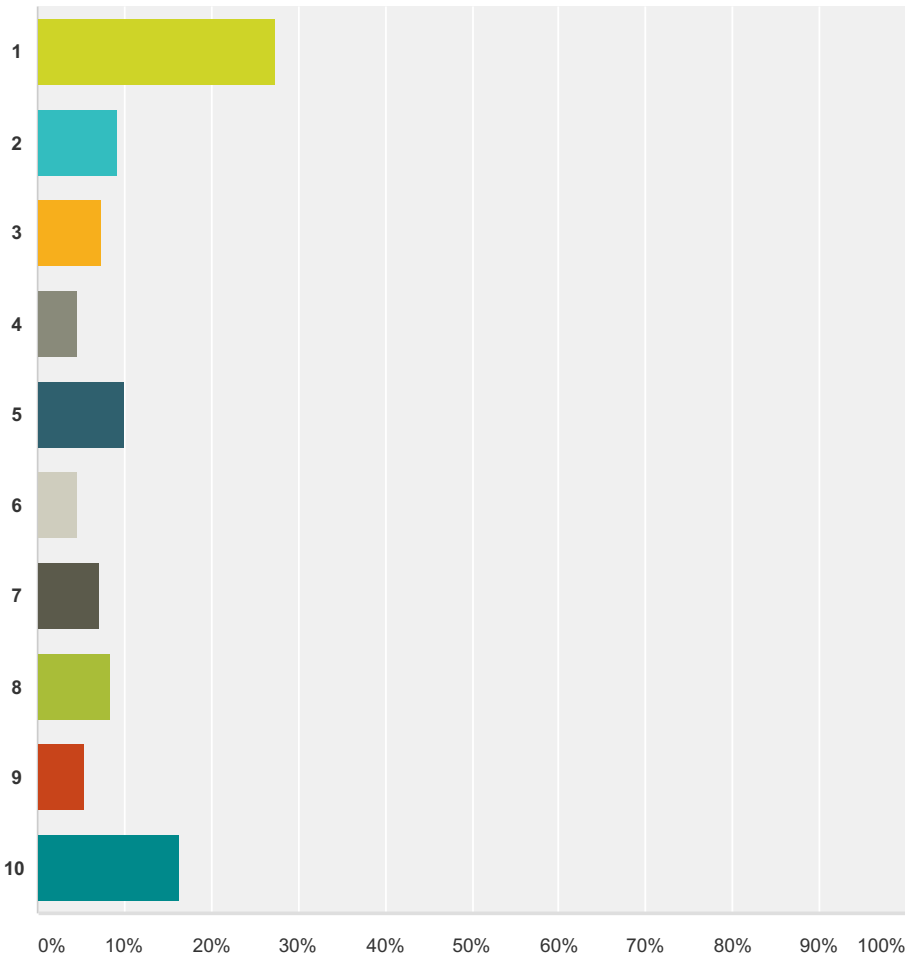


Answer Choices	Responses
0	10.96%39
1	7.58%27
2	7.30%26
3	9.27%33
4	6.74%24
5	9.27%33

6	5.06%	18
7	8.43%	30
8	8.15%	29
9	6.18%	22
10	21.07%	75
Total		356

**Q35** Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

Answered: 356   Skipped: 36



Answer Choices	Responses
1	27.25%97
2	9.27%33
3	7.30%26
4	4.49%16
5	10.11%36
6	4.49%16
7	7.02%25
8	8.43%30
9	5.34%19

10	16.29%	58
Total		356



**Q36 Please enter any comments in the box below.**

Answered: 179   Skipped: 213