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## ***Correspondence Memorandum***

**Date:** March 29, 2021  
**To:** Group Insurance Board  
**From:** Rachel Carabell, Senior Health Policy Advisor  
Arlene Larson, Manager Federal Health Programs & Policy  
Office of Strategic Health Policy  
**Subject:** Medicare Member Survey

**This memo is for informational purposes only. No Board action is required.**

### **Background**

As part of the Group Insurance Board's (Board) discussion at its November 18, 2020, meeting to extend the current Medicare Advantage contract with UnitedHealthcare (UHC), the Department of Employee Trust Funds (ETF) informed the Board that UHC would be surveying its Medicare Advantage enrollees in early 2021 to determine their satisfaction with UHC's administration of the Medicare Advantage plan. ETF also indicated it would issue the same survey simultaneously to assess Medicare member satisfaction with other options available under the Group Health Insurance Program (GHIP) for comparison.

This memorandum describes survey development and results.

### **Survey Purpose**

As discussed at the November 2020 Board meeting, UHC provides quarterly satisfaction results to ETF based on member interaction with UHC's call center. This data is collected by UHC when a member selects the option to participate in an after-call evaluation. While the results shared by UHC have been positive, ETF was concerned that the results are too limited to determine overall satisfaction with UHC and that a broader survey about member interaction with UHC was appropriate. ETF also determined that conducting the same survey with members in other Medicare plan options would provide useful data to compare satisfaction across all the plan options available to Medicare members in GHIP.

### **Development and Methodology**

ETF modified a client survey provided by UHC to reflect GHIP plan designs and to minimize bias from leading questions.

Reviewed and approved by Eileen K Mallow, Director, Office of Strategic Health Policy

Electronically Signed 4/30/21

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The surveys asked members questions about the following topics:

- How likely the member was to recommend their health plan to others,
- Why the member selected the plan they did,
- Overall satisfaction with how their health plan administers their benefits,
- How well they understood various aspects of their plan,
- Their experience with their plan's customer call center,
- Their experience with materials their plan mailed to their home,
- Their experience with their plans' website, and
- Their experience using in-network providers.

The UHC survey also asked members about their experience using out-of-network providers, since out-of-network doctors and facilities are covered under the Medicare Advantage plan.

The surveys were developed using the online tool, SurveyMonkey. UHC also developed a paper version that it distributed to its members without known email addresses, ensuring all UHC members access to the survey. ETF distributed its version via email to Medicare-enrolled members (not in Medicare Advantage) for whom ETF had known email addresses.

Prior to release, the surveys were tested with ETF staff similar in age to the target audience. In addition, ETF developed a robust communication plan to let Medicare members know a survey would be coming to them and to contact ETF if they did not receive it. The plan included submission reminders in February 2021 for those who had not returned a survey by that time. UHC had a similar communication plan for its members.

The surveys were released on January 12, 2021 and closed on March 14, 2021. The survey was intentionally left open for almost two months to allow sufficient time for members to return the paper surveys to UHC.

Table 1 shows the number of plan members and number of surveys sent by health plan.

**Table 1 – Membership and Survey Distribution by Plan**

Plan Name	Medicare Members	Surveys Sent	Responses Received
<b>Most Popular Medicare Plans</b>			
UHC Medicare Advantage	9,667	9,667	4,022
WEA Trust	9,250	5,004	1,280
Quartz	6,953	3,815	849
Dean	5,132	2,479	584
<b>All Other Medicare Plans</b>			
Group Health Cooperative - South Central	1,159	672	161
Network Health Plan	784	424	88
HealthPartners	440	270	81
Group Health Cooperative - Eau Claire	129	65	12
Medical Associates	120	64	19
MercyCare	90	47	10
<b>Subtotal</b>	<b>2,722</b>	<b>1,542</b>	<b>371</b>
<b>Total</b>	<b>33,724</b>	<b>22,507</b>	<b>7,106</b>

**Response Rates**

The two surveys were sent to a combined 22,507 participants. 7,106 responses were received for a total response rate of 33.8%. Both surveys received sufficient responses from members in every health plan to achieve a statistically valid sample at a 99% confidential level. Table 2 shows survey response detail.

**Table 2 – Survey Response Detail**

Survey Method	Medicare Members	Members Sent a Survey	Survey Responses	Response Rate
<b>ETF Survey</b>	24,057	12,840	3,084	24.0%
<b>UHC Email Survey</b>	5,195	5,195	1,515	29.2%
<b>UHC Paper Survey</b>	4,472	4,472	2,062	46.1%
<b>Total</b>	<b>33,724</b>	<b>22,507</b>	<b>7,106</b>	<b>33.8%</b>

**Results**

The responses to survey questions were converted to numerical scores along a scale with a minimum score of zero (0) and a maximum score of 100. Key survey results are included in this memo. Numerical scores are shown separately for the top four plans based on enrollment. Scores for the remaining plans are combined on a weighted average to balance the impact of the smaller plans which received fewer responses.

Overall Health Plan Performance Score

The survey asked three high-level satisfaction questions for which the responses were combined to provide an overall satisfaction score. The following are the three questions included in the overall satisfaction score:

- How likely are you to recommend your health plan to others (net promoter score)?
- Overall, how satisfied are you with the way your health plan administers your benefits (net satisfaction score)?
- Rate your health plan’s network of health care providers on choice of providers, convenience, and ease of finding primary care and specialty care providers (net provider score).

**Table 3 – Overall Health Plan Performance Score**

Medicare Plan Vendor	Score Out of 100	% of Medicare Members
UHC Medicare Advantage	84.52	29%
WEA Trust	80.01	27%
Quartz	73.98	21%
Dean	74.62	15%
All Other Plans	72.78	8%

The survey also asked members why they chose the plan they enrolled in. For UHC’s Medicare Advantage plan, which offers nationwide coverage, the survey found that most members selected this plan based on:

- Premium cost (69.65%),
- Convenience of having Medicare billing integrated (59.73%), and
- Broad choice of providers (34.95%).

For WEA Trust, whose Medicare Plus plan offers worldwide coverage, most respondents say they selected WEA Trust based on:

- Coverage is included outside of Wisconsin (52.42%),
- Broad choice of providers (50.08%), and
- Ease of access to specialty care (37.42%).

In addition, the survey asked specific questions about the plan’s call center, website, and materials sent to member’s homes. Below is a summary of the responses to these questions.

Call Center Satisfaction

The survey asked if members used the call center in 2020. If so, it asked if members were satisfied with the call center and the plan’s automated telephone response system. The survey also asked for the member’s confidence in the information received from call center representatives.

On average, approximately 50% of members called their plan’s customer call center during 2020. Generally, members were satisfied with that experience as displayed in Table 4 below. Members in UHC Medicare Advantage and WEA Trust plans reported a better experience than those in Quartz, Dean, and all other Medicare plans.

**Table 4 – Customer Call Center Score**

Medicare Plan Vendor	Score out of 100	% of Medicare Members
UHC Medicare Advantage	83.74	29%
WEA Trust	80.53	27%
Quartz	70.66	21%
Dean	76.52	15%
All Other Plans	78.35	8%

Web Experience

The survey asked if members visited their plan’s website. On average, 68% of members reported that they did *not* visit the plan’s website. If they had visited the site, the survey asked how easy it was to navigate and whether the information they read helped them to better understand their health plan.

Table 5 shows that none of the plans scored very well with web experience, although similar to other areas, UHC Medicare Advantage fared better than other plans.

**Table 5 – Web Experience Score**

Medicare Plan Vendor	Score out of 100	% of Medicare Members
UHC Medicare Advantage	51.50	29%
WEA Trust	44.17	27%
Quartz	38.47	21%
Dean	38.74	15%
All Other Plans	46.05	8%

Material Effectiveness

The survey asked members if the materials the plan sent to their home were of a reasonable frequency, were clear and easy to understand, timely, relevant, and useful.

As shown in Table 6, plans scored well on these questions. Of note, UHC Medicare Advantage, WEA’s plans, and all other plans, scored better than Quartz and Dean.

**Table 6 – Material Effectiveness**

Medicare Plan Vendor	Score Out of 100	% of Medicare Members
UHC Medicare Advantage	84.14	29%
WEA Trust	84.25	27%
Quartz	73.37	21%
Dean	77.98	15%
All Other Plans	82.45	8%

**Analysis**

Overall, members in the UHC Medicare Advantage plan and plans administered by WEA Trust expressed the highest level of satisfaction. While members in other plans also expressed generally high levels of satisfaction, members in some Medicare health plans, like Quartz and Dean, expressed lower levels of satisfaction. Staff believes this could be due to the following:

1. Medicare Advantage plans are incentivized by federal subsidies to help members maintain or improve their health status. UHC invests in outreach and materials to attain higher Medicare Star ratings. This is designed to positively impact the customer experience.

In addition, Medicare Advantage is the lowest cost plan and provides nationwide provider access. Members have expressed appreciation for those items to ETF outside of this survey.

2. Almost 70% of WEA Trust’s Medicare members are enrolled in its Medicare Plus plan. This plan is a freedom of choice Medicare Supplement with worldwide coverage. WEA Trust has invested in customer service and outreach to retain and grow its membership. Medicare Plus is typically the second lowest cost plan available to members. This likely results in greater satisfaction.
3. Many retirees are enrolled in the same plan they had before becoming eligible for Medicare. If members take no action, they are automatically transitioned into the Medicare version of their plan. It is not clear how this automatic transition might be impacting member’s satisfaction, and if they chose not to enroll in other Medicare offerings with higher customer satisfaction scores, such as UHC Medicare Advantage.

### **Limitations**

Between the ETF and UHC surveys, 62% of Medicare GHIP members received an invitation to participate. The email addresses that ETF has are voluntarily provided by members and therefore do not represent all Medicare-enrolled GHIP members. ETF was not able to provide paper surveys to all members due to limited resources. ETF continues its efforts to improve the collection of email addresses through its Contact Center and other initiatives.

It should be noted that survey results were also impacted by the following biases:

- **Selection Bias:** Individuals who responded to the ETF survey have the capacity and willingness to respond to an electronic survey. Therefore, individuals who responded are inherently different from those who did not respond, could not respond, or were never sent the survey due to not sharing their email information. As mentioned above, ETF is actively working to collect additional member email addresses, which will help reduce the impact of the described selection bias in future surveys. The UHC survey is not as susceptible to this selection bias since UHC mailed a paper version of the survey to those members for whom it did not have an email address. Additionally, if a UHC member received an electronic survey, they were able to request a paper one if they preferred it.
- **Recall Bias:** The survey, by design, requires members to answer questions based on their recollection of events that occurred in 2020. The survey results are therefore dependent on the accuracy of self-reported experiences, some of which are more likely to be remembered than others. To mitigate some of this bias, the survey included prompts to help members recall their experiences.
- **Social Desirability Bias:** Members participating in a survey with sensitive questions tend to provide socially desirable responses rather than truthful responses. ETF attempted to mitigate the impact of this bias through careful question design and by keeping survey results anonymous.

### **Next Steps**

ETF will share aggregate survey response data with applicable health plans and identify ways to improve service to our Medicare members, especially with those plans with lower survey results. ETF will also consider survey responses while developing the upcoming Medicare Advantage Request for Proposals.

Staff will be available at the Board meeting to answer any questions.