



Complete Summary

TITLE

Satisfaction with health maintenance organization (HMO) customer service: percentage of enrollees who responded that getting the information or assistance they needed when contacting their HMO's customer service department was "not a problem" (MEDDIC-MS).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

Brief Abstract

DESCRIPTION

This measure utilizes Consumer Assessment of Health Plans (CAHPS®) Enrollee Satisfaction Survey Data to assess satisfaction with health maintenance organization/managed care organization (HMO/MCO) customer service.

RATIONALE

Overall enrollee satisfaction with health maintenance organization (HMO) quality of care, access, service, and other key characteristics of the managed health care delivery system was assessed in late 1999 and early 2000 using the Consumer Assessment of Health Plans (CAHPS®) Enrollee Satisfaction Survey for adults and children. The survey tool included state-specific modifications.

The survey revealed relatively high overall enrollee satisfaction with Wisconsin Medicaid HMOs in general, quality care, physician care and office staff, and access to care. The domain of HMO customer service was found to have the lowest rate of overall enrollee satisfaction of all the areas surveyed. Only 67.3 percent of respondents said getting the information or assistance they needed when they contacted their HMO customer service department was "not a problem." While this was slightly higher than the national average reported by the National Committee for Quality Assurance (NCQA) in the State of Managed Care Quality 2000, the Division of Health Care Financing (DHCF) Quality Management Committee agreed that the results indicated the need for a performance measure and the addition of contract requirements in the area of customer service.

PRIMARY CLINICAL COMPONENT

Health maintenance organization (HMO) customer service; satisfaction

DENOMINATOR DESCRIPTION

Medicaid/BadgerCare enrollees (case heads for children) who were enrolled with the same health maintenance organization/managed care organization (HMO/MCO) at least six months

NUMERATOR DESCRIPTION

Percentage of enrollees who responded that getting the information or assistance they needed when contacting their health maintenance organization's (HMO's) customer service department was "not a problem"

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Patient Experience

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Milwaukee (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

End of Life Care
Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Patient-centeredness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Medicaid/BadgerCare enrollees (case heads for children) who were enrolled with the same health maintenance organization/managed care organization (HMO/MCO) at least six months

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Medicaid/BadgerCare enrollees (case heads for children) who were enrolled with the same health maintenance organization/managed care organization (HMO/MCO) at least six months

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Percentage of enrollees who responded that getting the information or assistance they needed when contacting their health maintenance organization's (HMO's) customer service department was "not a problem"

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Patient survey

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

PRE-EXISTING INSTRUMENT USED

Consumer Assessment of Health Plans (CAHPS®) Adult Medicaid HMO Recipient Satisfaction Survey

Consumer Assessment of Health Plans (CAHPS®) Child Medicaid HMO Recipient Satisfaction Survey

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure is risk adjusted for age and education level.

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

The Division of Health Care Financing (DHCF) Health Maintenance Organization (HMO) Quality Technical Advisory Committee will evaluate factors affecting satisfaction with customer service during 2003 and will recommend a performance measure specification and performance goals in 2003 for implementation in 2004.

EVIDENCE FOR PRESCRIPTIVE STANDARD

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Satisfaction with HMO customer service.

MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

MEASURE SET NAME

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Measures applicable to AFDC/HS \(Medicaid\) and SCHIP \(BadgerCare\).](#)

MEASURE SUBSET NAME

[Targeted Performance Improvement Measures \(TPIM\)](#)

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

MEASURE AVAILABILITY

The individual measure, "Satisfaction with HMO Customer Service," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)."

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COMPANION DOCUMENTS

The following are available:

- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p. This document is available in Portable Document Format (PDF) from the [Wisconsin Medicaid Managed Care Web site](#).
- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).
- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on March 2, 2004. The information was verified by the measure developer on March 9, 2004.

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