

**South Carolina Department of Health and Human Services**

**Telephone Client Satisfaction Survey**

January – June, 2012

# South Carolina Department of Health and Human Services

## Telephone Client Satisfaction Survey

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# **South Carolina Department of Health and Human Services**

## **Telephone Client Satisfaction Survey**

As part of its continuing effort to evaluate the services it provides to its Medicaid clients, the South Carolina Department of Health and Human Services (SCDHHS) commissioned the University of South Carolina's Institute for Public Service and Policy Research (IPSPR) to conduct a survey of clients who called the Department's consumer service line. Beginning in January 2012, a sample of clients who called the consumer service line was interviewed. After they had provided the information or completed the transaction for which the client had called SCDHHS, the consumer line representative transferred the calls to IPSPR to conduct the evaluation interview. The number of calls transferred, number of interviews completed, and cooperation rates by month are provided in Table 1.

The first month of this project was designed as a pilot study to enable SCDHHS and IPSPR to test the procedures for transferring calls and to determine if the questionnaire was providing the type of information desired. Based on these results, several minor changes were made to the questionnaire. Overall, however, these changes were relatively minor, so that the results from this pilot test month are included in this analysis.

During this six month period, SCDHHS transferred 3,864 calls to IPSPR. Overall, clients were relatively willing to participate. A total of 3,158 interviews were completed; 173 calls were dropped during transfer (these are likely refusals in which the respondent decided not to participate when told they were being transferred); 400 clients refused to complete the evaluation interview; and 133 people were not interviewed since it was determined that they were not currently Medicaid clients, but had called to find out more about the program or to ask a question about eligibility. The overall cooperation rate for this period was 84.6%, and

TABLE 1  
DISPOSITION REPORT BY MONTH

	<u>Calls Transferred</u>	<u>Completed Interview</u>	<u>Call Dropped During Transfer</u>	<u>Not on Medicaid</u>	<u>Refusal</u>	<u>Cooperation Rate</u>
January	217	175	24	3	15	81.8
February	550	438	35	30	47	84.2
March	856	695	42	25	94	83.6
April	907	744	29	39	95	85.7
May	989	826	35	26	102	85.8
June	345	280	8	10	47	83.6
TOTAL	3,864	3,158	173	133	400	84.6

was relatively consistent across months, ranging from a high of 85.8% in May to a low of 81.8% in the January pilot test month.

The questionnaire used in this study covered a number of different topics, including access to care; emergency room usage; eligibility barriers; co-payments; communication; customer service; managed care; and transportation. (A copy of the questionnaire used in this study is provided in Appendix A.) This report provides the results for all respondents as well as breakdowns for key indicators among demographic groups.

### **Respondent Characteristics**

The background characteristics of the people for whom the call to the consumer service line was made are shown in Table 2. As these data indicate, most of the calls to the consumer line are from women. Slightly less than half of these contacts are from whites, and a similar percentage is from African-Americans. Approximately five percent of the calls involve someone of Latino or Hispanic descent. The age of the person about whom the contact was made is widely distributed across age groups, although a relatively small percentage of the calls involve people age 65 or older. Callers are also distributed across education levels, with the highest percentage (32.7%) having a high school education or GED and a relatively small percentage having a college degree or more education.

### **Health Plan**

The frequency count for the various health plans in which those who contacted SCDHHS were enrolled are displayed in Table 3. Slightly more than one-third of those who contacted the consumer service line were covered by regular Medicaid, while 18.3% were covered by First Choice, 13.8% by SC Solutions, and 11.4% by Absolute Total Care. A

TABLE 2  
BACKGROUND CHARACTERISTICS

<u>Age of the person for whom today's call was made</u>		
	<u>N</u>	<u>%</u>
0 to 2	290	9.2
3 to 5	183	5.8
6 to 12	349	11.1
13 to 17	259	8.2
18 to 24	499	15.8
25 to 34	553	17.6
35 to 44	345	11.0
45 to 54	308	9.8
55 to 64	237	7.5
65 to 74	95	3.0
75 or Older	31	1.0
<u>Highest grade or level of school completed</u>		
	<u>N</u>	<u>%</u>
8th Grade or Less	601	22.5
Some High School, Not Graduate	555	20.8
High School Graduate or GED	875	32.7
Some College or 2-Year Degree	529	19.8
4-Year College Graduate	76	2.8
More than 4-Year College Degree	37	1.4
<u>Hispanic or Latino origin or descent</u>		
	<u>N</u>	<u>%</u>
Yes	138	4.4
No	2,999	95.6
<u>Race</u>		
	<u>N</u>	<u>%*</u>
White	1,569	49.7
Black or African-American	1,539	48.7
Asian	20	0.6
Native Hawaiian/Pacific Islander	11	0.3
American Indian or Alaska Native	50	1.6
Other	89	2.9
<u>Sex</u>		
	<u>N</u>	<u>%</u>
Male	867	27.5
Female	2,291	72.5

\*Sums to more than 100% since respondents could report more than one race.

TABLE 3  
HEALTH PLAN

	<u>N</u>	<u>%</u>
Regular Medicaid	1,098	34.8
First Choice	579	18.3
SC Solutions	436	13.8
Absolute Total Care	361	11.4
Blue Choice	221	7.0
United Health Care	185	5.9
Palmetto Physicians Connections	54	1.7
Carolina Medical Homes	33	1.0
Other	75	2.5
Don't Know	116	3.7

Covered by a health plan in which you have to choose a doctor  
from the plan list or go to a clinic or health care center on the plan list

	<u>N</u>	<u>%</u>
Yes	2,031	64.4
No	633	20.1
Don't Know	490	15.5



smaller percentage of clients was covered by the Blue Choice (7.0%), United Health Care (5.9%), Palmetto Physicians Connections (1.7%), and Carolina Medical Homes (1.0%). Less than three percent mentioned some other plan, such as family planning, Unison, or care improvement, and 3.7% could not recall the name of their health plan.<sup>1</sup>

Respondents were also asked, “Some states pay health plans to care for people covered by (NAME OF HEALTH PLAN). With these health plans, you may have to choose a doctor from the plan list or go to a clinic or health care center on the plan list. Are you covered by a health plan like this?” Slightly less than two-thirds of the clients said they were covered by such a plan, 20.1% said they were not, and 15.5% were not sure.

### **Access to Care**

Several questions on this survey measured respondents’ access to care, the results for which are presented in Table 4. As these data demonstrate, more than 70% of the individuals who had contacted DHHS for information usually get their medical care at a doctor’s office. Approximately 10% go to a clinic, a similar percentage goes to an emergency room, 5.3% usually go to an urgent care center, and 0.4% reported getting their medical care someplace else.

Almost 75% of these respondents reported that they have a personal doctor. There are several group differences in the percentage of individuals who report having a personal doctor (see Table 5). Among the largest of these differences were those across age groups. Younger people, through age 17, were more likely to have a personal doctor. It was reported that 86.8% of those age two or younger, 82.5% of those age three to five, 84.5% of those from six

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<sup>1</sup> A list of “other” responses to this question, as well as those for other questions that have an open-ended response, is provided in Appendix B.

TABLE 4  
ACCESS TO CARE

Usually go for medical care

	<u>N</u>	<u>%</u>
Doctor's Office	2,279	72.7
Clinic	341	10.9
Emergency Room	315	10.0
Urgent Care Center	167	5.3
Someplace Else	33	0.4

Have a personal doctor

Yes	2,348	74.5
No	803	25.5

Visits to a doctor's office, outpatient clinic or other place for health care – past 3 months

None	736	23.3
One	681	21.6
Two	513	16.2
Three	448	14.2
Four	214	6.8
Five or More	534	16.9
Don't Know	32	1.0

Problems scheduling an appointment

Yes	275	8.7
No	2,862	90.6
Have Not Tried/Have Not Needed	21	0.7

Anything prevents getting health care

Nothing Prevents Getting Care	2,607	82.6
Cannot Afford It/Too Expensive	89	2.8
Health Insurance Does Not Cover	138	4.4
Doctor Does Not Accept Medicaid	120	3.8
Doctor Is Too Far Away	11	0.3
Transportation Problems	40	1.3
No Convenient Appointment Time	8	0.3
Other	136	4.3
Don't Know	8	0.3

TABLE 5  
HAVE A PERSONAL DOCTOR – BY BACKGROUND CHARACTERISTICS (% “Yes”)

<u>Age of the person for whom today’s call was made</u>	<u>N</u>	<u>%</u>
0 to 2	288	86.8
3 to 5	183	82.5
6 to 12	349	84.5
13 to 17	258	79.8
18 to 24	499	57.7
25 to 34	553	60.6
35 to 44	343	76.7
45 to 54	307	78.5
55 to 64	236	86.4
65 to 74	95	84.2
75 or Older	31	93.5

<u>Highest grade or level of school completed</u>	<u>N</u>	<u>%</u>
8th Grade or Less	601	82.5
Some High School, Not Graduate	554	75.3
High School Graduate or GED	874	68.1
Some College or 2-Year Degree	527	67.2
4-Year College Graduate	76	69.7
More than 4-Year College Degree	36	69.4

<u>Hispanic or Latino origin or descent</u>	<u>N</u>	<u>%</u>
Yes	138	70.3
No	2,992	74.7

<u>Race</u>	<u>N</u>	<u>%*</u>
White	1,564	76.5
Black or African-American	1,537	73.3
Asian	20	75.0
Native Hawaiian/Pacific Islander	11	63.6
American Indian or Alaska Native	50	74.0
Other	89	67.4

<u>Sex</u>	<u>N</u>	<u>%</u>
Male	863	81.0
Female	2,288	72.1

<u>Health Plan</u>	<u>N</u>	<u>%</u>
Regular Medicaid	1,096	75.2
First Choice	578	77.5
SC Solutions	436	73.4
Absolute Total Care	360	69.4
Blue Choice	221	75.6
United Health Care	184	79.9
Palmetto Physicians Connections	54	64.8
Carolina Medical Homes	33	66.7
Other	75	70.7

to 12, and 79.8% of those 13 to 17 had a personal doctor. This percentage dropped sharply – to 57.7% for those ages 18 to 24 and 60.6% of those in the 25 to 34 range – before increasing and finally reaching 93.5% among those age 75 or older.

A higher percentage of men than women (81.0% to 72.1%) who contacted SCDHSS reported having a personal doctor, and those who were of Hispanic or Latino descent were slightly less likely to have a personal doctor than were those who were not Hispanic (70.3% to 74.7%).

Across health plans, the plan with the highest percentage of participants who have a personal doctor was United Health Care (79.9%), followed by First Choice (77.5%), Blue Choice (75.6%), and fee-for-service Medicaid (75.2%). Less than 70% of participants in three plans – Palmetto Physicians Connections (64.8%), Carolina Medical Homes (66.7%), and Absolute Total Care (69.4%) – indicated that they had a personal doctor, although the total number of cases for Palmetto Physicians Connections and Carolina Medical Homes is not large.

There is considerable variation in the number of times that these individuals who contacted SCDHHS have visited a doctor's office, outpatient clinic or other place for health care in the past three months. Approximately 25% have made no health care visits, while 21.6% have made one such visit and 16.9% have made five or more.

To a large extent, these consumers do not experience problems in scheduling appointments to get health care; only 8.7% reported having any problems in scheduling such an appointment in the last six months. There was not a great deal of variation in experiencing problems in scheduling a health care appointment across background characteristics (see

Table 6). While respondents from Palmetto Physicians Connections (22.2%) and Carolina Medical Homes (18.2%) reported the highest percentage of problems in scheduling an appointment, the number of individuals enrolled in these two plans is relatively small.

The last item involving access to care concerned whether there was anything that prevents people from getting the health care they feel they need. Although a large majority (82.6%) indicated that there was nothing that prevented them from getting care, slightly less than 20% reported some barrier to care. As shown in Table 7, the most frequently mentioned barriers to health care were that the health insurance does not cover their needs (4.4%); that the doctor does not accept Medicaid (3.8%); and that they cannot afford the care (2.8%). Other barriers to receiving health care are displayed in Table 7 and in Appendix B, Table B-4.

### **Emergency Room Visits and Hospital Overnight Stays**

The next set of questions involved hospital usage and asked respondents how many times they had been to an emergency room for care and how many times they had been admitted as a patient overnight or longer in a hospital in the past 12 months. As shown in Table 8, 45.0% had not been to an emergency room for care in the past 12 months, 22.4% had been once, 14.0% twice, 7.5% three times, 3.7% four times, and 6.7% had been to an emergency room for care five or more times.

Those who received emergency room care were asked the reason why they received care there instead of at a doctor's office or clinic. Close to half of these responses were that it was after hours or that the doctor's office was closed. A number of these responses referenced the seriousness of their condition as the reason for seeking treatment in an emergency room: severe pain, 19.2%; a life threatening situation, 15.4%; or a serious injury or illness, 14.2%. A number of related responses included a minor injury or illness (3.0%) and being in an

TABLE 6  
 PROBLEMS SCHEDULING AN APPOINTMENT – BY BACKGROUND CHARACTERISTICS (% “Yes”)

<u>Age of the person for whom today’s call was made</u>			<u>Race</u>		
	<u>N</u>	<u>%</u>		<u>N</u>	<u>%*</u>
0 to 2	290	5.2	White	1,569	9.4
3 to 5	183	9.8	Black or African-American	1,539	7.7
6 to 12	349	8.6	Asian	20	15.0
13 to 17	259	10.4	Native Hawaiian/Pacific Islander	11	27.3
18 to 24	499	7.2	American Indian or Alaska Native	50	12.0
25 to 34	553	9.0	Other	89	11.2
35 to 44	345	8.7			
45 to 54	308	11.7	<u>Sex</u>		
55 to 64	237	8.4		<u>N</u>	<u>%</u>
65 to 74	95	9.5	Male	867	8.2
75 or Older	31	3.2	Female	2,291	8.9
<u>Highest grade or level of school completed</u>			<u>Health Plan</u>		
	<u>N</u>	<u>%</u>		<u>N</u>	<u>%</u>
8th Grade or Less	601	8.3	Regular Medicaid	1,098	8.0
Some High School, Not Graduate	555	9.5	First Choice	579	6.7
High School Graduate or GED	875	8.8	SC Solutions	436	9.2
Some College or 2-Year Degree	529	9.3	Absolute Total Care	361	10.8
4-Year College Graduate	76	13.2	Blue Choice	221	9.0
More than 4-Year College Degree	37	5.4	United Health Care	185	7.6
<u>Hispanic or Latino origin or descent</u>			Palmetto Physicians Connections	54	22.2
	<u>N</u>	<u>%</u>	Carolina Medical Homes	33	18.2
Yes	138	10.1	Other	75	4.0
No	2,999	8.6			

TABLE 7

## WHAT PREVENTS FROM GETTING HEALTH CARE

	<u>N</u>	<u>%</u>
Nothing Prevents Getting Care	2,607	82.6
Health Insurance Does Not Cover	138	4.4
Doctor Does Not Accept Medicaid	120	3.8
Cannot Afford It/Too Expensive	89	2.8
Transportation Problems	40	1.3
Does not Have Insurance	25	0.8
Not Satisfied with Doctors	14	0.4
Insurance Does Not Cover Dental Visits	13	0.4
Doctor Is Too Far Away	11	0.3
Reached coverage limit for visits	11	0.3
Have not received Medicaid card	11	0.3
No Convenient Appointment Time	8	0.3
Other	60	1.9
Don't Know	9	0.3

TABLE 8  
HOSPITAL USAGE - PAST 12 MONTHS

In the last 12 months, how many times did you go to an emergency room to get care for yourself?

	<u>N</u>	<u>%</u>
None	1,420	45.0
One	707	22.4
Two	441	14.0
Three	236	7.5
Four	118	3.7
Five or More	210	6.7
Don't Know	24	0.8

Reason for receiving care at an emergency room instead of a doctor's office or clinic

	<u>N</u>	<u>%</u> *
After Hours/Doctor's Office Closed	837	48.2
Severe Pain	334	19.2
Life Threatening Situation	267	15.4
Serious Injury or Illness	246	14.2
No Primary Care Doctor	113	6.5
Convenience	89	5.1
Pregnant	59	3.4
Minor Injury/Illness	53	3.0
No Insurance	41	2.6
Was in an Accident	28	1.6
Referral	26	1.5
Other	62	3.6

In the last 12 months, have you been a patient in a hospital overnight or longer?

	<u>N</u>	<u>%</u>
Yes	666	21.1
No	2,483	78.9

\*Sums to more than 100% since respondents could give more than one response.



accident (1.6%). Slightly more than six percent reported that they were treated in an emergency room because they did not have a primary care doctor and 2.6% of the responses indicated a lack of insurance. Approximately five percent of these visits were made because of convenience, 3.4% because the respondent was pregnant, and 1.5% as the result of a referral. Other reasons for seeking treatment in an emergency room included not having an appointment with a doctor, mental health issues, being out of town, and the doctor's office being located too far away (see Appendix B, Table B-5).

Slightly more than one in five respondents reported being a patient in a hospital overnight or longer in the last 12 months. There were several significant differences among groups in terms of whether or not they had been patients overnight or longer in a hospital in the last 12 months (see Table 9). The largest differences were across age groups, with a relatively lower percentage of hospital overnight stays among those under age 18, then increasing among the older age groups, with the highest percentage – 33.4% – reported by those in the 45 to 54 age group. A significantly higher percentage of women than men – 23.9% to 14.0% – reported being a patient overnight in a hospital in the last 12 months.

### **Eligibility Barriers**

As part of this evaluation, DHHS was also interested in the application process for Medicaid and included the question, "How difficult was the Medicaid application process ... extremely difficult, very difficult, somewhat difficult, not too difficult, or not at all difficult?" Close to 65% of respondents said it was not at all difficult and another 22.6% reported that it was not too difficult; 8.9% thought it was somewhat difficult, 1.7% very difficult, 1.3% extremely difficult, and 2.1% said they did not know.

TABLE 9  
 PATIENT IN A HOSPITAL OVERNIGHT, LAST 12 MONTHS – BY BACKGROUND CHARACTERISTICS (% “Yes”)

<u>Age of the person for whom today’s call was made</u>			<u>Race</u>		
	<u>N</u>	<u>%</u>		<u>N</u>	<u>%*</u>
0 to 2	289	15.6	White	1,563	22.8
3 to 5	183	5.5	Black or African-American	1,536	19.4
6 to 12	349	5.2	Asian	20	20.0
13 to 17	259	10.0	Native Hawaiian/Pacific Islander	11	27.3
18 to 24	497	28.2	American Indian or Alaska Native	50	28.0
25 to 34	552	25.2	Other	89	14.6
35 to 44	344	22.7			
45 to 54	305	33.4	<u>Sex</u>		
55 to 64	236	28.0		<u>N</u>	<u>%</u>
65 to 74	95	31.6	Male	865	14.0
75 or Older	31	29.0	Female	2,284	23.9
<u>Highest grade or level of school completed</u>			<u>Health Plan</u>		
	<u>N</u>	<u>%</u>		<u>N</u>	<u>%</u>
8th Grade or Less	601	10.8	Regular Medicaid	1,093	22.7
Some High School, Not Graduate	553	22.4	First Choice	579	17.4
High School Graduate or GED	872	28.6	SC Solutions	434	19.6
Some College or 2-Year Degree	529	26.3	Absolute Total Care	359	19.2
4-Year College Graduate	74	31.1	Blue Choice	221	27.6
More than 4-Year College Degree	37	21.6	United Health Care	185	20.5
<u>Hispanic or Latino origin or descent</u>			Palmetto Physicians Connections	54	20.4
	<u>N</u>	<u>%</u>	Carolina Medical Homes	33	12.1
Yes	138	15.2	Other	75	24.0
No	2,990	21.3			

Those respondents who felt that the Medicaid application process was somewhat, very, or extremely difficult were asked, "Why would you say the Medicaid application process was difficult?" Although there were a number of distinct responses to this question, the aspect of the application process that the largest percentage identified as the reason this process was difficult was the amount of paperwork involved (see Table 10). Close to 40% of these respondents cited the amount of paperwork, 34.4% thought the process was complicated, 23.1% said the wait time or the time it took made the application process difficult, and 11.5% reported that the staff was not helpful or made it difficult.

Among the other reasons given for difficulty in the Medicaid application process were that their application was lost, they did not get enough information, the application forms were confusing, not being able to contact Medicaid, or that they were disabled.

### **Co-payments**

Two questions related to co-payments were included in this questionnaire. The first asked, "If there is a co-payment for services you receive, how often do you pay this ... all of the time, most of the time, some of the time, or never?" Slightly more than 14% of respondents reported that their health insurance plan does not have a co-payment; 36.6% indicated that they pay this co-payment all of the time, 7.4% said most of the time, 10.7% some of the time, and 29.2% reported that they never pay a co-payment.

One hundred and sixty respondents (5.1%) reported that they had been denied services in the past 12 months because they were not able to pay the co-payment.

TABLE 10  
WHY MEDICAID PROCESS DIFFICULT

	<u>N</u>	<u>%</u>
Amount of paperwork	171	38.4
Complicated	153	34.4
Wait time; time it took	103	23.1
Staff was not helpful; difficult	51	11.5
Someone else handles health plan	14	3.1
Application was lost	12	2.7
Did not get enough information	11	2.5
Application forms confusing	10	2.2
Needed help filling out paperwork	9	2.0
Could not get in contact with them	9	2.0
Disabled	8	1.8
Someone else helped out at the time	7	1.6

(Additional responses provided in Appendix B, Table B-6)

## Communication

Another area of interest in this study involved communication with those who call the customer service line, and the questionnaire included items on access to the Internet, e-mail, a cell phone and the best methods for transmitting information to respondents. The results for these questions, presented in Table 11, indicate that about two-thirds of those who contact SCDHHS have access to the Internet, with the large majority of them (78.0%) having access at home and with other access available through public access (for example, at a library), via a Smartphone, at a relative or friend's home, or at work or school. Slightly more than 80% of those with access to the Internet have a personal e-mail account, while more than 80% of all those who have called the customer service line have a personal cell phone.

When asked about the best way to get information to them about Healthy Connections Medicaid, participants in this study largely preferred the mail. Two-thirds indicated that mail was the best way to get information to them, with 13.7% preferring e-mail, 10.9% a phone call, 7.2% a text message, and 1.3% indicating that posting information on the Internet was the best way to get information to them.

Table 12 provides the breakdown of responses to the question on the best way to get information to people about Healthy Connections Medicaid by background characteristics. These data indicate that there are few significant differences across groups. In each group, the largest percentage identified the mail as the preferred method for receiving information. Across age groups, those age 55 or older were less likely to mention e-mail or text messaging as the best way to get information to them, and more likely to cite the telephone. Those with some college education or more were somewhat more likely to identify e-mail as the best way to get information to them. The best way to provide information about Healthy Connections

TABLE 11  
COMMUNICATION

	<u>N</u>	<u>%</u>
<u>Access to the Internet</u>		
Yes	2,088	66.1
No	1,070	33.9
 <u>Where have access to the Internet</u>		
Home	1,628	78.0*
Public access (library, etc.)	198	9.5
Smartphone	189	9.1
Relative/Friend's home	116	5.6
Work	115	5.5
School/College	16	0.8
Some other business	2	0.1
 <u>Personal e-mail account</u>		
Yes	1,722	82.5
No	365	17.5
Don't know	1	0.0
 <u>Have a personal cell phone</u>		
Yes	2,672	84.6
No	486	15.4
 <u>Best way to get information about Healthy Connections Medicaid</u>		
Mail	2,107	66.8
E-mail	431	13.7
Phone	343	10.9
Text message	228	7.2
Post on the Internet	41	1.3
More than one way	6	0.2

\*Sums to more than 100% since respondents could give multiple answers.

TABLE 12  
BEST WAY TO GET INFORMATION TO YOU ABOUT HEALTHY CONNECTIONS –  
BY BACKGROUND CHARACTERISTICS

	<u>Mail</u>	<u>Email</u>	<u>Text Message</u>	<u>Phone</u>	<u>Post on Internet</u>	<u>N</u>
<u>Age</u>						
0 to 2	65.6	13.2	10.4	9.4	1.4	288
3 to 5	67.8	19.1	5.5	6.6	1.1	183
6 to 12	67.5	15.8	8.6	7.5	0.6	348
13 to 17	60.9	19.8	7.0	9.7	2.7	258
18 to 24	62.9	15.9	10.2	10.0	1.0	498
25 to 34	69.1	15.7	5.6	8.5	1.1	553
35 to 44	65.8	14.2	7.2	11.6	1.2	345
45 to 54	74.3	6.2	6.8	11.1	1.6	307
55 to 64	66.0	5.5	3.8	23.4	1.3	235
65 to 74	72.6	3.2	1.1	21.1	2.1	95
75 older	71.0	6.5	0.0	19.4	3.2	31
<u>Sex</u>						
Male	65.2	15.2	7.4	10.4	1.7	863
Female	67.5	13.1	7.2	11.1	1.1	2287
<u>Race</u>						
White	67.8	14.7	5.7	10.2	1.5	1562
Black African American	66.3	12.4	8.8	11.2	1.2	1538
Asian	65.0	20.0	5.0	10.0	0.0	20
Native Hawaiian/Pacific Islander	45.5	45.5	9.1	0.0	0.0	11
American Indian or Alaska Native	66.0	8.0	14.0	12.0	0.0	50
Other	55.1	24.7	5.6	12.4	2.2	89
<u>Education</u>						
8 <sup>th</sup> Grade or Less	67.3	15.2	7.2	9.5	0.8	600
Some High School, Not Graduate	65.8	8.5	7.8	16.6	1.3	553
High School Graduate or GED	70.9	9.5	6.9	11.8	0.9	873
Some College or 2-Year Degree	61.4	20.3	7.8	8.0	2.7	528
4-Year College Graduate	60.5	27.6	0.0	10.5	1.3	76
More than 4-Year College Degree	73.0	24.3	0.0	2.7	0.0	37
<u>Hispanic or Latino origin or descent</u>						
Yes	60.1	20.3	5.8	12.3	1.4	138
No	67.3	13.5	7.2	10.8	1.3	2991

TABLE 12  
 - cont. -

	<u>Mail</u>	<u>Email</u>	<u>Text Message</u>	<u>Phone</u>	<u>Post on Internet</u>	<u>N</u>
<u>Health Plan</u>						
Regular Medicaid	67.7	10.1	7.3	13.3	1.6	1094
First Choice	63.5	18.2	6.3	10.9	1.0	576
SC Solutions	68.8	14.2	8.3	8.3	0.5	436
Absolute Total Care	68.4	14.4	7.8	8.3	1.1	361
Blue Choice	68.3	15.8	6.3	7.2	2.3	221
United Healthcare	69.0	12.5	9.2	8.7	0.5	184
Palmetto Physicians Connections	63.0	11.1	3.7	18.5	3.7	54
Carolina Medical Homes	63.6	15.2	9.1	12.1	0.0	33
Other	64.0	17.3	5.3	12.0	1.3	75



Medicaid was also consistent across types of health plan. For example, the percentage that identified the mail as the best way to provide information ranged only from 63.0% among those enrolled in Palmetto Physicians Connections to 69.0% of those in United Healthcare, and the percentage who preferred information via e-mail varied only from 10.1% (regular Medicaid) to 18.2% (First Choice).

### **Customer Service**

Participants in this survey were also asked to evaluate various aspects of customer service. Included in this section were questions on the last time they had contacted their health plan, the position of the person they spoke with, the person's ability to answer questions, and how helpful they were. The responses to these questions for all those interviewed are presented in Table 13.

Approximately 30% of those who called the customer service line reported that they had never previously contacted their health plan. A similar percentage said their last contact with their health plan was between one and six months ago, with 15.8% having had contact within the last month, 10.5% between seven and twelve months ago, and 11.2% more than one year ago.

Among those people who had previously contacted their health plan, one-third spoke with a toll-free line representative and 29.0% spoke with an eligibility worker. Much smaller percentages reported speaking with a person in some other position, such as a case manager, customer service personnel, or a nurse, and 27.8% did not know the position of the person with whom they spoke.

In general, participants who had previously contacted their health plan felt that the person with whom they spoke was able to answer their questions. Three-fourths reported

TABLE 13  
CUSTOMER SERVICE

	<u>N</u>	<u>%</u>
<u>Last time contacted health plan</u>		
Within the last month	500	15.8
Between one-six months ago	956	30.3
Between 7 – 12 months ago	331	10.5
More than one year ago	355	11.2
Never contacted previously	935	29.6
Don't know	79	2.5
<u>Person spoken with</u>		
Toll-free line representative	724	33.3
Eligibility worker	631	29.0
Case worker; case manager	108	5.0
Customer service	18	0.8
Nurse	18	0.8
Other	71	3.3
Don't know	605	27.8
<u>Answer questions</u>		
All	1,671	75.5
Most	283	12.8
Some	161	7.3
None	76	3.4
Don't know	23	1.0
<u>How helpful</u>		
Extremely helpful	849	38.3
Very helpful	993	44.8
Somewhat helpful	250	11.3
Not too helpful	43	1.9
Not at all helpful	53	2.4
Don't know	29	1.3

this person was able to answer all their questions, and another 12.8% said that the person was able to answer most of their questions. Only 7.3% felt that just some of their questions were answered and 3.4% reported that none of them were.

Survey participants who had contacted their health plan also thought that the person with whom they spoke was generally helpful: 38.3% described them as extremely helpful and an additional 44.8% said they were very helpful. Slightly more than ten percent rated the person as somewhat helpful, 1.9% considered them not too helpful, and 2.4% said they were not at all helpful.

Breakdowns of the responses to the questions on the last time the person had contacted their health plan, how their questions were answered, and how helpful the person they talked to was by background characteristics are presented in Tables 14, 15 and 16.

On the question of the last time the person had contacted the health plan, the largest difference were across education groups. Those with more education were more likely to have had previous contact with their health plan within the past month, while a higher percentage of those with an eighth grade education or less or with some high school reported that they had not contacted their health plan previously. There was also a tendency for respondents age 65 or older to report that they had not previously contacted their health plan. Across health plans, those with regular Medicaid were more likely to say they had not previously contacted their health plan, as were those from Carolina Medical Homes, although the number of cases in this group is small.

There were also few differences across groups in their perceptions of the person's ability to answer their questions. Older people and those with a college degree were less likely to feel that the person with whom they spoke was able to answer all their questions, but the number

TABLE 14  
LAST TIME CONTACTED HEALTH PLAN  
BY BACKGROUND CHARACTERISTICS

	<u>Within Last Month</u>	<u>1 to 6 Months Ago</u>	<u>7 to 12 Months Ago</u>	<u>More than 1 Year Ago</u>	<u>Never</u>	<u>N</u>
<u>Age</u>						
0 to 2	16.1	31.8	10.5	9.8	31.8	286
3 to 5	7.9	33.9	13.0	13.6	31.6	177
6 to 12	8.9	27.2	11.2	19.8	32.8	338
13 to 17	14.3	29.8	11.1	13.5	31.3	252
18 to 24	21.6	30.0	12.6	8.0	27.8	486
25 to 34	19.6	34.3	11.7	10.0	24.4	540
35 to 44	19.7	29.0	10.1	15.2	26.0	335
45 to 54	15.7	35.8	8.7	7.7	32.1	299
55 to 64	14.7	31.5	6.5	10.8	36.6	232
65 to 74	13.0	26.1	7.6	5.4	47.8	92
75 older	12.9	9.7	12.9	12.9	51.6	31
<u>Sex</u>						
Male	13.8	29.4	10.2	12.8	33.9	847
Female	17.2	31.7	11.0	11.1	29.1	2230
<u>Race</u>						
White	16.9	32.5	10.4	10.9	29.2	1532
Black African American	15.5	29.8	11.6	12.0	31.1	1499
Asian	15.0	25.0	10.0	15.0	35.0	20
Native Hawaiian/Pacific Islander	45.5	18.2	9.1	9.1	18.2	11
American Indian or Alaska Native	18.4	44.9	4.1	6.1	26.5	49
Other	10.7	34.5	11.9	11.9	31.0	84
<u>Education</u>						
8 <sup>th</sup> Grade or Less	10.1	27.6	11.5	17.1	33.7	584
Some High School, Not Graduate	16.5	29.3	9.3	8.9	36.0	539
High School Graduate or GED	17.3	33.7	10.4	11.7	27.0	846
Some College or 2-Year Degree	20.9	31.5	12.5	8.4	26.7	521
4-Year College Graduate	25.0	30.3	5.3	9.2	30.3	76
More than 4-Year College Degree	44.4	27.8	8.3	5.6	13.9	36
<u>Hispanic or Latino origin or descent</u>						
Yes	11.9	30.4	16.3	14.1	27.4	135
No	16.5	30.9	10.5	11.5	30.6	2922

TABLE 14  
 - cont. -

<u>Health Plan</u>	<u>Within Last Month</u>	<u>1 to 6 Months Ago</u>	<u>7 to 12 Months Ago</u>	<u>More than 1 Year Ago</u>	<u>Never</u>	<u>N</u>
Regular Medicaid	14.6	26.0	9.4	12.9	37.0	1069
First Choice	19.9	33.9	12.2	9.9	24.1	564
SC Solutions	13.7	35.6	11.3	12.5	26.9	424
Absolute Total Care	17.2	38.7	9.9	9.3	24.9	354
Blue Choice	21.7	35.5	10.1	9.2	23.5	217
United Healthcare	16.5	28.0	14.8	12.1	28.6	182
Palmetto Physicians Connections	18.9	28.3	13.2	7.5	32.1	53
Carolina Medical Homes	9.4	25.0	6.3	9.4	50.0	32
Other	12.2	27.0	8.1	20.3	32.4	74

TABLE 15  
PERSON ABLE TO ANSWER QUESTIONS  
BY BACKGROUND CHARACTERISTICS

	<u>All</u>	<u>Most</u>	<u>Some</u>	<u>None</u>	<u>N</u>
<u>Age</u>					
0 to 2	72.4	17.9	5.6	4.1	196
3 to 5	83.3	10.3	5.6	0.8	126
6 to 12	82.8	9.4	5.6	2.1	233
13 to 17	76.5	10.6	7.8	5.0	179
18 to 24	78.4	11.8	6.5	3.4	356
25 to 34	75.5	14.5	7.6	2.4	421
35 to 44	76.4	12.2	8.3	3.1	254
45 to 54	72.6	11.5	11.1	4.8	208
55 to 64	75.0	14.2	6.8	4.1	148
65 to 74	59.2	20.4	10.2	10.2	49
75 older	53.3	20.0	13.3	13.3	15
<u>Sex</u>					
Male	77.6	11.4	7.0	4.0	572
Female	75.8	13.5	7.5	3.3	1619
<u>Race</u>					
White	77.7	12.0	6.5	3.8	1108
Black African American	75.0	13.7	8.3	2.9	1056
Asian	84.6	7.7	0.0	7.7	13
Native Hawaiian/Pacific Islander	44.4	44.4	11.1	0.0	9
American Indian or Alaska Native	55.6	16.7	22.2	5.6	36
Other	78.3	15.0	3.3	3.3	60
<u>Education</u>					
8 <sup>th</sup> Grade or Less	78.5	11.9	5.6	4.0	396
Some High School, Not Graduate	76.2	11.9	8.5	3.4	353
High School Graduate or GED	76.4	11.6	8.9	3.1	639
Some College or 2-Year Degree	73.9	15.5	7.2	3.4	387
4-Year College Graduate	80.8	7.7	7.7	3.8	52
More than 4-Year College Degree	65.6	18.8	6.3	9.4	32
<u>Hispanic or Latino origin or descent</u>					
Yes	78.6	11.2	6.1	4.1	98
No	76.2	12.9	7.5	3.4	2071

TABLE 15  
 - cont. -

<u>Health Plan</u>	<u>All</u>	<u>Most</u>	<u>Some</u>	<u>None</u>	<u>N</u>
Regular Medicaid	75.4	13.8	7.9	2.9	695
First Choice	80.5	10.1	5.5	3.9	437
SC Solutions	75.4	14.5	7.9	2.2	317
Absolute Total Care	74.4	13.7	8.9	3.0	270
Blue Choice	78.6	9.5	6.5	5.4	168
United Healthcare	74.4	14.0	7.0	4.7	129
Palmetto Physicians Connections	72.2	16.7	2.8	8.3	36
Carolina Medical Homes	82.4	5.9	5.9	5.9	17
Other	78.0	16.0	4.0	2.0	50

TABLE 16  
HOW HELPFUL WAS THIS PERSON  
BY BACKGROUND CHARACTERISTICS

	<u>Extremely</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not Too</u>	<u>Not At All</u>	<u>N</u>
<u>Age</u>						
0 to 2	39.6	45.2	12.2	0.5	2.5	197
3 to 5	44.1	44.9	6.3	2.4	2.4	127
6 to 12	38.1	48.9	10.4	1.3	1.3	231
13 to 17	40.0	41.1	13.1	2.3	3.4	175
18 to 24	39.8	47.1	10.6	1.1	1.4	357
25 to 34	42.2	42.7	11.0	1.7	2.4	419
35 to 44	37.7	44.7	11.7	2.7	3.1	257
45 to 54	36.8	44.1	15.2	2.0	2.0	204
55 to 64	35.3	48.0	9.3	4.7	2.7	150
65 to 74	22.0	48.0	18.0	4.0	8.0	50
75 older	13.3	60.0	13.3	6.7	6.7	15
<u>Sex</u>						
Male	38.4	46.8	10.4	1.6	2.8	570
Female	38.9	44.9	11.8	2.1	2.3	1618
<u>Race</u>						
White	38.8	46.1	10.6	2.0	2.5	1104
Black African American	40.0	44.2	11.9	1.6	2.3	1057
Asian	38.5	53.8	0.0	0.0	7.7	13
Native Hawaiian/Pacific Islander	22.2	55.6	22.2	0.0	0.0	9
American Indian or Alaska Native	29.7	37.8	21.6	8.1	2.7	37
Other	29.5	47.5	16.4	4.9	1.6	61
<u>Education</u>						
8 <sup>th</sup> Grade or Less	37.5	47.4	12.0	1.3	1.8	392
Some High School, Not Graduate	35.0	48.0	13.0	2.3	1.7	354
High School Graduate or GED	39.8	44.2	11.0	2.0	3.0	636
Some College or 2-Year Degree	38.0	45.0	11.8	2.6	2.6	389
4-Year College Graduate	46.2	40.4	7.7	1.9	3.8	52
More than 4-Year College Degree	48.4	35.5	6.5	6.5	3.2	31
<u>Hispanic or Latino origin or descent</u>						
Yes	34.3	44.4	15.2	2.0	4.0	99
No	39.3	45.1	11.3	2.0	2.4	2071



TABLE 16  
 - cont. -

<u>Health Plan</u>	<u>Extremely</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not Too</u>	<u>Not At All</u>	<u>N</u>
Regular Medicaid	36.1	47.8	12.1	2.6	1.4	693
First Choice	43.0	43.7	9.4	0.9	3.0	435
SC Solutions	37.5	45.4	13.7	1.6	1.9	315
Absolute Total Care	38.4	46.1	12.2	2.6	0.7	271
Blue Choice	41.9	42.5	9.6	2.4	3.6	167
United Healthcare	39.4	42.4	9.8	2.3	6.1	132
Palmetto Physicians Connections	38.9	52.8	2.8	0.0	5.6	36
Carolina Medical Homes	52.9	35.3	5.9	0.0	5.9	17
Other	38.8	49.0	6.1	2.0	4.1	49

of respondents in these groups is relatively small. Across health care plans, the percentage of survey participants who felt that the person at the health care plan with whom they had spoken was able to answer all their questions ranged from 72.2% for those enrolled in Palmetto Physicians Connections to 82.4% of those in Carolina Medical Homes, while the percentage who felt this person was able to answer none of their questions varied between 2.2% (SC Solutions) and 8.3% (Palmetto Physicians Connections).

In terms of the perceived helpfulness of the person contacted, there were again only minor differences across groups. While those in the two oldest age groups were less likely to rate this contact as extremely helpful, there are relatively small numbers of cases in these groups, and the fairly high percentage of “extremely helpful” responses among those enrolled in Carolina Medical Homes (52.9%) is also based on a small number of cases. Overall, the feeling among those who have contacted their health plan that the person with whom they had spoken was extremely or very helpful is consistent across groups.

### **Contact by the Health Plan**

A related question asked respondents, “In the past twelve months, how often have you heard from your health plan ... more than once a month, about once a month, about every three months, once or twice, or never?” Results for all respondents are presented in Table 17 and the breakdowns by background characteristics are displayed in Table 18.

Slightly more than 30% of respondents reported that they had not heard from their health plan in the past 12 months, 27.7% had heard from their plan once or twice, 21.7% had contact about once every three months, 15.4% about once a month, and 2.6% said they had heard from their health plan more than once a month.

TABLE 17  
HOW OFTEN HEARD FROM HEALTH PLAN LAST 12 MONTHS

<u>Frequency</u>	<u>N</u>	<u>%</u>
More than once a month	82	2.6
About once a month	487	15.4
About every three months	685	21.7
Once or twice	873	27.7
Never	954	30.2
Don't know	73	2.3

As with many of the previous questions examined in this report, there were few significant differences across groups. Across health plans, the plans with the highest percentage of enrollees who said they had not been contacted in the past 12 months were Carolina Medical Homes (42.4%, but a small number of cases), and regular Medicaid (35.4%). The plans with the lowest percentages of participants who had not been contacted in the past 12 months were First Choice (23.8%), Absolute Total Care (24.4%), and United Healthcare (24.7%).

### **Transportation**

The issue of transportation was also considered by SCDHHS as part of this survey; specifically, whether respondents had phoned their health plan in the last six months to get help with transportation and, if so, how many times they got transportation through their health plan and how helpful was the person they spoke with to schedule a ride. Results for these items are shown in Table 19.

Ten percent of respondents had phoned their health care plan for help with transportation to a doctor's office or clinic in the last six months. The number of such calls varied, with about 30% calling between four and ten times, 17.3% calling once, and 9.6% calling more than twenty times. Eight percent of those who called said they had contacted the health plan for help in transportation but did not receive it.

As was the case with customer service, those surveyed found the person that they spoke with about transportation to be helpful: 28.6% thought they were extremely helpful, 48.3% said they were very helpful, and 15.9% reported they were somewhat helpful, while only 3.6% said they were not too helpful and the same percentage rated them as not at all helpful.

TABLE 18  
HOW OFTEN HEARD FROM HEALTH PLAN LAST 12 MONTHS  
BY BACKGROUND CHARACTERISTICS

	More Than Once A <u>Month</u>	About Once A <u>Month</u>	About Every 3 <u>Months</u>	Once or <u>Twice</u>	<u>Never</u>	<u>N</u>
<u>Age</u>						
0 to 2	1.8	14.5	18.0	28.6	37.1	283
3 to 5	1.1	10.6	24.6	31.3	32.4	179
6 to 12	2.3	13.2	26.1	31.7	26.7	341
13 to 17	1.6	13.0	26.1	31.6	27.7	253
18 to 24	2.8	18.1	17.0	31.4	30.6	493
25 to 34	4.4	15.2	25.6	25.0	29.8	547
35 to 44	3.0	13.8	20.4	30.8	32.0	334
45 to 54	2.7	19.7	22.7	22.0	32.9	295
55 to 64	1.7	21.4	25.3	23.6	27.9	229
65 to 74	2.2	17.2	16.1	24.7	39.8	93
75 older	0.0	30.8	7.7	26.9	34.6	26
<u>Sex</u>						
Male	2.1	15.3	22.7	27.1	32.8	842
Female	2.9	16.0	22.1	28.8	30.3	2239
<u>Race</u>						
White	2.0	15.1	21.5	29.5	31.8	1527
Black African American	3.2	16.4	23.3	27.6	29.5	1510
Asian	5.0	5.0	20.0	40.0	30.0	20
Native Hawaiian/Pacific Islander	0.0	0.0	18.2	9.1	72.7	11
American Indian or Alaska Native	0.0	14.9	23.4	27.7	34.0	47
Other	2.3	13.6	21.6	28.4	34.1	88
<u>Education</u>						
8 <sup>th</sup> Grade or Less	2.1	14.9	25.3	30.9	26.8	582
Some High School, Not Graduate	3.1	15.3	23.3	24.2	34.0	541
High School Graduate or GED	2.1	16.7	21.8	29.6	29.8	849
Some College or 2-Year Degree	4.0	17.2	20.7	27.4	30.7	522
4-Year College Graduate	6.6	21.1	18.4	18.4	35.5	76
More than 4-Year College Degree	2.7	24.3	24.3	27.0	21.6	37
<u>Hispanic or Latino origin or descent</u>						
Yes	4.4	14.8	21.5	27.4	31.9	135
No	2.5	15.8	22.3	28.5	30.9	2926

TABLE 18  
 - cont. -

<u>Health Plan</u>	<u>More Than Once A Month</u>	<u>About Once A Month</u>	<u>About Every 3 Months</u>	<u>Once or Twice</u>	<u>Never</u>	<u>N</u>
Regular Medicaid	1.7	13.4	21.5	28.0	35.4	1068
First Choice	3.4	19.2	24.2	29.5	23.8	567
SC Solutions	2.8	11.5	20.9	30.5	34.3	426
Absolute Total Care	3.1	21.5	23.8	27.2	24.4	353
Blue Choice	3.7	17.2	17.2	34.0	27.9	215
United Healthcare	3.8	17.6	28.0	25.8	24.7	182
Palmetto Physicians Connections	0.0	11.5	23.1	34.6	30.8	52
Carolina Medical Homes	3.0	6.1	15.2	33.3	42.4	33
Other	5.3	21.3	20.0	20.0	33.3	75

TABLE 19  
TRANSPORTATION

	<u>N</u>	<u>%</u>
<u>Phone for Help with Transportation</u>		
Yes	315	10.0
No	2,842	90.0
 <u>Number of Times Received Transportation</u>		
Once	54	17.3
2 – 3 times	85	27.2
4 – 10 times	93	29.8
11 – 20 times	25	8.0
More than 20 times	30	9.6
Contacted, but did not receive	25	8.0
 <u>How helpful</u>		
Extremely helpful	88	28.6
Very helpful	149	48.3
Somewhat helpful	49	15.9
Not too helpful	11	3.6
Not at all helpful	11	3.6

## Overall Rating

The final topic of interest in this study was respondent's overall rating of their health plan. To assess this, respondents were asked, "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?" The figures shown in Table 20 demonstrate that those who call the customer service line generally rate their health plan positively. Approximately 40% of respondents gave their health plan a rating of "10," another 12.0% rated it a "9," and 17.8% thought it was an "8," while only 1.6% gave it a rating of "0," 0.5% rated it a "1," and 1.5% thought it was a "2." The overall average rating was 8.22.

The general overall positive rating for these health plans is also evident for the individual plans, although there is some variation among them (see Table 21). The health plan which had the highest average score, 8.63, was First Choice, which 47.4% of enrollees rated a "10," followed by regular Medicaid (8.37) and SC Solutions (8.21). The plan with the lowest average score was Carolina Medical Homes, 6.89, but only 33 people from this plan responded to this question. The remainder of these plans each had average scores of above 7.50, an indication of a fairly high level of satisfaction with their health plans among those who call the SCDHHS customer service line.



TABLE 20  
RATE HEALTH PLAN - OVERALL

<u>Rating</u>		
0. Worst health plan possible	49	1.6
1.	15	0.5
2.	46	1.5
3.	31	1.0
4.	42	1.3
5.	201	6.4
6.	137	4.3
7.	287	9.1
8.	563	17.8
9.	379	12.0
10. Best health plan possible	1,265	40.1
11. Don't know	143	4.5

Mean: 8.22

TABLE 21  
AVERAGE RATINGS BY HEALTH PLAN

	<u>Mean</u>	<u>% "0"</u>	<u>% "10"</u>	<u>N</u>
First Choice	8.63	1.1	47.4	579
Regular Medicaid	8.37	0.9	45.3	1,098
SC Solutions	8.21	0.5	40.2	436
Other	8.10	2.6	48.2	75
Absolute Total Care	7.92	3.1	33.1	361
Blue Choice	7.86	2.8	37.4	221
Palmetto Physicians Connections	7.62	2.1	40.4	54
United Health Care	7.56	4.4	33.0	185
Carolina Medical Homes	6.89	11.1	25.9	33

**Appendix A**  
**Questionnaire**

# SC DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Customer Service Survey

(WHEN CALL IS TRANSFERRED FROM DHHS): "Hello, my name is \_\_\_\_\_, and we appreciate you speaking with us today. I have just a few questions that I would like to ask you about the services you receive from the Medicaid program.

### General Information

1. "First, what county do you live in?" (RECORD) \_\_\_\_\_
2. "And what is the name of your health plan?" (READ CHOICES IF NECESSARY)
  1. Absolute Total Care
  2. Blue Choice
  3. First Choice
  4. SC Solutions
  5. United Health Care
  6. DO NOT USE THIS CODE
  7. Carolina Medical Homes
  8. Palmetto Physician Connections
  9. Regular Medicaid
  10. Other (SPECIFY) \_\_\_\_\_
  11. Don't know (DO NOT PROBE)
3. "Some states pay health plans to care for people covered by {ANSWER TO Q.2}. With these health plans, you may have to choose a doctor from the plan list or go to a clinic or health care center on the plan list. Are you covered by a health plan like this?"
  1. YES
  2. NO

### Module 1: Access to Care

4. "Where do you usually go for medical care ... Is it an emergency room, an urgent care center, a clinic, a doctor's office, or someplace else?"
  1. EMERGENCY ROOM
  2. URGENT CARE CENTER
  3. CLINIC
  4. DOCTOR'S OFFICE
  5. SOMEPLACE ELSE (SPECIFY) \_\_\_\_\_

5a "A personal doctor is the one you would see if you need a checkup, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?"

1. YES
2. NO ----- GO TO Q.6

5b. "What is the name of your personal doctor?"

1. GAVE DOCTOR'S NAME
2. COULD NOT GIVE DOCTOR'S NAME

6. "In the last 3 months, how many visits did you make to a doctor's office, outpatient clinic or any other place (other than an emergency room or hospital) for health care?"

0. NONE
1. ONE
2. TWO
3. THREE
4. FOUR
5. FIVE OR MORE

7. "In the last 6 months, have you had any problems scheduling an appointment to get health care?"

1. YES
2. NO ----- GO TO Q.9
3. HAVE NOT TRIED/HAVE NOT NEEDED ---- GO TO Q.9

8. "What kind of problem was that?"

---

---

9. "Is there anything that prevents you from getting the health care you feel you need?"  
(DO NOT READ CHOICES)

1. CANNOT AFFORD IT/TOO EXPENSIVE
2. HEALTH INSURANCE DOES NOT COVER
3. DOCTOR DOES NOT ACCEPT MEDICAID/HEALTH PLAN
4. DOCTOR IS TOO FAR AWAY/TOO FAR TOO TRAVEL
5. TRANSPORTATION PROBLEMS
6. COULD NOT GET AN APPOINTMENT AT CONVENIENT TIME
7. OTHER (SPECIFY) \_\_\_\_\_
8. NO; NOTHING PREVENTS FROM GETTING HEALTH CARE

**Module 2: Emergency Room Usage**

10. "In the last 12 months, how many times did you go to an emergency room to get care for yourself?"

- 0. NONE ----- GO TO Q.12
- 1. ONE
- 2. TWO
- 3. THREE
- 4. FOUR
- 5. FIVE OR MORE

11. "(When/the last time) you receive care at an emergency room, why did you go to the emergency room instead of to a doctor's office or clinic?" (MARK ALL THAT APPLY)

- 1. NO PRIMARY CARE DOCTOR
- 2. AFTER HOURS/DOCTOR'S OFFICE CLOSED
- 3. CONVENIENCE
- 4. SEVERE PAIN
- 5. LIFE THREATENING SITUATION
- 6. OTHER (SPECIFY) \_\_\_\_\_

12. "In the last 12 months, have you been admitted as a patient in a hospital overnight or longer?"

- 1. YES
- 2. NO

**Module 3: Eligibility Barriers**

13. "How difficult for you was the Medicaid application process ... extremely difficult, very difficult, somewhat difficult, not too difficult, or not at all difficult?"

- 1. EXTREMELY DIFFICULT
- 2. VERY DIFFICULT
- 3. SOMEWHAT DIFFICULT
- 4. NOT TOO DIFFICULT ----- GO TO Q.15
- 5. NOT AT ALL DIFFICULT ----- GO TO Q.15

14. "Why would you say the Medicaid application process was (ANSWER TO Q.13)?"  
(MARK ALL THAT APPLY)

1. WAIT TIME/TIME IT TOOK
2. AMOUNT OF PAPERWORK/DOCUMENTATION
3. COMPLICATED
4. STAFF WAS NOT HELPFUL/DIFFICULT
5. TRANSPORTATION PROBLEMS
6. OTHER (SPECIFY) \_\_\_\_\_

**Module 4: Co-pays**

15. "If there is a co-payment for services you receive, how often do you pay this ... all of the time, most of the time, some of the time, or never?"

1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. NEVER
5. PLAN DOES NOT HAVE A CO-PAY (VOL.)
6. DON'T KNOW (DO NOT PROBE)

16. "In the past 12 months, have you been denied services because you were not able to pay the co-pay?"

1. YES
2. NO

**Module 5: Communication**

17. "Do you have access to the Internet?"

1. YES
2. NO ----- GO TO Q.20
3. DON'T KNOW ----- GO TO Q.20

18. "Where do you have access to the Internet?" (MARK ALL THAT APPLY)

1. HOME
2. WORK
3. PUBLIC ACCESS (LIBRARY, ETC.)
4. SMARTPHONE
5. OTHER (SPECIFY) \_\_\_\_\_

19. "Do you have a personal e-mail account?"

1. YES
2. NO

20. "Do you have a personal cell phone?"

1. YES
2. NO

21. "What would be the best way to get information to you about Healthy Connections Medicaid .. by mail, by e-mail, by text message, by phone, on the Internet, or some other way?"

1. MAIL
2. E-MAIL
3. TEXT MESSAGE
4. PHONE
5. POST ON THE INTERNET
6. OTHER (SPECIFY) \_\_\_\_\_

#### **Module 6: Customer Service**

22. "Before your call today, when was the last time you contacted your health plan?"  
(READ CHOICES IF NECESSARY)

1. WITHIN THE LAST MONTH
2. BETWEEN ONE MONTH AND SIX MONTHS AGO
3. BETWEEN SEVEN MONTHS AND TWELVE MONTHS AGO
4. MORE THAN ONE YEAR AGO

23. "Did you speak with an eligibility worker, a toll-free line representative, or some other person at your health plan?"

1. ELIGIBILITY WORKER
2. TOLL-FREE LINE REPRESENTATIVE
3. OTHER (SPECIFY) \_\_\_\_\_

24. "Was the person you spoke with able to answer all of your questions, most of your questions, some of your questions, or none of your questions?"

1. ALL
2. MOST
3. SOME
4. NONE



25. “Overall, how helpful was the person you spoke with ... extremely helpful, very helpful, somewhat helpful, not too helpful, or not at all helpful?”

1. EXTREMELY HELPFUL
2. VERY HELPFUL
3. SOMEWHAT HELPFUL
4. NOT TOO HELPFUL
5. NOT AT ALL HELPFUL

### **Module 7: Managed Care**

26. “In the past twelve months, how often have you heard from your health plan ... more than once a month, about once a month, about every three months, once or twice, or never?”

1. MORE THAN ONCE A MONTH
2. ABOUT ONCE A MONTH
3. ABOUT EVERY THREE MONTHS
4. ONCE OR TWICE
5. NEVER

27. “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?”

0. WORST HEALTH PLAN POSSIBLE
- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
10. BEST HEALTH PLAN POSSIBLE

### **Module 8 Transportation**

28. “Some health plans help with transportation to doctors’ offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your health plan to get help with transportation?”

1. YES
2. NO ----- GO TO Q.31

29. “About how many times in the last 6 months did you get transportation through Medicaid? (READ CHOICES IF NECESSARY)

1. ONCE
2. 2 – 3 TIMES
3. 4 – 10 TIMES
4. 11 – 20 TIMES
5. MORE THAN 20 TIMES
6. CONTACTED, BUT DID NOT RECEIVE TRANSPORTATION

30. “The last time you called your health plan to schedule a ride, how helpful was the person you spoke with ... extremely helpful, very helpful, somewhat helpful, not too helpful, or not at all helpful?”

1. EXTREMELY HELPFUL
2. VERY HELPFUL
3. SOMEWHAT HELPFUL
4. NOT TOO HELPFUL
5. NOT AT ALL HELPFUL

#### **Module 9 Background Characteristics**

31. “What is your age?”

1. 18 TO 24
2. 25 TO 34
3. 35 TO 44
4. 45 TO 54
5. 55 TO 64
6. 65 TO 74
7. 75 OR OLDER

32. “What is the highest grade or level of school that you have completed?”

1. 8th GRADE OR LESS
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE
3. HIGH SCHOOL GRADUATE OR GED
4. SOME COLLEGE OR 2-YEAR DEGREE
5. 4-YEAR COLLEGE GRADUATE
6. MORE THAN 4-YEAR COLLEGE DEGREE

33. “Are you of Hispanic or Latino origin or descent?”

1. YES, HISPANIC OR LATINO
2. NO, NOT HISPANIC OR LATINO

34. "What is your race?" (RECORD ALL THAT APPLY)

1. WHITE
2. BLACK OR AFRICAN-AMERICAN
3. ASIAN
4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
5. AMERICAN INDIAN OR ALASKA NATIVE
6. OTHER (SPECIFY) \_\_\_\_\_

35. (ASK ONLY IF NECESSARY) "Are you male or female?"

1. MALE
2. FEMALE

**Appendix B**  
**List of Open-Ended Responses**

**SC DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
 Customer Service Survey, January 1 – June 30, 2012  
 Open-ended Responses

**Table B-1: Name of your health plan**

Family planning	(29)
Unison	(15)
Care Improvement	( 8)
Healthy Choice	( 5)
Partners for Health	( 5)
Select Health	( 3)
Windsor Rx	( 3)
Medicare	( 2)
Health Spring	( 2)
Wellcare	( 1)
Community CCR	( 1)
Insurance through Job	( 1)

**Table B-2: Where do you usually go for medical care**

Hospital	(24)
MUSC	( 4)
Health Department	( 2)
Has not been to doctor	( 2)
Just born	( 1)

**Table B-3: Problem Scheduling an Appointment to Get Health Care**

Doctor does not accept my insurance	(75)
Doctor booked; could not get appointment	(55)
Plan did not cover needed treatment	(31)
Lack of insurance	(28)
Could not find a doctor who accepts insurance	(16)
Doctor not accepting new patients	(12)
Applying for insurance; have not received card	(11)
Could not find a specialist	( 6)
Problems due to switching health plans	( 5)
Cannot afford	( 5)
Transportation issues	( 5)
Not sure what doctor to see	( 4)
Had to wait for approval	( 4)
Problem with paperwork	( 3)
Referred to emergency room	( 2)
Doctor's office too far away	( 1)

**Table B-4: Prevents you from getting health care**

Waiting for referral	( 9)
Not eligible for coverage	( 5)
Coverage changed	( 5)
Problem with required paperwork	( 5)
Insurance coverage about to expire	( 5)
Doctors office did not follow through	( 4)
Employee error	( 4)
Waiting for appointment	( 3)
Changing plans	( 3)
Cannot find doctor who accepts insurance	( 3)
Problems with caseworker	( 3)
Given runaround by doctor's office	( 3)
Limited number of providers	( 2)
Unsure about health plan coverage	( 2)
Limited coverage	( 1)
Has special needs	( 1)
Preferred doctor not on health plan	( 1)
Don't have a doctor	( 1)
Won't go to a doctor	( 1)

**Table B-5: Why receive care at an emergency room instead of a doctor's office or clinic**

Did not have an appointment	( 9)
Doctor not available	( 8)
Mental health issues	( 6)
Not satisfied with previous diagnosis	( 5)
Doctor did not accept insurance	( 5)
Out of town	( 5)
Needed X-rays	( 3)
Went for a check-up	( 3)
Not feeling well	( 3)
Insurance did not cover	( 3)
Was not aware of options	( 3)
Doctor too far away	( 3)
Needed surgery	( 2)
Cannot afford doctor	( 2)
Ran out of visits at clinic	( 1)
Clinic does not accept walk-ins	( 1)

**Table B-6: Difficulty with Medicaid Application Process – Other Responses**

Difficulty in choosing plan	( 5)
Long wait	( 5)
Denied when should not have been	( 4)
Did not fill out application	( 4)
Did not send paperwork back	( 4)
Difficulty in reading and writing	( 3)
Difficult to find doctors	( 3)
Did not receive required paperwork	( 3)
Hard to understand	( 3)
Had to put information into computer	( 2)
Given runaround	( 2)
Collecting information that was not required	( 2)
There was no follow-up	( 2)
Family member died	( 2)
Error in the application process	( 2)
Did not have required paperwork	( 2)
Had to keep calling for information	( 2)
Language barrier	( 2)
Transportation problems	( 2)
Cannot get medication	( 1)
Denied because of health condition	( 1)
Could not get insurance when needed	( 1)
Coverage was cancelled without knowledge	( 1)
Second opinions required	( 1)
Did not have updated information	( 1)
Difficult to provide the required information	( 1)
Social Security office filled out the application	( 1)
Error by respondent	( 1)
Problem with billing	( 1)
Did not want to pay for it	( 1)
Do not know	( 5)

**Table 7: Person Contacted at Health Plan – Other Responses**

Did not speak with anyone	(12)
Someone else – unknown position	(11)
Receptionist	(10)
Social worker	( 9)
Medicaid office	( 7)
Accessed by touch-tone telephone	( 7)
Mail contact	( 3)
Pharmacy	( 3)
Doctor’s office	( 3)
Multiple people	( 3)
Co-worker	( 1)
Social Security office	( 1)
DHEC	( 1)