

Cover Michigan 2014 Survey: Satisfaction with Health Coverage in Michigan

December 2015

he third open enrollment period for individual coverage on Michigan's health insurance marketplace began on November 1, 2015, and will continue until January 31, 2016. The average Michigan consumer will have 64 plans to choose from during the 2015 open enrollment period. Nationwide, 31 percent of consumers with marketplace coverage in both 2014 and 2015 switched plans during last year's open enrollment period.

This brief examines how factors influencing health plan selection, both on and off the marketplace, were related to consumer satisfaction with insurance coverage. Our analyses suggest that when selecting a health plan during open enrollment, consumers may be happier with their coverage if they ensure that their plan includes their current primary care provider rather than looking for the plan with the widest network. Comparison shopping among plans at similar price points and looking for value instead of price alone may also lead to increased health plan satisfaction.

The brief is based on data from the Center for Healthcare
Research & Transformation's 2014 Cover Michigan Survey of Michigan adults, fielded
between September and November 2014. Detailed methodology is available at
http://www.chrt.org/publication/health-plan-selection-factors-influencing-michiganders-choice-of-health-insurance/.

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Key Findings

- Consumers for whom price played a major role when selecting a health plan were less likely to be satisfied with their plans than those for whom price was a less important consideration.
- Consumers whose insurance did not include their primary care provider were far less likely to be satisfied with their coverage than those whose providers were included in their plans.

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 $^{^{\}rm 1}$ U.S. Centers for Medicare & Medicaid Services. November 2015. 2016 health insurance dates and deadlines.

https://www.healthcare.gov/quick-guide/dates-and-deadlines/ (accessed 11/4/15).

² J. Fangmeier, 2015 Marketplace Rate Analysis (Ann Arbor, MI: Center for Healthcare Research & Transformation, Nov. 2015).

³ T. DeLeire and C. Marks. Department of Health & Human Services. October 2015. Consumer Decisions Regarding Health Plan Choices in the 2014 and 2015 Marketplaces. http://aspe.hhs.gov/sites/default/files/pdf/134556/Consumer decisions 10282015.pdf (accessed 11/4/15).

Findings

Forty-nine percent of respondents who reported that premium costs were a very important consideration when selecting a health insurance plan were satisfied with their plan (defined as having rated it as 'excellent' or 'very good'), compared to 61 percent of respondents for whom premium costs were not such an important consideration. Similar differences existed for those who reported that deductible, copay, and coinsurance costs had been very important considerations in their selection of a plan, but respondents for whom the number of physicians in the plan had been a very important consideration were equally likely to report being satisfied with their coverage as those for whom this had not been as important factor (*Figure 1*).

70% 65% 61% 60% 59% 58% 60% 52% 53% 51% 49% 49% 49% 49% 'Very important' factor 50% in health plan selection 40% 30% Not 'very important' 20% factor in health plan selection 10% 0% Premium Deductible Copay costs Coinsurance Size of Any cost measure costs costs costs physician network

Figure 1: Percent of respondents satisfied with coverage, by importance of cost and network size in plan selection

Source: CHRT Cover Michigan Survey 2014.

Only 21 percent of respondents who reported having had to change health care providers in the previous year because their provider was not included in their plan were satisfied with their coverage, compared to 54 percent of respondents whose insurance did not cause them to switch providers (*Figure 2*).

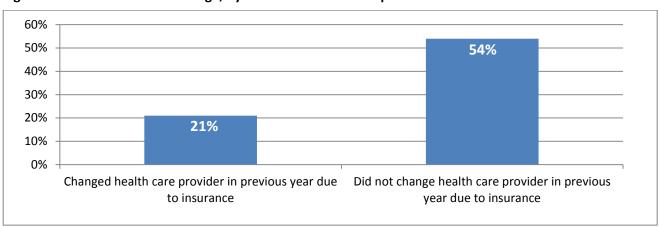


Figure 2: Satisfaction with coverage, by insurance inclusion of provider

Source: CHRT Cover Michigan Survey 2014.