

Commercial health plan members are satisfied with benefits and coverage, but not with high co-pay costs and lack of care coordination.

By **Jessica Kent**

May 13, 2019 - Customer satisfaction with commercial health plans is improving nationwide, but members are still not content with co-pay costs or care coordination, a **JD Power consumer survey** revealed.

While customer satisfaction among commercial health plan members is stable or improving in most areas of the country, JD Power noted that overall satisfaction scores for health plans is still one of the lowest-rated across all the industries it evaluates.

Overall health plan member satisfaction was 713 on a 1000-point scale, up seven points from the previous three years. Coverage and benefits were primary drivers of increased customer satisfaction, the survey showed, accounting for 25 percent of total health plan member satisfaction.

Maryland, California, Indiana/Illinois, and Michigan were among the regions with the highest overall member satisfaction rates. In both Maryland and California, Kaiser Foundation Health Plan was the top performing health plan. In Indiana/Illinois, Health Alliance Medical Plans took the top spot.

Although health plan satisfaction is on the rise, customers aren't so happy with how much they spend to reap the benefits of insurance coverage. Cost is the one factor that hasn't had any increase in customer satisfaction since 2017, the survey showed, and the decline in cost satisfaction is directly related to high co-pays for physician office visits.

"Overall satisfaction scores are 254 points higher when members perceive their plan actively keeps out-of-pocket costs low, helped coordinate care and that there was enough coverage, yet 54 percent or fewer of health plan members say their plan delivers on each of these criteria," JD Power said.

Health plans will need to turn to **alternative treatment channels**, including telehealth, urgent care, and retail clinics, to improve member satisfaction and provide additional options for budget-conscious beneficiaries.

Thirty-two percent of all health plan members visited urgent care facilities in the past year, indicating a strong desire for alternatives to the traditional clinic setting. Close to

half of health plan members also expressed interest in telehealth, which can provide both cost savings and convenience.

“Digital access to personal health data and improved coordination of care could encourage further use of these lower-cost treatment channels,” JD Power said.

These results echo the findings in the 2017 survey, which **showed** that care coordination is the most important criteria impacting health plan members’ satisfaction. However, just 25 percent of survey participants said their health insurance companies met their standards.

“Amidst sweeping changes in healthcare delivery and payment models, our data is showing that the one thing consumers value most is clear-cut, easy access to doctors and other healthcare providers,” Valerie Monet, senior director of US insurance operations at J.D. Power, said at the time.

“This puts health insurers in a unique position because so much of their perceived value is reliant upon positive interactions with providers. These findings set the stage for the future of healthcare in which close coordination among health plans and providers that reduces friction points for members will be the key to success.”

JD Power’s 2018 **version of the survey** also showed similar findings: that customer satisfaction with the health plan industry lags behind other industries in terms of convenience, helpfulness, and the availability of user-friendly purchasing experiences.

These results suggested that health plans may not always fully communicate with their members, leaving them unaware of what their best, most affordable care options are.

“The one area where top-performing health plans can really set themselves apart in the eyes of their members is to help them better understand how to navigate the healthcare system, including how their plan works and cost-effective access points for care. The key is effective communication,” Monet said of the 2018 data.

The results of the 2019 survey show that health plans still have some work to do before they truly meet expectations.

“Health plans are doing a good job managing the operational aspects of their businesses, but they are having a harder time addressing the expectations members have based on their experiences in other industries where their service needs are more effectively addressed with better technology,” said James Beem, Managing Director, Global Healthcare Intelligence at JD Power.

“Across the board, health plan members are satisfied with the coverage and benefits they have, but once they start looking to their health plans for guidance in areas like navigating issues related to cost or when to use primary care versus urgent care, many plans miss the mark on customer expectations.”