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Issue BRIEF

# The Impact of Length of Time Enrolled in a Health Plan on Consumer Engagement and Health Plan Satisfaction: Findings From the 2017 Consumer Engagement in Health Care Survey

*By Paul Fronstin, Ph.D., Employee Benefit Research Institute; and Edna Dretzka, Greenwald & Associates*

## AT A GLANCE

The EBRI/Greenwald & Consumer Engagement in Health Care Survey (CEHCS) is an online survey that examines issues surrounding consumer-driven health care, including the cost of insurance, the cost of care, satisfaction with health care, satisfaction with health care plans, reasons for choosing a plan, and sources of health information.

The survey was conducted Aug. 10 to Sept. 1, 2017. Over 3,560 adults ages 21–64 who had health insurance through an employer, purchased directly from a carrier, or purchased through a government exchange participated in the survey.

This *Issue Brief* focuses on whether and how attitudes and behaviors change with the amount of time an individual has been enrolled in their health plan.

- Overall satisfaction does not increase when participants are in health plans for long periods of time (e.g., 10+ years), regardless of whether the plan is a traditional health plan, consumer-driven health plan (CDHP), or high deductible health plan (HDHP).
- Likewise, consumer engagement does not increase with time enrolled in a health plan. However, there is some evidence that health savings account (HSA)-eligible health plan enrollees are more engaged in some aspects of their HSA the longer they have been enrolled in their HSA-eligible health plan.

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Paul Fronstin is director of the Health Education and Research Program at the Employee Benefit Research Institute (EBRI). Edna Dretzka is senior director of healthcare at Greenwald & Associates. This *Issue Brief* was written with assistance from the Institute's research and editorial staffs. Any views expressed in this report are those of the authors and should not be ascribed to the officers, trustees, or other sponsors of EBRI, Employee Benefit Research Institute-Education and Research Fund (EBRI-ERF), or their staffs. Neither EBRI nor EBRI-ERF lobbies or takes positions on specific policy proposals. EBRI invites comment on this research.

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**2017 Consumer Engagement in Health Care Survey Underwriters**

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## Introduction

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 included a provision that created health savings accounts (HSAs) and HSA-eligible health plans. Enrollment in HSA-eligible health plans, as well as other similar types of health plans (collectively known as consumer-driven health plans or CDHPs) has grown significantly since they first became available (Fronstin 2018). Enrollment in high-deductible health plans (HDHPs) not associated with a savings account, or PPOs with deductibles of at least $1,000 for employee-only coverage and $2,000 for family coverage, has increased at commensurate rates. Employers have moved toward CDHPs and HDHPs as part of a larger movement toward increasing consumer engagement and cost sharing through health plan design.

Previous Employee Benefit Research Institute (EBRI) research has found that health engagement is higher among CDHP and HDHP enrollees than among enrollees in more traditional health plans (Fronstin and Elmlinger 2017). To some degree this has been due to CDHPs/HDHPs attracting a more engaged population. What has not been known is whether engagement increases the longer an individual has been enrolled in their health plan.

Research has also found that satisfaction among plan enrollees has been lower in CDHP and HDHP enrollees than among enrollees in more traditional health plans (Fronstin and Elmlinger 2015). CDHPs/HDHPs are relatively new. They are often confusing. What has not been known is whether satisfaction levels have increased the longer an individual has been enrolled in their health plan.

Why would we expect to see health engagement and satisfaction increase the longer an individual has been enrolled in their health plan? When an individual initially enrolls in a new health plan, plan designs – especially those that differ from their prior coverage -- can be confusing. As a result, it may take time for an individual to not only become familiar with their health plan, but it may take time for the various different incentives in a new health plan to impact member behavior. For example, high-deductibles may at first cause enrollees to cut back on use of health care services to save money, but over time, enrollees may become more engaged their health care. They may become more likely to check the price of health care services; to engage with their doctor about treatment options; and to seek information about quality and outcomes.

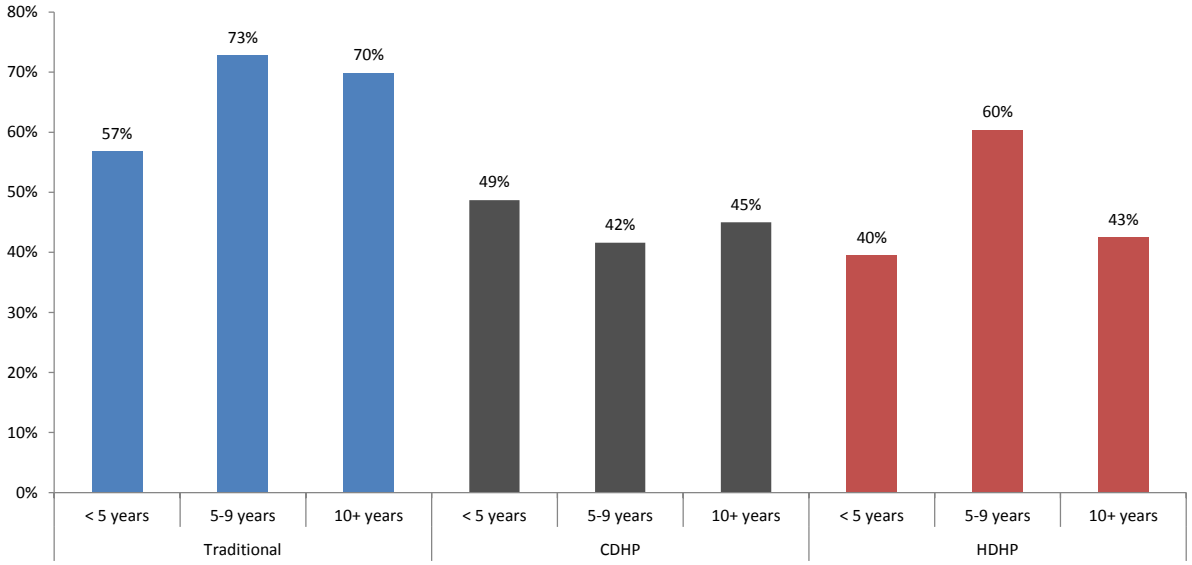
To shed light on these unknowns, this paper presents findings from the 2017 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS) – a study designed to provide nationally representative data regarding growth of CDHPs and HDHPs, and the impact of these plans on behavior and attitudes of adults with private health insurance coverage. Now in its 12th year, this study was based on an online survey of 3,560 privately insured adults ages 21-64. The sample was randomly drawn from the Ipsos' online panel of more than 775,000 internet users who had agreed to participate in research surveys. The survey used a base sample of over 2,300 to draw incidence rates for people with CDHPs and HDHPs, and the base sample was complemented with an additional random oversample of these two groups. More specifically, the oversamples were: 1) those with either an HSA-eligible health plan or health reimbursement arrangement (HRA), and 2) those in a plan with an individual deductible of at least $1,300 and a family deductible of at least $2,600, but who reported that they were not eligible to open an HSA.[1] The final sample included 1,101 in a CDHP, 790 in a HDHP, and 1,674 in a more traditional health plan.[2]

## Findings

*Satisfaction* – The CEHCS asks a number of questions regarding satisfaction with health care and coverage.

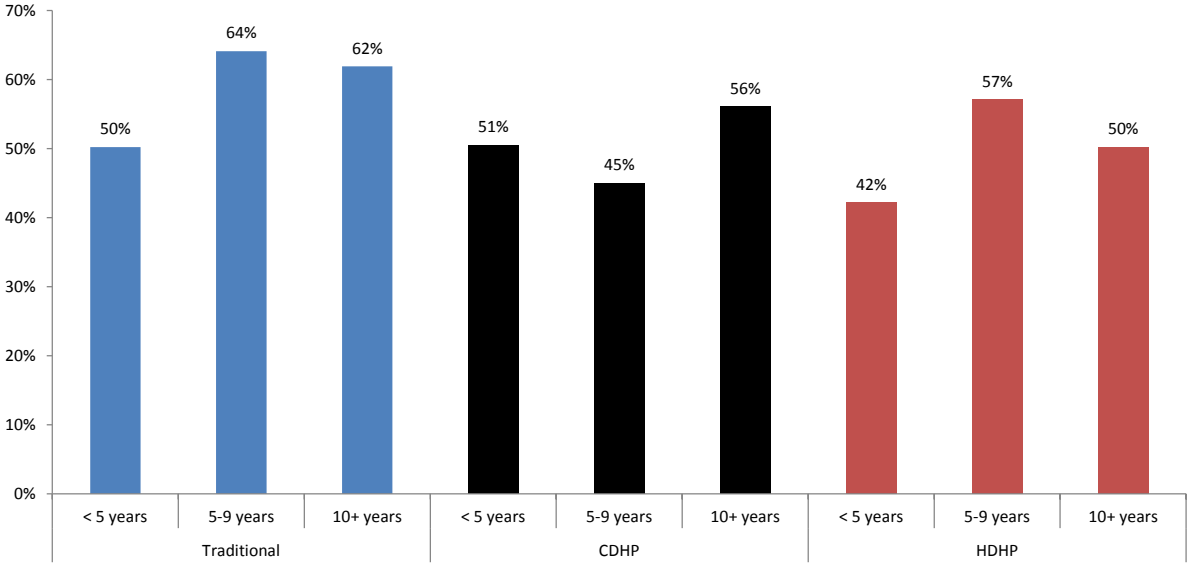
- Among individuals with a CDHP, overall satisfaction with their health plan did not increase with the length of time a person was enrolled in their health plan, according to the findings in Figure 1: Satisfaction was highest prior to year five.
- In contrast, among traditional plan enrollees, satisfaction peaked in years 5-9.
- Similarly, among HDHP enrollees, satisfaction was higher among those enrolled 5-9 years as compared to those enrolled for less than five years or for 10 years or more.

**Figure 1**
**Overall Satisfaction With Health Plan, by Plan Type and Length of Time on Plan (Percent Extremely or Very Satisfied)**




Source: EBRI/Greenwald & Associates, 2017 Consumer Engagement in Health Care Survey.

**Figure 2**
**Satisfaction With Information Available on Health Plan Choices, by Plan Type and Length of Time Enrolled (Percent Extremely or Very Satisfied)**



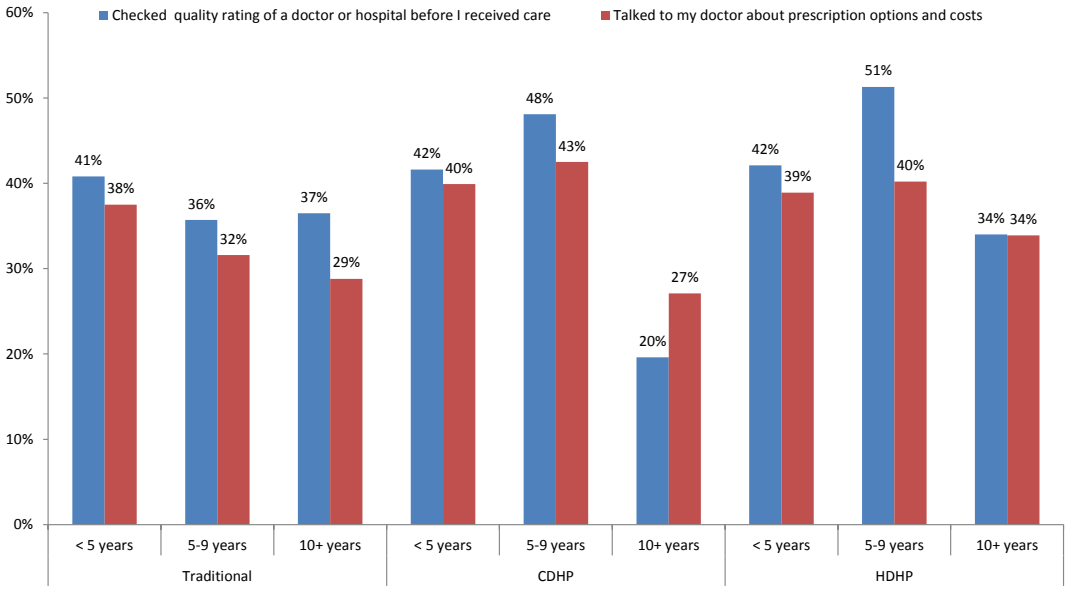

Source: EBRI/Greenwald & Associates, 2017 Consumer Engagement in Health Care Survey.

The pattern was found for nearly all of the other various satisfaction questions in the CEHCS. For brevity, those findings have not been shown separately in this paper. As shown in Figure 2, there was one exception: information available on health plan choices. Among CDHP enrollees, satisfaction with information available on health plan choices was highest among those plan participants who were enrolled the longest.

*Engagement* – The CEHCS also asks a number of questions regarding consumer engagement to better understand the role that type of health plan plays in cost conscious decision making. The findings from two of those questions are shown in Figure 3: whether the plan enrollees checked the quality rating of a doctor or hospital before receiving care, and whether they talked to their doctor about prescription options and costs. Longer enrollment length was not found to increase consumer engagement in either case.

- Among CDHP enrollees, we found the opposite – those enrolled the longest (10 years or more) were the least likely to be engaged in their health care as compared to other CDHP enrollees.
- Cost-conscious decision-making also did not increase with time for participants in either traditional or high deductible health plans.

**Figure 3**
**Cost Conscious Decision Making,**
**by Plan Type and Length of Time Enrolled**

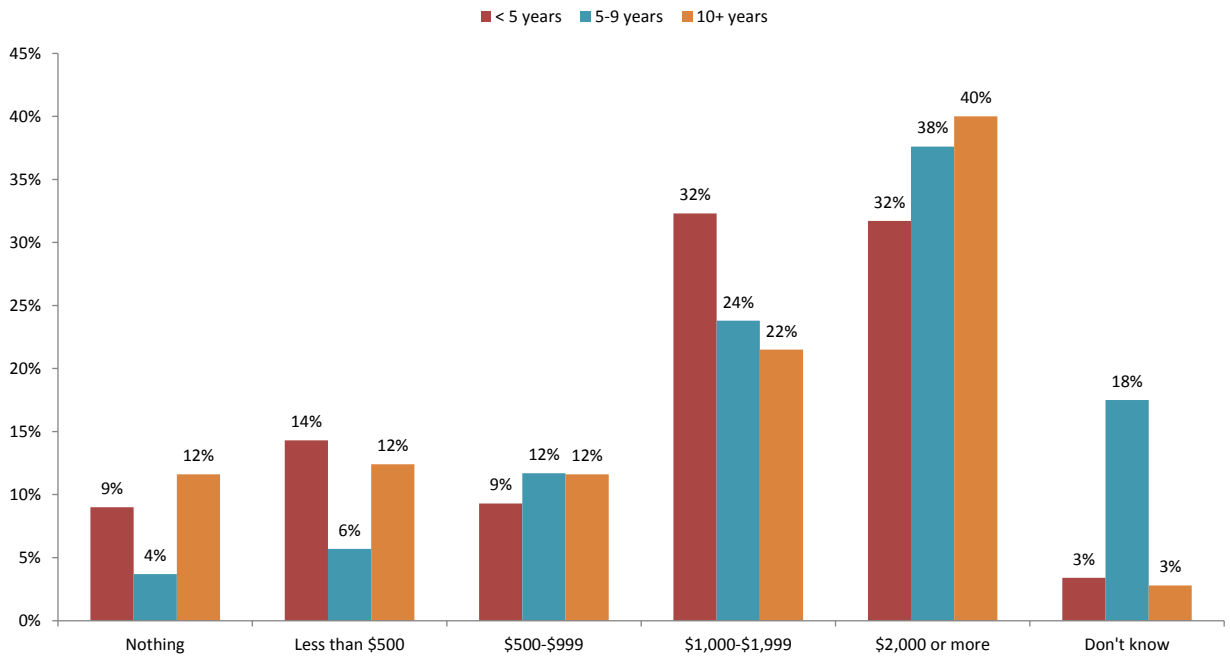



Source: EBRI/Greenwald & Associates, 2017 Consumer Engagement in Health Care Survey.

Similar patterns were found for the other consumer engagement questions not shown here.

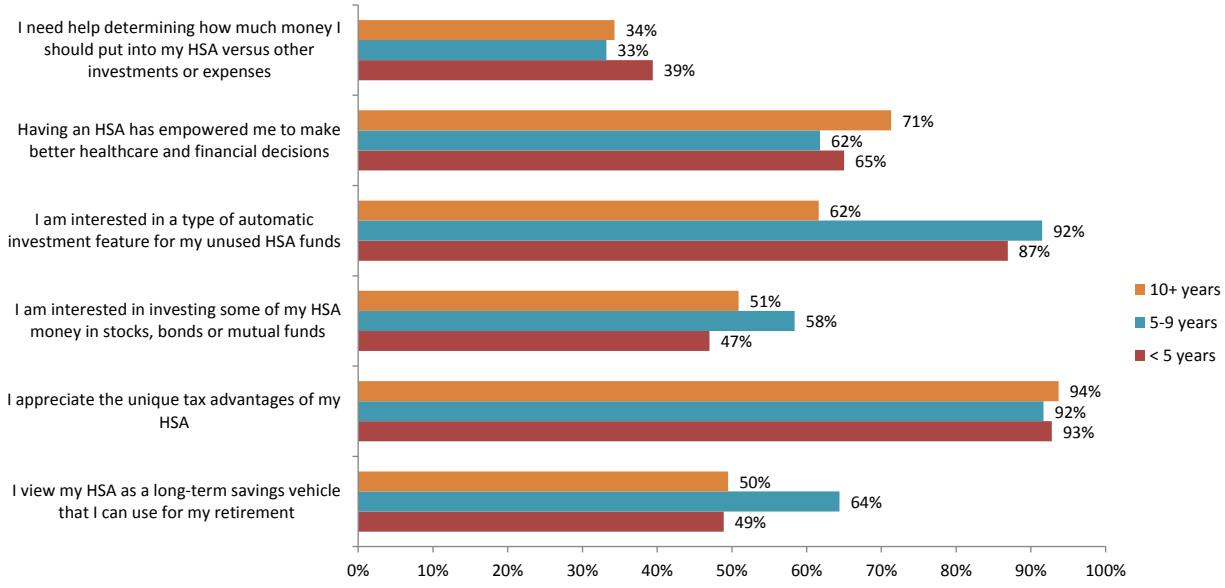
*HSA-Eligible Health Plan Enrollees* – There was some evidence that HSA-eligible health plan enrollees were more engaged in some aspects of their HSA the longer they had been enrolled in their HSA-eligible health plan. According to the data in Figure 4, the longer a person had been enrolled in an HSA-eligible health plan, the more likely they were to contribute $2,000 or more to their HSA. However, when it came to how they viewed their HSA, there were no major differences by length of time enrolled in the HSA-eligible health plan, though participants enrolled for 10 years or more were slightly more likely than those enrolled less time to report that the HSA had empowered them to make better health care and financial decisions, as seen in Figure 5.

## Figure 4
## Annual Contributions to Health Savings Account (HSA), by Length of Time Enrolled




Source: EBRI/Greenwald & Associates, 2017 Consumer Engagement in Health Care Survey.

## Figure 5
## Attitudes Toward Health Savings Accounts (HSA), Among HSA Enrollees (Percent That Strongly or Somewhat Agree)




Source: EBRI/Greenwald & Associates, 2017 Consumer Engagement in Health Care Survey.

## Conclusion

This *Issue Brief* focuses on health care engagement and satisfaction with various aspects of health care over time. The survey found that engagement and satisfaction for the most part do not change with the length of time an individual has been enrolled in their health plan. What appears to be disengagement among individuals with the longest enrollment length may merely reflect their familiarity with various options available to them. Plan sponsors and employers may need to think about different ways to engage plan members with different lengths of plan tenure.

## Appendix—About the Consumer Engagement in Health Care Survey

The findings presented in this paper were derived from the 2017 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS), an online survey that examines issues surrounding consumer-driven health care, including the cost of insurance, the cost of care, satisfaction with health care, satisfaction with health care plans, reasons for choosing a plan, and sources of health information. The 2017 CEHCS was conducted within the United States between Aug. 10 and Sept. 1, 2017, through a 15-minute internet survey. The national or base sample was drawn from Ipsos' online panel of internet users who have agreed to participate in research surveys. Over 2,300 adults ages 21–64 who had health insurance through an employer, purchased directly from a carrier, or purchased through a government exchange were drawn randomly from the Ipsos sample for this base sample. This sample was stratified by gender, age, region, income, and race. The response rate was 10 percent. As a non-probability sample, traditional survey margin-of-error estimates do not apply.

Because the base sample (national sample) included only 354 individuals in a CDHP and 275 individuals with an HDHP, an oversample of individuals with a CDHP or HDHP was added. The oversample included 747 individuals with a CDHP and 515 individuals with an HDHP, resulting in a total sample (base plus oversample) of 1,101 for the CDHP group and 790 for the HDHP group. After factoring out the base sample—the 259 individuals with a CDHP and the 255 individuals with an HDHP—there were 1,674 individuals in the sample with traditional health coverage.

In addition to being stratified, the base sample was also weighted by gender, age, education, region, income, and race/ethnicity to reflect the actual proportions in the population ages 21–64 with private, health-insurance coverage.[3] The CDHP and HDHP oversamples were weighted by gender, age, income and race/ethnicity, using the demographic profile of the CDHP and HDHP respondents to the omnibus survey described below.

While panel internet surveys are nonrandom, studies have demonstrated that such surveys, when carefully designed, obtain results comparable with random-digit-dial telephone surveys. Taylor (2003), for example, provided the results from a number of surveys that were conducted at the same time using the same questionnaires both via telephone and online. He found that the use of demographic weighting alone was sufficient to bring almost all of the results from the online survey close to the replies from the parallel telephone survey. He also found that in some cases propensity weighting (meaning the propensity for a certain type of person to be online) reduced the remaining gaps, but in other cases it did not reduce the remaining gaps. Perhaps the most striking difference in demographics between telephone and online surveys was the under-representation of minorities in online samples.

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## Endnotes

[1] See Appendix for more detail on the methodology.

[2] Traditional plans include a broad range of plan types, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), other managed care plans, and plans with a broad variety of cost-sharing arrangements. The shared characteristics of these plans are that they either have either no deductibles or deductibles that are below current thresholds that would qualify for tax-preferred HSA contributions.

[3] In theory, a random sample of 2,000 yields a statistical precision of plus-or-minus 2.2 percentage points (with 95-percent confidence) of what the results would be if the entire population ages 21–64 with private health insurance coverage were surveyed with complete accuracy. There are also other possible sources of error in all surveys that may be more serious than theoretical calculations of sampling error. These include refusals to be interviewed and other forms of nonresponse, the effects of question wording and question order, and screening. While attempts are made to minimize these factors, it is impossible to quantify the errors that may result from them.

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