Date: February 8, 2018
To: Joint Labor-Management Benefits Committee
From: Staff
Subject: Anthem PPO Member Survey

RECOMMENDATION
That the Joint Labor-Management Benefits Committee approve proposed survey of members of the Civilian Benefits Program Preferred Provider Organization (PPO) Plan.

DISCUSSION

A. Background

As part of its review of 2018 plan year provider renewals conducted at its April through June 2017 meetings, the JLMBC discussed concerns regarding the claims experience and corresponding rate increases for the Anthem Blue Cross (Anthem) PPO Plan. The JLMBC requested that staff and Anthem develop strategies for improved outcomes for the PPO Plan. At its January 4, 2018 meeting, the JLMBC received a staff report and presentation from Anthem regarding a range of proactive strategies for improving member health and promoting effective utilization of health plan services. Those strategies include the following:

(1) **Promotion of Mobile Health Consumer Application** – Anthem’s City-customized mobile application, which is being promoted to all of the City's Anthem members, including PPO members, as a means of increasing member engagement and promoting behavioral changes that support their immediate and long-term health needs.

(2) **Concierge Customer Service Resource** – An enhanced member service resource for the City’s PPO members, called “Anthem Health Guide,” which was introduced January 1, 2018 and leverages specially trained customer service associates and smart engagement technology to connect PPO members with preventive and care management resources and help them navigate the complexities of benefit services.

(3) **LiveHealth Online** – Promotion of Anthem’s “LiveHealth Online” service, which provides two-way live video consultations with medical care providers via computer or smartphone and supports more readily available service delivery and improved engagement and health outcomes.

(4) **House Call Services** – Promotion of “Heal,” a PPO in-network provider of on-demand health care services, allowing members to schedule visits at home and at a time convenient to them.
B. PPO Survey/Focus Groups and Implementation Schedule

Separately, staff indicated it was working on developing a PPO member survey and focus groups. These will provide valuable opportunities for soliciting member feedback in order to identify options for increasing member health, engagement and satisfaction.

Survey Content - Staff, in consultation with Segal Consulting and Anthem, has developed a proposed online survey of PPO members (Attachment A). The survey is designed to solicit feedback from members regarding the following areas of inquiry:

- Health Plan and PPO Preferences (what factors drive member participation in the PPO plan)
- Service Utilization and Satisfaction (utilization tendencies and satisfaction with service providers and health plan)
- PPO Plan Costs (satisfaction with cost structure)
- PPO Program/Service Awareness (awareness of special services/programs offered by the PPO Plan)

The survey will be branded under the Civilian LAwell Benefits Program, with Segal Consulting responsible for administering the survey tool and collection/reporting of data. A direct-mail invitation to participate in the survey will be issued to all of the approximately 2,600 members of the PPO Plan. The mailing will provide members with the survey link. Members will also have the option of calling to request a paper version.

Focus Groups – The survey also includes an invitation to members to participate in a focus group. Members are requested to provide contact information; upon receipt, they will be placed into a focus group pool. Shortly after the survey, staff will work with Segal Consulting to conduct PPO member focus groups to obtain in-depth feedback regarding the aforementioned survey areas of inquiry. Approximately five focus groups are anticipated, subject to member interest and availability.

Implementation Schedule – Following is a proposed implementation schedule for the survey and focus groups. Staff’s objective is to complete the survey and report back to the JLMBC at one of its special meetings to be scheduled for the month of May, 2018.

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Target Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JLMBC Approval of Survey</td>
<td>2/8/2018</td>
</tr>
<tr>
<td>Establish Online Survey</td>
<td>2/15/2018</td>
</tr>
<tr>
<td>Process Direct Mail Invitation to PPO Members to Take Survey</td>
<td>2/23/2018</td>
</tr>
<tr>
<td>Survey Window</td>
<td>2/23-3/9/2018</td>
</tr>
<tr>
<td>Prepare Survey Report/Analysis</td>
<td>3/23/2018</td>
</tr>
<tr>
<td>Focus Groups</td>
<td>3/23-4/13/2018</td>
</tr>
<tr>
<td>Report Back to JLMBC</td>
<td>1st or 2nd May Special Meetings</td>
</tr>
</tbody>
</table>

Upon approval of the draft survey by the JLMBC, staff will proceed to finalize and execute the survey.
Welcome!

Welcome to the 2018 City of Los Angeles LAwell Benefits Program PPO Member Survey. The purpose of this survey is to obtain feedback about your participation in the City’s PPO Plan.

The City’s Joint Labor-Management Benefits Committee (JLMBC) oversees the LAWell Benefits Program. Participant feedback plays a crucial role in understanding the needs and preferences of our members. We encourage you to take the survey and share your views. The survey should take 10-15 minutes or less to complete.

Your opinions are strictly confidential

You are not required to identify yourself as part of taking this survey. However, the survey does provide an option for you to provide contact information in the event you are interested in participating in a focus group discussion regarding the PPO Plan.

Your keys to successfully completing the survey

• Selecting answers that best describe your experience or opinion.

• Using the "Back" and "Next" buttons at the bottom of each page to navigate the survey. Do not use the buttons in your browser's toolbar, as your responses may not be recorded.

• When you have completed the survey, click the "Submit" button to save your responses. Once you have clicked this button, you will not be able to go back and edit your responses.

• Not able to take the survey online? Call ___________ or email ____________ to request a printed version.

Questions?
If you have questions, please call ___________ or email ____________.

Thank you in advance for your participation!
GATEWAY QUESTION
I am enrolled in 2018 with the City’s PPO Plan:

☐ Yes
☐ No
☐ Unsure

(If yes, proceed to survey questions; if no, indicate not eligible to participate in survey; if “unsure,” direct to Employee Benefits to determine if individual is a member).

A. YOUR STATUS

1. How long have you worked for the City of Los Angeles?
   ☐ Less than one year
   ☐ 1-4 years
   ☐ 5-9 years
   ☐ 10-14 years
   ☐ 15-19 years
   ☐ 20 or more years

2. With which gender do you most identify?
   ☐ Male
   ☐ Female
   ☐ Non-binary/Third Gender
   ☐ Other
   ☐ I prefer not to answer

3. What is your age group?
   ☐ 25 or under
   ☐ 26 to 40
   ☐ 41-55
   ☐ 56-65
   ☐ 66-74
   ☐ 75 or older

4. What City Department do you presently work for?
   ☐ DROP DOWN MENU

5. What City job category most closely matches your current job classification?
   ☐ Clerical
   ☐ Paraprofessional
   ☐ Administrative Professional
   ☐ Technical/Professional
   ☐ Skilled Craft
   ☐ Service & Maintenance
   ☐ Management
   ☐ Sworn – Police
   ☐ Sworn – Fire
   ☐ Protective Services

6. What City labor organization are you a member of?
   ☐ DROP DOWN MENU

7. How many members are covered on your health plan?
   ☐ Self only
   ☐ Self + spouse/domestic partner
B. HEALTH PLAN PREFERENCES

8. Indicate how important the following factors are to your choice of a medical plan with the City’s LAwell Benefits Program.

<table>
<thead>
<tr>
<th>Cost of bi-weekly medical plan premiums</th>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of care available under the plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of out-of-network coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size of medical provider network</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copay amounts or coinsurance percentages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription drug benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other factor: [_________________________]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. In thinking about why you chose the PPO Plan, please indicate how much you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe PPOs are more flexible and customer-friendly than HMOs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPO plans provide higher quality of care compared to other plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I need the PPO Plan to cover my out-of-state dependents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It’s important to me to be able to see out-of-network physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The PPO Plan is the best or only way I can access preferred physicians and/or medical provider groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having the choice of a PPO option is very important to me, even if it costs more than other City plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other reason: [_________________________]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Indicate if you have previously been enrolled in a different health plan offered by the City.

☐ No, I have not been previously been enrolled in a different City health plan
☐ Yes, Kaiser HMO
☐ Yes, Anthem or Blue Shield Narrow Network HMO
☐ Yes, Anthem or Blue Shield Full Network HMO
☐ Yes, Anthem Vivity
☐ Other plan or not sure
C. SERVICE UTILIZATION AND SATISFACTION

11. How often during the course of a year do you and/or your covered dependents seek PPO services?
- [ ] Almost never
- [ ] Sometimes – when we’re sick or for our annual physicals
- [ ] Frequently - I/my covered dependent(s) have a chronic medical condition that requires seeing doctors regularly

12. When I need health care, I typically go to:
- [ ] My Primary Care Provider
- [ ] A walk-in clinic
- [ ] An urgent care facility
- [ ] An emergency room

13. Do you and/or your covered dependents have prescriptions filled throughout the year?
- [ ] No.
- [ ] Yes, but only when we’re sick
- [ ] Yes - I/my covered dependent(s) have regular prescriptions that need to be filled.

14. Please rate your satisfaction with each of the following PPO services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall choice of an in-network primary care physician</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stability in the primary care physician that I and/or my dependents see (versus seeing a different person each time)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wait time to get an appointment with my primary care physician</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of getting a referral to a specialist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wait time to get an appointment with specialists</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The overall quality of care I and/or my dependents receive from my primary care physician</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The customer service I receive at the physician/provider’s office from office representatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of filling and refilling prescriptions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of accessing care outside of normal working hours (e.g. emergency or urgent care)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to find providers reasonably close to my home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customer service assistance from the health plan to answer questions or resolve problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of educational resources provided by my health plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How well my health plan communicates my share of the cost of services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to access my health records / information online</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My healthcare provider’s web site</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. PPO PLAN COSTS

15. Please indicate how much you agree or disagree with the following statements about PPO costs.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The premium costs I pay for my coverage are reasonable
- My office visit co-pays are reasonable
- My prescription drug co-pays are reasonable
- My insurance deductible is reasonable
- Overall, the total costs of the PPO plan are reasonable relative to the value of its services
- If I or a covered dependent experience an unforeseen significant health issue, I’m adequately prepared to cover my out-of-pocket expenses

16. If my bi-weekly medical plan premium contributions for the PPO Plan increased by 10%, but my benefits stayed the same, I would:
- Stay in the PPO
- Move to an HMO option
- Become a dependent on a spouse/domestic plan

17. Which of the following best describes how you feel about your out-of-pocket costs and bi-weekly medical plan premiums?
- I prefer a plan with the lowest possible out-of-pocket costs (copayments, deductibles, etc.), even if my bi-weekly medical plan premiums are higher.
- I prefer to have higher out-of-pocket costs (copayments, deductibles, etc.), so that my bi-weekly medical plan premiums are lower.

E. PPO PROGRAMS AND SERVICES

18. Please indicate your level of awareness about the following services and features offered by the Anthem PPO Plan:

<table>
<thead>
<tr>
<th>Not aware</th>
<th>Somewhat aware</th>
<th>Very aware</th>
<th>Unsure or no opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Mobile Health Consumer (online mobile application providing personal access to health plan resources)
- Anthem Health Guide Call Center (dedicated call center providing guidance to Anthem services, programs, and resources)
- Live Health Online (24/7 physician access through two-way live
19. Would you be willing to participate in a focus group session in on these topics, to be scheduled in March 2018?
☐ Yes [Contact Information: Phone:_____________ Email address: ________________
☐ No

20. Additional Comments
[___________________________________________________________________________]

To learn more about the programs and services available to you through your PPO Plan, please visit ________________________________. In addition, in order to access the Anthem Health Guide Call Center, please call ________________.

THANK YOU FOR PARTICIPATING IN OUR SURVEY!