

SATISFACTION WITH MANAGED CARE

With few exceptions, individuals in managed care plans are less satisfied with the care they have received during the last two years than individuals in fee-for-service health plans

- Individuals in fee-for-service plans and PPO-type plans (preferred provider organization) were significantly more likely than individuals enrolled in HMO-type plans (health maintenance organization) to report that they were either extremely or very satisfied with the care they have received in the last two years.
- Over 70 percent of fee-for-service enrollees were extremely or very satisfied with the quality of medical care received, compared with 60 percent of PPO-type plan enrollees and 46 percent of individuals enrolled in an HMO-type health plan.
- Twenty percent of individuals enrolled in an HMO-type plan and 26 percent of PPO-type plan enrollees were extremely or very satisfied with the cost of their health insurance, compared with 45 percent among persons enrolled in a fee-for-service plan.
- There were no significant differences in satisfaction for either hospital care or out-of-pocket expenses between managed care enrollees and fee-for-service enrollees.

Percentage Extremely or Very Satisfied with Aspect of Health Care Received Over the Past Two Years, by Type of Health Insurance Plan

Aspect of Health Care Received in Last 2 Years	HMO-Type Plan	PPO-Type Plan	Fee-for-Service Plan
Quality of Medical Care Received	35%	49%	48%
Ability to Choose Your Doctor	30	54	82
Care You've Received in the Last 2 Years	46	60	71
Hospitals You've Been Treated At	35	39	51
Benefits Covered by Your Insurer	20	26	45
Claims Processing	20	20	16
Cost of Your Health Insurance	38	39	47
Health Costs Not Covered by Your Insurance	37	41	49

Percentage Somewhat Satisfied with Aspect of Health Care Received Over the Past Two Years, by Type of Health Insurance Plan

Aspect of Health Care Received in Last 2 Years	HMO-Type Plan	PPO-Type Plan	Fee-for-Service Plan
Quality of Medical Care Received	43%	30%	25%
Ability to Choose Your Doctor	36	24	8
Care You've Received in the Last 2 Years	47	37	36
Hospitals You've Been Treated At	30	25	20
Benefits Covered by Your Insurer	40	41	38
Claims Processing	25	29	27
Cost of Your Health Insurance	40	36	21
Health Costs Not Covered by Your Insurance	38	32	41

Percentage Not Satisfied with Aspect of Health Care Received over the Past Two Years, by Type of Health Insurance Plan

Aspect of Health Care Received in Last 2 Years	HMO-Type Plan	PPO-Type Plan	Fee-for-Service Plan
Quality of Medical Care Received	10%	9%	5%
Ability to Choose Your Doctor	31	21	8
Care You've Received in the Last 2 Years	14	8	11
Hospitals You've Been treated at	11	10	4
Benefits Covered by Your Insurer	24	18	11
Claims Processing	29	21	12
Cost of Your Health Insurance	38	34	28
Health Costs Not Covered by Your Insurance	39	37	35

Note: Plan type is categorized by the number of managed care plan design features (out of a total of four) a respondent reports as describing his or her health plan. Individuals enrolled in plans with three or four plan design features are considered to be in "HMO-type" managed care plans; individuals enrolled in plans with one or two of these features are considered to be in "PPO-type" managed care plans; and individuals enrolled in plans with none of the four features are considered to be in "traditional" fee-for-service insurance plans. All respondents older than age 65 are considered to be Medicare participants.

Source: 1999 Health Confidence Survey.