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To date, few studies have been conducted assessing parental satisfaction with children's health care in managed care plans. Consumer satisfaction is of growing importance for managed care companies and is frequently displayed in health plan report cards, as well as in benchmarking and monitoring procedures. However, little is known about the satisfaction of parents of children with chronic conditions. This study is one of the first of its kind to focus on children with serious emotional disorders and examine the influence of managed care on parent/caregiver satisfaction ratings about their children's (a) behavioral health provider, and (b) behavioral health insurance plan through the Medicaid programs in three states. The study results reveal parents of children with serious emotional disorders in Medicaid fee-for-service (FFS) plans were significantly more satisfied with their plans than those parents in Medicaid managed care (MC) plans.

The researchers analyzed data from three of six states participating in the Children with Serious Emotional Disorders section of the Managed Care for Vulnerable Populations Study funded by SAMHSA. All three states, Mississippi, Pennsylvania, and Tennessee, had similar behavioral health benefits in their plans, but the plans were administered differently. Mississippi's Medicaid program was FFS for behavioral health services and almost all physical health services. Preauthorization was required only for inpatient hospitalization. In Pennsylvania, there were two groups of children with Medicaid included in the study: those in the traditional FFS plan and those who had voluntarily chosen a MC plan, including both physical and behavioral health services. Tennessee mandated all Medicaid beneficiaries into the MC plan for both physical and behavioral health.

Data were collected in 1997-98 by face-to-face interviews with parents/caregivers of children with serious emotional disorders. A total of 715 participants were included in the sample: 52% from Pennsylvania, 23% from Tennessee, and 24% from Mississippi. The sample consisted of parents of children aged 4-17 (mean age=12.4) diagnosed with a serious emotional disorder. Seventy percent of the children were male and 25% were African American. These children exhibited high levels of behavioral health symptoms, as measured by the Child Behavior Checklist and Columbia Impairment Scale. Children were excluded from participating in the study if their only diagnosis for Medicaid service had been adjustment disorder or mental retardation.

The respondents were the primary caregivers for the children, primarily mothers or other female family members. Their average age was 40 years with a mean educational level of 12th grade. Parents/caregivers reported a high level of depressive symptoms, according to scores on the Center for Epidemiological Studies Depression Scale. Ratings of caregiver strain were also found to be elevated.

Parents/caregivers rated global items regarding their satisfaction with a) their child's most frequently used behavioral health service provider in the six months before the interview and b) their child's behavioral health plan. Specific questions were also included, such as asking parents/caregivers to give grades of A-F to *number of providers available, convenience of location, range of services covered, and overall quality of behavioral health services under their plan.*

Multiple regression modeling techniques were used to examine satisfaction ratings and explore the differences between FFS and MC plans, while controlling for issues such as demographic characteristics, clinical measures that have been previously related to satisfaction ratings, and child mental health service use in the past six months.

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Results show that parents/caregivers for children with serious emotional disorders were significantly less satisfied with their Medicaid managed care programs than those in fee-for-service programs. Provider satisfaction did not differ greatly on the basis of health plan type, in part because in at least one site (Pennsylvania), the providers were the same for both MC and FFS.

- Parent/caregiver age was positively associated with provider satisfaction and plan satisfaction
- Family income had a negative association with provider satisfaction and plan satisfaction
- Parents/caregivers with higher levels of depression/caregiver burden were significantly less satisfied with their children's providers
- Parents/caregivers rated higher satisfaction for more intensive levels of care (i.e., inpatient/residential and day treatment)
- Parents/caregivers of Black children gave higher satisfaction ratings for the plan than parents/caregivers of children of other races
- Parents/caregivers in Pennsylvania reported lower levels of satisfaction with their children's providers than those in the other two states

These findings highlight the importance of consumer ratings of health care systems. The results of this study are particularly important because of the paucity of information on consumer satisfaction with this group – parents/caregivers of children with serious emotional disorders. The authors suggest that “a focus on the experiences of special populations such as these children should be a part of ongoing monitoring and oversight activities” (p. 30).