

Medicaid and MinnesotaCare Satisfaction Survey Results

Prepaid Medical Assistance Program
Minnesota Senior Health Options
MinnesotaCare



2003

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Executive Summary

The 2003 Medicaid and MinnesotaCare Satisfaction Survey is the fourth survey conducted since 1997 by the Minnesota Department of Human Services (DHS) using the Consumer Assessment of Health Plans Study (CAHPS®) survey instrument and methodology. The purpose of these surveys is to assess and compare the satisfaction of enrollees in programs administered by DHS. The programs represented in this year's survey include three managed care programs—the Prepaid Medical Assistance Program (PMAP), the Minnesota Senior Health Options (MSHO), and Prepaid MinnesotaCare. The 2003 survey excluded children and enrollees of Medical Assistance (MA) Fee-For-Service. The data were weighted in certain circumstances to more accurately reflect population health plan or age group percentages.

The core 2003 survey was conducted using the CAHPS® 2.0H instrument. The survey instrument excluded several 2001 questions regarding computer and Internet access. Other than these omissions, the 2003 tool is consistent with the 2001 instrument. DHS custom questions added to the core 2.0H tool include:

- Questions to address dental care quality, dental care access, and pneumococcal and influenza vaccinations for seniors;
- The survey instrument was translated and administered in 5 languages; Hmong, Russian, Spanish, Somali, and Vietnamese, in addition to English;
- The survey tool includes questions taken from the Medical Outcomes Study 12-Item Short Form, "SF-12®" survey.

Key Findings—2003 Survey

- Overall satisfaction with the health plans showed only slight variation among plans. For PMAP, plan ratings ranged from 7.3 to 8.1 with an average of 8.0 for ages 18-64 (pg. 15). For MinnesotaCare the range for this age group was 7.8 to 8.2 with an 8.0 average (pg. 27).
- Satisfaction with dental care rated lower overall and declined in all three programs.

PMAP—Key Findings

- Satisfaction with overall healthcare, the rating of specialists and the rating of the respondent's personal physician all ranked at 8.0 or above (on a 10-point scale) for most of the participating plans (pg. 8). Scores were consistently higher for the 65+ age group.
- Over 60% of respondents said that communication with physicians and helpfulness of the office staff were always positive (pg. 10).
- Respondents ranked office-waiting time lower with 47% of 18-64 year olds saying that they always got care without long waits (pg. 10).
- Evaluations of customer services showed the greatest variation with a range of 61% - 82% of respondents saying that there was not a problem (pg. 22).
- Getting needed care, a measure of access, was rated highly across all plans, with 81% saying that it was not a problem (pg. 22).

MinnesotaCare—Key Findings

- Satisfaction with overall healthcare, the rating of specialists and the rating of the respondent's personal physician all ranked at 7.9 or above (out of 10) for all of the plans (pg. 27).
- Approximately 6 in 10 respondents said communication with physicians and helpfulness of the office staff were always positive (pg. 29).
- Only 52% said that office-waiting time was always acceptable (pg. 29).
- Customer service scores showed some degree of variation with 66% - 78% saying that it was "not a problem" (pg. 33).
- Approximately 8 in 10 said that getting needed care was "not a problem" (pg. 33).

MSHO—Key Findings

- Overall scores for the MSHO program were high across most questions. In general, MSHO scores ranked consistently with elderly respondents enrolled in the PMAP program.
- 13% more MSHO enrollees than comparable PMAP enrollees said that customer services was "not a problem" (pg. 12).
- 7% more MSHO enrollees than comparable PMAP enrollees said that getting the needed care was "not a problem" (pg. 12).

Medicaid and MinnesotaCare Satisfaction Survey Results

Table of Contents		Page
Part I:	About the 2003 Survey	1
Part II:	Program Comparisons	6
Part III:	Plan-Specific Comparisons—PMAP	13
Part IV:	Plan-Specific Comparisons—MinnesotaCare	25
APPENDIX A:	Technical Notes	35
APPENDIX B:	Respondent Characteristics	38

Part I:

About the 2003 Survey

Who sponsored the survey?

The 2003 Medicaid and MinnesotaCare Satisfaction Survey was conducted by The Myers Group, an NCQA-certified CAHPS® vendor, under contract with the Minnesota Department of Human Services (DHS).

Why was the survey done?

The project was designed to assess and compare the satisfaction of enrollees of public programs administered by DHS. This survey is conducted every two years.

What survey instrument was used?

The standardized survey instrument chosen for the study was the Consumer Assessment of Health Plans Study (CAHPS®) 2.0 Medicaid Core Module. This is the same instrument that was used in the 2001 DHS survey project. The instrument consists of approximately 63 questions assessing topics such as: *How well doctors communicate; Getting care without long waits; Helpfulness of office staff; Getting care that is needed; Health plan customer service; and Overall satisfaction with health plans and health care.* As in 2001, 12 additional questions from the SF-12® instrument were added to the surveys sent to seniors. The SF-12® is a survey tool used to assess the functional status of a defined population group.

Who was surveyed?

The survey included three core population groups:

- Medical Assistance enrollees in managed care health plans
- Medical Assistance senior enrollees in the Minnesota Senior Health Options (MSHO) demonstration
- MinnesotaCare enrollees in managed care health plans

Table 1 shows the distribution of respondents by age, health plan and program.

Table 1
Sampling and Analysis Matrix

	Target Completions		Actual Completions	
	18-64 Yr. Old	65+ Yr. Old	18-64 Yr. Old	65+ Yr. Old
Prepaid Medical Assistance Program				
BluePlus	300	300	310	509
First Plan Blue of Minnesota	300 (18-65+)		316	
HealthPartners	300	300	313	369
Itasca Medical Care	300 (18-65+)		262	
Medica Health Plans	300	300	312	397
Metropolitan Health Plan	300	300	277	187
South Country Health Alliance	300	300	325	316
UCare Minnesota	300	300	308	380

MinnesotaCare	18-64 Yr. Old	18-64 Yr. Old
BluePlus	300	354
First Plan Blue of Minnesota	300	375
HealthPartners	300	329
Itasca Medical Care	300	310
Medica Health Plans	300	344
Metropolitan Health Plan	300	319
UCare Minnesota	300	343

Minnesota Senior Health Options	65+ Yr. Old	65+ Yr. Old
MSHO Community	300	364

How were the data collected?

The survey was administered over a ten-week period from March to May 2003, using a four-wave mail plus telephone protocol as follows:

- A personalized pre-notification letter
- An initial survey mailout
- A postcard reminder
- A replacement survey to non-respondents
- Multiple attempt telephone survey follow-up of non-respondents (maximum of ten attempts)

Participation in the survey was entirely voluntary and confidential. The mail materials included a standard sentence translated in 5 languages that directed the enrollees to call a toll-free number for translation assistance.

Was the respondent information kept confidential?

Those asked to participate in the survey were told that they did not have to take part in the survey, if they did not want to do so. Their answers are kept confidential and will never be matched with their names.

How were the survey data analyzed?

Level of analysis

Data were analyzed to make two types of comparisons:

- Program Level—overall comparisons of the three core population groups. Appropriate comparison for MSHO is PMAP 65+ Metro. Appropriate comparison for MinnesotaCare is PMAP 18 to 64.
- Health Plan Specific—comparisons of the managed care health plans participating in the Prepaid Medical Assistance Program (PMAP) and MinnesotaCare

Weighting of responses

In order to more accurately estimate population-level values, the data were weighted in various circumstances. For example, the sample plan called for each of the seven health plans in the MinnesotaCare program to have approximately the same number of returns (Table 1). The population number of members in these health plans range from 1,141 to 37,343. So, for the MinnesotaCare-level analyses, the responses from each plan were weighted to have the returns from the larger health plan have more impact on estimates than the returns from a smaller health plan. Weighting by age group was also performed with certain individual health plans in the PMAP program (since the sample plan had approximately the same number of returns from adult and senior members regardless of the number of adults and seniors in the health plan's population). And weighting was done at the PMAP level. Weighting was not needed at the plan level for MinnesotaCare or MSHO.

Topics for analysis

Results from the individual questions included in the survey were combined into ten topic areas (see below). The overall satisfaction scores are measured by responses to individual rating questions. The composite scores are an average of between two and four related individual questions. For example, the percent of "Always" responses for the *Courtesy, respect, helpfulness of office staff* composite is the average of the percent of those who responded "Always" to question 25 and the percent of those who responded "Always" to question 26.

- Five **overall satisfaction scores**
 - Overall rating of health plan
 - Overall rating of health care
 - Overall rating of specialist
 - Overall rating of personal doctor or nurse
 - Overall rating of dental care
- Five **composite scores**
 - How well doctors communicate
 - Getting care without long waits
 - Courtesy, respect, helpfulness of office staff
 - Health plan customer service
 - Getting the care that is needed

Summary of Response Rates

The adjusted response rate was calculated excluding enrollees not in the plan, those with undeliverable surveys and no telephone number, and surveys which were not at least 80% complete, or did not complete questions required by NCQA protocol. These rates are generally lower than the published rates for 2001 and reflect a number of differences including the inclusion/exclusion of partially completed surveys, the lack of child surveys (which have higher response rates) and other factors.



Table 2
Survey Response Rates

	Average Response Rate
PMAP Total	31.1%
MinnesotaCare	30.4%
MSHO	29.3%

Part II: Program Comparisons

Introduction

This section of the report shows overall comparisons of the three core population groups:

- Prepaid Medical Assistance Program (PMAP)
- Minnesota Senior Health Options (MSHO)
- MinnesotaCare

Scores for Prepaid Medical Assistance Program and MinnesotaCare are presented for two age groups (18-64 and 65+) and are calculated by combining the scores for the specific health plans that are included under each program.

The results are weighted by age group within each plan. The first pages in this section present average (mean) scores that the programs received on the five overall survey questions that asked enrollees to rate their health plan, health care, specialist, doctor or nurse, and dental care.

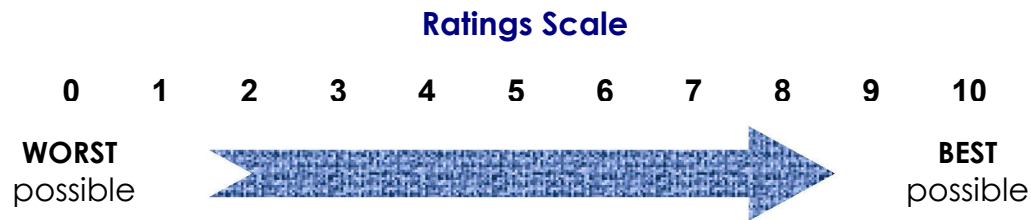
The next pages show the percentage of enrollees who responded most positively ("Always") to questions that formed the three composite topics: *How well doctors communicate*; *Getting care without long waits*; and *Courtesy, respect and helpfulness of office staff*.

The last pages of this section show the percentage of enrollees who responded most positively ("Not a Problem") to questions that formed the two composite topics: *Health plan customer service* and *Getting care that is needed*.

When comparing the ratings and percentages, the reader should ignore small differences between numbers. These small differences may reflect sampling variation rather than real differences.

How Programs Compare—Overall Ratings

The survey had questions that asked people to rate the health care they received from their health plan and health care providers. These questions asked people to give an overall rating by marking any number on a scale from 0 to 10, where 0 = “WORST possible” and 10 = “BEST possible”.



For each program, the number in the table shows the average (mean) of all ratings given by people who answered these questions.

How Programs Compare

Overall Ratings

	PMAP				MSHO*	MinnesotaCare
	18-64	65+ Total	65+ Greater Minnesota	65+ Metro	65+	18-64
How People Rated Their Health Plan	8.0	8.7	8.8	8.5	8.6	8.0
How People Rated Their Health Care	8.2	8.8	9.0	8.7	8.8	8.3
How People Rated Their Specialist	8.2	8.6	8.9	8.4	8.4	8.1
How People Rated Their Doctor or Nurse	8.7	8.9	8.9	8.9	8.9	8.6
How People Rated Their Dental Care	6.5	7.9	7.9	7.8	7.3	6.8

* MSHO is Metro Minnesota only.

How Programs Compare— Provider Communication and Service

The survey had a series of questions that asked people to rate how often:

- Their doctors communicated well
- They got care without long waits
- Office staff were courteous, respectful, and helpful

These questions asked people to give a rating by marking either: Never; Sometimes; Usually; or Always.

One of the questions in the *Get care without long waits* was phrased so that “Never” was best possible and “Always” was worst possible. The question responses were adjusted accordingly.



For each program, the numbers in the table show the average percent of people who responded most positively (or “Always”) to these questions.

How Programs Compare— Provider Communication & Service

Topic Ratings

	PMAP				MSHO*	MinnesotaCare
	18-64	65+ Total	65+ Greater Minnesota	65+ Metro	65+	18-64
How Well Doctors Communicate	61%	65%	67%	63%	65%	60%
Getting Care Without Long Waits	47%	56%	61%	50%	51%	52%
Courtesy, Respect and Helpfulness of Office Staff	66%	77%	81%	72%	72%	67%

* MSHO is Metro Minnesota only.

How Programs Compare— Health Plan Service and Access to Care

The survey had a series of questions that asked people to rate **how much of a problem they had with:**

- Health plan customer service
- Getting care that is needed

These questions asked people to give a rating by marking either: Big Problem; Small Problem; or Not a Problem.



For each program, the numbers in the table show the average percent of people who responded most positively (or “Not a Problem”) to these questions.

How Programs Compare— Health Plan Service and Access to Care

Topic Ratings

	PMAP				MSHO*	MinnesotaCare
	18-64	65+ Total	65+ Greater Minnesota	65+ Metro	65+	18-64
Health Plan Customer Service	71%	67%	76%	62%	75%	70%
Getting Needed Care	81%	81%	89%	75%	82%	83%

* MSHO is Metro Minnesota only.

Part III:

Plan-Specific Comparisons— Prepaid Medical Assistance Program (PMAP)

Introduction

This section of the report shows plan-specific comparisons of the managed care health plans participating in the Prepaid Medical Assistance Program (PMAP). The survey results for the health plans are presented by age group (18-64 and 65+).

The first pages in this section present average (mean) scores that the health plans received on the five survey questions that asked enrollees to rate their health plan, health care, specialist, doctor or nurse, and dental care.

The next pages show the average percentage of enrollees who responded most positively ("Always") to questions that formed the three composite topics: *How well doctors communicate*; *Getting care without long waits*; and *Courtesy, respect and helpfulness of office staff*. In addition, each health plan's distribution of scores ("Never/Sometimes," "Usually," and "Always") is shown for the three composites.

The last pages of this section show the average percentage of enrollees who responded most positively ("No Problem") to questions that formed the two composite topics: *Health plan customer service* and *Getting care that is needed*. Also, each health plan's distribution of scores ("A Big Problem," "A Small Problem," and "Not a Problem") is shown for the two composites.

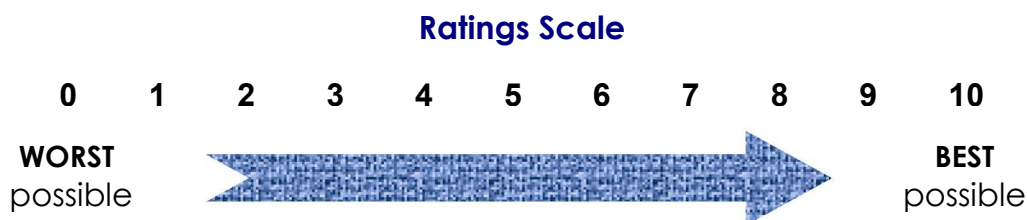
In this section, the overall State PMAP average is provided for reference purposes.

When comparing the ratings and percentages, the reader should ignore small differences between numbers. These small differences may reflect sampling variation rather than real differences.

How Health Plans Compare—Overall Ratings

Prepaid Medical Assistance Program (PMAP)

The survey had questions that asked people to rate the health care they received from their health plan and health care providers. These questions asked people to give an overall rating by marking any number on a scale from 0 to 10, where 0 = “worst possible” and 10 = “best possible”.



For each health plan, the number in the table shows the average (mean) of all ratings given by people who answered these questions.

How Health Plans Compare— Overall Ratings

Overall Ratings

	How people rated their health plan		How people rated their health care		How people rated their specialist		How people rated their doctor or nurse		How people rated their dental care	
	18-64	65+	18-64	65+	18-64	65+	18-64	65+	18-64	65+
BluePlus	8.1	8.8	8.3	9.0	8.4	9.0	8.7	9.0	6.3	8.1
First Plan Blue of Minnesota	8.0	9.3	8.1	9.1	8.4	9.2	8.5	9.3	6.5	8.4
HealthPartners	8.1	8.6	8.2	8.6	8.2	8.2	8.7	8.9	7.3	7.8
Itasca Medical Care	7.7	8.7	8.1	9.0	8.0	8.7	8.9	9.1	7.6	8.3
Medica Health Plans	8.1	8.7	8.3	8.7	8.3	8.5	8.7	8.8	6.5	7.9
Metropolitan Health Plan	8.1	8.5	8.1	8.6	8.1	8.1	8.7	8.9	6.0	7.1
South Country Health Alliance	7.3	8.7	7.9	9.0	8.0	8.7	8.6	8.9	5.8	7.8
UCare Minnesota	7.8	8.3	8.0	8.9	7.7	8.7	8.5	9.0	6.1	7.7
State PMAP Weighted Average	8.0	8.7	8.2	8.8	8.2	8.6	8.7	8.9	6.5	7.9

How Health Plans Compare— Provider Communication and Service

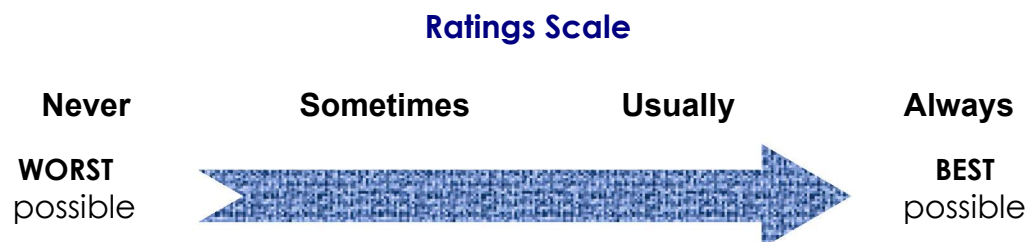
Prepaid Medical Assistance Program (PMAP)

The survey had a series of questions that asked people to rate **how often**:

- Their doctors communicated well
- They got care without long waits
- Office staff were courteous, respectful, and helpful

These questions asked people to give a rating by marking either: Never; Sometimes; Usually; or Always.

One of the questions in the *Get care without long waits* was phrased so that “Never” was best possible and “Always” was worst possible. The question responses were adjusted accordingly.



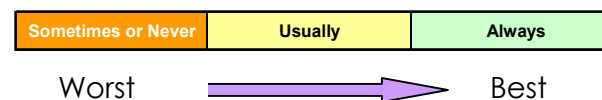
For each program, the numbers in the table show the average percent of people who responded most positively (or “Always”) to these questions.

How Health Plans Compare— Provider Communication and Service

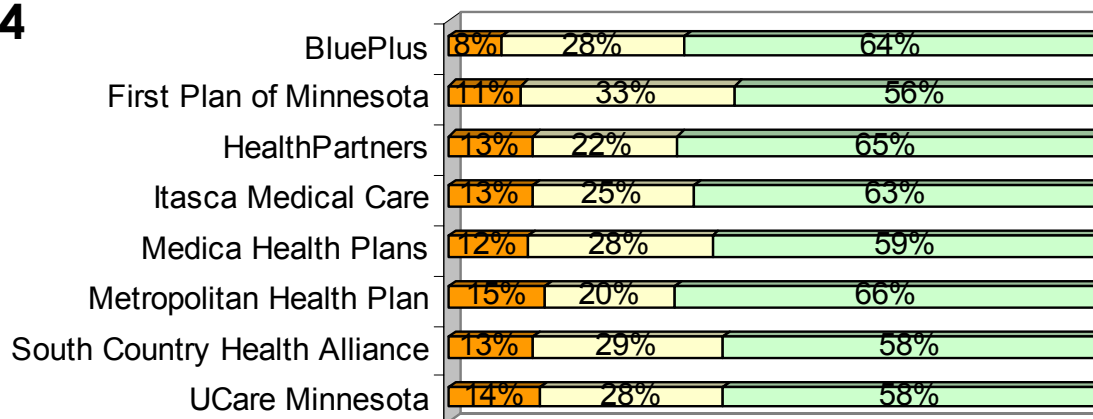
Topic Ratings

	How Well Doctors Communicate		Getting Care without Long Waits		Courtesy, Respect and Helpfulness of Office Staff	
	18-64	65+	18-64	65+	18-64	65+
BluePlus	64%	66%	48%	61%	68%	79%
First Plan Blue of Minnesota	56%	74%	55%	70%	69%	84%
HealthPartners	65%	67%	54%	53%	70%	73%
Itasca Medical Care	63%	74%	44%	67%	63%	84%
Medica Health Plans	59%	62%	46%	53%	65%	75%
Metropolitan Health Plan	66%	65%	45%	47%	62%	73%
South Country Health Alliance	58%	66%	45%	62%	61%	81%
UCare Minnesota	58%	66%	43%	53%	62%	76%
State PMAP Weighted Average	61%	65%	47%	56%	66%	77%

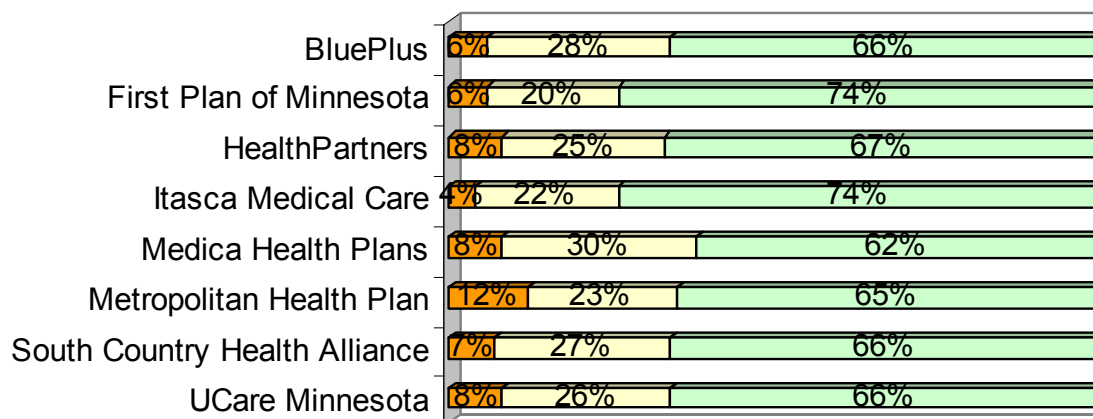
How Well Doctors Communicate



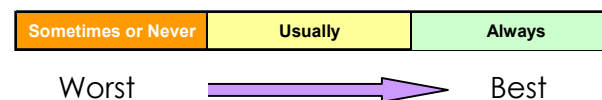
PMAP 18-64



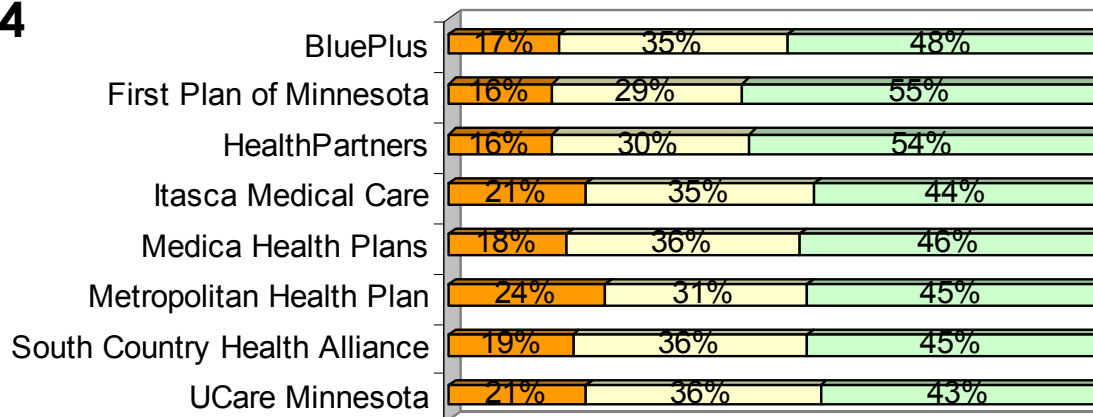
PMAP 65+



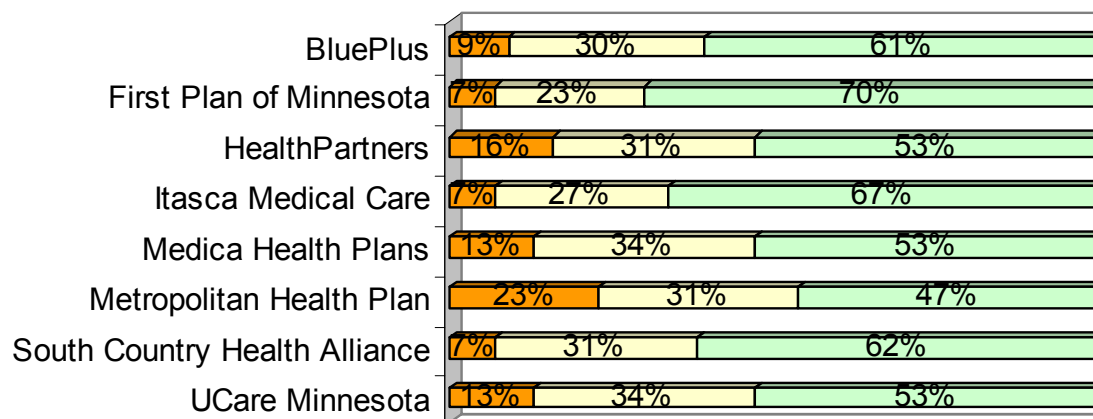
Getting Care Without Long Waits

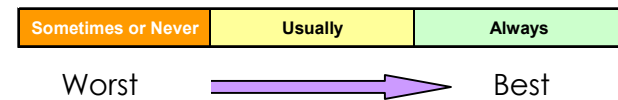


PMAP 18-64



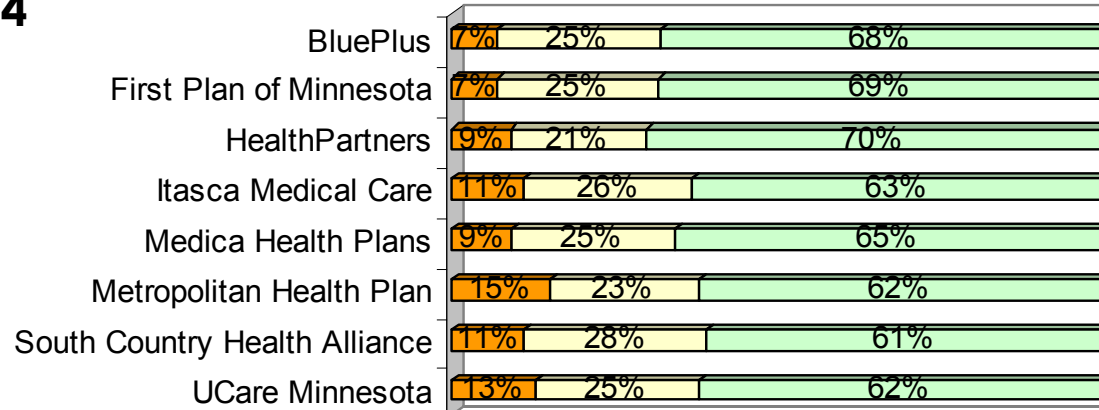
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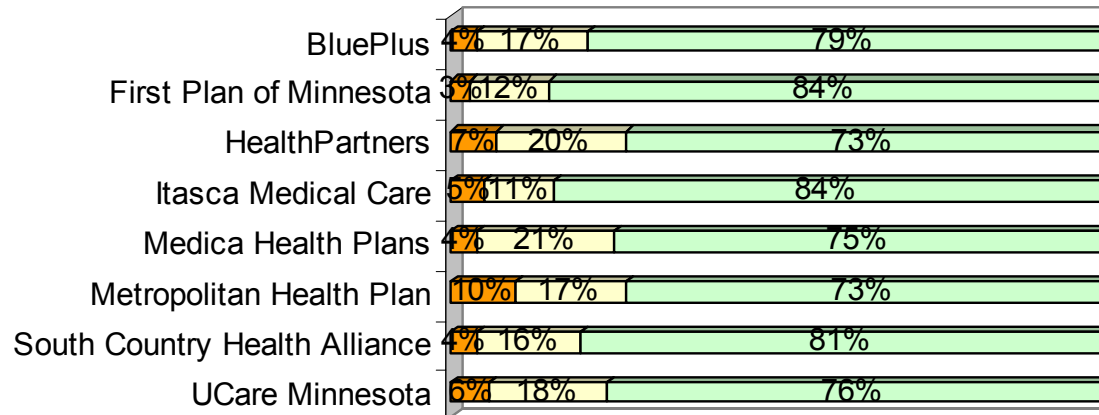


Courtesy, Respect, Helpfulness of Office Staff

PMAP 18-64



PMAP 65+



How Health Plans Compare— Health Plan Service and Access To Care

Prepaid Medical Assistance Program (PMAP)

The survey had a series of questions that asked people to rate **how much of a problem they had with:**

- Health plan customer service
- Getting care that is needed

These questions asked people to give a rating by marking either: Big Problem; Small Problem; or Not a Problem.



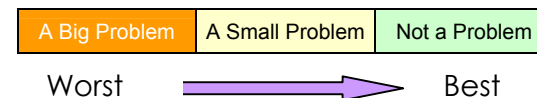
For each program, the numbers in the table show the average percent of people who responded most positively (or “Not a Problem”) to these questions.

How Health Plans Compare— Health Plan Service and Access To Care

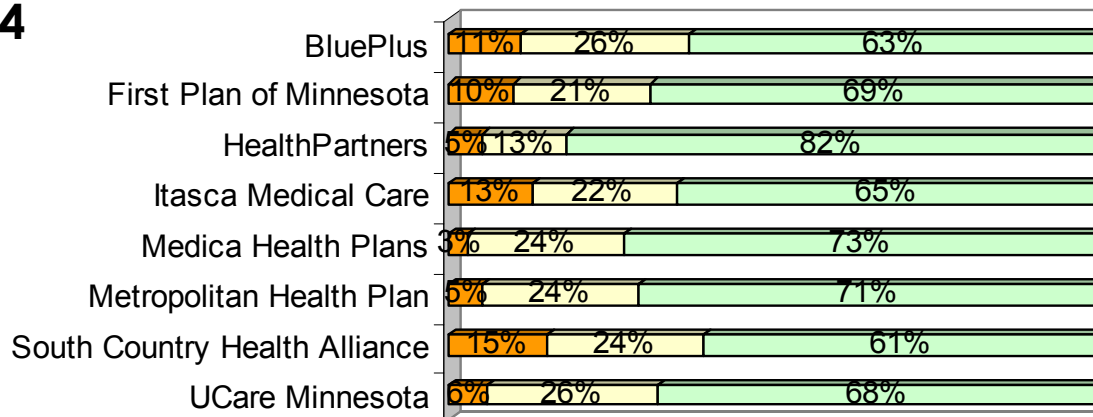
Overall Ratings

Health Plan Customer Service			Getting Needed Care	
	18-64	65+	18-64	65+
BluePlus	63%	76%	83%	87%
First Plan Blue of Minnesota	69%	84%	84%	90%
HealthPartners	82%	70%	78%	78%
Itasca Medical Care	65%	78%	83%	92%
Medica Health Plans	73%	62%	83%	77%
Metropolitan Health Plan	71%	69%	77%	78%
South Country Health Alliance	61%	58%	77%	91%
UCare Minnesota	68%	62%	77%	80%
State PMAP Weighted Average	71%	67%	81%	81%

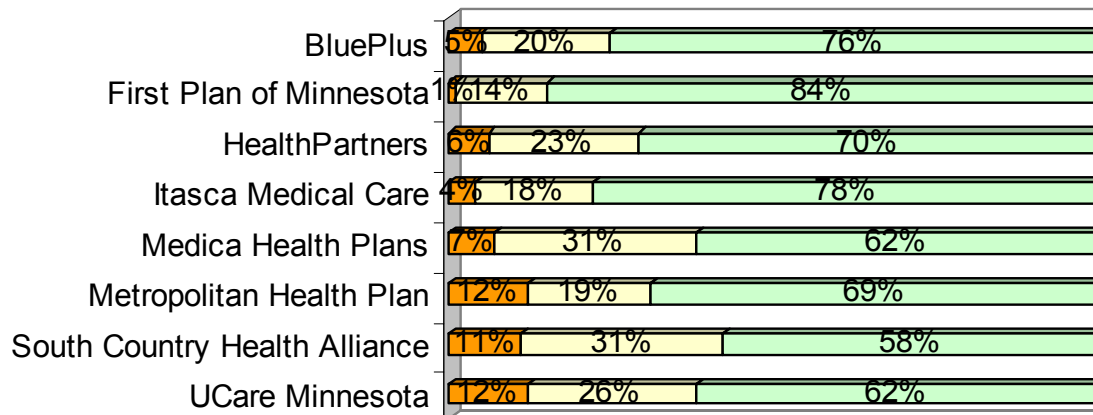
Health Plan Customer Service

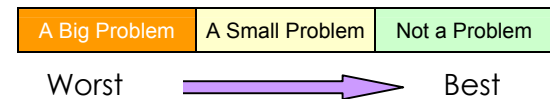


PMAP 18-64



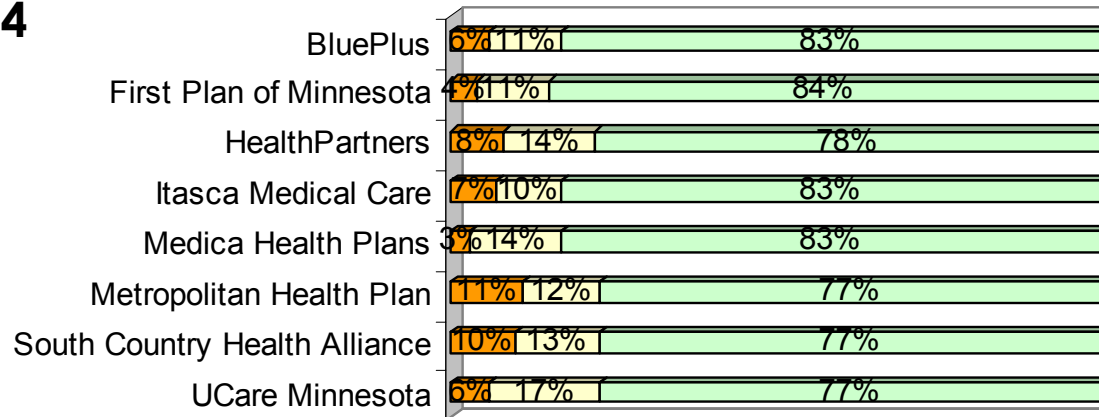
PMAP 65+



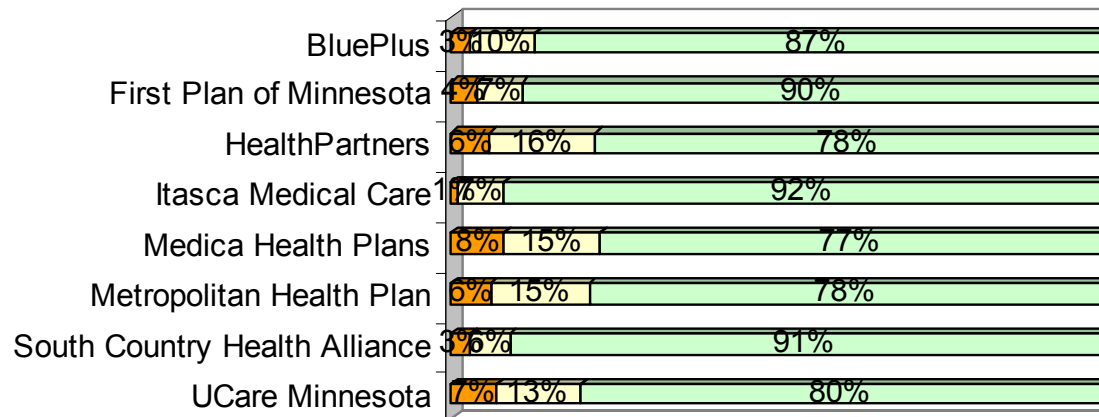


Getting Care That Is Needed

PMAP 18-64



PMAP 65+



Part IV: Plan-Specific Comparisons— MinnesotaCare

Introduction

This section of the report shows plan-specific comparisons of the managed care health plans participating in the MinnesotaCare program. The survey results for the health plans are presented.

The first pages in this section present average (mean) scores that the health plans received on the five survey questions that asked enrollees to rate their health plan, health care, specialist, doctor or nurse, and dental care.

The next pages show the average percentage of enrollees who responded most positively (“Always”) to questions that formed the three composite topics: *How well doctors communicate*; *Getting care without long waits*; and *Courtesy, respect and helpfulness of office staff*. In addition, each health plan's distribution of scores (“Never/Sometimes,” “Usually,” and “Always”) is shown for the three composites.

The last pages of this section show the average percentage of enrollees who responded most positively (“Not a Problem”) to questions that formed the two composite topics: *Health plan customer service* and *Getting care that is needed*. Also, each health plan's distribution of scores (“A Big Problem,” “A Small Problem,” and “Not a Problem”) is shown for the two composites.

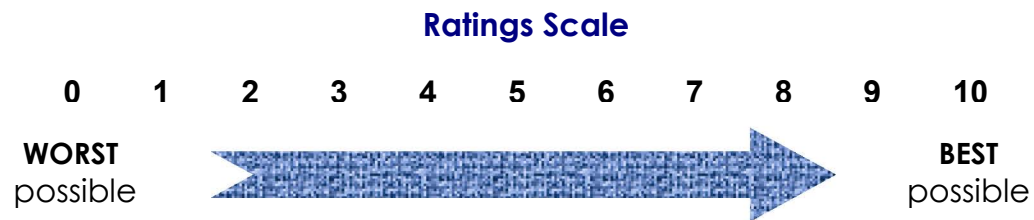
In this section, the overall weighted MinnesotaCare average is provided for reference purposes.

When comparing the ratings and percentages, the reader should ignore small differences between numbers. These small differences may reflect sampling variation rather than real differences.

How Health Plans Compare— Overall Ratings

MinnesotaCare

The survey had questions that asked people to rate the health care they received from their health plan and health care providers. These questions asked people to give an overall rating by marking any number on a scale from 0 to 10, where 0 = “worst possible” and 10 = “best possible”.



For each health plan, the number in the table shows the average (mean) of all ratings given by people who answered these questions.

How Health Plans Compare— Overall Ratings

Overall Ratings

	How people rated their health plan	How people rated their health care	How people rated their specialist	How people rated their doctor or nurse	How people rated their dental care
BluePlus	8.0	8.2	7.9	8.5	6.9
First Plan of Minnesota	8.2	8.4	8.1	8.5	7.0
HealthPartners	8.2	8.2	7.9	8.7	7.1
Itasca Medical Care	8.1	8.6	8.4	8.8	8.0
Medica Health Plans	8.1	8.5	8.1	8.8	6.4
Metropolitan Health Plan	8.1	8.3	8.3	8.7	7.2
UCare Minnesota	7.8	8.3	8.3	8.6	6.4
MinnesotaCare Weighted Average	8.0	8.3	8.1	8.6	6.8

How Health Plans Compare— Provider Communication & Service

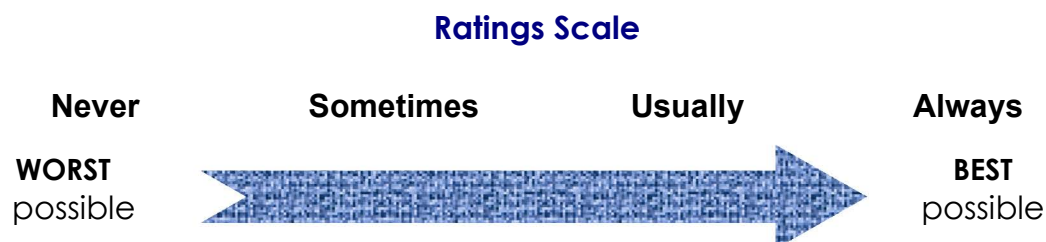
MinnesotaCare

The survey had a series of questions that asked people to rate **how often**:

- Their doctors communicated well
- They got care without long waits
- Office staff were courteous, respectful, and helpful

These questions asked people to give a rating by marking either: Never; Sometimes; Usually; or Always.

One of the questions in the *Getting care without long waits* composite was phrased so that “Never” was best possible and “Always” was worst possible. The question responses were adjusted accordingly.

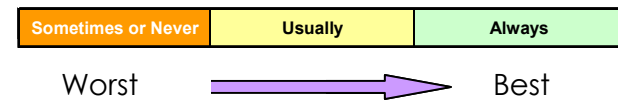


For each program, the numbers in the table show the average percent of people who responded most positively (or “Always”) to these questions.

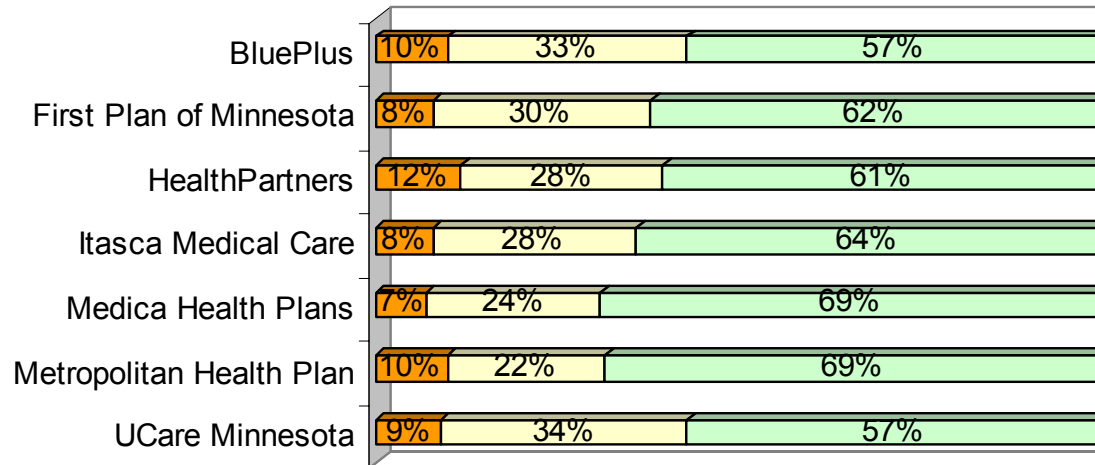
How Health Plans Compare— Provider Communication & Service

Topic Ratings

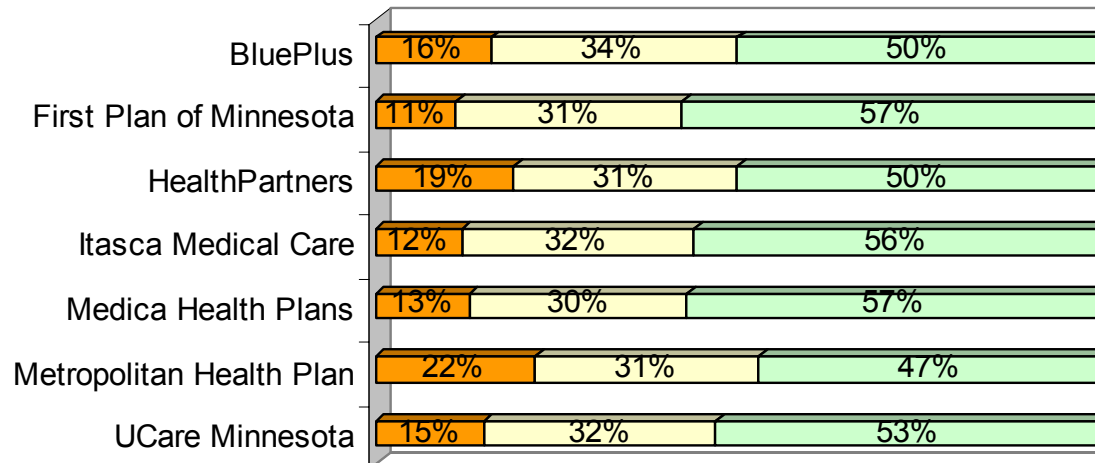
	How Well Doctors Communicate	Getting Care Without Long Waits	Courtesy, Respect and Helpfulness of Office Staff
BluePlus	57%	50%	66%
First Plan of Minnesota	62%	57%	72%
HealthPartners	61%	50%	66%
Itasca Medical Care	64%	56%	71%
Medica Health Plans	69%	57%	70%
Metropolitan Health Plan	69%	47%	66%
UCare Minnesota	57%	53%	66%
MinnesotaCare Weighted Average	60%	52%	67%

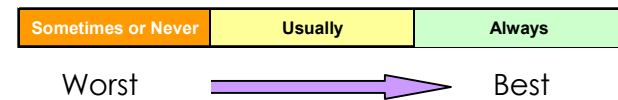


How Well Doctors Communicate

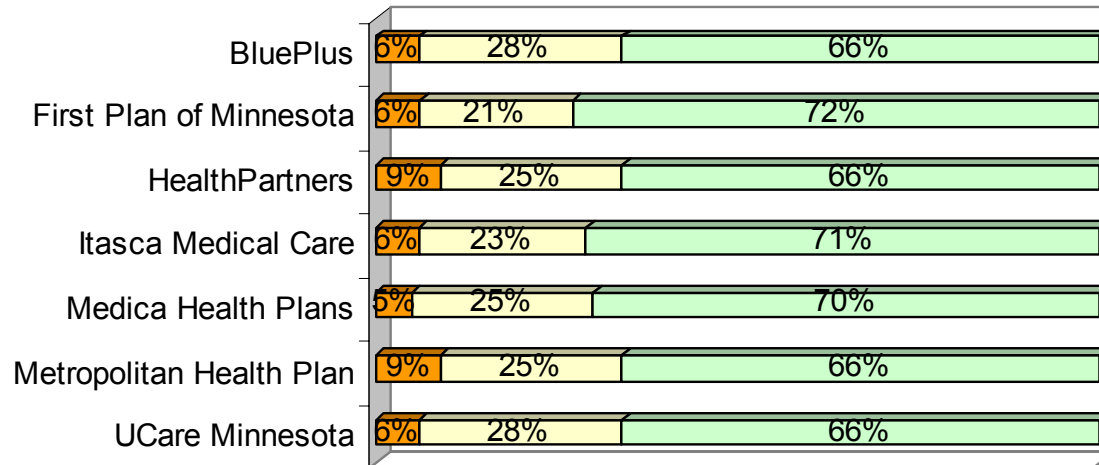


Getting Care Without Long Waits





Courtesy, Respect, Helpfulness of Office Staff



How Health Plans Compare— Health Plan Service & Access to Care

MinnesotaCare

The survey had a series of questions that asked people to rate **how much of a problem they had with:**

- Health plan customer service
- Getting care that is needed

These questions asked people to give a rating by marking either: Big Problem; Small Problem; or Not a Problem.

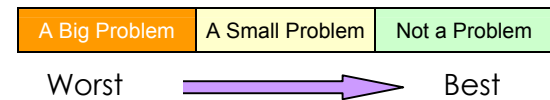


For each program, the numbers in the table show the average percent of people who responded most positively (or “Not a Problem”) to these questions.

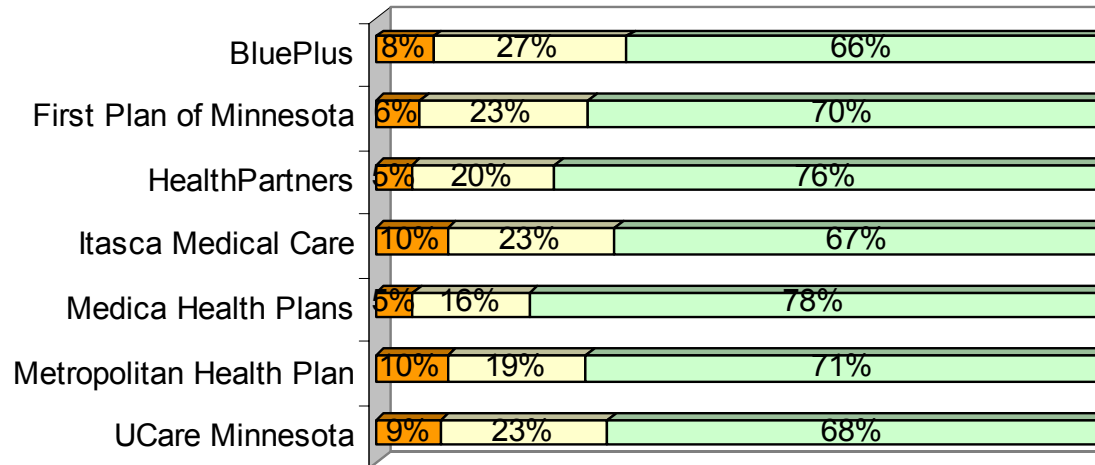
How Health Plans Compare— Health Plan Service & Access to Care

Topic Ratings

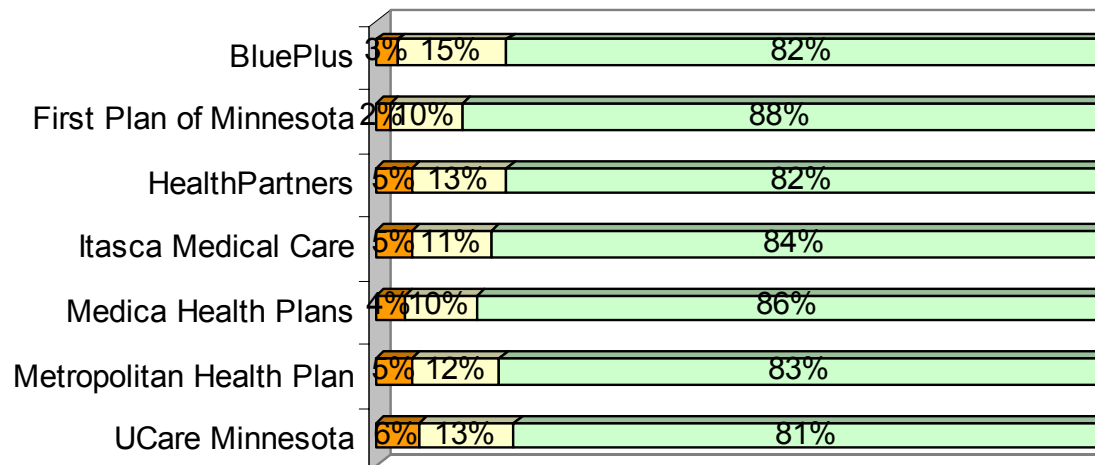
	Health Plan Customer Service	Getting Needed Care
BluePlus	66%	82%
First Plan of Minnesota	70%	88%
HealthPartners	76%	82%
Itasca Medical Care	67%	84%
Medica Health Plans	78%	86%
Metropolitan Health Plan	71%	83%
UCare Minnesota	68%	81%
MinnesotaCare Weighted Average	70%	83%



Health Plan Customer Service



Getting Care That Is Needed



APPENDIX A:

Technical Notes

Overview of Programs

The Medical Assistance Program (MA), also called Medicaid, uses a combination of federal and state tax dollars to help people pay for their medical care. Recipients include: low-income families, children, pregnant women, and people who are elderly (65 or older) or have disabilities. DHS purchases Medical Assistance health care services through both managed care and fee-for-service plans:

- **Prepaid Medical Assistance Program (PMAP)** enrollees are in the managed care program. They must receive all of their medical care from their particular health plan, except in a life-threatening emergency.
- **Medical Assistance Fee-For-Service** enrollees are those who are not in a prepaid health plan. They are eligible to receive covered services from a variety of doctors, hospitals, and other health care providers who are enrolled with the state in the MA program. These recipients are not included in this study.

MinnesotaCare is a state healthcare program for uninsured Minnesota residents who meet certain income and other eligibility requirements. MinnesotaCare offers a benefit package of services through prepaid managed care health plans. All enrollees in MinnesotaCare pay a premium. Premiums are determined based on a sliding scale of household income and the number of individuals covered.

Minnesota Senior Health Options (MSHO) integrates care for low-income senior citizens eligible for both Medicare and Medicaid. This demonstration is designed to simplify and coordinate care for seniors in a single, seamless system of care.

Statistical Significance

Statistical tests for significant differences were not completed for the data presented in this report. Small differences between numbers should be ignored when comparing the ratings and percentages in the tables. These small differences may reflect sampling variation rather than real differences.

Composites and Related Questions

Each individual composite presented in this report includes a series of related questions, as follows:

- For **“How well doctors communicate,”** the survey asked people to rate how often doctors or other health providers: 1) *Listened carefully*; 2) *Explained things in an understandable way*; 3) *Showed respect for what they had to say*; and 4) *Spent enough time with them*.
- For **“Getting care without long waits,”** the survey asked people to rate how often they: 1) *Got the help or advice they needed when calling the clinic*; 2) *Got treated as soon as they wanted when sick or injured*; 3) *Got an appointment as soon as they wanted for regular or routine care*; and 4) *Waited only 15 minutes or less past their appointment time*.
- For **“Courtesy, respect, and helpfulness of office staff”** the survey asked people to rate how often the office staff at the clinic were: 1) *Courteous and respectful*; and 2) *As helpful as they should be*.
- For **“Health plan customer service”** the survey asked people to rate how much of a problem it was to: 1) *Get needed help when calling health plan customer service*; 2) *Find needed information in their health plan’s written materials*; and 3) *Complete health plan paperwork*.
- For **“Getting care that is needed”** the survey asked people to rate how much of a problem it was to: 1) *Get a personal doctor or nurse they are happy with*; 2) *Get specialist referrals*; 3) *Get necessary care*; and 4) *Get health plan approval without delay*.

Cautions and Limitations

The findings presented in this report are subject to some limitations in the survey design and analysis. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations include:

- **Subjective Measures Only**

The questions in this survey reflect the subjective evaluations and opinions of the respondents. The relationship between these responses and other measures of health plan performance and service quality have not been established.

- **Causal Inferences**

Although this analysis examines whether enrollees of various health plans report differential satisfaction with various aspects of their plan, these differences cannot be attributed totally to the plan. People choose to become members of specific health plans for reasons that cannot be fully addressed in this analysis (such as income, prior medical experience, anticipated needs and expectations).

APPENDIX B:

Respondent Characteristics

Overview

Several questions in the surveys ask about individual respondent characteristics. These questions include: gender, educational level, health status, ethnicity, and race. Table B-1 shows a summary of these characteristics for various subsets of the entire sample. Except for MSHO, there are two sets of percentages for each subset. The unweighted data represent the actual percentages of respondents in the sample. The weighted data represent the percentages after adjusting for the population numbers of individuals in each of the health plans. Because of the type of sampling used in this study, MSHO percentages do not need to be weighted.

Gender

Consistent with previous survey projects conducted by DHS, the majority of respondents were women (ranging from 72% to 85%).

Educational Level

Educational level is coded into three categories: (i) high school or less, (ii) some college, and (iii) college graduate or more. More respondents report high school or less than any other category.

Health Status

The health status question is: “In general, how would you rate your overall health now?” The response choices are: Excellent, Very Good, Good, Fair, and Poor. Respondents between the ages of 18 and 64 are most likely to say that their health is Excellent or Very Good, whereas respondents over the age of 64 are most likely to say it is Fair or Poor.

Hispanic or Latino Ethnicity

The Hispanic or Latino ethnicity question is: “Are you of Hispanic or Latino origin or descent?” The response choices are: (i) Hispanic or Latino or (ii) Not Hispanic or Latino. The percentages of Hispanic or Latino responses range from 3% to 5%.

Race

The race question is: “What is your race?” The responses to this question, like the others noted above, are used in summary form only (e.g., Table B-1). Only those who checked at least one response to the question are included in the percentages (i.e., those who left the response blank are excluded from the percentages). Respondents who checked more than one option are listed under “Marked More Than One Race” category. The majority of respondents in all programs chose White; this option was especially prevalent in MinnesotaCare. The second most frequent response was Black or African-American for younger PMAP respondents and Asian for those 65 and above.

Table B-1: Respondent Characteristics			Gender		Educational Level			Self-Reported Health Status		
			Male	Female	High School or Less	Some College	College Graduate or More	Fair/Poor	Good	Excellent/Very Good
PMAP	Total	Weighted	18%	82%	64%	29%	7%	23%	36%	41%
		Unweighted	20%	80%	71%	22%	7%	31%	36%	33%
	18 to 64	Weighted	16%	84%	60%	34%	6%	16%	36%	47%
		Unweighted	15%	85%	61%	34%	5%	18%	35%	47%
	65+ Total	Weighted	24%	76%	76%	13%	11%	43%	37%	20%
		Unweighted	24%	76%	80%	12%	8%	42%	37%	21%
	65+ Metro	Weighted	28%	72%	65%	14%	21%	42%	37%	21%
		Unweighted	28%	72%	69%	14%	16%	41%	38%	21%
	Minnesota Total Care	Weighted	25%	75%	47%	39%	13%	14%	33%	53%
		Unweighted	27%	73%	45%	39%	16%	14%	34%	52%
MSHO	Total	Unweighted	21%	79%	79%	12%	8%	42%	39%	19%

Table B-1: Respondent Characteristics			Hispanic or Latino		Race					
			Hispanic or Latino	Not Hispanic or Latino	White	Black or African-American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Marked More Than One Race
PMAP	Total	Weighted	5%	95%	66%	18%	11%	2%	0%	3%
		Unweighted	4%	96%	73%	13%	10%	2%	0%	2%
	18 to 64	Weighted	5%	95%	60%	22%	12%	2%	0%	4%
		Unweighted	5%	95%	64%	20%	9%	2%	0%	4%
	65+ Total	Weighted	3%	97%	82%	6%	10%	1%	0%	1%
		Unweighted	3%	97%	81%	6%	10%	1%	0%	1%
	65+ Metro	Weighted	4%	96%	67%	11%	19%	1%	0%	1%
		Unweighted	5%	95%	61%	14%	21%	2%	0%	2%
	Minnesota Total Care	Weighted	3%	97%	90%	4%	3%	1%	0%	2%
		Unweighted	3%	97%	87%	6%	4%	1%	0%	2%
MSHO	Total	Unweighted	5%	95%	61%	13%	23%	1%	0%	3%
Race percentages are determined for all those respondents who checked at least one of the responses to the race question ("What is your race?").										