

**MINNESOTA DEPARTMENT OF HUMAN SERVICES
2009 4.0 CAHPS[®] SURVEY**

**2009 Managed Care Public Programs Consumer Satisfaction Survey Results
Project Evaluation Report**

**DataStat, Inc.
July 2009**

1.0 Introduction

This report summarizes the sample preparation, field work, and results of the 2009 CAHPS® 4.0 survey conducted for the Minnesota Department of Human Services, offers comments on this year's project and makes suggestions for the 2010 survey.

The adult members of six publicly funded managed care programs were the focus of this year's survey. The programs and their target age groups are:

Family & Children – MA (F&C-MA; formerly the Prepaid Medical Assistance Program): 18-64
MinnesotaCare: 18-64
Minnesota Senior Care (MSC): 65 and over
Minnesota Senior Health Options (MSHO): 65 and over
Minnesota Disabled Health Options (MnDHO): 18-64
Special Needs Basic Care (SNBC): 18-64

Nine health plans that participate in one or more of these programs were part of the project. The survey itself was administered over a ten-week period in the winter of 2009, using a mixed mode, five-wave protocol. The survey was conducted in English and Spanish.

2.0 Sampling

The survey drew as potential respondents adult members 18 years of age or older who were current enrollees of one of the six programs named above, and had been enrolled for five out of the last six months of 2008. The sample design called for a random sample of 900 respondents in each of 28 plan/program subgroups. Four MinnesotaCare, seven Minnesota Senior Care, three MSHO, and six SNBC plans did not have at least 900 eligible enrollees; these plans were combined (within their respective programs) and treated as a single reporting unit. Five plans had enough cases in their sample frames but insufficient cases after deduplication; for these sample groups, all eligible enrollees were retained for the survey. The final selected sample was 24,823 (see Appendix A).

3.0 Field Work

Protocol. The 2009 survey used was an adaptation of the CAHPS® 4.0H Adult Medicaid questionnaire. Two versions were created this year: one with 65 items, including 22 supplemental questions, for F&C-MA, MinnesotaCare, MnDHO, and SNBC; and the other with 69 items, including 28 supplemental questions, for Minnesota Senior Care and MSHO. All letters were printed in English, with a Spanish translation on the back inviting respondents to contact DataStat if they wished to complete the survey in Spanish. Given the lack of requests for Spanish mail questionnaires over the past three years, no Spanish second mail questionnaires were prepared this year. Respondents who preferred to participate in Spanish were contacted during the phone follow-up. In addition, a language block on the backside in Spanish, Vietnamese, Hmong, Russian and Somali let respondents with these native languages know that the survey was being administered in English and Spanish, and that they could call DataStat to have their name removed from the sample list if they did not wish to participate. All mail materials were customized with plan-specific logos and signatures.

A mixed-mode (mail and telephone) five-wave protocol was adopted, consisting of a prenote letter, a first questionnaire packet, a reminder letter, a second mail questionnaire packet, and finally a phone follow-up to all selected individuals who had not responded to the mailings.

The 10-week field calendar was as follows:

Prenote letter:	February 2, 2009
First mail packet:	February 9, 2009
Reminder letter:	February 18, 2009
Second mail packet:	March 9, 2009
Phone follow-up:	March 25, 2009
Field end:	April 20, 2009

Results. Completeness was defined using NCQA guidelines: questionnaires were considered complete if respondents did not say 'No' at Question 1 ("Our records show that you are now in <Name of health plan>") and if they provided a valid response to at least one question. In 2009, complete questionnaires were obtained from a total of 11,492 enrollees; the overall response rate was 50.0%. See Appendix A for response rates by program and plan subgroup.

4.0 Comments and suggestions

Sample frame. Once again, the sample frame was prepared by DHS and delivered to DataStat with a subgroup identifier. This was much appreciated – it expedites the sampling process at the start of the project, allowing us to get into the field quickly in January.

Subgroup sample size and completes. The sample size of 900 cases per subgroup, maintained from 2008, yielded good results. The target goal was at least 300 completes in each of the subgroups for analysis, for a total of 8,400 completes (33%). As in 2008, the 2009 overall response rate and number of completes surpassed the target. Response rates for each of the six programs ranged from 33% to 67%. The target number of completes was easily met for all subgroups in all programs except F&C-MA, where several sample groups fell short. While the same subgroups over the past several years have fallen short of the desired target, of note is that the response rates and number of completes in these groups continue to show improvement, along with all other subgroups.

Performance patterns this year were similar to years past: higher proportions of undeliverables and non-responders among F&C-MA groups; highest percentage of ineligible due to language barriers among Minnesota Senior Care respondents; and a relatively high proportion of non-working phone numbers across all subgroups during the phone follow-up.

To increase the number of completes for subgroups that continue to fall short, one reliable option to consider for next year is to oversample in these groups alone, rather than increasing the sample size for all sample groups. Oversamples for shortfall groups would be calculated based on their performance over the past couple of years. While oversampling would increase costs marginally, the benefit would be a greater number of completes for these sample groups, and, for some questions, sufficient cases for significance testing. An assessment of non-responders in F&C-MA shortfall groups showed that few were ineligible; the contact and call records reveal that these enrollees simply did not respond after 4 mailings and 6-9 phone calls over the course of the 10 weeks. Consequently, it is unlikely that extending the field period (with a third mailing or more calls) will pull in more completes. Oversampling for these groups would be the more productive route to take.

Questionnaires. Use of the two versions for the six programs this year worked well, with no sticking points or troublesome skips.

Field calendar. The field calendar was 10 weeks, with an extra couple of days at the end to help increase completes in the 'shortfall' groups. Although no health plans have yet opted to use these data for NCQA

submission, the early start and mail material preparation in late fall allows for a smooth field period, and the option to fold these data into an NCQA submission remains a possibility. We would opt for continuing with the same field calendar and dates.

Languages. Response from Spanish speakers was low. There were no requests for Spanish during the mail phase. Of the 15,520 cases that went into the phone follow-up, 123 of them (0.8%) were Spanish-speakers, and 38 of those completed interviews.

About 3.6% of cases (900 out of 24,823) were classified as ineligible due to a language barrier. Some of these were detected by calls to the 800 number, but most were identified during the phone follow-up. A review of the call notes showed that most, but by no means all, were among the four languages used on the letters: Vietnamese, Hmong, Russian and Somali. Neither the 800-number staff nor the interviewers reported any dissatisfaction from these callers or households. In the final dataset, these language groups appear to be well represented: about 7.9% of respondents reported speaking a home language (language used most often at home) other than English or Spanish, with the four above languages dominating.

Based on this year's experience, we see no reason to make changes to the language offerings or protocol in next year's survey. We would opt to continue to field the mail questionnaires in English and offer Spanish during the phone follow-up.

Combined CAHPS®/HEDIS® project. As mentioned, no plans opted to use the data from this year's administration for the purposes of NCQA submission. Nonetheless, plans that may wish to do so in the future will need to increase their sample sizes to meet NCQA requirements, currently at 1350 cases for adult Medicaid surveys.

NCBD submission. Nine datasets—one per health plan—were submitted to NCBD on behalf of Minnesota DHS in June and accepted for inclusion in the 2009 CAHPS Health Plan Survey Database. A copy of these datasets is included in the final delivery.

Summary report. The format of the Summary Report remains the same as last year, with updates to content to accommodate the new programs and plan groups. The presentation is straightforward, with results presented primarily through tables and graphs, rather than word descriptions. This makes for a logical, accessible report, with pertinent information for both health care management and the general public. With the current set of supplemental questions and the new programs and plan groups, the report has increased in length.

5.0 Conclusions

This year's administration of the CAHPS® survey went very well. No problems were encountered during fieldwork and delivery deadlines were met without delay. This year's field performance exceeded results from 2008, a combined result of robust sample sizes and higher response rates. To overcome remaining shortfalls in completes, sample sizes for selected subgroups can be increased in 2010. With these minor adjustments to the project, we're looking forward to another smooth ride for the 2010 administration of the CAHPS® survey.

Appendix A: Selected sample and final disposition, by program and reporting unit
Minnesota Department of Human Services
2009 CAHPS Survey

July 2009

Program	Reporting Unit	Response Rate	Total Selected	Total Usables	Mail Usables	Phone Usables	Ineligible: Population Criteria	Ineligible: Language	Ineligible: Deceased/Unable	Refusal/Blank	Bad Address and Phone	NonResponse
PMAP	Total	32.6%	7940	2488	1429	1059	161	143	5	307	296	4540
	BluePlus (strata=01)	34.1%	900	295	164	131	16	18	1	48	18	504
	FirstPlan (strata=02)	36.2%	900	322	209	113	11	0	0	29	21	517
	HealthPartners (strata=03)	26.4%	900	225	104	121	14	35	0	30	43	553
	IMCare (strata=04)	34.6%	740	248	126	122	23	0	0	51	13	405
	Medica (strata=05)	30.1%	900	257	145	112	25	21	0	25	42	530
	Metro HP (strata=06)	21.9%	900	190	114	76	16	17	0	27	73	577
	PrimeWest (strata=07)	37.1%	900	327	193	134	17	0	1	44	16	495
	SCHA (strata=08)	36.1%	900	316	176	140	18	5	2	35	17	507
	Ucare (strata=09)	37.1%	900	308	198	110	21	47	1	18	53	452
MinnesotaCare	Total	52.5%	5400	2725	1951	774	141	55	13	226	90	2150
	BluePlus (strata=10)	58.7%	900	513	376	137	22	3	1	49	7	305
	FirstPlan (strata=11)	55.4%	900	480	360	120	30	0	3	39	1	347
	HealthPartners (strata=12)	41.8%	900	361	230	131	17	17	2	44	24	435
	IMC/MHP/PW/SCHA (strata=13)	54.9%	900	472	336	136	36	3	1	31	23	334
	Medica (strata=14)	49.5%	900	429	306	123	20	12	2	34	20	383
	Ucare (strata=15)	54.7%	900	470	343	127	16	20	4	29	15	346
Senior Care	Total	52.2%	2658	1138	896	242	27	310	140	177	57	809
	BluePlus (strata=16)	52.5%	858	390	286	104	10	47	58	52	13	288
	Medica (strata=17)	52.6%	900	356	304	52	4	188	31	66	18	237
	Seven MCOs (strata=18)	51.5%	900	392	306	86	13	75	51	59	26	284
MSHO	Total	67.1%	6225	3683	3104	579	40	353	340	308	85	1416
	BluePlus (strata=19)	69.3%	900	570	453	117	4	20	54	49	9	194
	HealthPartners (strata=20)	54.7%	900	402	332	70	8	127	30	40	15	278
	Medica (strata=21)	63.2%	900	493	404	89	3	66	51	56	15	216
	PrimeWest (strata=22)	73.8%	875	600	517	83	6	1	55	55	8	150
	SCHA (strata=23)	74.2%	850	577	504	73	6	6	60	52	6	143
	Ucare (strata=24)	64.4%	900	479	418	61	5	106	45	22	20	223
	FP/IMC/MHP (strata=25)	68.5%	900	562	476	86	8	27	45	34	12	212
MNDHO	Total - UCare (strata=26)	53.1%	820	403	296	107	3	32	26	25	31	300
SNBC	Total	61.3%	1780	1055	851	204	19	7	34	59	39	567
	BluePlus (strata=27)	60.7%	880	520	411	109	10	4	9	28	21	288
	Six MCOs (strata=28)	62.0%	900	535	440	95	9	3	25	31	18	279
	TOTAL	50.0%	24823	11492	8527	2965	391	900	558	1102	598	9782

Legend (in parentheses=NCQA disposition code)

Response rate: Total usables / Total selected - Ineligibles

Total Selected: Number of cases in sample

Total Usables: Mail usables + Phone usables

Mail Usables: Complete questionnaires received by mail (M10)

Phone Usables: Complete questionnaires done by phone (T10)

Ineligible - Population Criteria: does not meet enrollment or age criteria (M21 + T21)

Ineligible - Language: Member did not read/speak language in which survey was administered (M22 + T22)

Ineligible - Deceased/Unable: Member deceased/Member physically or mentally incapacitated and unable to complete questionnaire (M20 + T20 + M24 + T24)

Refusal/Blank: Member verbally refuses to participate or returns blank survey (M32 + T32)

Bad Address/Phone: Member address is bad and not reached by phone; member address and phone are bad (M23 + T23)

NonResponse: No response by mail or phone, with no evidence that both address and phone are bad (M33 + T33)

2009
MANAGED CARE PUBLIC PROGRAMS
CONSUMER SATISFACTION
SURVEY RESULTS

Families and Children - MA

MinnesotaCare

Minnesota Senior Care / Minnesota Senior Care Plus

Minnesota Senior Health Options

Minnesota Disability Health Options

Special Needs Basic Care

July 2009

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This information, along with previous CAHPS survey reports, is available on the
Minnesota Department of Human Services website
<http://www.dhs.state.mn.us/healthcare/studies>

This information is available in alternative formats to individuals with disabilities by calling your agency at
651-431-2616. TTY users can call through Minnesota Relay at 800-627-3529.

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July 2009

MANAGED CARE PUBLIC PROGRAMS CONSUMER SATISFACTION SURVEY RESULTS

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PART I: KEY FINDINGS

Information obtained from consumer satisfaction surveys allows managed care organizations (health plans) to measure how well they are meeting their members' expectations and needs. Surveys can also reveal areas of recent improvement and highlight other areas needing attention to improve the quality of care provided.

Detailed findings from the 2009 Managed Care Public Programs Consumer Satisfaction Survey are presented throughout this report. This section highlights the Key Findings.

Average plan scores for satisfaction ratings and composites are compared using a difference-of-means statistical test. Key Findings are defined as those plan scores that are significantly higher or lower than the program average, for the program in which that plan participates.

Key Findings are based on a comparison of the survey data from the following programs, and the plans that cover the populations they serve.

- Families and Children - MA (F&C-MA)
- MinnesotaCare
- Minnesota Senior Care / Minnesota Senior Care Plus (MSC/MSC+)
- Minnesota Senior Health Options (MSHO)
- Minnesota Disability Health Options (MnDHO)
- Special Needs Basic Care (SNBC)

PART I: KEY FINDINGS

Families and Children - MA Findings

Ratings

The following plans rated significantly lower than the F&C-MA average:

- Metropolitan Health Plan for *Rating of all health care* and *Rating of health plan*

The following plans rated significantly higher than the F&C-MA average:

- HealthPartners for *Rating of health plan*
- South Country Health Alliance for *Rating of health plan*

Composites

The following plans rated significantly higher than the F&C-MA average:

- FirstPlan Blue for *Getting Care Quickly*
- PrimeWest Health for *Getting Care Quickly*
- South Country Health Alliance for *How Well Doctors Communicate*

MinnesotaCare Findings

Composites

The following plans rated significantly lower than the MinnesotaCare average:

- HealthPartners for *Getting Care Quickly*

The following plans rated significantly higher than the MinnesotaCare average:

- FirstPlan Blue for *Getting Care Quickly*

Minnesota Senior Care / Minnesota Senior Care Plus Findings

No significant differences were observed for any plans in Minnesota Senior Care / Minnesota Senior Care Plus.

PART I: KEY FINDINGS

Minnesota Senior Health Options Findings

Ratings

The following plans rated significantly lower than the MSHO average:

- HealthPartners for *Rating of health plan*

The following plans rated significantly higher than the MSHO average:

- PrimeWest Health for *Rating of all health care* and *Rating of health plan*

Composites

The following plans rated significantly higher than the MSHO average:

- PrimeWest Health for *Getting Care Quickly*

Minnesota Disability Health Options Findings

No significant differences were observed for any plans in Minnesota Disability Health Options.

Special Needs Basic Care Findings

No significant differences were observed for any plans in Special Needs Basic Care.

PART II: ABOUT THE 2009 SURVEY

Who sponsored the survey?

The 2009 Managed Care Public Programs Consumer Satisfaction Survey was conducted by DataStat, Inc., an NCQA-certified CAHPS® vendor, under contract with the Minnesota Department of Human Services (DHS).

Why was the survey done?

The survey was designed to assess and compare the satisfaction of enrollees in public managed care programs administered by the Minnesota Department of Human Services (DHS). DHS conducts a consumer satisfaction survey of managed care enrollees every year.

What survey instrument was used?

The standardized survey instrument chosen for this study was the Consumer Assessment of Health Plans Survey (CAHPS®) 4.0H Medicaid Core Module. The core instrument includes 51 questions. The instrument assesses such topics as: *how well doctors communicate; getting care without long waits; getting care that is needed; health plan customer service; and overall satisfaction with health plans and health care*. DHS added questions to assess topics such as immunization, behavioral health and care coordination.

Who was surveyed?

The survey included six core publicly funded managed care population groups:

- Families and Children - MA (F&C-MA)
- MinnesotaCare
- Minnesota Senior Care / Minnesota Senior Care Plus (MSC/MSC+)
- Minnesota Senior Health Options (MSHO)
- Minnesota Disability Health Options (MnDHO)
- Special Needs Basic Care (SNBC)

In this report, all references to Minnesota Senior Care include the Minnesota Senior Care Plus population.

How was the data collected?

The survey was administered from February 2009 through April 2009. Each respondent received up to four waves of mail, and telephone interview call attempts were made to non-responders. Participation in the survey was entirely voluntary and all data collected is kept confidential. The mailing materials were sent in English and contained instructions in Spanish that told respondents they could complete the questionnaire in Spanish by calling an 800 number. In addition, a language block on the backside in Hmong, Russian, Somali, and Vietnamese let respondents with these native languages know that the survey was being administered in English and Spanish, and that they could call DataStat to have their names removed from the sample list if they did not wish to participate.

PART II: ABOUT THE 2009 SURVEY

How was the data analyzed?

Data analysis was conducted in order to produce results for three levels of comparison reporting:

- Program Level: overall comparisons of the six core population groups: Families and Children - MA (F&C-MA), MinnesotaCare, Minnesota Senior Care / Minnesota Senior Care Plus (MSC/MSC+), Minnesota Senior Health Options (MSHO), Minnesota Disability Health Options (MnDHO), and Special Needs Basic Care (SNBC).
- Health Plan Specific: comparisons of the managed care health plans participating in F&C-MA, MinnesotaCare, MSC/ MSC+, MSHO, MnDHO and SNBC.
- Aggregate Level: analysis was conducted for F&C-MA, MinnesotaCare, MSC/MSC+, MSHO, MnDHO and SNBC in order to understand areas where these programs could improve quality and service and assist in assigning priorities to improvement goals.

Results for the overall satisfaction and composite scores are presented as the percentage of people who responded most positively to the questions. The definition of *Most Positively* depended on response options available for each question. The *Most Positive* responses are shown below for each of the eight different topics for analysis.

Results for selected supplemental questions are also included. Where possible, the most positive response is reported; for other types of questions, responses judged most salient are presented.

Topics for analysis

Results from individual questions in the survey were combined into eight different topic areas. The *Most Positive* answers are shown after each topic:

Four overall satisfaction scores

- Rating of all health care ("9-10")
- Rating of personal doctor ("9-10")
- Rating of specialist seen most often ("9-10")
- Rating of health plan ("9-10")

Four composite scores

- Getting Needed Care ("Always")
- Getting Care Quickly ("Always")
- How Well Doctors Communicate ("Always")
- Customer Service ("Always")

PART II: ABOUT THE 2009 SURVEY – SUMMARY OF SAMPLING QUANTITIES AND RESPONSE RATES

Population	Quantity mailed	Eligible for analysis	Response rate	Cases for analysis
F&C-MA				
Blue Plus	900	865	34%	295
FirstPlan Blue	900	889	36%	322
HealthPartners	900	851	26%	225
Itasca Medical Care	740	717	35%	248
Medica	900	854	30%	257
Metropolitan Health Plan	900	867	22%	190
PrimeWest Health	900	882	37%	327
South Country Health Alliance	900	875	36%	316
UCare	900	831	37%	308
MinnesotaCare				
Blue Plus	900	874	59%	513
FirstPlan Blue	900	867	55%	480
HealthPartners	900	864	42%	361
Medica	900	866	50%	429
UCare	900	860	55%	470
IMCare / MHP / PW / SCHA	900	860	55%	472
MSC/MSC+				
Blue Plus	858	743	52%	390
Medica	900	677	53%	356
FirstPlan Blue / HP / IMCare / MHP / PW / SCHA / UCare	900	761	52%	392
MSHO				
Blue Plus	900	822	69%	570
HealthPartners	900	735	55%	402
Medica	900	780	63%	493
PrimeWest Health	875	813	74%	600
South Country Health Alliance	850	778	74%	577
UCare	900	744	64%	479
FirstPlan Blue / IMCare / MHP	900	820	69%	562
MnDHO				
UCare	820	759	53%	403
SNBC				
Blue Plus	880	857	61%	520
FirstPlan Blue / Medica / MHP / PW / SCHA / UCare	900	863	62%	535

The study had a goal of receiving at least 300 returned questionnaires for each health plan or plan group in each of six populations: 28 sample groups in all.

To achieve this goal, the sample was designed to select 900 enrollees from each sample group. Several plans in the MinnesotaCare, Minnesota Senior Care, MSHO and SNBC populations did not have at least 900 eligible enrollees, so they were combined and treated as a single reporting unit. For single plans with insufficient enrollees to achieve the target sample of 900, all eligible enrollees were selected. A total of 24,823 enrollees across all programs were selected to participate in the survey.

Questionnaires were mailed to all selected enrollees. Enrollees who did not return a mail questionnaire received telephone calls and were offered the opportunity to complete the questionnaire over the telephone. During the course of the survey, some sampled enrollees were determined to be ineligible. Some were no longer enrolled; some were deceased; others had language problems or incapacities that prevented them from completing the interview.

The study response rate is the percentage of those who completed an interview among all those who were eligible to participate. Completed interviews were obtained from 11,492 enrollees. The study response rate was 50.0%.

Key to Managed Care Organizations:

- BluePlus (BluePlus)
- FirstPlan Blue of Minnesota (FirstPlan Blue)
- HealthPartners (HealthPartners)
- Itasca Medical Care (IMCare)
- Medica Health Plans (Medica)
- Metropolitan Health Plan (MHP)
- PrimeWest Health (PrimeWest)
- South Country Health Alliance (SCHA)
- UCare (UCare)

PART III: PROGRAM COMPARISONS

Introduction

This section of the report shows overall comparisons of the six core population groups.

- Families and Children - MA
- MinnesotaCare
- Minnesota Senior Care / Minnesota Senior Care Plus
- Minnesota Senior Health Options
- Minnesota Disability Health Options
- Special Needs Basic Care

The survey results were adjusted for age and health status for all six programs using a regression technique that statistically controlled for variations, so that managed care organizations with varying numbers of older or more ill people could be compared fairly with other managed care organizations. Statistical testing of differences between health plans was based on adjusted results.

The first pages of this section show the percentage of enrollees who responded most positively (9 or 10) on the four overall survey questions that asked enrollees to rate their health care, doctor, specialist, and health plan.

The next pages show the percentage of enrollees who responded most positively (or "Always") to questions that formed the four composite topics: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate and Customer Service.

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

PART III: PROGRAM COMPARISONS – OVERALL RATINGS

The survey had questions that asked people to rate the health care that 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 percent of all people who responded most positively (9 or 10) to these questions.

Ratings Scale

0 1 2 3 4 5 6 7 8 9 10

Worst

possible



Best

possible

Program	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Rating of health plan</i>
F&C-MA	48%	67%	56%	54%
MinnesotaCare	52%	64%	64%	55%
MSC/MS+	56%	72%	65%	66%
MSHO	64%	78%	71%	75%
MnDHO	48%	63%	64%	55%
SNBC	51%	68%	61%	60%

PART III: PROGRAM COMPARISONS – ACCESS TO CARE, PROVIDER COMMUNICATION AND HEALTH PLAN SERVICE

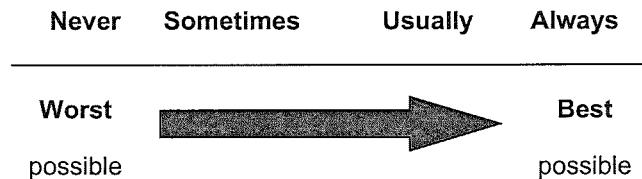
The survey had a series of questions that asked people to rate how often:

- They got needed care
- They got care without long waits
- Their doctors communicated well
- Their health plan's customer service was helpful and courteous

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

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

Ratings Scale



Program	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
F&C-MA	52%	56%	77%	58%
MinnesotaCare	61%	59%	75%	62%
MSC/MSC+	52%	59%	73%	61%
MSHO	62%	67%	77%	69%
MnDHO	50%	51%	72%	55%
SNBC	55%	59%	74%	65%

PART IV: PLAN-SPECIFIC COMPARISONS

FAMILIES AND CHILDREN - MA

Introduction

This section of the report shows plan-specific comparisons of the managed care health plans participating in Families and Children - MA. The survey results for the health plans were adjusted for age and self-reported health status before testing for significant differences.

The first pages of this section show the percentage of enrollees who responded most positively (9 or 10) on the four overall survey questions that asked enrollees to rate their health care, doctor, specialist, and health plan.

The next pages show the percentage of enrollees who responded most positively (or "Always") to questions that formed the four composite topics: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate* and *Customer Service*.

In this section, the Families and Children - MA average is provided for comparison purposes. For each rating and composite score, each plan was compared to the program average using a difference-of-means statistical test.

- Plans with a rating or composite score significantly lower than the program average have an indicator of ↓ next to that rating or composite score.
- Plans with a rating or composite score significantly higher than the program average have an indicator of ↑ next to that rating or composite score.

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

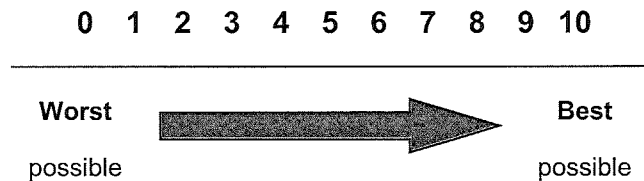
PART IV: PLAN-SPECIFIC COMPARISONS

FAMILIES AND CHILDREN - MA

The survey had questions that asked people to rate the health care that 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 percent of all people who responded positively by giving a score of 9 or 10. The average of all plans in F&C-MA is shown as the F&C-MA Average.

Ratings Scale



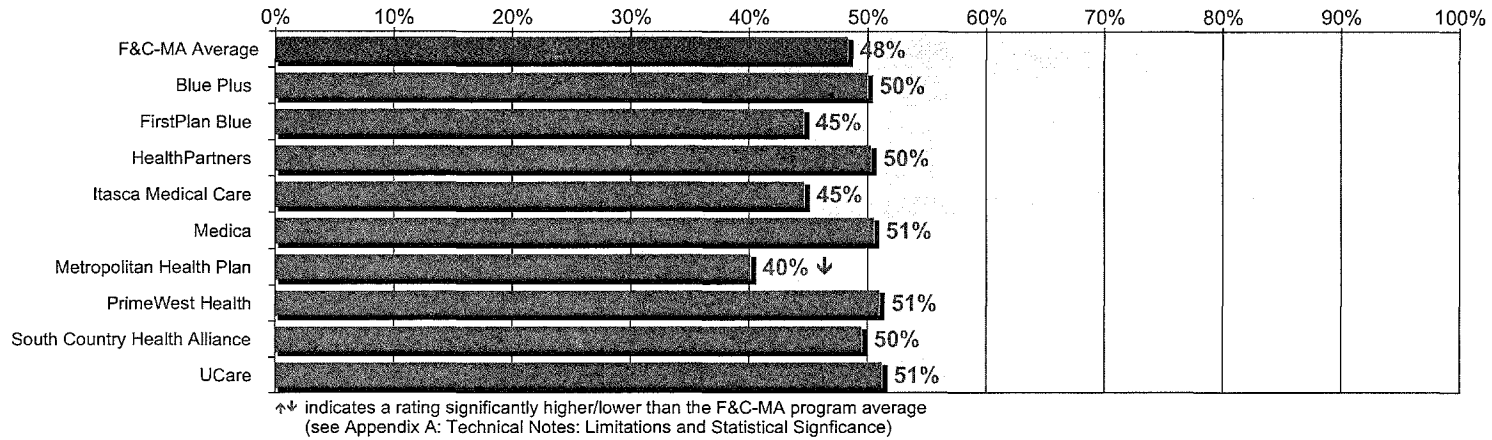
F&C-MA	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Rating of health plan</i>
F&C-MA Average	48%	67%	56%	54%
Blue Plus	50%	69%	61%	50%
FirstPlan Blue	45%	66%	58%	51%
HealthPartners	50%	69%	51%	63% ↑
Itasca Medical Care	45%	66%	57%	48%
Medica	51%	67%	49%	55%
Metropolitan Health Plan	40% ↓	70%	57%	51% ↓
PrimeWest Health	51%	61%	54%	53%
South Country Health Alliance	50%	71%	47%	64% ↑
UCare	51%	66%	64%	54%

↑↓ indicates a rating significantly higher/lower than the F&C-MA program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

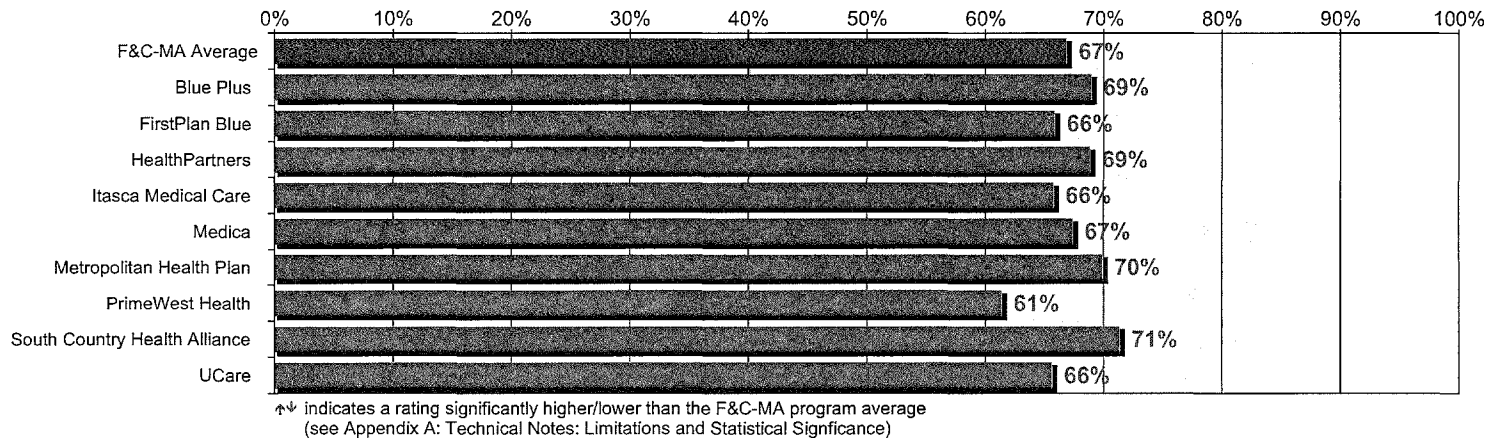
PART IV: PLAN-SPECIFIC COMPARISONS

FAMILIES AND CHILDREN - MA

Rating of all health care

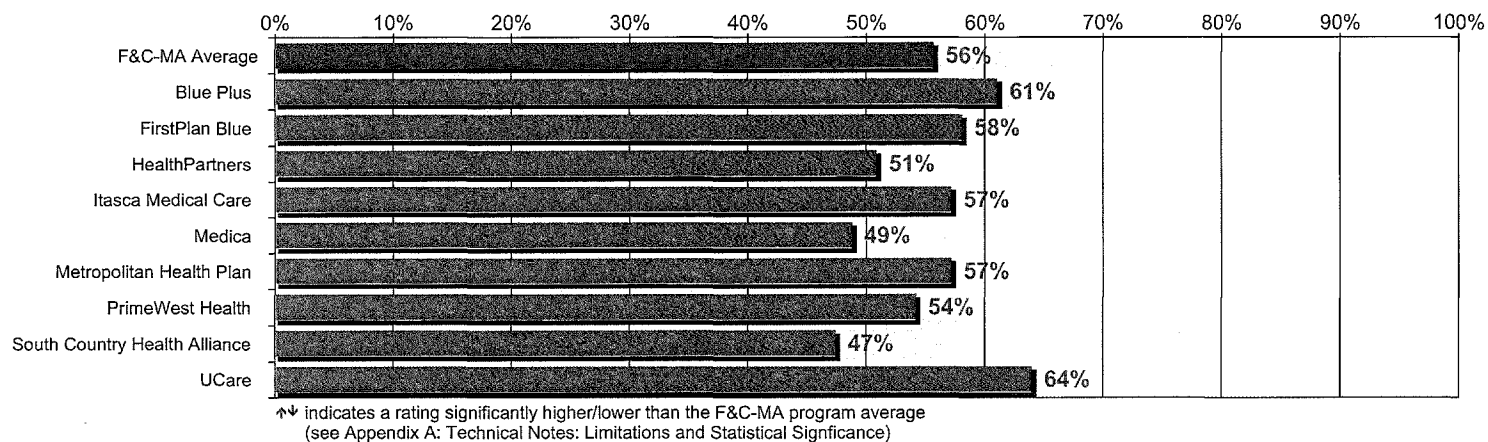


Rating of personal doctor

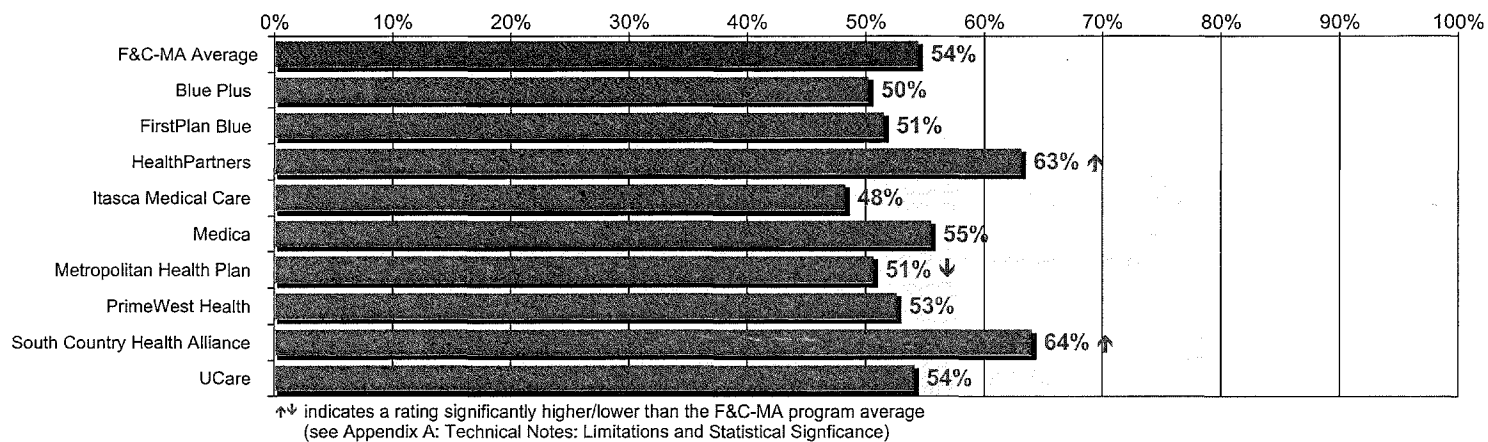


PART IV: PLAN-SPECIFIC COMPARISONS FAMILIES AND CHILDREN - MA

Rating of specialist seen most often



Rating of health plan



PART IV: PLAN-SPECIFIC COMPARISONS FAMILIES AND CHILDREN - MA

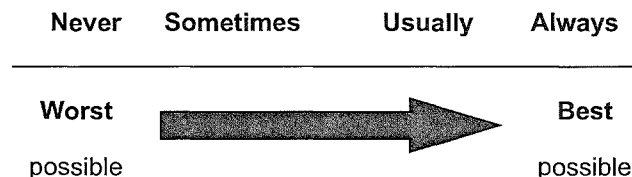
The survey had a series of questions that asked people to rate how often:

- Their doctors communicated well
- They got care without long waits
- They got needed care
- Their health plan's customer service was helpful and courteous

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

For each health plan, the numbers in the table show the percent of all people who responded most positively (or "Always") to these questions.

Ratings Scale

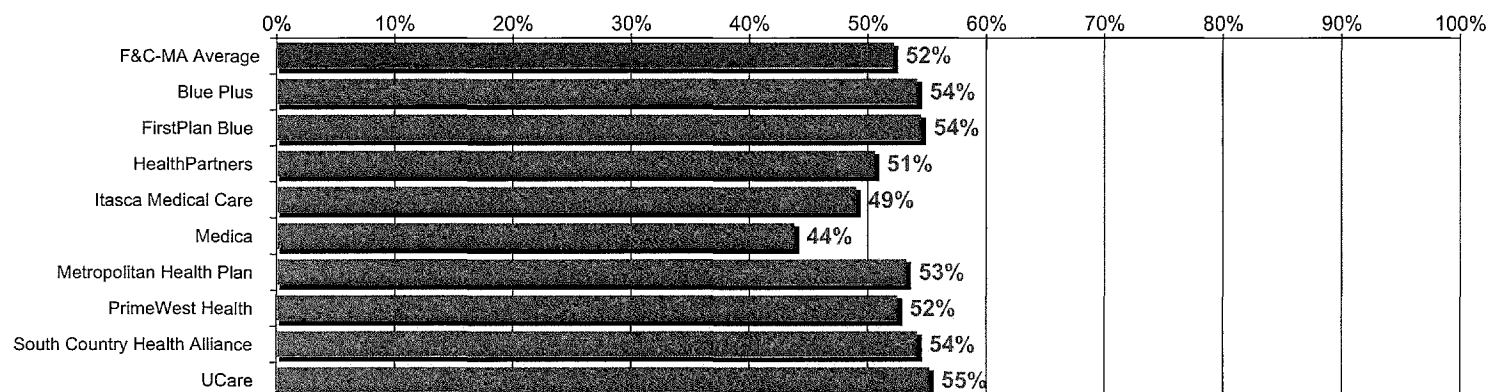


F&C-MA	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
F&C-MA Average	52%	56%	77%	58%
Blue Plus	54%	52%	80%	51%
FirstPlan Blue	54%	63% ↑	74%	63%
HealthPartners	51%	58%	74%	64%
Itasca Medical Care	49%	47%	78%	57%
Medica	44%	53%	80%	60%
Metropolitan Health Plan	53%	52%	75%	45%
PrimeWest Health	52%	60% ↑	76%	57%
South Country Health Alliance	54%	55%	81% ↑	66%
UCare	55%	57%	74%	58%

↑↓ indicates a rating significantly higher/lower than the F&C-MA program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

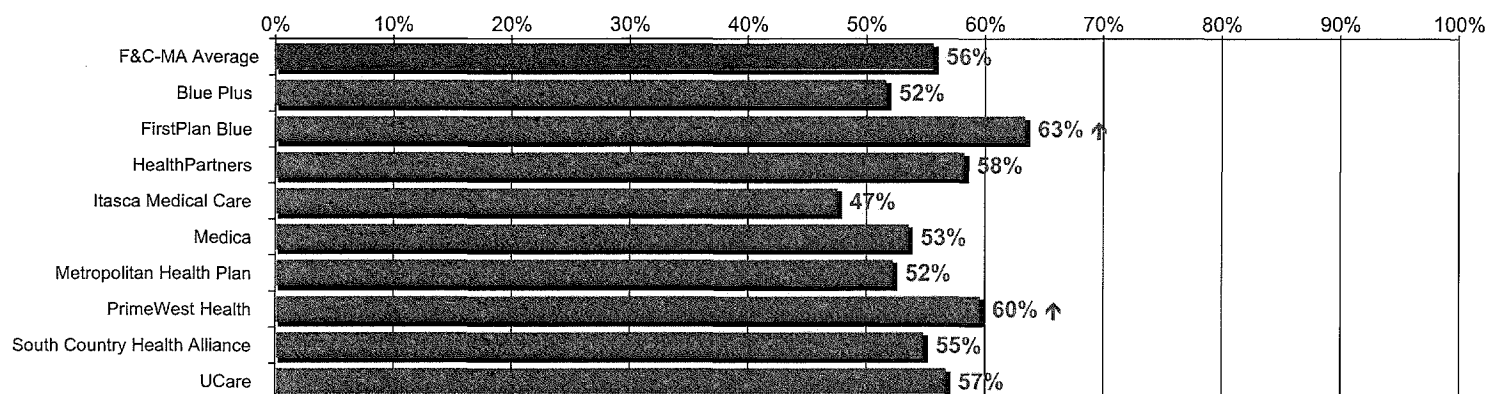
PART IV: PLAN-SPECIFIC COMPARISONS FAMILIES AND CHILDREN - MA

Getting Needed Care



↑↓ indicates a rating significantly higher/lower than the F&C-MA program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

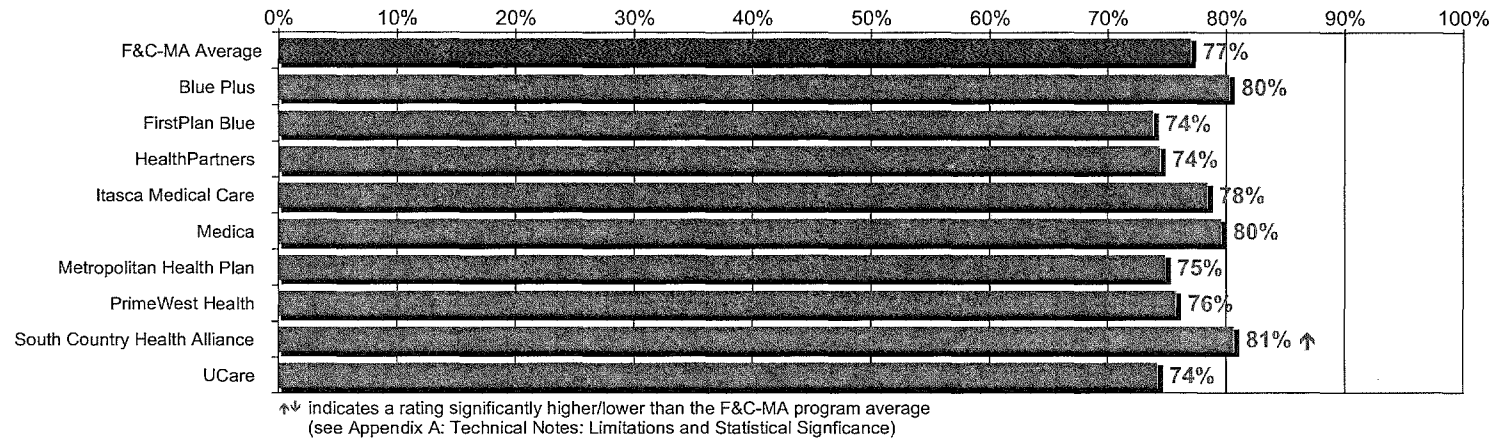
Getting Care Quickly



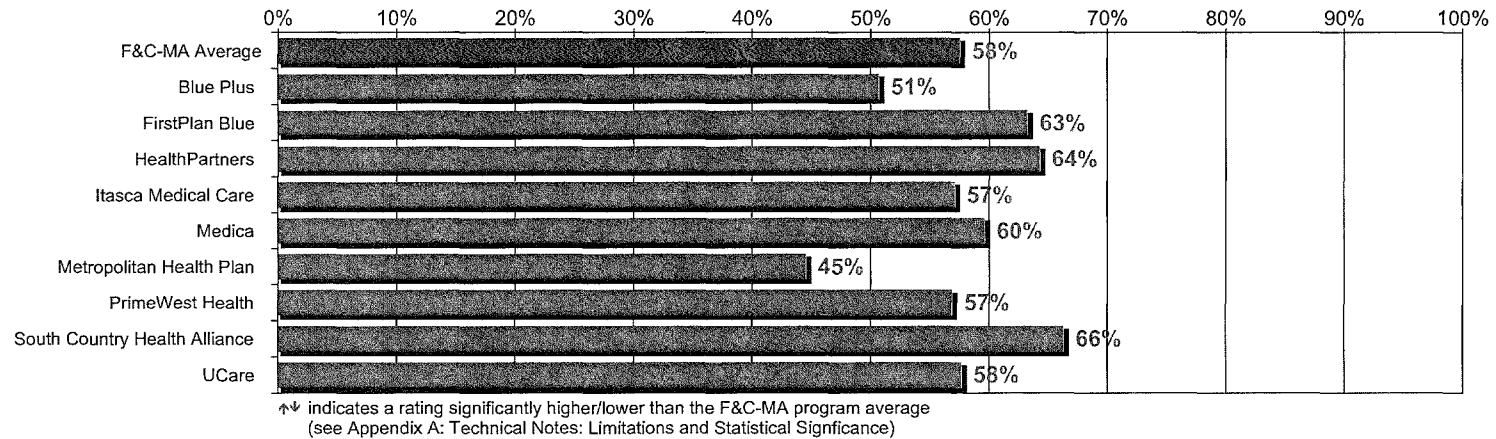
↑↓ indicates a rating significantly higher/lower than the F&C-MA program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART IV: PLAN-SPECIFIC COMPARISONS FAMILIES AND CHILDREN - MA

How Well Doctors Communicate



Customer Service



PART V: PLAN-SPECIFIC COMPARISONS

MINNESOTACARE

Introduction

This section of the report shows plan-specific comparisons of the managed care health plans participating in MinnesotaCare. The survey results for the health plans were adjusted for age and self-reported health status before testing for significant differences.

The first pages of this section show the percentage of enrollees who responded most positively (9 or 10) on the four overall survey questions that asked enrollees to rate their health care, doctor, specialist, and health plan.

The next pages show the percentage of enrollees who responded most positively (or "Always") to questions that formed the four composite topics: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate* and *Customer Service*.

In this section, the MinnesotaCare average is provided for comparison purposes. For each rating and composite score, each plan was compared to the program average using a difference-of-means statistical test.

- Plans with a rating or composite score significantly lower than the program average have an indicator of ↓ next to that rating or composite score.
- Plans with a rating or composite score significantly higher than the program average have an indicator of ↑ next to that rating or composite score.

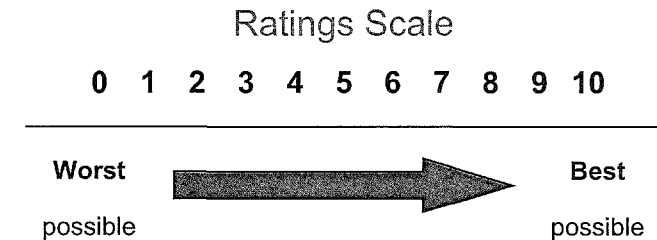
When comparing ratings and percentages, the reader should ignore small differences between numbers. These small differences may reflect sampling variation rather than real differences.

PART V: PLAN-SPECIFIC COMPARISONS

MINNESOTACARE

The survey had questions that asked people to rate the health care that 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 percent of all people who responded positively by giving a score of 9 or 10. The average of all plans in MinnesotaCare is shown as the MinnesotaCare Average.



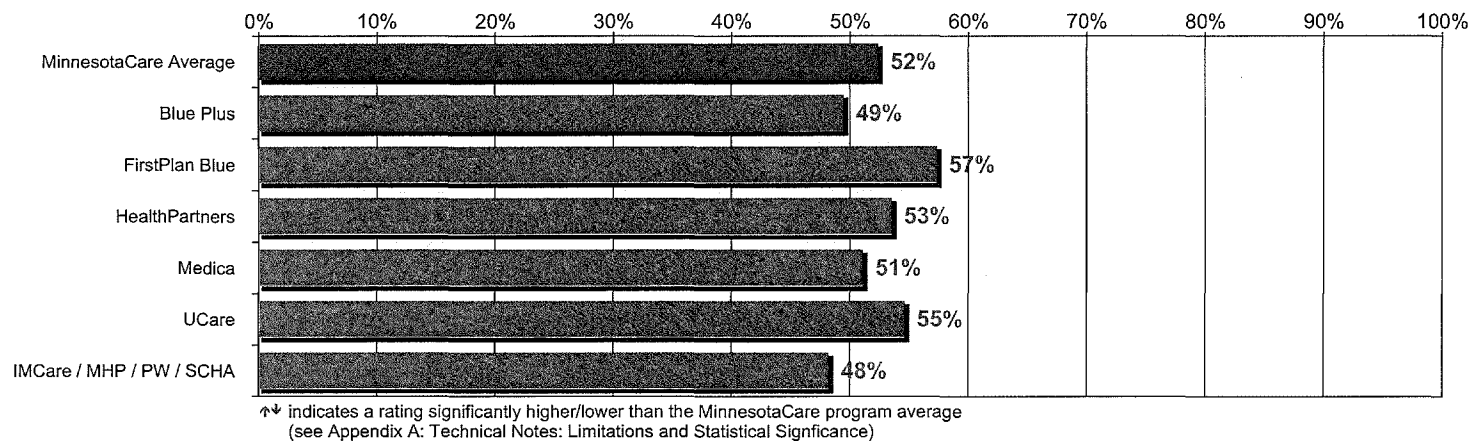
MinnesotaCare	Rating of all health care	Rating of personal doctor	Rating of specialist seen most often	Rating of health plan
MinnesotaCare Average	52%	64%	64%	55%
Blue Plus	49%	62%	62%	52%
FirstPlan Blue	57%	67%	71%	58%
HealthPartners	53%	67%	62%	55%
Medica	51%	61%	61%	55%
UCare	55%	65%	61%	54%
IMCare / MHP / PW / SCHA	48%	63%	65%	53%

↑↓ indicates a rating significantly higher/lower than the MinnesotaCare program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

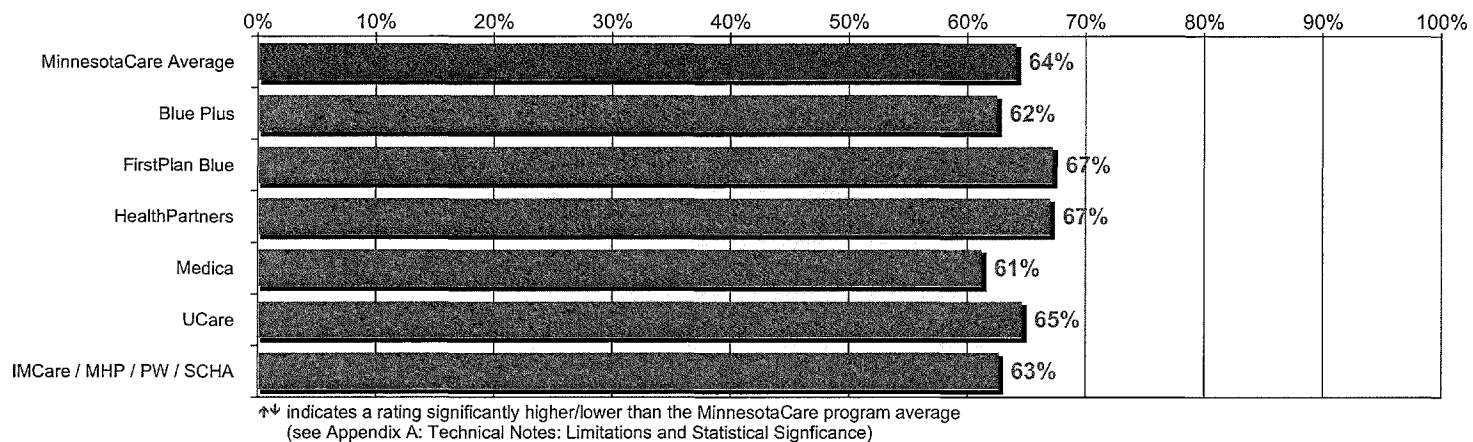
PART V: PLAN-SPECIFIC COMPARISONS

MINNESOTACARE

Rating of all health care



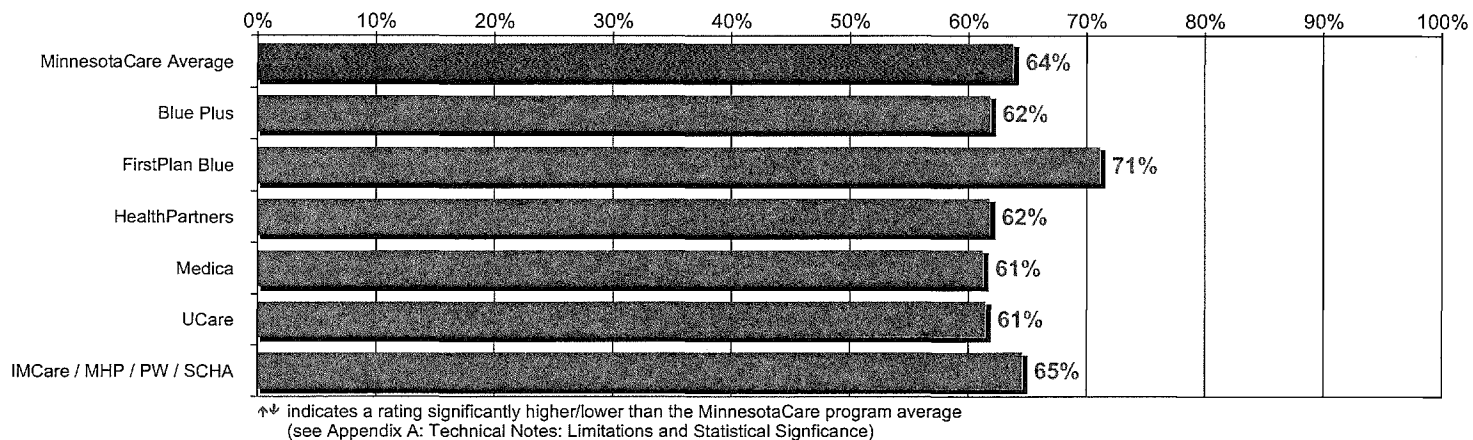
Rating of personal doctor



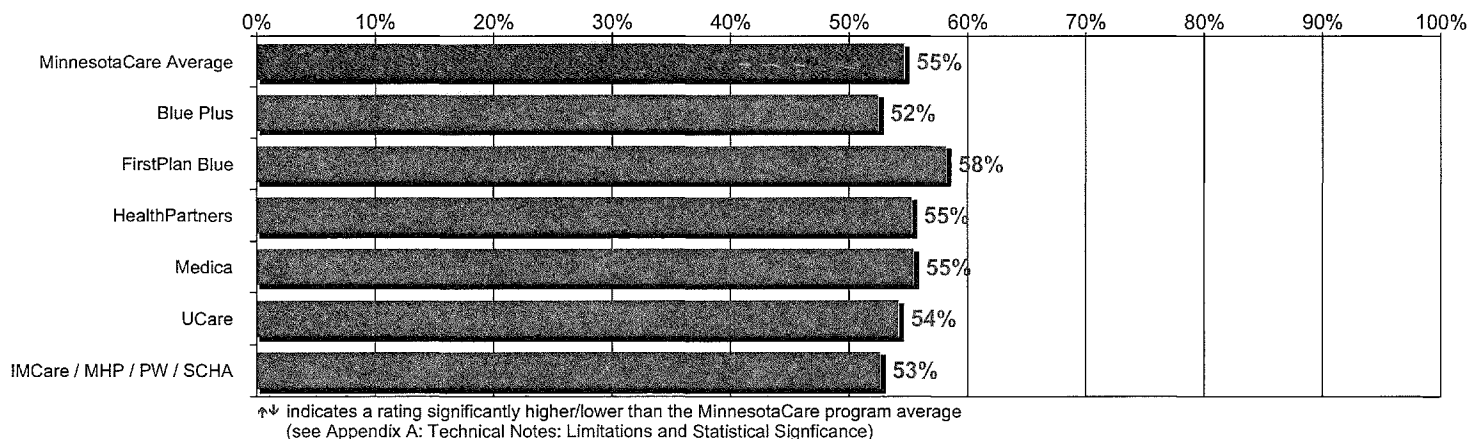
PART V: PLAN-SPECIFIC COMPARISONS

MINNESOTACARE

Rating of specialist seen most often



Rating of health plan



PART V: PLAN-SPECIFIC COMPARISONS

MINNESOTACARE

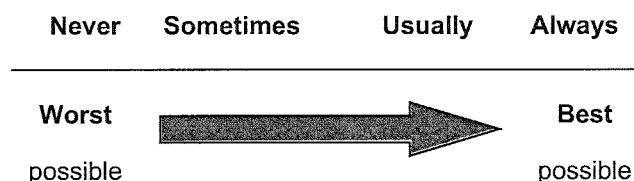
The survey had a series of questions that asked people to rate how often:

- Their doctors communicated well
- They got care without long waits
- They got needed care
- Their health plan's customer service was helpful and courteous

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

For each health plan, the numbers in the table show the percent of all people who responded most positively (or "Always") to these questions.

Ratings Scale



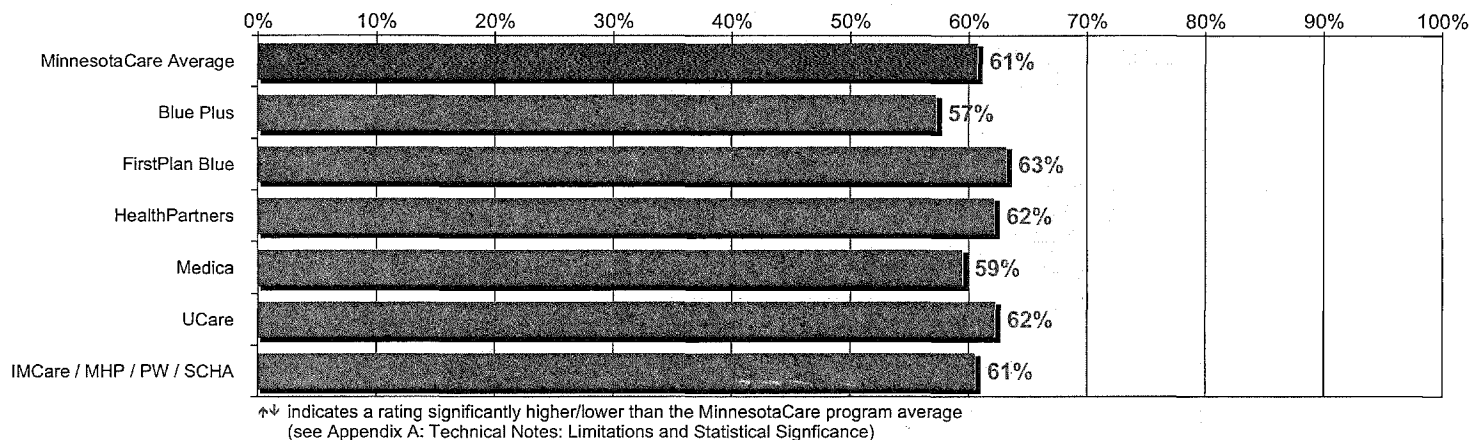
MinnesotaCare	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
MinnesotaCare Average	61%	59%	75%	62%
Blue Plus	57%	55%	73%	57%
FirstPlan Blue	63%	64% ↑	77%	68%
HealthPartners	62%	55% ↓	77%	70%
Medica	59%	59%	74%	65%
UCare	62%	62%	78%	56%
IMCare / MHP / PW / SCH	61%	58%	75%	56%

↑↓ indicates a rating significantly higher/lower than the MinnesotaCare program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

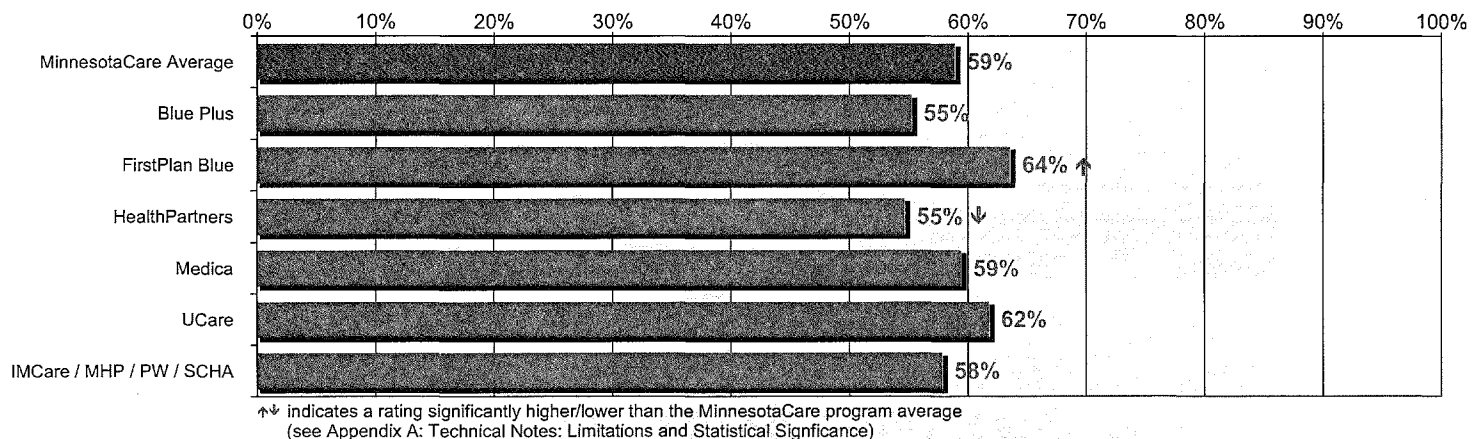
PART V: PLAN-SPECIFIC COMPARISONS

MINNESOTACARE

Getting Needed Care



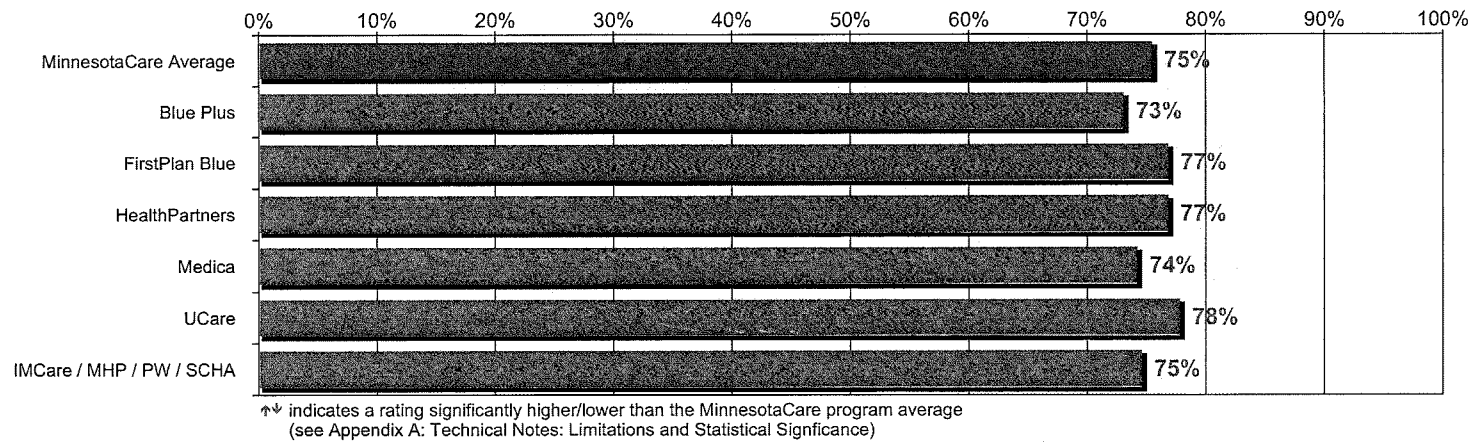
Getting Care Quickly



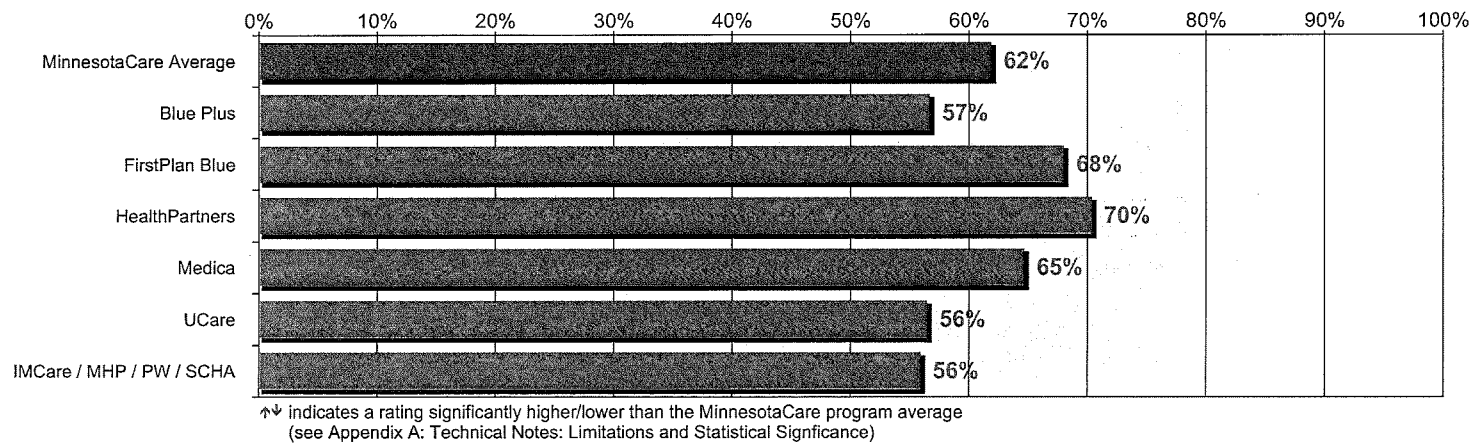
PART V: PLAN-SPECIFIC COMPARISONS

MINNESOTACARE

How Well Doctors Communicate



Customer Service



PART VI: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR CARE / MINNESOTA SENIOR CARE PLUS

Introduction

This section of the report shows plan-specific comparisons of the managed care health plans participating in Minnesota Senior Care / Minnesota Senior Care Plus. The survey results for the health plans were adjusted for age and self-reported health status before testing for significant differences.

The first pages of this section show the percentage of enrollees who responded most positively (9 or 10) on the four overall survey questions that asked enrollees to rate their health care, doctor, specialist, and health plan.

The next pages show the percentage of enrollees who responded most positively (or "Always") to questions that formed the four composite topics: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate* and *Customer Service*.

In this section, the Minnesota Senior Care / Minnesota Senior Care Plus average is provided for comparison purposes. For each rating and composite score, each plan was compared to the program average using a difference-of-means statistical test.

- Plans with a rating or composite score significantly lower than the program average have an indicator of ↓ next to that rating or composite score.
- Plans with a rating or composite score significantly higher than the program average have an indicator of ↑ next to that rating or composite score.

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

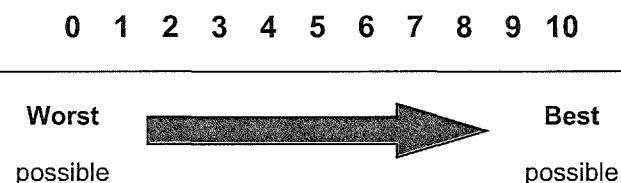
PART VI: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR CARE / MINNESOTA SENIOR CARE PLUS

The survey had questions that asked people to rate the health care that 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 percent of all people who responded positively by giving a score of 9 or 10. The average of all plans in MSC/MS⁺ is shown as the MSC/MS⁺ Average.

Ratings Scale



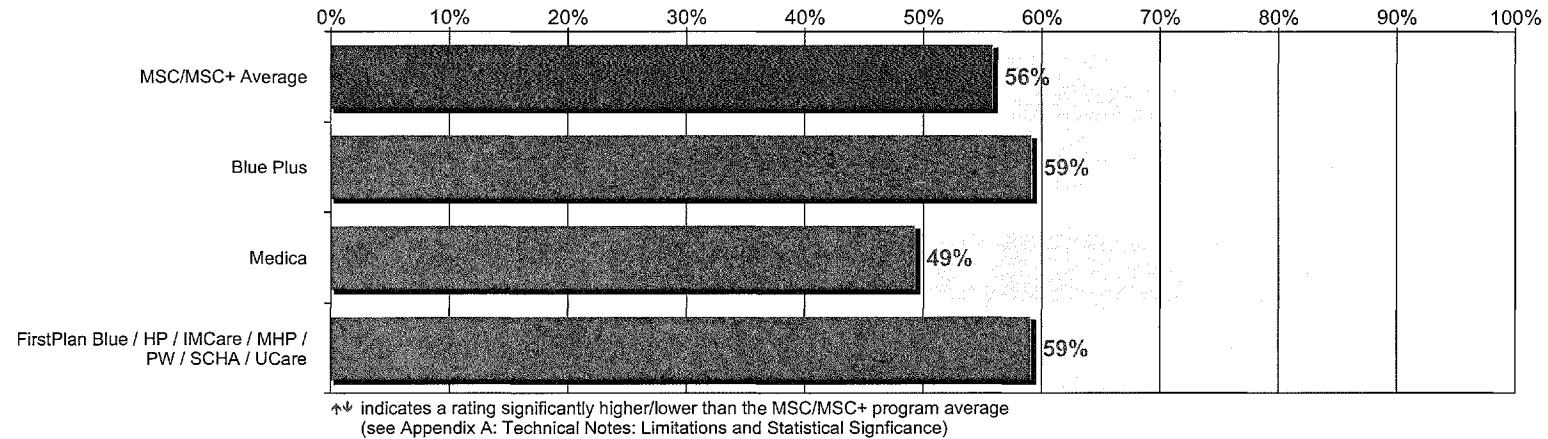
MSC/MS⁺	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Rating of health plan</i>
MSC/MS⁺ Average	56%	72%	65%	66%
Blue Plus	59%	73%	71%	68%
Medica	49%	68%	58%	62%
FirstPlan Blue / HP / IMCare / MHP / PW / SCH^A / UCare	59%	76%	71%	67%

↑↓ indicates a rating significantly higher/lower than the MSC/MS⁺ program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

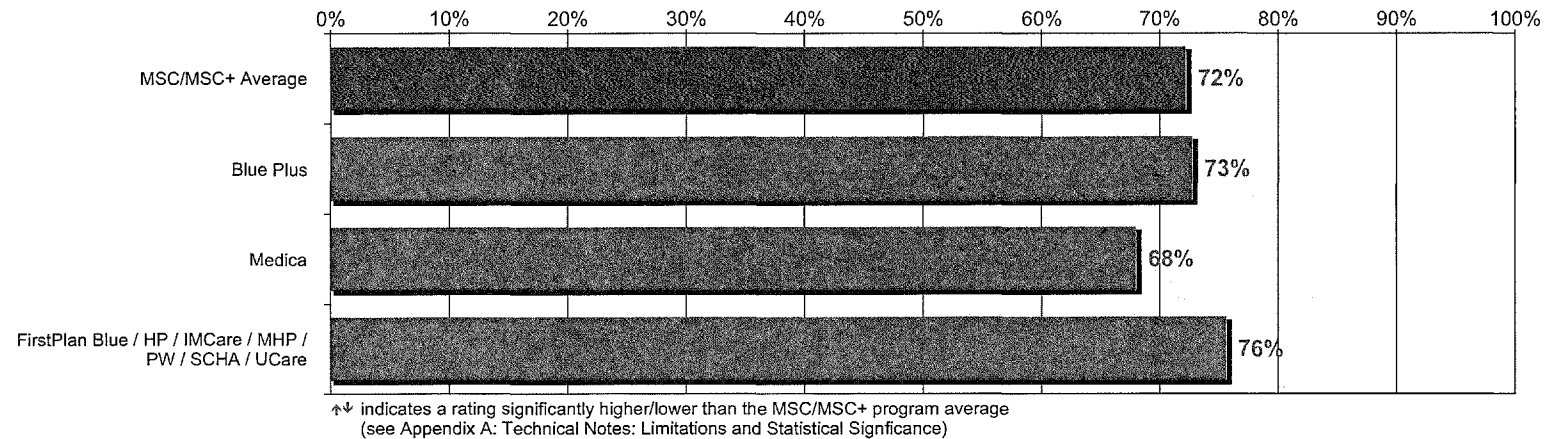
PART VI: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR CARE / MINNESOTA SENIOR CARE PLUS

Rating of all health care



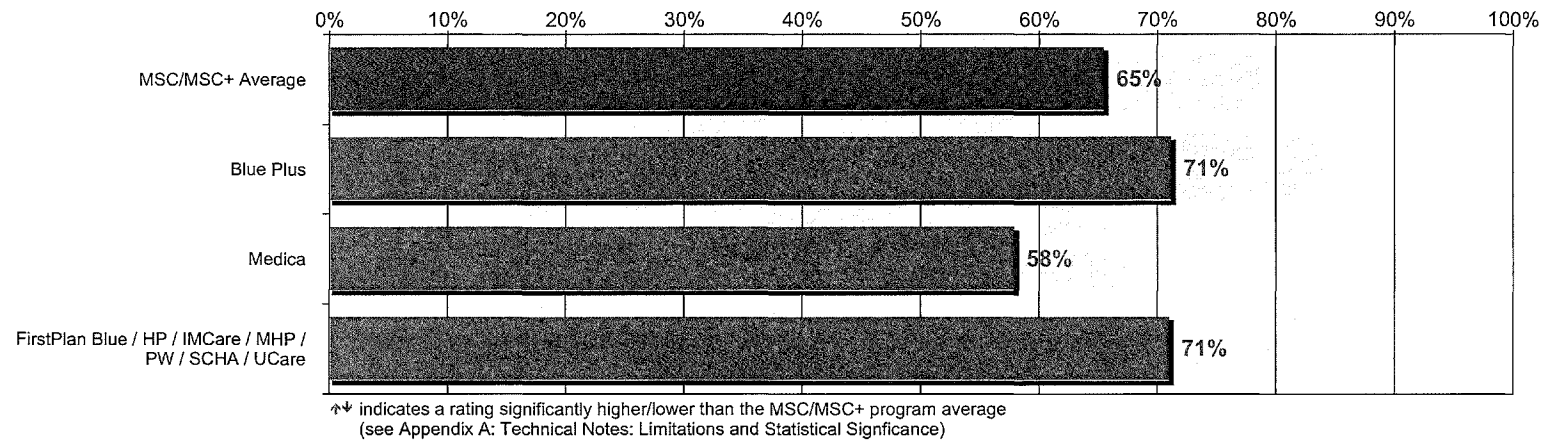
Rating of personal doctor



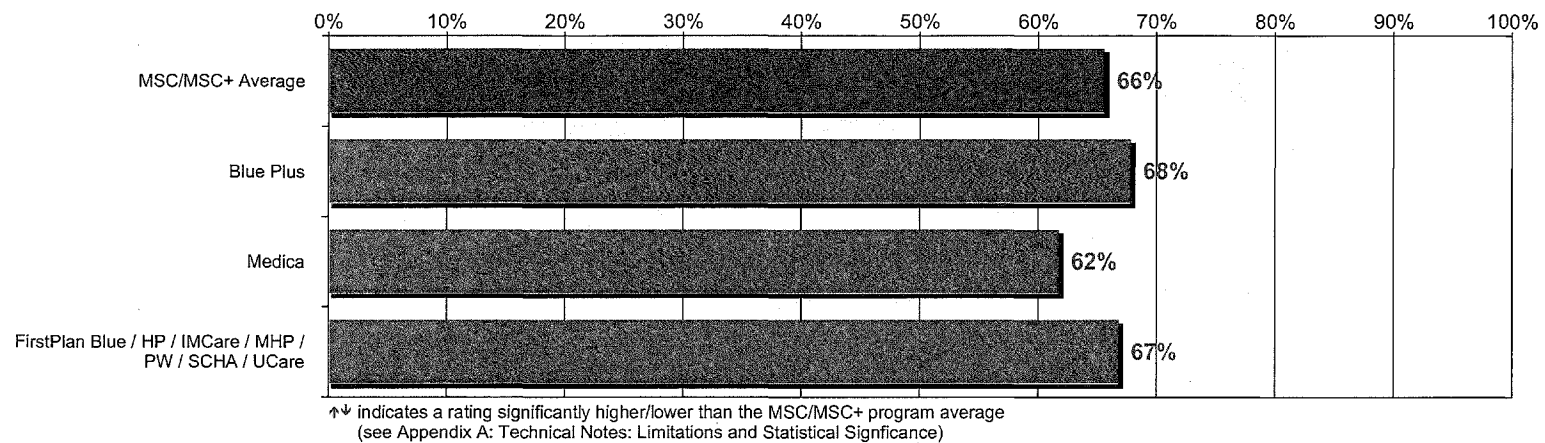
PART VI: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR CARE / MINNESOTA SENIOR CARE PLUS

Rating of specialist seen most often



Rating of health plan



PART VI: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR CARE / MINNESOTA SENIOR CARE PLUS

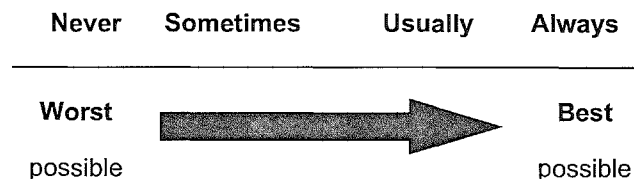
The survey had a series of questions that asked people to rate how often:

- Their doctors communicated well
- They got care without long waits
- They got needed care
- Their health plan's customer service was helpful and courteous

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

For each health plan, the numbers in the table show the percent of all people who responded most positively (or "Always") to these questions.

Ratings Scale



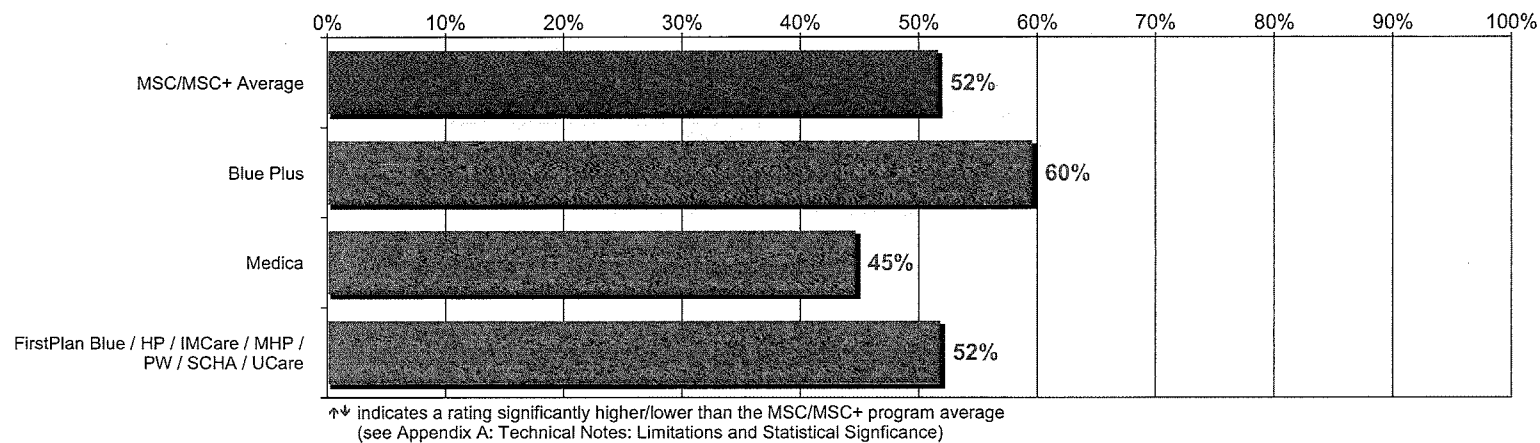
MSC/MSC+	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
MSC/MSC+ Average	52%	59%	73%	61%
Blue Plus	60%	58%	72%	61%
Medica	45%	57%	75%	61%
FirstPlan Blue / HP / IMCare / MHP / PW / SCHA / UCare	52%	62%	73%	59%

↑↓ indicates a rating significantly higher/lower than the MSC/MSC+ program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

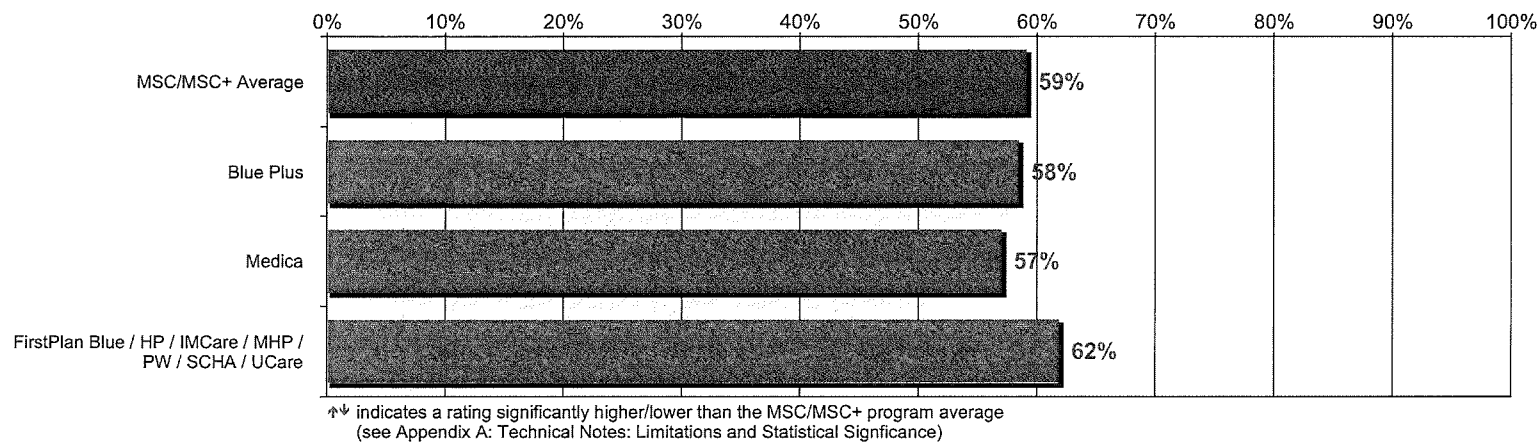
PART VI: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR CARE / MINNESOTA SENIOR CARE PLUS

Getting Needed Care



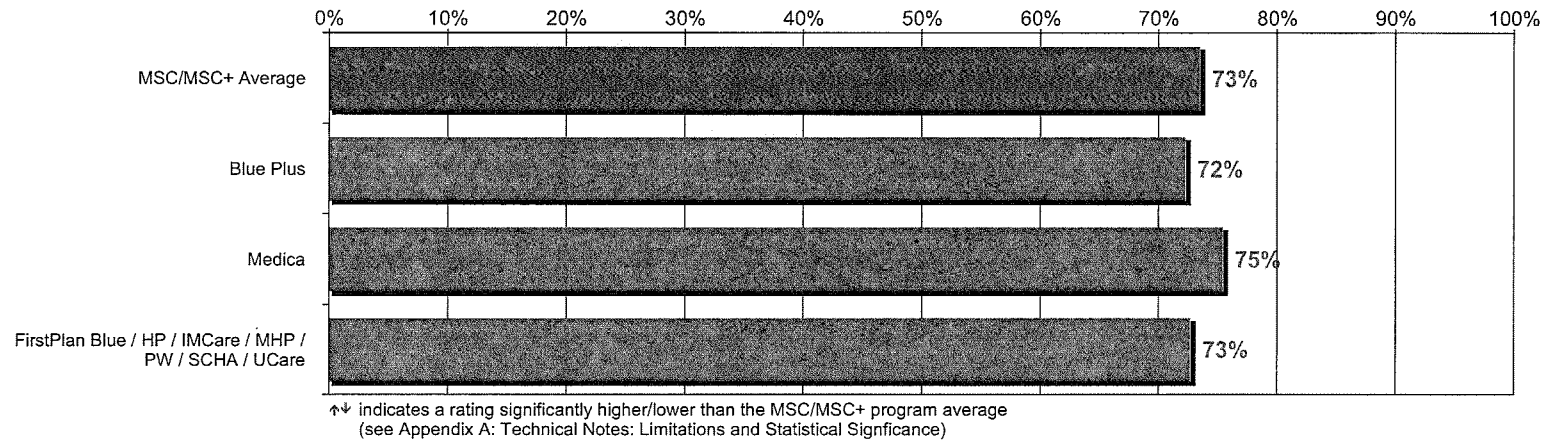
Getting Care Quickly



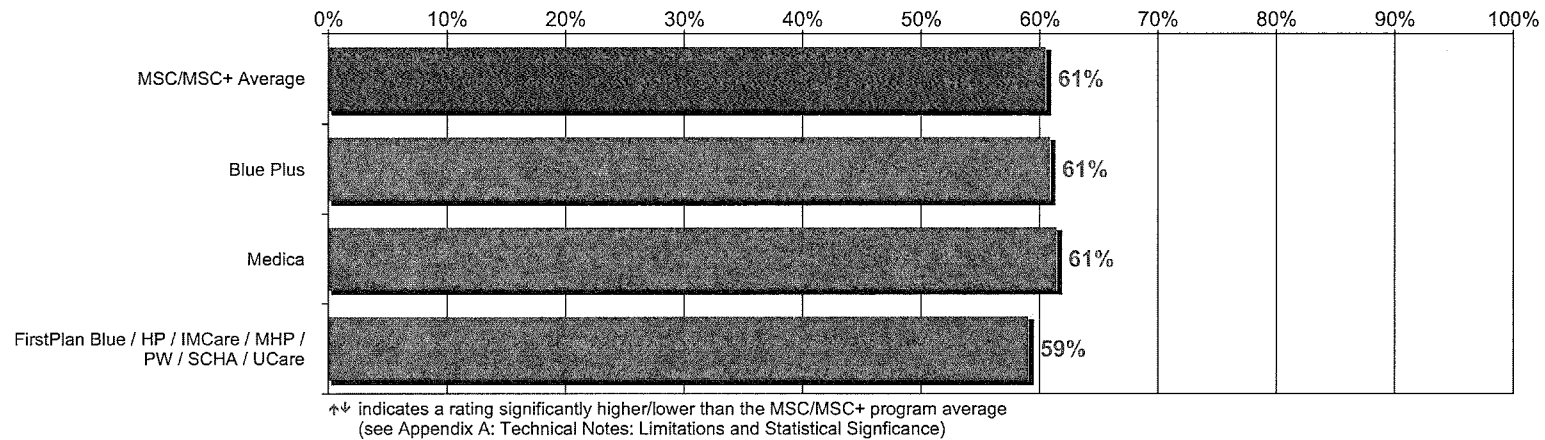
PART VI: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR CARE / MINNESOTA SENIOR CARE PLUS

How Well Doctors Communicate



Customer Service



PART VII: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR HEALTH OPTIONS

Introduction

This section of the report shows plan-specific comparisons of the managed care health plans participating in Minnesota Senior Health Options. The survey results for the health plans were adjusted for age and self-reported health status before testing for significant differences.

The first pages of this section show the percentage of enrollees who responded most positively (9 or 10) on the four overall survey questions that asked enrollees to rate their health care, doctor, specialist, and health plan.

The next pages show the percentage of enrollees who responded most positively (or "Always") to questions that formed the four composite topics: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate* and *Customer Service*.

In this section, the Minnesota Senior Health Options average is provided for comparison purposes. For each rating and composite score, each plan was compared to the program average using a difference-of-means statistical test.

- Plans with a rating or composite score significantly lower than the program average have an indicator of ↓ next to that rating or composite score.
- Plans with a rating or composite score significantly higher than the program average have an indicator of ↑ next to that rating or composite score.

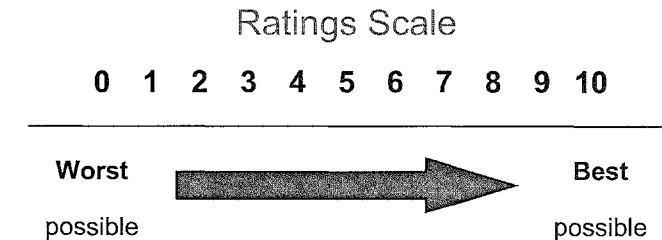
When comparing ratings and percentages, the reader should ignore small differences between numbers. These small differences may reflect sampling variation rather than real differences.

PART VII: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR HEALTH OPTIONS

The survey had questions that asked people to rate the health care that 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 percent of all people who responded positively by giving a score of 9 or 10. The average of all plans in MSHO is shown as the MSHO Average.



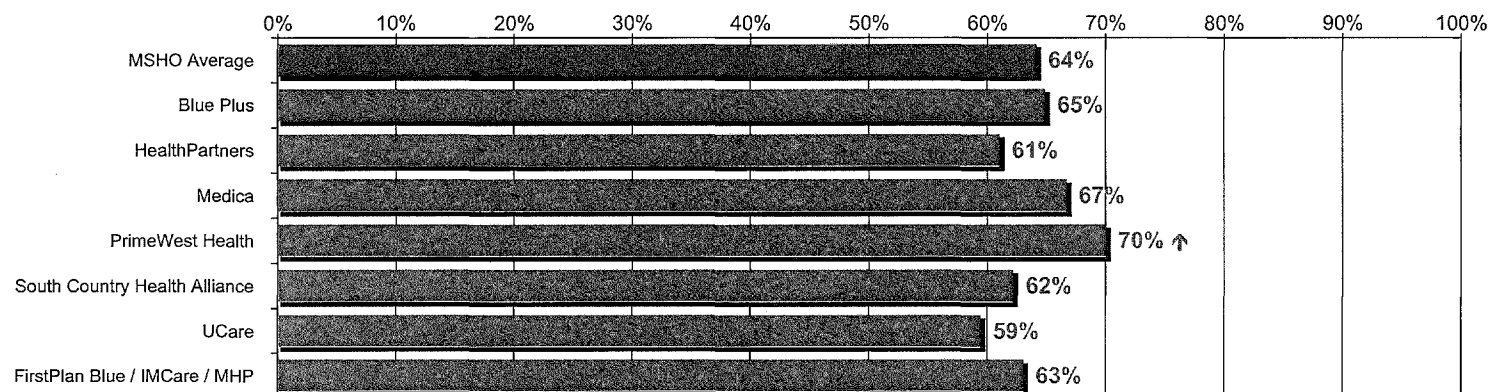
MSHO	Rating of all health care	Rating of personal doctor	Rating of specialist seen most often	Rating of health plan
MSHO Average	64%	78%	71%	75%
Blue Plus	65%	76%	65%	76%
HealthPartners	61%	77%	71%	67% ↓
Medica	67%	78%	73%	76%
PrimeWest Health	70% ↑	81%	74%	79% ↑
South Country Health Alliance	62%	77%	76%	73%
UCare	59%	76%	71%	72%
FirstPlan Blue / IMCare / MHP	63%	80%	69%	76%

↑↓ indicates a rating significantly higher/lower than the MSHO program average (see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART VII: PLAN-SPECIFIC COMPARISONS

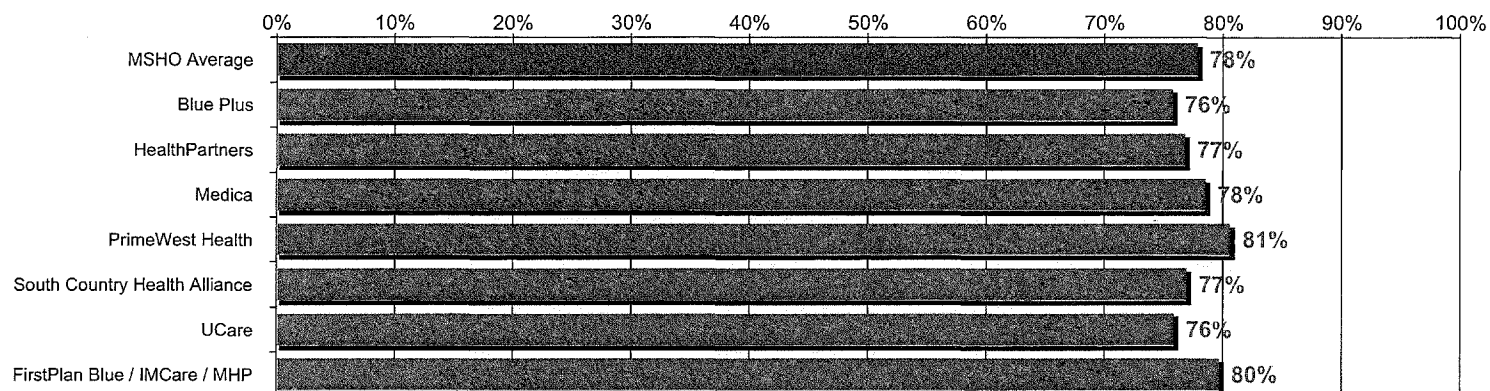
MINNESOTA SENIOR HEALTH OPTIONS

Rating of all health care



↑↓ indicates a rating significantly higher/lower than the MSHO program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

Rating of personal doctor

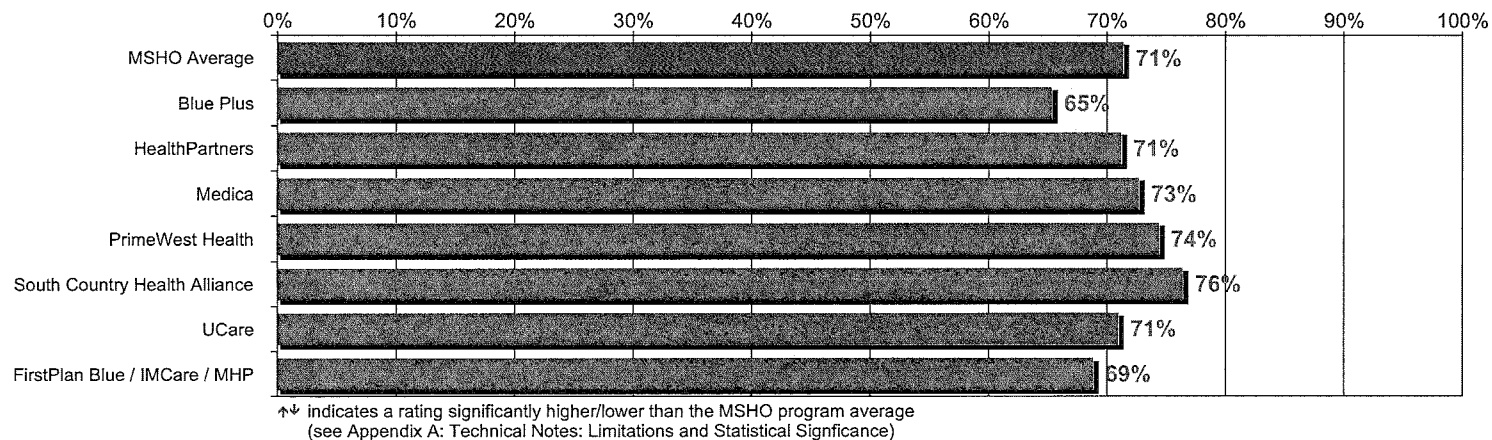


↑↓ indicates a rating significantly higher/lower than the MSHO program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

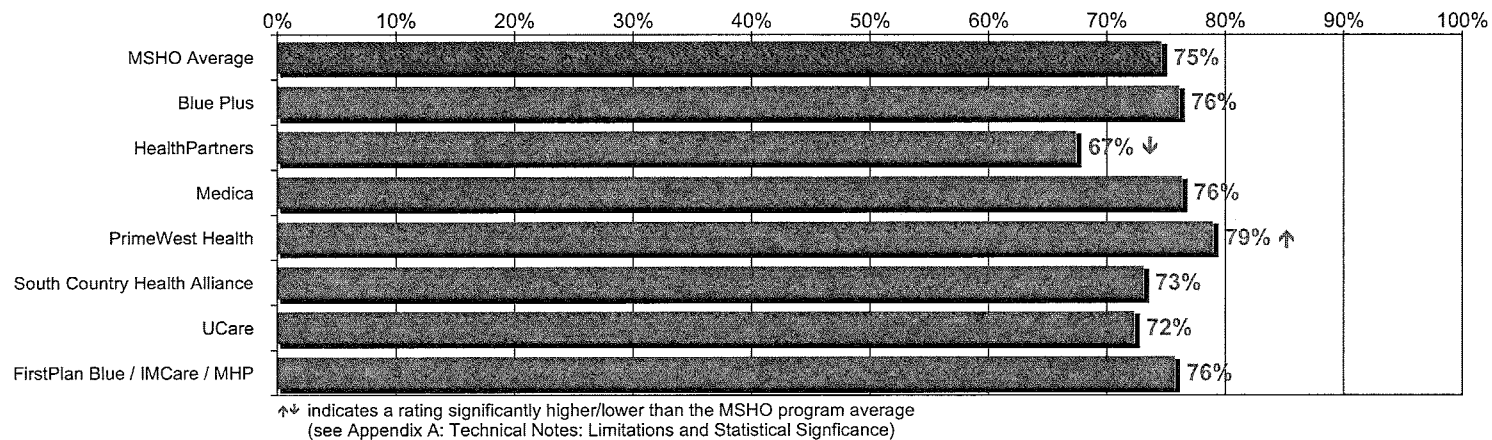
PART VII: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR HEALTH OPTIONS

Rating of specialist seen most often



Rating of health plan



PART VII: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR HEALTH OPTIONS

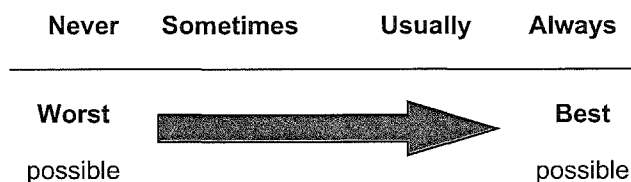
The survey had a series of questions that asked people to rate how often:

- Their doctors communicated well
- They got care without long waits
- They got needed care
- Their health plan's customer service was helpful and courteous

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

For each health plan, the numbers in the table show the percent of all people who responded most positively (or "Always") to these questions.

Ratings Scale



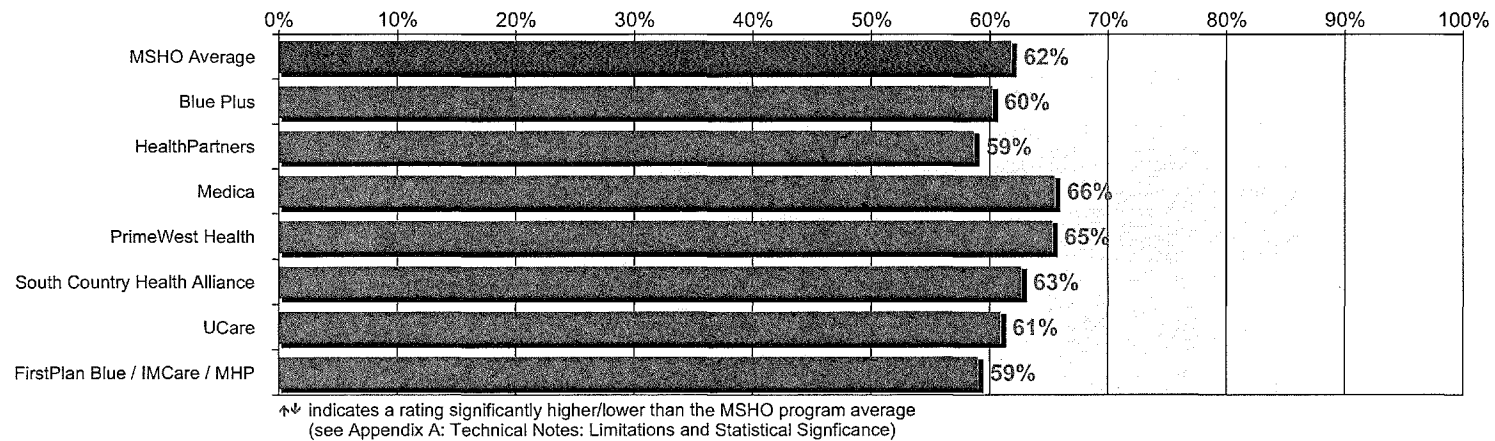
MSHO	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
MSHO Average	62%	67%	77%	69%
Blue Plus	60%	70%	76%	65%
HealthPartners	59%	60%	77%	70%
Medica	66%	63%	77%	69%
PrimeWest Health	65%	75% ↑	77%	71%
South Country Health Alliance	63%	68%	75%	74%
UCare	61%	64%	78%	66%
FirstPlan Blue / IMCare / MHP	59%	64%	76%	70%

↑↓ indicates a rating significantly higher/lower than the MSHO program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

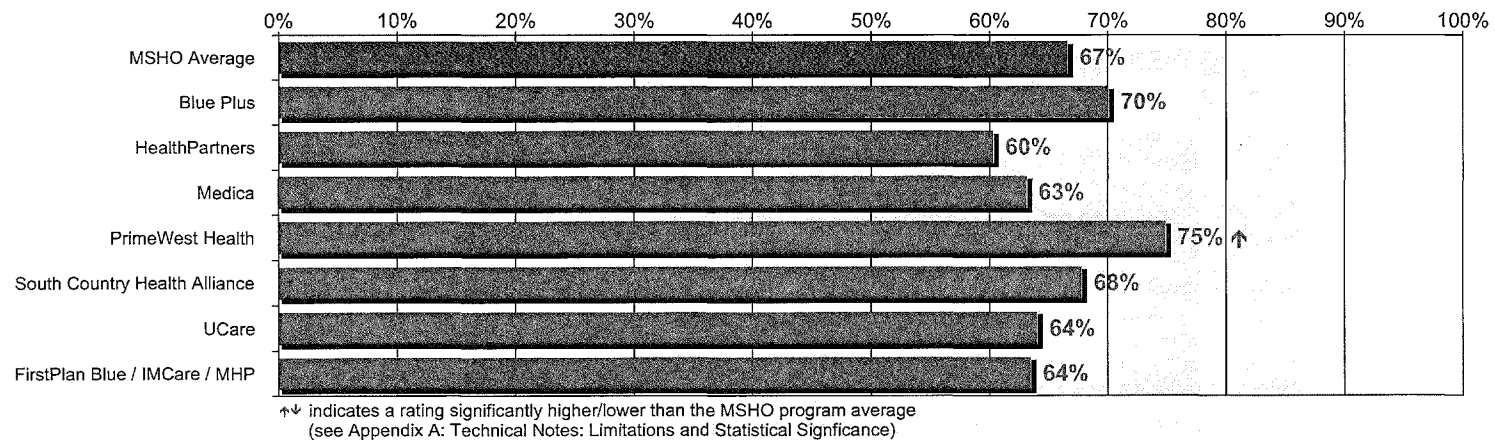
PART VII: PLAN-SPECIFIC COMPARISONS

MINNESOTA SENIOR HEALTH OPTIONS

Getting Needed Care

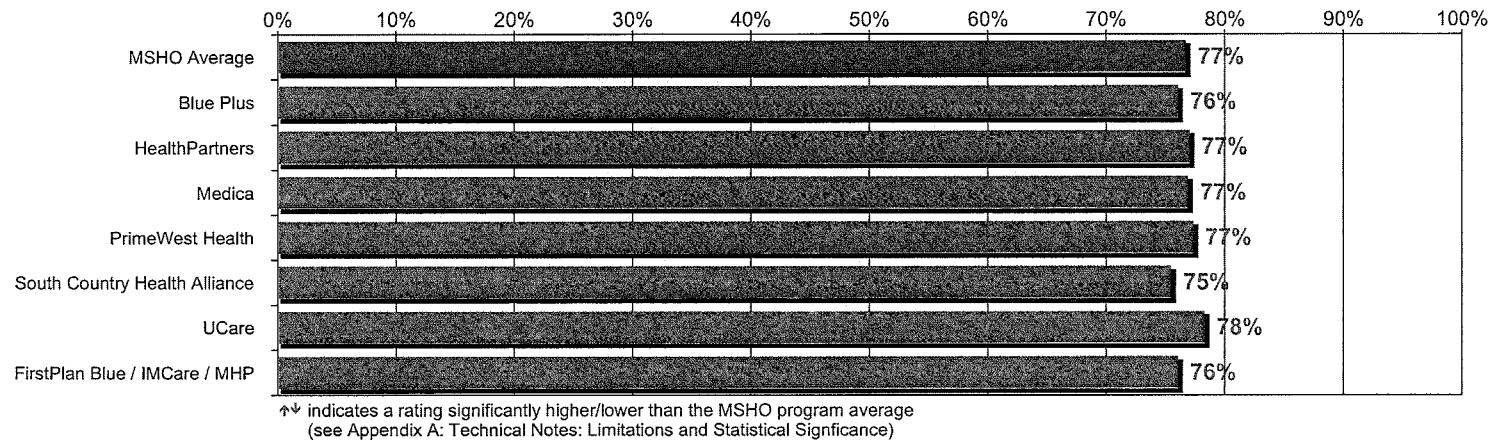


Getting Care Quickly

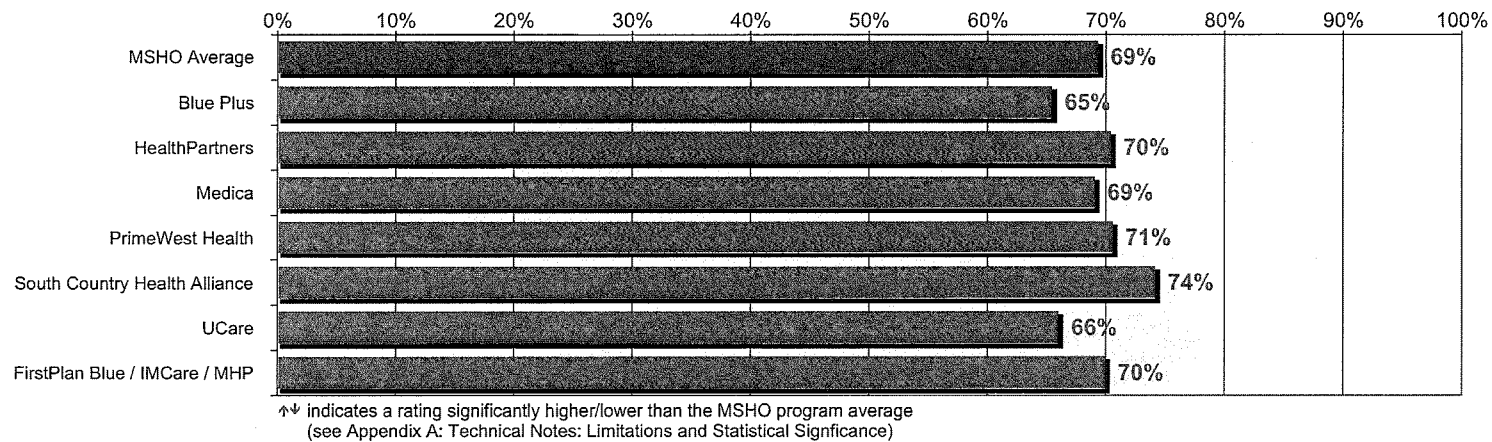


PART VII: PLAN-SPECIFIC COMPARISONS MINNESOTA SENIOR HEALTH OPTIONS

How Well Doctors Communicate



Customer Service



PART VIII: PLAN-SPECIFIC COMPARISONS

MINNESOTA DISABILITY HEALTH OPTIONS

Introduction

This section of the report shows the program and plan data for the single MCO participating in Minnesota Disability Health Options. Since only one plan currently participates, no significance testing was conducted.

The first pages of this section show the percentage of enrollees who responded most positively (9 or 10) on the four overall survey questions that asked enrollees to rate their health care, doctor, specialist, and health plan.

The next pages show the percentage of enrollees who responded most positively (or "Always") to questions that formed the four composite topics: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate* and *Customer Service*.

Although only one plan is in Minnesota Disability Health Options at present, both program and plan data are shown, to mirror the presentation of data elsewhere in the report.

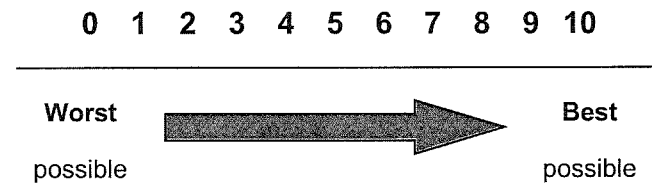
PART VIII: PLAN-SPECIFIC COMPARISONS

MINNESOTA DISABILITY HEALTH OPTIONS

The survey had questions that asked people to rate the health care that 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".

The number in the table shows the percent of all people who responded positively by giving a score of 9 or 10.

Ratings Scale



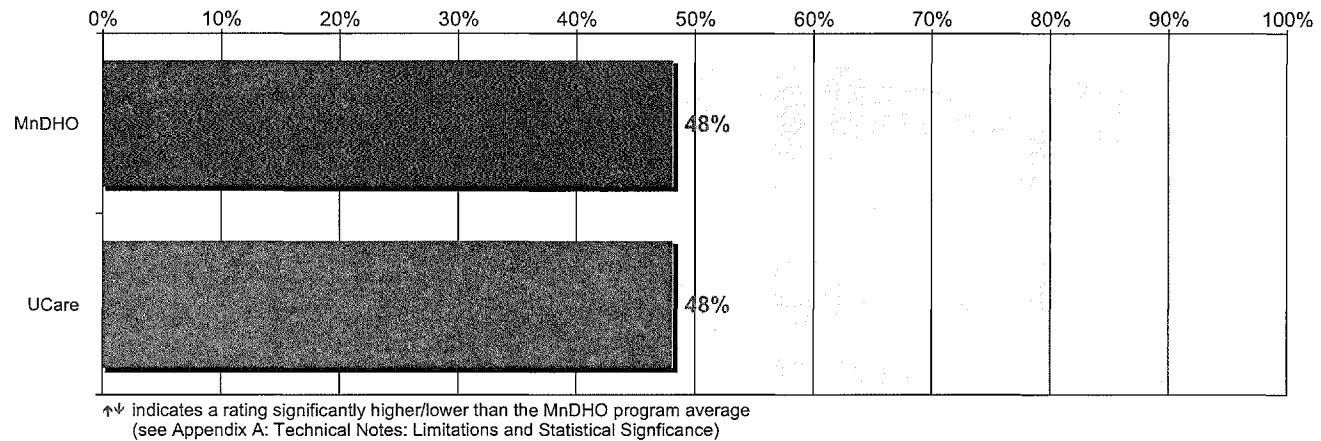
MnDHO	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Rating of health plan</i>
MnDHO	48%	63%	64%	55%
UCare	48%	63%	64%	55%

↑↓ indicates a rating significantly higher/lower than the MnDHO program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

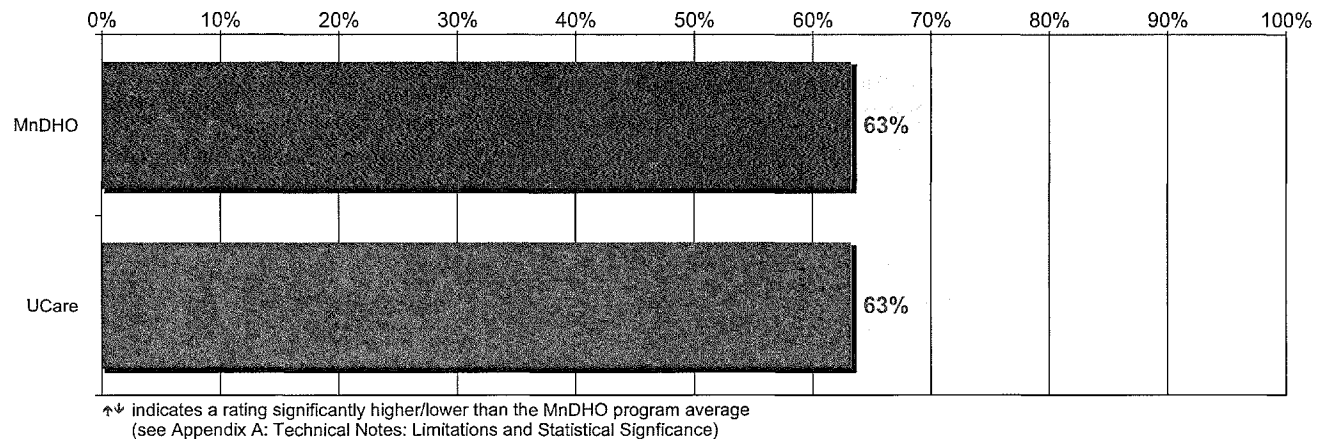
PART VIII: PLAN-SPECIFIC COMPARISONS

MINNESOTA DISABILITY HEALTH OPTIONS

Rating of all health care



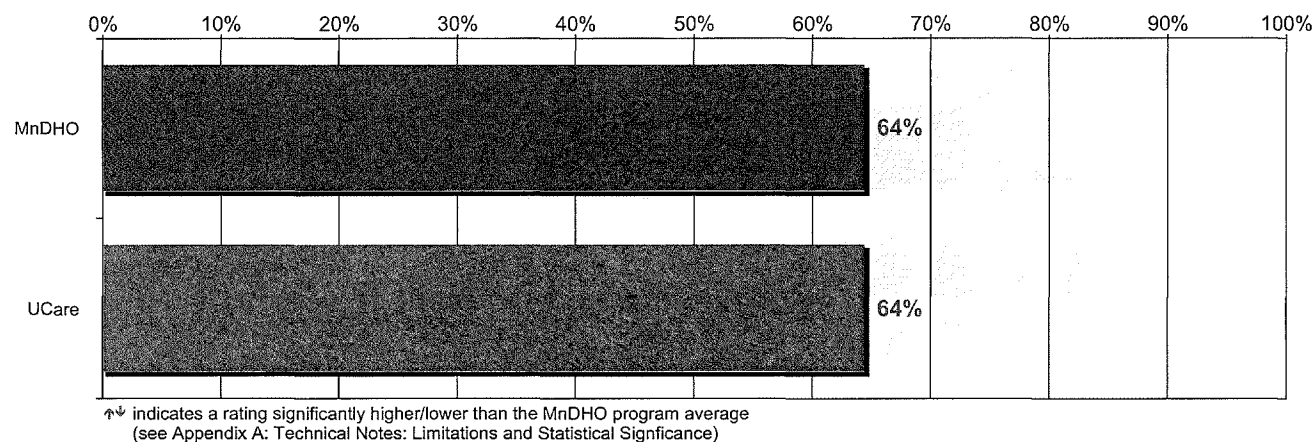
Rating of personal doctor



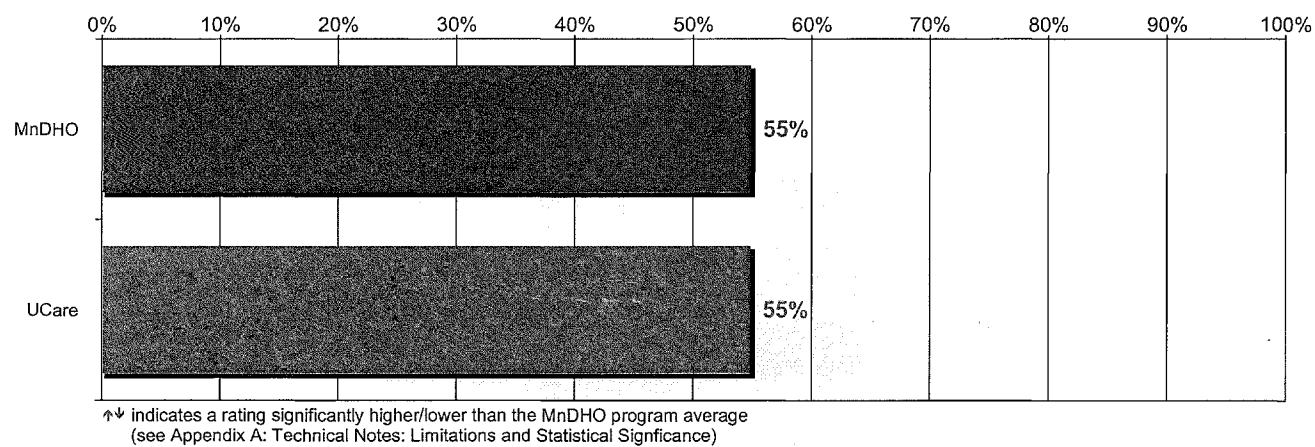
PART VIII: PLAN-SPECIFIC COMPARISONS

MINNESOTA DISABILITY HEALTH OPTIONS

Rating of specialist seen most often



Rating of health plan



PART VIII: PLAN-SPECIFIC COMPARISONS

MINNESOTA DISABILITY HEALTH OPTIONS

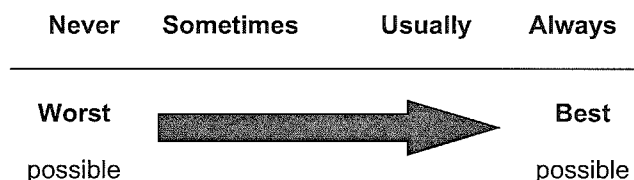
The survey had a series of questions that asked people to rate how often:

- Their doctors communicated well
- They got care without long waits
- They got needed care
- Their health plan's customer service was helpful and courteous

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

For each health plan, the numbers in the table show the percent of all people who responded most positively (or "Always") to these questions.

Ratings Scale



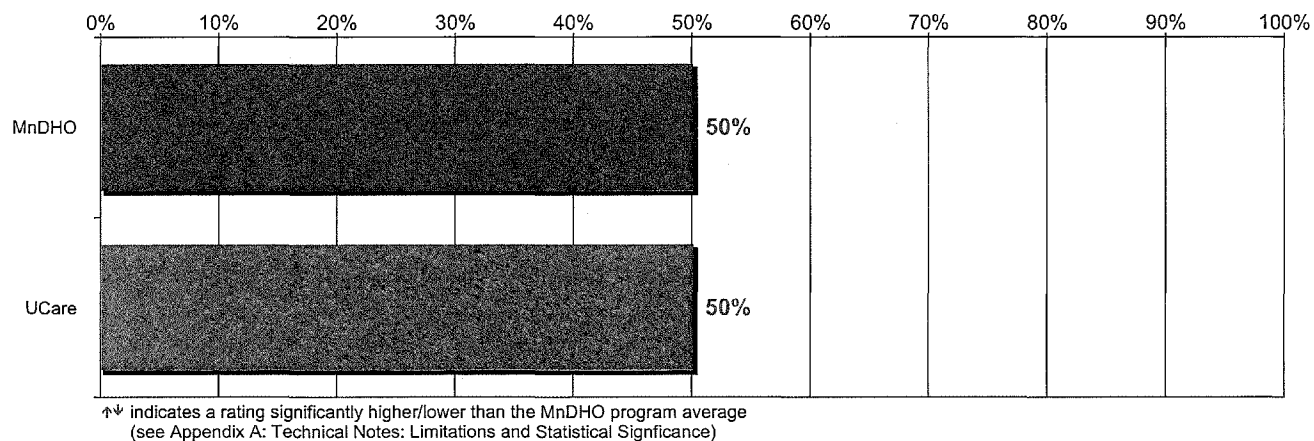
MnDHO	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
MnDHO	50%	51%	72%	55%
UCare	50%	51%	72%	55%

↑↓ indicates a rating significantly higher/lower than the MnDHO program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

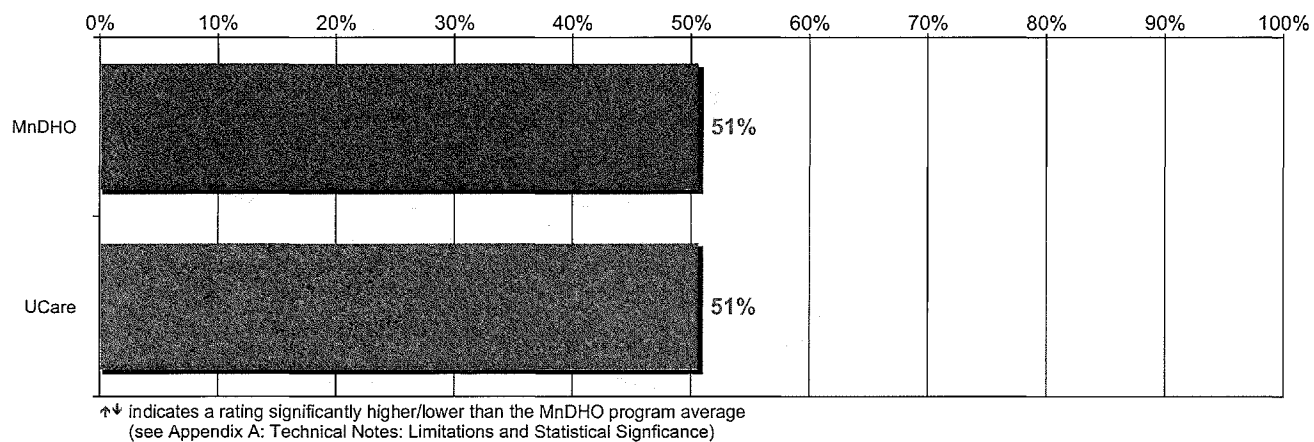
PART VIII: PLAN-SPECIFIC COMPARISONS

MINNESOTA DISABILITY HEALTH OPTIONS

Getting Needed Care



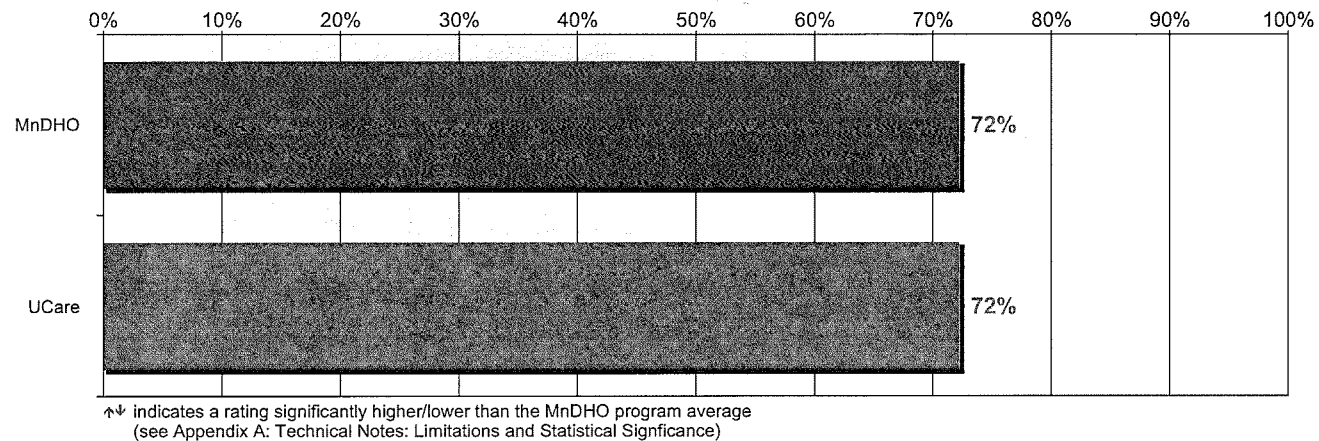
Getting Care Quickly



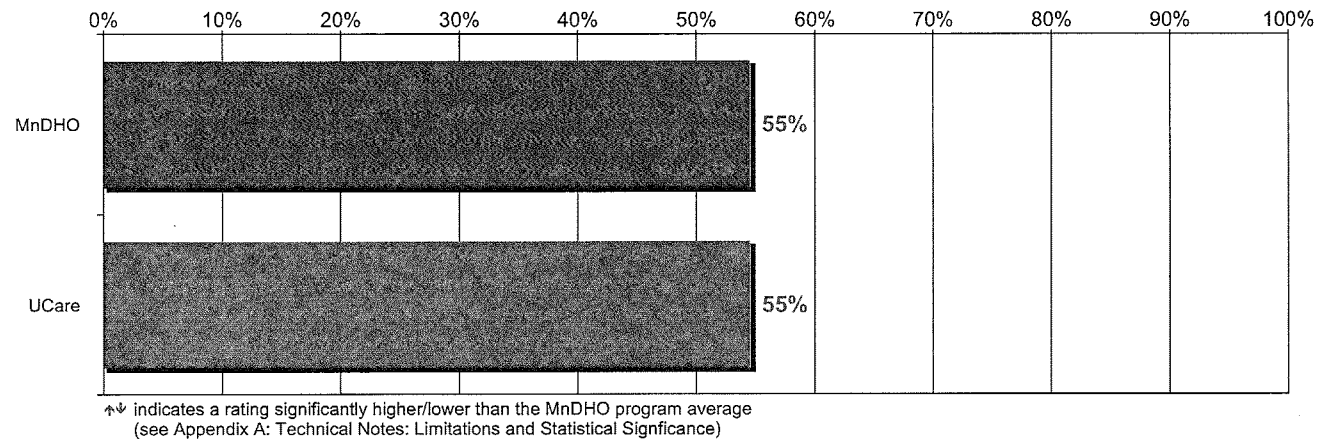
PART VIII: PLAN-SPECIFIC COMPARISONS

MINNESOTA DISABILITY HEALTH OPTIONS

How Well Doctors Communicate



Customer Service



PART IX: PLAN-SPECIFIC COMPARISONS

SPECIAL NEEDS BASIC CARE

Introduction

This section of the report shows plan-specific comparisons of the managed care health plans participating in Special Needs Basic Care. The survey results for the health plans were adjusted for age and self-reported health status before testing for significant differences.

The first pages of this section show the percentage of enrollees who responded most positively (9 or 10) on the four overall survey questions that asked enrollees to rate their health care, doctor, specialist, and health plan.

The next pages show the percentage of enrollees who responded most positively (or "Always") to questions that formed the four composite topics: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate* and *Customer Service*.

In this section, the Special Needs Basic Care average is provided for comparison purposes. For each rating and composite score, each plan was compared to the program average using a difference-of-means statistical test.

- Plans with a rating or composite score significantly lower than the program average have an indicator of ↓ next to that rating or composite score.
- Plans with a rating or composite score significantly higher than the program average have an indicator of ↑ next to that rating or composite score.

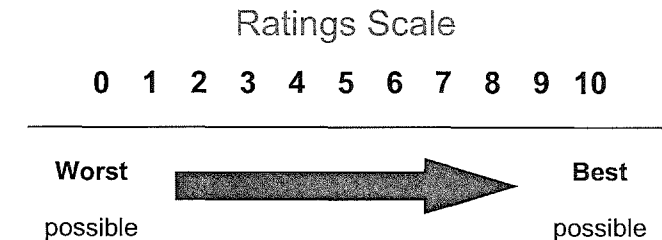
When comparing ratings and percentages, the reader should ignore small differences between numbers. These small differences may reflect sampling variation rather than real differences.

PART IX: PLAN-SPECIFIC COMPARISONS

SPECIAL NEEDS BASIC CARE

The survey had questions that asked people to rate the health care that 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 percent of all people who responded positively by giving a score of 9 or 10. The average of all plans in SNBC is shown as the SNBC Average.



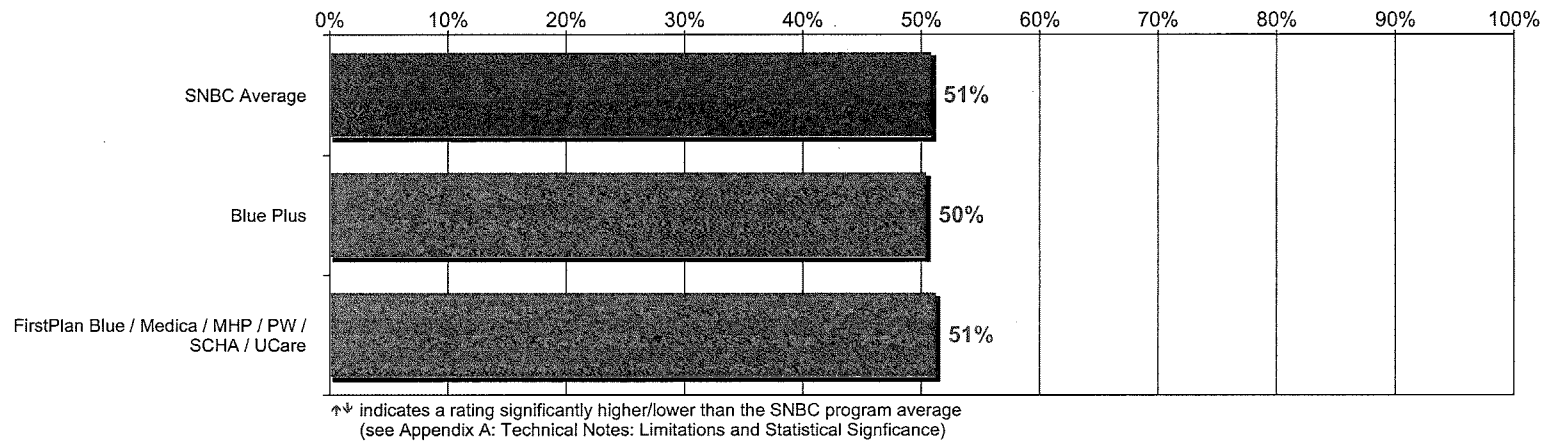
SNBC	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Rating of health plan</i>
SNBC Average	51%	68%	61%	60%
Blue Plus	50%	67%	59%	56%
FirstPlan Blue / Medica / MHP / PW / SCHA / UCare	51%	70%	64%	64%

↑↓ indicates a rating significantly higher/lower than the SNBC program average (see Appendix A: Technical Notes: Limitations and Statistical Significance)

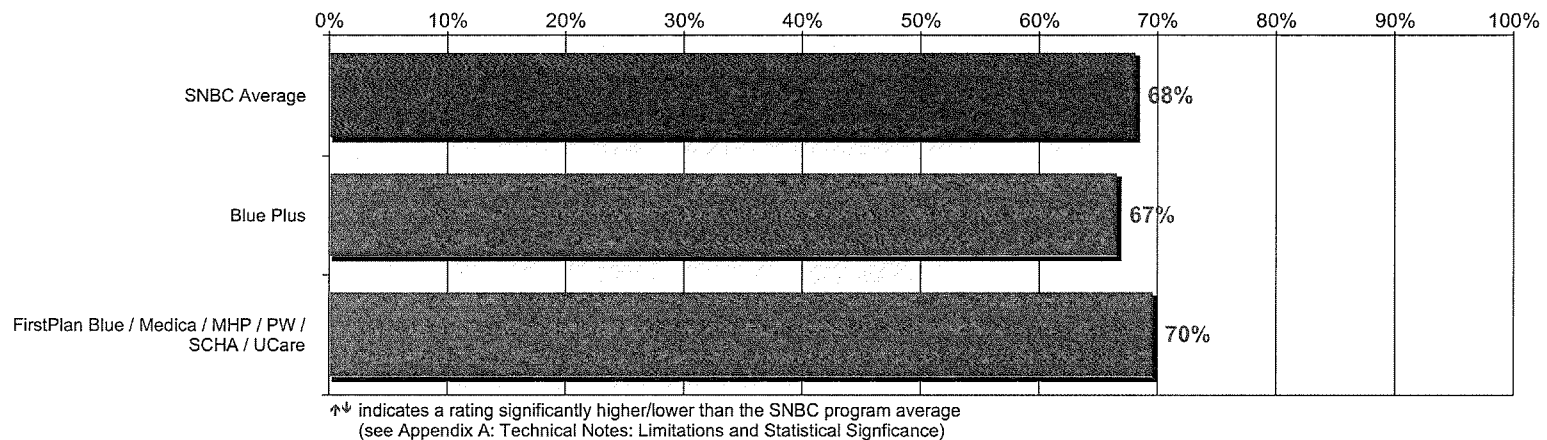
PART IX: PLAN-SPECIFIC COMPARISONS

SPECIAL NEEDS BASIC CARE

Rating of all health care



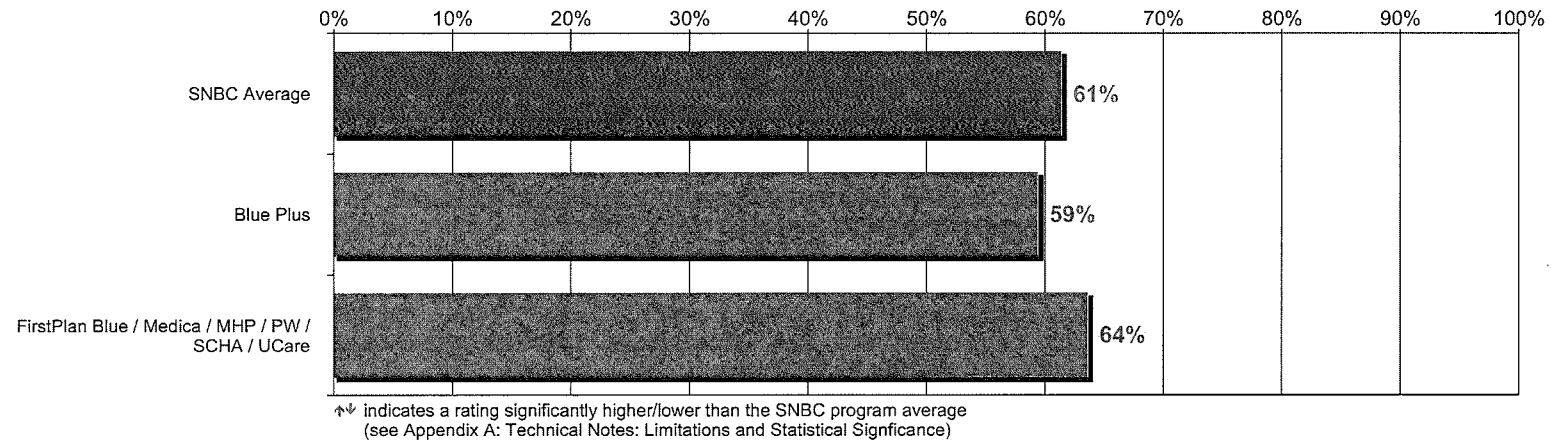
Rating of personal doctor



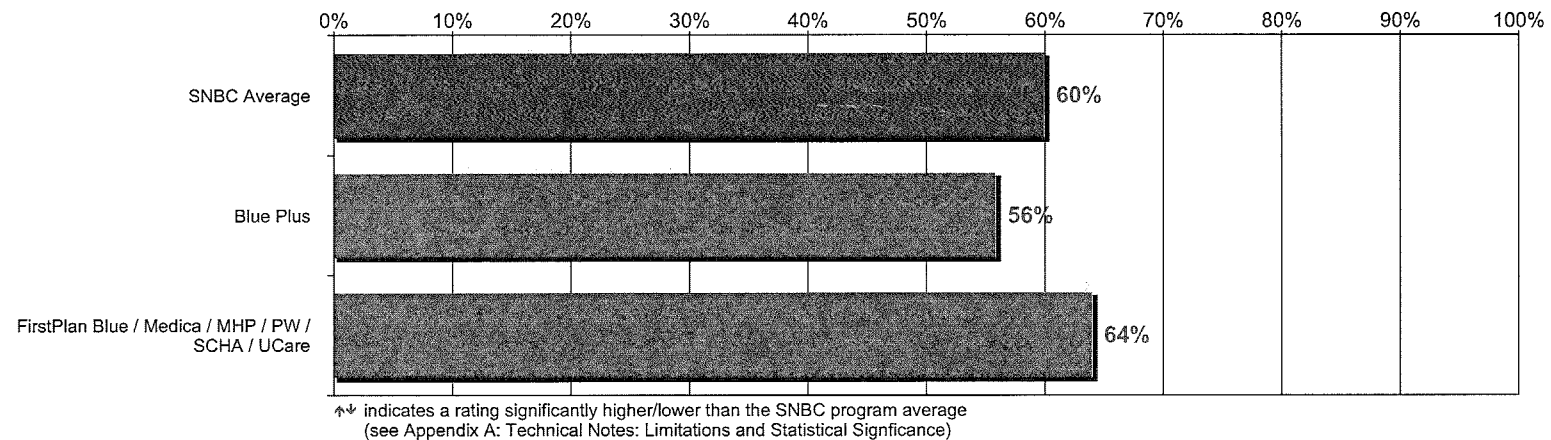
PART IX: PLAN-SPECIFIC COMPARISONS

SPECIAL NEEDS BASIC CARE

Rating of specialist seen most often



Rating of health plan



PART IX: PLAN-SPECIFIC COMPARISONS

SPECIAL NEEDS BASIC CARE

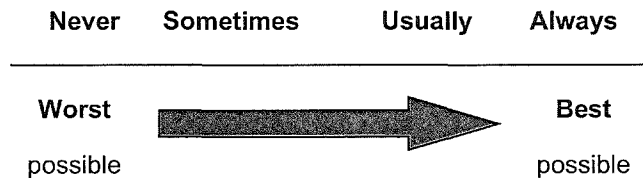
The survey had a series of questions that asked people to rate how often:

- Their doctors communicated well
- They got care without long waits
- They got needed care
- Their health plan's customer service was helpful and courteous

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

For each health plan, the numbers in the table show the percent of all people who responded most positively (or "Always") to these questions.

Ratings Scale



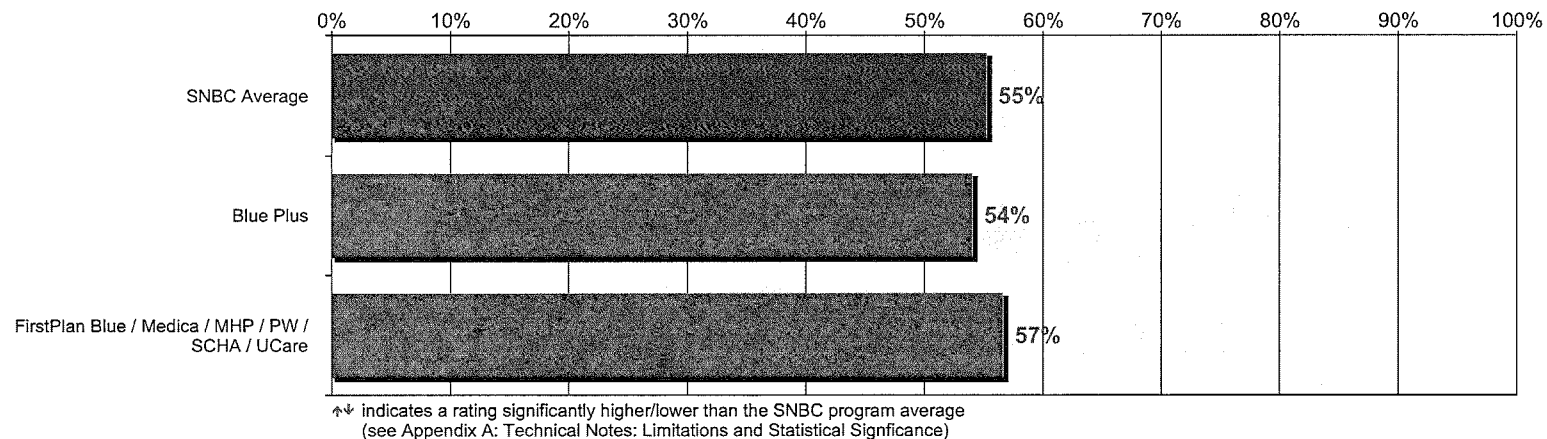
SNBC	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
SNBC Average	55%	59%	74%	65%
Blue Plus	54%	59%	73%	64%
FirstPlan Blue / Medica / MHP / PW / SCHA / UCare	57%	59%	74%	67%

↑↓ indicates a rating significantly higher/lower than the SNBC program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

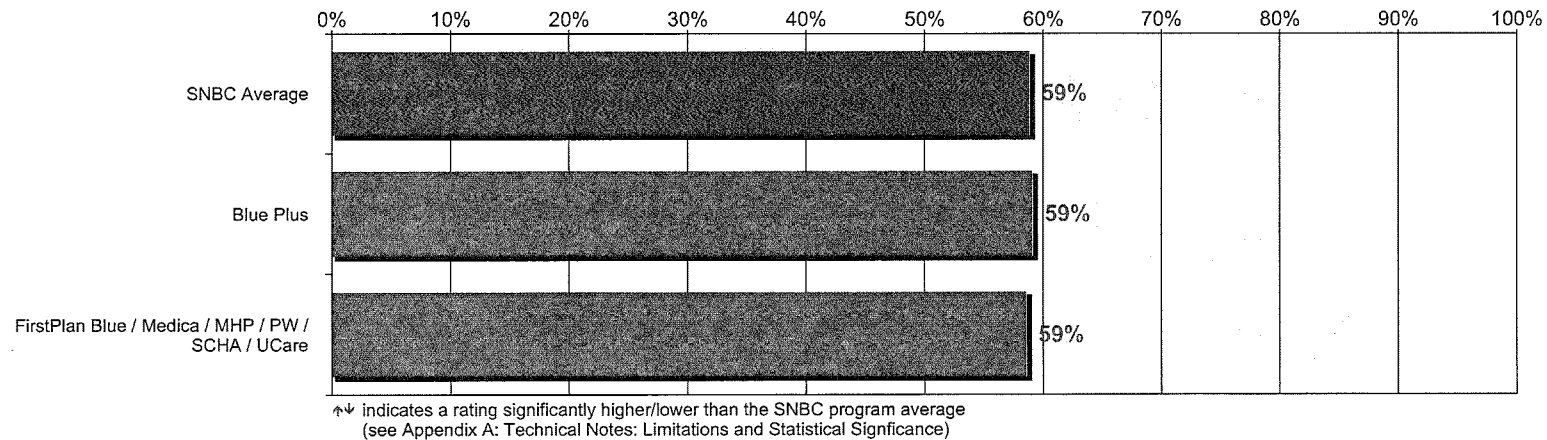
PART IX: PLAN-SPECIFIC COMPARISONS

SPECIAL NEEDS BASIC CARE

Getting Needed Care



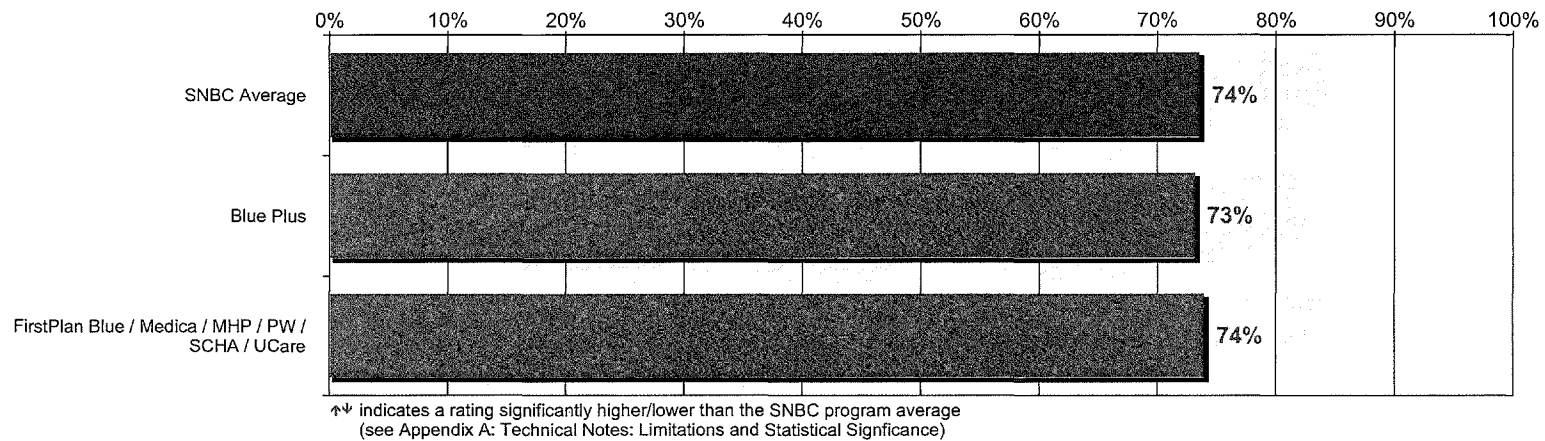
Getting Care Quickly



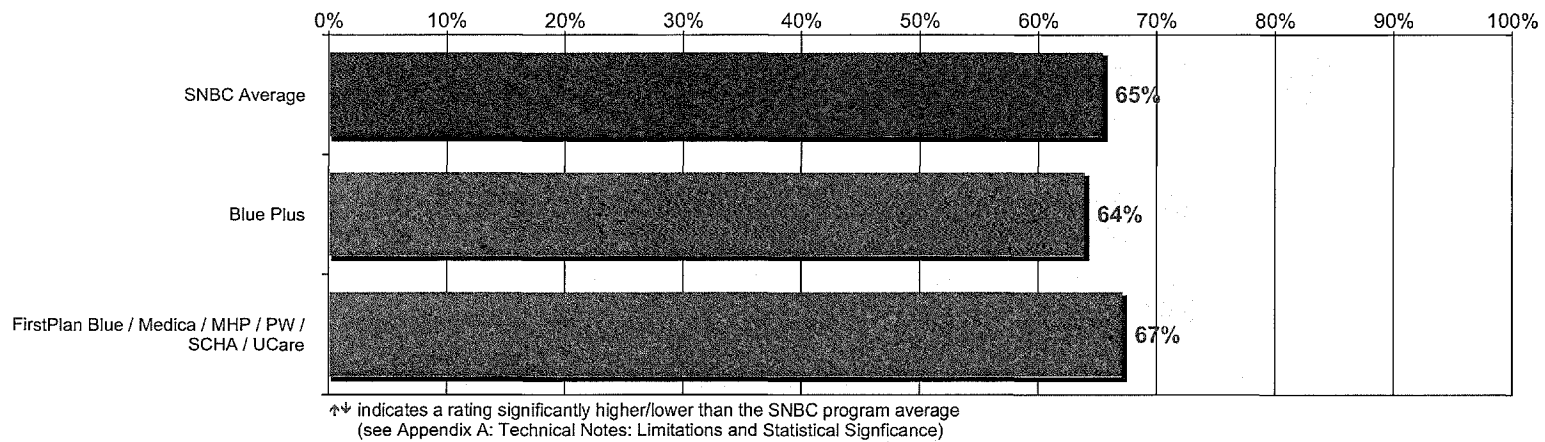
PART IX: PLAN-SPECIFIC COMPARISONS

SPECIAL NEEDS BASIC CARE

How Well Doctors Communicate



Customer Service



PART X: HEALTH PLAN OPPORTUNITIES FOR IMPROVEMENT

Introduction

CAHPS surveys offer the possibility of spotlighting opportunities for improvement, by allowing plans to identify areas of service or care that are highly associated with overall enrollee satisfaction but show lower levels of achievement.

Enrollee responses to survey questions can be summarized as achievement scores. Responses indicating a positive experience are labeled achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements.

Since achievement scores for survey questions represent the proportion of enrollees who indicate a positive experience, the lower the achievement score, the greater the need for a health plan to improve. For the purpose of identifying opportunities for improvement in this report, achievements are defined as responses of 'Always' or 'Usually', and responses of 8, 9 or 10 to rating questions. An achievement score is considered high when the score is 80% or greater, and low if below 80%.

To help determine which of the satisfaction ratings and composite topics are most closely related to health plan satisfaction, a correlation analysis was performed. Correlation analysis is a statistical technique that shows how strongly various factors -- such as satisfaction with the doctor or the items in each composite -- influence overall satisfaction with the health plan. This information helps health plans know which areas of service or care are most important in the overall enrollee satisfaction, and, in turn, set priorities for improvement.

For each program and plan, the tables on the following pages show which ratings and composites were identified in this survey as highly related to overall satisfaction with the health plan and had achievement scores below 80%. An 'X' under a given rating or column thus represents an opportunity for improvement.

If a health plan has one or more opportunities for improvement, it will want to focus attention on those ratings and topics that are highly related to enrollee satisfaction with the plan. If the health plan has additional resources for improvement, it might then address areas less closely related to enrollee satisfaction. For ratings and topics where plans already have high achievement scores, ongoing monitoring would be needed to maintain high scores.

PART X: HEALTH PLAN OPPORTUNITIES FOR IMPROVEMENT

Highly related to Health Plan Satisfaction with Achievement Scores <80%

F&C-MA	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
Aggregate of Health Plans	X						
Blue Plus	X						
FirstPlan Blue	X						
HealthPartners	X						
Itasca Medical Care	X						X
Medica			X				X
Metropolitan Health Plan	X			X			X
PrimeWest Health	X						
South Country Health Alliance	X		X				
UCare	X						

Highly related to Health Plan Satisfaction with Achievement Scores <80%

MinnesotaCare	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
Aggregate of Health Plans	X						
Blue Plus	X						
FirstPlan Blue	X						
HealthPartners	X		X				
Medica	X						
UCare	X						
IMCare / MHP / PW / SCHA	X						X

PART X: HEALTH PLAN OPPORTUNITIES FOR IMPROVEMENT

Highly related to Health Plan Satisfaction with Achievement Scores <80%

MSC/MS C+	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
Aggregate of Health Plans	X						
Blue Plus	X						
Medica	X						
FirstPlan Blue / HP / IMCare / MHP / PW / SCH A / UCare	X						

Highly related to Health Plan Satisfaction with Achievement Scores <80%

MSHO	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
Aggregate of Health Plans*							
Blue Plus*							
HealthPartners	X						
Medica*							
PrimeWest Health*							
South Country Health Alliance*							
UCare	X						
FirstPlan Blue / IMCare / MHP	X						

*No items identified

PART X: HEALTH PLAN OPPORTUNITIES FOR IMPROVEMENT

Highly related to Health Plan Satisfaction with Achievement Scores <80%							
MnDHO	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
Aggregate of Health Plans	X						
UCare	X						

Highly related to Health Plan Satisfaction with Achievement Scores <80%							
SNBC	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
Aggregate of Health Plans	X						
Blue Plus	X						
FirstPlan Blue / Medica / MHP / PW / SCHA / UCare	X						

PART XI: SUPPLEMENTAL QUESTIONS

Additions to the Standardized Questionnaire

The 2009 survey was based on the CAHPS 4.0H Medicaid core module, which contains 51 standard questions. The addition of different sets of supplemental questions created two versions of the instrument. The domains covered by the supplemental questions and the program enrollees who were asked these questions are summarized below.

Supplemental Question Domains	Asked of Program Enrollees in:
Access to after-hours care	F&C-MA, MinnesotaCare, MnDHO, SNBC
Language concerns	F&C-MA, MinnesotaCare, MSC/MSC+, MSHO, MnDHO, SNBC
Access to health care and use of service	F&C-MA, MinnesotaCare, MSC/MSC+, MSHO, MnDHO, SNBC
Experience with care coordination	F&C-MA, MinnesotaCare, MSC/MSC+, MSHO, MnDHO, SNBC
Use of health plan online information	F&C-MA, MinnesotaCare, MnDHO, SNBC
Access to internet; interest in online survey	F&C-MA, MinnesotaCare, MSC/MSC+, MSHO, MnDHO, SNBC
Participation in health-care decision-making	MSC/MSC+, MSHO
Health status change and limits to activities	MSC/MSC+, MSHO
Flu shots and pneumonia vaccination	MSC/MSC+, MSHO

The supplemental questions in each domain and their results are presented on the following pages. For each domain, an initial table shows the question texts, available response options, and the responses selected for reporting here. Subsequent tables display the results by program and plan.

PART XI: SUPPLEMENTAL QUESTIONS

AFTER HOURS CARE

Enrollees in F&C-MA, MinnesotaCare, MnDHO and SNBC were asked three questions to assess access to after hours care. Question text and response options are presented first, followed by program and plan results.

Questions in this domain	Response options	Responses reported
<i>After hours care is health care when your usual doctor's office or clinic is closed. In the last 6 months, did you need to visit a doctor's office or clinic for after hours care?</i>	Yes, No	Yes
<i>In the last 6 months, how often was it easy to get the after hours care you thought you needed?</i>	Never, Sometimes, Usually, Always	Always
<i>Were any of the following a reason it was not easy to get the after hours care you thought you needed? Please mark all that apply.</i> <ul style="list-style-type: none"> - You did not know where to go for after hours care - You weren't sure where to find a list of doctor's offices or clinics in your health plan or network that are open for after hours care - The doctor's office or clinic that had after hours care was too far away - Office or clinic hours for after hours care did not meet your needs - Some other reason 	Yes, No	Yes

PART XI: SUPPLEMENTAL QUESTIONS AFTER HOURS CARE

F&C-MA	Needed after hours care	Always easy to get needed after hours care	Reasons not easy to get needed after hours care:				
			Didn't know where to go	Not sure where to find	Too far away	Office/clinic hours didn't meet needs	Other reason
F&C-MA Average	18%	46%	13%	16%	10%	24%	36%
Blue Plus	19%	35%	8%	19%	14%	14%	22%
FirstPlan Blue	15%	50%	9%	13%	13%	30%	35%
HealthPartners	19%	47%	10%	25%	0%	15%	60%
Itasca Medical Care	16%	51%	32%	16%	11%	26%	37%
Medica	22%	44%	23%	13%	23%	30%	33%
Metropolitan Health Plan	19%	32%	17%	22%	4%	13%	17%
PrimeWest Health	14% ↓	53%	15%	10%	5%	25%	40%
South Country Health Alliance	20%	52%	3%	10%	7%	31%	48%
UCare	21%	50%	10%	13%	10%	30%	37%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MinnesotaCare	Needed after hours care	Always easy to get needed after hours care	Reasons not easy to get needed after hours care:				
			Didn't know where to go	Not sure where to find	Too far away	Office/clinic hours didn't meet needs	Other reason
MinnesotaCare Average	9%	53%	18%	12%	13%	27%	29%
Blue Plus	8%	50%	26%	11%	21%	32%	26%
FirstPlan Blue	7% ↓	53%	13%	7%	7%	20%	7%
HealthPartners	12%	51%	10%	20%	15%	25%	30%
Medica	12% ↑	62%	21%	16%	16%	37%	37%
UCare	9%	45%	14%	5%	10%	33%	19%
IMCare / MHP / PW / SCHA	10%	57%	21%	16%	11%	16%	53%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

AFTER HOURS CARE

MnDHO	Needed after hours care	Always easy to get needed after hours care	Reasons not easy to get needed after hours care:				
			Didn't know where to go	Not sure where to find	Too far away	Office/clinic hours didn't meet needs	Other reason
MnDHO Average	16%	28%	16%	30%	23%	23%	30%
UCare	16%	28%	16%	30%	23%	23%	30%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

SNBC	Needed after hours care	Always easy to get needed after hours care	Reasons not easy to get needed after hours care:				
			Didn't know where to go	Not sure where to find	Too far away	Office/clinic hours didn't meet needs	Other reason
SNBC Average	16%	47%	17%	19%	25%	23%	29%
Blue Plus	18%	40%	15%	17%	35% ↑	21%	29%
FirstPlan Blue / Medica / MHP / PW / SCHA / UCare	14%	55%	19%	23%	10%	26%	29%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

LANGUAGE CONCERNS

Enrollees in all programs were asked three questions about languages spoken and the need for interpreters. Question text and response options are presented first, followed by program and plan results.

Questions in this domain	Response options	Responses reported
<i>An interpreter is someone who repeats or signs what one person says in a language used by another person. In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?</i>	Yes, No	Yes
<i>In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?</i>	Never, Sometimes, Usually, Always	Always
<i>What language do you mainly speak at home?</i>	English, Spanish, Vietnamese, Hmong, Russian, Somali, Some other language	All

PART XI: SUPPLEMENTAL QUESTIONS

LANGUAGE CONCERNS

F&C-MA	Needed interpreter	Always got interpreter	Language mainly spoken at home?						
			English	Spanish	Vietnamese	Hmong	Russian	Somali	Other
F&C-MA Average	4%	56%	91%	1%	0%	4%	0%	2%	2%
Blue Plus	2% ↓	67%	96% ↑	1%	0%	1% ↓	0%	1%	1% ↓
FirstPlan Blue	0% ↓	0%	100%	0%	0%	0%	0%	0%	0%
HealthPartners	8% ↑	59%	80% ↓	2%	1%	4%	0%	5% ↑	7% ↑
Itasca Medical Care	0% ↓	0%	100% ↑	0%	0%	0%	0%	0%	0% ↓
Medica	6%	43%	87% ↓	0%	0%	3%	1%	4%	4%
Metropolitan Health Plan	6%	40%	84% ↓	4%	1%	7%	1%	1%	4%
PrimeWest Health	1% ↓	0%	99% ↑	1%	0%	0%	0%	0%	0%
South Country Health Alliance	2% ↓	33%	97% ↑	1%	0%	0%	0%	1%	1% ↓
UCare	15% ↑	70%	71% ↓	1%	0%	18% ↑	0%	5% ↑	4%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MinnesotaCare	Needed interpreter	Always got interpreter	Language mainly spoken at home?						
			English	Spanish	Vietnamese	Hmong	Russian	Somali	Other
MinnesotaCare Average	2%	54%	95%	1%	1%	1%	0%	1%	2%
Blue Plus	0% ↓	100%	99% ↑	1%	0% ↓	0%	0%	0%	1% ↓
FirstPlan Blue	0%		100% ↑	0%	0%	0%	0%	0%	0% ↓
HealthPartners	5% ↑	65%	85% ↓	1%	3% ↑	2%	1%	2% ↑	6% ↑
Medica	1%	33%	94%	0%	1%	0%	1% ↑	1%	1%
UCare	3%	50%	92% ↓	1%	0%	3% ↑	0%	1%	2%
IMCare / MHP / PW / SCHA	2%	43%	96%	1%	0%	0% ↓	0%	1%	1%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

LANGUAGE CONCERNS

MSC/MSC+	Needed interpreter	Always got interpreter	Language mainly spoken at home?						
			English	Spanish	Vietnamese	Hmong	Russian	Somali	Other
MSC/MSC+ Average	19%	71%	76%	2%	2%	2%	14%	1%	3%
Blue Plus	8% ↓	58%	91% ↑	2%	1%	2%	0% ↓	1%	3%
Medica	39% ↑	76% ↑	50% ↓	1%	2%	1% ↓	42% ↑	0%	4%
FirstPlan Blue / HP / IMCare / MHP / PW / SCHA / UCare	11% ↓	65%	86% ↑	2%	2%	3%	3% ↓	1%	3%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MSHO	Needed interpreter	Always got interpreter	Language mainly spoken at home?						
			English	Spanish	Vietnamese	Hmong	Russian	Somali	Other
MSHO Average	9%	69%	89%	1%	2%	3%	1%	1%	3%
Blue Plus	6% ↓	61%	95% ↑	1% ↓	1% ↓	2%	0% ↓	0% ↓	1% ↓
HealthPartners	25% ↑	68%	69% ↓	4% ↑	8% ↑	7% ↑	2%	1%	10% ↑
Medica	11%	65%	86%	1%	2%	3%	2% ↑	1%	4%
PrimeWest Health	1% ↓	71%	99% ↑	0% ↓	0%	0%	0%	0%	0% ↓
South Country Health Alliance	1% ↓	100%	98% ↑	1%	0% ↓	0%	0%	0% ↓	1% ↓
UCare	23% ↑	74%	73% ↓	2%	4% ↑	9% ↑	2% ↑	4% ↑	5% ↑
FirstPlan Blue / IMCare / MHP	8%	68%	92% ↑	0% ↓	2%	1% ↓	0% ↓	1%	3%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

LANGUAGE CONCERNS

MnDHO	Needed interpreter	Always got interpreter	Language mainly spoken at home?						
			English	Spanish	Vietnamese	Hmong	Russian	Somali	Other
MnDHO Average	9%	58%	90%	0%	0%	4%	0%	3%	2%
UCare	9%	58%	90%	0%	0%	4%	0%	3%	2%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

SNBC	Needed interpreter	Always got interpreter	Language mainly spoken at home?						
			English	Spanish	Vietnamese	Hmong	Russian	Somali	Other
SNBC Average	2%	39%	99%	0%	0%	0%	0%	0%	0%
Blue Plus	2%	30%	99%	0%	0%	0%	0%	0%	0%
FirstPlan Blue / Medica / MHP / PW / SCHA / UCare	3%	46%	99%	0%	0%	0%	0%	0%	0%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

ACCESS TO HEALTH CARE AND USE OF SERVICE

A group of eleven supplemental questions about access to care and use of service were asked of enrollees in all six programs. Seven of these questions, whose responses could be characterized as positive, are presented here. The question texts, target programs, response options available and reported are shown first. Results for the questions specific to each program and plan follow.

Questions in this domain	Asked of enrollees in	Response options	Responses reported
<i>In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider? (Asked if respondent made appointment)</i>	F&C-MA MinnesotaCare MnDHO,SNBC	Same day, 1 day, 2 to 3 days, 4 to 7 days, 8 to 14 days, 15 to 30 days, 31 to 60 days, 61 to 90 days, 91 days or longer	14 days or less
<i>In the last 6 months, how many times did you go to an emergency room to get care for yourself?</i>	All programs	None, 1, 2, 3, 4, 5 to 9, 10 or more	None
<i>In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment? (Asked if respondent got care in last 6 months)</i>	MSC/MS+ MSHO	Never, Sometimes, Usually, Always	Always
<i>In the last 6 months, how often did office staff at the doctor's office or clinic treat you with courtesy and respect? (Asked if respondent got care in last 6 months)</i>	MSC/MS+ MSHO	Never, Sometimes, Usually, Always	Always
<i>In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be? (Asked if respondent got care in last 6 months)</i>	MSC/MS+ MSHO	Never, Sometimes, Usually, Always	Always
<i>In the last 6 months, how often was it easy to get a referral to a specialist that you needed to see? (Asked if respondent tried to make appointment in last 6 months)</i>	F&C-MA MinnesotaCare MnDHO,SNBC	Never, Sometimes, Usually, Always	Always
<i>Were any of the following a reason it was not easy to get an appointment with a specialist? (Asked if respondent tried to make appointment and didn't always find it easy to get one)</i> <ul style="list-style-type: none"> - Your doctor didn't think you needed to see a specialist - Your health plan approval/authorization was delayed - You weren't sure where to find a list of specialists in your health plan or network - Specialists you had to choose from were too far away - You didn't have enough specialists to choose from - Specialist you wanted didn't belong to your health plan or network - You couldn't get an appointment at a convenient time - Some other reason 	F&C-MA MinnesotaCare MnDHO SNBC	Yes, No	Yes

PART XI: SUPPLEMENTAL QUESTIONS

ACCESS TO HEALTH CARE AND USE OF SERVICE

F&C-MA	Wait for appt: 14 days or less	How many times to ER: None	How often easy to get referral to specialist: Always	Not easy to get appointment because...							
				Dr didn't think you needed one	Health plan approval delayed	Weren't sure where to find one	Specialist too far away	Not enough to choose from	Specialist wanted not in plan	No appt at convenient time	Other reason
F&C-MA Average	92%	70%	55%	7%	9%	10%	14%	12%	10%	44%	26%
Blue Plus	90%	70%	54%	4%	13%	10%	19%	13%	8%	46%	33%
FirstPlan Blue	91%	72%	66% ↑	8%	4%	14%	8%	6%	6%	55%	12% ↓
HealthPartners	95% ↑	72%	50%	17%	5%	19%	17%	12%	14%	43%	29%
Itasca Medical Care	96% ↑	65%	59%	8%	23%	5%	18%	15%	3%	38%	33%
Medica	91%	76% ↑	49%	2% ↓	11%	9%	13%	25% ↑	11%	47%	22%
Metropolitan Health Plan	93%	60% ↓	43%	16%	16%	8%	8%	16%	16%	32%	32%
PrimeWest Health	90%	74%	53%	5%	7%	9%	18%	7%	11%	39%	23%
South Country Health Alliance	92%	68%	63%	4%	2%	11%	11%	4%	11%	50%	20%
UCare	89%	72%	56%	9%	4%	9%	13%	7%	11%	35%	35%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MinnesotaCare	Wait for appt: 14 days or less	How many times to ER: None	How often easy to get referral to specialist: Always	Not easy to get appointment because...							
				Dr didn't think you needed one	Health plan approval delayed	Weren't sure where to find one	Specialist too far away	Not enough to choose from	Specialist wanted not in plan	No appt at convenient time	Other reason
MinnesotaCare Average	88%	83%	64%	6%	6%	7%	11%	6%	8%	39%	27%
Blue Plus	89%	83%	56% ↓	5%	5%	4%	5% ↓	1% ↓	4%	39%	30%
FirstPlan Blue	86%	84%	68%	3%	6%	3%	11%	5%	8%	26% ↓	35%
HealthPartners	88%	83%	67%	2%	6%	4%	6%	6%	6%	57%	22%
Medica	87%	81%	65%	10%	6%	4%	11%	7%	7%	38%	27%
UCare	89%	84%	64%	4%	4%	13%	11%	9%	14%	31%	23%
IMCare / MHP / PW / SCHA	86%	83%	62%	11%	6%	11%	18%	11%	10%	45%	26%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

ACCESS TO HEALTH CARE AND USE OF SERVICE

MSC/MSC+	<i>How many times to ER: None</i>	<i>How often to exam room within 15 minutes: Always</i>	<i>How often office staff courteous/respectful: Always</i>	<i>How often office staff helpful: Always</i>
MSC/MSC+ Average	73%	28%	81%	67%
Blue Plus	74%	27%	82%	68%
Medica	71%	26%	78%	64%
FirstPlan Blue / HP / IMCare / MHP / PW / SCH / UCare	73%	32%	82%	68%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MSHO	<i>How many times to ER: None</i>	<i>How often to exam room within 15 minutes: Always</i>	<i>How often office staff courteous/respectful: Always</i>	<i>How often office staff helpful: Always</i>
MSHO Average	75%	32%	85%	72%
Blue Plus	75%	31%	87%	73%
HealthPartners	73%	28%	80% ↓	67% ↓
Medica	72%	30%	85%	70%
PrimeWest Health	78% ↑	33%	90% ↑	78% ↑
South Country Health Alliance	75%	33%	88%	73%
UCare	77%	33%	81% ↓	71%
FirstPlan Blue / IMCare / MHP	74%	35%	85%	71%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

ACCESS TO HEALTH CARE AND USE OF SERVICE

MnDHO	Wait for appt: 14 days or less	How many times to ER: None	How often easy to get referral to specialist: Always	Not easy to get appointment because...							
				Dr didn't think you needed one	Health plan approval delayed	Weren't sure where to find one	Specialist too far away	Not enough to choose from	Specialist wanted not in plan	No appt at convenient time	Other reason
MnDHO Average	84%	64%	58%	5%	12%	7%	5%	9%	13%	41%	26%
UCare	84%	64%	58%	5%	12%	7%	5%	9%	13%	41%	26%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

SNBC	Wait for appt: 14 days or less	How many times to ER: None	How often easy to get referral to specialist: Always	Not easy to get appointment because...							
				Dr didn't think you needed one	Health plan approval delayed	Weren't sure where to find one	Specialist too far away	Not enough to choose from	Specialist wanted not in plan	No appt at convenient time	Other reason
SNBC Average	86%	66%	58%	7%	8%	13%	16%	10%	10%	34%	23%
Blue Plus	88%	65%	57%	7%	8%	14%	20%	12%	10%	34%	22%
FirstPlan Blue / Medica / MHP / PW / SCHA / UCare	84%	67%	59%	6%	8%	11%	12%	8%	11%	35%	25%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

EXPERIENCE WITH CARE COORDINATION

Enrollees in all six programs who reported getting care from a health provider other than their personal doctor were asked three questions to measure the experience with coordination of their care. Question text and response options available and reported are shown below, followed by program and plan results.

Questions in this domain	Response options	Responses reported
<i>In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or different providers?</i>	Yes, No	Yes
<i>Who helped to coordinate your care?</i>	Someone from health plan Some from doctor's office or clinic Some from another organization Friend or family member Did it myself	All
<i>How satisfied are you with the help you received to coordinate your care?</i>	Very dissatisfied Dissatisfied Neither dissatisfied nor satisfied Satisfied Very satisfied	Very Satisfied

PART XI: SUPPLEMENTAL QUESTIONS

EXPERIENCE WITH CARE COORDINATION

F&C-MA	Got help coordinating care	From...					Very satisfied with care coordination
		Health plan	Doctor's office or clinic	Another organization	Friend or family member	Did it myself	
F&C-MA Average	56%	4%	71%	2%	5%	19%	46%
Blue Plus	53%	4%	77%	0%	4%	15%	40%
FirstPlan Blue	57%	5%	77%	0%	1% ↓	16%	49%
HealthPartners	54%	10%	65%	3%	3%	19%	48%
Itasca Medical Care	51%	2%	71%	4%	6%	17%	46%
Medica	61%	2%	69%	2%	4%	23%	38%
Metropolitan Health Plan	55%	4%	65%	4%	8%	19%	33%
PrimeWest Health	58%	1%	74%	0%	7%	18%	50%
South Country Health Alliance	54%	2%	70%	2%	5%	21%	53%
UCare	61%	6%	63%	5%	6%	20%	48%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MinnesotaCare	Got help coordinating care	From...					Very satisfied with care coordination
		Health plan	Doctor's office or clinic	Another organization	Friend or family member	Did it myself	
MinnesotaCare Average	57%	4%	81%	1%	4%	11%	48%
Blue Plus	56%	0%	86%	1%	2%	11%	43%
FirstPlan Blue	53%	2%	83%	1%	1% ↓	13%	46%
HealthPartners	64%	11% ↑	75%	0%	6%	8%	59%
Medica	55%	6%	76%	0%	5%	13%	49%
UCare	58%	2%	76%	2%	7%	13%	53%
IMCare / MHP / PW / SCHA	57%	4%	83%	1%	2%	9%	42%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

EXPERIENCE WITH CARE COORDINATION

MSC/MSC+	Got help coordinating care	From...					Very satisfied with care coordination
		Health plan	Doctor's office or clinic	Another organization	Friend or family member	Did it myself	
MSC/MSC+ Average	70%	7%	57%	7%	15%	14%	44%
Blue Plus	69%	6%	55%	9%	18%	12%	48%
Medica	68%	7%	53%	7%	12%	21% ↑	35% ↓
FirstPlan Blue / HP / IMCare / MHP / PW / SCHA / UCare	74%	8%	62%	6%	15%	9%	48%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MSHO	Got help coordinating care	From...					Very satisfied with care coordination
		Health plan	Doctor's office or clinic	Another organization	Friend or family member	Did it myself	
MSHO Average	71%	16%	52%	6%	17%	9%	51%
Blue Plus	67%	12%	60% ↑	2% ↓	18%	8%	46%
HealthPartners	79% ↑	27% ↑	37% ↓	4%	22%	11%	50%
Medica	71%	15%	44%	10%	17%	13%	42% ↓
PrimeWest Health	74%	19%	54%	9%	12% ↓	7%	55%
South Country Health Alliance	71%	8% ↓	64% ↑	9%	16%	3% ↓	53%
UCare	69%	17%	52%	5%	18%	8%	59%
FirstPlan Blue / IMCare / MHP	70%	18%	50%	4%	16%	13%	56%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

EXPERIENCE WITH CARE COORDINATION

MnDHO	Got help coordinating care	From...					Very satisfied with care coordination
		Health plan	Doctor's office or clinic	Another organization	Friend or family member	Did it myself	
MnDHO Average	73%	46%	21%	15%	5%	13%	45%
UCare	73%	46%	21%	15%	5%	13%	45%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

SNBC	Got help coordinating care	From...					Very satisfied with care coordination
		Health plan	Doctor's office or clinic	Another organization	Friend or family member	Did it myself	
SNBC Average	68%	16%	56%	8%	6%	15%	48%
Blue Plus	68%	15%	54%	7%	6%	18%	46%
FirstPlan Blue / Medica / MHP / PW / SCHA / UCare	67%	17%	58%	9%	5%	11%	50%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

USE OF HEALTH PLAN ONLINE INFORMATION

Enrollees in F&C-MA, MinnesotaCare, MnDHO and SNBC who reported looking for information on the Internet about how their health plan works were asked two questions about use of their health plan's Internet site. Question text and response options available and reported are shown first, followed by program and plan results.

Questions in this domain	Response options	Responses reported
<i>When you looked for information in the last 6 months, did you go to your health plan's Internet site?</i>	Yes, No	Yes
<i>How useful was the information you found on your health plan's Internet site?</i>	<i>Not useful at all, A little useful, Somewhat useful, Very useful</i>	<i>Very and Somewhat useful</i>

F&C-MA	<i>Went to health plan's Internet site for info</i>	<i>Information very or somewhat useful</i>
F&C-MA Average	37%	81%
Blue Plus	35%	78%
FirstPlan Blue	59%	89%
HealthPartners	40%	83%
Itasca Medical Care	29%	86%
Medica	47%	64%
Metropolitan Health Plan	38%	82%
PrimeWest Health	23%	73%
South Country Health Alliance	28%	100%
UCare	44%	75%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

USE OF HEALTH PLAN ONLINE INFORMATION

MinnesotaCare	<i>Went to health plan's Internet site for info</i>	<i>Information very or somewhat useful</i>
MinnesotaCare Average	41%	77%
Blue Plus	48%	90%
FirstPlan Blue	33%	71%
HealthPartners	53%	83%
Medica	46%	81%
UCare	43%	60%
IMCare / MHP / PW / SCHA	29% ↓	76%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MnDHO	<i>Went to health plan's Internet site for info</i>	<i>Information very or somewhat useful</i>
MnDHO Average	27%	65%
UCare	27%	65%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

SNBC	<i>Went to health plan's Internet site for info</i>	<i>Information very or somewhat useful</i>
SNBC Average	33%	84%
Blue Plus	38%	84%
FirstPlan Blue / Medica / MHP / PW / SCHA / UCare	26%	83%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

ACCESS TO THE INTERNET AND INTEREST IN ONLINE SURVEYS

All enrollees were asked about access to the Internet and their interest in doing surveys like the CAHPS survey on the Internet. There were four questions in this domain. Question texts and response options available and reported are shown first, followed by program and plan results.

Questions in this domain	Response options	Responses reported
<i>Is there a DVD player in the home?</i>	Yes, No	Yes
<i>Do you have easy access to the Internet?</i>	Yes, No	Yes
<i>How often do you use the Internet?</i>	Never, Less than once a month, 1 to 3 times each month, 1 to 3 times each week, Every day	All
<i>Would you complete a survey like this one on the Internet?</i>	Yes, No	Yes

F&C-MA	DVD player in home	Easy access to Internet	Uses Internet...					Would complete survey on Internet
			Never	Less than once a month	1 to 3 times each month	1 to 3 times each week	Every day	
F&C-MA Average	96%	71%	14%	10%	13%	19%	44%	53%
Blue Plus	97%	71%	13%	11%	13%	17%	46%	55%
FirstPlan Blue	98% ↑	78% ↑	10% ↓	8%	14%	18%	50% ↑	53%
HealthPartners	95%	70%	12%	8%	10%	22%	48%	56%
Itasca Medical Care	97%	72%	15%	11%	13%	23%	38%	56%
Medica	95%	70%	15%	9%	10%	18%	48%	52%
Metropolitan Health Plan	90% ↓	65%	20% ↑	10%	16%	18%	35% ↓	51%
PrimeWest Health	96%	73%	11%	11%	14%	18%	46%	54%
South Country Health Alliance	96%	74%	13%	11%	15%	16%	45%	52%
UCare	94%	62% ↓	19% ↑	13%	12%	21%	35% ↓	50%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

ACCESS TO THE INTERNET AND INTEREST IN ONLINE SURVEYS

MinnesotaCare	DVD player in home	Easy access to Internet	Uses Internet...					Would complete survey on Internet
			Never	Less than once a month	1 to 3 times each month	1 to 3 times each week	Every day	
MinnesotaCare Average	91%	68%	23%	6%	10%	18%	43%	47%
Blue Plus	94% ↑	75% ↑	19% ↓	5%	9%	20%	46%	49%
FirstPlan Blue	91%	63% ↓	25%	8%	11%	15%	41%	42% ↓
HealthPartners	88%	73% ↑	20%	4% ↓	11%	18%	47%	49%
Medica	93% ↑	70%	20%	8%	7% ↓	18%	47%	52% ↑
UCare	90%	67%	26%	5%	12%	16%	41%	48%
IMCare / MHP / PW / SCHA	87% ↓	61% ↓	27% ↑	8%	10%	19%	36% ↓	44%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

ACCESS TO THE INTERNET AND INTEREST IN ONLINE SURVEYS

MSC/MSC+	DVD player in home	Easy access to Internet	Uses Internet...					Would complete survey on Internet
			Never	Less than once a month	1 to 3 times each month	1 to 3 times each week	Every day	
MSC/MSC+ Average	59%	24%	81%	3%	3%	5%	9%	11%
Blue Plus	56%	23%	82%	4%	2%	5%	7%	14%
Medica	60%	27%	76% ↓	2%	3%	5%	13% ↑	6% ↓
FirstPlan Blue / HP / IMCare / MHP / PW / SCHA / UCare	59%	22%	83%	3%	2%	5%	7%	14%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MSHO	DVD player in home	Easy access to Internet	Uses Internet...					Would complete survey on Internet
			Never	Less than once a month	1 to 3 times each month	1 to 3 times each week	Every day	
MSHO Average	53%	18%	87%	3%	2%	3%	6%	10%
Blue Plus	51%	13% ↓	88%	3%	2%	2%	5%	10%
HealthPartners	65% ↑	24% ↑	82% ↓	5% ↑	2%	4%	7%	15% ↑
Medica	57%	19%	87%	3%	1%	3%	6%	10%
PrimeWest Health	42% ↓	17%	89%	1% ↓	1%	3%	6%	8%
South Country Health Alliance	46% ↓	16%	88%	3%	1%	2%	5%	7% ↓
UCare	58% ↑	18%	86%	3%	2%	3%	7%	10%
FirstPlan Blue / IMCare / MHP	58% ↑	19%	85%	2%	3% ↑	3%	7%	12%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

ACCESS TO THE INTERNET AND INTEREST IN ONLINE SURVEYS

MnDHO	DVD player in home	Easy access to Internet	Uses Internet...					Would complete survey on Internet
			Never	Less than once a month	1 to 3 times each month	1 to 3 times each week	Every day	
MnDHO Average	87%	59%	40%	6%	6%	13%	36%	38%
UCare	87%	59%	40%	6%	6%	13%	36%	38%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

SNBC	DVD player in home	Easy access to Internet	Uses Internet...					Would complete survey on Internet
			Never	Less than once a month	1 to 3 times each month	1 to 3 times each week	Every day	
SNBC Average	84%	49%	47%	8%	9%	11%	24%	36%
Blue Plus	85%	51%	43% ↓	8%	10%	12%	27% ↑	39%
FirstPlan Blue / Medica / MHP / PW / SCHA / UCare	83%	47%	50% ↑	8%	9%	10%	22% ↓	33%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

PARTICIPATION IN HEALTH CARE DECISION-MAKING

Enrollees in MSC/SC+ and MSHO who reported having a personal doctor were asked two questions about their involvement in making decisions about their health. Question texts and response options available and reported are shown first, followed by program and plan results.

Questions in this domain	Response options	Responses reported
<i>In the last 6 months, were any decisions made about your health care?</i>	Yes, No	Yes
<i>In the last 6 months, how often were you involved as much as you wanted in these decisions about your health care?</i>	Never, Sometimes, Usually, Always	Usually and Always

MSC/SC+	Decisions made about health care	Involved as much as wanted in decision-making
MSC/SC+ Average	67%	92%
Blue Plus	64%	92%
Medica	74% ↑	92%
FirstPlan Blue / HP / IMCare / MHP / PW / SCHA / UCare	64%	92%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MSHO	Decisions made about health care	Involved as much as wanted in decision-making
MSHO Average	62%	93%
Blue Plus	60%	92%
HealthPartners	68% ↑	89%
Medica	64%	94%
PrimeWest Health	59%	96% ↑
South Country Health Alliance	63%	95% ↑
UCare	60%	92%
FirstPlan Blue / IMCare / MHP	64%	91%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

HEALTH STATUS CHANGES AND LIMITS TO ACTIVITIES

Enrollees in MSC/MSC+ and MSHO were asked a series of seven questions to measure changes in health status and any limitations that health problems may have created in their lives. Question texts and response options available and reported are shown first, followed by program and plan results.

Questions in this domain	Response options	Responses reported
<i>In general, how would you rate your overall health compared to one year ago?</i>	<i>Much better, Somewhat better, About the same, Somewhat worse, Much worse</i>	<i>Much better and Somewhat better</i>
<i>In general, how would you rate your overall mental or emotional health?</i>	<i>Much better, Somewhat better, About the same, Somewhat worse, Much worse</i>	<i>Much better and Somewhat better</i>
<i>During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?</i>	<i>Not at all, Very little, Somewhat, Quite a lot, Could not do physical activities</i>	<i>Not at all and Very little</i>
<i>How much bodily pain have you had during the past 4 weeks?</i>	<i>None, Very mild, Mild, Moderate, Severe, Very Severe</i>	<i>None, Very Mild, and Mild</i>
<i>During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?</i>	<i>Not at all, Very little, Somewhat, Quite a lot, Could not do social activities</i>	<i>Not at all and Very little</i>
<i>During the past 4 weeks, how much have you been bothered by emotional problems (feeling anxious, depressed or irritable)?</i>	<i>Not at all, Slightly, Moderately, Quite a lot, Extremely</i>	<i>Not at all and Slightly</i>
<i>During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual daily activities?</i>	<i>Not at all, Very little, Somewhat, Quite a lot, Could not do daily activities</i>	<i>Not at all and Very little</i>

PART XI: SUPPLEMENTAL QUESTIONS

HEALTH STATUS CHANGES AND LIMITS TO ACTIVITIES

MSC/MSC+	Overall health better than one year ago	Mental or emotional health better than one year ago	Physical activities limited not at all or very little by physical health problems	No, very mild or mild bodily pain	Social activities limited not at all or very little by physical or emotional problems	Not at all or slightly bothered by emotional problems	Daily activities limited not at all or very little by personal or emotional problems
MSC/MSC+ Average	19%	20%	39%	44%	51%	67%	65%
Blue Plus	23%	23%	39%	47%	56% ↑	70%	70% ↑
Medica	14% ↓	15% ↓	36%	40% ↓	44% ↓	62% ↓	57% ↓
FirstPlan Blue / HP / IMCare / MHP / PW / SCHa / UCare	22%	22%	41%	46%	53%	68%	67%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MSHO	Overall health better than one year ago	Mental or emotional health better than one year ago	Physical activities limited not at all or very little by physical health problems	No, very mild or mild bodily pain	Social activities limited not at all or very little by physical or emotional problems	Not at all or slightly bothered by emotional problems	Daily activities limited not at all or very little by personal or emotional problems
MSHO Average	20%	22%	39%	49%	55%	70%	68%
Blue Plus	21%	24%	37%	47%	56%	74% ↑	72%
HealthPartners	22%	26%	40%	49%	50% ↓	65% ↓	61% ↓
Medica	22%	24%	39%	48%	53%	69%	67%
PrimeWest Health	19%	19% ↓	39%	50%	61% ↑	74% ↑	72% ↑
South Country Health Alliance	18%	19%	38%	50%	56%	76% ↑	71%
UCare	22%	23%	42%	53% ↑	57%	64% ↓	66%
FirstPlan Blue / IMCare / MHP	20%	20%	37%	43% ↓	54%	65% ↓	66%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

PART XI: SUPPLEMENTAL QUESTIONS

FLU SHOTS AND PNEUMONIA VACCINATION

Enrollees in MSC/MS⁺ and MSHO were asked three questions to determine how many had received flu shots and pneumonia vaccinations. Question texts and response options available and reported are shown first, followed by program and plan results.

Questions in this domain	Response options	Responses reported
<i>Have you had a flu shot since September 1, 2008?</i>	Yes, No	Yes
<i>Did you get the flu shot at your doctor's office or clinic or did you get it from another place like a store (for example, Cub Foods or Wal-Mart) or senior center?</i>	Doctor's office or clinic; Another place: store or senior center	All
<i>Have you ever had a pneumonia vaccination?</i>	Yes, No	Yes

MSC/MS ⁺	Had flu shot	Got flu shot at:		Had pneumonia vaccination
		Doctor's office or clinic	Another place	
MSC/MS ⁺ Average	73%	81%	19%	76%
Blue Plus	79% ↑	78%	22%	81% ↑
Medica	73%	81%	19%	71% ↓
FirstPlan Blue / HP / IMCare / MHP / PW / SCHA / UCare	67% ↓	84%	16%	75%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

MSHO	Had flu shot	Got flu shot at:		Had pneumonia vaccination
		Doctor's office or clinic	Another place	
MSHO Average	79%	75%	25%	82%
Blue Plus	81%	72%	28%	82%
HealthPartners	82%	86% ↑	14% ↓	82%
Medica	76%	75%	25%	82%
PrimeWest Health	81%	75%	25%	79%
South Country Health Alliance	77%	69% ↓	31% ↑	86% ↑
UCare	78%	74%	26%	80%
FirstPlan Blue / IMCare / MHP	77%	77%	23%	84%

↑↓ indicates a rating significantly higher/lower than the program average
(see Appendix A: Technical Notes: Limitations and Statistical Significance)

APPENDIX A: TECHNICAL NOTES

Overview of Programs

Families and Children - MA (F&C-MA; formerly called the Prepaid Medical Assistance Plan or PMAP) - A state-run managed care plan that purchases health care services on a prepaid capitated basis from licensed health maintenance organizations and county based purchasers. Families and Children - MA provides health care services to people with low income who are blind or disabled, to children in families with low incomes, and children who are needy.

MinnesotaCare - A state health care 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 based on family size and income. The premium is the monthly amount the enrollees must pay to continue health coverage. Premiums are determined based on a sliding scale of household income and size and the number of individuals covered.

Minnesota Senior Care (MSC) - A mandatory managed care program that provides most state plan Medicaid health care services to income-eligible persons age 65 and older, under a 1915(b) waiver.

Minnesota Senior Care Plus (MSC+) - A mandatory managed care program for eligible persons age 65 and older, that provides most Medicaid State Plan services offered under the Minnesota Senior Care program (as permitted under the 1915(b) waiver); Elderly Waiver (EW) services (as permitted under a 1915(c) waiver); and the first 180 days of care in a nursing facility, after which time coverage reverts to fee-for-service and is paid for by the State instead of the managed care organization. These services are provided through managed care organizations selected by enrollees. The managed care organization contracts with the State to deliver care under a capitated payment arrangement. In 2007, enrollment was limited to county-based purchasing managed care organizations. For the purpose of this report, MSC+ enrollees are combined with MSC enrollees.

Minnesota Senior Health Options (MSHO) - A voluntary managed care program for eligible persons, age 65 and older, that, operating under 1915(a), provides Medicaid State Plan services offered under the Minnesota Senior Care program (MSC); all Medicare services under parts A, B and D; Elderly Waiver (EW) services (as permitted under a 1915(c) waiver); and the first 180 days of care in a nursing facility, after which time coverage reverts to fee-for-service and is paid for by the State instead of the managed care organization. These services are provided through managed care organizations selected by enrollees. The managed care organization contracts with the State to deliver the care under a capitated payment arrangement.

APPENDIX A: TECHNICAL NOTES

Minnesota Disability Health Options (MnDHO) - MnDHO is a voluntary program for enrollees with physical disabilities who are between ages 18 through 64, or over 64 if the enrollees are enrolled prior to reaching their 65th birthday. DHS contracts with one Medicare Advantage Special Needs Plan to integrate Medicare and Medicaid services for enrollees, including Part D drug coverage. MnDHO serves both dual and non-dual members. They must be eligible for MA, reside within the MnDHO service area, and have a certified disability. MnDHO also covers enrollees in nursing facilities, acute care facilities, and enrollees living in the community. Enrollees may also be identified by CMS as having end-stage renal disease or age 65 after enrollment in the MCO's MnDHO product and may remain enrolled in the MCO's MnDHO product, after reaching age 65. UCare is currently the only participating MCO.

Special Needs Basic Care (SNBC) - SNBC, implemented on January 1, 2008, is a voluntary managed care program that combines Medicare and Medicaid financing and services for people ages 18 to 64, who have a certified disability or are determined to have a disability by the local agency for individuals with developmental disabilities, and are eligible for MA, with or without Medicare. DHS contracts with seven Medicare Advantage Special Needs Plans to provide SNBC. SNBC offers all medically necessary Medicaid State plan services with the exception of Home and Community Based Service (HCBS) waivers, Personal Care Attendant (PCA) and Private Duty Nursing (PDN). HCBS waiver services, PCA, and PDN will continue to be paid by MA fee-for-service. If an enrollee is Medicare eligible, the SNBC plan covers all Medicare services, including prescription drugs covered by the Medicare prescription drug program (Part D), and any alternative services the health plan may choose to offer. The SNBC health plan pays for the first 100 days of nursing facility care for community enrollees who enter a nursing facility after enrollment.

APPENDIX A: TECHNICAL NOTES

Composites and Related Questions

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

Getting needed care. The survey asked people to report how often they:

1. *Found it easy to get appointments with specialists*
2. *Got care, tests, or treatment they thought they needed*

Getting care without long waits. The survey asked people to report how often they:

1. *Got treated as soon as they wanted when sick or injured*
2. *Got an appointment as soon as they wanted for regular or routine care*

How well doctors communicate. The survey asked people to report 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*
4. *Spent enough time with them*

Health plan customer service. The survey asked people to report how often:

1. *Their health plan's customer service gave needed information or help*
2. *They were treated with courtesy and respect by their health plan's customer service*

APPENDIX A: TECHNICAL NOTES

Limitations and Statistical Significance

Difference-of-means statistical tests for significant differences were used in this report. Small differences between numbers should be ignored when comparing the ratings and percentages in the tables and graphs. These small differences may reflect sampling variation rather than real differences. In some instances, a difference between two numbers may be indicated as significant, but, in other instances, an equivalent difference is not indicated as significant. The ability to detect significant differences is related to the magnitude of the difference but also to the number of cases available for statistical analysis. Because the number of completed cases varied among the plans, equivalent differences could have varying statistical significance.

Readers should also note that results have been rounded to the nearest whole number. Thus, results between 0 and .5 appear as 0, but may still be considered statistically significant.

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

Adjustments to the comparisons. Before conducting significance tests, the data were adjusted for differences in enrollees' age and self-reported health status. Data were not adjusted, however, for enrollee variations that were not measured in the survey, such as income, employment status, specific health conditions, and beliefs or expectations.

Single point in time. The results of this survey represent a snapshot of comparisons of health plans at a single point in time. These comparisons may not reflect stable patterns of consumer ratings over time. Additional surveys over time using the same questions and methods will be needed to establish trends.

Subjective measurements only. The questions in this survey reflect the subjective evaluation 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 inference. 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 A: TECHNICAL NOTES

Sampling error. The results in this report were determined by surveying a sample of all enrollees. Sampling error is the extent to which survey results may differ from results that could have been obtained if all enrollees in a plan had been surveyed. The size of the error is dependent on the number of enrollees in the sample that responded to the survey. In this survey, the sampling error for the different plans varies from approximately 4% to 7%. The smaller sample errors are associated with having a greater number of cases available for analysis.

Averages for programs. Programs such as the Families and Children - MA (F&C-MA) have several participating plans. This report shows results for each plan separately and also shows an average for the entire program. To calculate the program average, the responses from enrollees in all plans within the program were considered together.

Summary rates. Summary rates are single statistics calculated for a question according to CAHPS specifications. Summary rates represent the percentage of respondents who choose the most positive response option ("always", or a "9" or "10").

It is important to note that in those sections of this report for Plan Comparisons (Parts IV, V, VI, and VII), ratings of 9 and 10 are considered to be *Most Positive* ratings when reporting the percentages of people who rated the plan most positively. In the section on Health Plan Opportunities for Improvement (Part VIII), average ratings of 8, 9, or 10 are considered as an *Opportunity for Improvement*.

Valid surveys and unanswered questions. In this survey, DHS adopted NCQA 4.0H guidelines for determining a completed questionnaire. According to these guidelines, questionnaires were considered complete if respondents did not say 'No' to Question 1 ("Our records show that you are now in (plan name). Is that right?") and if they provided a valid response to at least one question. While the majority of respondents who started the questionnaire provided responses to most items, some did not. Missing answers were not included in the results.

APPENDIX B: RESPONDENT CHARACTERISTICS

Several questions in the survey ask about respondent characteristics. These questions include gender, age, health status, educational level, and race and ethnicity. For each program, the percent of respondents within each of these categories is shown in the table below:

Respondent Characteristics		F&C-MA	MinnesotaCare	MSC/MS+	MSHO	MnDHO	SNBC
Gender	<i>Male</i>	19%	40%	29%	25%	47%	35%
	<i>Female</i>	81%	60%	71%	75%	53%	65%
Education Level	<i>HS or less</i>	53%	43%	69%	81%	51%	62%
	<i>Some college</i>	40%	43%	17%	13%	33%	30%
	<i>College graduate</i>	7%	14%	15%	6%	17%	8%
Self-Reported Health Status	<i>Excellent/Very Good</i>	50%	49%	17%	20%	23%	20%
	<i>Good</i>	34%	34%	36%	38%	34%	32%
	<i>Fair/Poor</i>	16%	17%	47%	42%	43%	48%
Hispanic or Latino	<i>Yes</i>	5%	2%	3%	4%	3%	4%
	<i>No</i>	95%	98%	97%	96%	97%	96%
Race	<i>White</i>	69%	84%	80%	79%	66%	85%
	<i>Black/African American</i>	11%	5%	4%	5%	17%	7%
	<i>Asian</i>	6%	3%	6%	9%	6%	1%
	<i>Pacific Islander</i>	1%	0%	0%	0%	0%	0%
	<i>American Indian</i>	5%	2%	3%	2%	3%	4%
	<i>Other</i>	4%	3%	2%	2%	4%	4%