

**MINNESOTA DEPARTMENT OF HUMAN SERVICES  
2007 3.0 CAHPS SURVEY**

**Project Evaluation Report**

**DataStat, Inc.  
July 2007**

## **1.0 Introduction**

This report summarizes the sample preparation, field work, and results of the 2007 CAHPS 3.0 survey conducted for the Minnesota Department of Human Services, offers comments on this year's project and makes suggestions for the 2008 survey.

The adult members of four public Medicaid managed care programs were the focus of this year's survey. The four programs and their target age groups are:

Prepaid Medical Assistance Program (PMAP): 18-64  
MinnesotaCare: 18-64  
Minnesota Senior Care (MSC): 65 and over  
Minnesota Senior Health Options (MSHO): 65 and over

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 2007, 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 four programs named above, and had been enrolled for five out of the last six months of 2006. The sample design called for a random sample of 900 respondents in each of 22 plan/program subgroups. Seven Minnesota Senior Care and five MSHO plans did not have at least 900 eligible enrollees; these plans were combined and treated as a single reporting unit. The final selected sample was 19,800 (see Appendix A).

## **3.0 Field Work**

Protocol. The 2007 survey used the same mail materials as in 2006. The questionnaire was an adaptation of the CAHPS 3.0H Adult Medicaid questionnaire, with a total of 15 supplemental questions (across all questionnaires) added to create a version for each program; the versions for PMAP and MinnesotaCare were identical. 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 last year, 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:	January 26, 2007
First mail packet:	February 2, 2007
Reminder letter:	February 12, 2007
Second mail packet:	March 2, 2007
Phone follow-up:	March 21, 2007
Field end:	April 6, 2007

Results. Surveys were considered complete if respondents answered Yes to Q1 and if 80 percent or more of all items, including supplemental questions, had valid answers. Complete questionnaires were obtained from a total of 7737 enrollees; the overall response rate was 43.6%. See Appendix A for response rates by program and plan subgroup.

#### **4.0 Comments and suggestions for 2008**

Sample frame. The sample frame was prepared by DHS and delivered to DataStat with a subgroup identifier. This was much appreciated – it expedited 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, a 20% increase over last year, produced the desired result of higher numbers of completes. The target response rate was 40% overall and at least 30% for PMAP and MinnesotaCare, with a goal of at least 300 completes in each of the subgroups for analysis. The program-specific response rates met their targets—even surpassed them for MinnesotaCare, Minnesota Senior Care and MSHO—and the overall response rate reached 43.6%. The target number of completes was easily met for all of the MinnesotaCare and MSHO subgroups, and for most, but not all, of the PMAP and MSC groups. Response rates were higher for many subgroups, compared to 2006, contributing to the stronger overall performance this year.

Performance patterns observed last year continued this year. PMAP groups, for example, displayed relatively high rates of undeliverables and a higher proportion of nonresponders than sample groups from the other programs. The proportion of ineligible due to language barriers was higher among the Minnesota Senior Care respondents, compared to other program respondents. We also observed 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 is to oversample just those plans or sample groups, rather than increasing sample size uniformly. Oversamples for shortfall groups can be calculated based on their performance over the past couple of years. Freshness of the sample is another factor to consider in assessing sample frame performance. In 2007, however, the sample was drawn immediately after the close of the calendar year and fielded within a few weeks, so it's unlikely that much improvement can be gained there.

Field calendar. The field calendar was 10-weeks, a few days longer than in 2006. Anticipating the possibility that some plans would opt to use the survey data for NCQA submission, the field period was moved into the NCQA time window and started in early January. Although no plans decided to use the data for NCQA submission, the early start and mail material preparation in late fall allowed for a smooth field period.

Languages. Response from Spanish speakers was low. There were only two requests for Spanish during the mail phase. Of the 12,931 cases that went into the phone follow-up, 170 of them (1.3%) were Spanish-speakers, and 40 of those completed interviews.

For the other languages that were used in the mailings—Vietnamese, Hmong, Russian and Somali—about 5.6% of cases (1111 out of 19,800) became ineligible because of a language barrier. Some of these were detected by calls to the 800 number, but most were identified during the phone follow-up. 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 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 next year to the language offerings or protocol. We can 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. The contract called for submission of all survey data to NCBD. However, after the start of this project, NCBD decided that they would no longer accept data from surveys using the 3.0 instrument; only data from surveys based on the updated 4.0 version of the adult questionnaire would be accepted. As a result, no data was submitted to NCBD this year from this project. If DHS adopts the 4.0 instrument in 2008, this will not be an issue. A CD of the nine datasets (one for each plan) that were to have been submitted to NCBD was sent to DHS in July, 2007.

## **5.0 Conclusions**

This year's administration of the CAHPS survey was again very smooth. No problems were encountered during fieldwork and delivery deadlines have been met without delay. This year's survey performance exceeded results from 2006, thanks to increased sample sizes as well as higher response rates. To overcome the shortfalls in completes, sample sizes for selected subgroups can be increased in 2008. With these minor adjustments to the project, we're looking forward to another smooth ride for the 2008 administration of the CAHPS survey.

**2007  
MANAGED CARE PUBLIC PROGRAMS  
CONSUMER SATISFACTION  
SURVEY RESULTS**

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**Prepaid Medical Assistance Program**

**MinnesotaCare**

**Minnesota Senior Care**

**Minnesota Senior Health Options**

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**July 2007**

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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 other forms to people with disabilities by calling our local phone number at 651-431-2616 (voice). TTY users can call the Minnesota Relay Services at 711 or 800-627-3529. For the Speech-to-Speech Relay, call 877-627-3848.

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July 2007

# **MANAGED CARE PUBLIC PROGRAMS CONSUMER SATISFACTION SURVEY RESULTS**

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## **PART I: KEY FINDINGS**

Information obtained from consumer satisfaction surveys can allow 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 target areas where improvement is needed to improve the quality of care provided.

Detailed findings from the 2007 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 for the programs are based on a comparison of the survey data from the following programs.

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

Key Findings for plans within programs are based on separate comparisons of the survey data from plans within PMAP, MinnesotaCare, MSC and MSHO.



## **PART I: KEY FINDINGS**

### **Prepaid Medical Assistance Program (PMAP) Findings**

#### **Ratings**

**The following plans rated significantly lower than the PMAP average:**

- PrimeWest for *How People Rated Their Health Plan*
- HealthPartners for *How People Rated Their Specialist*

#### **Composites**

**The following plans rated significantly lower than the PMAP average:**

- MHP for *Getting Care without Long Waits*
- SCHA for *How Well Doctors Communicate*

**The following plans rated significantly higher than the PMAP average:**

- First Plan Blue and IMCare for *Courtesy, Respect, and Helpfulness of the Office Staff*
- PrimeWest for *Getting Care without Long Waits*

### **MinnesotaCare Findings**

#### **Ratings**

**The following plans rated significantly lower than the MinnesotaCare average:**

- IMCare and MHP for *How People Rated Their Health Plan*
- Medica for *How People Rated Their Health Care*
- UCare Minnesota for *How People Rated Their Specialist*

#### **Composites**

**The following plans rated significantly lower than the MinnesotaCare average:**

- IMCare and MHP for *Health Plan Customer Service*

## PART I: KEY FINDINGS

### Minnesota Senior Care (MSC) Findings

#### Composites

**The following plans rated significantly lower than the MSC average:**

- HealthPartners for *Health Plan Customer Service*
- Medica for *Getting Care That is Needed*

**The following plan rated significantly higher than the MSC average:**

- MSC Grouped Plans\* for *Getting Care Without Long Waits, Courtesy, Respect, and Helpfulness of the Office Staff, Health Plan Customer Service, and Getting Care That is Needed*

\* Grouped Plans combine data from BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHA, and UCare Minnesota

### Minnesota Senior Health Options (MSHO) Findings

#### Ratings

**The following plan rated significantly lower than the MSHO average:**

- HealthPartners for *How People Rated Their Health Plan and How People Rated Their Health Care*

**The following plans rated significantly higher than the MSHO average:**

- MSHO Grouped Plans\* for *How People Rated Their Health Plan and How People Rated Their Health Care*

#### Composites

**The following plans rated significantly lower than the MSHO average:**

- HealthPartners for *How Well Doctors Communicate, Getting Care without Long Waits, and Courtesy, Respect, and Helpfulness of the Office Staff*

**The following plans rated significantly higher than the MSHO average:**

- Medica for *How Well Doctors Communicate*
- HealthPartners for *Health Plan Customer Service*
- MSHO Grouped Plans\* for *Courtesy, Respect, and Helpfulness of the Office Staff*

\* Grouped Plans combine data from First Plan Blue, IMCare, MHP, PrimeWest, and SCHA

## **PART II: ABOUT THE 2007 SURVEY**

### **Who sponsored the survey?**

The 2007 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®) 3.0 Medicaid Core Module. The core instrument includes approximately 63 questions. The instrument assesses such topics as: *How well doctors communicate; Getting care without long waits; Helpfulness of office staff; Getting care that is needed; Health plan customer service; and Overall satisfaction with health plans and health care.* DHS added questions for some respondents to assess topics such as immunization, behavioral health and care coordination.

### **Who was surveyed?**

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

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

## PART II: ABOUT THE 2007 SURVEY

### How was the data collected?

The survey was administered from January 2007 through April 2007. 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.

### 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 four core population groups: Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care (MSC), and Minnesota Senior Health Options (MSHO).
- Health Plan Specific: comparisons of the managed care health plans participating in PMAP, MinnesotaCare, and MSC.
- Aggregate Level: analysis was conducted for PMAP, MinnesotaCare, MSC, and MSHO in order to understand areas where these programs could improve quality and service and assist in assigning priorities to improvement goals.
- Results are presented as the percentage of people who responded most positively to the questions. The definition of *Most Positively* depended on response options available to people for each question. The *Most Positive* responses are shown below for each of the nine different topics for analysis.

### Topics for analysis

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

#### Four overall satisfaction scores

- Overall rating of the health plan ("9-10")
- Overall rating of health care ("9-10")
- Overall rating of specialist ("9-10")
- Overall rating of doctor or nurse ("9-10")

#### Five composite scores

- How well doctors communicate ("Always")
- Getting care without long waits ("Always")
- Courtesy, respect, helpfulness of office staff ("Always")
- Health plan customer service ("No Problem")
- Getting the care that is needed ("No Problem")

## PART II: ABOUT THE 2007 SURVEY – SUMMARY OF SAMPLING QUANTITIES AND RESPONSE RATES

Population	Quantity mailed	Eligible for analysis	Response rate	Cases for analysis
<b>PMAP</b>				
BluePlus	900	862	34%	295
First Plan Blue and IMCare	900	861	36%	313
HealthPartners	900	833	24%	196
Medica	900	835	27%	226
MHP	900	846	22%	182
PrimeWest	900	871	43%	376
SCHA	900	865	35%	306
UCare Minnesota	900	817	30%	249
<b>MinnesotaCare</b>				
BluePlus	900	864	55%	475
First Plan Blue	900	860	57%	491
HealthPartners	900	850	40%	343
IMCare and MHP	900	842	49%	411
Medica	900	862	49%	421
UCare Minnesota	900	841	54%	454
<b>Minnesota Senior Care</b>				
HealthPartners	900	652	33%	218
Medica	900	634	52%	331
BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHA, UCare Minnesota	900	711	44%	316
<b>Minnesota Senior Health Options</b>				
BluePlus	900	801	57%	460
HealthPartners	900	714	53%	381
Medica	900	756	55%	416
UCare Minnesota	900	747	56%	416
First Plan Blue, IMCare, MHP, PrimeWest, SCHA	900	818	56%	461

The study had a goal of receiving at least 300 returned questionnaires for each health plan in each of the four core populations.

In order to achieve this goal, a total of 900 enrollees were sampled within each plan and received mailed questionnaires. Enrollees who did not return a mailed questionnaire received telephone calls and were offered the opportunity to complete the questionnaire over the telephone. Not all sampled enrollees were determined to be eligible, because they were no longer enrolled, were deceased, had language problems, or physical or mental incapacitation that prevented them from completing the interview.

The study response rate is the percentage of those eligible to participate in the survey who were eventually interviewed. Completed interviews were obtained from 7,737 enrollees. The overall study response rate was 43.6%.

Some plans in the Minnesota Senior Care and the Minnesota Senior Health Options populations did not have at least 900 eligible enrollees, and these plans were combined and treated as a single reporting unit.

Key to Managed Care Organizations:

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

## PART III: PROGRAM COMPARISONS

### Introduction

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

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

The survey results are adjusted for age and for self-reported health status using a regression technique that statistically controlled for variation in age and health status, so that managed care organizations with varying numbers of older people or more ill people could be compared fairly with other managed care organizations.

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 plan, health care, specialist, and doctor or nurse.

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

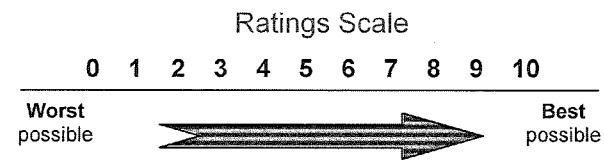
The final pages of this section show the percentage of enrollees who responded most positively (or “No Problem”) to questions that formed the two composite topics: *Health plan customer service*; and *Getting care that is needed*.

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 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.



Program	How people rated their health plan	How people rated their health care	How people rated their specialist	How people rated their doctor or nurse
PMAP	52%	53%	53%	62%
MinnesotaCare	44%	57%	54%	57%
MSC	62%	62%	62%	67%
MSHO	70%	71%	65%	70%

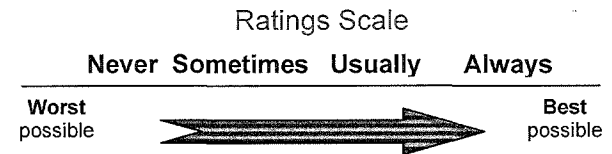
### PART III: PROGRAM COMPARISONS - PROVIDER COMMUNICATION AND SERVICE

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

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

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

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



Program	<i>How well doctors communicate</i>	<i>Getting care without long waits</i>	<i>Courtesy, respect, and helpfulness of office staff</i>
PMAP	59%	35%	67%
MinnesotaCare	62%	38%	71%
MSC	65%	39%	74%
MSHO	68%	42%	78%



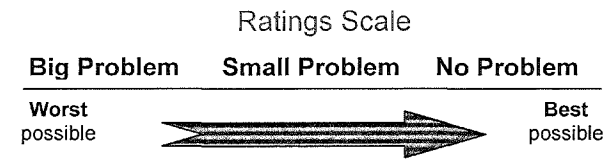
### PART III: PROGRAM COMPARISONS - HEALTH PLAN SERVICE AND ACCESS TO CARE

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

- Health plan customer service
- Getting care that is needed

These questions asked people to give a rating by marking either: Big Problem; Small Problem; or No Problem.

For each program, the numbers in the table show the percent of all people who responded most positively (or “No Problem”) to these questions.



<b>Program</b>	<b><i>Health plan customer service</i></b>	<b><i>Getting care that is needed</i></b>
<b>PMAP</b>	71%	73%
<b>MinnesotaCare</b>	62%	75%
<b>MSC</b>	60%	67%
<b>MSHO</b>	68%	78%

## **PART IV: PLAN-SPECIFIC COMPARISONS**

### **PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)**

#### **Introduction**

This section of the report shows plan-specific comparisons of the managed care health plans participating in the Prepaid Medical Assistance Program (PMAP). The survey results for the health plans are adjusted for age and for self-reported health status.

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 plan, health care, specialist, and doctor or nurse.

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

The final pages of this section show the percentage of enrollees who responded most positively (or “No Problem”) to questions that formed the two composite topics: *Health plan customer service*; and *Getting care that is needed*.

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

- Those plans that had a rating or composite score that was significantly lower than the State average have an indicator of ↓ next to that rating or composite score.
- Those plans that had a rating or composite score that was significantly higher than the State average have an indicator of ↑ next to that rating or composite score.

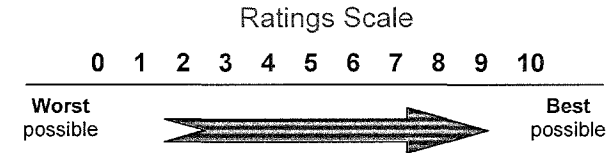
When comparing ratings and percentages, the reader should ignore small differences between numbers. These small differences may reflect sampling variation rather than real differences.

## PART IV: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)

The survey had questions that asked people to rate the health care that they received from 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 PMAP is shown as the PMAP State Average.



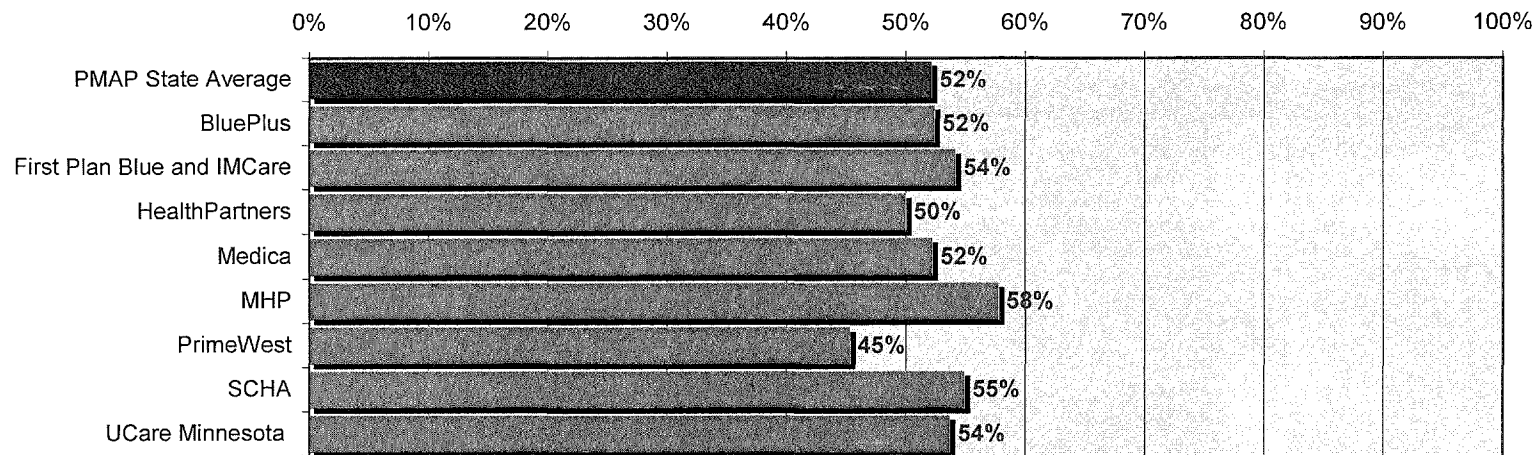
<b>PMAP</b>	<i>How people rated their health plan</i>	<i>How people rated their health care</i>	<i>How people rated their specialist</i>	<i>How people rated their doctor or nurse</i>
<b>PMAP State Average</b>	52%	53%	53%	62%
<b>BluePlus</b>	52%	53%	55%	60%
<b>First Plan Blue and IMCare</b>	54%	54%	58%	61%
<b>HealthPartners</b>	50%	51%	44% ↓	66%
<b>Medica</b>	52%	52%	58%	60%
<b>MHP</b>	58%	52%	56%	67%
<b>PrimeWest</b>	45% ↓	54%	51%	63%
<b>SCHA</b>	55%	53%	54%	60%
<b>UCare Minnesota</b>	54%	57%	44%	62%

↓ indicates a rating significantly lower than the State average;    ↑ indicates a rating significantly higher than the State average

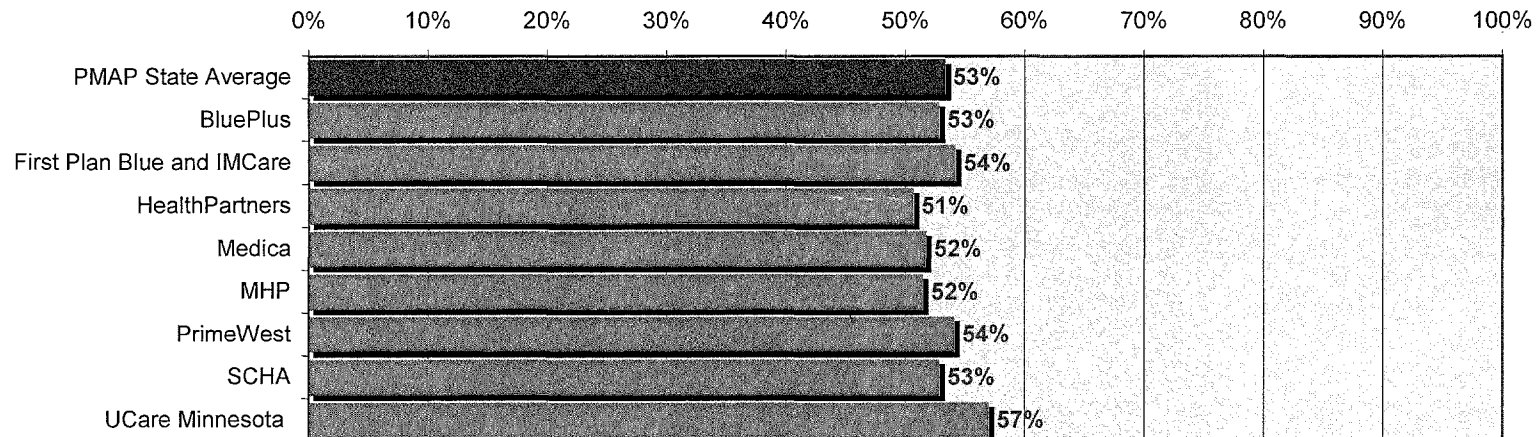
## PART IV: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)

#### How people rated their health plan



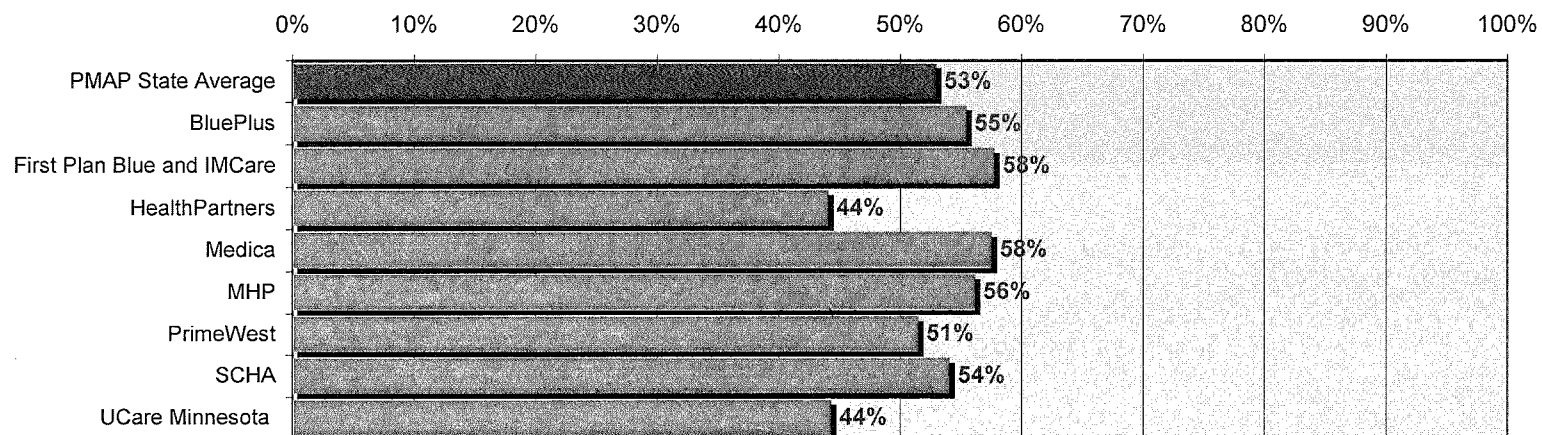
#### How people rated their health care



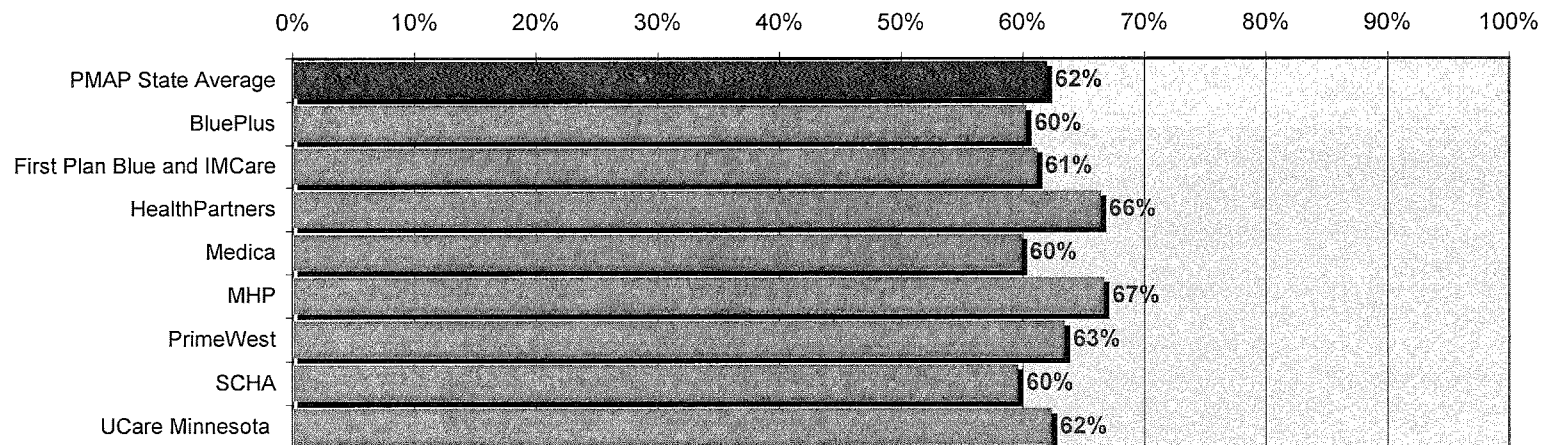
## PART IV: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)

#### How people rated their specialist



#### How people rated their doctor or nurse



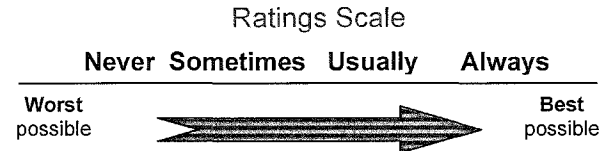
## PART IV: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)

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

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

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

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



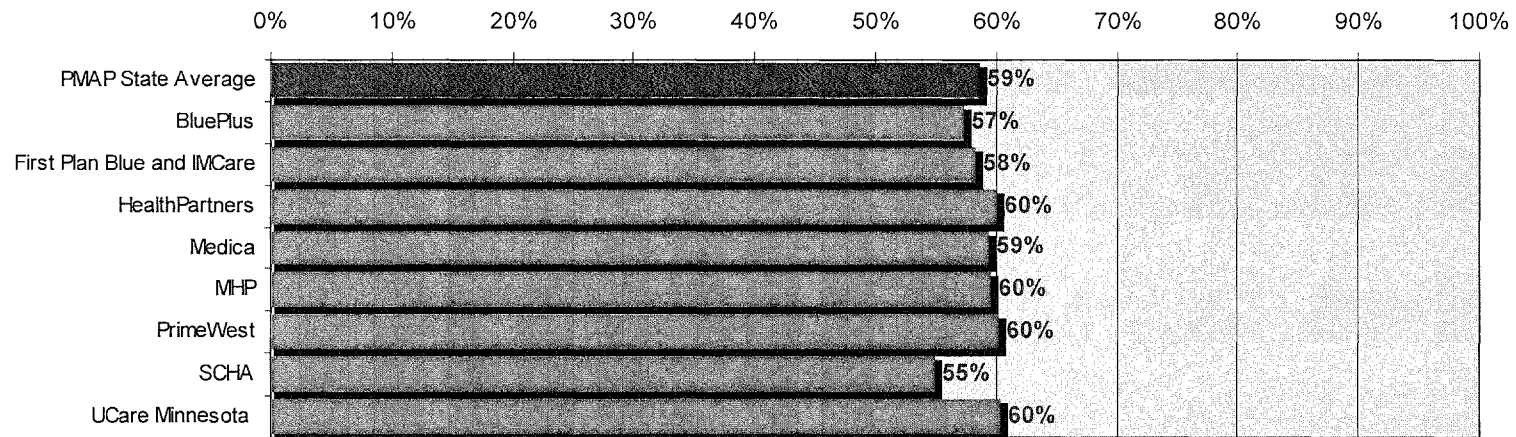
<b>PMAP</b>	<i>How well doctors communicate</i>	<i>Getting care without long waits</i>	<i>Courtesy, respect, and helpfulness of office staff</i>
<b>PMAP State Average</b>	59%	35%	67%
<b>BluePlus</b>	57%	36%	67%
<b>First Plan Blue and IMCare</b>	58%	37%	71% ↑
<b>HealthPartners</b>	60%	34%	65%
<b>Medica</b>	59%	36%	67%
<b>MHP</b>	60%	31% ↓	67%
<b>PrimeWest</b>	60%	36% ↑	68%
<b>SCHA</b>	55% ↓	33%	66%
<b>UCare Minnesota</b>	60%	36%	63%

↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

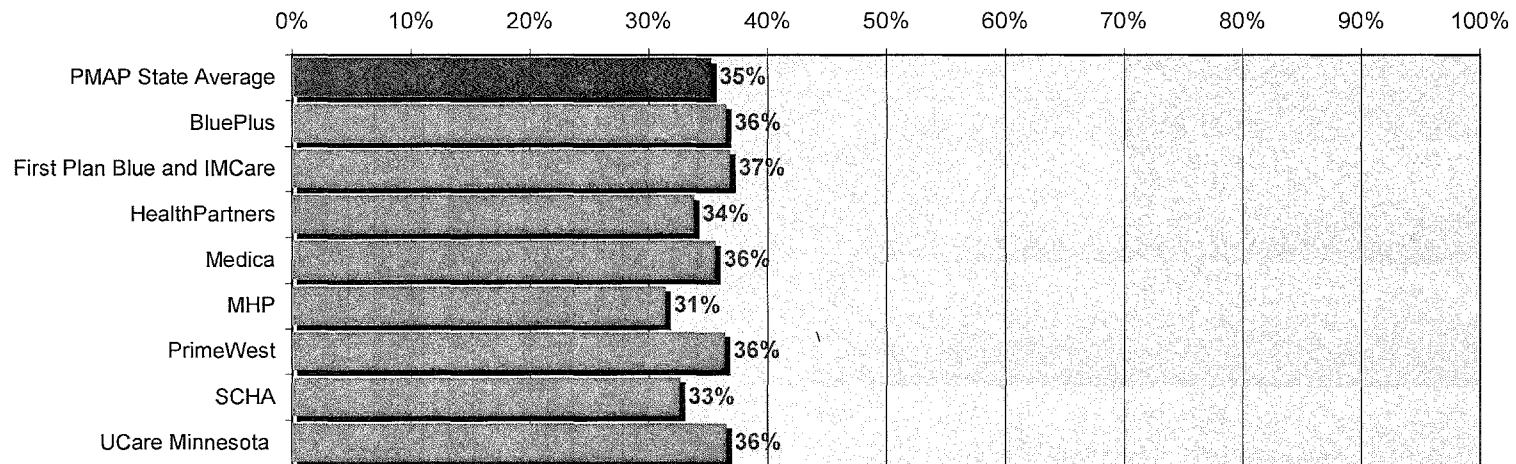
## PART IV: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE

### PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)

#### How well doctors communicate

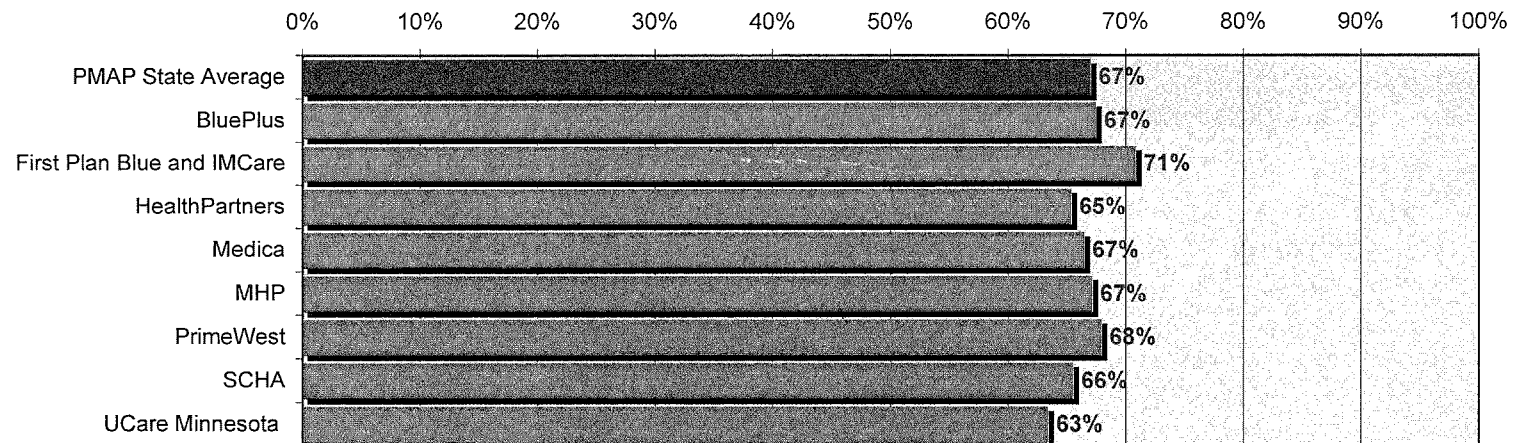


#### Getting care without long waits



**PART IV: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE  
PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)**

**Courtesy, respect, and helpfulness of office staff**





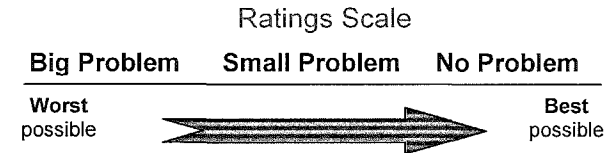
## PART IV: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)

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

- Health plan customer service
- Getting care that is needed

These questions asked people to give a rating by marking either: Big Problem; Small Problem; or No Problem.

For each health plan, the numbers in the table show the percent of all people who responded most positively (or “No Problem”) to these questions.



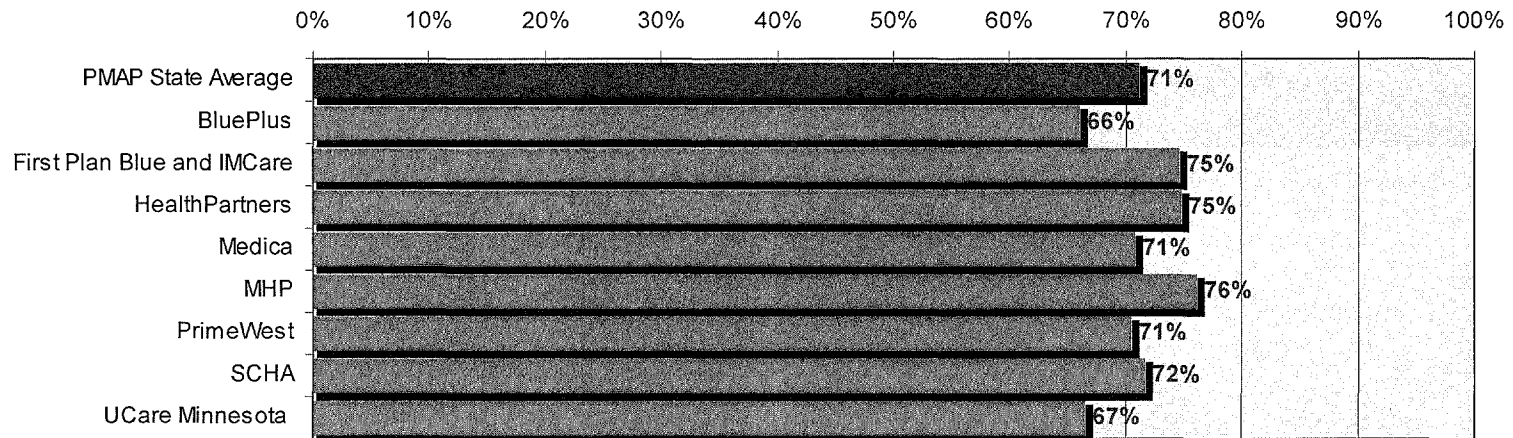
<b>PMAP</b>	<i>Health plan customer service</i>	<i>Getting care that is needed</i>
<b>PMAP State Average</b>	71%	73%
<b>BluePlus</b>	66%	72%
<b>First Plan Blue and IMCare</b>	75%	74%
<b>HealthPartners</b>	75%	73%
<b>Medica</b>	71%	68%
<b>MHP</b>	76%	72%
<b>PrimeWest</b>	71%	72%
<b>SCHA</b>	72%	80%
<b>UCare Minnesota</b>	67%	74%

↓ indicates a score significantly lower than the State average; ↑ indicates a score significantly higher than the State average

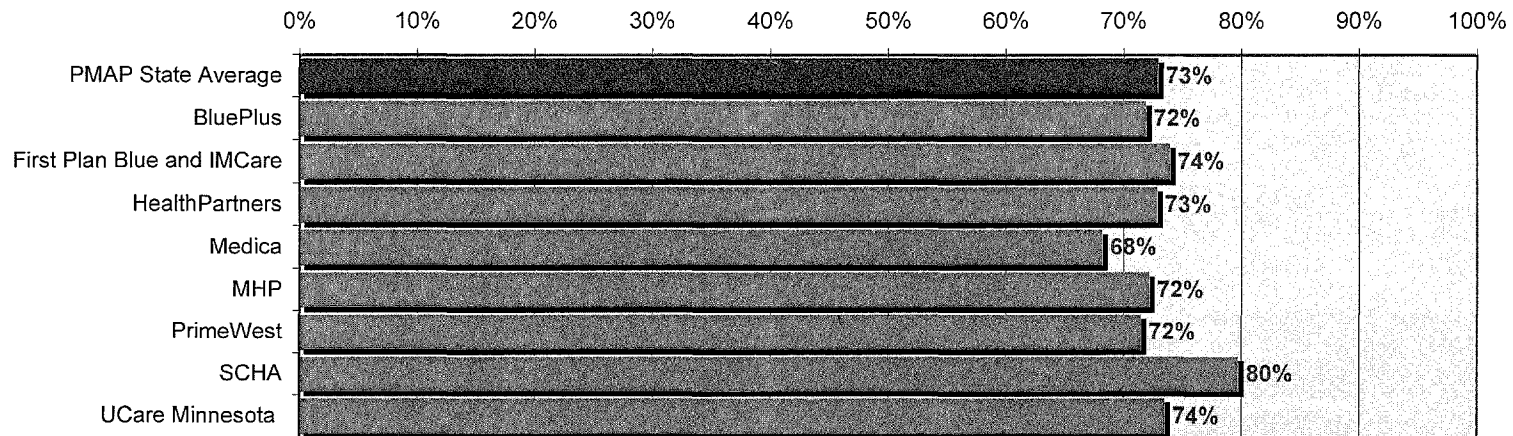
## PART IV: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE

### PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)

#### Health plan customer service



#### Getting care that is needed



## 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 are adjusted for age and for self-reported health status.

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 plan, health care, specialist, and doctor or nurse.

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

The final pages of this section show the percentage of enrollees who responded most positively (or “No Problem”) to questions that formed the two composite topics: *Health plan customer service*; and *Getting care that is needed*.

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

- Those plans that had a rating or composite score that was significantly lower than the State average have an indicator of ↓ next to that rating or composite score.
- Those plans that had a rating or composite score that was significantly higher than the State average have an indicator of ↑ next to that rating or composite score.

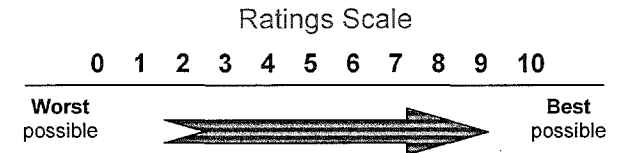
When comparing ratings and percentages, the reader should ignore small differences between numbers. These small differences may reflect sampling variation rather than real differences.

## PART V: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### MINNESOTACARE

The survey had questions that asked people to rate the health care that they received from 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.



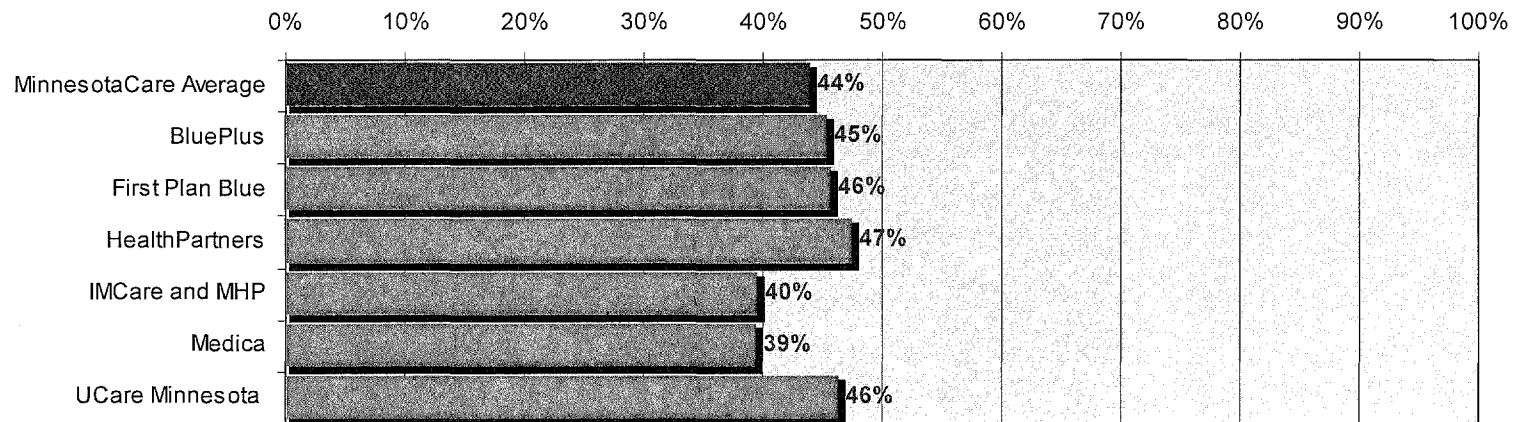
MinnesotaCare	<i>How people rated their health plan</i>	<i>How people rated their health care</i>	<i>How people rated their specialist</i>	<i>How people rated their doctor or nurse</i>
MinnesotaCare Average	44%	57%	54%	57%
BluePlus	45%	58%	52%	60%
First Plan Blue	46%	56%	56%	54%
HealthPartners	47%	57%	54%	56%
IMCare and MHP	40% ↓	57%	63%	60%
Medica	39%	52% ↓	53%	54%
UCare Minnesota	46%	59%	46% ↓	59%

↓ indicates a rating significantly lower than the State average; ↑ indicates a rating significantly higher than the State average

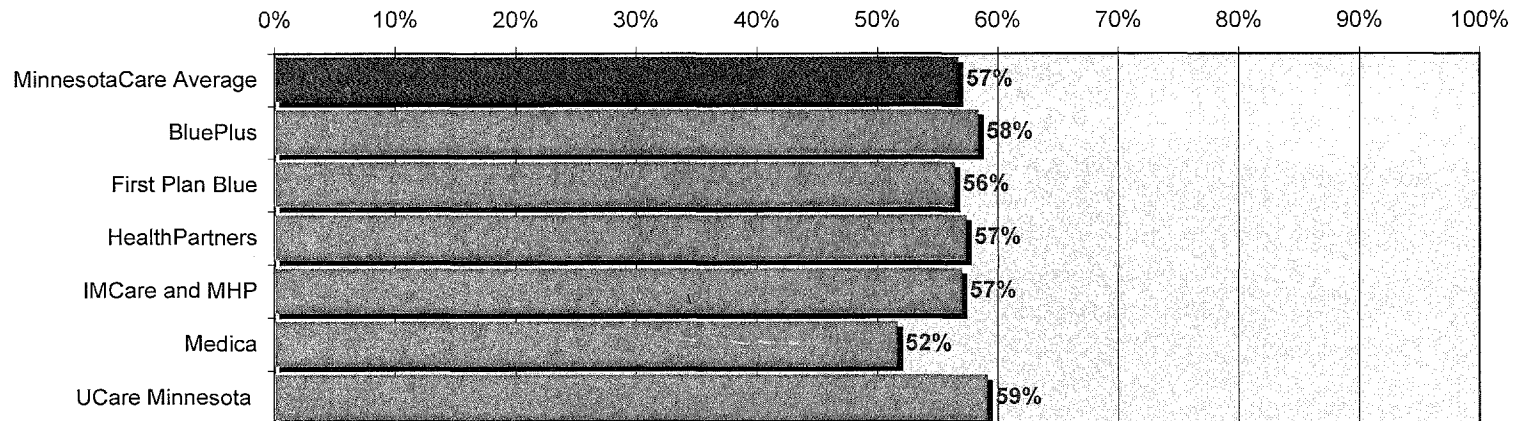
## PART V: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### MINNESOTACARE

#### How people rated their health plan

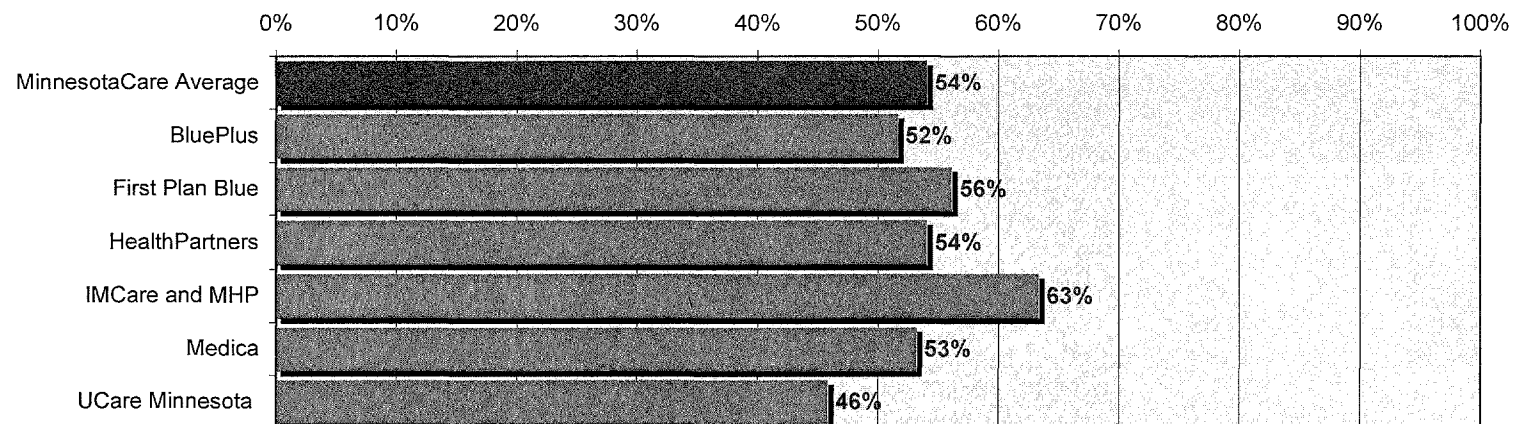


#### How people rated their health care

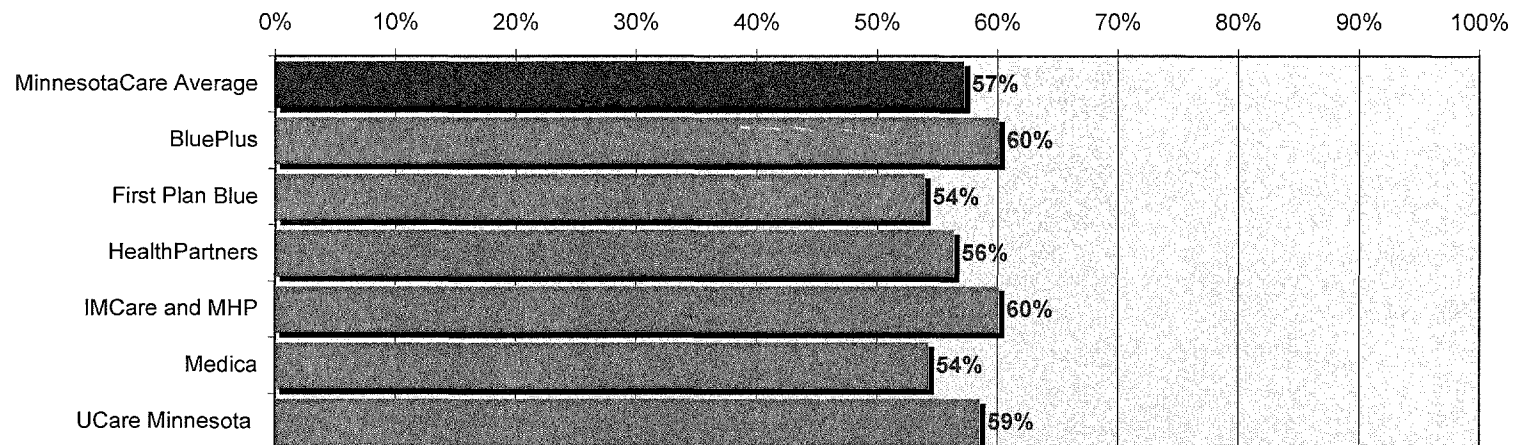


**PART V: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS**  
**MINNESOTACARE**

**How people rated their specialist**



**How people rated their doctor or nurse**



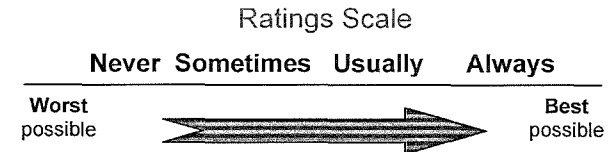
## PART V: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE MINNESOTACARE

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

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

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

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



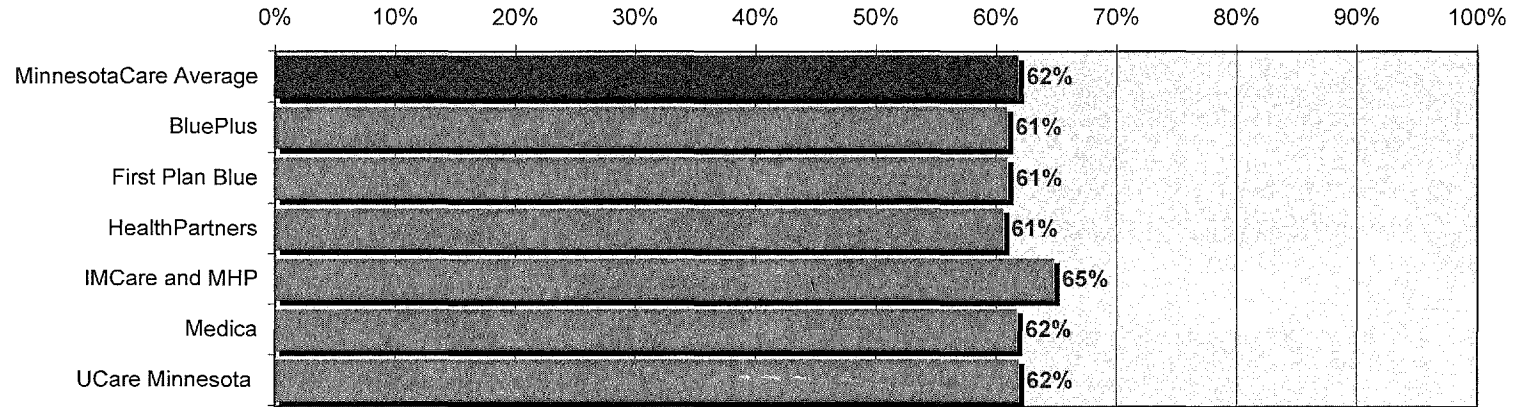
MinnesotaCare	<i>How well doctors communicate</i>	<i>Getting care without long waits</i>	<i>Courtesy, respect, and helpfulness of office staff</i>
MinnesotaCare Average	62%	38%	71%
BluePlus	61%	37%	70%
First Plan Blue	61%	37%	72%
HealthPartners	61%	38%	69%
IMCare and MHP	65%	38%	72%
Medica	62%	38%	70%
UCare Minnesota	62%	40%	71%

↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

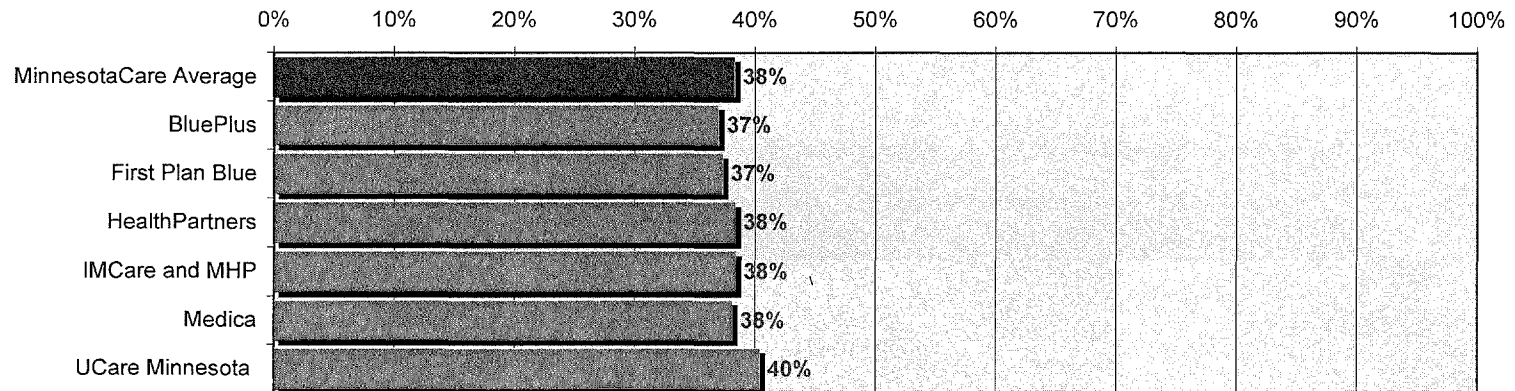
## PART V: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE

### MINNESOTA CARE

#### How well doctors communicate



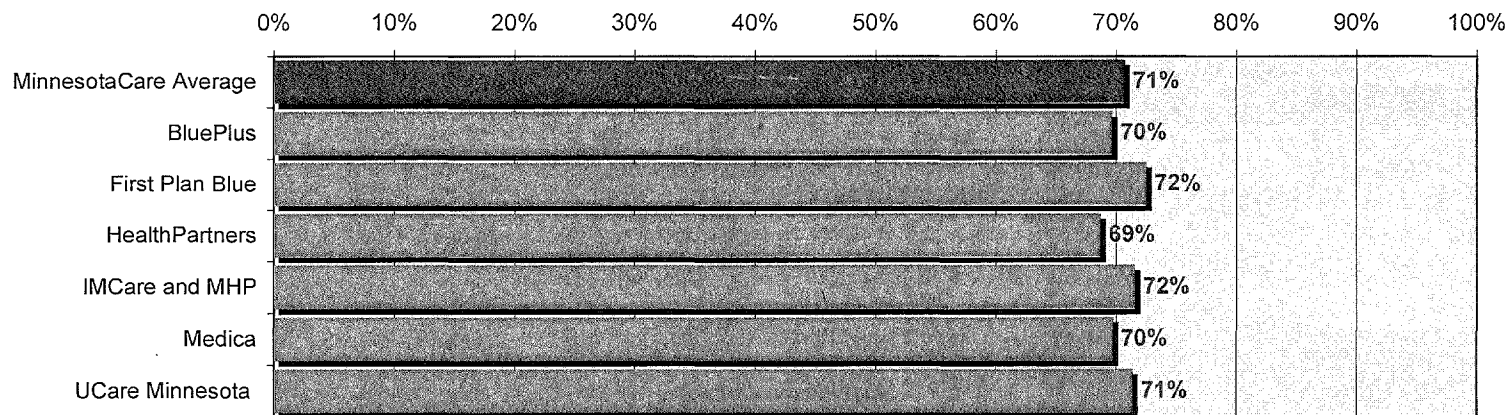
#### Getting care without long waits





**PART V: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE**  
**MINNESOTACARE**

**Courtesy, respect, and helpfulness of office staff**



## PART V: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE

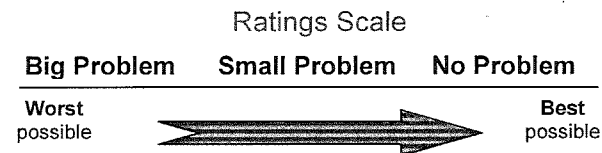
### MINNESOTACARE

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

- Health plan customer service
- Getting care that is needed

These questions asked people to give a rating by marking either: Big Problem; Small Problem; or No Problem.

For each health plan, the numbers in the table show the percent of all people who responded most positively (or “No Problem”) to these questions.



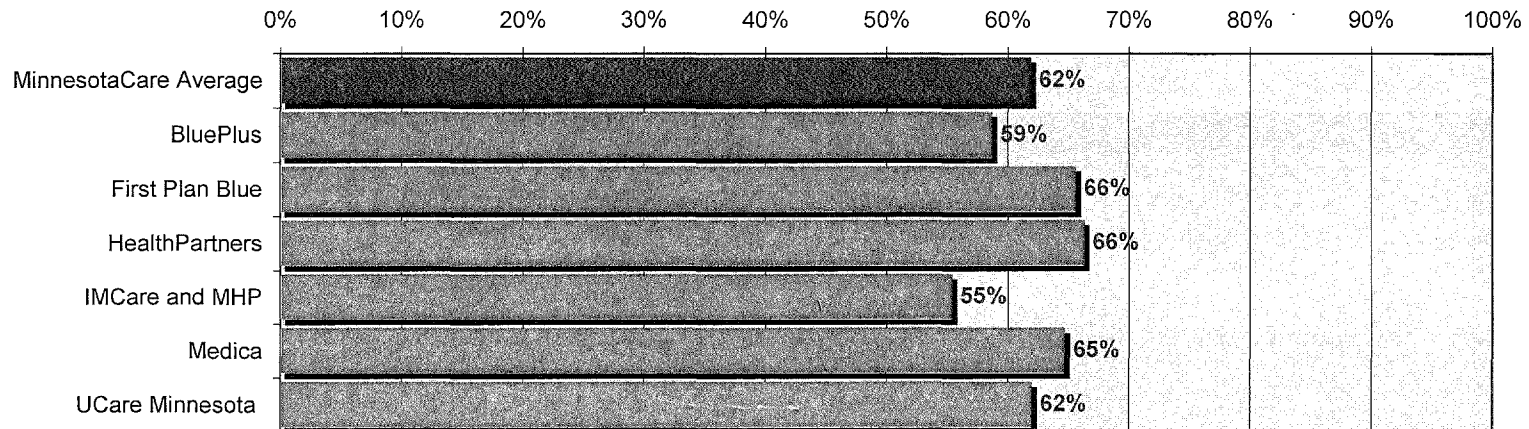
<b>MinnesotaCare</b>	<i>Health plan customer service</i>	<i>Getting care that is needed</i>
<b>MinnesotaCare Average</b>	62%	75%
<b>BluePlus</b>	59%	77%
<b>First Plan Blue</b>	66%	76%
<b>HealthPartners</b>	66%	76%
<b>IMCare and MHP</b>	55% ↓	74%
<b>Medica</b>	65%	73%
<b>UCare Minnesota</b>	62%	74%

↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

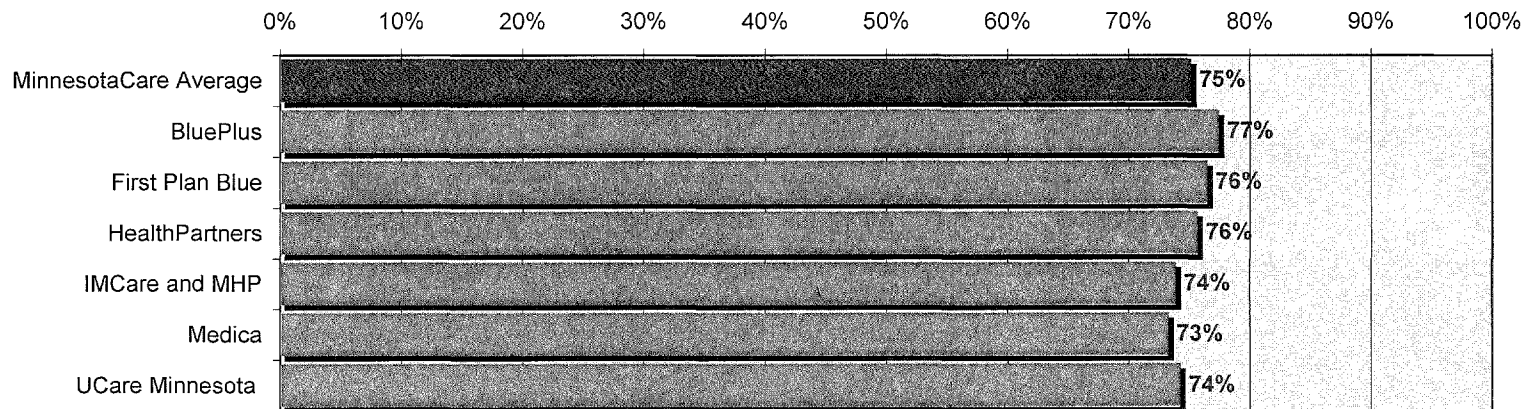
## PART V: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE

### MINNESOTACARE

#### Health plan customer service



#### Getting care that is needed



## **PART VI: PLAN-SPECIFIC COMPARISONS**

### **MINNESOTA SENIOR CARE (MSC)**

#### **Introduction**

This section of the report shows plan-specific comparisons of the managed care health plans participating in Minnesota Senior Care (MSC). The survey results for the health plans are adjusted for age and for self-reported health status.

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 plan, health care, specialist, and doctor or nurse.

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

The final pages of this section show the percentage of enrollees who responded most positively (or “No Problem”) to questions that formed the two composite topics: *Health plan customer service*; and *Getting care that is needed*.

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

- Those plans that had a rating or composite score that was significantly lower than the State average have an indicator of ↓ next to that rating or composite score.
- Those plans that had a rating or composite score that was significantly higher than the State average have an indicator of ↑ next to that rating or composite score.

The survey attempted to sample 900 enrollees from each participating health plan. Some plans participating in Minnesota Senior Care (MSC) have smaller enrollments, and these plans were combined for sampling purposes. In the results that follow, these combined plans are referred to as MSC Grouped Plans. These plans include BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHA, and UCare Minnesota.

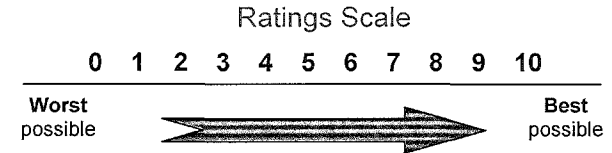
When comparing ratings and percentages, the reader should ignore small differences between numbers. These small differences may reflect sampling variation rather than real differences.

## PART VI: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### MINNESOTA SENIOR CARE (MSC)

The survey had questions that asked people to rate the health care that they received from 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 people in the Minnesota Senior Care plans is given as the MSC Average.



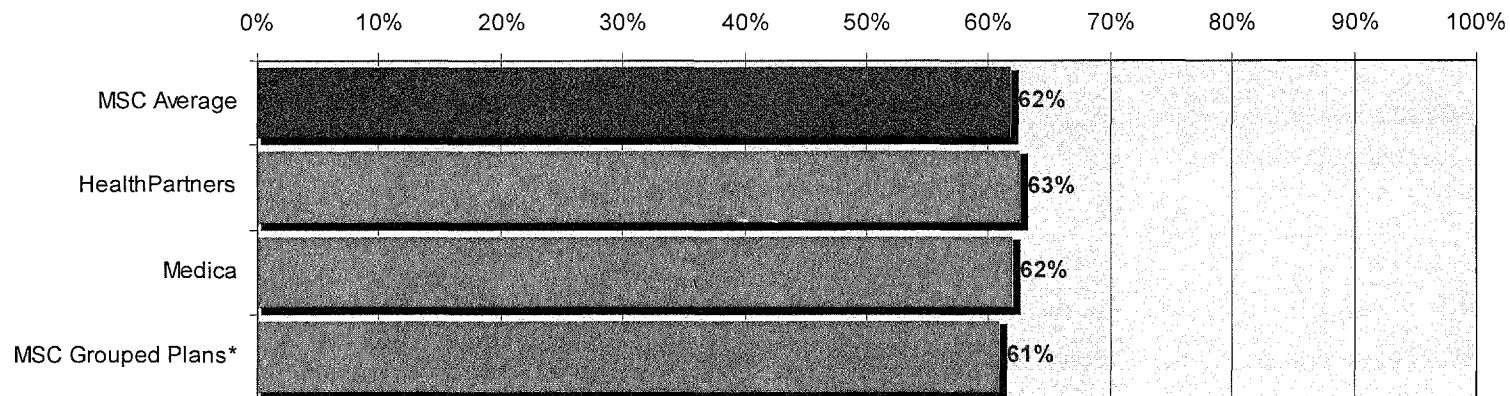
Minnesota Senior Care (MSC)	How people rated their health plan	How people rated their health care	How people rated their specialist	How people rated their doctor or nurse
MSC Average	62%	62%	62%	67%
HealthPartners	63%	62%	62%	66%
Medica	62%	59%	61%	67%
MSC Grouped Plans*	61%	67%	62%	67%
* BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCH, UCare Minnesota				

↓ indicates a rating significantly lower than the State average;    ↑ indicates a rating significantly higher than the State average

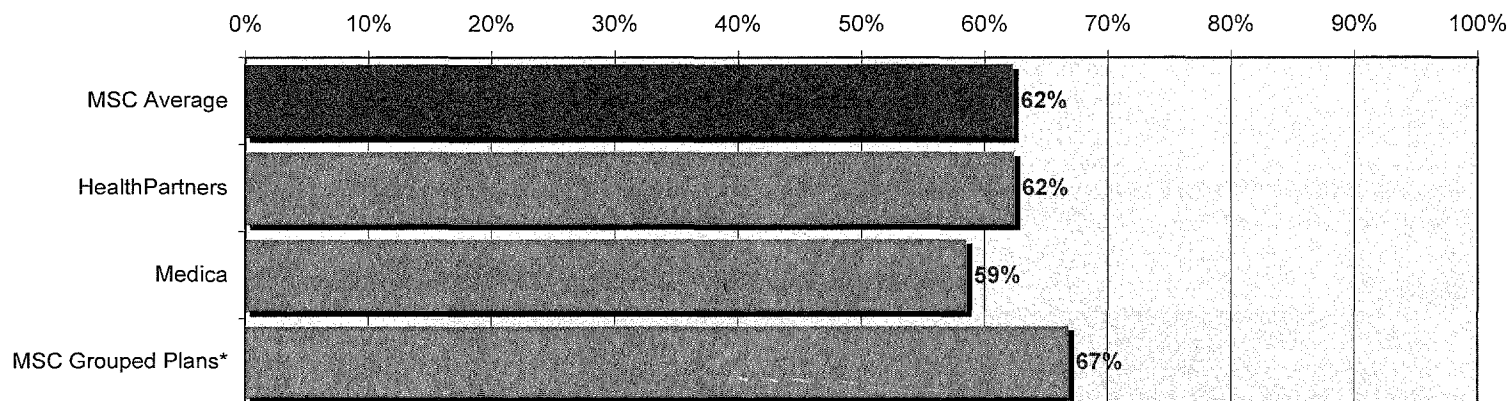
## PART VI: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### MINNESOTA SENIOR CARE (MSC)

#### How people rated their health plan



#### How people rated their health care

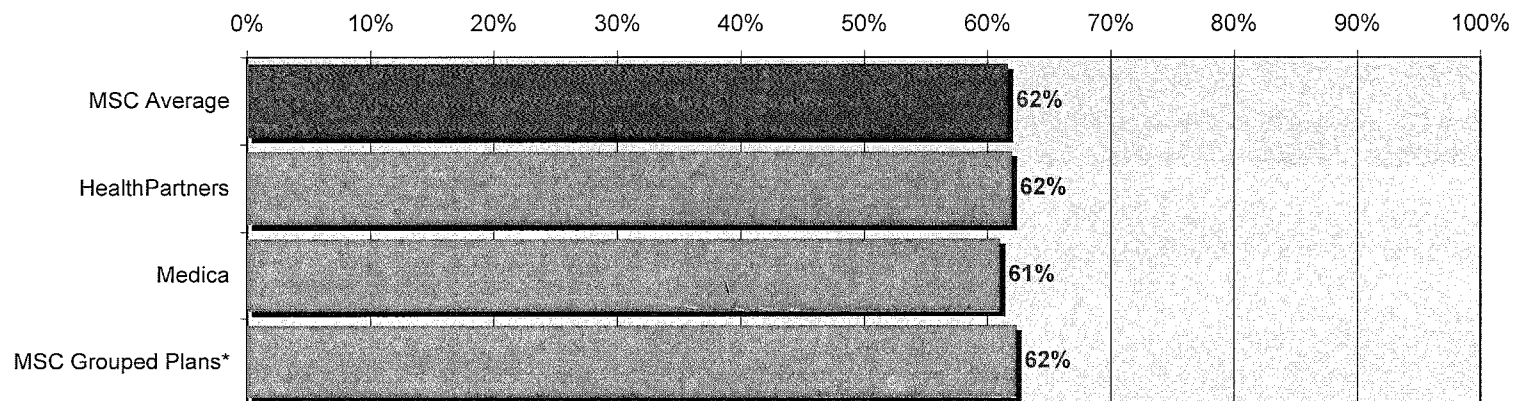


\* BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHa, and UCare Minnesota were combined due to small denominators.

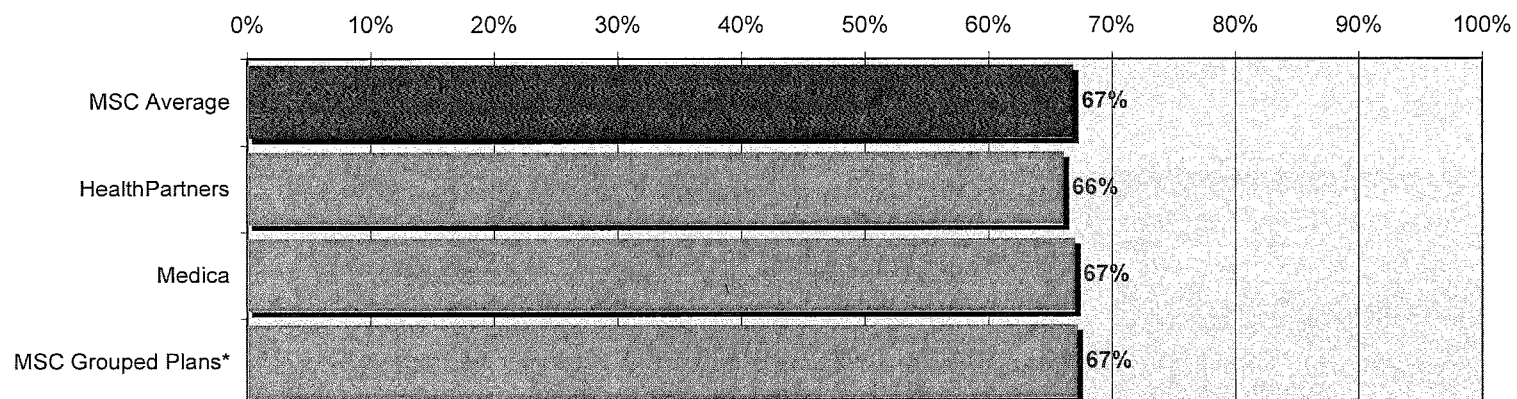
## PART VI: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### MINNESOTA SENIOR CARE (MSC)

#### How people rated their specialist



#### How people rated their doctor or nurse



\* BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHa, and UCare Minnesota were combined due to small denominators.

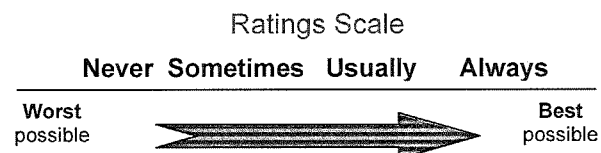
## PART VI: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE MINNESOTA SENIOR CARE (MSC)

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

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

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

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



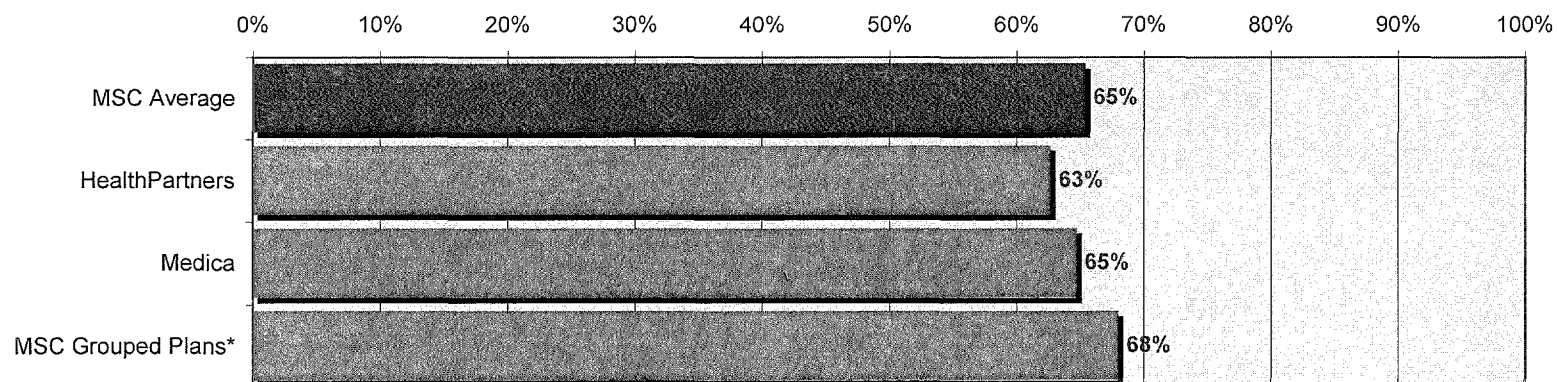
Minnesota Senior Care (MSC)	<i>How well doctors communicate</i>	<i>Getting care without long waits</i>	<i>Courtesy, respect, and helpfulness of office staff</i>
MSC Average	65%	39%	74%
HealthPartners	63%	40%	71%
Medica	65%	38%	72%
MSC Grouped Plans*	68%	41% ↑	80% ↑
* BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHa, UCare Minnesota			

↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

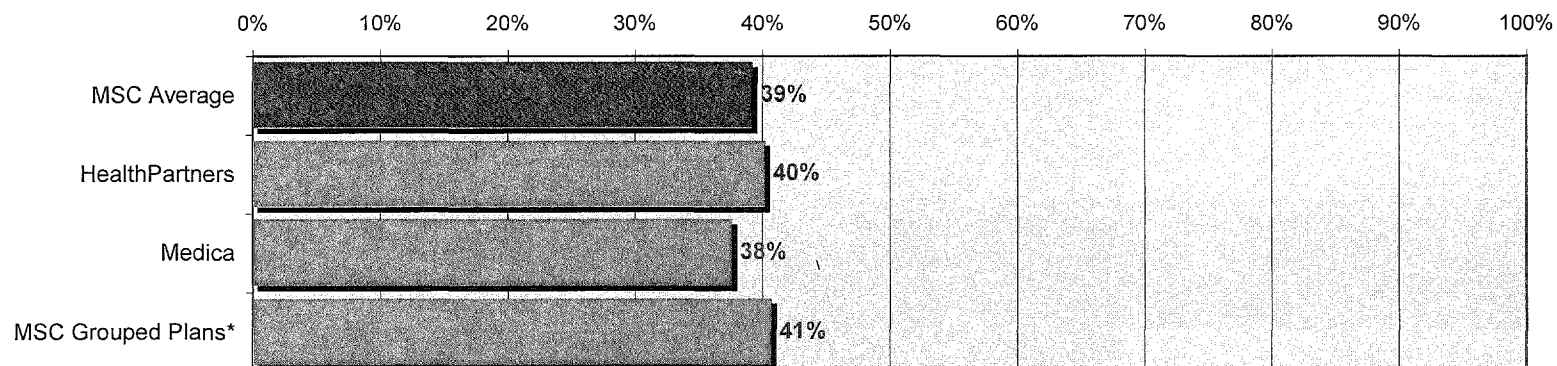


## PART VI: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE MINNESOTA SENIOR CARE (MSC)

### How well doctors communicate



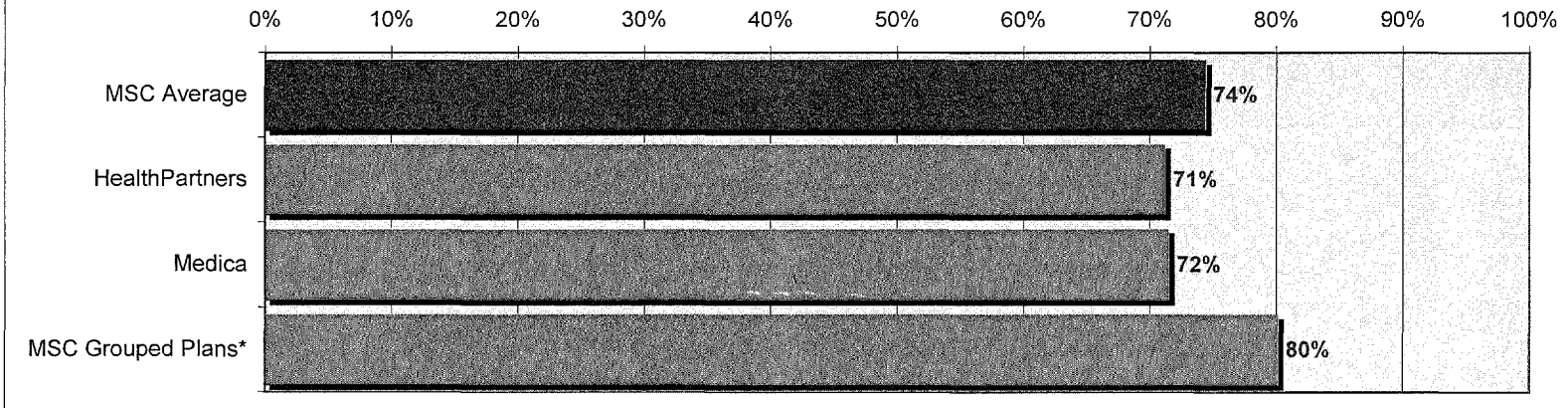
### Getting care without long waits



\* BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHa, and UCare Minnesota were combined due to small denominators.

**PART VI: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE**  
**MINNESOTA SENIOR CARE (MSC)**

**Courtesy, respect, and helpfulness of office staff**



\* BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHA, and UCare Minnesota were combined due to small denominators.

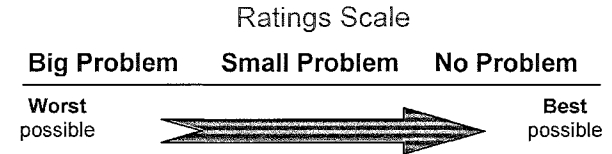
## PART VI: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE MINNESOTA SENIOR CARE (MSC)

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

- Health plan customer service
- Getting care that is needed

These questions asked people to give a rating by marking either: Big Problem; Small Problem; or No Problem.

For each health plan, the numbers in the table show the percent of all people who responded most positively (or “No Problem”) to these questions.



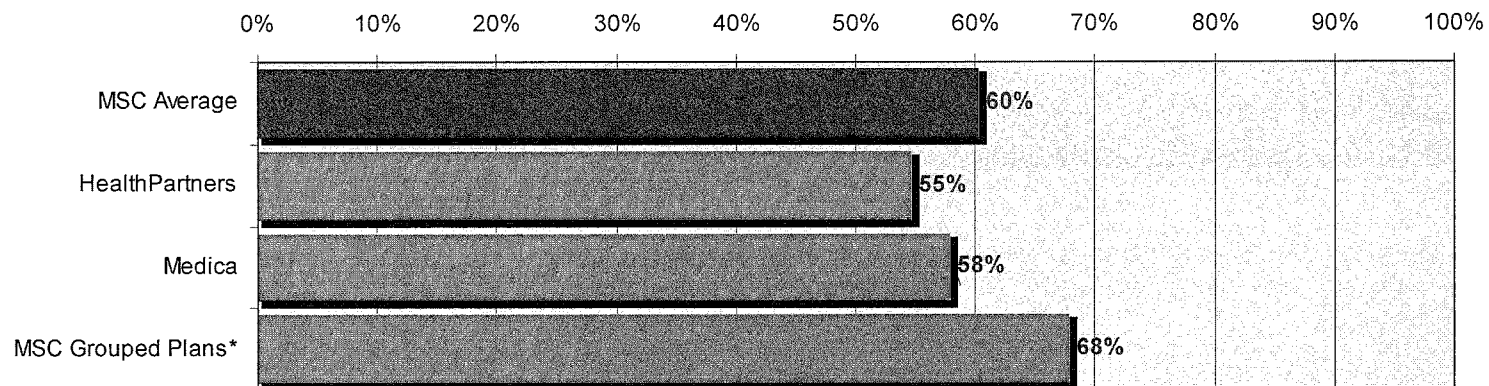
<b>Minnesota Senior Care (MSC)</b>	<i>Health plan customer service</i>	<i>Getting care that is needed</i>
<b>MSC Average</b>	60%	67%
<b>HealthPartners</b>	55% ↓	68%
<b>Medica</b>	58%	61% ↓
<b>MSC Grouped Plans*</b>	68% ↑	72% ↑
* BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHA, UCare Minnesota		

↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

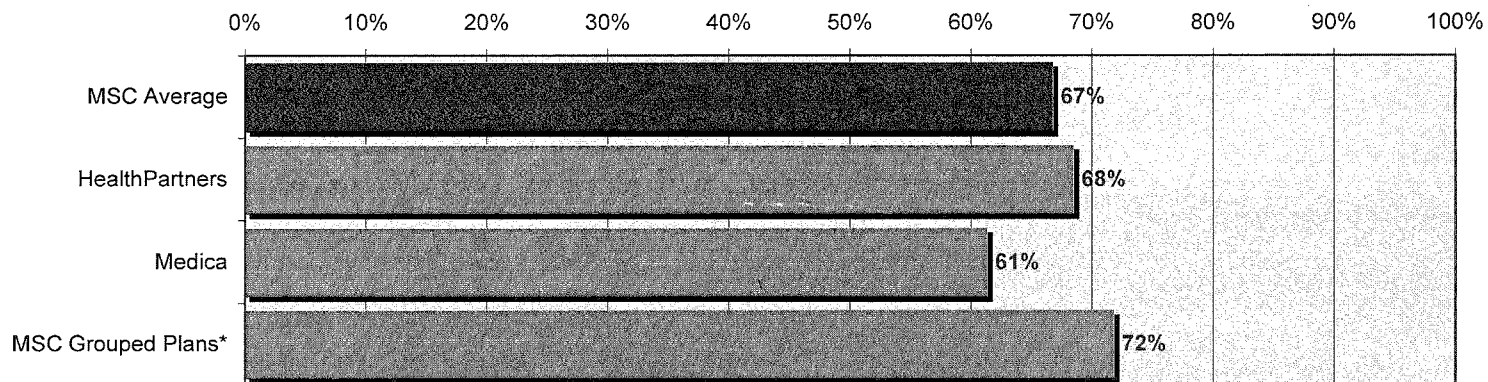
## PART VI: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE

### MINNESOTA SENIOR CARE (MSC)

#### Health plan customer service



#### Getting care that is needed



\* BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHa, and UCare Minnesota were combined due to small denominators.

## **PART VII: PLAN-SPECIFIC COMPARISONS**

### **MINNESOTA SENIOR HEALTH OPTIONS (MSHO)**

#### **Introduction**

This section of the report shows results for the managed care health plans participating in Minnesota Senior Health Options (MSHO). The survey results are adjusted for age and for self-reported health status.

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 plan, health care, specialist, and doctor or nurse.

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

The final pages of this section show the percentage of enrollees who responded most positively (or “No Problem”) to questions that formed the two composite topics: *Health plan customer service*; and *Getting care that is needed*.

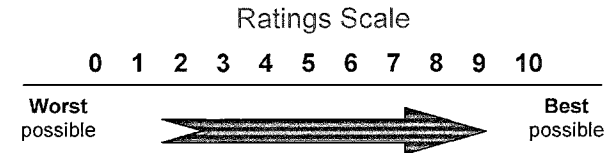
The survey attempted to sample 900 enrollees from each participating health plan. Some plans participating in MSHO have smaller enrollments, and these plans were combined for sampling purposes. In the results that follow, these combined plans are referred to as *MSHO Grouped Plans*. These plans include First Plan Blue, IMCare, MHP, PrimeWest, and SCHA.

## PART VII: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### MINNESOTA SENIOR HEALTH OPTIONS (MSHO)

The survey had questions that asked people to rate the health care that they received from 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.



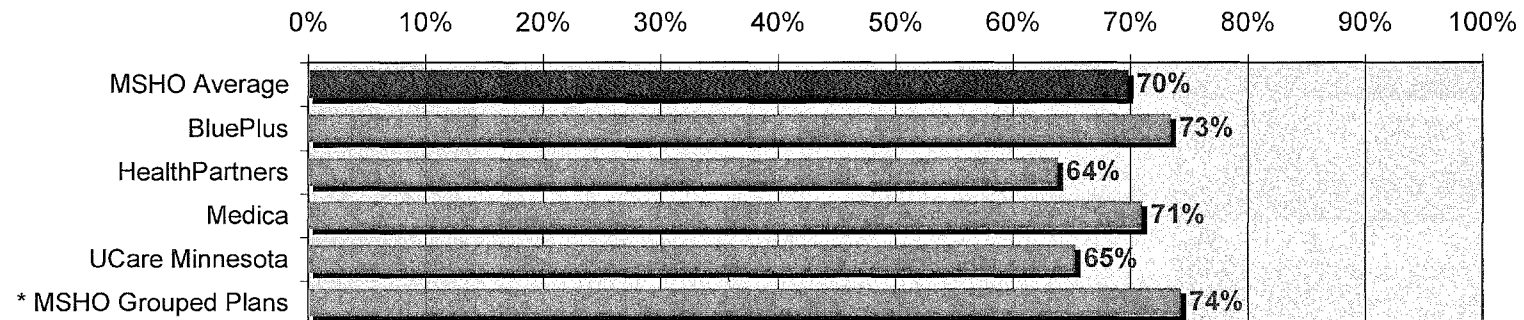
<b>Minnesota Senior Health Options (MSHO)</b>	<i>How people rated their health plan</i>	<i>How people rated their health care</i>	<i>How people rated their specialist</i>	<i>How people rated their doctor or nurse</i>
<b>MSHO Average</b>	70%	71%	65%	70%
<b>BluePlus</b>	73%	70%	69%	71%
<b>HealthPartners</b>	64% ↓	66% ↓	63%	68%
<b>Medica</b>	71%	73%	70%	70%
<b>UCare Minnesota</b>	65%	67%	60%	66%
<b>* MSHO Grouped Plans</b>	74% ↑	76% ↑	61%	73%
* Data from First Plan Blue, IMCare, MHP, PrimeWest, and SCHS are grouped together.				

↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

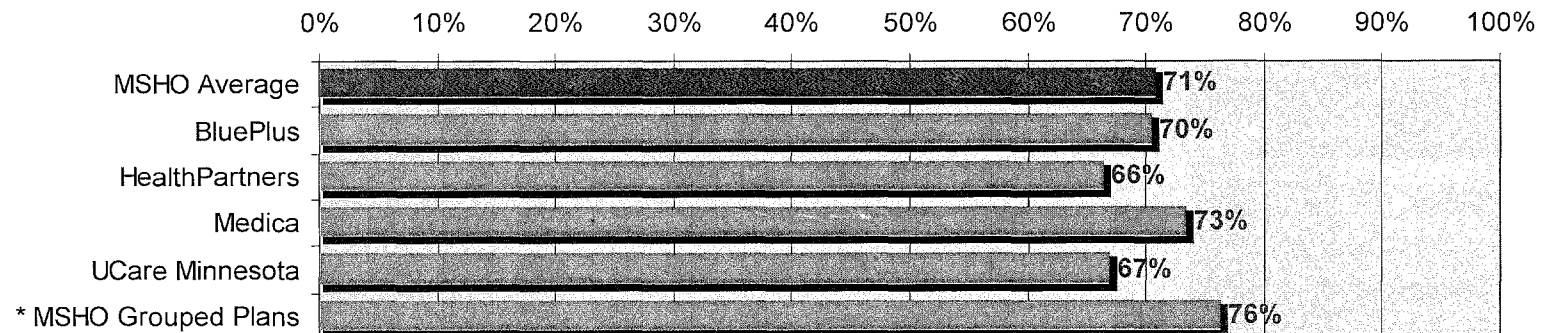
## PART VII: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### MINNESOTA SENIOR HEALTH OPTIONS (MSHO)

#### How people rated their health plan



#### How people rated their health care

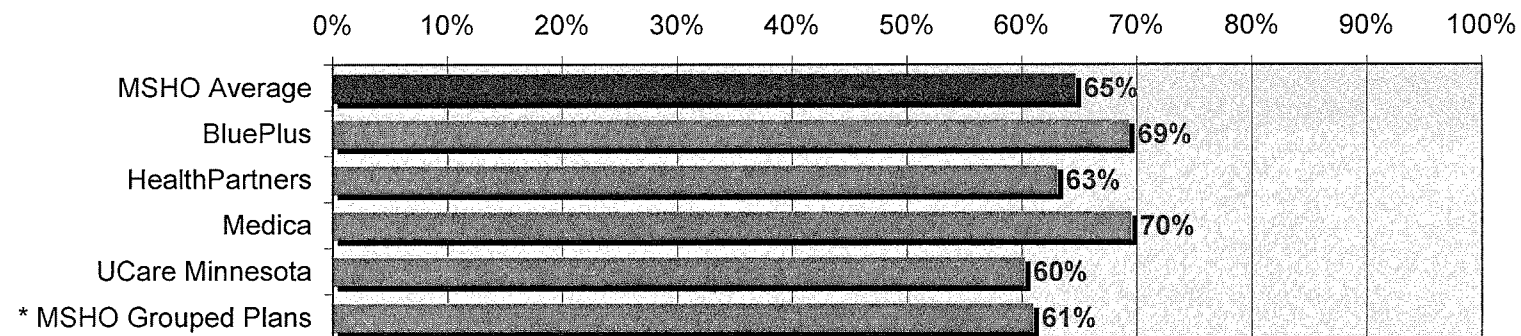


\* First Plan Blue, IMCare, MHP, PrimeWest, and SCHA were combined due to small denominators.

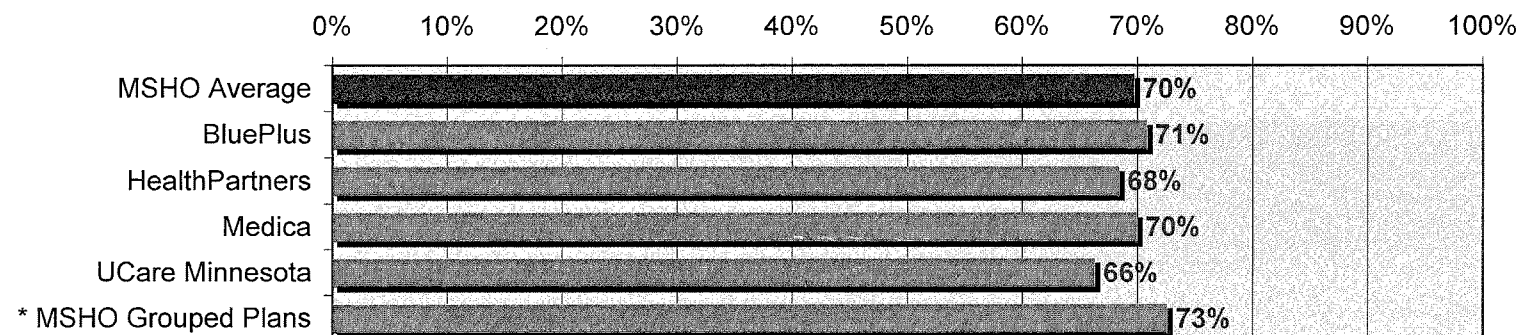
## PART VII: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS

### MINNESOTA SENIOR HEALTH OPTIONS (MSHO)

#### How people rated their specialist



#### How people rated their doctor or nurse



\* First Plan Blue, IMCare, MHP, PrimeWest, and SCHA were combined due to small denominators.



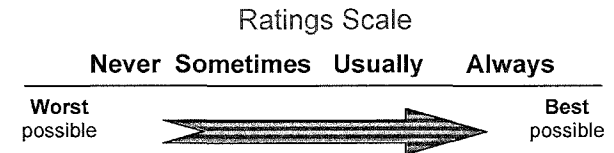
## PART VII: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE MINNESOTA SENIOR HEALTH OPTIONS (MSHO)

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

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

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

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

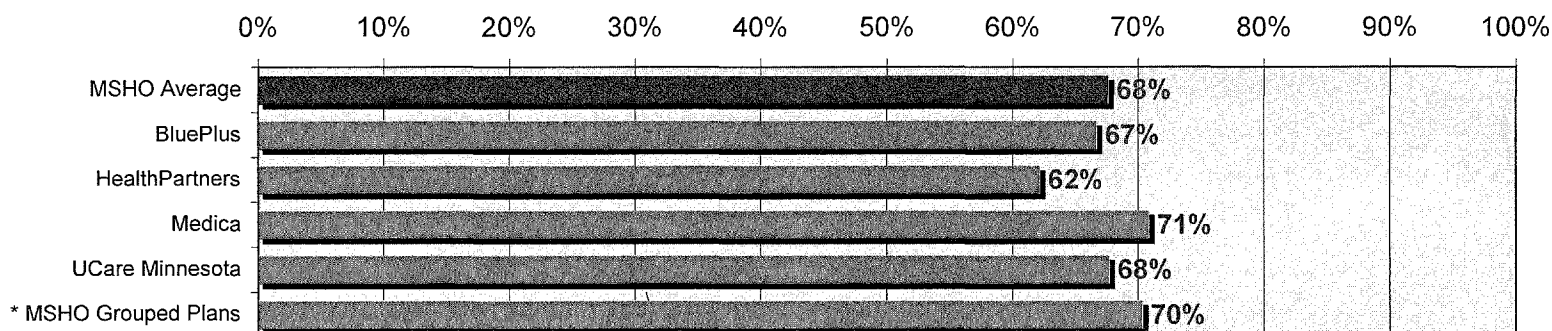


Minnesota Senior Health Options (MSHO)	How well doctors communicate	Getting care without long waits	Courtesy, respect, and helpfulness of office staff
MSHO Average	68%	42%	78%
BluePlus	67%	42%	80%
HealthPartners	62% ↓	38% ↓	70% ↓
Medica	71% ↑	43%	80%
UCare Minnesota	68%	40%	77%
* MSHO Grouped Plans	70%	45%	83% ↑
* Data from First Plan Blue, IMCare, MHP, PrimeWest, and SCHA are grouped together.			

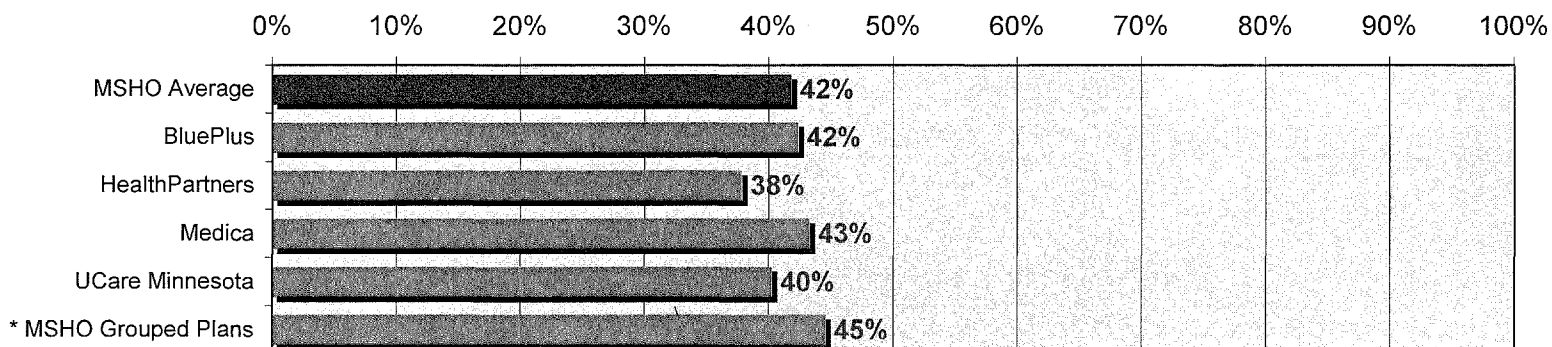
↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average.

## PART VII: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE MINNESOTA SENIOR HEALTH OPTIONS (MSHO)

### How well doctors communicate



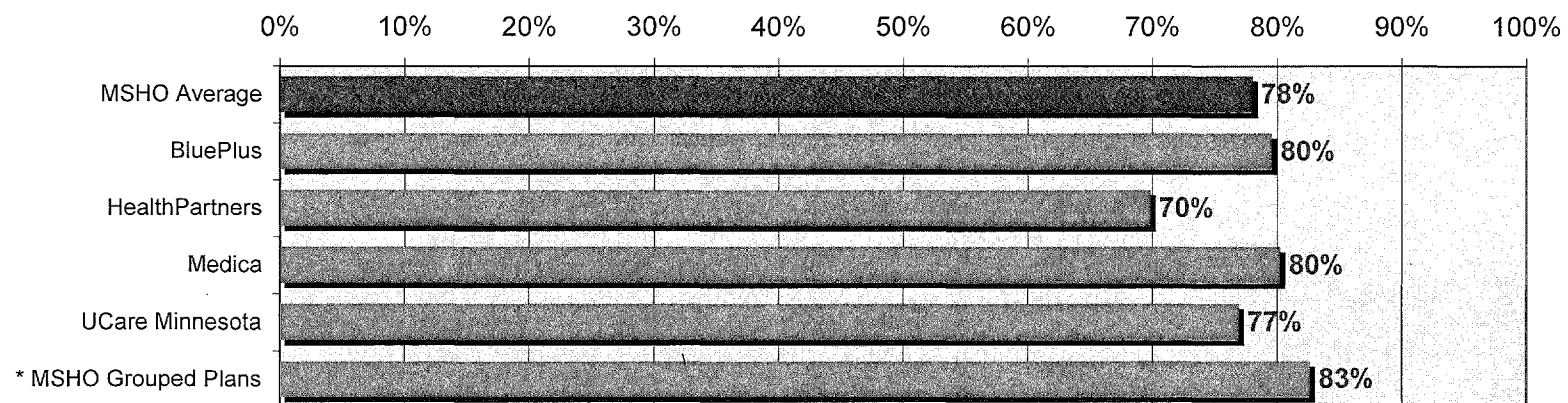
### Getting care without long waits



\* First Plan Blue, IMCare, MHP, PrimeWest, and SCHA were combined due to small denominators.

**PART VII: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE**  
**MINNESOTA SENIOR HEALTH OPTIONS (MSHO)**

**Courtesy, respect, and helpfulness of office staff**



\* First Plan Blue, IMCare, MHP, PrimeWest, and SCHA were combined due to small denominators.

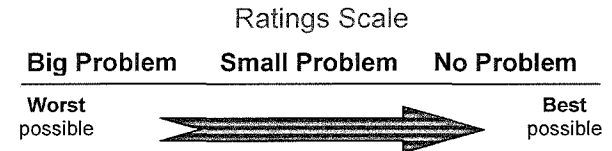
## PART VII: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE MINNESOTA SENIOR HEALTH OPTIONS (MSHO)

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

- Health plan customer service
- Getting care that is needed

These questions asked people to give a rating by marking either: Big Problem; Small Problem; or No Problem.

For each health plan, the numbers in the table show the percent of all people who responded most positively (or “No Problem”) to these questions.



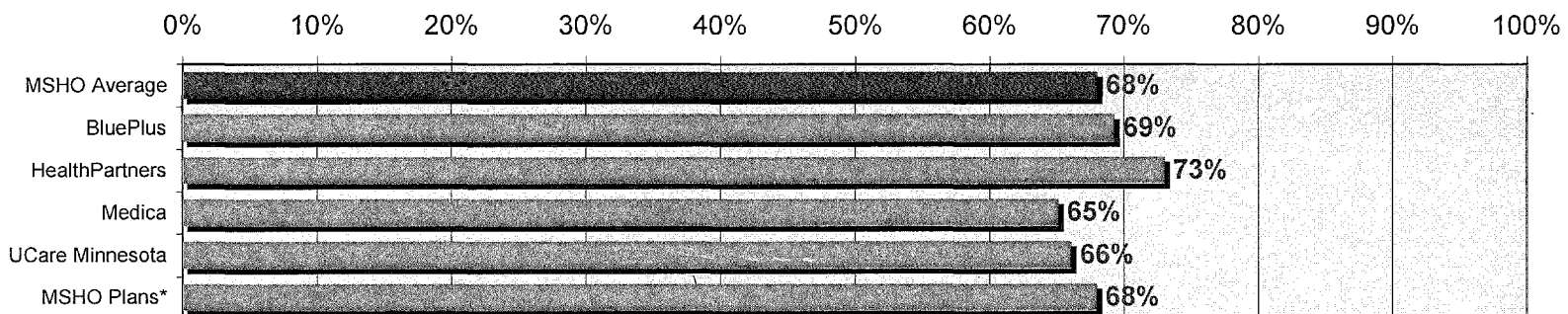
<b>Minnesota Senior Health Options (MSHO)</b>	<i>Health plan customer service</i>	<i>Getting care that is needed</i>
<b>MSHO Average</b>	68%	78%
<b>BluePlus</b>	69%	83%
<b>HealthPartners</b>	73% ↑	75%
<b>Medica</b>	65%	76%
<b>UCare Minnesota</b>	66%	77%
<b>MSHO Plans*</b>	68%	79%
* Data from First Plan Blue, IMCare, MHP, PrimeWest, and SCHA are grouped together.		

↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average.

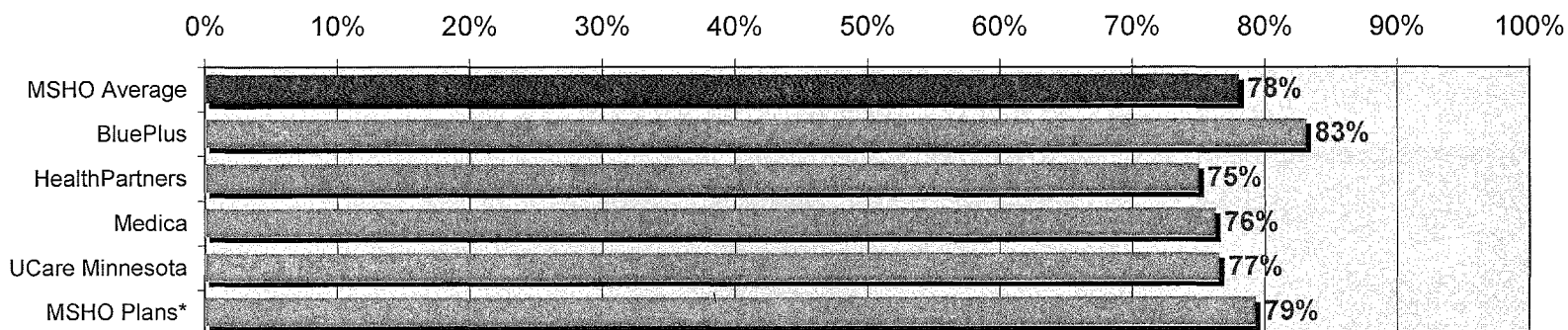
## PART VII: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE

### MINNESOTA SENIOR HEALTH OPTIONS (MSHO)

#### Health plan customer service



#### Getting care that is needed



\* First Plan Blue, IMCare, MHP, PrimeWest, and SCHA were combined due to small denominators.

## PART VIII: HEALTH PLAN OPPORTUNITIES FOR IMPROVEMENT

### Introduction

All survey respondents were asked to rate their satisfaction with their health plan. The results for each program and health plan are shown in this report (refer to the tables and charts for *How people rated their health plan*).

In addition to rating their health plan, respondents were also asked to rate their satisfaction with their health care, satisfaction with their specialists, and satisfaction with their doctor or nurse. Respondents were asked to rate their satisfaction using a scale from 0 to 10. Average ratings of 8, 9, or 10 are considered an achievement for the health plan. Average ratings less than 8 are considered to be opportunities for improvement for the health plan. 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.

Respondents were also asked questions on the topics of: *How well doctors communicate; Getting care without long waits; Helpfulness of office staff; Getting care that is needed; and Health plan customer service.* Respondents could indicate a positive response of *No problem*, or *Always*, depending on the wording of the questions. If at least 80% of respondents gave a positive answer for a topic, this is considered an achievement for the health plan. Topics that received less than 80% positive responses are considered to be opportunities for improvement for the health plan.

A correlation analysis was performed to help determine which of these satisfaction ratings and topics are most closely related to health plan satisfaction. A correlation analysis is a statistical technique that shows how strongly factors such as satisfaction with doctor or nurse influence overall satisfaction with the health plan. This information helps health plans know which factors are the most important in the satisfaction of their enrollees and allows health plans to set priorities for improvements in order to increase the satisfaction of enrollees with the health plan. If a health plan has one or more opportunities for improvement, it will want to focus attention on those ratings and topics that are most closely related to enrollees' satisfaction with the health plan. If the health plan has additional resources for improvement, it might then turn to those opportunities for improvement that are less closely related to enrollees' satisfaction with the health plan. For those ratings and topics where the health plan already has 80% positive responses, it will want to monitor these areas to assure that high scores are maintained.

## PART VIII: HEALTH PLAN OPPORTUNITIES FOR IMPROVEMENT

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

<b>PMAP</b>	Rating of all health care	Rating of specialist	Rating of doctor or nurse	How well doctors communicate	Getting care without long waits	Health plan customer service	Courtesy, respect, and helpfulness of office staff	Getting care that is needed
Aggregate of Health Plans	X					X		
BluePlus	X							
First Plan Blue and IMCare	X							
HealthPartners	X	X						
Medica*								
MHP	X							
PrimeWest	X					X		
SCHA	X					X		
UCare Minnesota						X		

\* No items identified

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

<b>MinnesotaCare</b>	Rating of all health care	Rating of specialist	Rating of doctor or nurse	How well doctors communicate	Getting care without long waits	Health plan customer service	Courtesy, respect, and helpfulness of office staff	Getting care that is needed
Aggregate of Health Plans	X							
BluePlus						X		
First Plan Blue*								
HealthPartners*								
IMCare and MHP*								
Medica	X					X		
UCare Minnesota*								

\* No items identified

## PART VIII: HEALTH PLAN OPPORTUNITIES FOR IMPROVEMENT

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

<b>Minnesota Senior Care</b>	<b>Rating of all health care</b>	<b>Rating of specialist</b>	<b>Rating of doctor or nurse</b>	<b>How well doctors communicate</b>	<b>Getting care without long waits</b>	<b>Health plan customer service</b>	<b>Courtesy, respect, and helpfulness of office staff</b>	<b>Getting care that is needed</b>
Aggregate of Health Plans*								
HealthPartners	X							
Medica						X		
BluePlus* **								
First Plan Blue* **								
IMCare* **								
MHP* **								
PrimeWest* **								
SCHA* **								
UCare Minnesota* **								

\* No items identified

\*\*Grouped plans combine data from BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHAs, and UCare Minnesota

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

<b>MSHO</b>	<b>Rating of all health care</b>	<b>Rating of specialist</b>	<b>Rating of doctor or nurse</b>	<b>How well doctors communicate</b>	<b>Getting care without long waits</b>	<b>Health plan customer service</b>	<b>Courtesy, respect, and helpfulness of office staff</b>	<b>Getting care that is needed</b>
Aggregate of Health Plans*								
Blue Plus*								
HealthPartners		X				X		
Medica*								
UCare Minnesota*								
First Plan Blue* **								
IMCare* **								
MHP* **								
PrimeWest* **								
SCHA* **								

\* No items identified

\*\*Grouped plans combine data from First Plan Blue, IMCare, MHP, PrimeWest, and SCHAs



## PART IX: SUPPLEMENTAL QUESTIONS

### Additions to the Standardized Questionnaire

The survey used the CAHPS 3.0 Medicaid core module, which contains 63 standards questions. The Minnesota Department of Human Services added supplemental questions to this core questionnaire. The supplemental questions varied by program. 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 treatment and counseling services	PMAP, MinnesotaCare, MSC, MSHO
Flu shots and pneumonia vaccination	MSC, MSHO
Experience with care coordination	MSHO
Problems with pain, loneliness, dependence and health concerns	MSHO

The individual supplemental questions in each of these domains are presented on the following pages. For each domain, all questions are presented along with the results. The responses to each question are categorized to indicate the percentage of enrollees who reported most positively.

## Part IX: Supplemental Questions

### ACCESS TO TREATMENT AND COUNSELING

Enrollees in all programs surveyed were asked a series of questions to measure access and satisfaction with treatment and counseling for personal or family problems. The percentage of respondents who responded most positively is shown. There are four questions in this domain.

Questions in this domain	Response options	Responses reported as positive
<i>In the last 6 months, did you need any treatment or counseling for a personal or family problem?</i>	Yes, No	Yes
<i>How much of a problem was it to get the treatment or counseling you needed through your health plan?</i>	<i>Big problem, small problem, no problem</i>	<i>No problem</i>
<i>On a scale of 0 to 10, how would you rate all treatment and counseling in the last 6 months?</i>	0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	9 and 10
<i>How would you rate your overall mental or emotional health now?</i>	<i>Excellent, very good, good, fair, poor</i>	<i>Excellent and very good</i>

The results for the supplemental questions on access to treatment and counseling are summarized by program and then are presented by plan within each program.

<b>Program</b>	<b><i>Needed treatment or counseling</i></b>	<b><i>No problem obtaining treatment or counseling</i></b>	<b><i>Rated 9 or 10 on treatment or counseling</i></b>	<b><i>Rated Very Good or Excellent emotional or mental health</i></b>
<b>PMAP</b>	18%	74%	50%	54%
<b>MinnesotaCare</b>	13%	71%	47%	59%
<b>MSC</b>	15%	52%	49%	38%
<b>MSHO</b>	8%	65%	67%	43%

**Part IX: Supplemental Questions**  
**ACCESS TO TREATMENT AND COUNSELING**

The results for the Supplemental Questions on Access to Treatment and Counseling for the Prepaid Medical Assistance Program (PMAP) are shown below.

<b>PMAP</b>	<i><b>Needed treatment or counseling</b></i>	<i><b>No problem obtaining treatment or counseling</b></i>	<i><b>Rated 9 or 10 on treatment or counseling</b></i>	<i><b>Rated Very Good or Excellent emotional or mental health</b></i>
<b>PMAP State Average</b>	18%	74%	50%	54%
<b>BluePlus</b>	17%	84%	53%	53%
<b>First Plan Blue and IMCare</b>	14%	86%	50%	56%
<b>HealthPartners</b>	19%	57%	49%	53%
<b>Medica</b>	24% ↑	81%	53%	51%
<b>MHP</b>	21%	60%	53%	56%
<b>PrimeWest</b>	16%	79%	45%	54%
<b>SCHA</b>	18%	70%	50%	58%
<b>UCare Minnesota</b>	17%	65%	48%	52%

↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

Part IX: Supplemental Questions  
ACCESS TO TREATMENT AND COUNSELING

The results for the Supplemental Questions on Access to Treatment and Counseling for MinnesotaCare are shown below.

<b>MinnesotaCare</b>	<i>Needed treatment or counseling</i>	<i>No problem obtaining treatment or counseling</i>	<i>Rated 9 or 10 on treatment or counseling</i>	<i>Rated Very Good or Excellent emotional or mental health</i>
<b>MinnesotaCare Average</b>	13%	71%	47%	59%
<b>BluePlus</b>	10%	82%	58%	63%
<b>First Plan Blue</b>	11%	81% ↑	38%	64% ↑
<b>HealthPartners</b>	17% ↑	62%	49%	57%
<b>IMCare and MHP</b>	13%	73%	48%	56%
<b>Medica</b>	12%	73%	48%	60%
<b>UCare Minnesota</b>	14%	60% ↓	44%	54% ↓

↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

**Part IX: Supplemental Questions**  
**ACCESS TO TREATMENT AND COUNSELING**

The results for the Supplemental Questions on Access to Treatment and Counseling for MSC and MSHO are shown below.

<b>Minnesota Senior Care (MSC)</b>	<i>Needed treatment or counseling</i>	<i>No problem obtaining treatment or counseling</i>	<i>Rated 9 or 10 on treatment or counseling</i>	<i>Rated Very Good or Excellent emotional or mental health</i>
<b>MSC Average</b>	15%	52%	49%	38%
<b>HealthPartners</b>	15%	47%	37%	41%
<b>Medica</b>	21% ↑	51%	52%	32% ↓
<b>MSC Grouped Plans*</b>	9% ↓	63%	56%	42%
* BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHA, UCare Minnesota				

<b>Minnesota Senior Health Options (MSHO)</b>	<i>Needed treatment or counseling</i>	<i>No problem obtaining treatment or counseling</i>	<i>Rated 9 or 10 on treatment or counseling</i>	<i>Rated Very Good or Excellent emotional or mental health</i>
<b>MSHO Average</b>	8%	65%	67%	43%
<b>BluePlus</b>	7%	66%	62%	46%
<b>HealthPartners</b>	9%	57%	63%	37% ↓
<b>Medica</b>	7%	66%	68%	43%
<b>UCare Minnesota</b>	9%	63%	71%	42%
<b>* MSHO Grouped Plans</b>	7%	76%	70%	44%
* Data from First Plan Blue, IMCare, MHP, PrimeWest, and SCHA are grouped together.				

↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

Part IX: Supplemental Questions  
**FLU SHOTS AND PNEUMONIA VACCINATION**

Enrollees in MSC and MSHO were asked a series of questions to measure how many were receiving flu shots and pneumonia vaccinations. The percentage of respondents who responded most positively is shown. There are three questions in this domain.

Questions in this domain	Response options	Responses reported as positive
<i>Have you had a flu shot since September 2005?</i>	Yes, No	Yes
<i>Did you get the flu shot from your doctor or through your health plan?</i>	Yes, No	Yes
<i>Have you ever received a pneumonia vaccination?</i>	Yes, No	Yes

<b>Minnesota Senior Care (MSC)</b>	<i>Had flu shot</i>	<i>Flu shot from health plan or personal doctor</i>	<i>Had pneumonia vaccination</i>
<b>MSC Average</b>	72%	93%	71%
<b>HealthPartners</b>	70%	91%	70%
<b>Medica</b>	73%	95%	71%
<b>MSC Grouped Plans*</b>	71%	91%	70%
* BluePlus, First Plan Blue, IMCare, MHP, PrimeWest, SCHa, UCare Minnesota			

<b>Minnesota Senior Health Options (MSHO)</b>	<i>Had flu shot</i>	<i>Flu shot from health plan or personal doctor</i>	<i>Had pneumonia vaccination</i>
<b>MSHO Average</b>	78%	94%	78%
<b>BluePlus</b>	78%	94%	78%
<b>HealthPartners</b>	82% ↑	95%	82%
<b>Medica</b>	77%	94%	77%
<b>UCare Minnesota</b>	80%	95%	76%
<b>* MSHO Grouped Plans</b>	74% ↓	93%	78%
* Data from First Plan Blue, IMCare, MHP, PrimeWest, and SCHa are grouped together.			

↓ indicates a score significantly lower than the State average; ↑ indicates a score significantly higher than the State average

## Part IX: Supplemental Questions

### EXPERIENCE WITH CARE COORDINATION

Enrollees in Minnesota Senior Health Options (MSHO) were asked a series of questions to measure experience with the coordination of their care. The percentage of respondents who responded most positively is shown. There are twelve questions in this domain.

Questions in this domain	Response options	Responses reported as positive
<i>In the last six months, did someone help coordinate your health care?</i>	Yes, No	Yes
<i>Who helped: care coordinator assigned by clinic or health plan?</i>	Yes, No	Yes
<i>Who helped: county financial worker?</i>	Yes, No	Yes
<i>Who helped: county case manager?</i>	Yes, No	Yes
<i>Who helped: family member?</i>	Yes, No	Yes
<i>Who helped: friend?</i>	Yes, No	Yes
<i>Who helped: nurse practitioner?</i>	Yes, No	Yes
<i>Who helped: doctor?</i>	Yes, No	Yes
<i>Who helped: clinic nurse?</i>	Yes, No	Yes
<i>Who helped: home health worker?</i>	Yes, No	Yes
<i>Who helped: some other person?</i>	Yes, No	Yes
<i>How satisfied were you with the care coordination?</i>	Very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied	Very satisfied

Part IX: Supplemental Questions  
EXPERIENCE WITH CARE COORDINATION

<b>Minnesota Senior Health Options (MSHO)</b>	<i>Have help coordinating care</i>	<i>From care coordinator</i>	<i>From county financial worker</i>	<i>From county case manager</i>	<i>From family member</i>	<i>From friend</i>	<i>From nurse practitioner</i>	<i>From doctor</i>	<i>From clinic nurse</i>	<i>From home health worker</i>	<i>From some other person</i>	<i>How satisfied with care coordination</i>
<b>MSHO Average</b>	50%	31%	11%	17%	53%	6%	10%	16%	12%	25%	11%	57%
<b>BluePlus</b>	47%	19%↓	17%↑	22%↑	56%	8%	11%	18%	14%	34%↑	9%	56%
<b>HealthPartners</b>	62%↑	45%↑	5%↓	5%↓	54%	6%	9%	11%↓	10%	15%↓	8%	58%
<b>Medica</b>	47%	33%	11%	18%	52%	8%	12%	15%	13%	30%	11%	58%
<b>UCare Minnesota</b>	53%	32%	13%	20%	46%↓	3%↓	6%	17%	12%	21%	13%	56%
<b>* MSHO Grouped Plans</b>	41%↓	23%↓	11%	20%	59%	5%	10%	20%	10%	28%	13%	57%
* Data from First Plan Blue, IMCare, MHP, PrimeWest, and SCHA are grouped together.												

↓ indicates a score significantly lower than the State average; ↑ indicates a score significantly higher than the State average



## Part IX: Supplemental Questions

### PROBLEMS WITH PAIN, LONELINESS, DEPENDENCE AND HEALTH CONCERNS

Enrollees in Minnesota Senior Health Options (MSHO) were asked a series of questions to measure health problems experienced in their lives. The percentage of respondents who responded most positively is shown. There are five questions in this domain.

Questions in this domain	Response options	Responses reported as positive
<i>How would you rate your overall health now 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 your daily life, how much of a problem is pain?</i>	<i>Not a problem, slight problem, moderate problem, significant problem, overwhelming problem</i>	<i>Not a problem and slight problem</i>
<i>In your daily life, how much of a problem is loneliness?</i>	<i>Not a problem, slight problem, moderate problem, significant problem, overwhelming problem</i>	<i>Not a problem and slight problem</i>
<i>In your daily life, how much of a problem is dependence on others?</i>	<i>Not a problem, slight problem, moderate problem, significant problem, overwhelming problem</i>	<i>Not a problem and slight problem</i>
<i>In your daily life, how much of a problem are your health concerns?</i>	<i>Not a problem, slight problem, moderate problem, significant problem, overwhelming problem</i>	<i>Not a problem and slight problem</i>

<b>Minnesota Senior Health Options (MSHO)</b>	<i>Health better compared to one year ago</i>	<i>No or Slight Problem with pain</i>	<i>No or Slight Problem with loneliness</i>	<i>No or Slight Problem with dependence</i>	<i>No or Slight Problem with health concerns</i>
<b>MSHO Average</b>	26%	52%	77%	68%	60%
<b>BluePlus</b>	25%	52%	80%	70%	62%
<b>HealthPartners</b>	28%	48%	71% ↓	63% ↓	53% ↓
<b>Medica</b>	29%	54%	79%	70%	60%
<b>UCare Minnesota</b>	25%	51%	76%	68%	59%
<b>* MSHO Grouped Plans</b>	24%	53%	80%	70%	62%
* Data from First Plan Blue, IMCare, MHP, PrimeWest, and SCHS are grouped together.					

↓ indicates a score significantly lower than the State average; ↑ indicates a score significantly higher than the State average

## APPENDIX A: TECHNICAL NOTES

### Overview of Programs

**Prepaid Medical Assistance Plan (PMAP)** is 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. Prepaid Medical Assistance Plan provides health care services for people with low income who are blind, disabled, children in families with low incomes, and children who are needy.

**MinnesotaCare** is a state healthcare program for uninsured Minnesota residents who meet certain income and other eligibility requirements. MinnesotaCare offers a benefit package of services through prepaid managed care health plans. All enrollees in MinnesotaCare pay a premium 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)** is a state run managed care program for Medical Assistance enrollees age 65 and over. On June 1, 2005, all PMAP seniors were moved to the Minnesota Senior Care program under the authority of a 1915 (b) waiver allowing the purchase of health care services from managed care organizations on a prepaid capitated basis. This waiver option allows mandatory enrollment of seniors in managed care, including those dually eligible for both Medicare and Medicaid.

**Minnesota Senior Health Options (MSHO)** is a demonstration project integrating care for low income senior citizens eligible for both Medicare and Medicaid. This model is designed to simplify and coordinate acute day-to-day and long-term care for seniors in a single, seamless system of care.

## APPENDIX A: TECHNICAL NOTES

### Composites and Related Questions

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

***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*

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

1. *Got the advice or help they needed when calling the clinic*
2. *Got treated as soon as they wanted when sick or injured*
3. *Got an appointment as soon as they wanted for regular or routine care*
4. *Waited only 15 minutes or less past their appointment time*

***Courtesy, respect and helpfulness of the office staff.*** The survey asked people to report how often the office staff at the clinic were:

1. *Courteous and respectful*
2. *As helpful as they should be*

***Health plan customer service.*** The survey asked people to report how much of a problem it was to:

1. *Get needed help when calling the health plan customer service*
2. *Find needed information in their health plan's written materials*
3. *Complete health plan paperwork*

***Getting care that is needed.*** The survey asked people to report how much of a problem it was to:

1. *Get a personal doctor or nurse they are happy with*
2. *Get specialist referrals*
3. *Get necessary care*
4. *Get health plan approval without delay*

## 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 size of the sample available for statistical analysis. Because sample sizes varied among the plans, equivalent differences could have varying statistical significance.

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.** The data have been adjusted for differences in enrollees' age and self-reported health status. However, the data have not been adjusted for enrollee variations that were not measured, such as income, employment status, specific health conditions, 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 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).

**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 Prepaid Medical Assistance Program (PMAP) 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 specifications from NCQA. Summary rates represent the percentage of respondents who choose the most positive response option (“always”, “not a problem”, or a “9” or a “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.** CAHPS 3.0 protocol requires that a survey may be included in the results only if the respondent answers “yes” to question 1 (“Our records show that you are now in (plan name). Is that right?” ). The respondent must also answer at least 80% of the other survey questions. If the respondent does answer at least 80%, then that survey may be included, even if answers for some questions are missing. Missing answers are not included in the results for that question.

## 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		PMAP	MinnesotaCare	Minnesota Senior Care (MSC)	Minnesota Senior Health Options (MSHO)
<b>Gender</b>	<i>Male</i>	16%	36%	34%	25%
	<i>Female</i>	84%	64%	66%	75%
<b>Education Level</b>	<i>HS or less</i>	54%	45%	69%	81%
	<i>Some college</i>	41%	41%	15%	13%
	<i>College graduate</i>	5%	14%	16%	6%
<b>Self-Reported Health Status</b>	<i>Excellent/Very Good</i>	48%	52%	22%	23%
	<i>Good</i>	35%	34%	35%	38%
	<i>Fair / Poor</i>	17%	15%	44%	40%
<b>Hispanic or Latino</b>	<i>Yes</i>	6%	3%	3%	3%
	<i>No</i>	94%	97%	97%	97%
<b>Race</b>	<i>White</i>	76%	88%	72%	79%
	<i>Black/African American</i>	12%	4%	9%	5%
	<i>Asian</i>	6%	4%	13%	13%
	<i>Pacific Islander</i>	0%	0%	0%	0%
	<i>American Indian</i>	4%	2%	2%	2%
	<i>Other</i>	5%	3%	4%	2%