

**MINNESOTA DEPARTMENT OF HUMAN SERVICES  
2008 4.0 CAHPS<sup>®</sup> SURVEY**

**2008 Managed Care Public Programs Consumer Satisfaction Survey Results  
Project Evaluation Report**

**DataStat, Inc.  
August 2008**

## **1.0 Introduction**

This report summarizes the sample preparation, field work, and results of the 2008 CAHPS® 4.0 survey conducted for the Minnesota Department of Human Services, offers comments on this year's project and makes suggestions for the 2009 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 2008, 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 2007. 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 2008 survey used was an adaptation of the CAHPS® 4.0H Adult Medicaid questionnaire. Two versions were created this year: one for PMAP and MinnesotaCare, with 67 items, including 24 supplemental questions; and the other for Minnesota Senior Care and MSHO, with 70 items, including 30 supplemental questions. 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 two 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:	January 25, 2008
First mail packet:	February 1, 2008
Reminder letter:	February 11, 2008
Second mail packet:	February 29, 2008
Phone follow-up:	March 19, 2008
Field end:	April 7, 2008

**Results.** With the transition to the 4.0 version of the CAHPS® survey, guidelines for determining complete surveys were also updated to reflect those used by NCQA. Under the new 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. Essentially, the new guidelines now include partially completed questionnaires and interviews that would have been eliminated under the former guidelines. In 2008, complete questionnaires were obtained from a total of 8549 enrollees; the overall response rate was 47.3%. See Appendix A for response rates by program and plan subgroup.

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

**Sample frame.** The sample frame was once again 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 2007, yielded good results. The target goal was at least 300 completes in each of the subgroups for analysis, for a total of 6,600 completes (33%). The overall 2008 response rate and number of completes surpassed the target. Response rates for each of the four programs ranged from 33% to 63%. The target number of completes was easily met for all MinnesotaCare and MSHO subgroups and for most, but not all, of the PMAP and MSC subgroups. 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 have nonetheless increased each year of the past three years, along with all other subgroups.

Performance patterns this year were similar to years past: higher proportions of undeliverables and non-responders among PMAP 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 2009 is oversampling in those groups alone, rather than increasing 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. For MSC and MSHO plans, where response rates are already strong and non-responders were more likely to be ineligible than enrollees who did not respond, oversampling is likely the best option to increase completes. This is the case for PMAP and MinnesotaCare plans as well: although fewer non-responders were ineligible in these plans, it is unlikely that extending the field period (with a third mailing or more calls) will pull in more completes. A review of this year’s contact and call records shows that these enrollees simply did not respond after 4 mailings and 6-9 phone calls over the course of 10 weeks. Hence, oversampling for these groups would be the more reliable route to take.

Questionnaires. Use of two versions this year worked well. The one change we would encourage for 2009 is to put the standard health status question back into the Minnesota Senior Care/MSHO instrument. DHS may also wish to consider returning the CAHPS® internet questions to this instrument as well.

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 13,020 cases that went into the phone follow-up, 140 of them (1.1%) were Spanish-speakers, and 59 of those completed interviews.

About 5.1% of cases (1008 out of 19,800) 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 9.8% 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 on 2009. 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. Data from this year’s project could be submitted to NCBD, because the project was based on the 4.0 version of the instrument. Nine datasets—one per health plan—were submitted to NCBD on behalf of Minnesota DHS in June. A CD of these datasets was sent to DHS in July, 2008.

Summary report. The format of the Summary Report remained the same as last year, with updates to content to accommodate the transition from the 3.0 CAHPS® questionnaire to the 4.0 version. 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, the report has increased in length. If more questions are added next year, the report could merit review with an aim to streamline the format and presentation.

## **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 2007, a combined result of robust sample sizes, the modification in completeness criteria, and higher response rates. To overcome remaining shortfalls in completes, sample sizes for selected subgroups can be increased in 2009. With these minor adjustments to the project, we’re looking forward to another smooth ride for the 2009 administration of the CAHPS® survey.

**Appendix A: Selected sample and final disposition, by program and reporting unit**  
**Minnesota Department of Human Services**  
**2008 CAHPS Survey**

August 2008

<i>Program</i>	<i>Reporting Unit</i>	<i>Response Rate</i>	<i>Total Selected</i>	<i>Total Usables</i>	<i>Mail Usables</i>	<i>Phone Usables</i>	<i>Ineligible: Population Criteria</i>	<i>Ineligible: Language</i>	<i>Ineligible: Deceased/Unable to complete questionnaire</i>	<i>Refusal/Blank</i>	<i>Bad Address and Phone</i>	<i>NonResponse</i>
PMAP	<b>Total</b>	<b>33.2%</b>	<b>7200</b>	<b>2280</b>	<b>1292</b>	<b>988</b>	<b>165</b>	<b>163</b>	<b>12</b>	<b>135</b>	<b>332</b>	<b>4113</b>
	BluePlus (strata=01)	33.6%	900	291	162	129	20	12	3	17	31	526
	FirstPlan & IMCare (strata=02)	39.1%	900	342	188	154	22	2	2	23	29	480
	HealthPartners (strata=03)	25.9%	900	220	110	110	17	33	1	8	56	565
	Medica (strata=04)	29.9%	900	253	149	104	22	31	0	19	48	527
	Metro HP (strata=05)	22.4%	900	191	98	93	19	28	0	15	85	562
	PrimeWest (strata=06)	40.6%	900	355	205	150	24	2	0	26	9	484
	SCHA (strata=07)	40.0%	900	350	211	139	18	3	4	15	23	487
	Ucare (strata=08)	33.8%	900	278	169	109	23	52	2	12	51	482
MinnesotaCare	<b>Total</b>	<b>52.9%</b>	<b>5400</b>	<b>2737</b>	<b>1925</b>	<b>812</b>	<b>148</b>	<b>59</b>	<b>23</b>	<b>180</b>	<b>42</b>	<b>2211</b>
	BluePlus (strata=09)	56.2%	900	486	362	124	26	1	8	33	1	345
	FirstPlan (strata=10)	58.4%	900	512	370	142	17	0	6	34	3	328
	HealthPartners (strata=11)	41.5%	900	352	229	123	25	27	0	31	13	452
	IMCare & Metro HP (strata=12)	53.4%	900	460	305	155	27	8	3	32	9	361
	Medica (strata=13)	50.8%	900	433	283	150	31	15	2	37	6	376
	Ucare (strata=14)	57.0%	900	494	376	118	22	8	4	13	10	349
Senior Care	<b>Total</b>	<b>48.6%</b>	<b>2700</b>	<b>1014</b>	<b>791</b>	<b>223</b>	<b>33</b>	<b>456</b>	<b>125</b>	<b>95</b>	<b>90</b>	<b>887</b>
	HealthPartners (strata=15)	41.2%	900	276	213	63	9	182	39	29	40	325
	Medica (strata=16)	54.8%	900	356	298	58	10	204	36	35	26	233
	Seven MCOs (strata=17)	49.9%	900	382	280	102	14	70	50	31	24	329
MSHO	<b>Total</b>	<b>63.8%</b>	<b>4500</b>	<b>2518</b>	<b>2104</b>	<b>414</b>	<b>18</b>	<b>330</b>	<b>206</b>	<b>145</b>	<b>89</b>	<b>1194</b>
	BluePlus (strata=18)	65.6%	900	536	436	100	8	24	51	36	14	231
	HealthPartners (strata=19)	60.1%	900	435	364	71	5	137	34	19	22	248
	Medica (strata=20)	61.4%	900	485	395	90	1	69	40	30	22	253
	Ucare (strata=21)	61.6%	900	481	413	68	1	85	33	21	20	259
	Five MCOs (strata=22)	69.7%	900	581	496	85	3	15	48	39	11	203
<b>TOTAL</b>		<b>47.3%</b>	<b>19800</b>	<b>8549</b>	<b>6112</b>	<b>2437</b>	<b>364</b>	<b>1008</b>	<b>366</b>	<b>555</b>	<b>553</b>	<b>8405</b>

**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 to complete questionnaire: 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)

Incomplete: Member provided some responses but not enough to meet completeness criteria (M31+T31)

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



**2008**  
**MANAGED CARE PUBLIC PROGRAMS**  
**CONSUMER SATISFACTION**  
**SURVEY RESULTS**

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**Prepaid Medical Assistance Program**  
**MinnesotaCare**  
**Minnesota Senior Care / Minnesota Senior Care Plus**  
**Minnesota Senior Health Options**

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**July 2008**

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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 651-431-2616.  
TTY users can call through Minnesota Relay at 800-627-3529.  
For the Speech-to-Speech Relay, call 877-627-3848.

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July 2008



## **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 2008 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.

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

## PART I: KEY FINDINGS

### Prepaid Medical Assistance Program Findings

#### Ratings

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

- PrimeWest Health for *Rating of personal doctor*

#### Composites

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

- Metropolitan Health Plan for *Customer Service*

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

- BluePlus for *Getting Care Quickly*
- HealthPartners for *Customer Service*
- PrimeWest Health for *Getting Care Quickly*
- South Country Health Alliance for *Getting Needed Care* and *Customer Service*

### MinnesotaCare Findings

#### Ratings

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

- HealthPartners for *Rating of personal doctor*
- Itasca Medical Care / Metropolitan Health Plan for *Rating of all health care* and *Rating of health plan*

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

- BluePlus for *Rating of health plan*

#### Composites

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

- HealthPartners for *Getting Needed Care*, *Getting Care Quickly* and *How Well Doctors Communicate*
- Itasca Medical Care / Metropolitan Health Plan for *Customer Service*

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

- BluePlus for *Getting Needed Care*
- FirstPlan Blue for *Getting Needed Care*

## PART I: KEY FINDINGS

### Minnesota Senior Care / Minnesota Senior Care Plus Findings

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

### 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:**

- FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA for *Rating of specialist seen most often*

#### Composites

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

- HealthPartners for *Getting Needed Care, Getting Care Quickly and How Well Doctors Communicate*

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

- FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA for *Getting Needed Care, Getting Care Quickly and Customer Service*

## **PART II: ABOUT THE 2008 SURVEY**

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

The 2008 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 four core publicly funded managed care population groups:

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

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 January 2008 through April 2008. 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 2008 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 four core population groups: Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care / Minnesota Senior Care Plus (MSC/MSC+), and Minnesota Senior Health Options (MSHO).
- Health Plan Specific: comparisons of the managed care health plans participating in PMAP, MinnesotaCare, MSC/ MSC+ and MSHO.
- Aggregate Level: analysis was conducted for PMAP, MinnesotaCare, MSC/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 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 type 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 2008 SURVEY – SUMMARY OF SAMPLING QUANTITIES AND RESPONSE RATES

Population	Quantity mailed	Eligible for analysis	Response rate	Cases for analysis
<b>PMAP</b>				
BluePlus	900	865	34%	291
FirstPlan Blue / Itasca Medical Care	900	874	39%	342
HealthPartners	900	849	26%	220
Medica	900	847	30%	253
Metropolitan Health Plan	900	853	22%	191
PrimeWest Health	900	874	41%	355
South Country Health Alliance	900	875	40%	350
UCare	900	823	34%	278
<b>MinnesotaCare</b>				
BluePlus	900	865	56%	486
FirstPlan Blue	900	877	58%	512
HealthPartners	900	848	42%	352
Itasca Medical Care / Metropolitan Health Plan	900	862	53%	460
Medica	900	852	51%	433
UCare	900	866	57%	494
<b>Minnesota Senior Care / Minnesota Senior Care Plus</b>				
HealthPartners	900	670	41%	276
Medica	900	650	55%	356
BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCH / UCare	900	766	50%	382
<b>Minnesota Senior Health Options</b>				
BluePlus	900	817	66%	536
HealthPartners	900	724	60%	435
Medica	900	790	61%	485
UCare	900	781	62%	481
FirstPlan Blue / IMCare / MHP / PrimeWest / SCH	900	834	70%	581

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

In order to achieve this goal, a total of 900 enrollees were sampled within each plan or plan group 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. Some were no longer enrolled or deceased; others had language problems or physical or mental incapacities 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 8,549 enrollees. The overall study response rate was 47.3%.

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)
- 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 (SCH)
- UCare (UCare)

## **PART III: PROGRAM COMPARISONS**

### **Introduction**

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

- Prepaid Medical Assistance Program
- MinnesotaCare
- Minnesota Senior Care / Minnesota Senior Care Plus
- Minnesota Senior Health Options

The survey results were adjusted for age for all four programs, and for health status for PMAP and MinnesotaCare, 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. The health status question used in this adjustment was not asked of enrollees in MSC/MS+ or MSHO. 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>
PMAP	50%	68%	59%	55%
MinnesotaCare	52%	66%	63%	50%
MSC/MSC+	56%	75%	66%	64%
MSHO	63%	76%	73%	72%

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

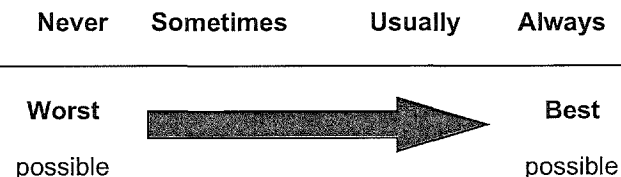
The survey had a series of questions that asked people to rate how often:

- 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



<b>Program</b>	<b><i>Getting Needed Care</i></b>	<b><i>Getting Care Quickly</i></b>	<b><i>How Well Doctors Communicate</i></b>	<b><i>Customer Service</i></b>
<b>PMAP</b>	53%	56%	76%	56%
<b>MinnesotaCare</b>	56%	58%	78%	57%
<b>MSC/MSC+</b>	55%	58%	78%	59%
<b>MSHO</b>	60%	67%	75%	68%

## PART IV: PLAN-SPECIFIC COMPARISONS PREPAID MEDICAL ASSISTANCE PROGRAM

### Introduction

This section of the report shows plan-specific comparisons of the managed care health plans participating in Prepaid Medical Assistance Program. 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 Prepaid Medical Assistance Program 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.

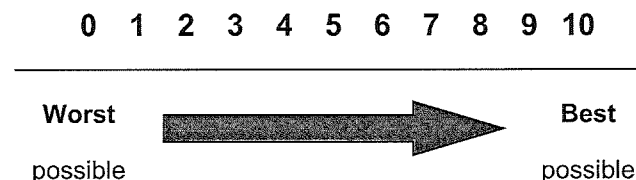
## PART IV: PLAN-SPECIFIC COMPARISONS

### PREPAID MEDICAL ASSISTANCE PROGRAM

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 PMAP is shown as the PMAP Average.

#### Ratings Scale

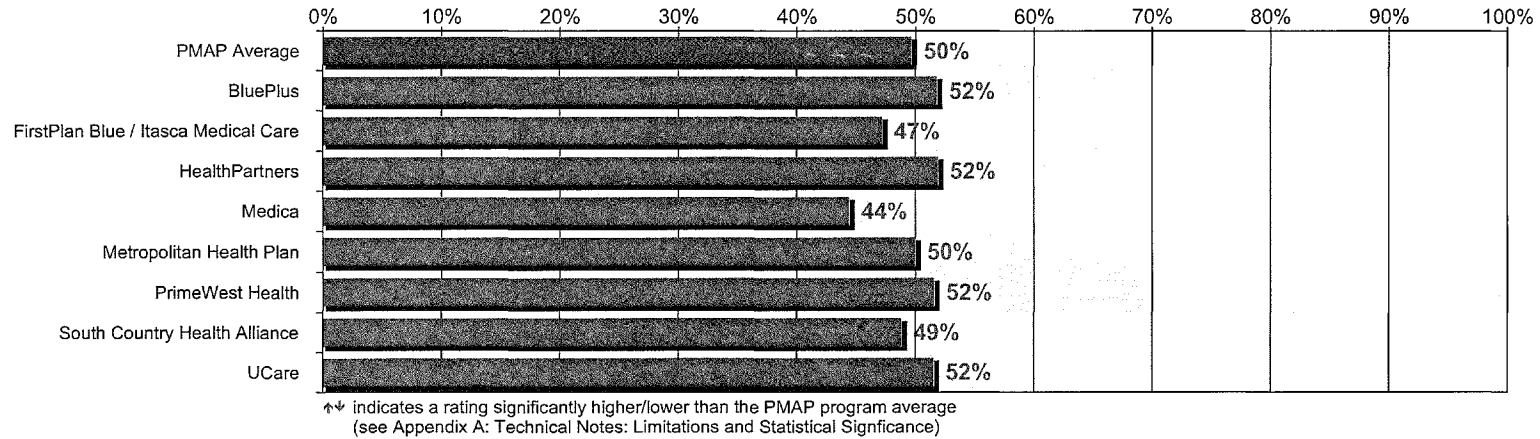


PMAP	Rating of all health care	Rating of personal doctor	Rating of specialist seen most often	Rating of health plan
PMAP Average	50%	68%	59%	55%
BluePlus	52%	63%	58%	57%
FirstPlan Blue / Itasca Medical Care	47%	64%	60%	55%
HealthPartners	52%	74%	65%	59%
Medica	44%	64%	49%	53%
Metropolitan Health Plan	50%	67%	62%	53%
PrimeWest Health	52%	74% ↑	54%	52%
South Country Health Alliance	49%	69%	66%	58%
UCare	52%	69%	59%	55%

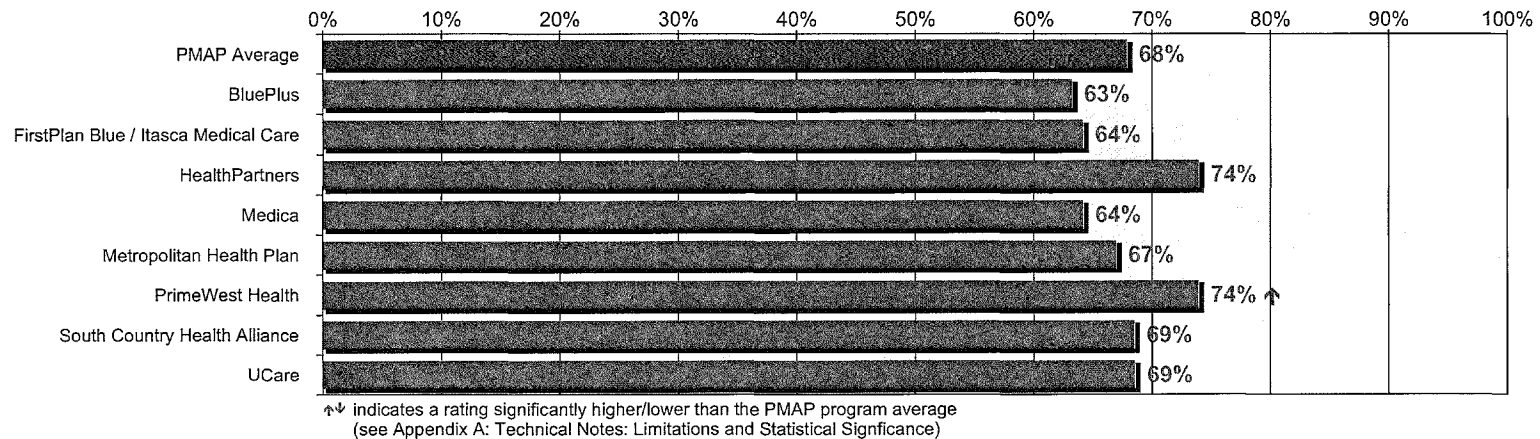
↑↓ indicates a rating significantly higher/lower than the PMAP program average (see Appendix A: Technical Notes: Limitations and Statistical Significance)

## PART IV: PLAN-SPECIFIC COMPARISONS PREPAID MEDICAL ASSISTANCE PROGRAM

### Rating of all health care

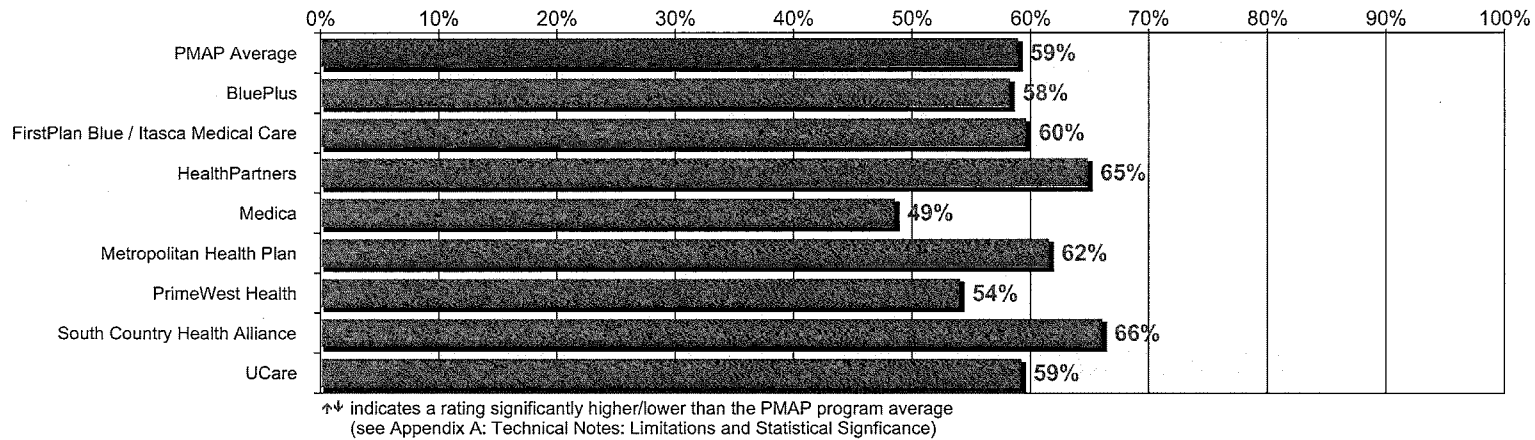


### Rating of personal doctor

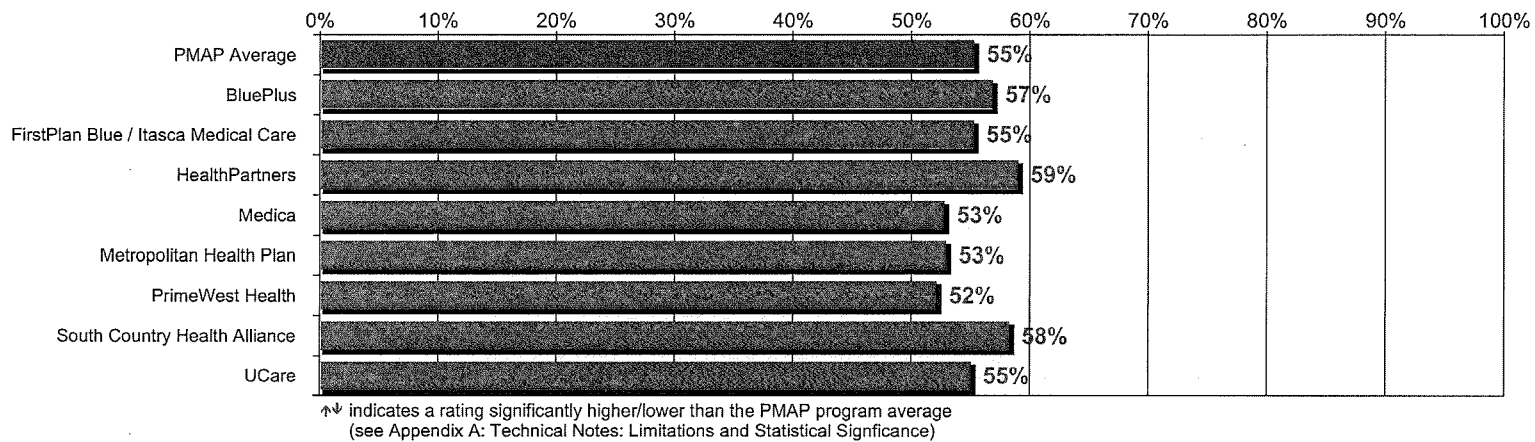


## PART IV: PLAN-SPECIFIC COMPARISONS PREPAID MEDICAL ASSISTANCE PROGRAM

### Rating of specialist seen most often



### Rating of health plan



## PART IV: PLAN-SPECIFIC COMPARISONS

### PREPAID MEDICAL ASSISTANCE PROGRAM

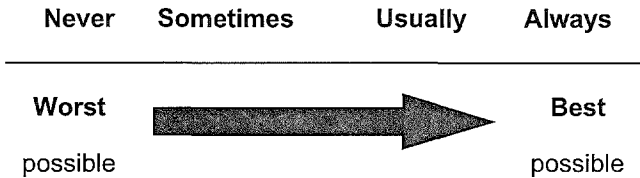
The survey had a series of questions that asked people to rate how often:

- 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



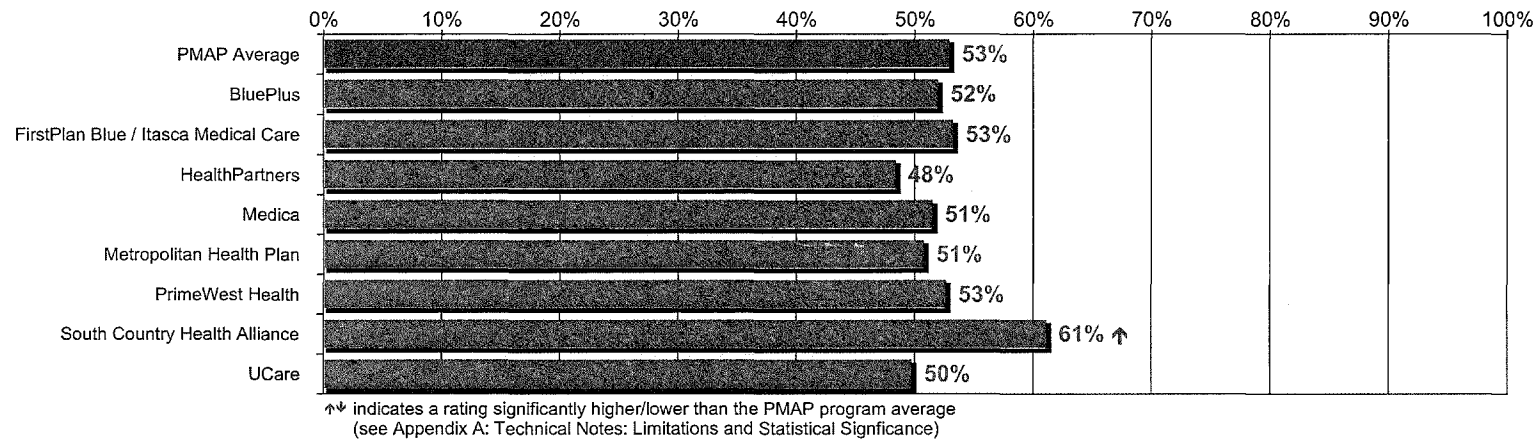
PMAP	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
PMAP Average	53%	56%	76%	56%
BluePlus	52%	60% ↑	76%	58%
FirstPlan Blue / Itasca Medical Care	53%	54%	74%	59%
HealthPartners	48%	53%	80%	67% ↑
Medica	51%	51%	77%	55%
Metropolitan Health Plan	51%	52%	76%	42% ↓
PrimeWest Health	53%	62% ↑	77%	48%
South Country Health Alliance	61% ↑	55%	79%	68% ↑
UCare	50%	54%	71%	47%

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

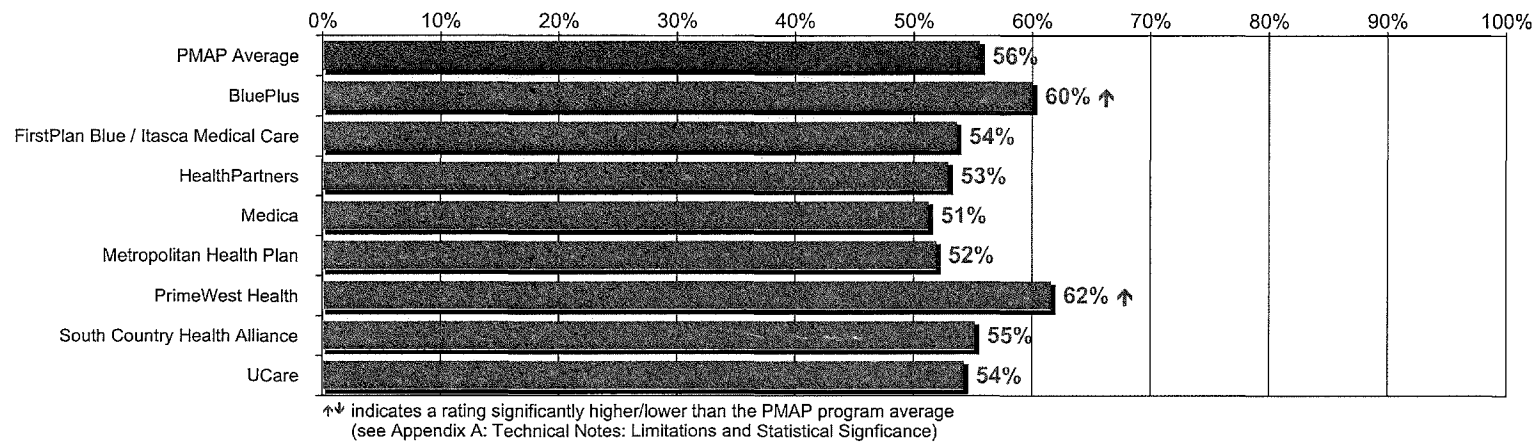
## PART IV: PLAN-SPECIFIC COMPARISONS

### PREPAID MEDICAL ASSISTANCE PROGRAM

#### Getting Needed Care



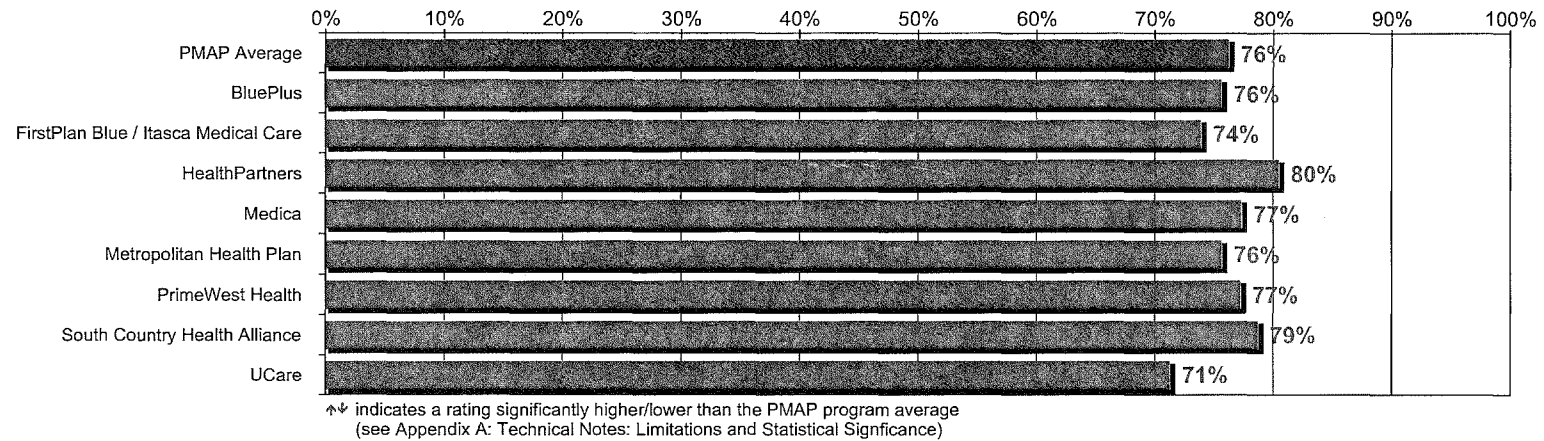
#### Getting Care Quickly



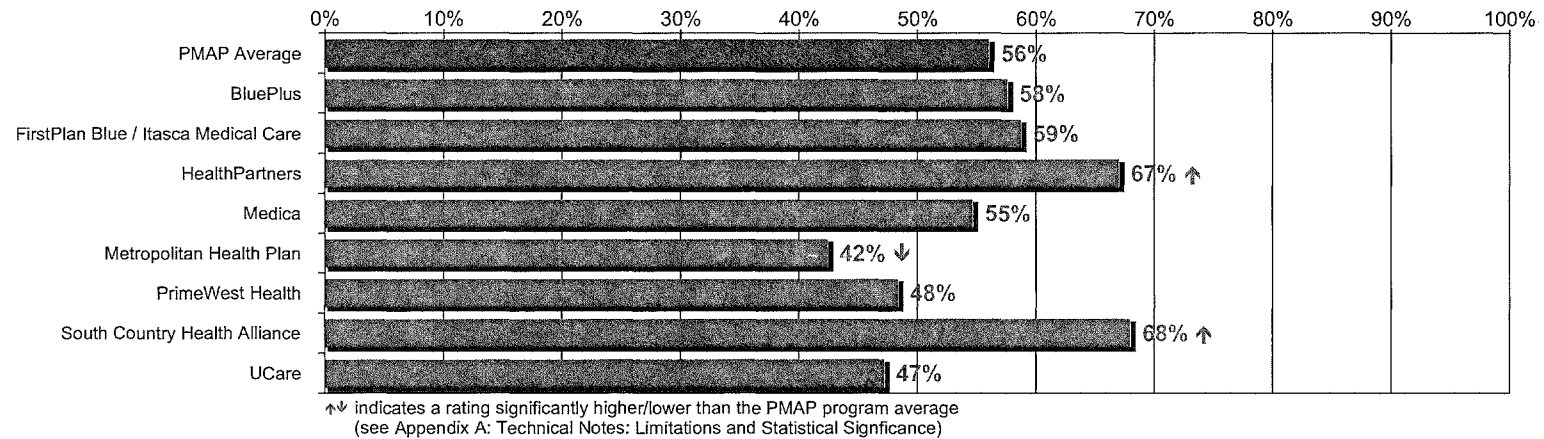


## PART IV: PLAN-SPECIFIC COMPARISONS PREPAID MEDICAL ASSISTANCE PROGRAM

### 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.

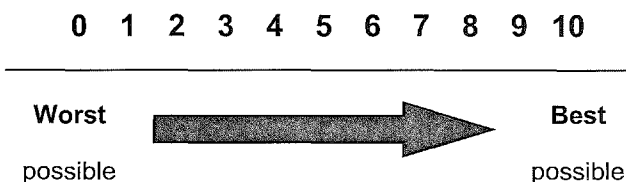
## PART V: PLAN-SPECIFIC COMPARISONS

### MINNESOTA 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 MinnesotaCare is shown as the MinnesotaCare Average.

#### Ratings Scale



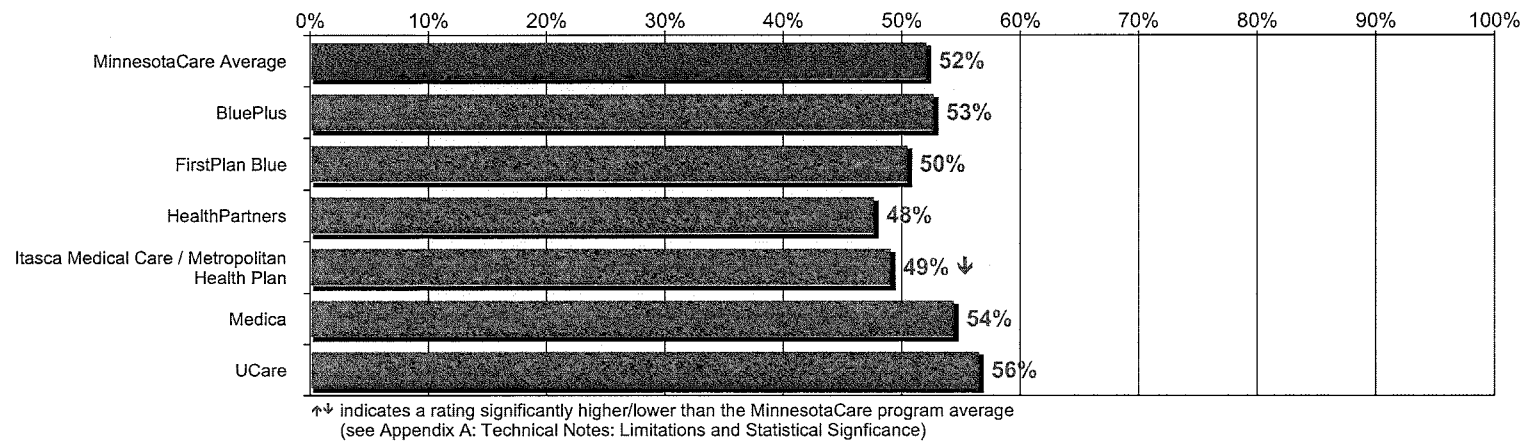
MinnesotaCare	Rating of all health care	Rating of personal doctor	Rating of specialist seen most often	Rating of health plan
MinnesotaCare Average	52%	66%	63%	50%
BluePlus	53%	65%	68%	53% ↑
FirstPlan Blue	50%	66%	62%	53%
HealthPartners	48%	60% ↓	55%	46%
Itasca Medical Care / Metropolitan Health Plan	49% ↓	66%	66%	46% ↓
Medica	54%	70%	63%	52%
UCare	56%	68%	63%	49%

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

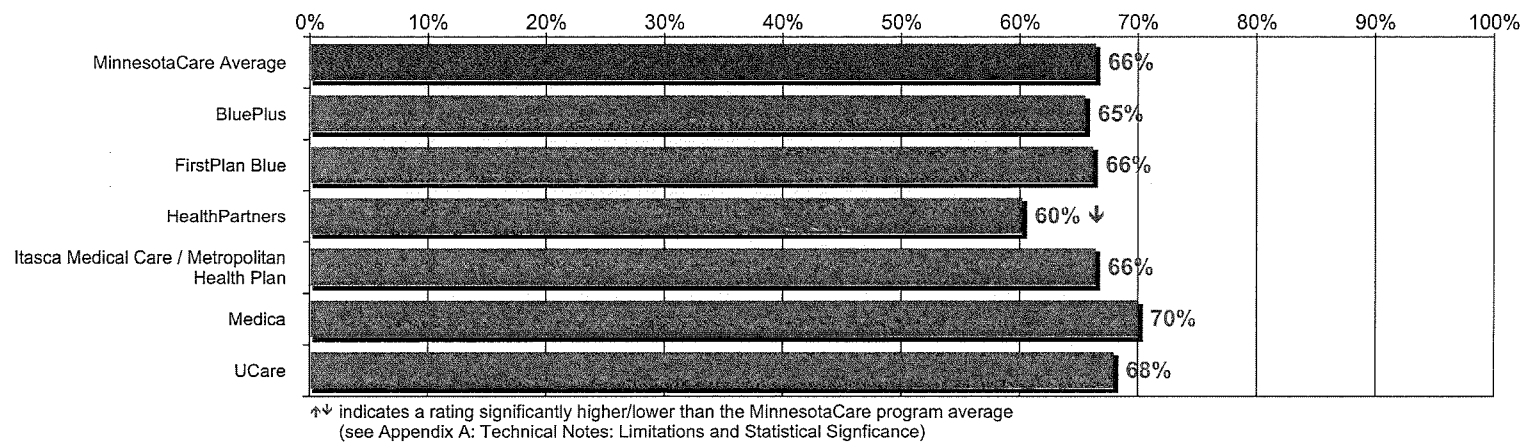
## PART V: PLAN-SPECIFIC COMPARISONS

### MINNESOTACARE

#### Rating of all health care



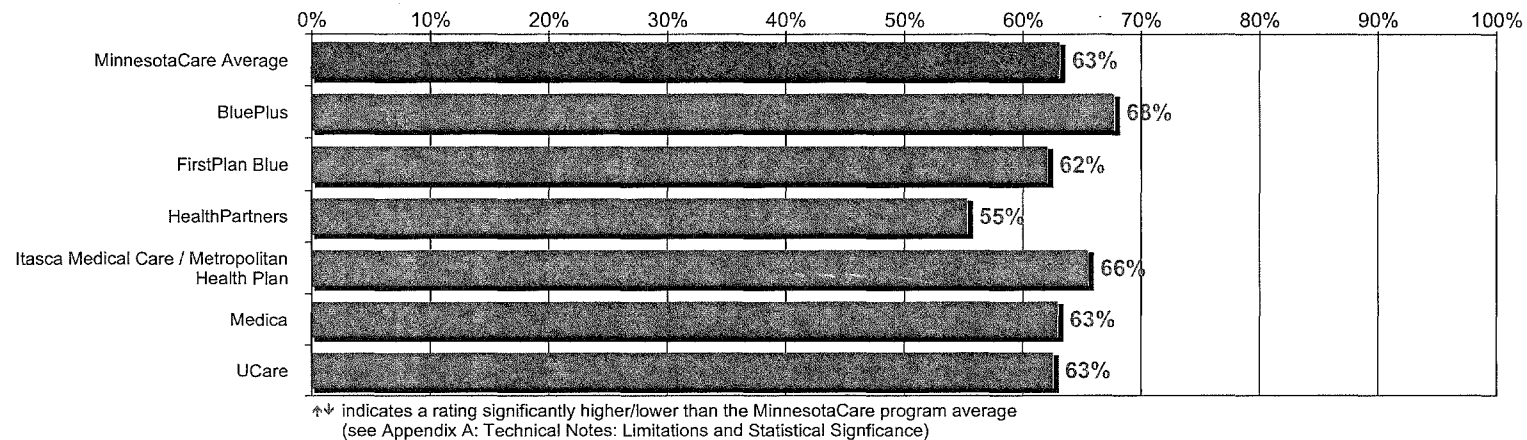
#### Rating of personal doctor



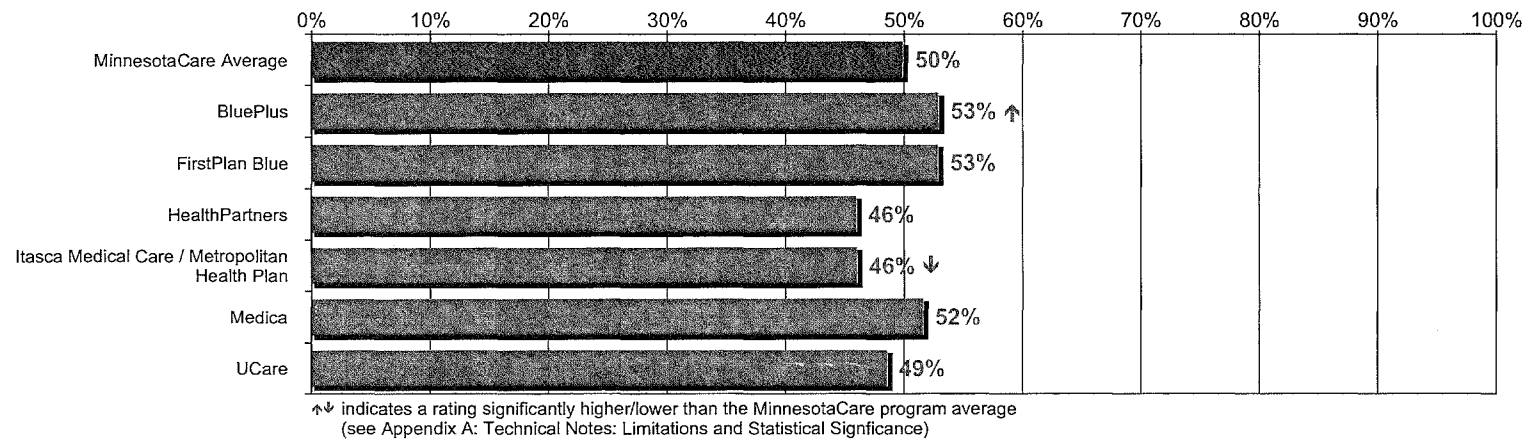
## PART V: PLAN-SPECIFIC COMPARISONS

### MINNESOTACARE

#### Rating of specialist seen most often



#### Rating of health plan



## PART V: PLAN-SPECIFIC COMPARISONS

### MINNESOTACARE

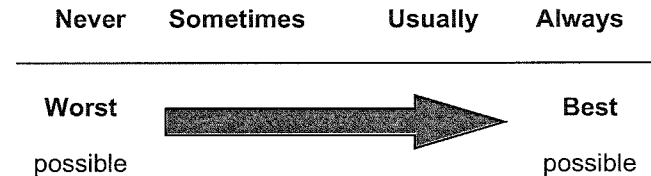
The survey had a series of questions that asked people to rate how often:

- 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



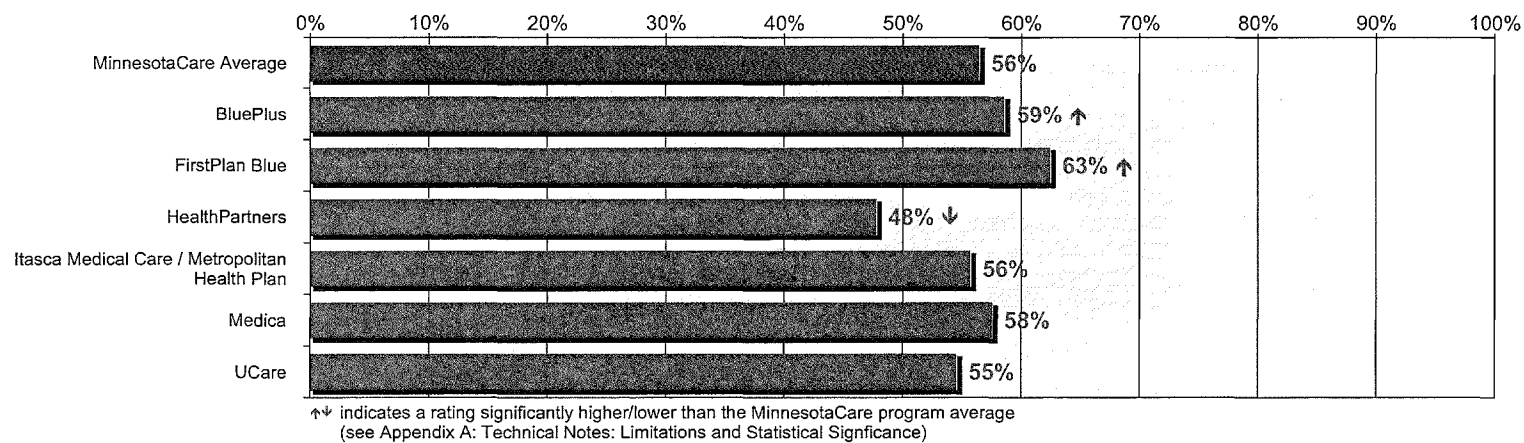
MinnesotaCare	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
MinnesotaCare Average	56%	58%	78%	57%
BluePlus	59% ↑	58%	81%	60%
FirstPlan Blue	63% ↑	61%	81%	65%
HealthPartners	48% ↓	50% ↓	73% ↓	53%
Itasca Medical Care / Metropolitan Health Plan	56%	55%	77%	47% ↓
Medica	58%	60%	81%	64%
UCare	55%	60%	76%	53%

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

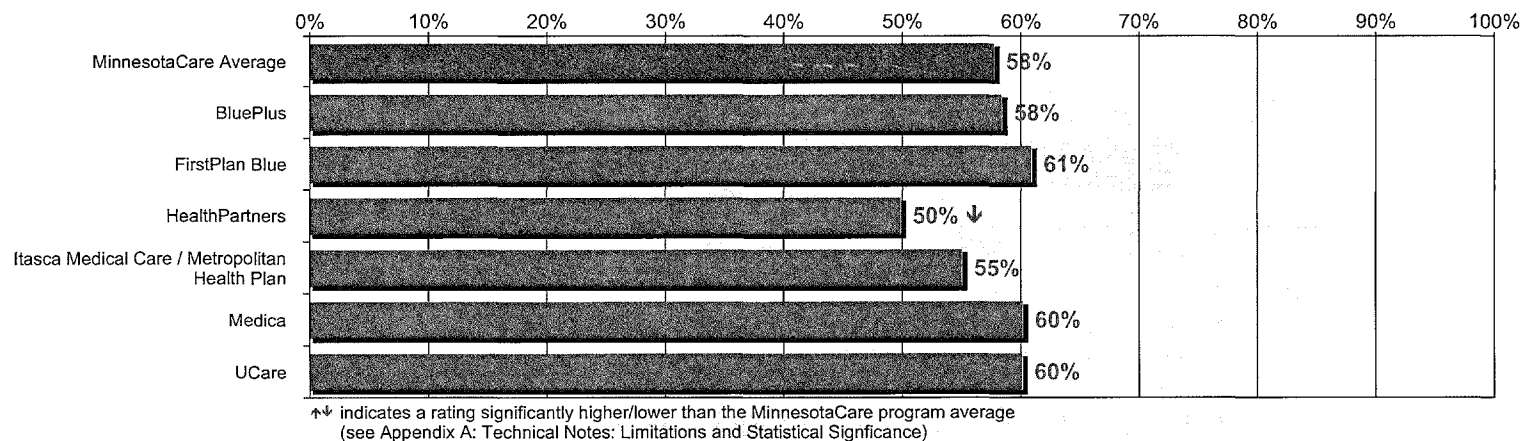
## PART V: PLAN-SPECIFIC COMPARISONS

### MINNESOTACARE

#### Getting Needed Care



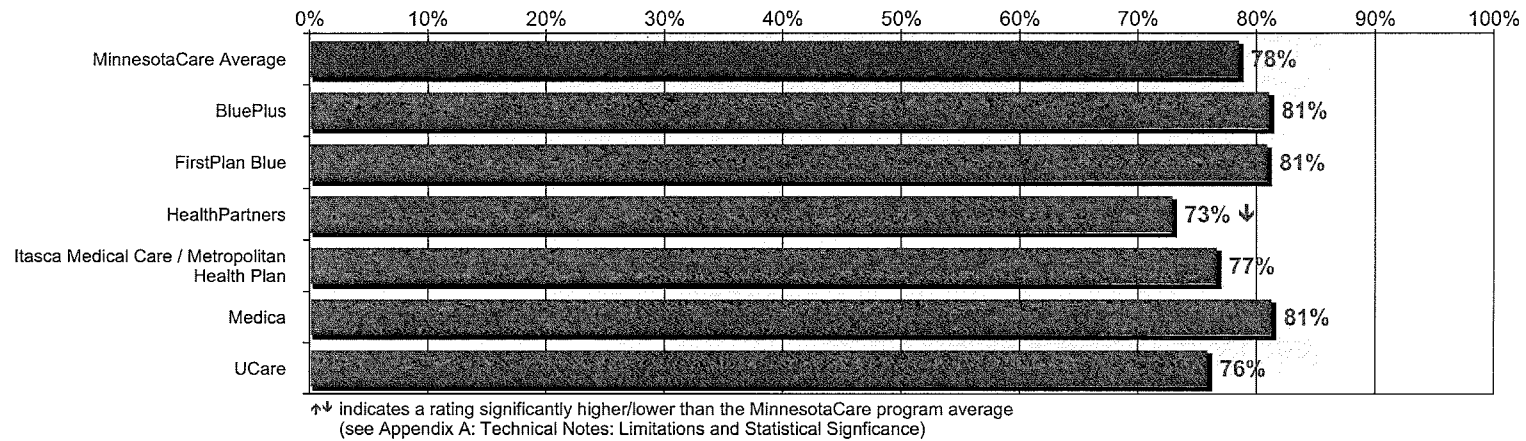
#### Getting Care Quickly



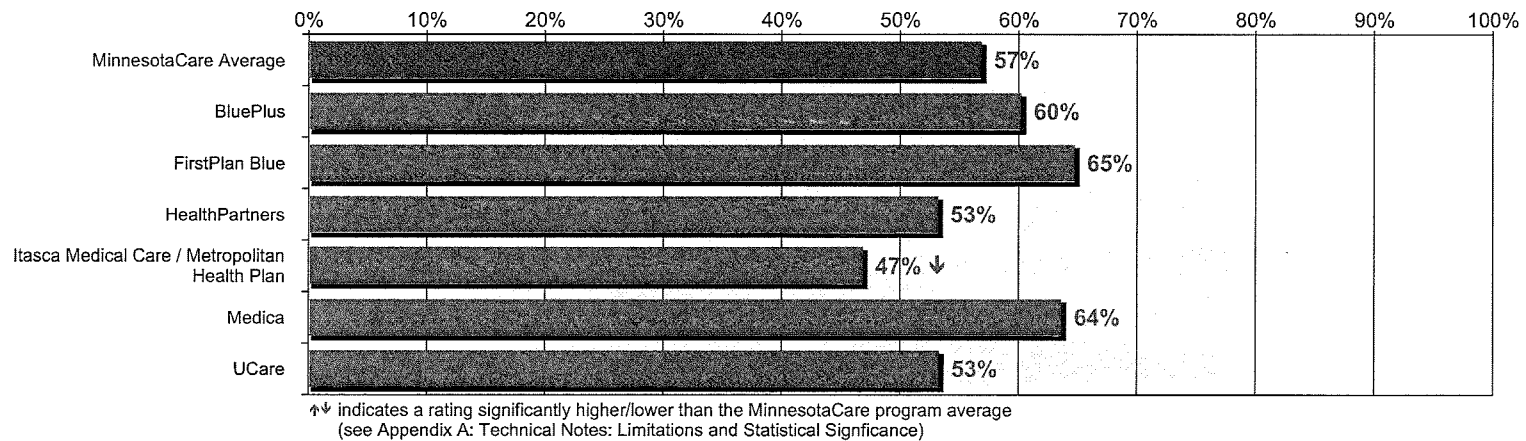
## PART V: PLAN-SPECIFIC COMPARISONS

### 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 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.

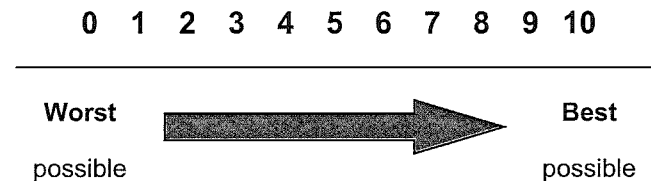
## PART VI: PLAN-SPECIFIC COMPARISONS

### 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/MSC+ is shown as the MSC/MSC+ Average.

#### Ratings Scale



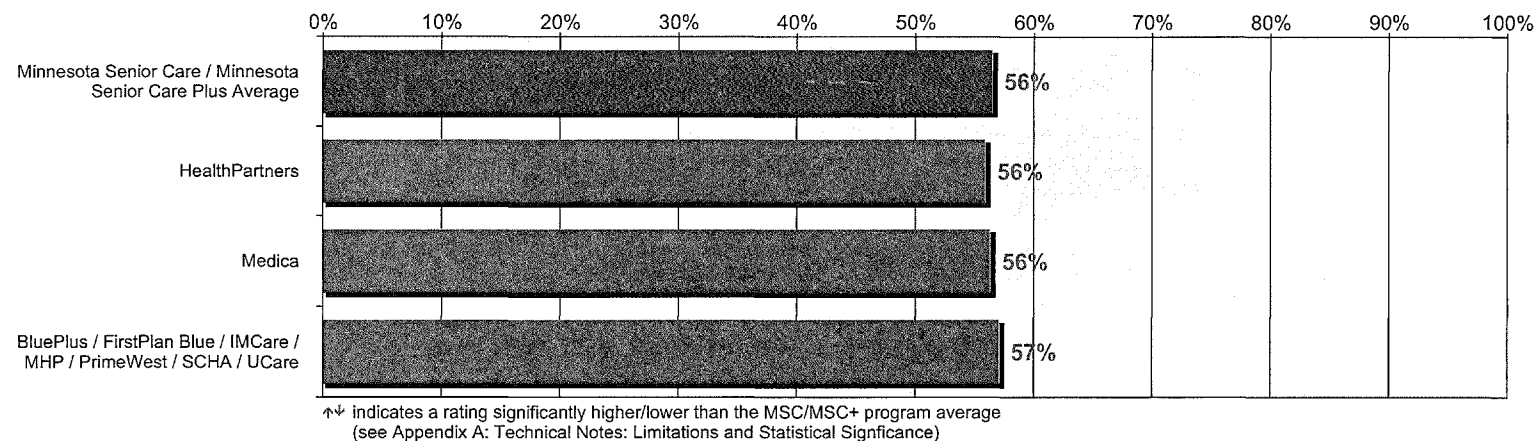
<b>Minnesota Senior Care / Minnesota Senior Care Plus</b>	<i>Rating of all health care</i>	<i>Rating of personal doctor</i>	<i>Rating of specialist seen most often</i>	<i>Rating of health plan</i>
<b>Minnesota Senior Care / Minnesota Senior Care Plus Average</b>	56%	75%	66%	64%
<b>HealthPartners</b>	56%	75%	65%	67%
<b>Medica</b>	56%	75%	61%	61%
<b>BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA / UCare</b>	57%	75%	72%	65%

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

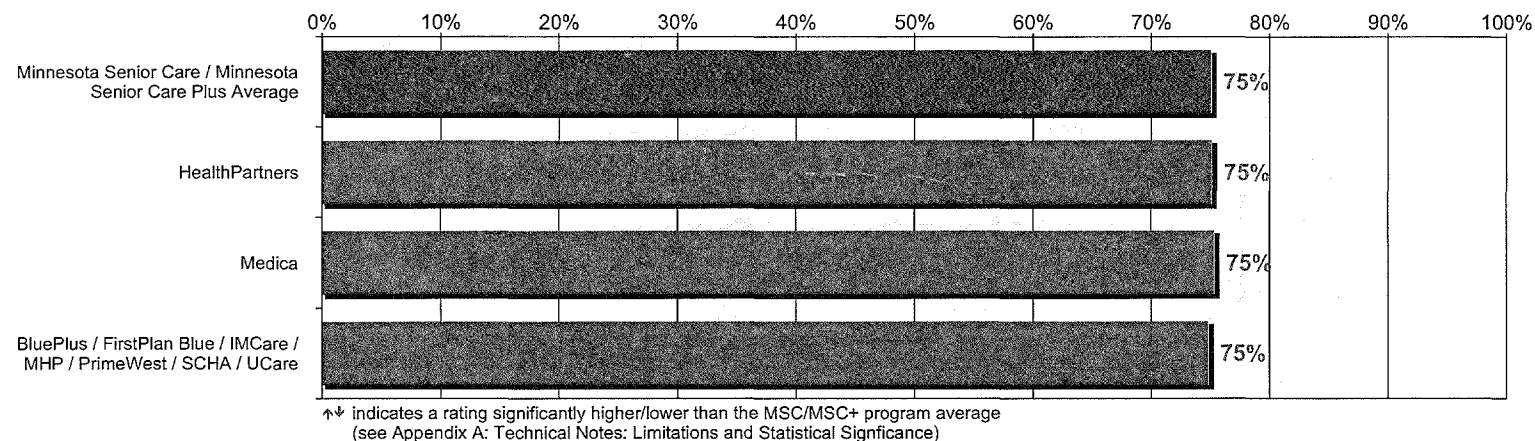
## PART VI: PLAN-SPECIFIC COMPARISONS

### MINNESOTA SENIOR CARE / MINNESOTA SENIOR CARE PLUS

#### Rating of all health care



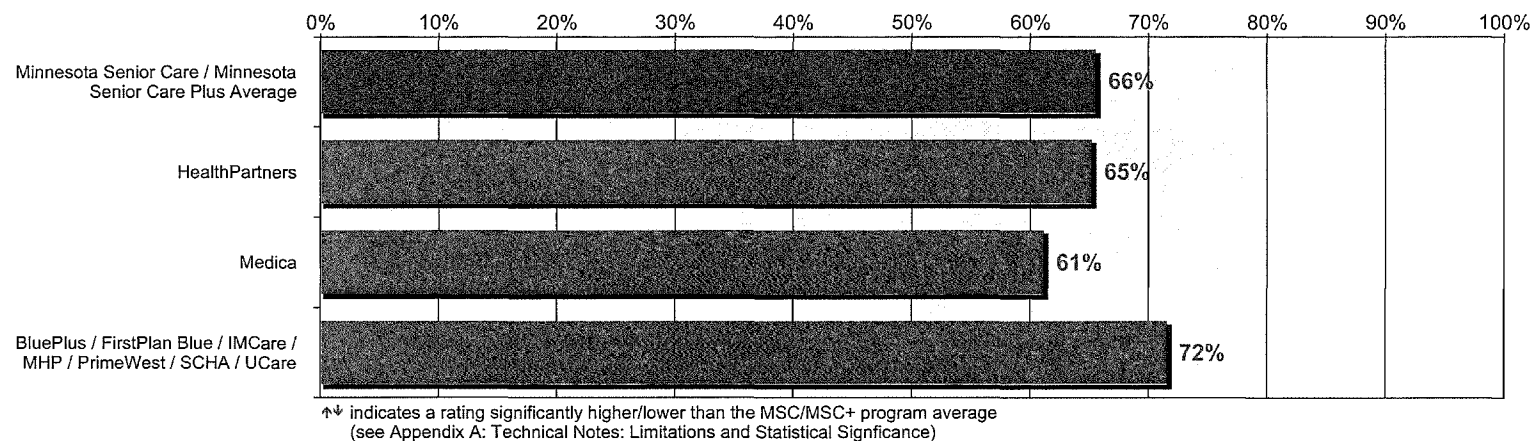
#### Rating of personal doctor



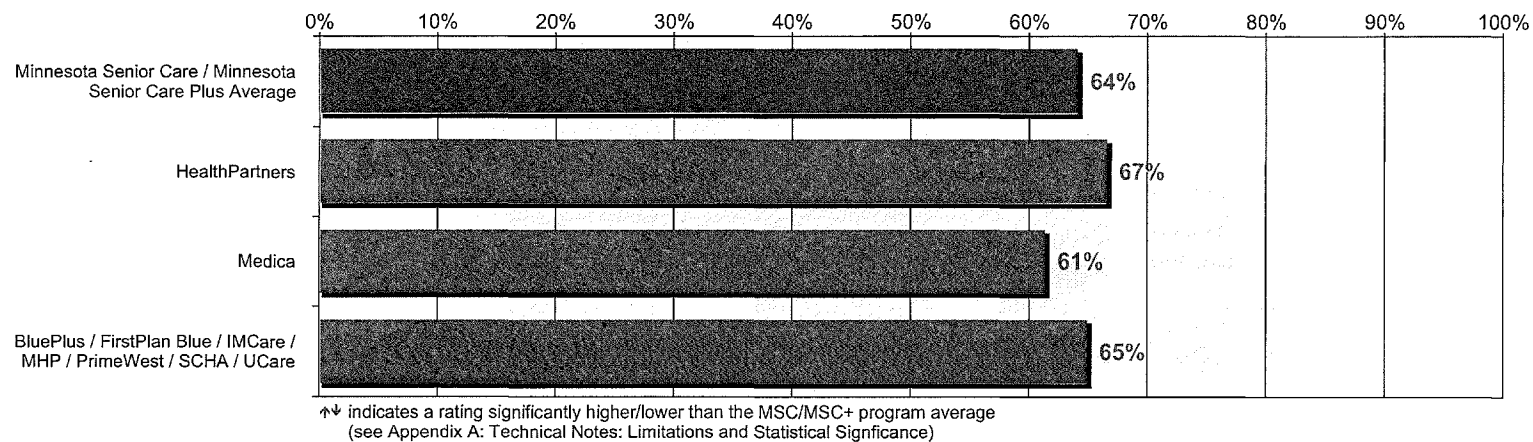
## PART VI: PLAN-SPECIFIC COMPARISONS

### 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

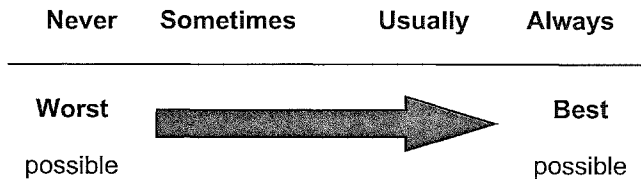
The survey had a series of questions that asked people to rate how often:

- 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



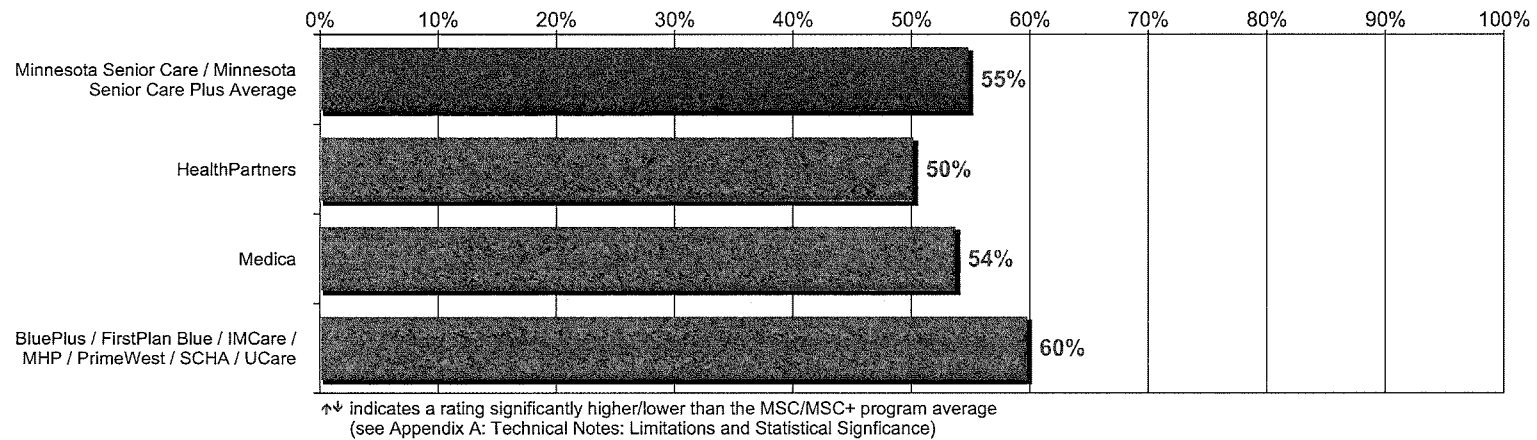
<b>Minnesota Senior Care / Minnesota Senior Care Plus</b>	<b>Getting Needed Care</b>	<b>Getting Care Quickly</b>	<b>How Well Doctors Communicate</b>	<b>Customer Service</b>
<b>Minnesota Senior Care / Minnesota Senior Care Plus Average</b>	55%	58%	78%	59%
<b>HealthPartners</b>	50%	54%	78%	61%
<b>Medica</b>	54%	56%	79%	56%
<b>BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA / UCare</b>	60%	63%	77%	62%

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

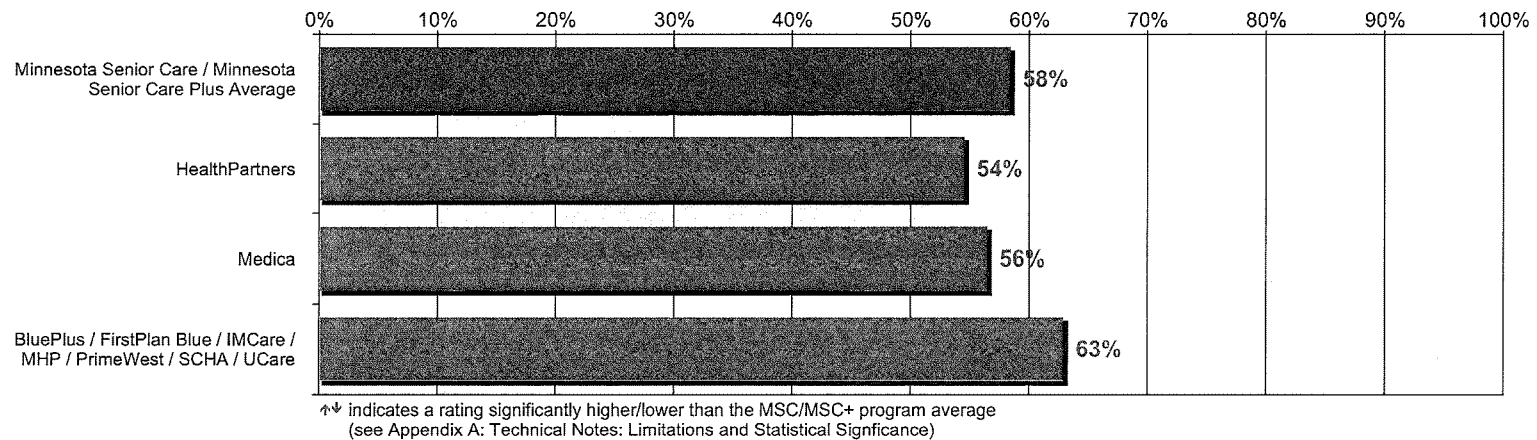
## PART VI: PLAN-SPECIFIC COMPARISONS

### MINNESOTA SENIOR CARE / MINNESOTA SENIOR CARE PLUS

#### Getting Needed Care



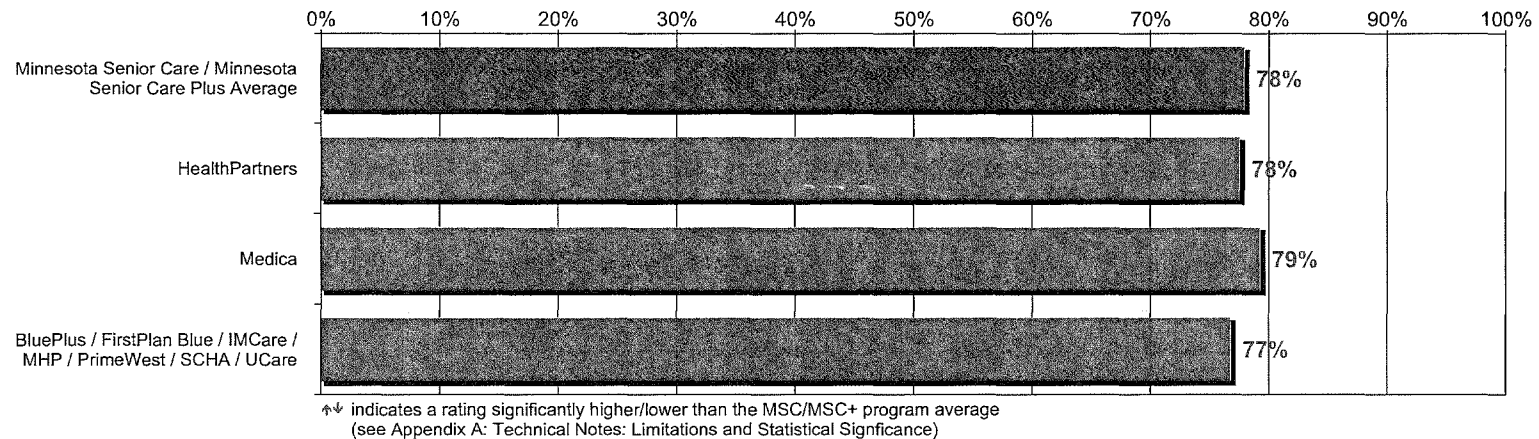
#### Getting Care Quickly



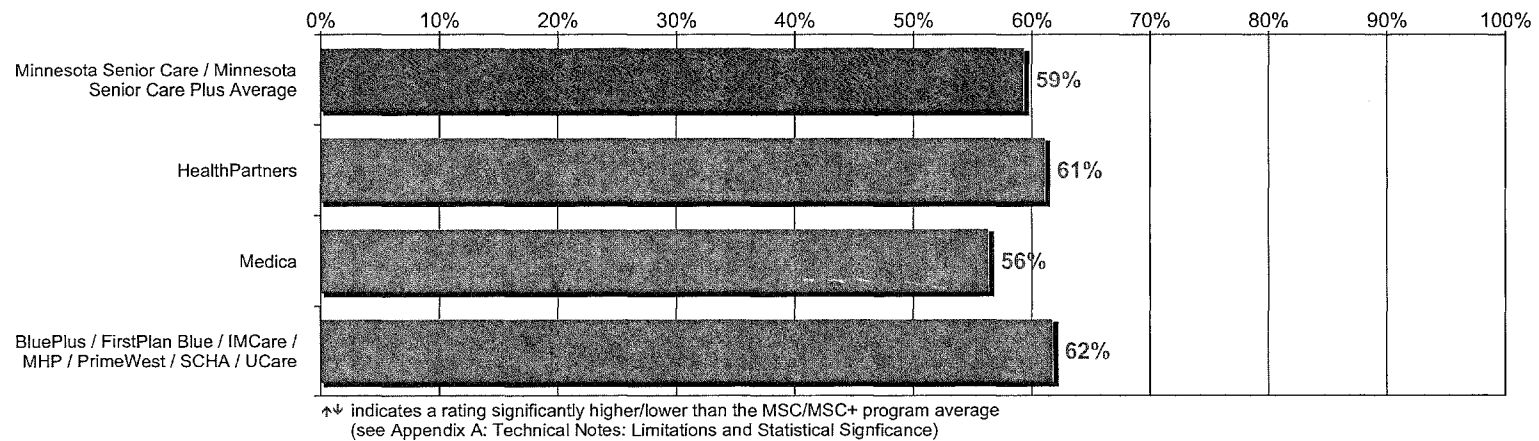
## PART VI: PLAN-SPECIFIC COMPARISONS

### 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 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.

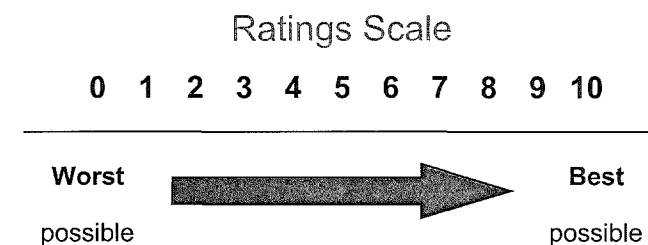


## PART VII: PLAN-SPECIFIC COMPARISONS

### 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.



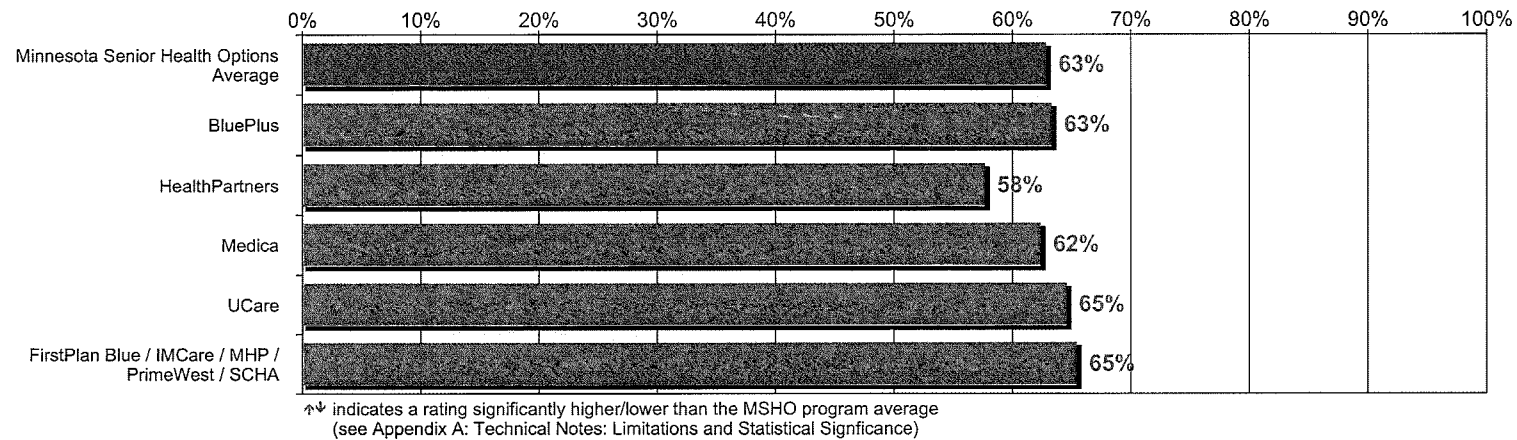
Minnesota Senior Health Options	Rating of all health care	Rating of personal doctor	Rating of specialist seen most often	Rating of health plan
Minnesota Senior Health Options Average	63%	76%	73%	72%
BluePlus	63%	75%	71%	73%
HealthPartners	58%	73%	66%	66% ↓
Medica	62%	76%	74%	75%
UCare	65%	74%	71%	69%
FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA	65%	78%	81% ↑	75%

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

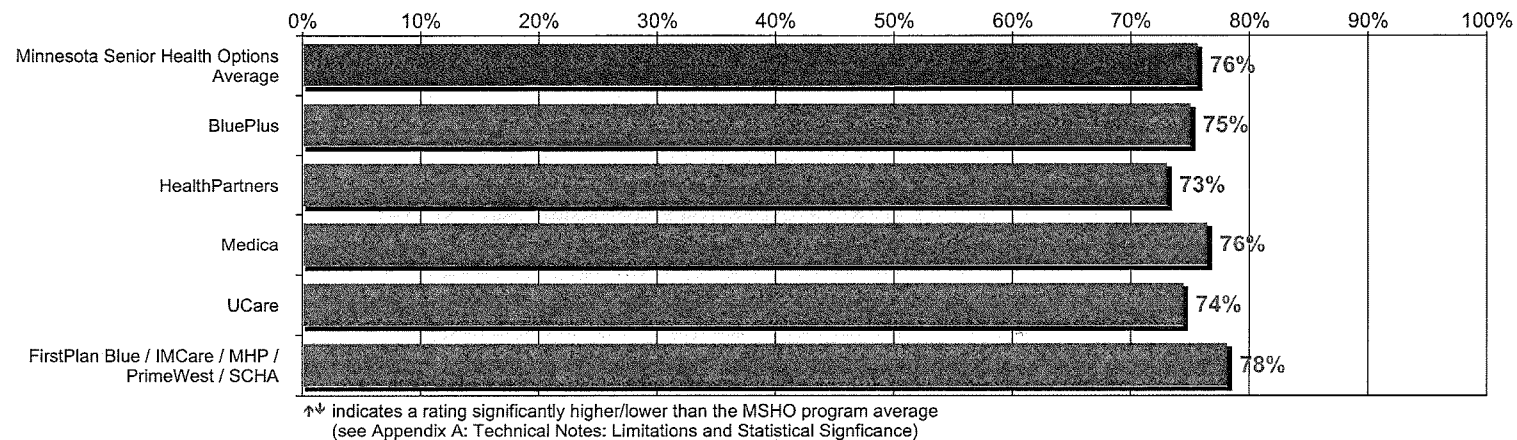
## PART VII: PLAN-SPECIFIC COMPARISONS

### MINNESOTA SENIOR HEALTH OPTIONS

#### Rating of all health care



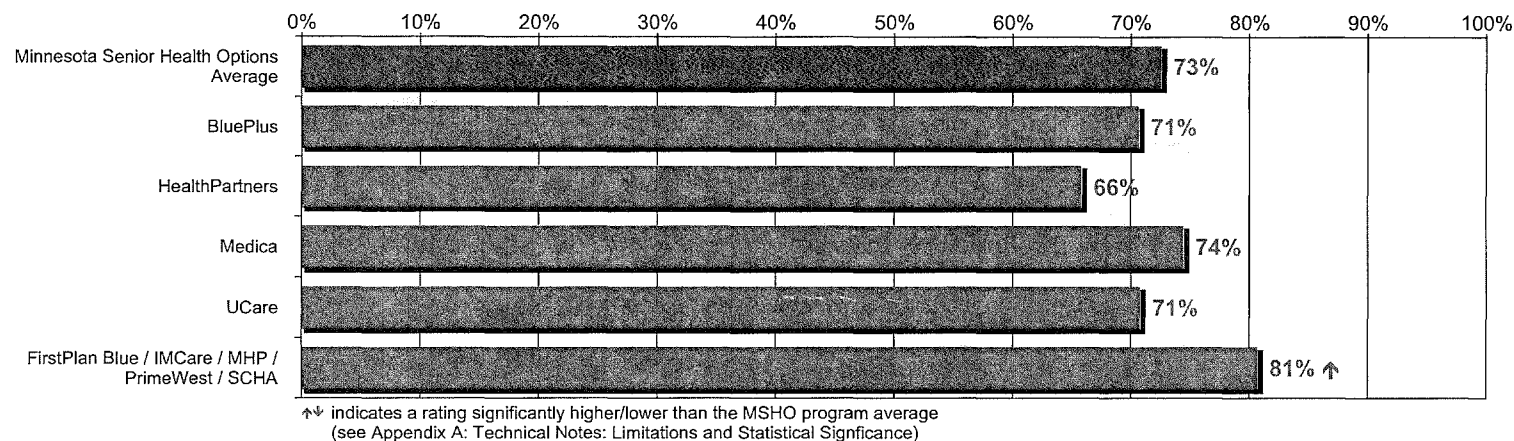
#### Rating of personal doctor



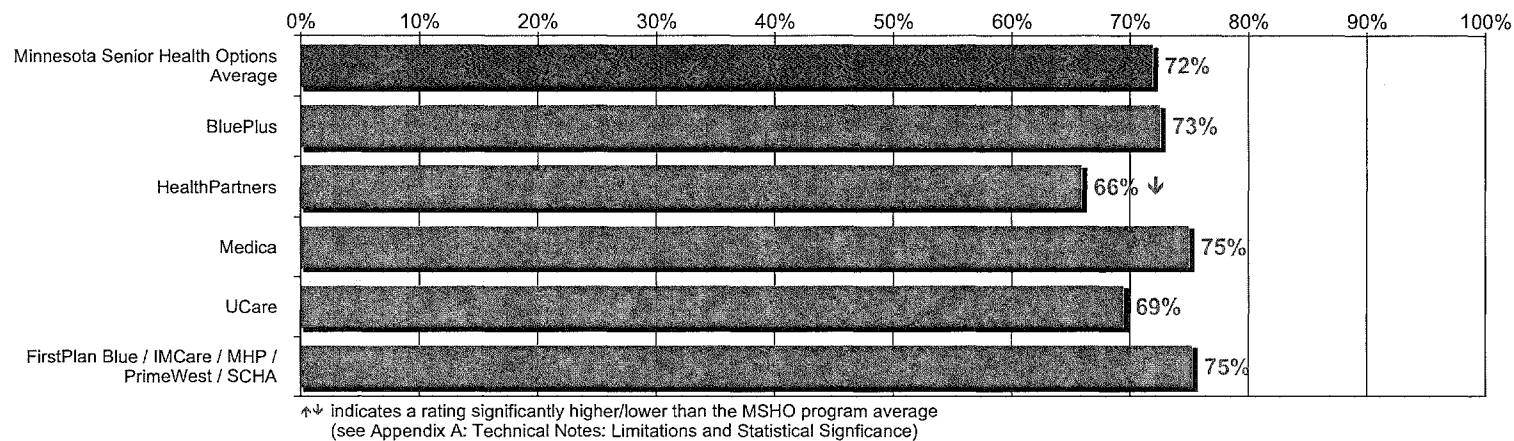
## PART VII: PLAN-SPECIFIC COMPARISONS

### MINNESOTA SENIOR HEALTH OPTIONS

#### Rating of specialist seen most often



#### Rating of health plan



## PART VII: PLAN-SPECIFIC COMPARISONS

### MINNESOTA SENIOR HEALTH OPTIONS

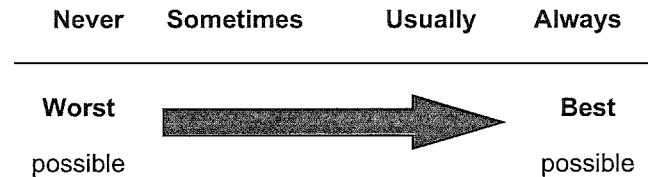
The survey had a series of questions that asked people to rate how often:

- 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



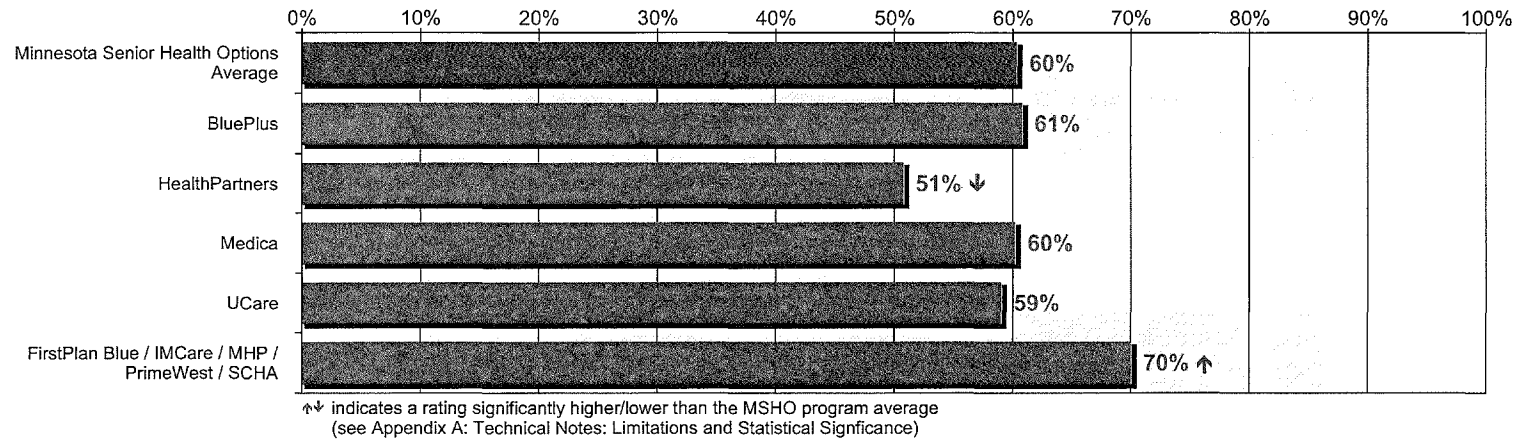
Minnesota Senior Health Options	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Minnesota Senior Health Options Average	60%	67%	75%	68%
BluePlus	61%	70%	78%	65%
HealthPartners	51% ↓	56% ↓	68% ↓	71%
Medica	60%	69%	77%	65%
UCare	59%	65%	75%	60%
FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA	70% ↑	73% ↑	78%	79% ↑

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

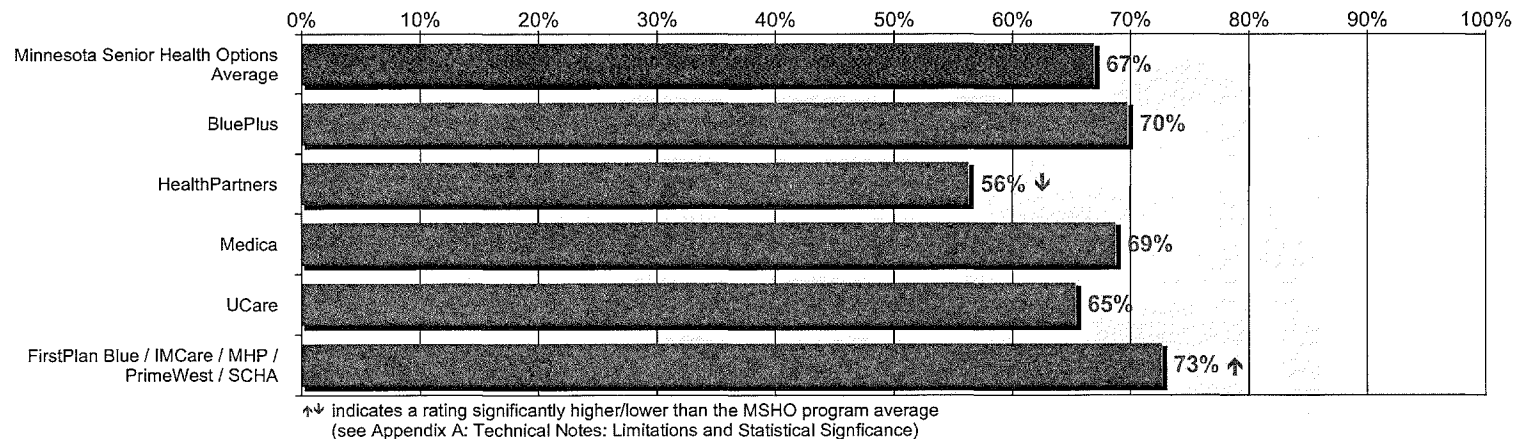
## PART VII: PLAN-SPECIFIC COMPARISONS

### MINNESOTA SENIOR HEALTH OPTIONS

#### Getting Needed Care



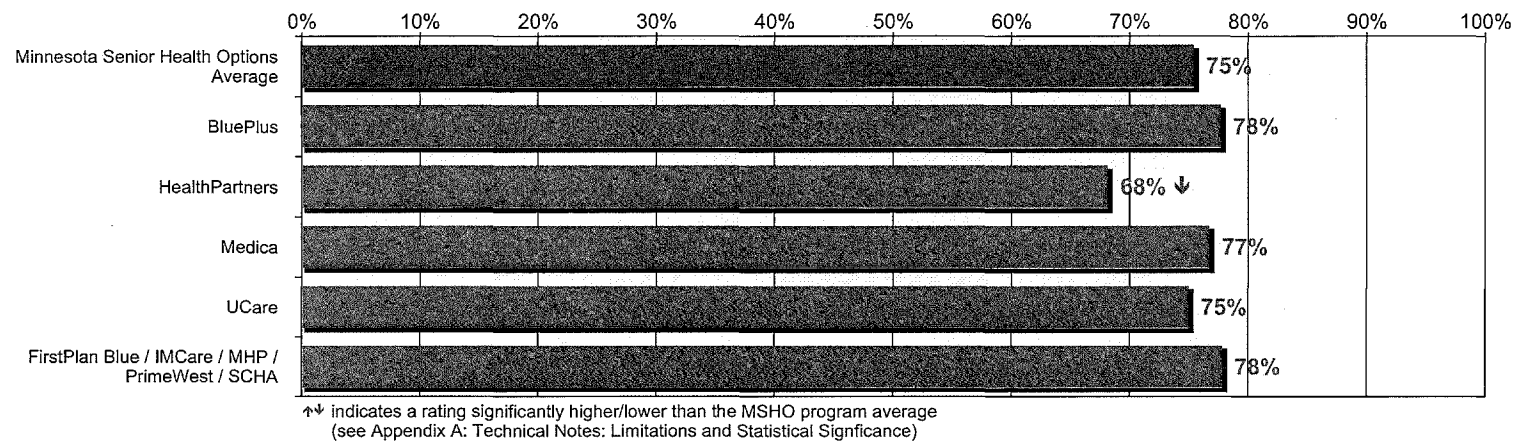
#### Getting Care Quickly



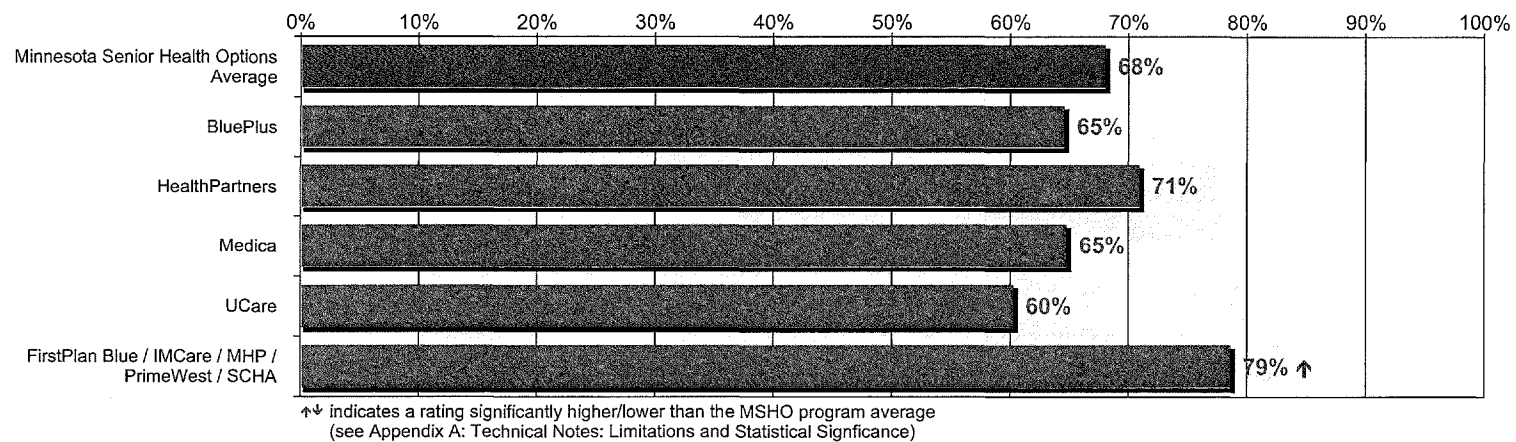
## PART VII: PLAN-SPECIFIC COMPARISONS

### MINNESOTA SENIOR HEALTH OPTIONS

#### How Well Doctors Communicate



#### Customer Service



## PART VIII: 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 VIII: HEALTH PLAN OPPORTUNITIES FOR IMPROVEMENT

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

<b>PMAP</b>	<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		X				
BluePlus	X		X				
FirstPlan Blue / Itasca Medical Care	X						
HealthPartners	X						
Medica	X						
Metropolitan Health Plan	X	X	X				
PrimeWest Health			X				X
South Country Health Alliance	X						
UCare	X		X				

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

<b>MinnesotaCare</b>	<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						
BluePlus	X						
FirstPlan Blue*							
HealthPartners	X	X	X	X			
Itasca Medical Care / Metropolitan Health Plan	X						X
Medica	X						
UCare	X						X

\*No items identified



## PART VIII: HEALTH PLAN OPPORTUNITIES FOR IMPROVEMENT

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

<b>MSC/MSCH</b>	<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						
HealthPartners	X						
Medica	X						
BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCHS / UCare*							

\*No items identified

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

<b>MSHO</b>	<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						
BluePlus*							
HealthPartners	X						
Medica	X						
UCare	X						
FirstPlan Blue / IMCare / MHP / PrimeWest / SCHS*							

\*No items identified

## PART IX: SUPPLEMENTAL QUESTIONS

### Additions to the Standardized Questionnaire

The 2008 survey was based on the CAHPS 4.0H Medicaid core module, which contains 51 standard questions. Two versions of the instrument were developed by the Minnesota DHS by adding different sets of supplemental questions to the core 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	PMAP, MinnesotaCare
Language concerns	PMAP, MinnesotaCare, MSC/MSC+, MSHO
Access to health care and use of service	PMAP, MinnesotaCare, MSC/MSC+, MSHO
Experience with care coordination	PMAP, MinnesotaCare, MSC/MSC+, MSHO
Use of health plan online information	PMAP, MinnesotaCare
Access to internet; interest in online survey	PMAP, MinnesotaCare, MSC/MSC+, MSHO
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 IX: SUPPLEMENTAL QUESTIONS

### AFTER HOURS CARE

Enrollees in PMAP and MinnesotaCare 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"> <li>- You did not know where to go for after hours care</li> <li>- 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</li> <li>- The doctor's office or clinic that had after hours care was too far away</li> <li>- Office or clinic hours for after hours care did not meet your needs</li> <li>- Some other reason</li> </ul>	Yes, No	Yes

## PART IX: SUPPLEMENTAL QUESTIONS AFTER HOURS CARE

PMAP	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
PMAP Average	17%	45%	14%	15%	16%	16%	37%
BluePlus	15%	51%	5%	5%	11%	11%	58%
FirstPlan Blue / Itasca Medical Care	14% ↓	32%	13%	20%	17%	20%	33%
HealthPartners	28% ↑	43%	3%	16%	23%	6%	35%
Medica	20%	43%	19%	15%	15%	15%	33%
Metropolitan Health Plan	12% ↓	27%	50%	38%	25%	13%	38%
PrimeWest Health	15%	54%	18%	9%	9%	27%	32%
South Country Health Alliance	20%	52%	3%	3%	19%	16%	44%
UCare	17%	50%	18%	18%	5%	23%	27%

↑↓ 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	10%	54%	15%	17%	13%	25%	26%
BluePlus	13%	59%	13%	17%	4%	17%	33%
FirstPlan Blue	6% ↓	67%	11%	11%	11%	0%	33%
HealthPartners	17% ↑	45%	6%	23%	10%	35%	19%
Itasca Medical Care / Metropolitan Health Plan	8% ↓	42%	26%	21%	16%	42%	26%
Medica	11%	60%	17%	11%	6%	22%	28%
UCare	11%	57%	23%	14%	32%	18%	23%

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

## PART IX: 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 IX: SUPPLEMENTAL QUESTIONS

### LANGUAGE CONCERNS

PMAP	Needed interpreter	Always got interpreter	Language mainly spoken at home?						
			English	Spanish	Vietnamese	Hmong	Russian	Somali	Other
PMAP Average	6%	55%	89%	3%	0%	3%	0%	2%	2%
BluePlus	3% ↓	50%	93% ↑	3%	0%	1% ↓	0%	1%	1%
FirstPlan Blue / Itasca Medical Care	1% ↓	0%	99% ↑	0% ↓	0%	0%	0%	0%	1% ↓
HealthPartners	11% ↑	41%	79% ↓	3%	3% ↑	4%	0%	5% ↑	7% ↑
Medica	7%	60%	87%	2%	0%	3%	1%	4% ↑	3%
Metropolitan Health Plan	20% ↑	60%	68% ↓	18% ↑	1%	4%	0%	4%	6% ↑
PrimeWest Health	1% ↓	75%	98% ↑	2%	0%	0%	0%	0%	0%
South Country Health Alliance	1% ↓	25%	98% ↑	1% ↓	0%	0%	0%	1% ↓	0% ↓
UCare	13% ↑	63%	69% ↓	4%	1%	18% ↑	1%	2%	6% ↑

↑↓ 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	1%	54%	95%	1%	1%	1%	1%	1%	2%
BluePlus	0% ↓	100%	99% ↑	0%	0%	0%	0%	0%	0% ↓
FirstPlan Blue	0% ↓	100%	100% ↑	0%	0% ↓	0%	0%	0%	0%
HealthPartners	4% ↑	46%	84% ↓	2%	5% ↑	2%	0%	1%	7% ↑
Itasca Medical Care / Metropolitan Health Plan	1%	67%	97% ↑	1%	1%	0%	1%	0%	1%
Medica	2%	50%	93%	0%	0%	0%	2% ↑	2%	1%
UCare	2%	55%	92% ↓	0%	1%	3% ↑	1%	1%	2%

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

## PART IX: SUPPLEMENTAL QUESTIONS

### LANGUAGE CONCERNS

Minnesota Senior Care / Minnesota Senior Care Plus	Needed interpreter	Always got interpreter	Language mainly spoken at home?						
			English	Spanish	Vietnamese	Hmong	Russian	Somali	Other
MSC/MSC+ Average	23%	63%	70%	2%	3%	3%	15%	2%	5%
HealthPartners	23%	53%	71%	2%	6% ↑	7% ↑	3% ↓	3%	7%
Medica	34% ↑	67%	52% ↓	1%	3%	1% ↓	38% ↑	0% ↓	5%
BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA / UCare	13% ↓	67%	87% ↑	3%	1% ↓	2%	2% ↓	2%	3% ↓

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

Minnesota Senior Health Options	Needed interpreter	Always got interpreter	Language mainly spoken at home?						
			English	Spanish	Vietnamese	Hmong	Russian	Somali	Other
MSHO Average	13%	58%	86%	2%	3%	4%	1%	1%	4%
BluePlus	5% ↓	63%	95% ↑	1%	0% ↓	1% ↓	0% ↓	0% ↓	1% ↓
HealthPartners	32% ↑	57%	64% ↓	4% ↑	9% ↑	11% ↑	1%	2%	9% ↑
Medica	11%	68%	86%	2%	2%	3%	2%	1%	4%
UCare	17% ↑	49%	79% ↓	2%	3%	8% ↑	2%	2%	4%
FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA	4% ↓	71%	96% ↑	0% ↓	1% ↓	1% ↓	0% ↓	0% ↓	1% ↓

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

## PART IX: 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 four 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>	PMAP MinnesotaCare	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>	PMAP MinnesotaCare MSC/MSC+ MSHO	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/MSC+ 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/MSC+ 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/MSC+ 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>	PMAP MinnesotaCare	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"> <li>- Your doctor didn't think you needed to see a specialist</li> <li>- Your health plan approval/authorization was delayed</li> <li>- You weren't sure where to find a list of specialists in your health plan or network</li> <li>- Specialists you had to choose from were too far away</li> <li>- You didn't have enough specialists to choose from</li> <li>- Specialist you wanted didn't belong to your health plan or network</li> <li>- You couldn't get an appointment at a convenient time</li> <li>- Some other reason</li> </ul>	PMAP MinnesotaCare	Yes, No	Yes



## PART IX: SUPPLEMENTAL QUESTIONS

### ACCESS TO HEALTH CARE AND USE OF SERVICE

PMAP	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
PMAP Average	91%	71%	58%	8%	10%	6%	11%	7%	9%	36%	29%
BluePlus	94%	69%	61%	6%	6%	10%	13%	10%	13%	33%	29%
FirstPlan Blue / Itasca Medical Care	90%	75%	54%	9%	14%	7%	4% ↓	4%	7%	40%	33%
HealthPartners	90%	73%	59%	14%	5%	5%	11%	0%	3%	35%	24%
Medica	86%	67%	46%	2%	14%	2%	7%	14%	10%	43%	26%
Metropolitan Health Plan	86%	66%	50%	24%	16%	4%	16%	16%	16%	24%	24%
PrimeWest Health	95% ↑	75%	64%	8%	6%	2% ↓	22% ↑	8%	14%	30%	26%
South Country Health Alliance	91%	70%	66% ↑	4%	2% ↓	5%	9%	5%	2% ↓	38%	42% ↑
UCare	91%	71%	51%	9%	16%	12%	9%	5%	9%	35%	23%

↑↓ 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	89%	84%	63%	7%	9%	6%	11%	5%	8%	41%	24%
BluePlus	94% ↑	82%	63%	7%	9%	4%	13%	8%	9%	44%	21%
FirstPlan Blue	84% ↓	85%	69%	3%	5%	5%	10%	5%	6%	38%	25%
HealthPartners	91%	82%	54% ↓	6%	13%	8%	13%	5%	10%	32%	29%
Itasca Medical Care / Metropolitan Health Plan	86%	85%	65%	5%	14%	9%	9%	7%	8%	43%	19%
Medica	87%	83%	65%	12%	7%	4%	10%	4%	10%	44%	26%
UCare	90%	84%	61%	8%	5%	5%	9%	3%	5%	40%	23%

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

## PART IX: SUPPLEMENTAL QUESTIONS

### ACCESS TO HEALTH CARE AND USE OF SERVICE

Minnesota Senior Care / Minnesota Senior Care Plus	<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	74%	27%	80%	66%
HealthPartners	72%	32%	78%	67%
Medica	79% ↑	23% ↓	80%	62%
BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA / UCare	71%	28%	82%	68%

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

Minnesota Senior Health Options	<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	76%	29%	81%	69%
BluePlus	78%	29%	83%	71%
HealthPartners	74%	29%	71% ↓	58% ↓
Medica	77%	30%	81%	69%
UCare	77%	26%	79%	71%
FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA	75%	32%	89% ↑	75% ↑

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

## PART IX: SUPPLEMENTAL QUESTIONS

### EXPERIENCE WITH CARE COORDINATION

Enrollees in all four 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 IX: SUPPLEMENTAL QUESTIONS

### EXPERIENCE WITH CARE COORDINATION

PMAP	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	
PMAP Average	59%	3%	77%	2%	4%	14%	46%
BluePlus	55%	3%	76%	3%	5%	13%	50%
FirstPlan Blue / Itasca Medical Care	60%	2%	78%	2%	1% ↓	16%	47%
HealthPartners	58%	6%	88%	0%	0%	6%	50%
Medica	62%	4%	64% ↓	2%	11%	19%	43%
Metropolitan Health Plan	55%	4%	81%	0%	4%	12%	54%
PrimeWest Health	60%	1%	82%	1%	1% ↓	15%	36% ↓
South Country Health Alliance	57%	3%	82%	3%	5%	8% ↓	51%
UCare	65%	5%	68%	2%	7%	19%	47%

↑↓ 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	59%	3%	84%	3%	2%	8%	50%
BluePlus	59%	4%	87%	2%	1%	6%	51%
FirstPlan Blue	58%	3%	82%	2%	2%	11%	46%
HealthPartners	63%	5%	78%	2%	2%	14%	48%
Itasca Medical Care / Metropolitan Health Plan	61%	1%	83%	4%	4%	7%	55%
Medica	62%	2%	84%	4%	3%	7%	55%
UCare	53%	4%	87%	2%	2%	4%	42%

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

## PART IX: SUPPLEMENTAL QUESTIONS

### EXPERIENCE WITH CARE COORDINATION

Minnesota Senior Care / Minnesota Senior Care Plus	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	68%	9%	56%	7%	19%	9%	41%
HealthPartners	74%	15%	46% ↓	7%	22%	11%	32%
Medica	63%	7%	64%	7%	14%	8%	41%
BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA / UCare	71%	6%	56%	6%	22%	9%	47%

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

Minnesota Senior Health Options	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	72%	17%	52%	5%	16%	10%	53%
BluePlus	73%	10% ↓	60% ↑	7%	16%	7%	49%
HealthPartners	75%	26% ↑	39% ↓	2% ↓	27% ↑	6%	56%
Medica	70%	15%	54%	3%	15%	13%	54%
UCare	76%	22%	48%	5%	17%	8%	48%
FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA	69%	16%	56%	5%	8% ↓	14%	57%

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

## PART IX: SUPPLEMENTAL QUESTIONS

### USE OF HEALTH PLAN ONLINE INFORMATION

Enrollees in PMAP and MinnesotaCare 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>

PMAP	<i>Went to health plan's Internet site for info</i>	<i>Information very or somewhat useful</i>
PMAP Average	39%	77%
BluePlus	37%	60%
FirstPlan Blue / Itasca Medical Care	24%	75%
HealthPartners	66%	81%
Medica	48%	77%
Metropolitan Health Plan	38%	67%
PrimeWest Health	45%	82%
South Country Health Alliance	28%	85%
UCare	35%	77%

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

MinnesotaCare	<i>Went to health plan's Internet site for info</i>	<i>Information very or somewhat useful</i>
MinnesotaCare Average	38%	75%
BluePlus	38%	72%
FirstPlan Blue	28%	69%
HealthPartners	51% ↑	77%
Itasca Medical Care / Metropolitan Health Plan	38%	71%
Medica	42%	85%
UCare	34%	75%

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

## PART IX: 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 six 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>Is there a computer in the home?</i>	Yes, No	Yes
<i>Do you use the computer at home?</i>	Yes, No	Yes
<i>Do you use the Internet (or other online service) at home?</i>	Yes, No	Yes
<i>Would you be willing to do a survey like this one on the Internet (or other online service)?</i>	Yes, No	Yes
<i>If you had easy access to the Internet, would you be willing to do a survey like this one on the Internet? [Asked only if no computer in the home.]</i>	Yes, No	Yes

## PART IX: SUPPLEMENTAL QUESTIONS

### ACCESS TO THE INTERNET AND INTEREST IN ONLINE SURVEYS

PMAP	<i>DVD player in home</i>	<i>Computer in home</i>	<i>Uses computer at home</i>	<i>Uses Internet at home</i>	<i>Willing to do survey on Internet (has computer at home)</i>	<i>Willing to do survey on Internet (no computer at home)</i>
<b>Prepaid Medical Assistance Program Average</b>	95%	71%	89%	87%	62%	55%
<b>BluePlus</b>	95%	72%	93% ↑	90%	59%	53%
<b>FirstPlan Blue / Itasca Medical Care</b>	98% ↑	75%	91%	85%	65%	62%
<b>HealthPartners</b>	93%	73%	91%	94% ↑	67%	47%
<b>Medica</b>	95%	71%	90%	88%	62%	58%
<b>Metropolitan Health Plan</b>	87% ↓	55% ↓	85%	88%	63%	60%
<b>PrimeWest Health</b>	96%	73%	90%	86%	58%	65% ↑
<b>South Country Health Alliance</b>	96%	74%	88%	84%	65%	48%
<b>UCare</b>	93%	67%	79% ↓	85%	58%	50%

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

MinnesotaCare	<i>DVD player in home</i>	<i>Computer in home</i>	<i>Uses computer at home</i>	<i>Uses Internet at home</i>	<i>Willing to do survey on Internet (has computer at home)</i>	<i>Willing to do survey on Internet (no computer at home)</i>
<b>MinnesotaCare Average</b>	90%	73%	88%	90%	53%	41%
<b>BluePlus</b>	92% ↑	74%	89%	91%	52%	42%
<b>FirstPlan Blue</b>	89%	72%	90%	88%	54%	41%
<b>HealthPartners</b>	90%	74%	88%	93%	55%	47%
<b>Itasca Medical Care / Metropolitan Health Plan</b>	89%	72%	85%	89%	52%	41%
<b>Medica</b>	91%	79% ↑	86%	92%	45% ↓	42%
<b>UCare</b>	88%	70%	89%	89%	60% ↑	38%

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



## PART IX: SUPPLEMENTAL QUESTIONS

### ACCESS TO THE INTERNET AND INTEREST IN ONLINE SURVEYS

Minnesota Senior Care / Minnesota Senior Care Plus	<i>DVD player in home</i>	<i>Computer in home</i>	<i>Uses computer at home</i>	<i>Uses Internet at home</i>	<i>Willing to do survey on Internet (has computer at home)</i>	<i>Willing to do survey on Internet (no computer at home)</i>
<b>Minnesota Senior Care / Minnesota Senior Care Plus Average</b>	59%	35%	54%	76%	37%	18%
<b>HealthPartners</b>	58%	39%	38% ↓	75%	48%	20%
<b>Medica</b>	63%	36%	64% ↑	78%	28% ↓	15%
<b>BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA / UCare</b>	55%	31%	56%	75%	43%	19%

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

Minnesota Senior Health Options	<i>DVD player in home</i>	<i>Computer in home</i>	<i>Uses computer at home</i>	<i>Uses Internet at home</i>	<i>Willing to do survey on Internet (has computer at home)</i>	<i>Willing to do survey on Internet (no computer at home)</i>
<b>Minnesota Senior Health Options Average</b>	53%	27%	44%	72%	41%	16%
<b>BluePlus</b>	49% ↓	20% ↓	40%	68%	44%	14%
<b>HealthPartners</b>	62% ↑	38% ↑	33% ↓	77%	36%	19%
<b>Medica</b>	51%	27%	47%	75%	36%	15%
<b>UCare</b>	59% ↑	30%	50%	63%	36%	17%
<b>FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA</b>	48% ↓	22% ↓	53% ↑	76%	53%	13%

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

## PART IX: 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

Minnesota Senior Care / Minnesota Senior Care Plus	<i>Decisions made about health care</i>	<i>Involved as much as wanted in decision-making</i>
MSC/SC+ Average	65%	92%
HealthPartners	64%	94%
Medica	68%	92%
BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA / UCare	63%	91%

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

Minnesota Senior Health Options	<i>Decisions made about health care</i>	<i>Involved as much as wanted in decision-making</i>
MSHO Average	61%	92%
BluePlus	59%	92%
HealthPartners	63%	90%
Medica	57%	92%
UCare	62%	93%
FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA	64%	93%

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

## PART IX: 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 IX: SUPPLEMENTAL QUESTIONS

### HEALTH STATUS CHANGES AND LIMITS TO ACTIVITIES

<b>Minnesota Senior Care / Minnesota Senior Care Plus</b>	<i>Overall health better than one year ago</i>	<i>Mental or emotional health better than one year ago</i>	<i>Physical activities limited not at all or very little by physical health problems</i>	<i>No, very mild or mild bodily pain</i>	<i>Social activities limited not at all or very little by physical or emotional problems</i>	<i>Not at all or slightly bothered by emotional problems</i>	<i>Daily activities limited not at all or very little by personal or emotional problems</i>
<b>MSC/MSC+ Average</b>	26%	26%	42%	44%	51%	68%	63%
<b>HealthPartners</b>	33% ↑	35% ↑	43%	49%	52%	71%	66%
<b>Medica</b>	21% ↓	20% ↓	42%	42%	49%	65%	58% ↓
<b>BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA / UCare</b>	27%	26%	40%	43%	53%	70%	65%

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

<b>Minnesota Senior Health Options</b>	<i>Overall health better than one year ago</i>	<i>Mental or emotional health better than one year ago</i>	<i>Physical activities limited not at all or very little by physical health problems</i>	<i>No, very mild or mild bodily pain</i>	<i>Social activities limited not at all or very little by physical or emotional problems</i>	<i>Not at all or slightly bothered by emotional problems</i>	<i>Daily activities limited not at all or very little by personal or emotional problems</i>
<b>MSHO Average</b>	27%	26%	43%	46%	55%	71%	68%
<b>BluePlus</b>	25%	23% ↓	40%	45%	55%	70%	69%
<b>HealthPartners</b>	32% ↑	32% ↑	44%	46%	54%	67%	63% ↓
<b>Medica</b>	26%	28%	44%	44%	56%	71%	67%
<b>UCare</b>	26%	25%	45%	47%	58%	71%	68%
<b>FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA</b>	26%	25%	42%	47%	53%	75% ↑	71%

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

## PART IX: SUPPLEMENTAL QUESTIONS

### FLU SHOTS AND PNEUMONIA VACCINATION

Enrollees in MSC/MS+ and MSHO were asked three questions to determine measure 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, 2007?</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

Minnesota Senior Care / Minnesota Senior Care Plus	Had flu shot	Got flu shot at:		Had pneumonia vaccination
		Doctor's office or clinic	Another place	
MSC/MS+ Average	72%	78%	22%	73%
HealthPartners	69%	79%	21%	72%
Medica	74%	80%	20%	73%
BluePlus / FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA / UCare	72%	77%	23%	74%

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

Minnesota Senior Health Options	Had flu shot	Got flu shot at:		Had pneumonia vaccination
		Doctor's office or clinic	Another place	
MSHO Average	78%	79%	21%	80%
BluePlus	77%	78%	22%	83%
HealthPartners	82% ↑	82%	18%	77%
Medica	71% ↓	81%	19%	80%
UCare	80%	76%	24%	79%
FirstPlan Blue / IMCare / MHP / PrimeWest / SCHA	80%	78%	22%	81%

↑↓ 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

**Prepaid Medical Assistance Plan (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. Prepaid Medical Assistance Plan 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

### 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, for PMAP and MinnesotaCare, for self-reported health status. The health status question used for adjustment was not asked of enrollees in MSC/MS+ or MSHO. 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 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 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		PMAP	MinnesotaCare	Minnesota Senior Care / Minnesota Senior Care Plus	Minnesota Senior Health Options
Gender	<i>Male</i>	18%	38%	30%	25%
	<i>Female</i>	82%	62%	70%	75%
Education Level	<i>HS or less</i>	54%	44%	70%	82%
	<i>Some college</i>	39%	41%	15%	13%
	<i>College graduate</i>	7%	15%	15%	5%
Self-Reported Health Status	<i>Excellent/Very Good</i>	48%	49%	NA*	NA*
	<i>Good</i>	37%	36%		
	<i>Fair/Poor</i>	16%	15%		
Hispanic or Latino	<i>Yes</i>	7%	2%	3%	4%
	<i>No</i>	93%	98%	97%	96%
Race	<i>White</i>	69%	84%	70%	74%
	<i>Black/African American</i>	12%	5%	10%	6%
	<i>Asian</i>	6%	4%	9%	11%
	<i>Pacific Islander</i>	0%	0%	0%	0%
	<i>American Indian</i>	3%	2%	2%	2%
	<i>Other</i>	5%	3%	3%	2%

\*Question not asked.