

**MINNESOTA DEPARTMENT OF HUMAN SERVICES  
2006 3.0 CAHPS SURVEY**

**Project Evaluation Report**

**DataStat, Inc.  
August 2006**

## **1.0 Introduction**

This report summarizes the sample preparation, field work and results of the 2006 CAHPS 3.0 survey conducted for the Minnesota Department of Human Services, comments on this year's project and offers suggestions for the 2007 survey.

Adult members of four managed health 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 was administered over a nine-week period in the spring of 2006, 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 2005. The sample design was a random sample of 750 respondents in each of 20 plan/program subgroups. Three of these subgroups did not have sufficient cases. In these three groups, all eligible respondents were selected. The final selected sample was 13,919 across all 20 subgroups (see Appendix A).

## **3.0 Field Work**

Protocol. The instrument was an adaptation of the CAHPS 3.0H Adult Medicaid questionnaire, with a total of 15 supplemental questions (across all questionnaires) added to create a version for each program; the versions for PMAP and MinnesotaCare were identical. All letters were printed in English, with a Spanish translation on the back inviting respondents to contact DataStat if they wanted to complete the survey in Spanish. 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 9-week field calendar was as follows:

Prenote letter:	April 19, 2006
First mail packet:	April 24, 2006
Reminder letter:	May 4, 2006
Second mail packet:	May 22, 2006
Phone follow-up:	June 5, 2006
Field end:	June 21, 2006

Results. Surveys were considered complete if respondents answered Yes to Q1 and if 80 percent or more of all items, including supplemental questions, had valid answers. Complete questionnaires were obtained from a total of 4754 enrollees; the overall response rate was 37.6%. See Appendix A for response rates by program and plan subgroup.

#### **4.0 Comments and suggestions for 2007**

Sample frame. The sample frame was prepared by DHS and delivered to DataStat already divided into sampling subgroups. This expedited the sampling process at the start of the project, which needed to field quickly in order to meet the back-end NCBD submission deadline.

Subgroup sample size and completes. The decision to sample 750 cases in each subgroup was based on DHS's past survey experience with enrollees of these programs as well as current trends in response rates for Medicaid populations. The expected response rate was 40% overall with at least 30% for PMAP and MinnesotaCare and a goal of at least 300 completes in each of the 20 subgroups for analysis. The program-specific response rates met established targets, the overall response rate reached 37.6%, and the target number of completes was met for the MinnesotaCare and MSHO subgroups but fell short for the PMAP groups and some MSC groups.

Part of the reason for the observed results may be the continued general decline in response rates that DataStat (and other survey research vendors) have seen in past years. Other reasons are more likely specific to this survey. The PMAP groups, for example, showed a relatively high proportion of non-responders, which limited both response rates and the number of completes. Several of the PMAP plans had undeliverable rates of 7-9%, which was higher than other groups in this study as well as higher than the rate most often seen for Medicaid populations. Among the MSC subgroups, language issues appear to be a factor, as well as incomplete mail questionnaires. In these subgroups, the rates of ineligibility due to language barriers were higher than for other program subgroups, as were the proportions of cases with incomplete questionnaires. Overall, relatively high proportion of non-working phone numbers were noted at the start of phone follow-up.

Increasing the sample size for some or all of the subgroups in 2007 will help address the shortfall in the number of completes. Another avenue to look into is the freshness of the respondent information in the plan databases, to reduce the number of non-productive mailings and calls. The NCOA and Telematch processes provide recent updates for a portion of the sample, but do little to improve databases that may not be current.

A third possibility of excluding custom questions from completeness testing was investigated and found to have an insignificant effect. In this survey, DHS opted to define complete questionnaires as respondents answering 'Yes' to Question 1 and providing valid responses to at least 80% of the same set of questions used by NCQA, plus the supplemental questions that appeared in each version. NCQA does not include supplemental questions in its set of items used to assess completeness, because they vary by plan. NCBD has less restrictive guidelines for completeness. At a minimum, Q1 needs to be 'Yes', and there must be at least 10 out of a set of 19 defined questions with valid responses. Beyond these guidelines, however, NCBD allows plans to use their own definition of completeness. Both NCQA and NCBD ask that plans exclude supplemental questions from the datasets that are submitted to their respective databases.

How much of a difference would application of NCQA rules make in a study like this one? DataStat surmised that there might be several respondents on the cusp of completeness, whose status would switch to complete if the supplemental questions were removed from the test. This would likely affect respondents whose 'incompleteness' came primarily from the supplemental questions. Completeness testing was recalculated for all respondents using the alternate definition (the same set as the first time through minus the custom questions, which corresponds to NCQA rules). Only one case out of the 293 that failed the completeness test under the original rules would now be classified as complete. The main reason is that respondents who failed the completeness test did so because enough responses to the non-custom questions were invalid.

The lesson is that the decision to include or exclude custom questions in completeness testing should be made based on reasons other than increasing the number of completes. DHS would need to exclude them if the project fell under NCQA/HEDIS rules, for example, but otherwise the decision is at DHS' discretion.

Field calendar. The field calendar was extended three days beyond the original field end date, to increase the number of completes in several of the subgroups that were lagging. We were unable to extend any longer without jeopardizing the NCBD submission deadline at the end of June. Next year, in addition to close field monitoring--especially during the phone follow-up--a longer field period would be helpful. If the project moves into the NCQA time window, the field period will stretch to about 10 weeks.

Languages. Response from Spanish speakers was low. There were no requests for Spanish at the second mail, and 105 of the 9982 cases (about 1%) that went into phone follow-up were interviewed in Spanish. Of those, 29 became completed interviews.

For the other languages that were used in the mailings, and that have in the past been part of the survey – Vietnamese, Hmong, Russian and Somali—fewer than 6% (801 out of 13,919) became ineligible because of a language barrier. Some of these were detected by calls to the 800 number, but most were identified during the phone follow-up. Neither the 800-number staff nor the interviewers reported any dissatisfaction from these callers or households. In the final dataset, these language groups appear to be well represented: about 10% of respondents reported speaking a language other than English or Spanish, with the four above languages dominating.

Based on this year's experience, we do not see any reason to make changes next year to the language offerings, with the possible exception of refraining from preparation of Spanish mail questionnaires. Respondents who contact us requesting a Spanish survey could be referred to the phone follow-up.

Combined CAHPS/HEDIS project. If the survey is 'retooled' as a HEDIS project, to accommodate health plans that want to use the data for NCQA submissions, several areas will need attention in 2007. One key area is sample size: NCQA sets the adult Medicaid sample size by plan/group at 1350. The higher sample size would take care of the subgroup sample size issues discussed earlier, though there are cost implications to be considered.

Perhaps the most important change is the shift in field calendar, which has several implications. The process of gathering mail materials (updated logos, signatures, etc) will need to start in mid-October; the sample will need to be drawn in January, using NCQA audit protocols; the field period will unfold from late February through early May; and the NCQA data submitted by mid-May (based on the deadline in past years).

## **5.0 Conclusions**

This year's administration of the CAHPS survey went very smoothly. A well-prepared sample together with extraordinary responsiveness from the health plans in delivering logos and signatures for mail materials made for an efficient and speedy start-up and entry into the field. There were no major roadblocks during fieldwork and all delivery deadlines were met without delay or problem. The lower-than-expected numbers of completes in some subgroups can be addressed by increased sample sizes and a longer field period, both of which would be required should DHS decide to run the project under NCQA/HEDIS protocols. With these adjustments to the project and given this year's experience, we're looking forward to another smooth ride for the 2007 CAHPS survey.



**2006  
MANAGED CARE PUBLIC PROGRAMS  
CONSUMER SATISFACTION  
SURVEY RESULTS**

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**Prepaid Medical Assistance Program**

**MinnesotaCare**

**Minnesota Senior Care**

**Minnesota Senior Health Options**

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**September 2006**

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

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

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September 2006

# MANAGED CARE PUBLIC PROGRAMS CONSUMER SATISFACTION SURVEY RESULTS

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## **PART I: KEY FINDINGS**

Information obtained from consumer satisfaction surveys can allow Managed Care Organizations (health plans) to measure how well they are meeting their members' expectations and needs. Surveys can also reveal areas of recent improvement and target areas where improvement is needed to improve the quality of care provided.

Detailed findings from the 2006 Managed Care Public Programs Consumer Satisfaction Survey are presented throughout this report. This section highlights the Key Findings.

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

Key Findings for the programs are based on a comparison of the survey data from the following programs.

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

Key Findings for plans within programs are based on separate comparisons of the survey data from plans within PMAP, MinnesotaCare, and MSC. Key Findings for MSHO are not analyzed nor reported because survey data from all plans in this program were grouped together.

## PART I: KEY FINDINGS

### Prepaid Medical Assistance Program (PMAP) Findings

#### Ratings

**Two plans rated significantly lower than the PMAP average:**

- PrimeWest for *How People Rated Their Health Plan*
- UCare for *How People Rated Their Health Care* and *How People Rated Their Doctor or Nurse*

**Two plans rated significantly higher than the PMAP average:**

- HealthPartners for *How People Rated Their Doctor or Nurse*
- PrimeWest for *How People Rated Their Health Care*

#### Composites

**Two plans rated significantly lower than the PMAP average:**

- PrimeWest for *Health Plan Customer Service*
- UCare for *How Well Doctors Communicate and Courtesy, Respect, and Helpfulness of the Office Staff*

**One plan rated significantly higher than the PMAP average:**

- PrimeWest for *How Well Doctors Communicate and Courtesy, Respect, and Helpfulness of the Office Staff*

### MinnesotaCare Findings

#### Ratings

**One plan rated significantly lower than the MinnesotaCare average:**

- BluePlus for *How People Rated Their Doctor or Nurse*

#### Composites

**One plan rated significantly lower than the MinnesotaCare average:**

- HealthPartners for *Getting Care Without Long Waits* and *Getting Care That is Needed*

**Three plans rated significantly higher than the MinnesotaCare average:**

- BluePlus for *Getting Care That is Needed*
- First Plan for *How Well Doctors Communicate and Courtesy, Respect, and Helpfulness of the Office Staff*
- HealthPartners for *Health Plan Customer Service*

## PART I: KEY FINDINGS

### Minnesota Senior Care (MSC) Findings

#### Ratings

**One plan rated significantly lower than the MSC average:**

- Medica for *How People Rated Their Health Care* and *How People Rated Their Specialist*

**Two plans rated significantly higher than the MSC average:**

- BluePlus for *How People Rated Their Health Care*, *How People Rated Their Specialist*, and *How People Rated Their Doctor or Nurse*
- Grouped Plans\* for *How People Rated Their Specialist*

\* Grouped Plans combine data from First Plan, IMCare, MHP, PrimeWest, and South Country

#### Composites

**One plan rated significantly lower than the MSC average:**

- Medica for *Getting Care That is Needed*

**Two plans rated significantly higher than the MSC average:**

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

## **PART II: ABOUT THE 2006 SURVEY**

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

The 2006 Managed Care Public Programs Consumer Satisfaction Survey was conducted by DataStat, Inc., an NCQA-certified CAHPS® vendor, under contract with the Minnesota Department of Human Services (DHS).

### **Why was the survey done?**

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

### **What survey instrument was used?**

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

### **Who was surveyed?**

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

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

## PART II: ABOUT THE 2006 SURVEY

### How was the data collected?

The survey was administered from April 2006 through June 2006. 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 request a Spanish language version of the questionnaire by calling an 800 number. In addition, a language block on the backside in Hmong, Russian, Somali, and Vietnamese let respondents with these native languages know that the survey was being administered in English and Spanish, and that they could call DataStat to have their names removed from the sample list if they did not wish to participate.

### How was the data analyzed?

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

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

### Topics for analysis

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

#### Four overall satisfaction scores

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

#### Five composite scores

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

## PART II: ABOUT THE 2006 SURVEY

### Summary of Sampling Quantities and Response Rates

Population	Quantity mailed	Eligible for Analysis	Response rate	Cases for analysis
<b>PMAP</b>				
BluePlus	750	728	33%	237
First Plan and IMCare	750	722	32%	229
HealthPartners	750	706	27%	187
Medica	750	710	29%	207
MHP	750	725	23%	164
PrimeWest	750	727	37%	272
South Country	750	714	35%	250
UCare	750	682	32%	217
<b>MinnesotaCare</b>				
BluePlus	750	715	46%	325
First Plan	750	723	47%	339
HealthPartners	750	705	36%	255
IMCare and MHP	750	712	42%	298
Medica	750	717	43%	308
UCare	750	726	44%	321
<b>Minnesota Senior Care</b>				
BluePlus	328	258	42%	109
HealthPartners	750	551	37%	204
Medica	750	496	54%	267
UCare	460	327	43%	142
First Plan, IMCare, MHP, PrimeWest, South Country	381	331	38%	127
<b>Minnesota Senior Health Options</b>				
BluePlus, First Plan, HealthPartners, Medica, MHP, PrimeWest, UCare	750	679	44%	296

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

In order to achieve this goal, a total of 750 enrollees were sampled within each plan and received mailed questionnaires. Enrollees who did not return a mailed questionnaire received telephone calls and were offered the opportunity to complete the questionnaire over the telephone. Not all sampled enrollees were determined to be eligible because they were no longer enrolled, were deceased, or for similar reasons.

The study response rate is the percentage of those eligible who were eventually interviewed. Completed interviews were obtained from 4,754 enrollees. The overall study response rate was 38%.

Some plans in the Minnesota Senior Care and the Minnesota Senior Health Options populations did not have at least 750 eligible enrollees, and these plans were combined and treated as a single reporting unit.

#### Key to Managed Care Organizations:

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

## PART III: PROGRAM COMPARISONS

### Introduction

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

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

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

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

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

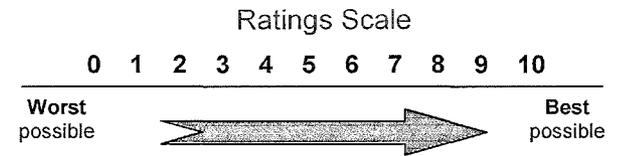
The final pages of this section show the percentage of enrollees who responded most positively (or “No Problem”) to questions that formed the two composite topics: *Health plan customer service*; and *Getting care that is needed*.

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

### PART III: PROGRAM COMPARISONS – OVERALL RATINGS

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

For each program, the number in the table shows the percent of all people who responded most positively (9 or 10) to these questions.



<b>Program</b>	<i>How people rated their health plan</i>	<i>How people rated their health care</i>	<i>How people rated their specialist</i>	<i>How people rated their doctor or nurse</i>
<b>PMAP</b>	51%	53%	53%	62%
<b>MinnesotaCare</b>	44%	59%	51%	56%
<b>MSC</b>	57%	65%	62%	67%
<b>MSHO</b>	67%	62%	60%	72%

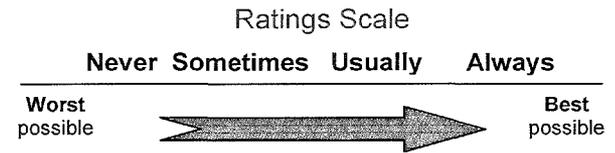
**PART III: PROGRAM COMPARISONS - PROVIDER COMMUNICATION AND SERVICE**

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

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

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

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



<b>Program</b>	<i>How well doctors communicate</i>	<i>Getting care without long waits</i>	<i>Courtesy, respect, and helpfulness of office staff</i>
<b>PMAP</b>	58%	35%	65%
<b>MinnesotaCare</b>	63%	39%	72%
<b>MSC</b>	64%	40%	72%
<b>MSHO</b>	65%	41%	75%

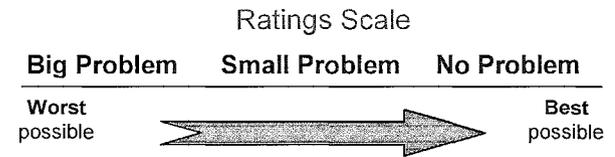
### PART III: PROGRAM COMPARISONS - HEALTH PLAN SERVICE AND ACCESS TO CARE

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

- Health plan customer service
- Getting care that is needed

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

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



<b>Program</b>	<i>Health plan customer service</i>	<i>Getting care that is needed</i>
<b>PMAP</b>	70%	71%
<b>MinnesotaCare</b>	62%	77%
<b>MSC</b>	54%	65%
<b>MSHO</b>	69%	71%

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

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

#### **Introduction**

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

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

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

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

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

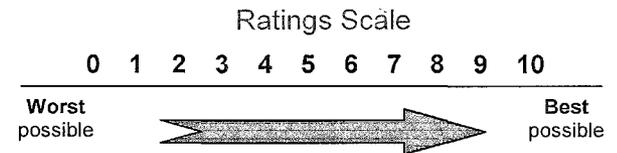
- Those plans that had a rating or composite score that was significantly lower than the State average have an indicator of ↓ next to that rating or composite score.
- Those plans that had a rating or composite score that was significantly higher than the State average have an indicator of ↑ next to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

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

**PART IV: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS**  
**PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)**

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

For each health plan, the number in the table shows the percent of all people who responded positively by giving a score of 9 or 10. The average of all plans in PMAP is shown as the PMAP State Average.

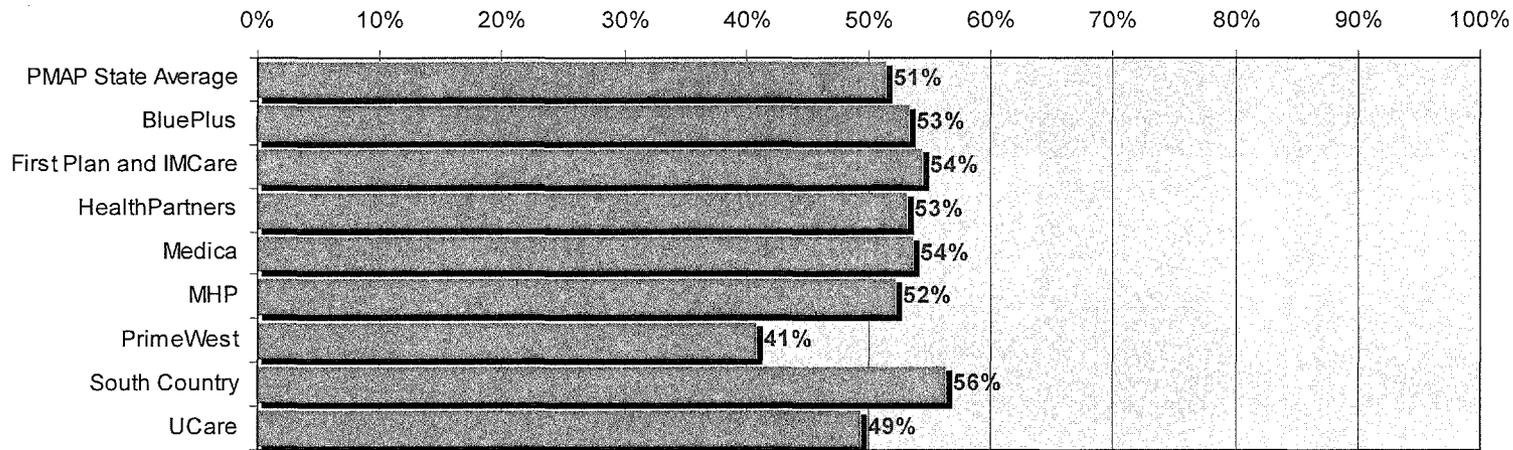


<b>PMAP</b>	<i>How people rated their health plan</i>	<i>How people rated their health care</i>	<i>How people rated their specialist</i>	<i>How people rated their doctor or nurse</i>
<b>PMAP State Average</b>	51%	53%	53%	62%
<b>BluePlus</b>	53%	50%	44%	58%
<b>First Plan and IMCare</b>	54%	54%	52%	62%
<b>HealthPartners</b>	53%	56%	62%	68% ↑
<b>Medica</b>	54%	44%	54%	57%
<b>MHP</b>	52%	54%	54%	60%
<b>PrimeWest</b>	41% ↓	61% ↑	58%	66%
<b>South Country</b>	56%	53%	50%	67%
<b>UCare</b>	49%	46% ↓	48%	54% ↓

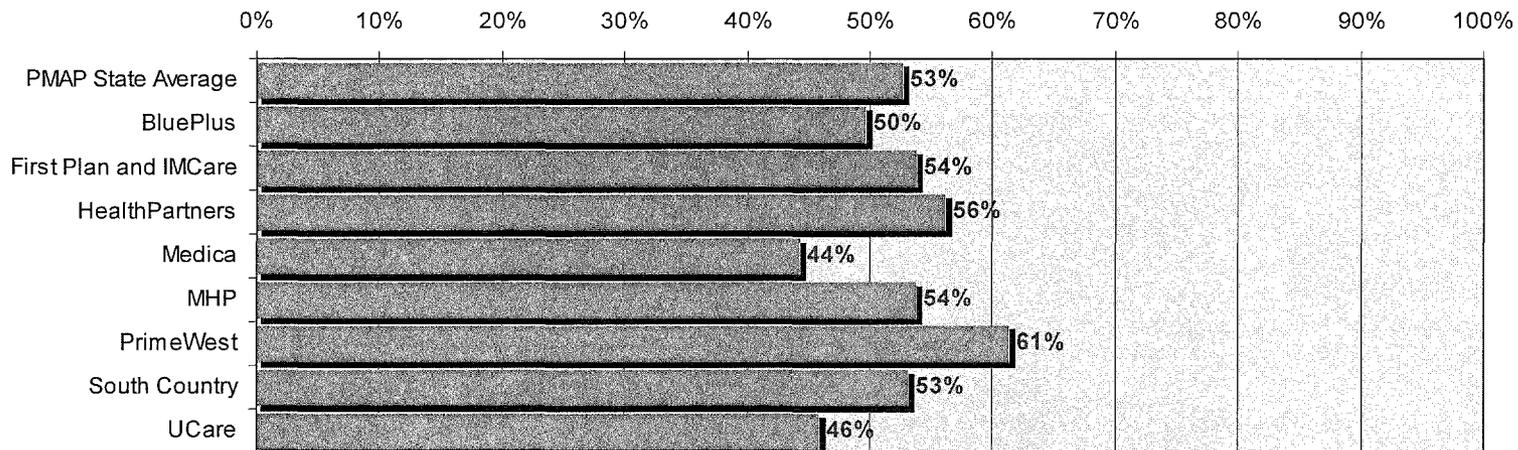
↓ indicates a rating significantly lower than the State average; ↑ indicates a rating significantly higher than the State average

**PART IV: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS**  
**PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)**

**How people rated their health plan**

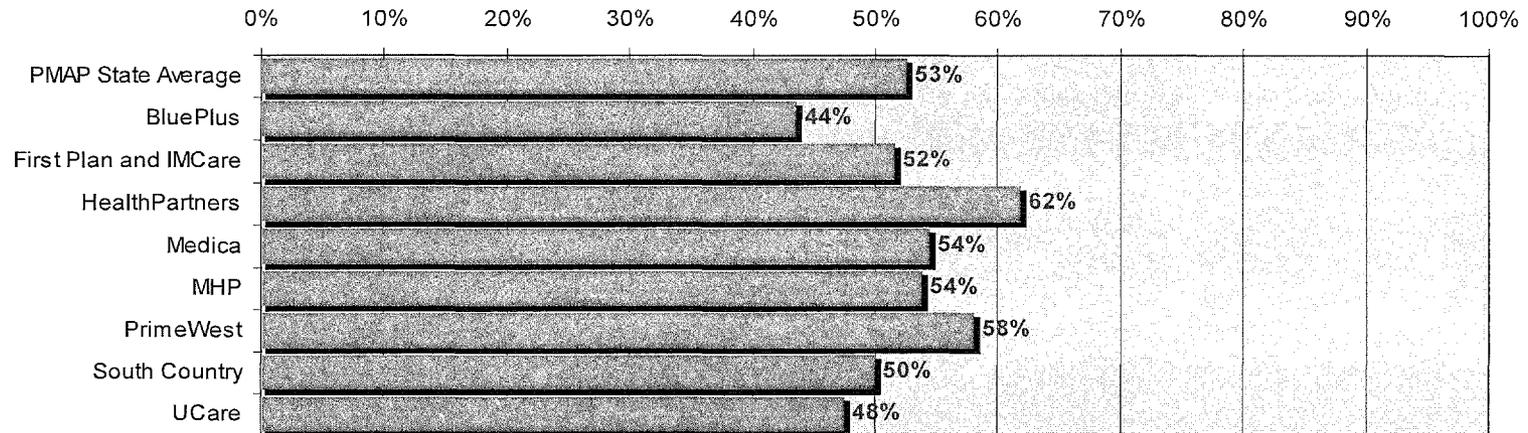


**How people rated their health care**

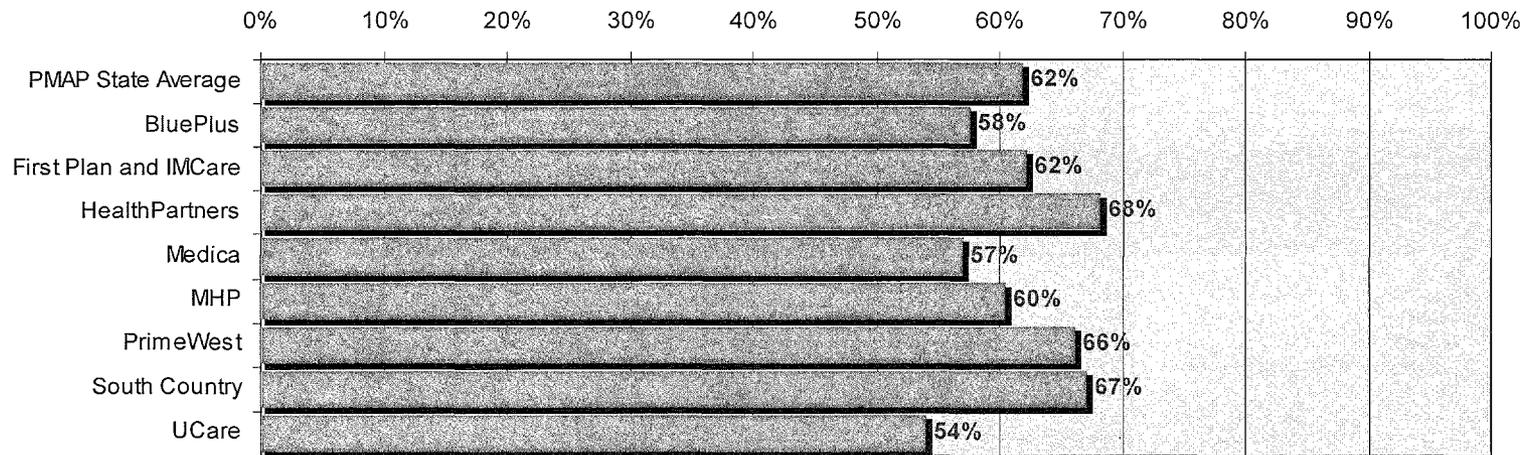


**PART IV: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS**  
**PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)**

**How people rated their specialist**



**How people rated their doctor or nurse**



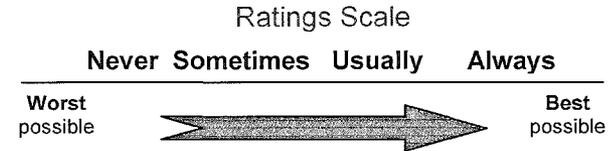
**PART IV: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE  
PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)**

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

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

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

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

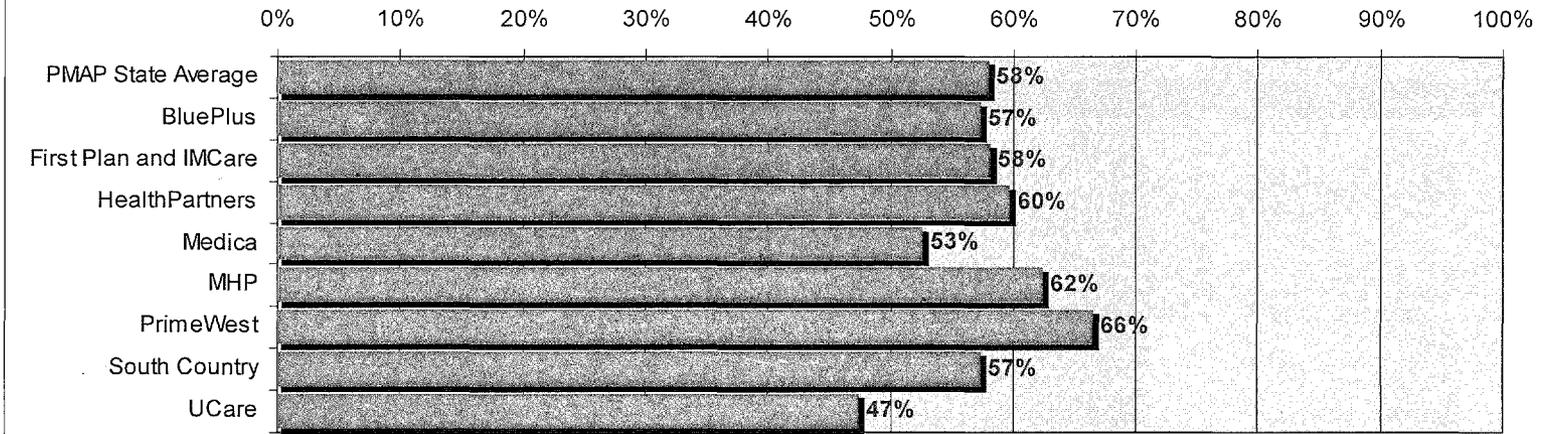


<b>PMAP</b>	<i>How well doctors communicate</i>	<i>Getting care without long waits</i>	<i>Courtesy, respect, and helpfulness of office staff</i>
<b>PMAP State Average</b>	58%	35%	65%
<b>BluePlus</b>	57%	33%	62%
<b>First Plan and IMCare</b>	58%	35%	65%
<b>HealthPartners</b>	60%	41%	64%
<b>Medica</b>	53%	33%	62%
<b>MHP</b>	62%	36%	65%
<b>PrimeWest</b>	66% ↑	37%	70% ↑
<b>South Country</b>	57%	35%	67%
<b>UCare</b>	47% ↓	35%	58% ↓

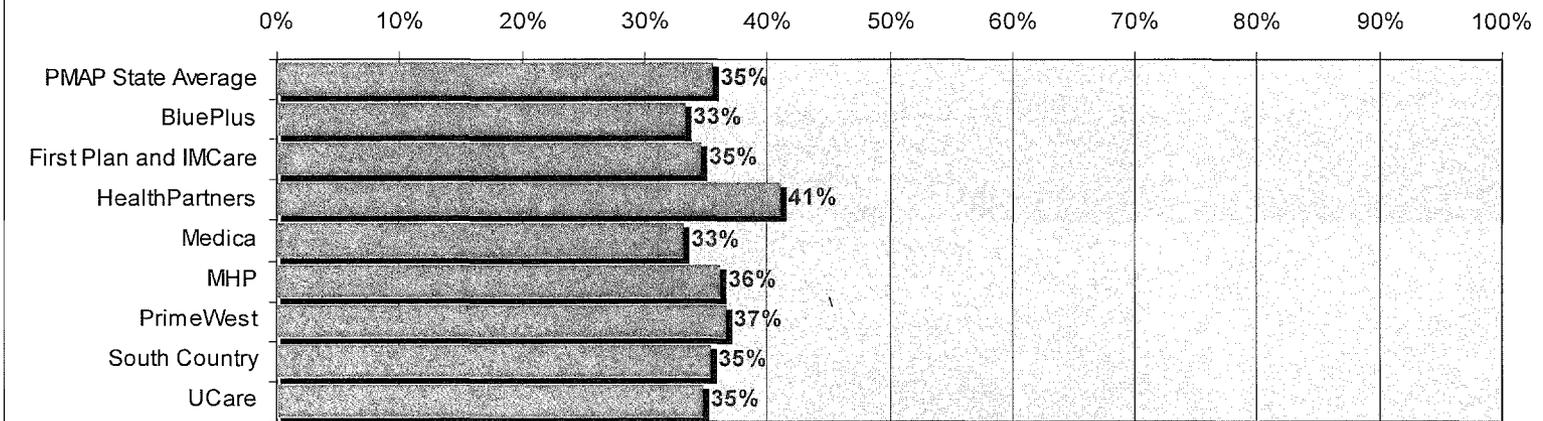
↓ indicates a score significantly lower than the State average; ↑ indicates a score significantly higher than the State average

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

**How well doctors communicate**

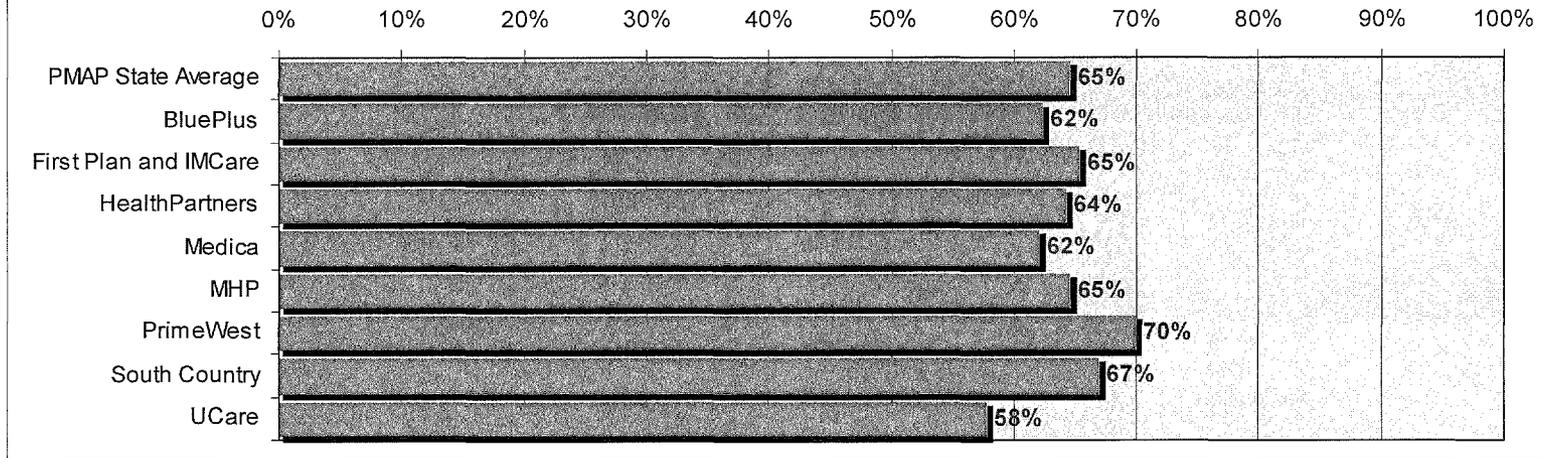


**Getting care without long waits**



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

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



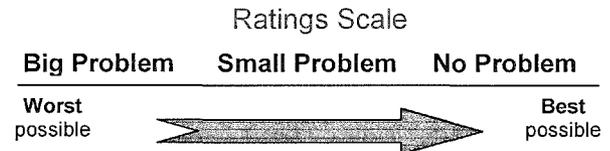
**PART IV: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE  
PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)**

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

- Health plan customer service
- Getting care that is needed

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

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

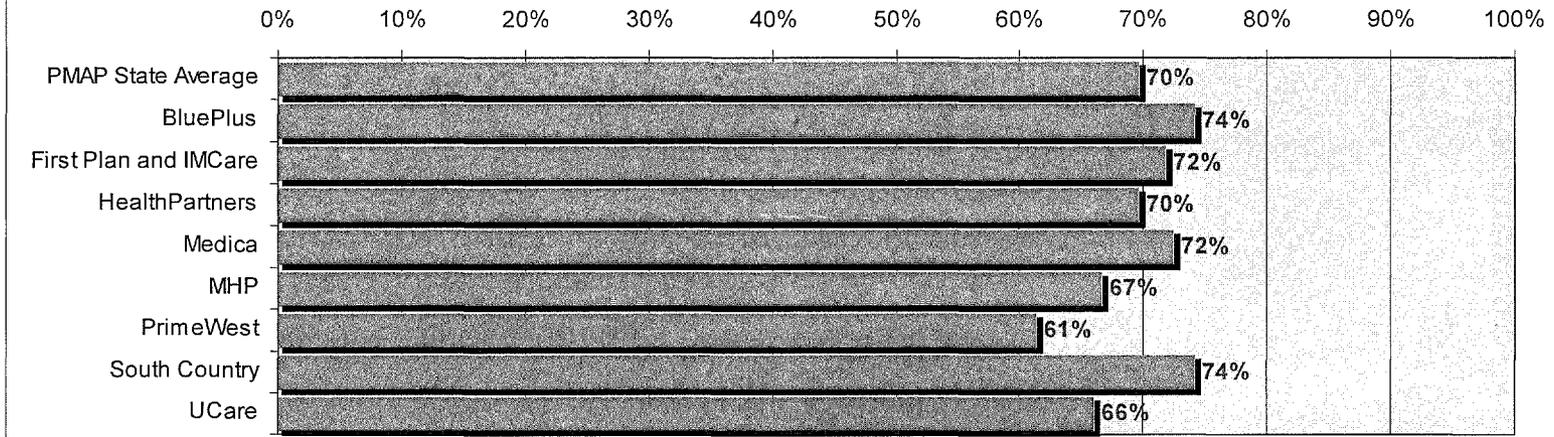


<b>PMAP</b>	<i>Health plan customer service</i>	<i>Getting care that is needed</i>
<b>PMAP State Average</b>	70%	71%
<b>BluePlus</b>	74%	69%
<b>First Plan and IMCare</b>	72%	70%
<b>HealthPartners</b>	70%	70%
<b>Medica</b>	72%	73%
<b>MHP</b>	67%	64%
<b>PrimeWest</b>	61% ↓	73%
<b>South Country</b>	74%	75%
<b>UCare</b>	66%	68%

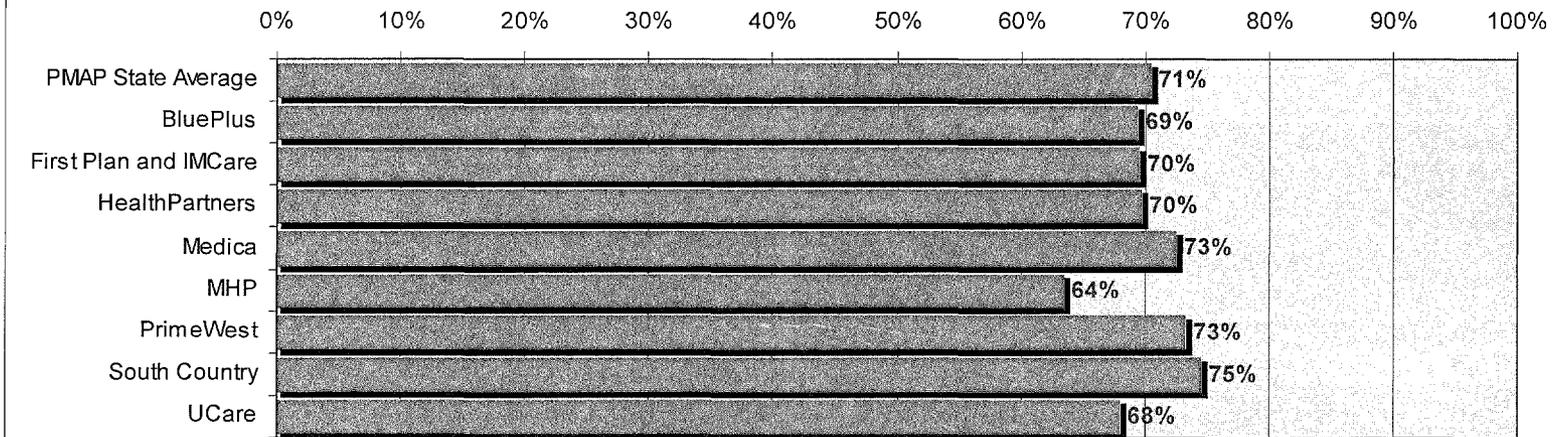
↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

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

**Health plan customer service**



**Getting care that is needed**



## PART V: PLAN-SPECIFIC COMPARISONS

### MINNESOTACARE

#### Introduction

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

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

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

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

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

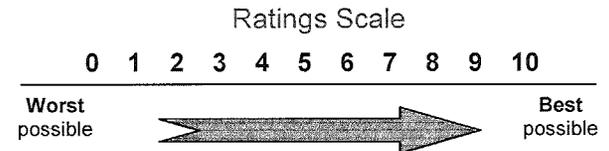
- Those plans that had a rating or composite score that was significantly lower than the State average have an indicator of ↓ next to that rating or composite score.
- Those plans that had a rating or composite score that was significantly higher than the State average have an indicator of ↑ next to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

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

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

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

For each health plan, the number in the table shows the percent of all people who responded positively by giving a score of 9 or 10. The average of all plans in MinnesotaCare is shown as the MinnesotaCare Average.

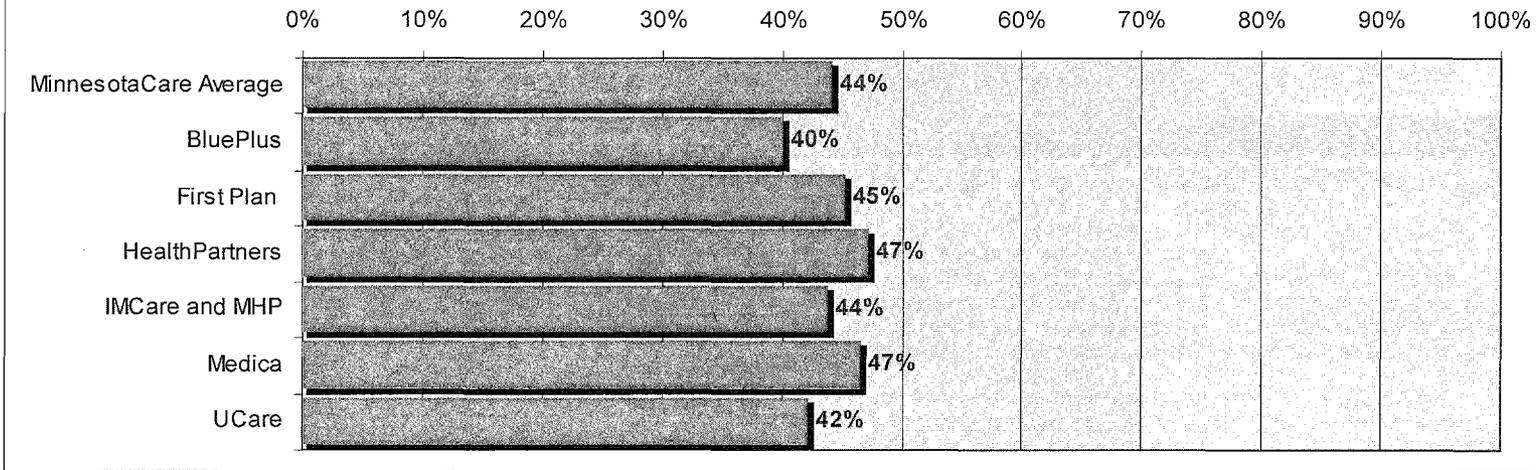


<b>MinnesotaCare</b>	<i>How people rated their health plan</i>	<i>How people rated their health care</i>	<i>How people rated their specialist</i>	<i>How people rated their doctor or nurse</i>
<b>MinnesotaCare Average</b>	44%	59%	51%	56%
<b>BluePlus</b>	40%	56%	42%	48% ↓
<b>First Plan</b>	45%	57%	56%	53%
<b>HealthPartners</b>	47%	56%	51%	59%
<b>IMCare and MHP</b>	44%	61%	54%	59%
<b>Medica</b>	47%	63%	52%	56%
<b>UCare</b>	42%	62%	51%	62%

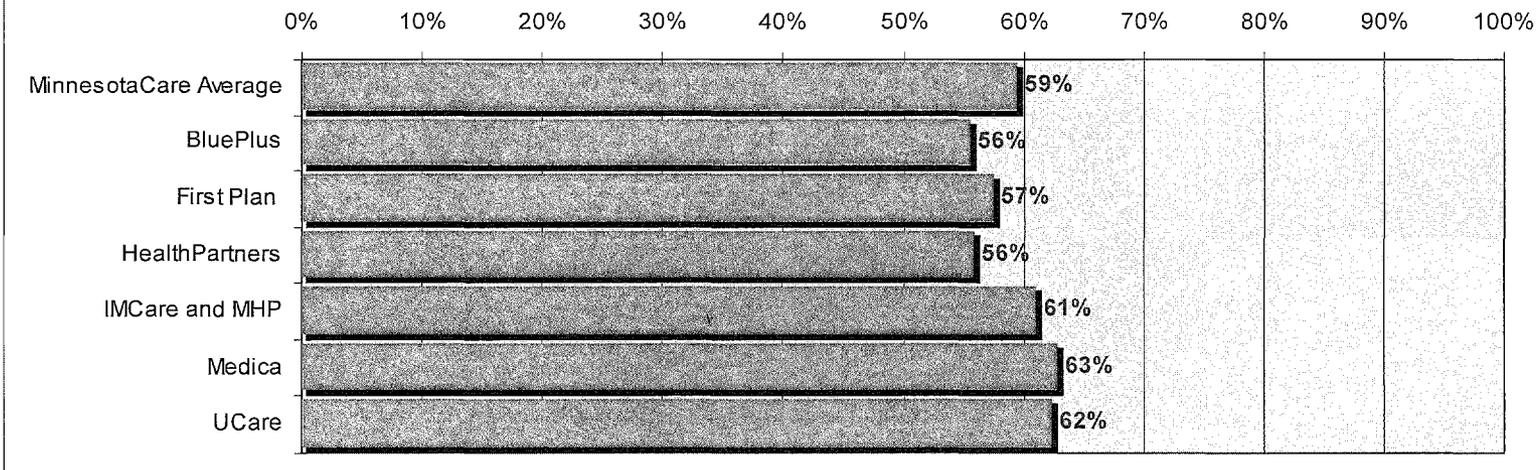
↓ indicates a rating significantly lower than the State average; ↑ indicates a rating significantly higher than the State average

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

**How people rated their health plan**

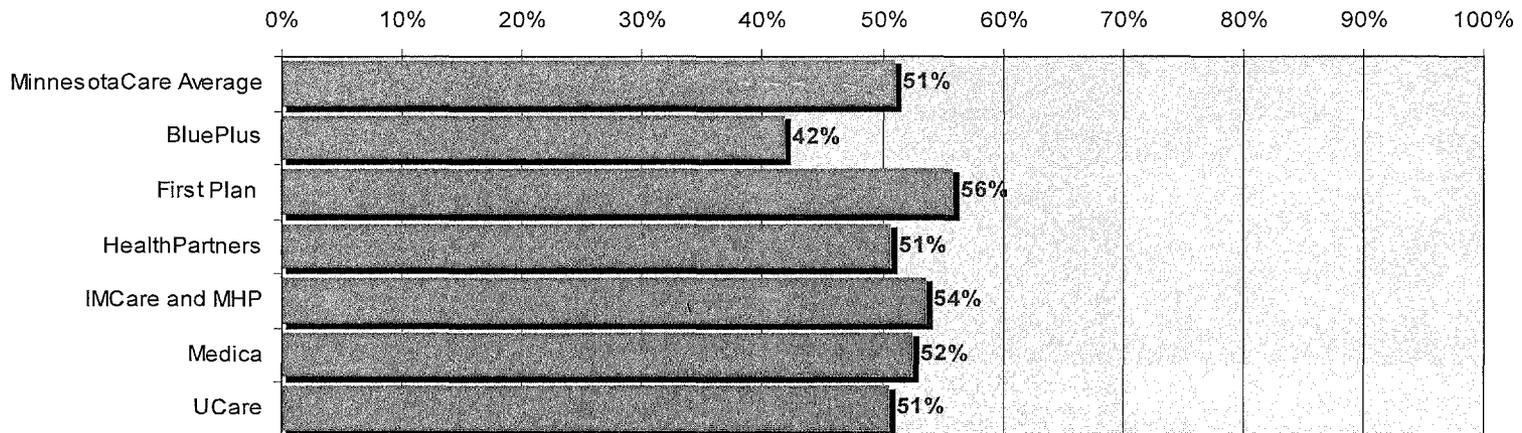


**How people rated their health care**

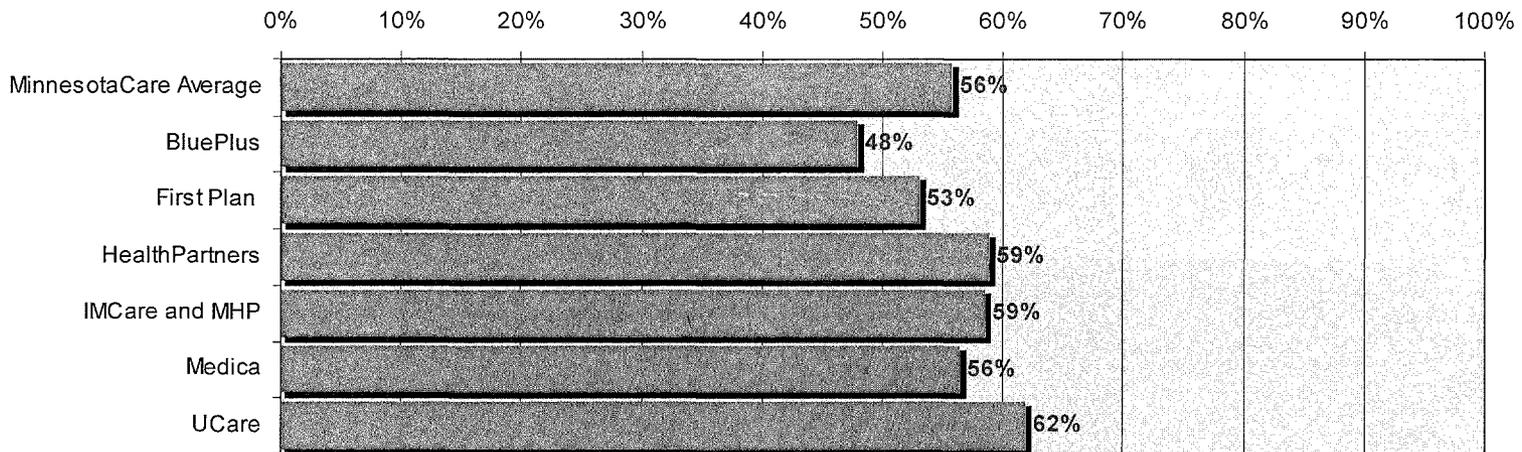


**PART V: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS**  
**MINNESOTACARE**

**How people rated their specialist**



**How people rated their doctor or nurse**



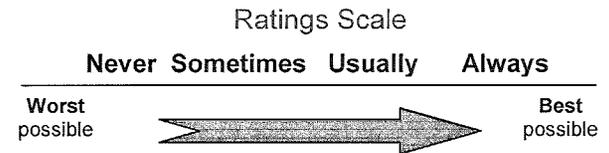
**PART V: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE**  
**MINNESOTACARE**

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

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

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

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

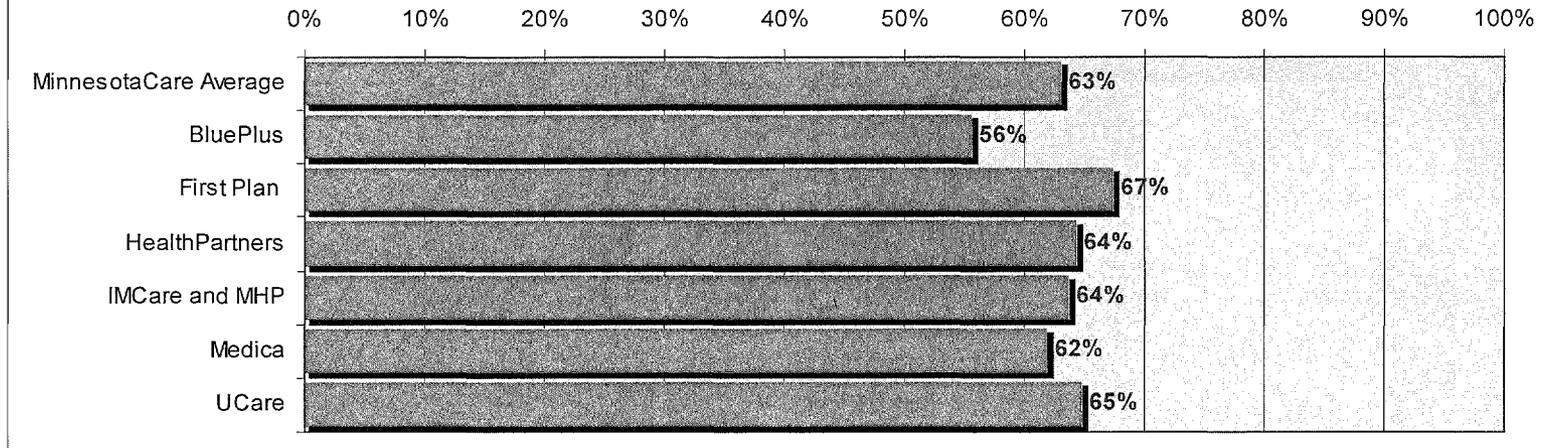


<b>MinnesotaCare</b>	<i>How well doctors communicate</i>	<i>Getting care without long waits</i>	<i>Courtesy, respect, and helpfulness of office staff</i>
<b>MinnesotaCare Average</b>	63%	39%	72%
<b>BluePlus</b>	56%	36%	68%
<b>First Plan</b>	67% ↑	42%	77% ↑
<b>HealthPartners</b>	64%	33% ↓	74%
<b>IMCare and MHP</b>	64%	42%	71%
<b>Medica</b>	62%	39%	73%
<b>UCare</b>	65%	41%	70%

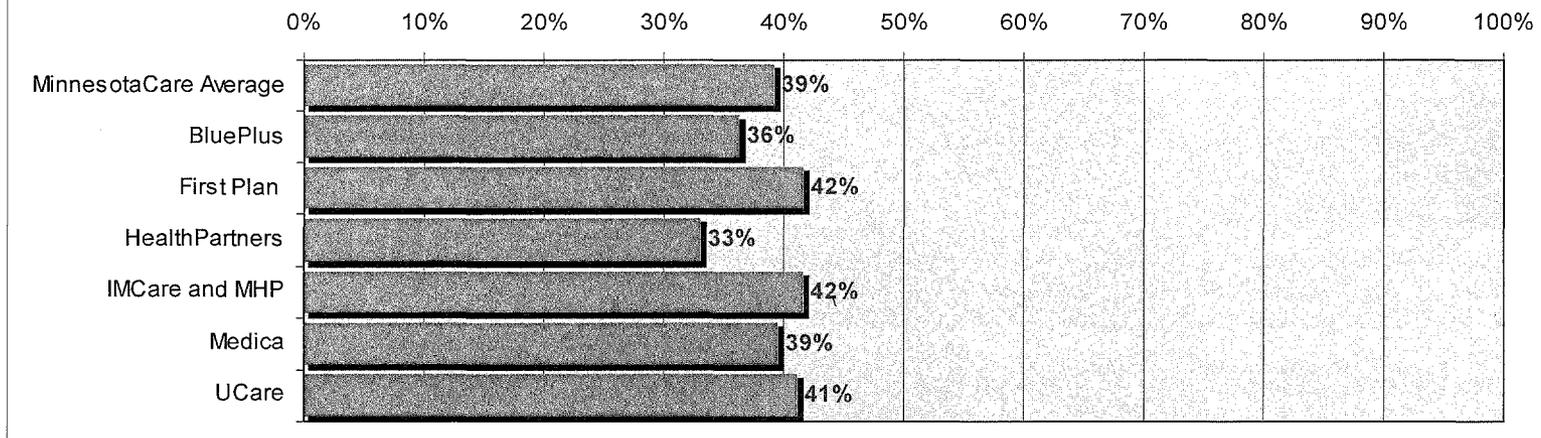
↓ indicates a score significantly lower than the State average; ↑ indicates a score significantly higher than the State average

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

**How well doctors communicate**

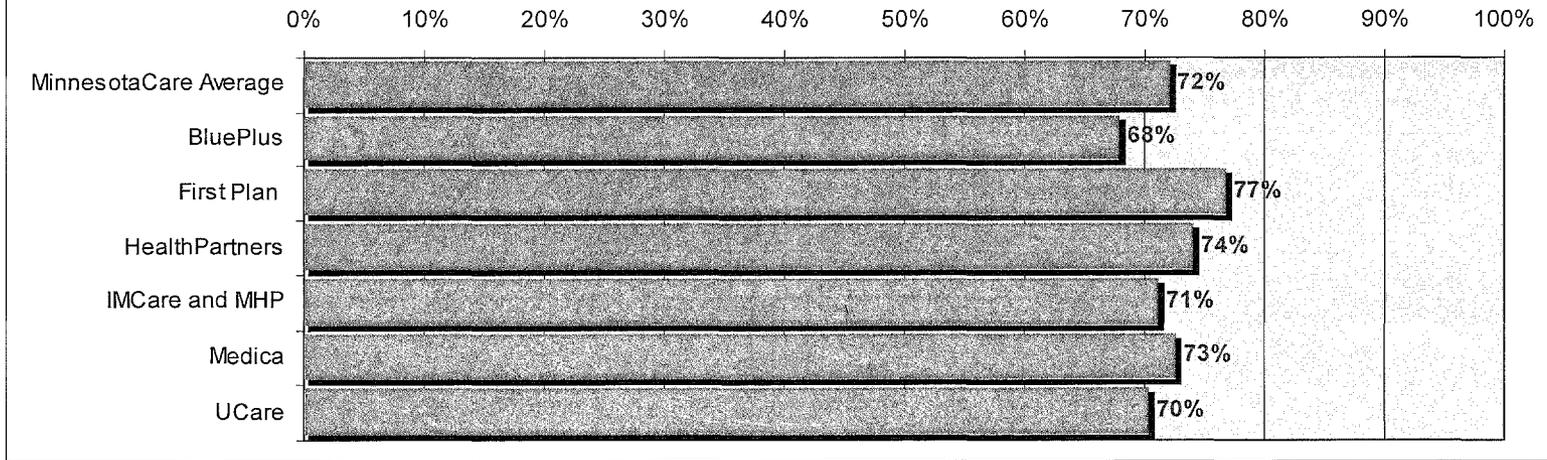


**Getting care without long waits**



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

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



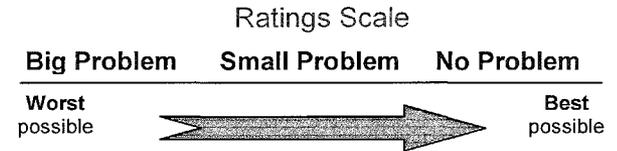
**PART V: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE**  
**MINNESOTACARE**

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

- Health plan customer service
- Getting care that is needed

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

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

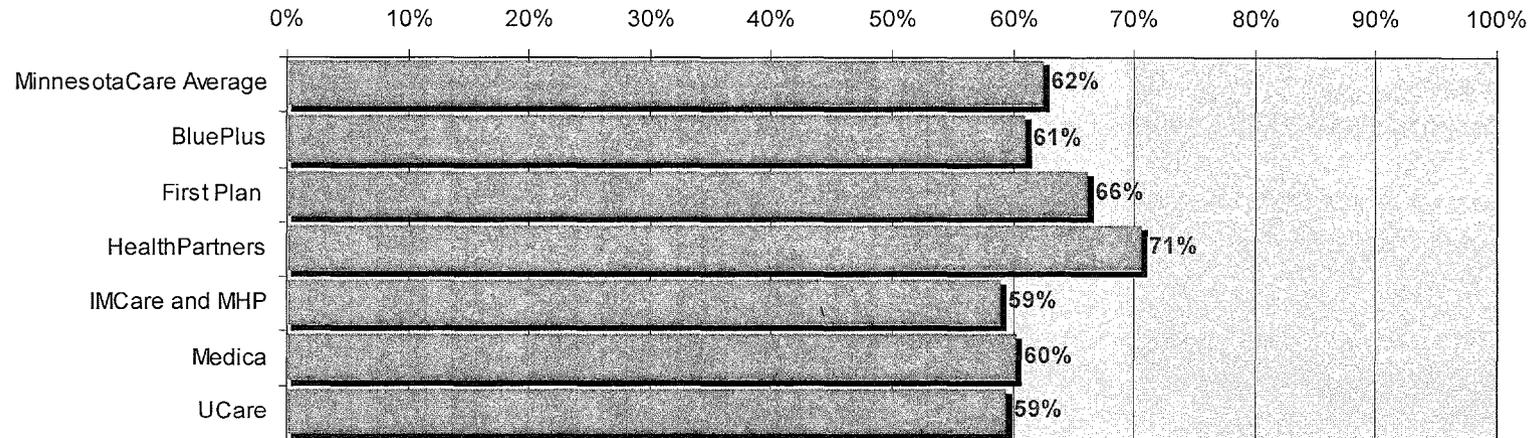


<b>MinnesotaCare</b>	<i>Health plan customer service</i>	<i>Getting care that is needed</i>
<b>MinnesotaCare Average</b>	62%	77%
<b>BluePlus</b>	61%	84% ↑
<b>First Plan</b>	66%	79%
<b>HealthPartners</b>	71% ↑	72% ↓
<b>IMCare and MHP</b>	59%	74%
<b>Medica</b>	60%	72%
<b>UCare</b>	59%	77%

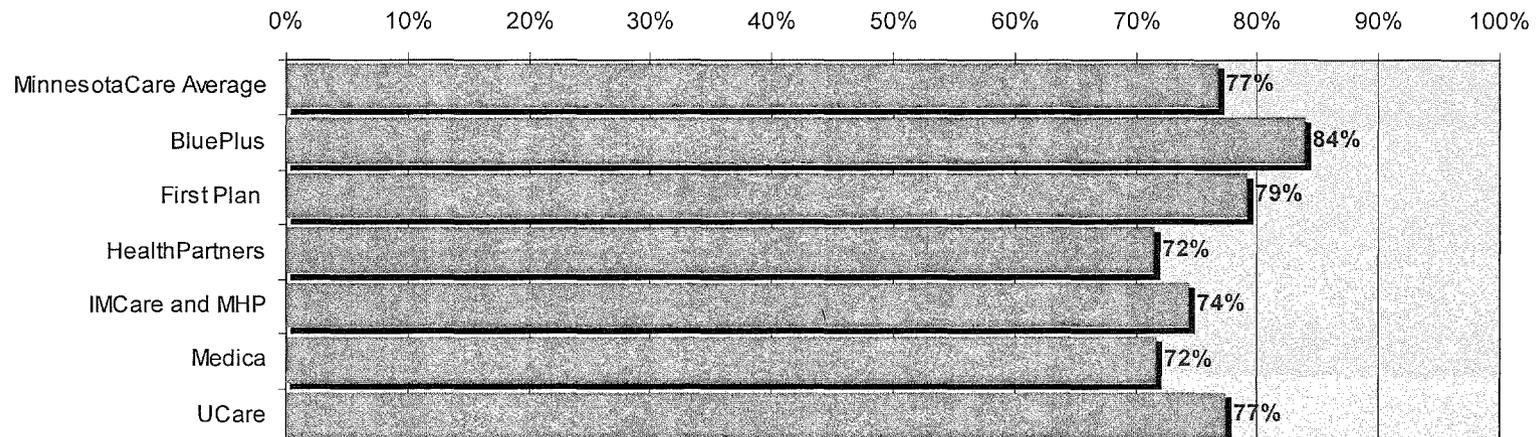
↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

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

**Health plan customer service**



**Getting care that is needed**



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

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

#### **Introduction**

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

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

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

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

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

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

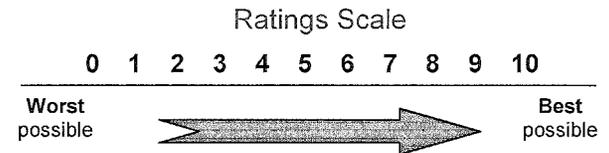
The survey attempted to sample 750 enrollees from each participating health plan. Some plans participating in Minnesota Senior Care (MSC) have smaller enrollments, and these plans were combined for sampling purposes. In the results that follow, these combined plans are referred to as MSC Grouped Plans. These plans include First Plan, IMCare, MHP, PrimeWest, and South Country.

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

**PART VI: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS**  
**MINNESOTA SENIOR CARE (MSC)**

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

For each health plan, the number in the table shows the percent of all people who responded positively by giving a score of 9 or 10. The average of all people in the Minnesota Senior Care plans is given as the MSC Average.



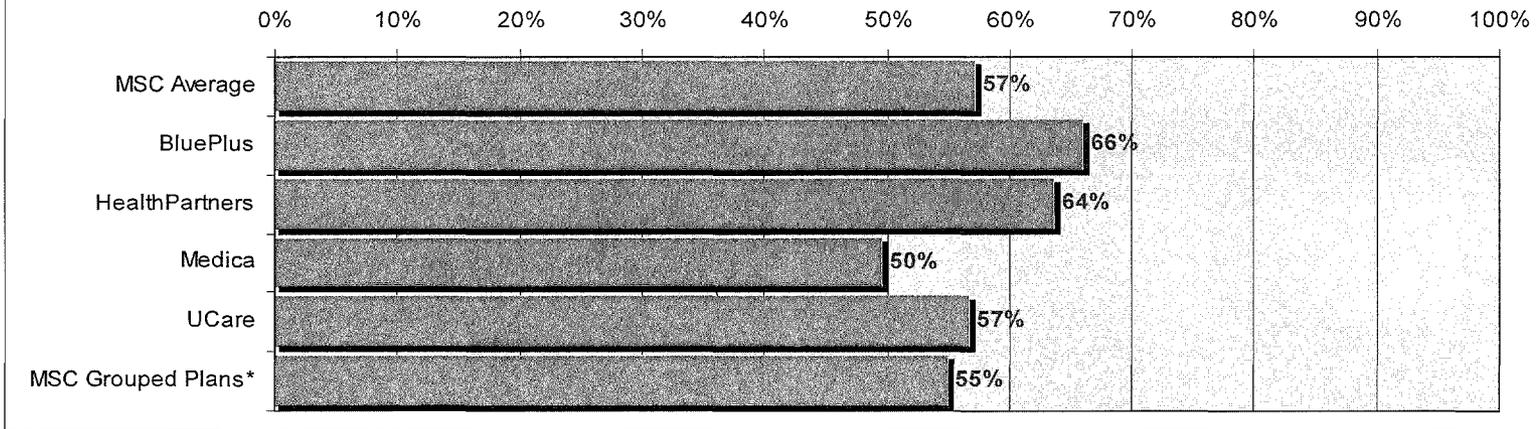
<b>Minnesota Senior Care (MSC)</b>	<i>How people rated their health plan</i>	<i>How people rated their health care</i>	<i>How people rated their specialist</i>	<i>How people rated their doctor or nurse</i>
<b>MSC Average</b>	57%	65%	62%	67%
<b>BluePlus</b>	66%	86% ↑	82% ↑	80% ↑
<b>HealthPartners</b>	64%	65%	61%	74%
<b>Medica</b>	50%	56% ↓	53% ↓	59%
<b>UCare</b>	57%	61%	60%	62%
<b>MSC Grouped Plans*</b>	55%	69%	76% ↑	67%

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

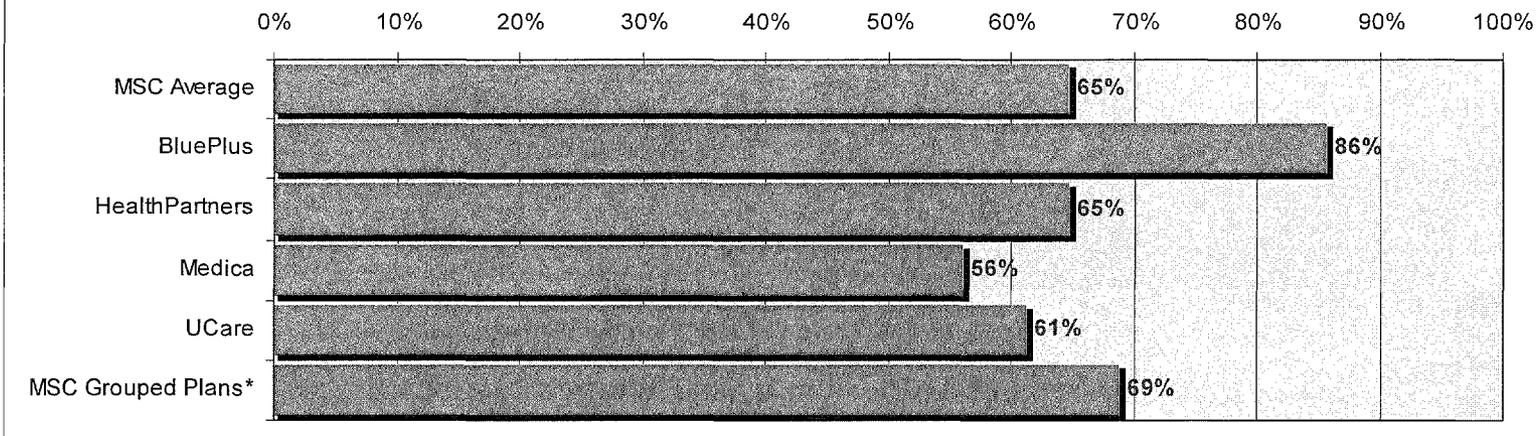
↓ indicates a rating significantly lower than the State average;    ↑ indicates a rating significantly higher than the State average

**PART VI: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS**  
**MINNESOTA SENIOR CARE (MSC)**

**How people rated their health plan**



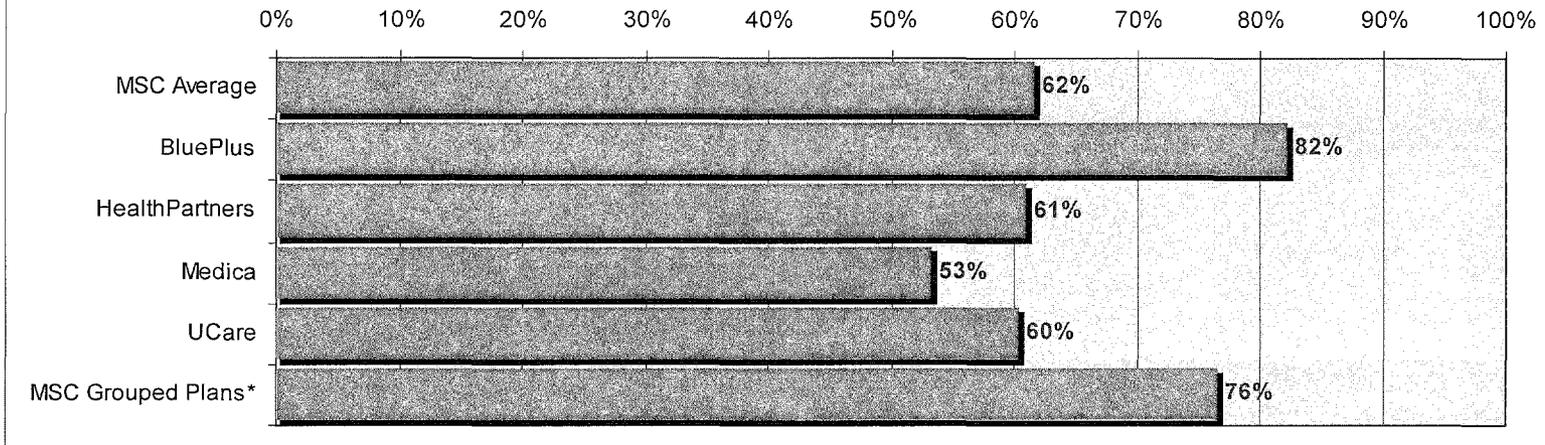
**How people rated their health care**



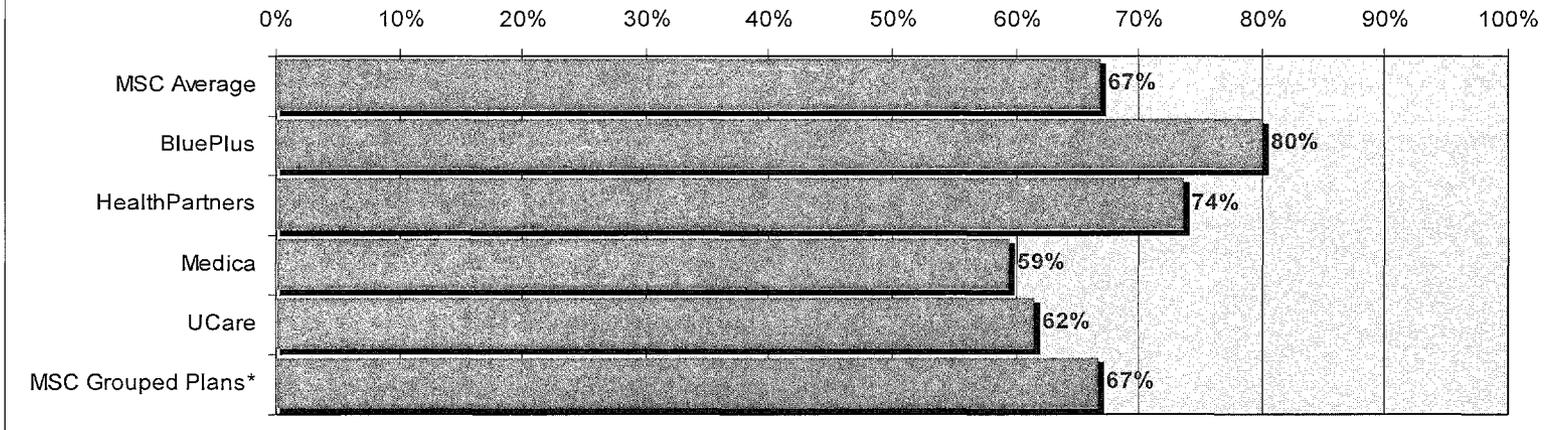
\* First Plan, IMCare, MHP, PrimeWest, and South Country were combined due to small denominators.

**PART VI: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS**  
**MINNESOTA SENIOR CARE (MSC)**

**How people rated their specialist**



**How people rated their doctor or nurse**



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

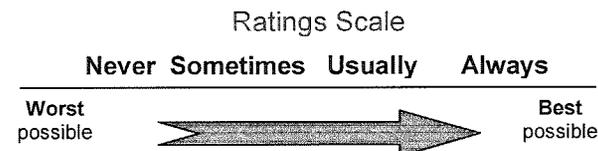
**PART VI: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE  
MINNESOTA SENIOR CARE (MSC)**

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

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

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

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

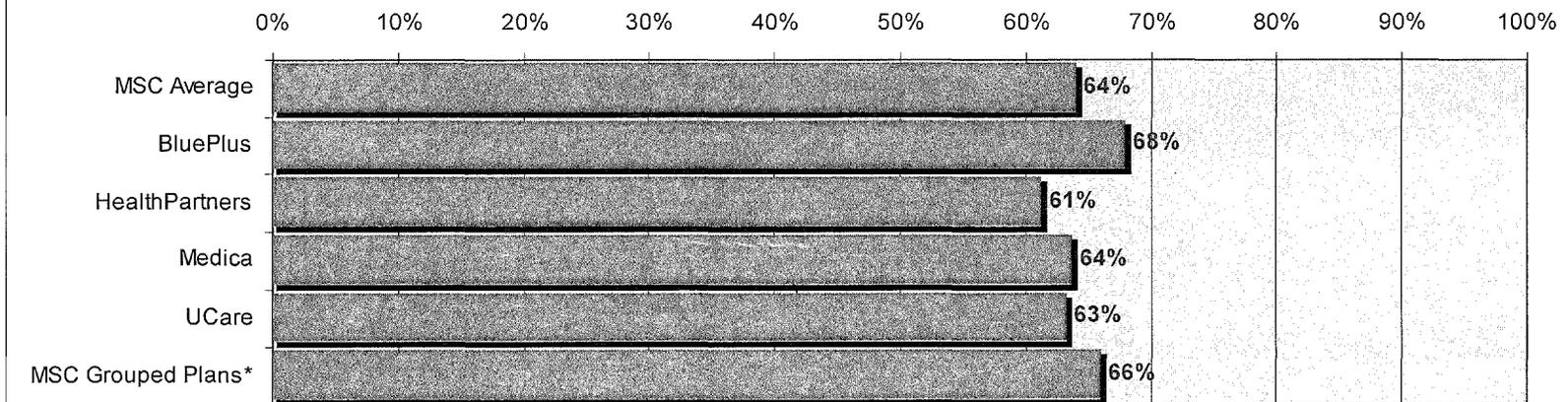


<b>Minnesota Senior Care (MSC)</b>	<i>How well doctors communicate</i>	<i>Getting care without long waits</i>	<i>Courtesy, respect, and helpfulness of office staff</i>
<b>MSC Average</b>	64%	40%	72%
<b>BluePlus</b>	68%	47%	76%
<b>HealthPartners</b>	61%	38%	68%
<b>Medica</b>	64%	40%	72%
<b>UCare</b>	63%	38%	73%
<b>MSC Grouped Plans*</b>	66%	39%	77%
* First Plan, IMCare, MHP, PrimeWest, and South Country were combined due to small denominators.			

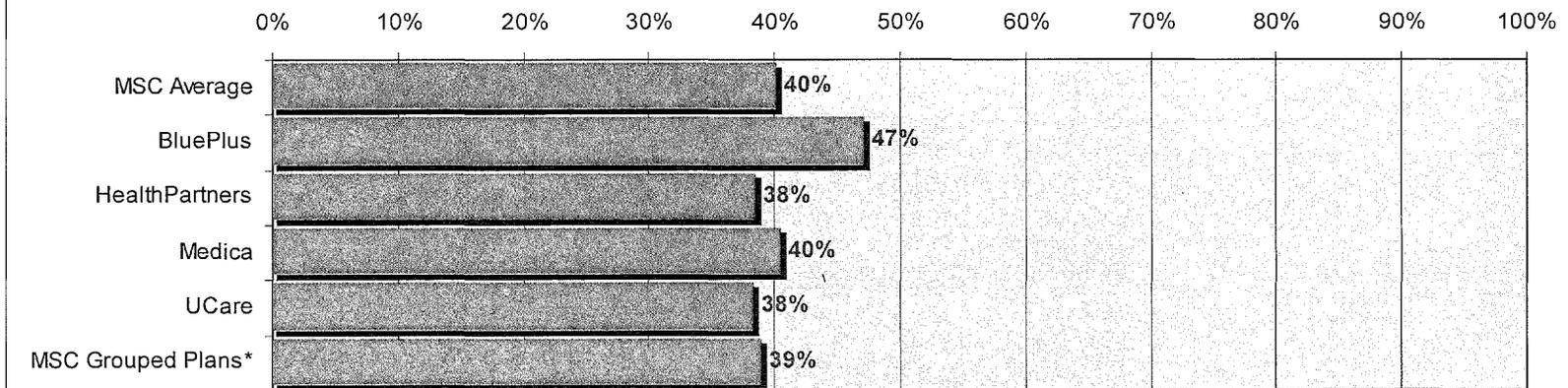
↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

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

**How well doctors communicate**



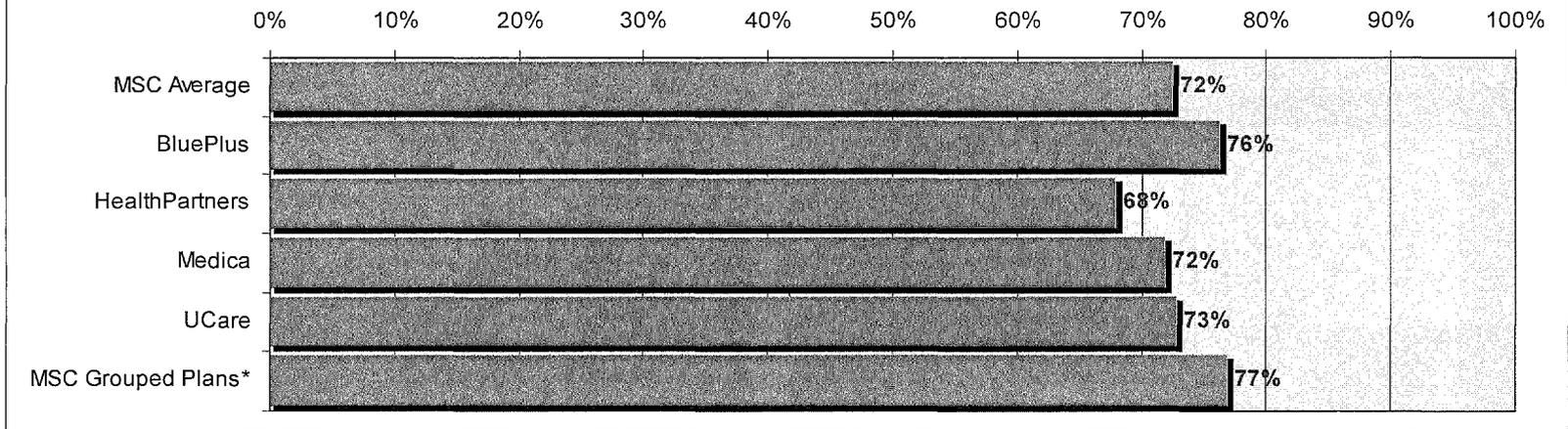
**Getting care without long waits**



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

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

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



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

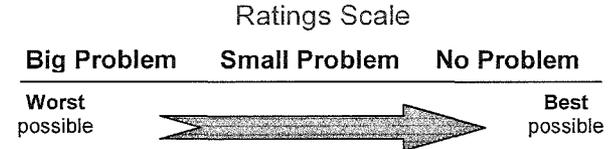
**PART VI: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE  
MINNESOTA SENIOR CARE (MSC)**

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

- Health plan customer service
- Getting care that is needed

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

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

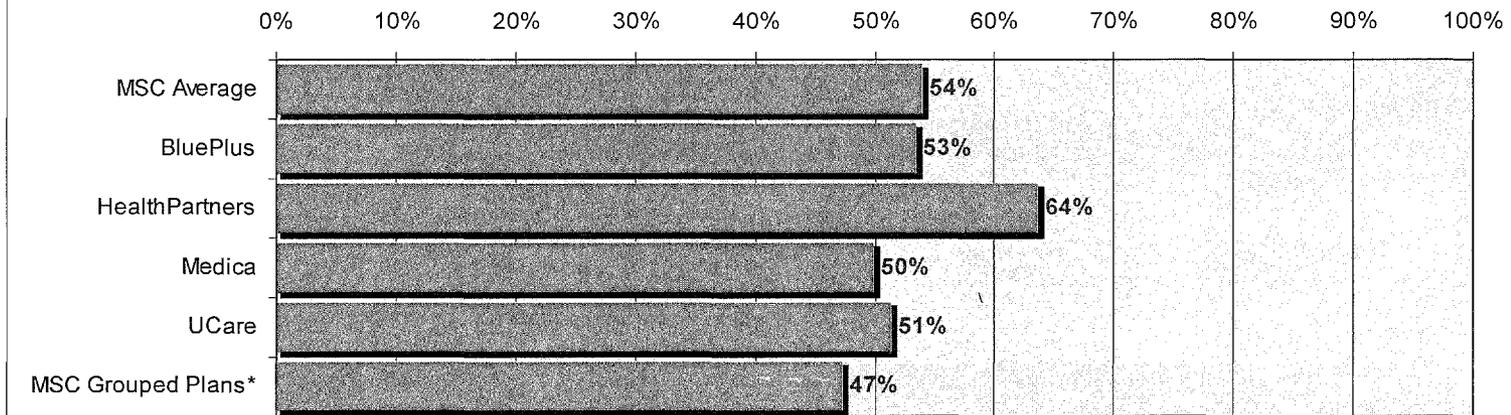


<b>Minnesota Senior Care (MSC)</b>	<i>Health plan customer service</i>	<i>Getting care that is needed</i>
<b>MSC Average</b>	54%	65%
<b>BluePlus</b>	53%	79% ↑
<b>HealthPartners</b>	64% ↑	67%
<b>Medica</b>	50%	53% ↓
<b>UCare</b>	51%	71%
<b>MSC Grouped Plans*</b>	47%	73%
* First Plan, IMCare, MHP, PrimeWest, and South Country were combined due to small denominators.		

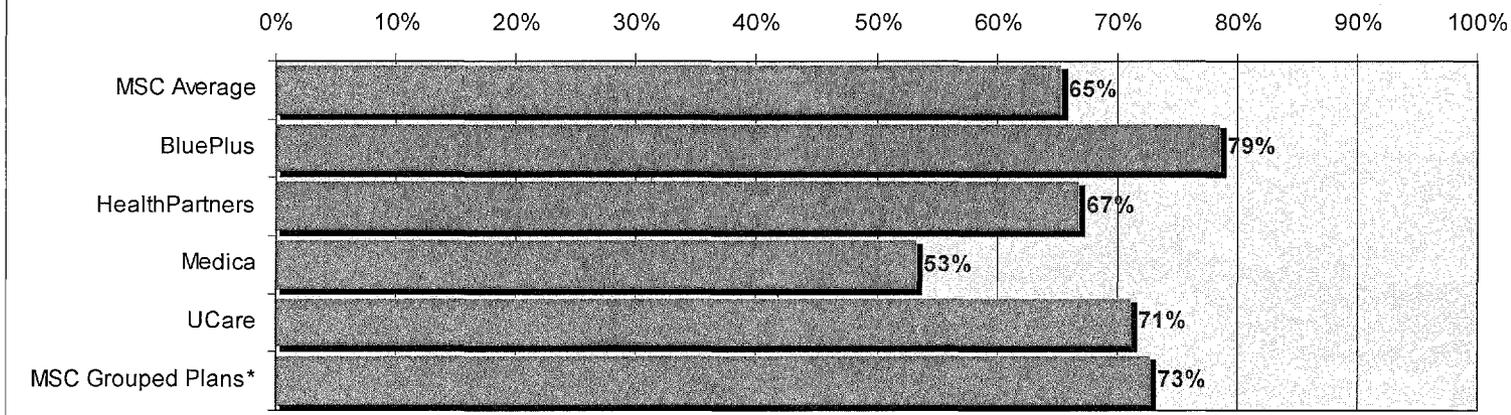
↓ indicates a score significantly lower than the State average;    ↑ indicates a score significantly higher than the State average

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

**Health plan customer service**



**Getting care that is needed**



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

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

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

#### **Introduction**

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

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

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

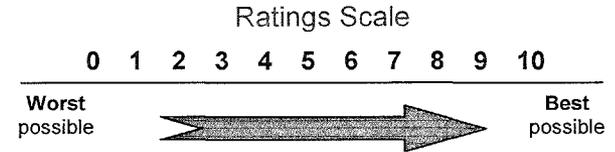
The final pages of this section show the percentage of enrollees who responded most positively (or “No Problem”) to questions that formed the two composite topics: *Health plan customer service*; and *Getting care that is needed*.

The survey attempted to sample 750 enrollees from each participating health plan. The plans participating in MSHO all have smaller enrollments, and all MSHO plans were combined for sampling purposes. In the results that follow, these combined plans are referred to as *MSHO Plans*. These plans include Blue Plus, First Plan, HealthPartners, Medica, MHP, PrimeWest, and UCare.

**PART VII: PLAN-SPECIFIC COMPARISONS – OVERALL RATINGS**  
**MINNESOTA SENIOR HEALTH OPTIONS (MSHO)**

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

For each health plan, the number in the table shows the percent of all people who responded positively by giving a score of 9 or 10.



<b>Minnesota Senior Health Options (MSHO)</b>	<i>How people rated their health plan</i>	<i>How people rated their health care</i>	<i>How people rated their specialist</i>	<i>How people rated their doctor or nurse</i>
<b>MSHO Plans*</b>	67%	62%	60%	72%
* Data from BluePlus, First Plan, HealthPartners, Medica, MHP, PrimeWest, UCare are grouped together.				

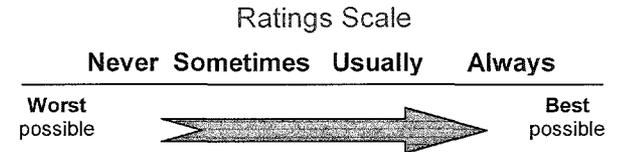
**PART VII: PLAN-SPECIFIC COMPARISONS – PROVIDER COMMUNICATION AND SERVICE  
MINNESOTA SENIOR HEALTH OPTIONS (MSHO)**

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

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

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

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



<b>Minnesota Senior Health Options (MSHO)</b>	<i>How well doctors communicate</i>	<i>Getting care without long waits</i>	<i>Courtesy, respect, and helpfulness of office staff</i>
<b>MSHO Plans*</b>	65%	41%	75%
* Data from BluePlus, First Plan, HealthPartners, Medica, MHP, PrimeWest, UCare are grouped together.			

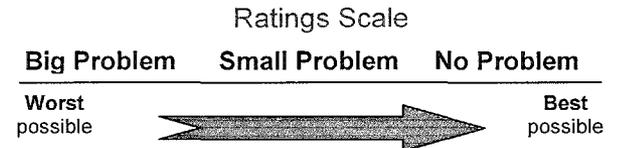
**PART VII: PLAN-SPECIFIC COMPARISONS – HEALTH PLAN SERVICE AND ACCESS TO CARE  
MINNESOTA SENIOR HEALTH OPTIONS (MSHO)**

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

- Health plan customer service
- Getting care that is needed

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

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



<b>Minnesota Senior Health Options (MSHO)</b>	<i>Health plan customer service</i>	<i>Getting care that is needed</i>
<b>MSHO Plans*</b>	69%	71%
* Data from BluePlus, First Plan, HealthPartners, Medica, MHP, PrimeWest, UCare are grouped together.		

## PART VIII: HEALTH PLAN OPPORTUNITIES FOR IMPROVEMENT

### Introduction

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

In addition to rating their health plan, respondents were also asked to rate their satisfaction with their health care, satisfaction with their specialists, and satisfaction with their doctor or nurse. Respondents were asked to rate their satisfaction using a scale from 0 to 10. Average ratings of 8, 9, or 10 are considered an achievement for the health plan. Average ratings less than 8 are considered to be opportunities for improvement for the health plan. It is important to note that in those sections of this report for Plan Comparisons (Parts IV, V, VI, and VII), ratings of 9 and 10 are considered to be *Most Positive* ratings when reporting the percentages of people who rated the plan most positively.

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

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

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

Opportunities for Improvement				
Highly related to Health Plan Satisfaction with Achievement Scores <80%				
<b>PMAP</b>	Rating of all health care	Health plan customer service	Rating of specialist	Rating of doctor or nurse
Aggregate of Health Plans	X	X		
Blue Plus	X	X		
First Plan*	X	X		
HealthPartners	X		X	
IMCare*	X	X		
Medica	X		X	X
Metropolitan Health Plan	X		X	
PrimeWest		X		
South Country	X			
UCare	X			

\*Grouped plans combine data from First Plan and IMCare

Opportunities for Improvement					
Highly related to Health Plan Satisfaction with Achievement Scores <80%					
<b>MinnesotaCare</b>	Rating of all health care	Health plan customer service	Rating of specialist	Rating of doctor or nurse	Getting care quickly
Aggregate of Health Plans**					
Blue Plus		X	X		
First Plan	X				
HealthPartners	X		X		X
IMCare*		X			
Medica**					
Metropolitan Health Plan*		X			
UCare		X	X		

\*Grouped plans combine data from IMCare and Metropolitan Health Plan

\*\* No items identified

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

Opportunities for Improvement				
Highly related to Health Plan Satisfaction with Achievement Scores <80%				
<b>Minnesota Senior Care</b>	Rating of all health care	Health plan customer service	Rating of specialist	Rating of doctor or nurse
Aggregate of Health Plans		X	X	
Blue Plus**				
First Plan*		X		
HealthPartners	X	X	X	
IMCare*		X		
Medica		X	X	
Metropolitan Health Plan*		X		
PrimeWest*		X		
South Country*		X		
UCare**				

\*Grouped plans combine data from First Plan, IMCare, Metropolitan Health Plan, Prime West, and South Country

\*\* No items identified

Opportunities for Improvement				
Highly related to Health Plan Satisfaction with Achievement Scores <80%				
<b>MSHO</b>	Rating of all health care	Health plan customer service	Rating of specialist	Rating of doctor or nurse
Aggregate of Health Plans		X		
Blue Plus*		X		
First Plan*		X		
HealthPartners*		X		
Medica*		X		
Metropolitan Health Plan*		X		
PrimeWest*		X		
UCare*		X		

\*Grouped plans combine data from BluePlus, First Plan, HealthPartners, Medica, Metropolitan Health Plan, PrimeWest, and UCare

## **PART IX: SUPPLEMENTAL QUESTIONS**

### **Additions to the Standardized Questionnaire**

The survey used the CAHPS 3.0 Medicaid Core Module, which contains 63 standards questions. The Minnesota Department of Human Services added Supplemental Questions to this Core questionnaire. The Supplemental Questions varied by program. The domains covered by the Supplemental Questions and the program enrollees who were asked these questions are summarized below.

<b>Supplemental Question Domains</b>	<b>Asked of Program Enrollees in:</b>
Access to treatment and counseling services	PMAP, MinnesotaCare, MSC, MSHO
Flu shots and pneumonia vaccination	MSC, MSHO
Experience with care coordination	MSHO
Problems with pain, loneliness, dependence and health concerns	MSHO

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

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

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

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

The results for the Supplemental Questions on Access to Treatment and Counseling are summarized by program and then are presented by plan within each program.

<b>Program</b>	<i>Needed treatment or counseling</i>	<i>No problem obtaining treatment or counseling</i>	<i>Rated 9 or 10 on treatment or counseling</i>	<i>Rated Very Good or Excellent emotional or mental health</i>
<b>PMAP</b>	20%	73%	52%	52%
<b>MinnesotaCare</b>	12%	69%	48%	60%
<b>MSC</b>	13%	44%	50%	35%
<b>MSHO</b>	9%	56%	44%	39%

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

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

<b>PMAP</b>	<i>Needed treatment or counseling</i>	<i>No problem obtaining treatment or counseling</i>	<i>Rated 9 or 10 on treatment or counseling</i>	<i>Rated Very Good or Excellent emotional or mental health</i>
<b>PMAP State Average</b>	20%	73%	52%	52%
<b>BluePlus</b>	24%	82%	52%	48%
<b>First Plan and IMCare</b>	21%	83%	46%	52%
<b>HealthPartners</b>	19%	60%	68%	55%
<b>Medica</b>	20%	71%	48%	48%
<b>MHP</b>	14%	78%	57%	56%
<b>PrimeWest</b>	15%	73%	57%	54%
<b>South Country</b>	22%	68%	44%	50%
<b>UCare</b>	21%	67%	51%	51%

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

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

<b>MinnesotaCare</b>	<i>Needed treatment or counseling</i>	<i>No problem obtaining treatment or counseling</i>	<i>Rated 9 or 10 on treatment or counseling</i>	<i>Rated Very Good or Excellent emotional or mental health</i>
<b>MinnesotaCare Average</b>	12%	69%	48%	60%
<b>BluePlus</b>	11%	74%	41%	60%
<b>First Plan</b>	9%	71%	61%	58%
<b>HealthPartners</b>	13%	53%	39%	59%
<b>IMCare and MHP</b>	12%	83%	57%	63%
<b>Medica</b>	12%	63%	34%	62%
<b>UCare</b>	14%	71%	55%	59%

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

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

<b>Minnesota Senior Care (MSC)</b>	<i>Needed treatment or counseling</i>	<i>No problem obtaining treatment or counseling</i>	<i>Rated 9 or 10 on treatment or counseling</i>	<i>Rated Very Good or Excellent emotional or mental health</i>
<b>MSC Average</b>	13%	44%	50%	35%
<b>BluePlus</b>	9%	80%	89%	33%
<b>HealthPartners</b>	12%	39%	46%	43%
<b>Medica</b>	17%	35%	46%	28%
<b>UCare</b>	13%	50%	50%	36%
<b>Grouped Plans*</b>	9%	50%	56%	37%
* First Plan, IMCare, MHP, PrimeWest, and South Country were combined due to small denominators.				

<b>Minnesota Senior Health Options (MSHO)</b>	<i>Needed treatment or counseling</i>	<i>No problem obtaining treatment or counseling</i>	<i>Rated 9 or 10 on treatment or counseling</i>	<i>Rated Very Good or Excellent emotional or mental health</i>
<b>Grouped Plans*</b>	9%	56%	44%	39%
* Data from BluePlus, First Plan, HealthPartners, Medica, MHP, PrimeWest, UCare are grouped together.				

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

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

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

<b>Minnesota Senior Care (MSC)</b>	<i>Had flu shot</i>	<i>Flu shot from health plan or personal doctor</i>	<i>Had pneumonia vaccination</i>
<b>MSC Average</b>	66%	94%	53%
<b>BluePlus</b>	65%	96%	53%
<b>HealthPartners</b>	70%	95%	49%
<b>Medica</b>	72%	93%	57%
<b>UCare</b>	55%	91%	48%
<b>Grouped Plans*</b>	60%	94%	59%

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

<b>Minnesota Senior Health Options (MSHO)</b>	<i>Had flu shot</i>	<i>Flu shot from health plan or personal doctor</i>	<i>Had pneumonia vaccination</i>
<b>Grouped Plans*</b>	70%	96%	62%

\* Data from BluePlus, First Plan, HealthPartners, Medica, MHP, PrimeWest, UCare are grouped together.

**Part IX: Supplemental Questions**  
**EXPERIENCE WITH CARE COORDINATION**

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

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

<b>Minnesota Senior Health Options (MSHO)</b>	<i>Have help coordinating care</i>	<i>From care coordinator</i>	<i>From county financial worker</i>	<i>From county case manager</i>	<i>From family member</i>	<i>From friend</i>	<i>From nurse practitioner</i>	<i>From doctor</i>	<i>From clinic nurse</i>	<i>From home health worker</i>	<i>From some other person</i>	<i>How satisfied with care coordination</i>
<b>Grouped Plans*</b>	47%	19%	9%	13%	53%	8%	7%	12%	10%	19%	18%	46%

\* Data from BluePlus, First Plan, HealthPartners, Medica, MHP, PrimeWest, UCare are grouped together.

Part IX: Supplemental Questions

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

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

Questions in this domain	Response options	Responses reported as positive
<i>How would you rate your overall health now compared to one year ago?</i>	<i>Much better, somewhat better, about the same, somewhat worse, much worse</i>	<i>Much better and somewhat better</i>
<i>In your daily life, how much of a problem is pain?</i>	<i>Not a problem, slight problem, moderate problem, significant problem, overwhelming problem</i>	<i>Not a problem and slight problem</i>
<i>In your daily life, how much of a problem is loneliness?</i>	<i>Not a problem, slight problem, moderate problem, significant problem, overwhelming problem</i>	<i>Not a problem and slight problem</i>
<i>In your daily life, how much of a problem is dependence on others?</i>	<i>Not a problem, slight problem, moderate problem, significant problem, overwhelming problem</i>	<i>Not a problem and slight problem</i>
<i>In your daily life, how much of a problem are your health concerns?</i>	<i>Not a problem, slight problem, moderate problem, significant problem, overwhelming problem</i>	<i>Not a problem and slight problem</i>

<b>Minnesota Senior Health Options (MSHO)</b>	<i>Health better compared to one year ago</i>	<i>No or Slight Problem with pain</i>	<i>No or Slight Problem with loneliness</i>	<i>No or Slight Problem with dependence</i>	<i>No or Slight Problem with health concerns</i>
<b>Grouped Plans*</b>	23%	45%	78%	68%	55%

\* Data from BluePlus, First Plan, HealthPartners, Medica, MHP, PrimeWest, UCare are grouped together.

## APPENDIX A: TECHNICAL NOTES

### Overview of Programs

**Prepaid Medical Assistance Plan (PMAP)** is a state-run managed care plan that purchases health care services on a prepaid capitated basis from licensed health maintenance organizations and county based purchasers. Prepaid Medical Assistance Plan provides health care services for people with low income who are blind, disabled, children in families with low incomes, and children who are needy.

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

**Minnesota Senior Care (MSC)** is a state run managed care program for Medical Assistance enrollees age 65 and over. On June 1, 2005, all PMAP seniors were moved to the Minnesota Senior Care program under the authority of a 1915 (b) waiver allowing the purchase of health care services from managed care organizations on a prepaid capitated basis. This waiver option allows mandatory enrollment of seniors in managed care, including those dually eligible for both Medicare and Medicaid.

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

## APPENDIX A: TECHNICAL NOTES

### Composites and Related Questions

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

***How well doctors communicate.*** The survey asked people to report how often doctors or other health providers:

1. *Listened carefully*
2. *Explained things in an understandable way*
3. *Showed respect for what they had to say*
4. *Spent enough time with them*

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

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

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

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

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

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

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

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

## APPENDIX A: TECHNICAL NOTES

### Limitations and Statistical Significance

Difference-of-means statistical tests for significant differences were used in this report. Small differences between numbers should be ignored when comparing the ratings and percentages in the tables and graphs. These small differences may reflect sampling variation rather than real differences.

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

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

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

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

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

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

**Averages for programs.** Programs such as the Prepaid Medical Assistance Program (PMAP) have several participating plans. This report shows results for each plan separately and also shows an average for the entire program. To calculate the program average, the responses from enrollees in all plans within the program were considered together.

**Summary rates.** Summary rates are single statistics calculated for a question according to specifications from NCQA. Summary rates represent the percentage of respondents who choose the most positive response option (“always”, “not a problem”, or a “9” or a “10”).

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

**Valid surveys and unanswered questions.** CAHPS 3.0 protocol requires that a survey may be included in the results only if the respondent answers “yes” to question 1 (“Our records show that you are now in (plan name). Is that right?”). The respondent must also answer at least 80% of the other survey questions. If the respondent does answer at least 80%, then that survey may be included, even if answers for some questions are missing. Missing answers are not included in the results for that question.

## APPENDIX B: RESPONDENT CHARACTERISTICS

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

Respondent Characteristics		PMAP	MinnesotaCare	Minnesota Senior Care (MSC)	Minnesota Senior Health Options (MSHO)
<b>Gender</b>	<i>Male</i>	16%	37%	31%	24%
	<i>Female</i>	84%	63%	69%	76%
<b>Education Level</b>	<i>HS or less</i>	57%	44%	71%	80%
	<i>Some college</i>	37%	42%	13%	13%
	<i>College graduate</i>	6%	14%	16%	7%
<b>Self-Reported Health Status</b>	<i>Excellent/Very Good</i>	50%	51%	23%	20%
	<i>Good</i>	33%	34%	34%	36%
	<i>Fair / Poor</i>	17%	14%	44%	44%
<b>Hispanic or Latino</b>	<i>Yes</i>	5%	3%	4%	4%
	<i>No</i>	95%	97%	96%	96%
<b>Race</b>	<i>White</i>	73%	89%	72%	72%
	<i>Black/African American</i>	12%	5%	9%	8%
	<i>Asian</i>	6%	3%	15%	20%
	<i>Pacific Islander</i>	0%	1%	0%	0%
	<i>American Indian</i>	4%	2%	2%	3%
	<i>Other</i>	5%	3%	4%	3%