



Hennepin Health

Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415

CAHPS Survey

Description

Health Services Advisory Group (HSAG), on behalf of Department of Human Services (DHS) administers the 2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to members of the Minnesota Medicaid Health Care Programs (MHCP). HSAG conducted this survey for the first time in 2019. In prior years, the CAHPS survey was administered by DataStat, Inc. HSAG analyzed the 2019 survey results to compare rates of satisfaction with health plans. The survey includes the following health plans: BluePlus (BP), HealthPartners (HP), Hennepin Health (HH), Itasca Medical Care (IMCare), Medica, PrimeWest Health (PW), South Country Health Alliance (SCHA) and UCare.

The purpose of the survey is to assist health plans in measuring the extent to which needs and expectations of members are satisfied. The survey is able to identify areas of recent improvements and highlights areas in need of attention to improve the quality of care and service provided. The survey results, like the HEDIS data, are based upon the previous calendar year. Therefore, the 2019 CAHPS results are an assessment of the calendar year 2018.

Process and Documentation

The 2019 CAHPS core instrument is 53 standard questions. The survey assesses topics such as: *how well doctors communicate, getting care without long waits, getting care that is needed, health plan customer services, shared decision making and overall satisfaction with health plans and health care.* DHS adds supplemental questions to assess topics such as disability status, health promotion and care coordination. The survey includes five core publicly funded managed care populations groups:

- Families and Children – Medical Assistance (F&C-MA)
- Fee for Service (FFS)
- MinnesotaCare (MNCare)
- Minnesota Senior Care and Minnesota Senior Care Plus (MSC+)
- Special Needs BasicCare (SNBC)

The survey was conducted from March through May of 2019. Members were asked to reflect on their experiences with their health plan for the last six (6) months. Participation in the survey is voluntary. Attempts are made by mail and telephone using a standardized procedure and questionnaire. A two-phase process is used to engage members into completing the survey. The first phase consists of a survey being mailed to sampled members. A reminder postcard is sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase of the survey is the telephone phase. Members who did not mail in a completed survey receive up to four (4) Computer Assisted Telephone Interviewing (CATI) calls. The goal of the CAHPS survey is to receive at least 300 completed questionnaires for each health plan or group in each of the five program populations.

The mailing materials are sent in English and Spanish (Spanish surveys are sent to those identified as Spanish speaking/Spanish is their first language). Also included in the mailing is the State-developed language block, which contains multiple alternative languages with a phone number members can call to request the survey in another language.

Analysis

Prior to 2016, Hennepin Health was contracted with DHS to be a Medical Assistance demonstration program from 2011 – 2015. This program served only the Medicaid expansion population of adults without dependent children ages 21-64 years. In 2016, Hennepin Health was awarded the Families and Children – Medical Assistance (F&C – MA) and MinnesotaCare (MNCare) contract from DHS. As of 2017, the survey responses solicited from these Hennepin Health programs are reflected in survey results.

In prior years, DataStat, Inc. administered two separate CAHPS surveys with accompanying results, one for each product, Hennepin Health – Prepaid Medical Assistance Program (PMAP) and Hennepin Health – Special Needs BasicCare (SNBC) respectively. In 2017, DataStat, Inc. administered only one CAHPS survey that combined all three Hennepin Health products: Hennepin Health - PMAP (F&C – MA), Hennepin Health- MinnesotaCare (MNCare) and Hennepin Health - SNBC. Therefore, the sample size for each of the Hennepin Health programs was relatively small. For example, of the 275 members who completed the questionnaire, 86 respondents were from the Hennepin Health- SNBC program. The CAHPS data and analysis received was a combined result of all three Hennepin Health programs. The survey results for Hennepin Health may have been affected by the combining of all members without regard to product, since the demographic and health status differences between these programs were not considered while sampling.

The 2018 CAHPS results were provided separately for each product: Hennepin Health – PMAP, Hennepin Health – MNCare and Hennepin Health – SNBC and that has carried forward for 2019. However, since the 2017 CAHPS results were provided at the health plan level, the 2017 results cannot be compared to any later year's results.

Of the 4,050 randomly selected Hennepin Health members, 579 members completed the questionnaire. The sampling criteria included: members who were 18 to 64 years of age and continuously enrolled in one of the Hennepin Health products: Hennepin Health - SNBC, Hennepin Health - PMAP or Hennepin Health - MNCare, for five out of the last six months of 2018. The individual program response can be found in Table 1. 2019 CAHPS Response Rates. Hennepin Health - MNCare did not have a sufficient population size to obtain an adequate sample size. Therefore, the Hennepin Health – MNCare population was combined with other MNCare plans that did not have a sufficient population size to obtain an adequate survey sample size, including: IMCare, PW and SCHA. The MNCare results provided is a combined rate of Hennepin Health, IMCare, PW and SCHA. IMCare, PW and SCHA health plans provide services to members in non-metro areas.

Table 1. 2019 CAHPS Response Rates

Table 1. 2019 CAHPS Response Rates			
Health Plan	Sample Size	Complete Surveys	Response Rates
Hennepin Health – MNCare	1350	193	15.08%
Hennepin Health - SNBC	1350	266	21.50%
Hennepin Health - PMAP	1350	120	9.64%
All Health Plans	29,550	4,347	16.4%

CAHPS Results

Results outlined below for the overall satisfaction and composite scores represented the percentage of people who responded most favorably to the questions. The survey results were adjusted for age and self-reported health status using a regression technique, so health plans could be fairly compared.

Overall Satisfaction Scores

Survey respondents were asked to rate the health care received from their health plan and health care providers, using a scale of 0 to 10, where 0 = worse possible and 10 = best possible. The satisfaction scores represent the percentage of members who responded most positively (a score of 9 or 10) on the following four survey questions:

- Rating of all health care
- Rating of personal doctor
- Rating of specialist seen most often
- Rating of health plan

Figure 1. Hennepin Health – PMAP (F&C – MA) Overall Satisfaction Ratings 2019

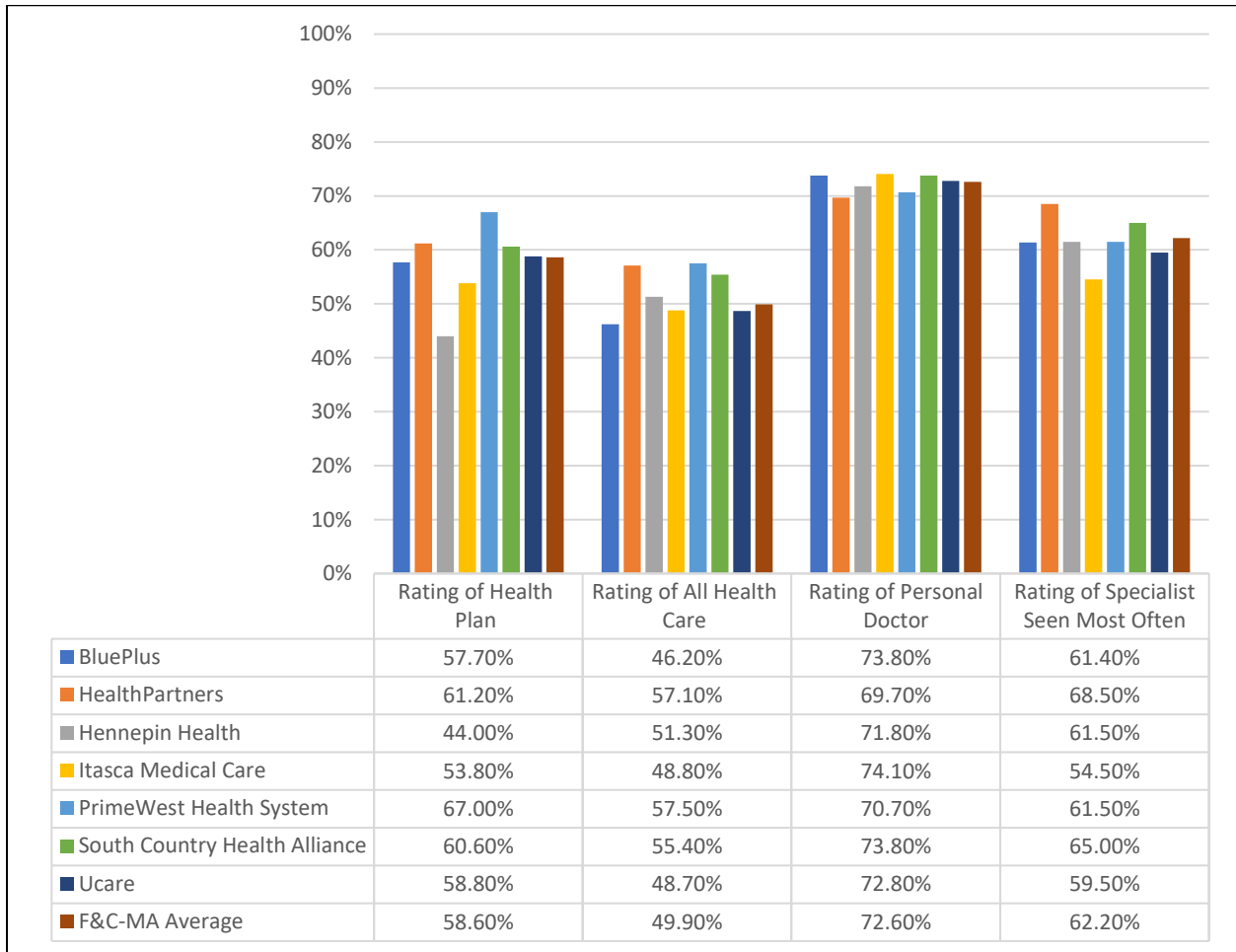


Figure 1 provides a comparison of the overall satisfaction rate for Hennepin Health- PMAP to the rates of the other health plans that also offer the F&C- MA program. The program average is an aggregate of the combined health plan scores for that program. The Hennepin Health – PMAP rates are comparable to the other health plans and program average in the following areas; rating of all health care, rating of personal doctor and rating of specialist seen most often. For rating of health plan, Hennepin Health- PMAP’s rate is significantly lower than the program average (<14% difference).

Figure 2. Hennepin Health – SNBC Overall Satisfaction Ratings 2019

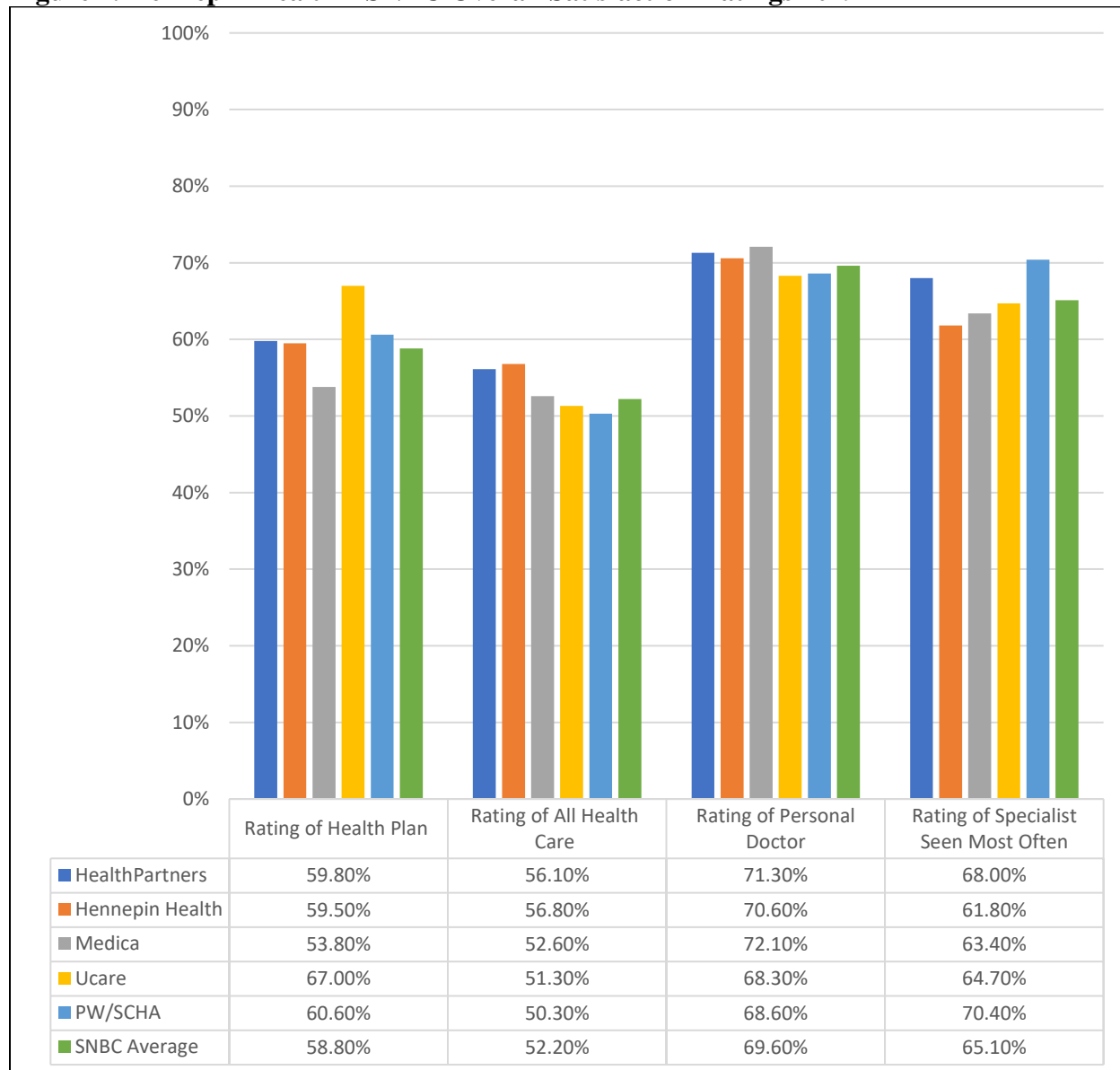


Figure 2 provides a comparison of the Overall Satisfaction Rates for Hennepin Health- SNBC to the rates of the other health plans that also provide the SNBC program. The program average is an aggregate of all health plan scores for that program. The Hennepin Health- SNBC rates are comparable/better than the program average in the areas of; rating of health plan, rating of all health care and rating of personal doctor. For rating of specialist seen most often, Hennepin Health-SNBC is below the program average (3.4% difference) but still comparable to the program average.

Figure 3. Hennepin Health – MNCare Overall Satisfaction Ratings 2019

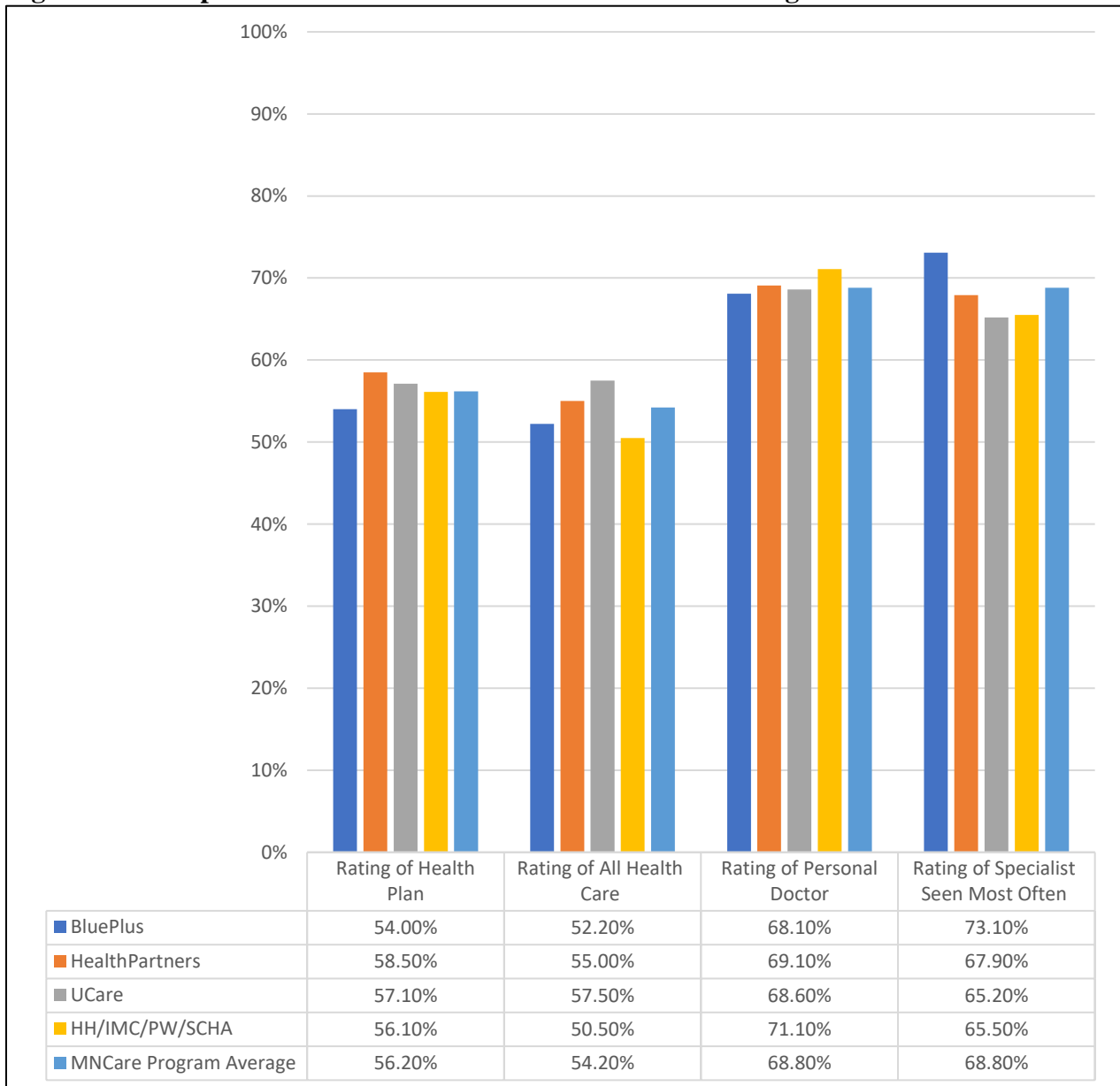


Figure 3 provides a comparison of the Overall Satisfaction Rates for Hennepin Health- MNCare to the rates of the other health plans that also provide the MNCare program. The program average is an aggregate of all health plan scores for that program. Again, one most note that Hennepin Health – MNCare results are combined with other health plans results to provide a reportable rate. The collaborative rates for Hennepin Health - MNCare are comparable to the program average for all ratings. When the rates are lower than the program average it is <4% difference.

Composites

The CAHPS composite questions assesses topics such as: how well doctors communicate, getting care without long waits, getting care that is needed, health plan customer service, shared decision making and overall satisfaction with health plan and health care. Members had the option to respond: Never, Sometimes, Usually, or Always to the survey questions. The score is a composite of members who responded most favorably (Always) to the questions in that area. Questions in each area are as follows:

Getting Needed Care:

- Found it easy to get appointments with specialists
- Got care, tests or treatment they thought they needed

Getting Care Without Long Waits:

- Got treated as soon as they wanted when sick or injured
- Got an appointment as soon as they wanted for regular or routine care

How Well Doctors Communicate

(How often doctors or other health providers):

- Listened carefully
- Explained things in an understandable way
- Showed respect for what they had to say
- Spent enough time with them

Health Plans Customer Service:

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

Shared Decision Making

(How often Doctor/ Health Provider):

- Talked about reasons you might want to take a prescription medicine
- Talked about reasons you might NOT want to take a prescription medicine
- Asked what was best for you when starting or stopping a prescription medicine

Figure 4. Hennepin Health – PMAP Composite Scores 2019

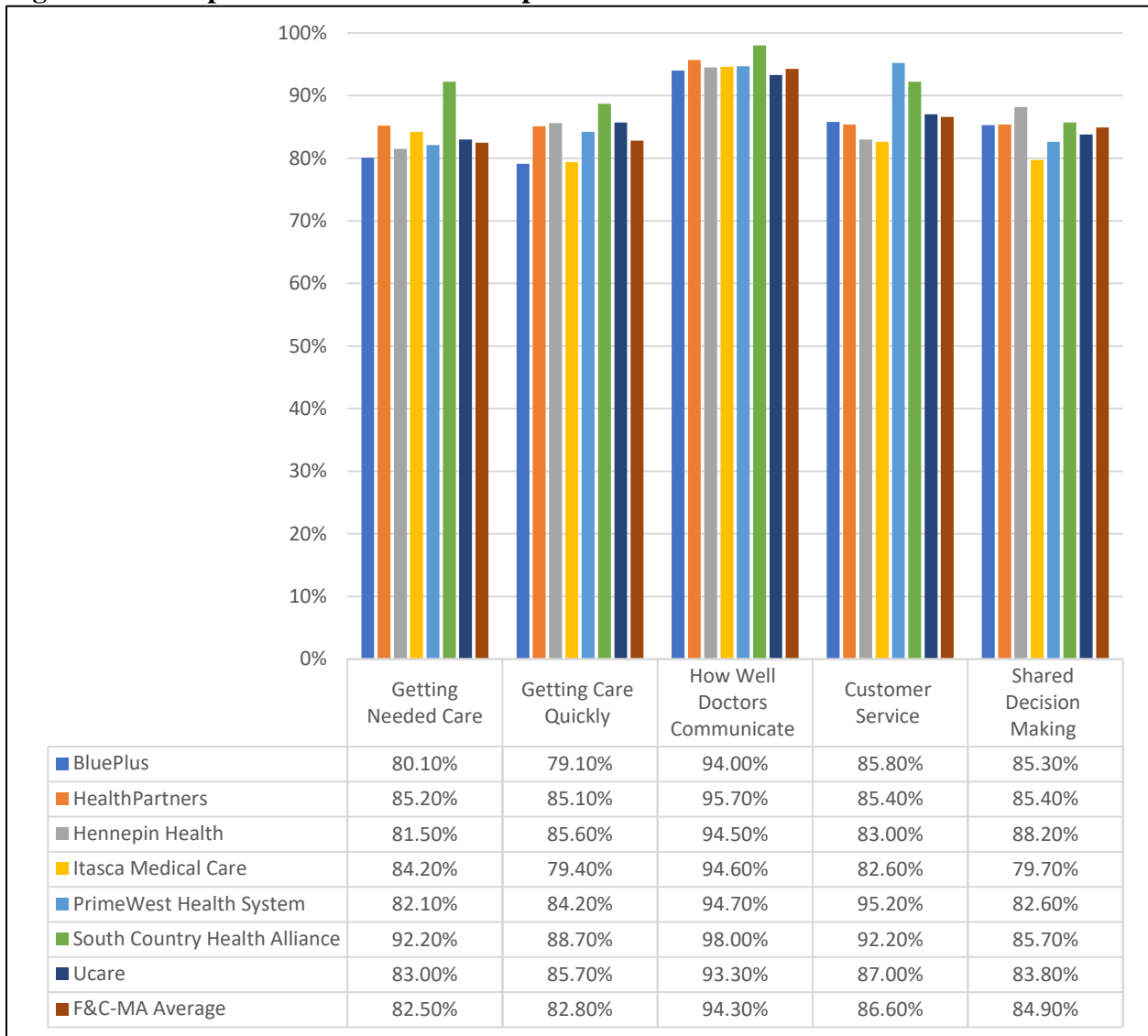


Figure 4 provides a comparison of the Composite Scores for Hennepin Health- PMAP to the rates of the other health plans that also provide the F&C-MA program. The program average is an aggregate of all of health plan scores for that program. The rates for Hennepin Health- PMAP are below, but comparable to the program averages in the areas of; getting needed care and customer service. In the areas of; Getting care quickly, how well doctors communicate and shared decision making, Hennepin Health- PMAPs rates are slightly above the program averages.

Figure 5. Hennepin Health – SNBC Composite Scores 2019

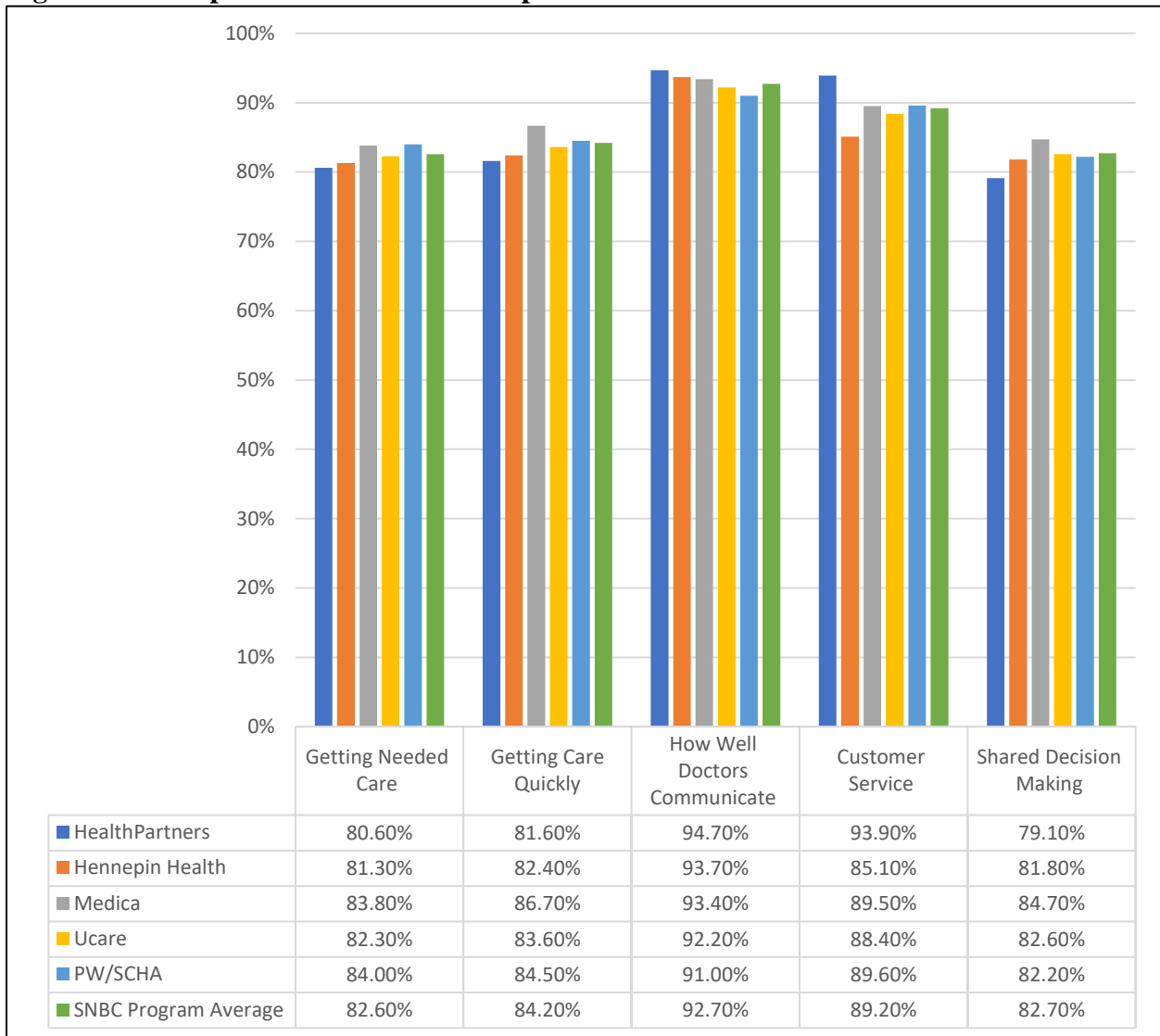


Figure 5 provides a comparison of Hennepin Health - SNBC Composite Scores to the rates of the other health plans that also provide the SNBC program. The program average is an aggregate of all health plan scores for that program. The Hennepin Health - SNBC rates are lower, but comparable to the program average for all composite scores, with the exception of How Well Doctors Communicate, where the rate is higher than the program average. In cases where rates are below the program average, the difference is less than four percent.

Figure 6. Hennepin Health – MNCare Composite Scores 2019

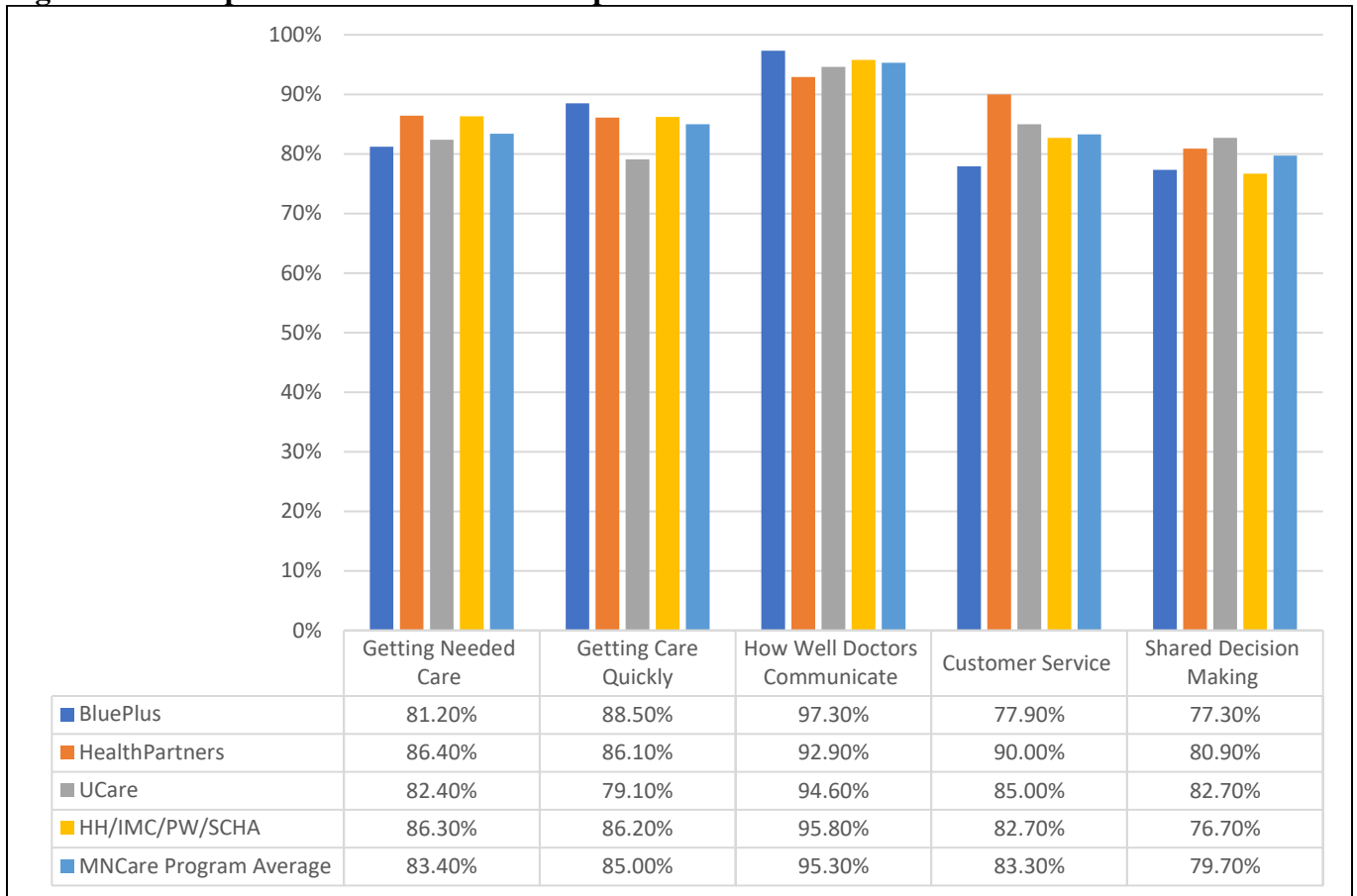


Figure 6 provides a comparison of Hennepin Health - MNCare Composite Scores to the rates of the other health plans that also provide the MNCare program. The program average is an aggregate of all health plan scores for that program. The Hennepin Health – MNCare health plan collaborative rates are lower than the program average, but comparable in the areas of; customer service and shared decision making. In the areas of; getting need care, getting care quickly and how well doctors communicate the MNCare collaborative rate was higher than the program average.

Key Findings

HSAG provided key survey finding within its analysis. Key survey findings are defined as individual program results to the total MCO program that are significantly different then the total MCO program average. There were no Key findings for the PMAP product. For the MNCare product, rating of health plan and coordination of care were significantly lower than the MCO average. For the SNBC program, Coordination of Care was significantly lower than the MCO average (see Supplemental Questions below).

Supplemental Questions

The survey included supplemental questions on coordination of care.

Figure 7. Hennepin Health – PMAP and SNBC Coordination of Care 2019

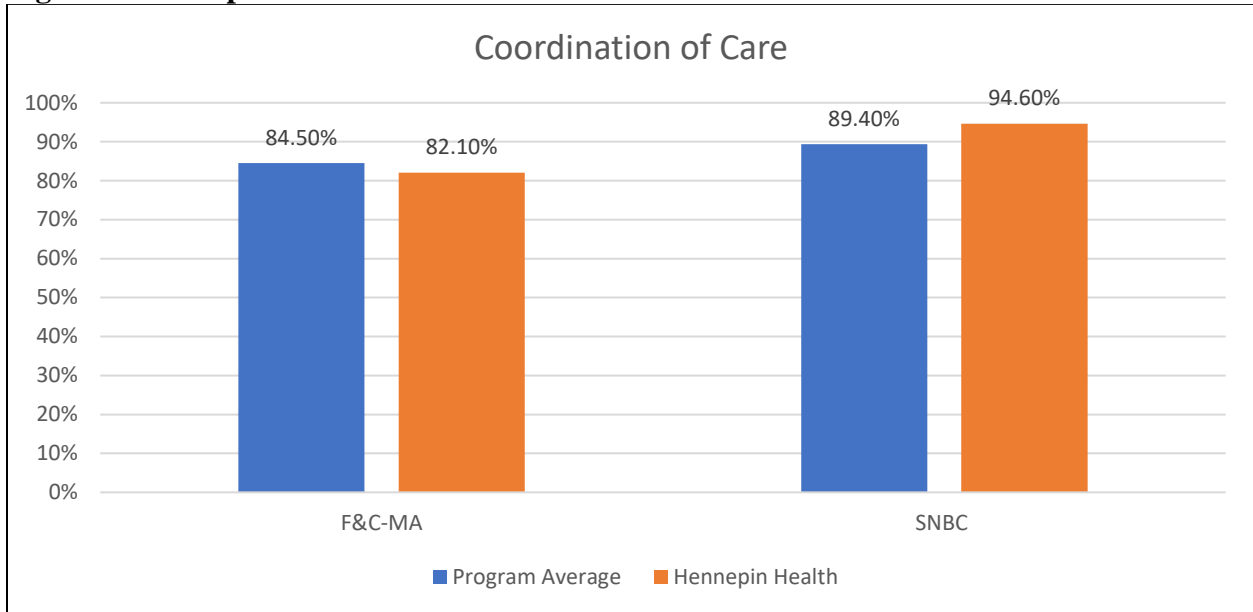


Figure 7 provides a comparison of Hennepin Health PMAP and SNBC coordination of care results to its' respective program averages. Hennepin Health -PMAP's coordination of care rate is slightly lower than the program average, but still comparable. For Hennepin Health -SNBC, the rate is slightly higher than the program average, but comparable.

Recommendations and Next Steps

In 2020, Hennepin Health will enlist the help of the Quality Management Committee (QMC) to help identify areas of focus for the CAHPS survey. The QMC will also be asked to provide suggested interventions for the areas of focus selected. Customer Service and Health Plan satisfaction have been areas of concern in prior years and continue to be areas of concern for the 2019 CAHPS survey.



Hennepin Health

Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415

hennepinhealth.org