



2019 Consumer Experience Survey
Public Summary Report
Minnesota Department of Human Services

October 2019





Contact Information

Health Services Advisory Group (HSAG)

Address:

3133 East Camelback Road
Suite 100
Phoenix, AZ 85016

Point of Contact: Kari Pikus

Email: kpikus@hsag.com

Minnesota Department of Human Services (DHS)

Address:

444 Lafayette Road
St. Paul, MN 55155

Point of Contact: Vanessa Kittelson

Email: vanessa.kittelson@state.mn.us

Table of Contents

Frequently Used Terms and Definitions	iii
1. Executive Summary.....	1-1
Introduction	1-1
Key Findings	1-2
NCQA Comparisons and Trend Analysis	1-2
Statewide Comparisons	1-4
Key Drivers of Member Experience Analysis	1-4
2. Introduction	2-1
Overview	2-1
Response Rates.....	2-2
3. Survey Results.....	3-1
NCQA Comparisons.....	3-1
Statewide Comparisons	3-3
Global Ratings	3-5
Composite Measures	3-18
Individual Item Measures	3-38
Trend Analysis	3-46
Caveats	3-46
Global Ratings.....	3-47
Composite Measures	3-51
Individual Item Measures	3-56
Supplemental Items	3-58
Number of Days Waiting to See Health Provider	3-58
Number of Times Went to Emergency Room for Care.....	3-60
Access to After Hours Care.....	3-61
Got Interpreter to Speak with Doctors or Health Providers	3-62
Disability Status	3-63
Informed by Doctor You Have Health Condition(s).....	3-64
Key Drivers of Member Experience Analysis	3-66
4. Summary and Conclusions	4-1
NCQA Comparisons.....	4-1
Statewide Comparisons	4-2
Trend Analysis	4-3
Key Drivers of Member Experience Analysis	4-4
Conclusions	4-5
NCQA Comparisons.....	4-5
MCO Comparisons.....	4-5
FFS Comparisons	4-6

Program Comparisons	4-6
Trend Analysis	4-6
MHCP Key Drivers of Member Experience	4-7
Limitations and Cautions.....	4-7
Case-Mix Adjustment.....	4-7
Non-Response Bias	4-8
Causal Inferences	4-8
Appendix A: Survey Instrument	A-1
Appendix B: Methodology	B-1
2019 CAHPS Performance Measures	B-1
How CAHPS Results Were Collected.....	B-2
Sampling Procedures	B-2
Survey Protocol	B-2
How CAHPS Results Were Calculated and Displayed.....	B-3
Who Responded to the Survey	B-4
Demographics of Adult Members	B-4
NCQA Comparisons.....	B-5
Statewide Comparisons	B-6
Trend Analysis	B-7
Key Drivers of Member Experience Analysis	B-8
Appendix C: Demographics.....	C-1
Demographic Characteristics	C-1
Adult Respondent Demographics.....	C-1
Adult Non-Respondent Demographics	C-4

Frequently Used Terms and Definitions

- **AHRQ**—Agency for Healthcare Research and Quality
- **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems¹
- **CATI**—Computer-Assisted Telephone Interviewing
- **DHS**—Minnesota Department of Human Services
- **HEDIS®**—Healthcare Effectiveness Data and Information Set²
- **NCQA**—National Committee for Quality Assurance
- **Global Ratings**—four measures that reflect overall experience with the health plan, health care, personal doctors, and specialists (also referred to as global measures).
- **Composite Measures**—five measures comprised of sets of questions grouped together to address different aspects of care (e.g., “*Getting Needed Care*” and “*Getting Care Quickly*”).
- **Individual Item Measures**—two individual survey questions that look at a specific area of care (i.e., “*Coordination of Care*” and “*Health Promotion and Education*”).
- **Top-Level Score**—method for evaluating performance for each MCO, program, and MHCP using “top-level” (i.e., the most positive) responses to calculate scores for each survey measure.
- **NCQA’s 2019 Quality Compass® Benchmark and Compare Quality Data³**—NCQA Quality Compass data used to compare calculated top-level scores for each MCO, program, and MHCP to NCQA national averages and percentile distributions to derive overall member experience ratings (i.e., star ratings).
- **FFS (Fee-for-Service)** —A payment system where health care services are paid for directly by DHS
- **Managed Care**—A payment system where health care services are paid for by a Managed Care Organization (MCO) while under contract with DHS
- **Total MCO Programs**—Combined results of all four managed care programs (i.e., Families and Children-Medical Assistance (F&C-MA), MinnesotaCare, Minnesota Senior Care + (MSC+), and Special Needs BasicCare (SNBC)).
- **Minnesota Health Care Programs (MHCP)**—Combined results of all four managed care programs and the FFS payment system.

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

³ Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

1. Executive Summary

Introduction

The Minnesota Department of Human Services (DHS) periodically assesses the perceptions and experiences of members enrolled in various programs as part of its process for evaluating the quality of health care services provided to adult managed care organization (MCO) and fee-for-service (FFS) members. DHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Health Plan Survey.¹⁻¹ The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving overall member experience.

This report presents the 2019 CAHPS results of adult managed care and FFS members in the following programs: Families and Children-Medical Assistance (F&C-MA), FFS, MinnesotaCare, Minnesota Senior Care + (MSC+), and Special Needs BasicCare (SNBC).¹⁻² The surveys were completed from March through May 2019 and ask members about their experiences with their health plan in the last six months. The standardized survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.¹⁻³

HSAG presents MCO-level and program-level results and compares them to national Medicaid data and previous years' results, where appropriate. Throughout this report, two aggregate results are presented for comparative purposes:

- **Total MCO Program**—Combined results of all four managed care programs (i.e., F&C-MA, MinnesotaCare, MSC+, and SNBC).
- **Minnesota Health Care Program (MHCP)**—Combined results of all four managed care programs and the FFS payment system.

¹⁻¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

¹⁻² The Minnesota Health Care Program (MHCP) is inclusive of only the adult Medicaid programs listed above for the data analysis conducted for the 2019 Public Summary Report.

¹⁻³ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Key Findings

NCQA Comparisons and Trend Analysis

HSAG compared the MHCP's measure scores to NCQA's 2018 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings) for each CAHPS measure.^{1-4,1-5,1-6} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each measure for the MHCP (i.e., members' experiences with the MCOs and FFS program), where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). In addition, a trend analysis was performed.

Table 1-1, on the following page, provides highlights of the NCQA Comparisons and Trend Analysis findings for MHCP. The numbers presented below the stars represent the score for each measure, while the stars represent overall member experience ratings when compared to 2018 NCQA Quality Compass Benchmark and Compare Quality Data. The detailed results of the NCQA comparisons analysis are described in the Survey Results section beginning on page 3-1. HSAG only presented the trend analysis results for 2019 CAHPS results compared to 2018 CAHPS results in this section; however, additional trend results are available in the Survey Results section beginning on page 3-46.

¹⁻⁴ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

¹⁻⁵ Quality Compass® is a registered trademark of NCQA.

¹⁻⁶ Please note, 2019 Quality Compass data were not available at the time this report was produced.

Table 1-1—MHCP NCQA Comparisons and Trend Analysis

Measure	National Comparisons	Trend Analysis
Global Ratings		
Rating of Health Plan	★★ 60.1%	NS
Rating of All Health Care	★★ 54.6%	NS
Rating of Personal Doctor	★★★★ 71.4%	NS
Rating of Specialist Seen Most Often	★★ 66.4%	NS
Composite Measures		
Getting Needed Care	★★★★ 83.9%	NS
Getting Care Quickly	★★★★ 84.4%	NS
How Well Doctors Communicate	★★★★★ 94.1%	NS
Customer Service	★★ 87.7%	NS
Shared Decision Making	★★★★ 82.3%	NS
Individual Item Measures		
Coordination of Care	★★★★★ 87.7%	NS
Health Promotion and Education	★★ 72.5%	NS
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Significantly higher in 2019 than in 2018 ▼ Significantly lower in 2019 than in 2018 NS Indicates the 2019 score is not significantly different than the 2018 score.		

Statewide Comparisons

HSAG calculated top-level scores for each measure. HSAG compared the individual program results to the Total MCO program average to determine if the individual program results were significantly different than the Total MCO program average. The detailed results of this analysis are described in the Survey Results section beginning on page 3-3. Table 1-2 shows the key findings of this comparison.

Table 1-2—Statewide Comparisons

FFS Program	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
↓ Rating of Health Plan	NS	↓ Rating of Health Plan	↑ Rating of Health Plan	NS
NS	NS	↓ Coordination of Care	↑ Coordination of Care	↑ Coordination of Care
↑ Significantly higher than the Total MCO program average ↓ Significantly lower than the Total MCO program average NS Indicates the score is not significantly different than the Total MCO program average.				

Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement efforts, HSAG conducted a key drivers analysis. HSAG focused the key drivers of member experience analysis on three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated each of these areas to determine whether particular items (i.e., questions) were strongly correlated with one or more of these measures. These individual items, which HSAG refers to as “key drivers,” are driving members’ levels of experience with each of the three measures. The detailed results of this analysis are described in the Survey Results section beginning on page 3-66. Table 1-3 provides a summary of the key drivers identified for MHCP.

Table 1-3—MHCP Key Drivers of Member Experience

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Respondents reported that forms from their health plan were often not easy to fill out.	✓	✓	
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	✓		
Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.	✓	✓	✓
Respondents reported that it was often not easy to obtain appointments with specialists.	✓	✓	
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.	✓		
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.			✓

2. Introduction

Overview

Managed care was introduced in Minnesota in 1985 with the Prepaid Medical Assistance Program (PMAP), which required mandatory enrollment into health maintenance organizations (HMOs) in the Metro area for eligible members. Currently, the State provides statewide managed care through two publicly funded healthcare programs: Medical Assistance (MA) (Minnesota’s Medicaid program) and MinnesotaCare (Minnesota’s Basic Health Plan). These programs are run by DHS. Some members who have Medicaid coverage are not in an MCO, and DHS pays for these members’ health care services on a FFS basis. Of the two managed care programs, MA is the largest and provides coverage to low-income children and parents, people with disabilities, adults without children, and seniors. MA receives funding at the federal, state, and county level. Further, MinnesotaCare provides coverage to members whose income level is higher than those served on the MA program; however, members who have minimum essential coverage (such as Medicare or employer-sponsored coverage) are not eligible for MinnesotaCare. MinnesotaCare is funded by member premiums, stipends from the Health Care Access Fund, and federal Medicaid funding.²⁻¹ The following is a description of the populations that each program provides coverage for:^{2-2,2-3}

- **Medical Assistance:** Within the MA program, Minnesota offers three break-out programs that provide coverage for different Minnesota populations.
 - **F&C-MA:** Serving non-disabled families, children, and pregnant women under the age of 65.
 - **SNBC:** Serving members that are 18 to 64 years of age with all types of disabilities, as well as integrated dual-eligible members (Medicare Parts A, B, and D) and Medicaid-only members.²⁻⁴
 - **MSC+:** Serving dual-eligible members who are 65 years and older who receive their services through the Centers for Medicare & Medicaid Services’ (CMS’) FFS program and separate Medicare Part D drug plan.
- **MinnesotaCare:** Primarily serving households with incomes up to 200 percent of the Federal Poverty Guidelines along with children under 21, American Indians and Alaskan Natives, and military members after completing active duty that do not have access to affordable health insurance and have higher income levels than those eligible for Medicaid.

²⁻¹ Minnesota Department of Human Services. *Minnesota Health Care Programs*. Available at: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4932-ENG>. Accessed on: June 14, 2019.

²⁻² Minnesota Department of Human Services. *Managed Care Public Programs 2013 Quality Strategy*. Available at: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4538A-ENG>. Accessed on: June 14, 2019.

²⁻³ Department of Human Services Health Care Administration. *Annual Report of Managed Care in Minnesota’s Health Care Programs*. January 2013. Available at: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6655-ENG>. Accessed on: June 14, 2019.

²⁻⁴ Minnesota Department of Human Services. *Expansion of Managed Care for People with Disabilities*. Available at: https://mn.gov/dhs/assets/snbc-expansion-stakeholders-outline-march-13-2012_tcm1053-341474.pdf. Accessed on: June 14, 2019.

This report presents the 2019 CAHPS results of adult members enrolled in an MCO or FFS. HSAG targeted a sample of 1,350 adult members from the FFS population and the MCOs under each program. The surveys were completed from March through May 2019. The standardized survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. Table 2-1 provides a list of the MCOs, including FFS, included in the survey administration, along with their corresponding programs.

Table 2-1—Participating MCOs/FFS Population and Programs

MCO/FFS Name	Abbreviation	Program Name(s)
Fee-for-Service	FFS	FFS
Blue Plus	Blue Plus	F&C-MA, MinnesotaCare, MSC+
HealthPartners, Inc.	HealthPartners	F&C-MA, MinnesotaCare, MSC+, SNBC
Hennepin Health	HH	F&C-MA, MinnesotaCare, SNBC
Itasca Medical Care	IMC	F&C-MA, MinnesotaCare
Medica Health Plans	Medica	MSC+, SNBC
PrimeWest Health System	PW	F&C-MA, MinnesotaCare, MSC+, SNBC
South Country Health Alliance	SCHA	F&C-MA, MinnesotaCare, MSC+, SNBC
UCare Minnesota	UCare	F&C-MA, MinnesotaCare, MSC+, SNBC

Response Rates

For 2019, a total of 4,347 surveys were completed for MHCP, with a 16.14 percent response rate. This response rate was lower than the national adult Medicaid response rate reported by NCQA for 2018, which was 21.8 percent.²⁻⁵ A survey was considered complete if members answered at least three of the following five questions on the survey: 3, 15, 24, 28, and 35. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

²⁻⁵ National Committee for Quality Assurance. *HEDIS 2019 Update Survey Vendor Training*. October 10, 2018.

Table 2-2 depicts the sample size, total completed surveys, number of ineligible members, and response rates for each program and all participating MCOs. For additional information on the calculation of a completed survey and response rates, please refer to the Methodology section of this report beginning on page B-4.

Table 2-2—CAHPS Response Rates

	Sample Size	Completes	Ineligibles	Response Rates
MHCP	29,550	4,347	2,622	16.14%
FFS Program	1,350	134	111	10.82%
F&C-MA Program	9,450	875	631	9.92%
BluePlus	1,350	99	101	7.93%
HealthPartners	1,350	152	81	11.98%
Hennepin Health	1,350	120	105	9.64%
Itasca Medical Care	1,350	132	69	10.30%
PrimeWest Health System	1,350	112	94	8.92%
South Country Health Alliance	1,350	138	83	10.89%
UCare	1,350	122	98	9.74%
MinnesotaCare Program	5,400	748	330	14.75%
BluePlus	1,350	180	82	14.20%
HealthPartners	1,350	191	79	15.03%
UCare	1,350	184	99	14.71%
HH/IMC/PW/SCHA	1,350	193	70	15.08%
MSC+ Program	6,600	1,342	1,007	23.99%
BluePlus	1,350	287	188	24.70%
HealthPartners	1,350	306	193	26.45%
Medica	1,350	283	229	25.25%
UCare	1,350	202	293	19.11%
IMC/PW/SCHA	1,200	264	104	24.09%
SNBC Program	6,750	1,248	543	20.11%
HealthPartners	1,350	230	111	18.56%
Hennepin Health	1,350	266	113	21.50%
Medica	1,350	273	93	21.72%
UCare	1,350	250	131	20.51%
PW/SCHA	1,350	229	95	18.25%

3. Survey Results

This section presents the results of the MHCP plans’ populations. The results are presented in five separate sections:

- **NCQA Comparisons:** compare the overall performance of MHCP and its programs to NCQA’s 2018 Quality Compass data.
- **Statewide Comparisons:** compare the results among health plans and among MHCP programs.
- **Trend Analysis:** compare performance across time.
- **Supplemental Items:** compare health plans and MHCP programs on appointment wait times, number of emergency room visits, access to after hours care, access to an interpreter, disability status, and members’ health conditions.
- **Key Drivers of Member Experience Analysis:** evaluate the results of three global ratings to determine if particular CAHPS items (i.e., questions) are strongly correlated with one or more of these measures.

NCQA Comparisons

In order to assess the overall performance of MHCP and its programs, HSAG compared scores for the measures to NCQA’s 2018 Quality Compass Benchmark and Compare Quality Data.^{3-1,3-2} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each CAHPS measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent), as shown in Table 3-1.

Table 3-1—Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

³⁻¹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

³⁻² Please note, 2019 Quality Compass data were not available at the time this report was produced.

Table 3-2 shows the overall member experience ratings on each of the four global ratings, five composite measures, and two individual item measures for each program. The scores range between zero to 100 percent, with higher percentages indicating a favorable overall member experience.

Table 3-2—NCQA Comparisons

	FFS Program	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
Global Ratings					
Rating of Health Plan	★ 50.4%	★★ 57.7%	★★ 56.5%	★★★★ 64.4%	★★★ 60.6%
Rating of All Health Care	★* 51.6%	★★ 52.6%	★★ 53.8%	★★★★ 57.8%	★★ 53.5%
Rating of Personal Doctor	★★ 64.8%	★★★★★ 72.4%	★★★ 69.3%	★★★★★ 73.7%	★★★ 70.2%
Rating of Specialist Seen Most Often	★★★* 66.1%	★ 61.9%	★★★★ 68.0%	★★★★ 69.3%	★★ 65.4%
Composite Measures					
Getting Needed Care	★★★* 82.3%	★★★★ 84.1%	★★★★ 84.1%	★★★★★ 85.5%	★★ 82.5%
Getting Care Quickly	★★★★* 84.3%	★★★★ 84.2%	★★★★ 84.7%	★★★★★ 85.0%	★★★ 83.8%
How Well Doctors Communicate	★★★* 91.4%	★★★★★ 95.1%	★★★★★ 95.2%	★★★★★ 94.4%	★★★ 93.0%
Customer Service	★★★★* 89.1%	★★ 87.0%	★ 84.0%	★★★ 88.6%	★★★ 89.2%
Shared Decision Making	★★★★★* 87.2%	★★★★★ 84.3%	★★ 79.4%	★★★ 81.8%	★★★★ 82.2%
Individual Item Measures					
Coordination of Care	★★★★* 84.2%	★★★★ 84.5%	★ 79.3%	★★★★★ 91.7%	★★★★★ 89.4%
Health Promotion and Education	★★★★* 77.1%	★ 70.9%	★ 69.8%	★★ 71.8%	★★★ 75.1%
* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.					

Statewide Comparisons

HSAG calculated positive scores (i.e., top-level scores) for each measure. A “top-level” response was defined as follows:

- “9” or “10” for the global ratings;
- “Usually” or “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composite measures, and the Coordination of Care individual item measure;
- “Yes” for the Shared Decision Making composite measure and the Health Promotion and Education individual item measure.

Results were weighted based on the eligible population for each adult population (i.e., FFS and/or MCOs). Please refer to the Methodology section beginning on page B-6 for more detail. Colors and symbols next to the scores in the figures note significant differences.³⁻³ Green and a plus sign (+) indicate a top-level score that was significantly higher than the program average. Conversely, red and a minus sign (–) indicate a top-level score that was significantly lower than the program average. Blue and no symbol (i.e., no plus [+] or minus sign [–]) indicate top-level scores that were not significantly different from the program average. In addition, black represents the score of the comparable program, and shades of grey represent scores that are presented for comparison purposes. Scores with fewer than 100 respondents are denoted with an asterisk (*). Caution should be used when evaluating scores derived from fewer than 100 respondents. The 2018 NCQA national averages are presented for each measure for comparison purposes.³⁻⁴

In some instances, the top-level scores presented for two MCOs or programs were similar, but one was significantly different and the other was not. In these instances, it was the difference in the number of respondents that explains the different statistical results. It is more likely that a significant result will be found with a larger number of respondents.

³⁻³ HSAG performed significant testing on the results to determine if scores were significantly different from the program averages.

³⁻⁴ The source for the national data contained in this publication is Quality Compass® 2018 and is used with the permission of NCQA. Quality Compass 2018 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

The results in this section are presented by measure as follows:

1. **Families and Children-Medical Assistance (F&C-MA) Program**—presents top-level scores for each MCO F&C-MA program, the overall F&C-MA Program, MHCP, and the NCQA national average.
2. **MinnesotaCare**—presents top-level scores for each MCO MinnesotaCare program, the overall MinnesotaCare Program, MHCP, and the NCQA national average.
3. **Minnesota Senior Care + (MSC+)**—presents top-level scores for each MCO MSC+ program, the overall MSC+ Program, MHCP, and the NCQA national average.
4. **Special Needs BasicCare (SNBC)**—presents top-level scores for each MCO SNBC program, the overall SNBC Program, MHCP, and the NCQA national average.
5. **Fee-for-service (FFS)**—presents top-level scores for the FFS Program, total MCO program, MHCP, and the NCQA national average.
6. **Program Comparisons**—presents top-level scores for the overall F&C-MA Program, overall MinnesotaCare Program, overall MSC+ Program, overall SNBC Program, total MCO program, and the NCQA national average.

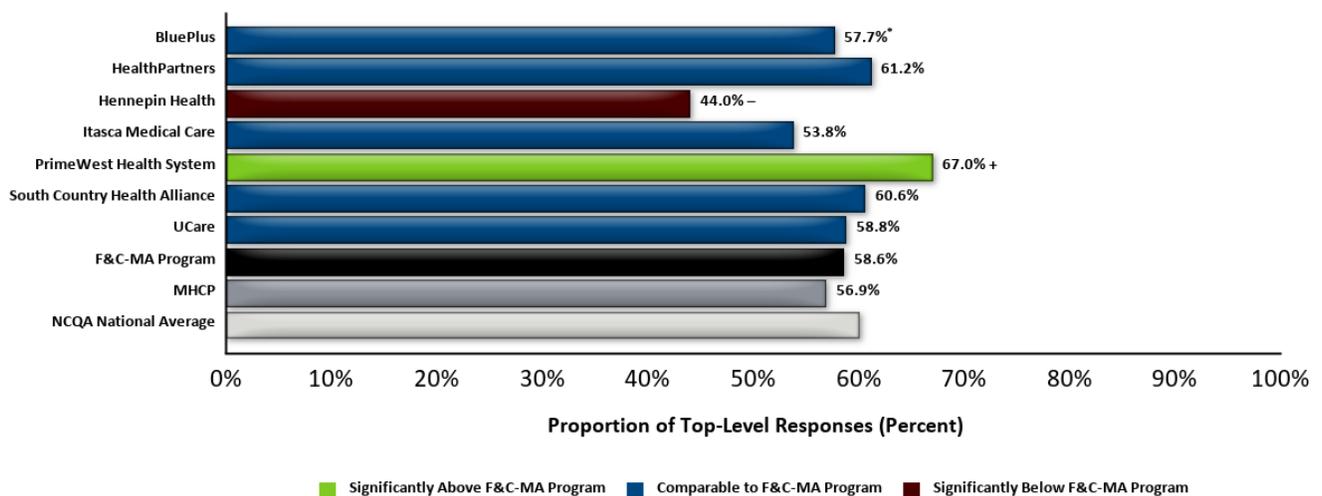
Global Ratings

Rating of Health Plan

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Figure 3-1 through Figure 3-6 show the Rating of Health Plan top-level scores.

MCO Comparisons

Figure 3-1—F&C-MA Program: Rating of Health Plan



- * Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
- + Indicates performance is significantly above F&C-MA Program.
- Indicates performance is significantly below F&C-MA Program.

Figure 3-2—MinnesotaCare Program: Rating of Health Plan

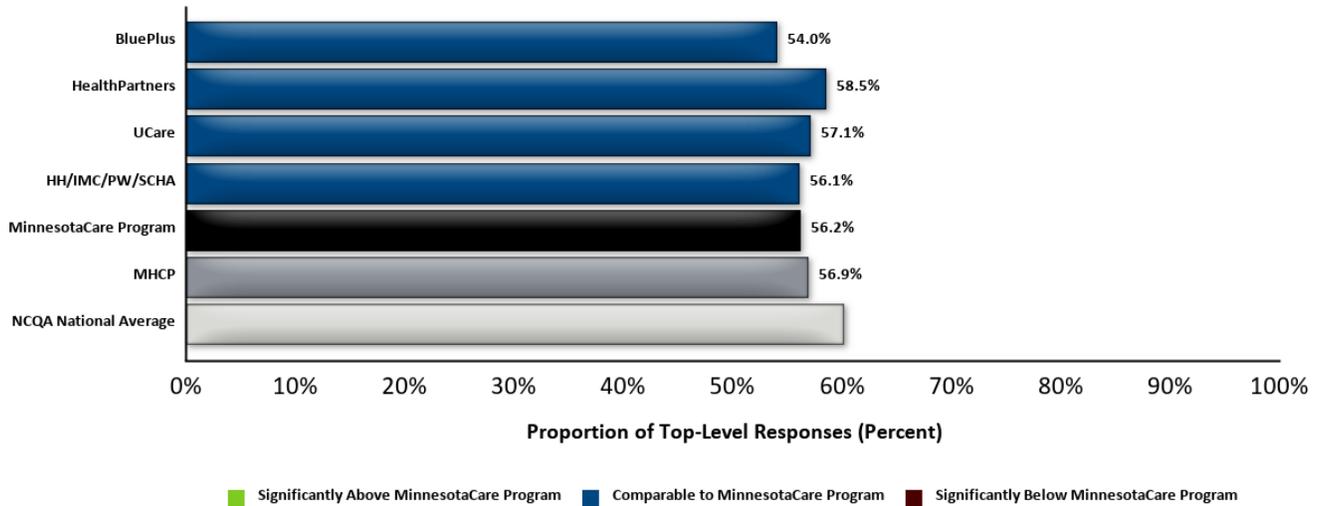
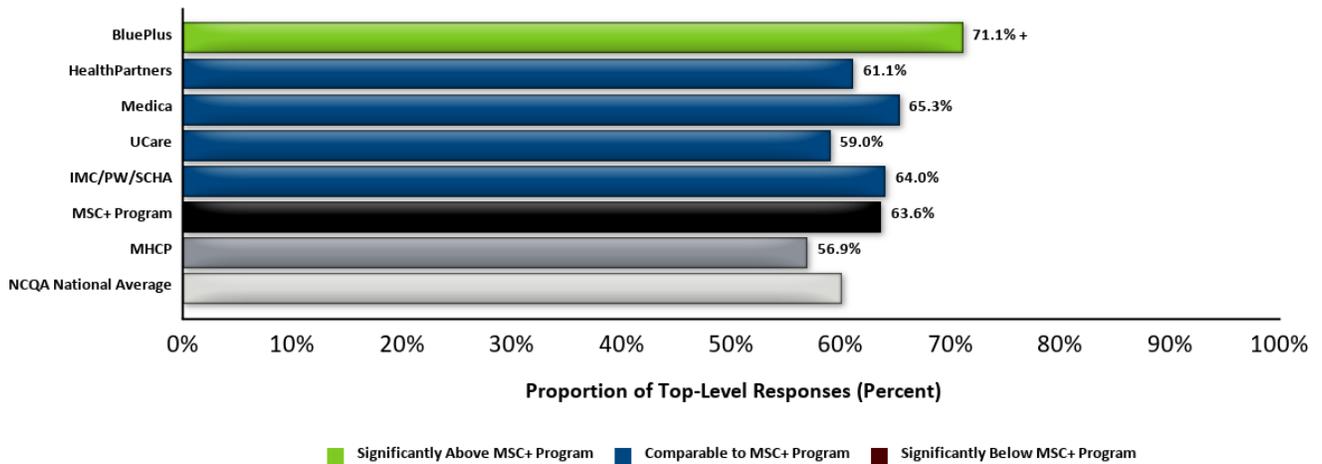


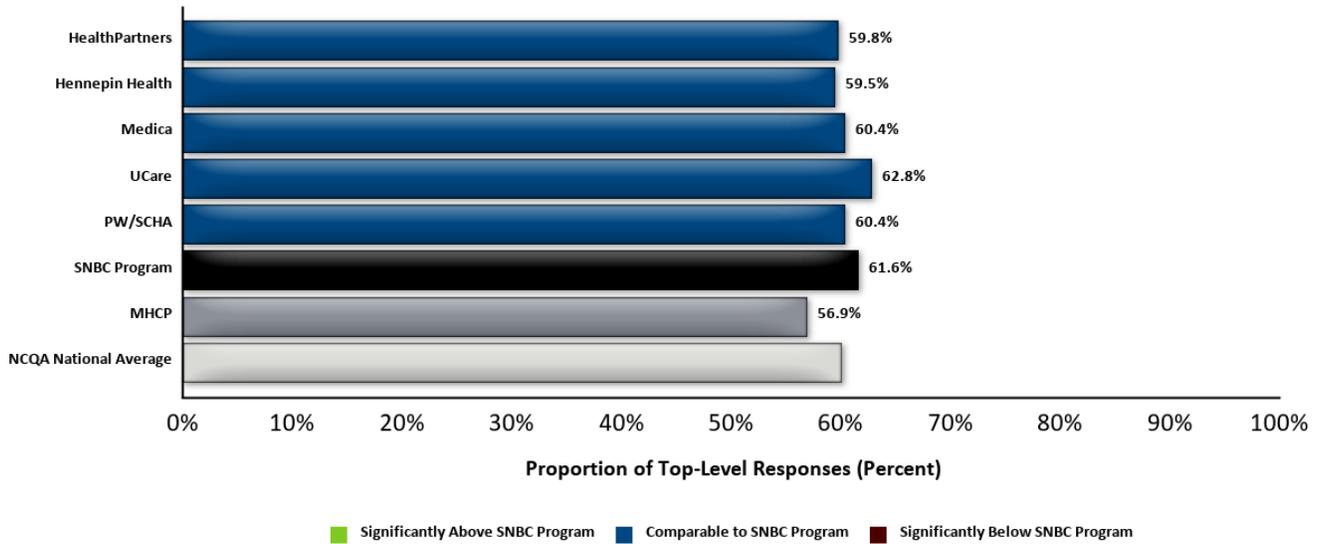
Figure 3-3—MSC+ Program: Rating of Health Plan



+ Indicates performance is significantly above MSC+ Program.

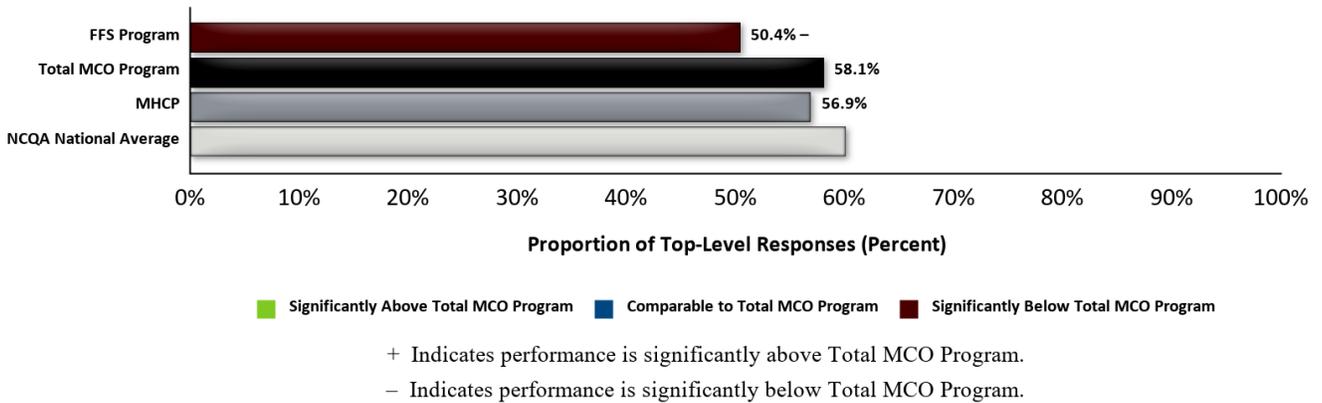
- Indicates performance is significantly below MSC+ Program.

Figure 3-4—SNBC Program: Rating of Health Plan



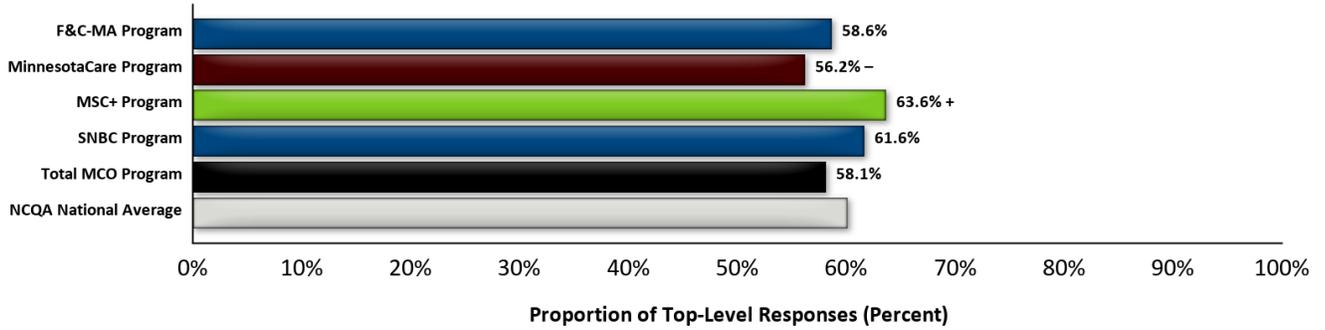
FFS Comparisons

Figure 3-5—FFS Comparisons: Rating of Health Plan



Program Comparisons

Figure 3-6—Program Comparisons: Rating of Health Plan



■ Significantly Above Total MCO Program
 ■ Comparable to Total MCO Program
 ■ Significantly Below Total MCO Program

+ Indicates performance is significantly above Total MCO Program.

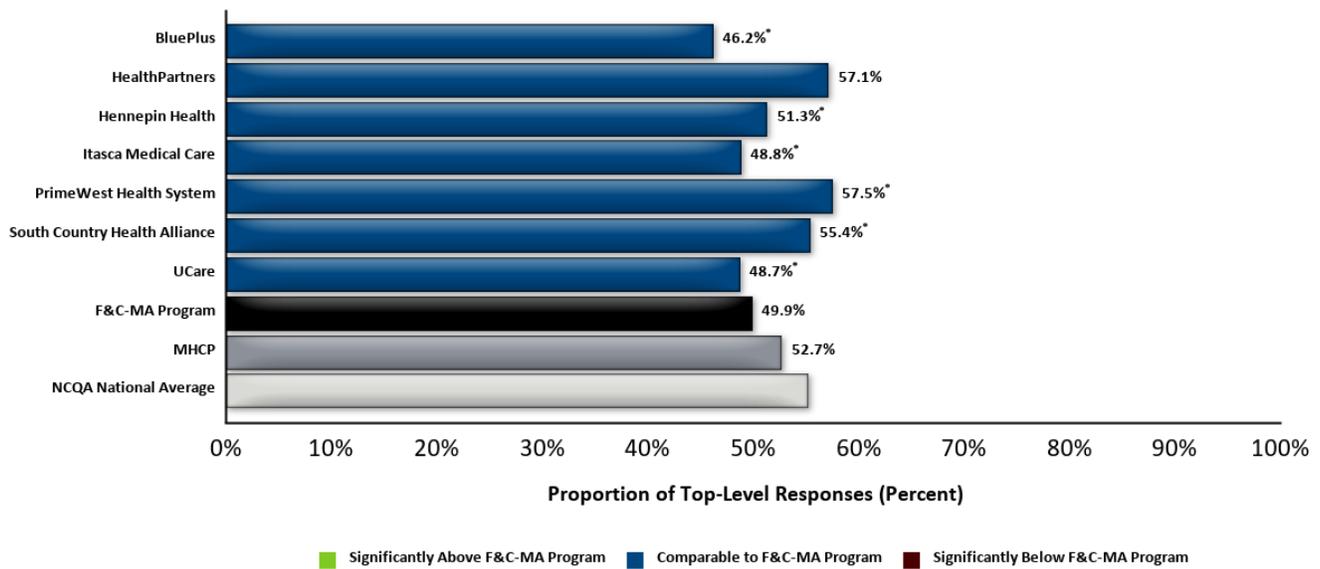
- Indicates performance is significantly below Total MCO Program.

Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Figure 3-7 through Figure 3-12 show the Rating of All Health Care top-level scores.

MCO Comparisons

Figure 3-7—F&C-MA Program: Rating of All Health Care



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-8—MinnesotaCare Program: Rating of All Health Care

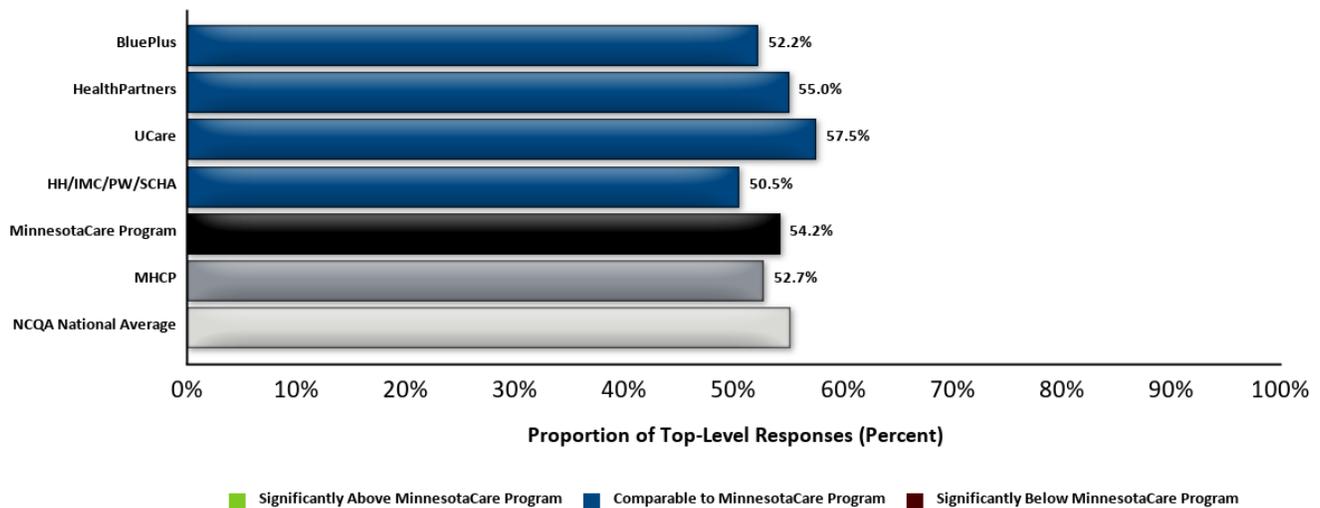


Figure 3-9—MSC+ Program: Rating of All Health Care

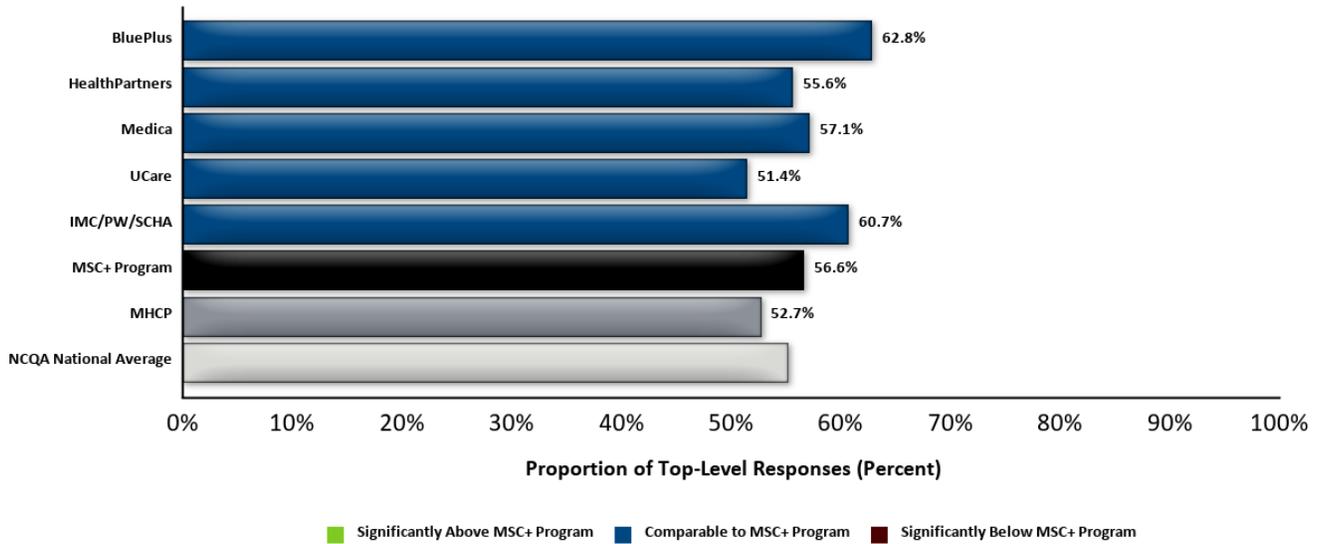
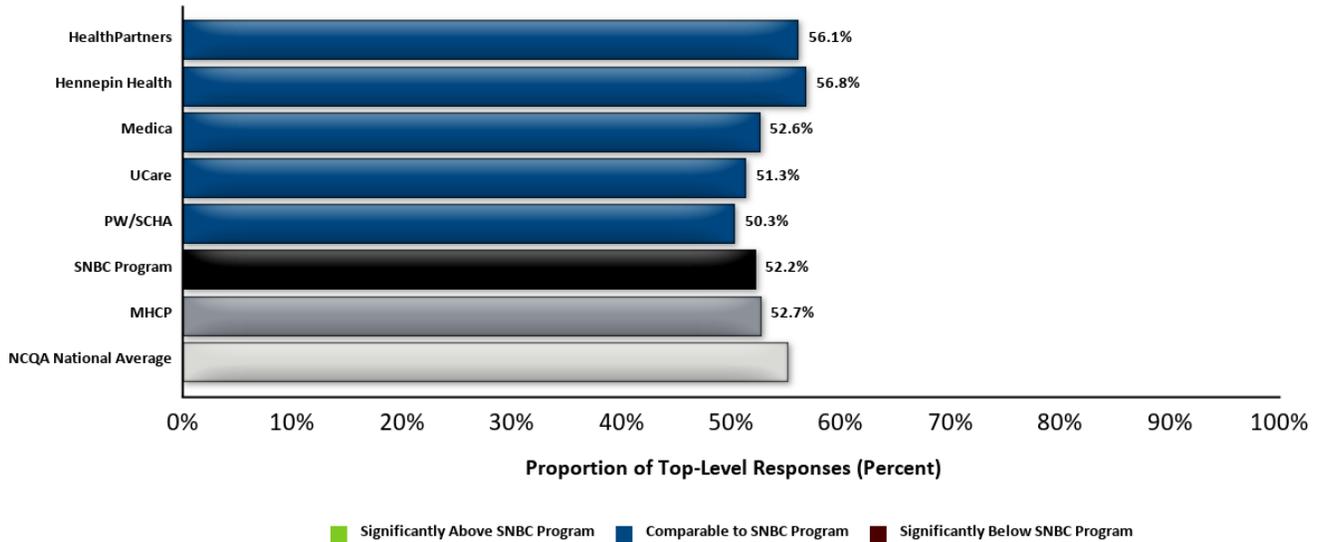
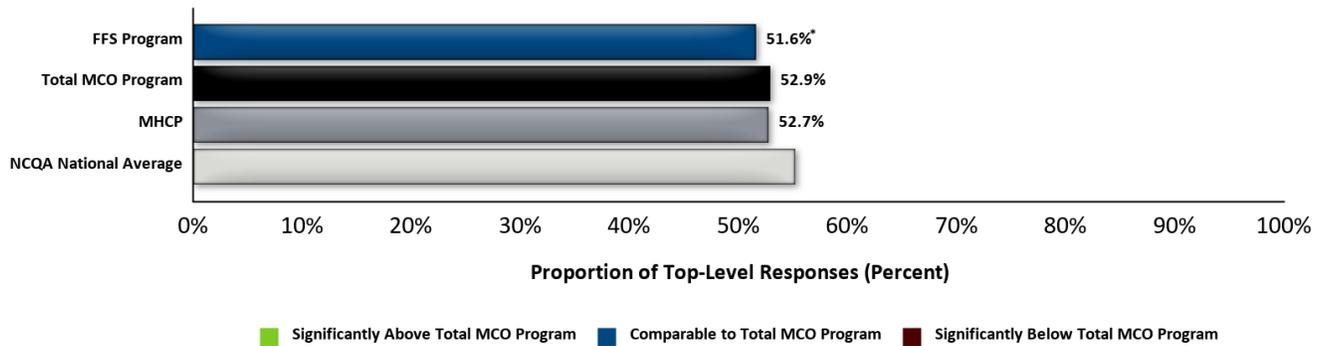


Figure 3-10—SNBC Program: Rating of All Health Care



FFS Comparisons

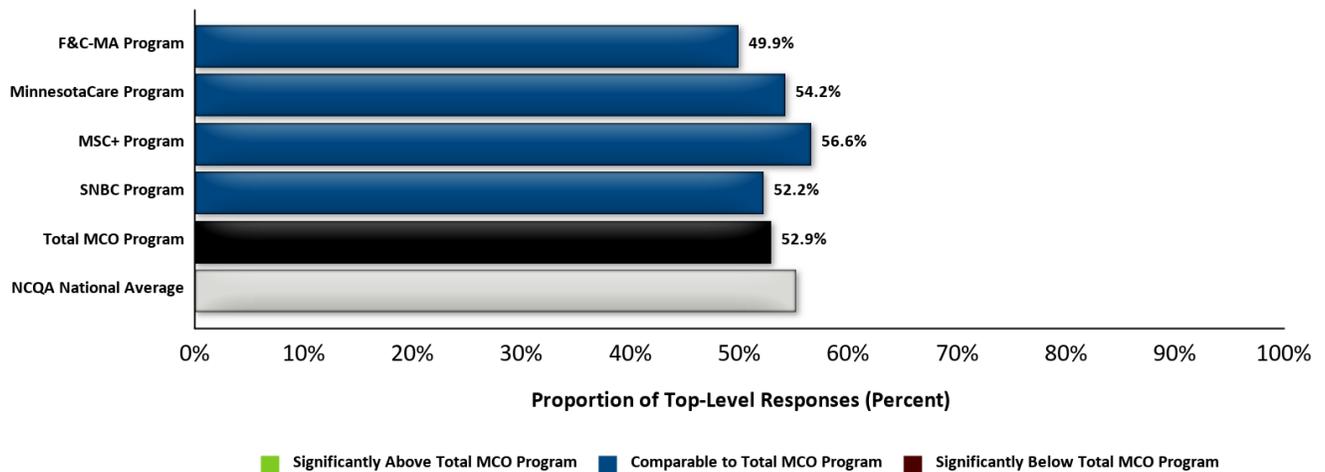
Figure 3-11—FFS Comparisons: Rating of All Health Care



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Program Comparisons

Figure 3-12—Program Comparisons: Rating of All Health Care

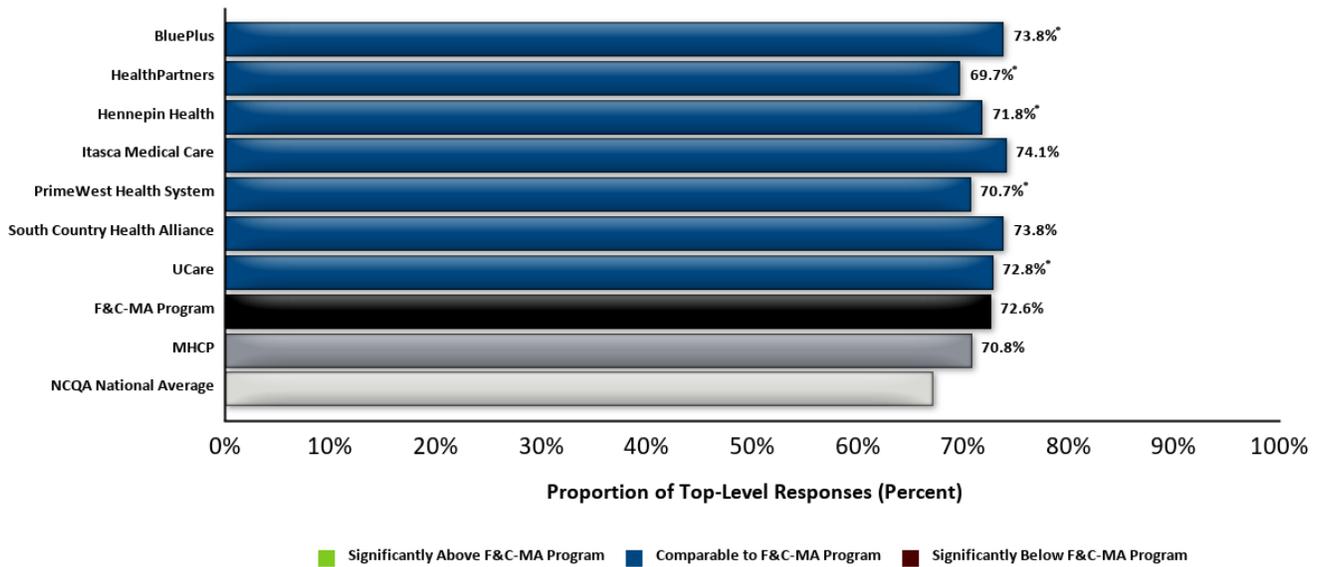


Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Figure 3-13 through Figure 3-18 show the Rating of Personal Doctor top-level scores.

MCO Comparisons

Figure 3-13—F&C-MA Program: Rating of Personal Doctor



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-14—MinnesotaCare Program: Rating of Personal Doctor

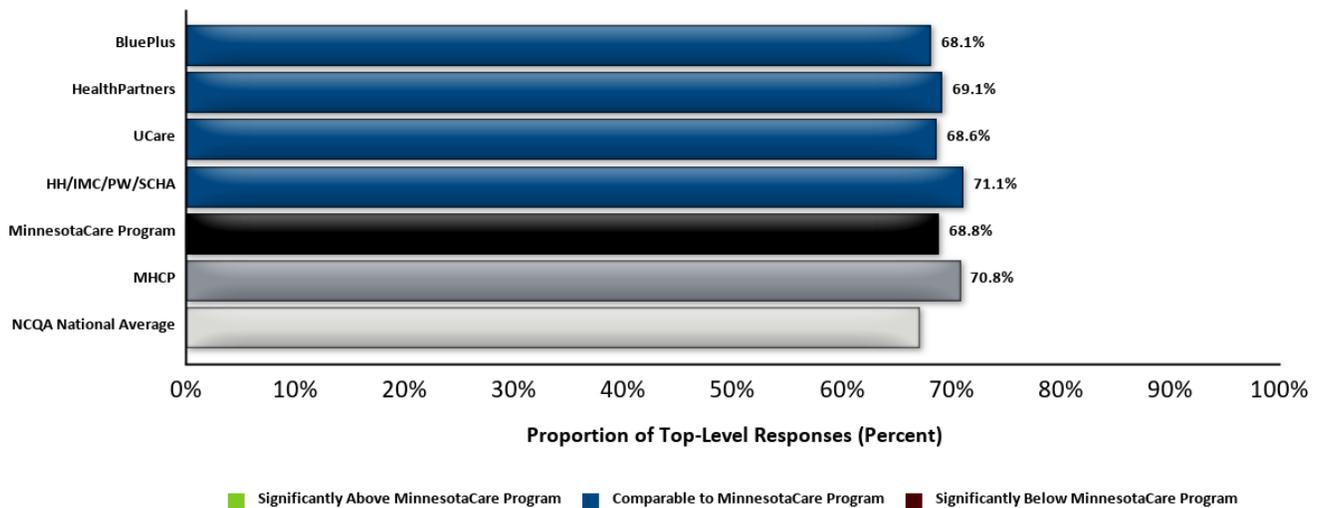


Figure 3-15—MSC+ Program: Rating of Personal Doctor

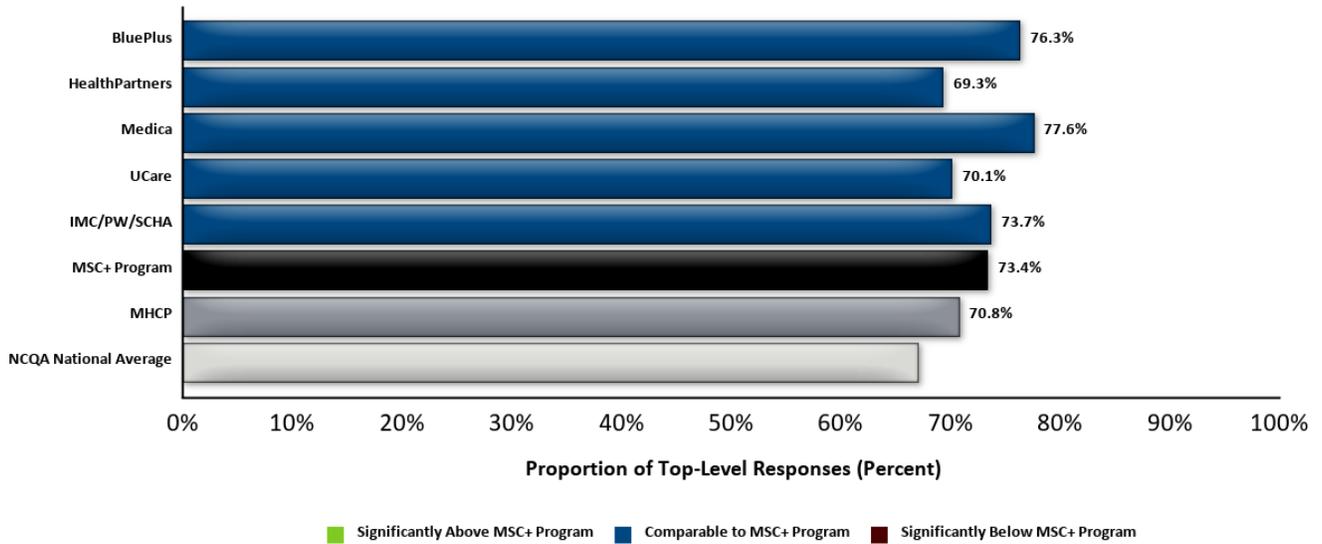
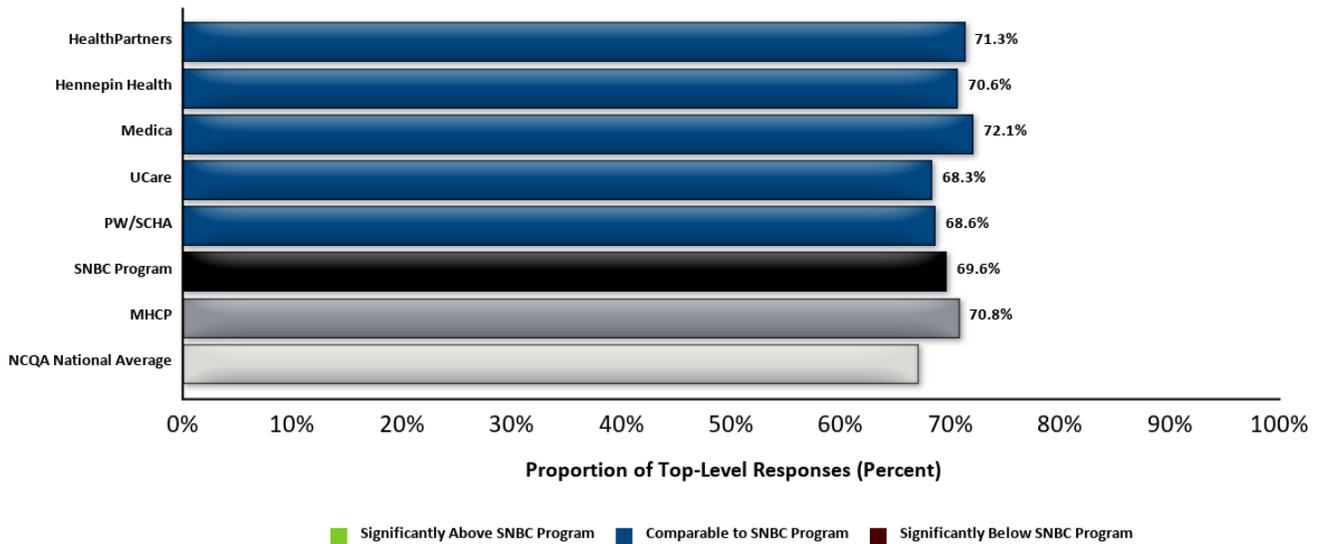
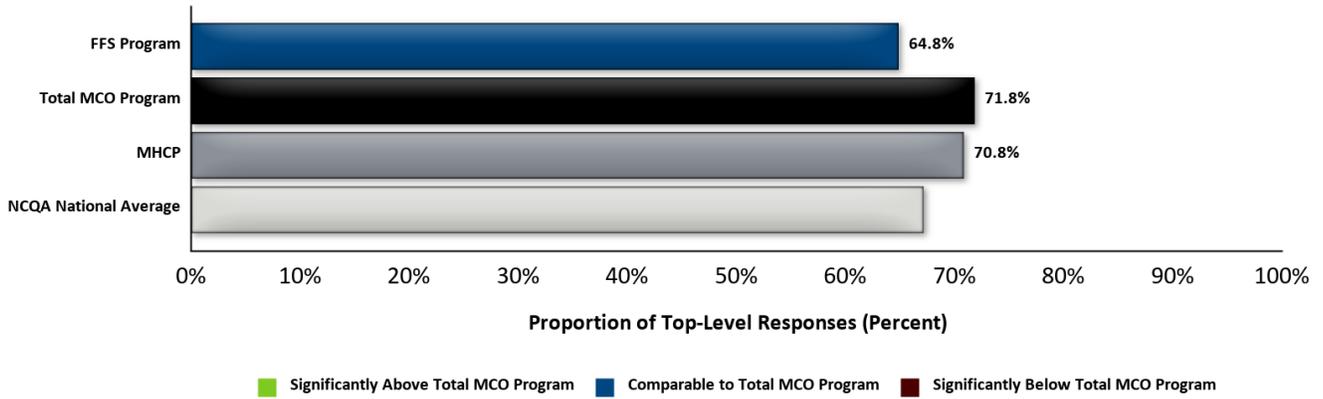


Figure 3-16—SNBC Program: Rating of Personal Doctor



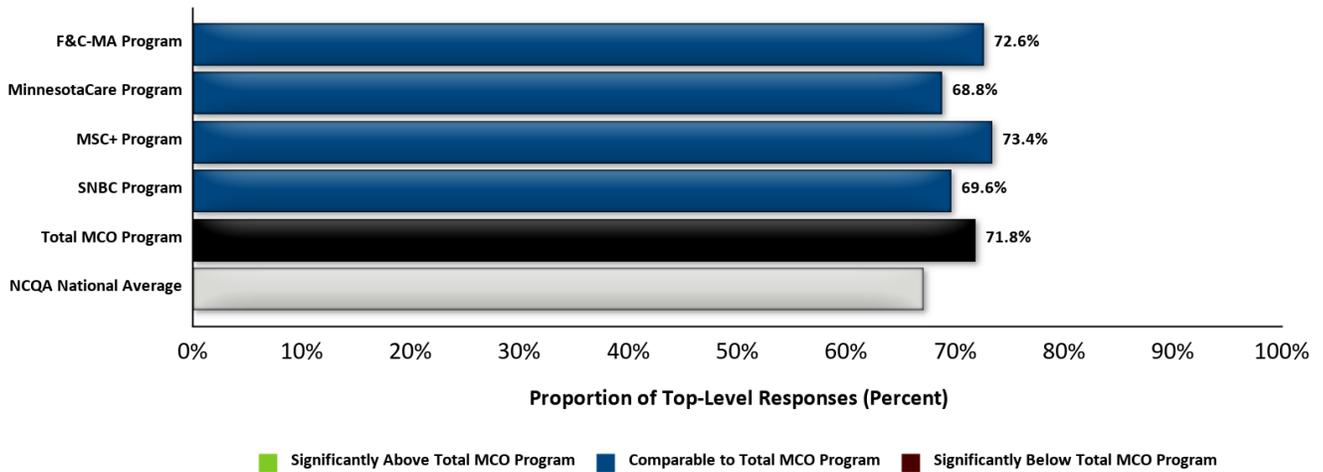
FFS Comparisons

Figure 3-17—FFS Comparisons: Rating of Personal Doctor



Program Comparisons

Figure 3-18—Program Comparisons: Rating of Personal Doctor

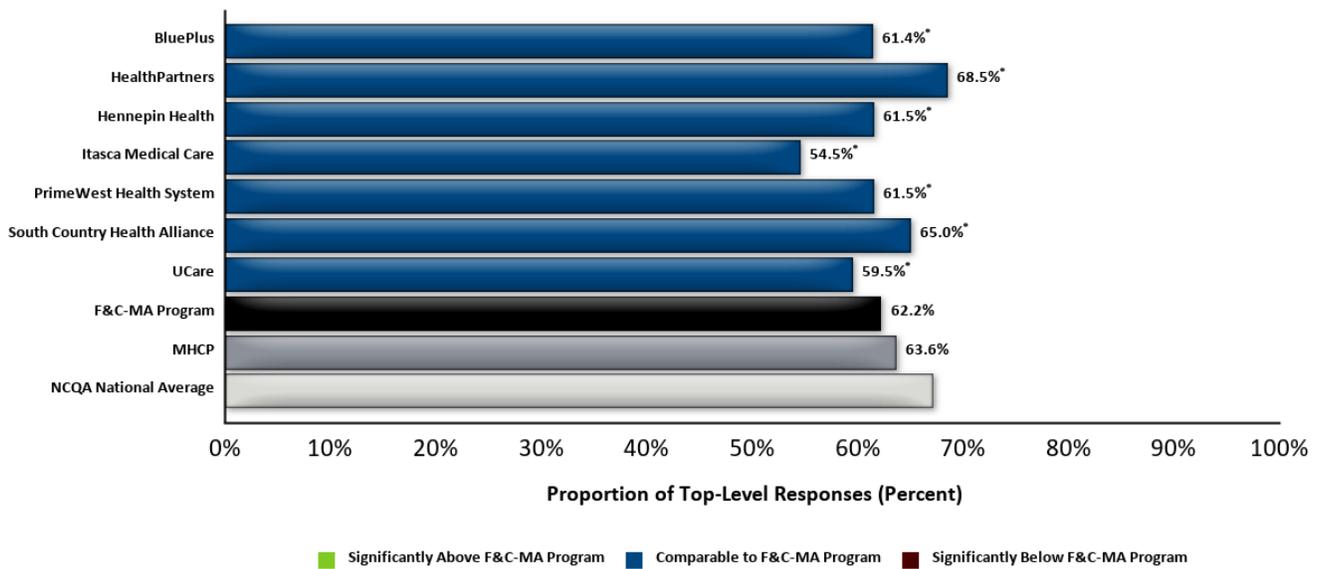


Rating of Specialist Seen Most Often

Adult members were asked to rate their specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Figure 3-19 through Figure 3-24 show the Rating of Specialist Seen Most Often top-level scores.

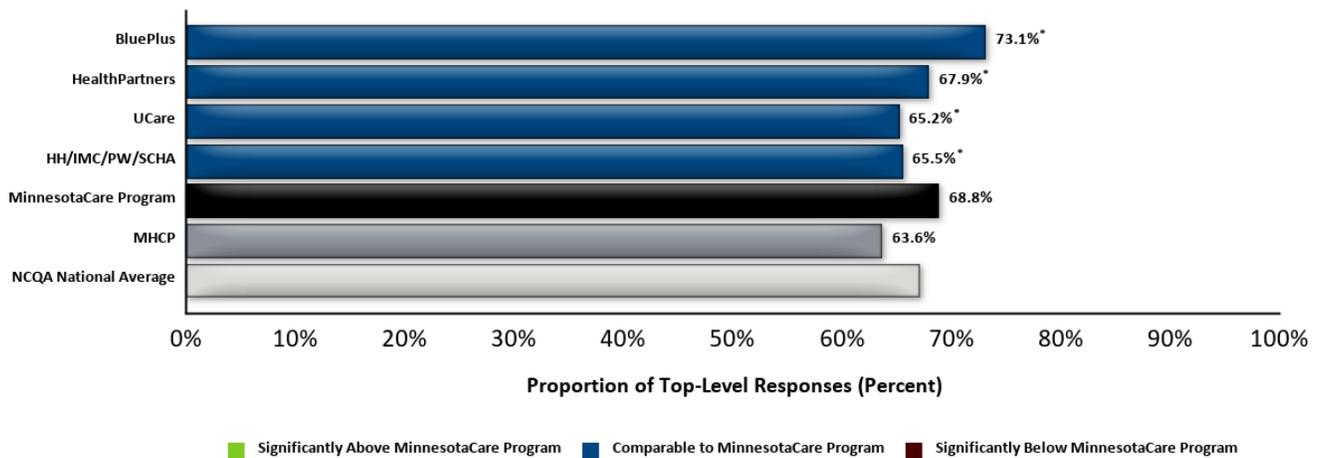
MCO Comparisons

Figure 3-19—F&C-MA Program: Rating of Specialist Seen Most Often



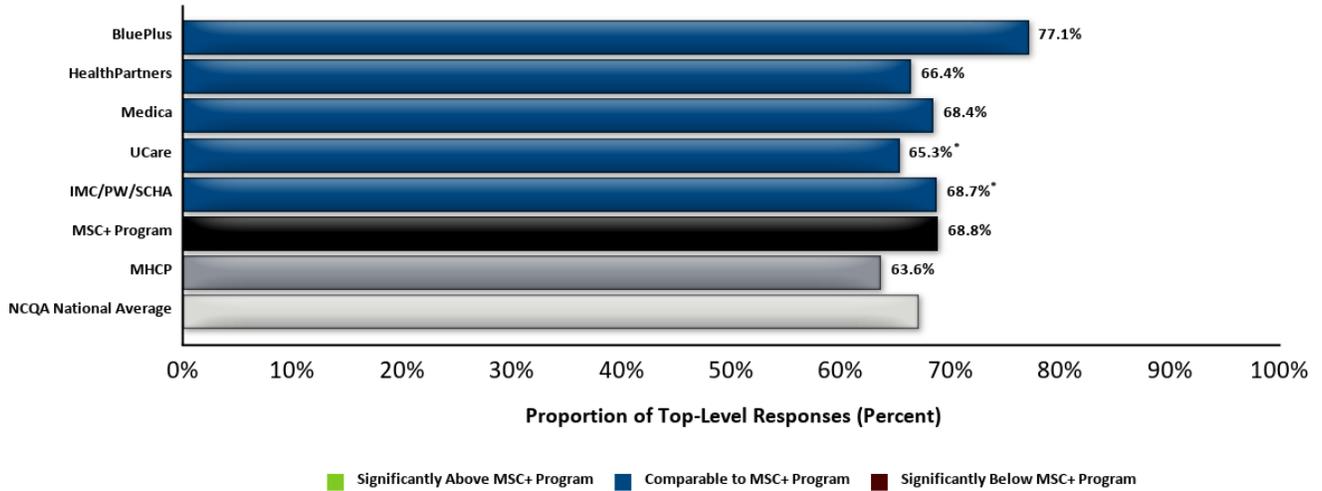
* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-20—MinnesotaCare Program: Rating of Specialist Seen Most Often



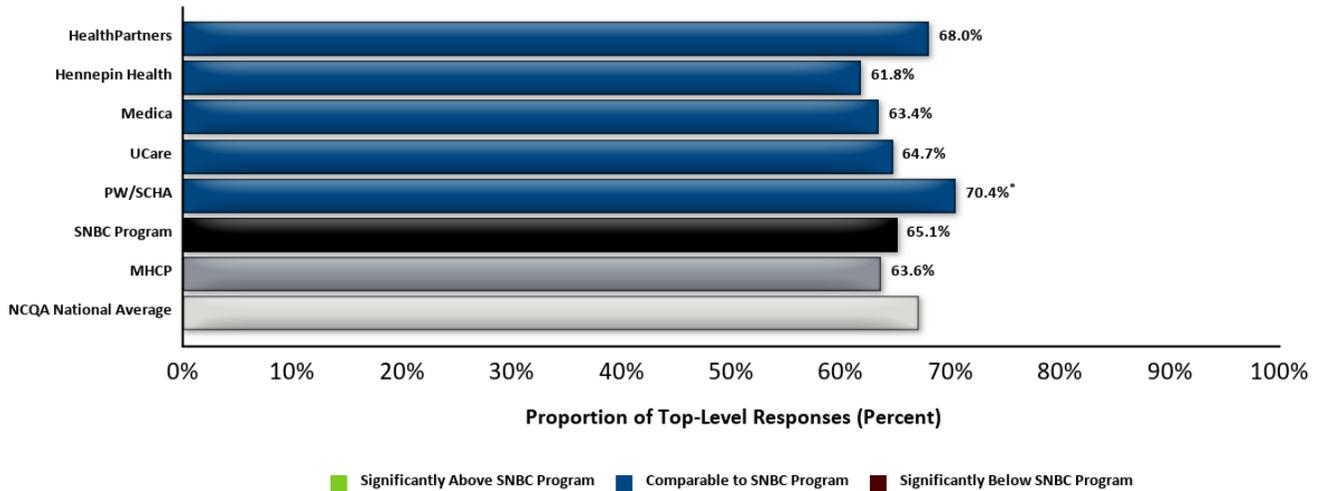
* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-21—MSC+ Program: Rating of Specialist Seen Most Often



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

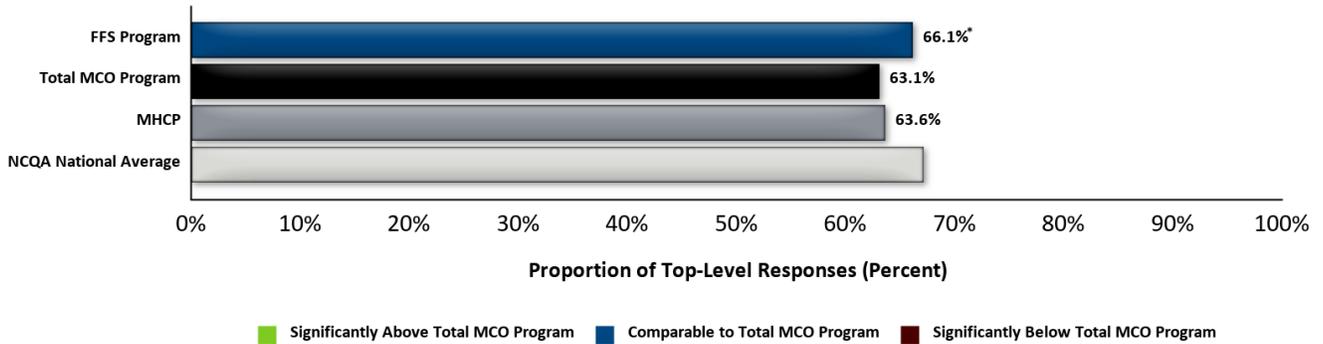
Figure 3-22—SNBC Program: Rating of Specialist Seen Most Often



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

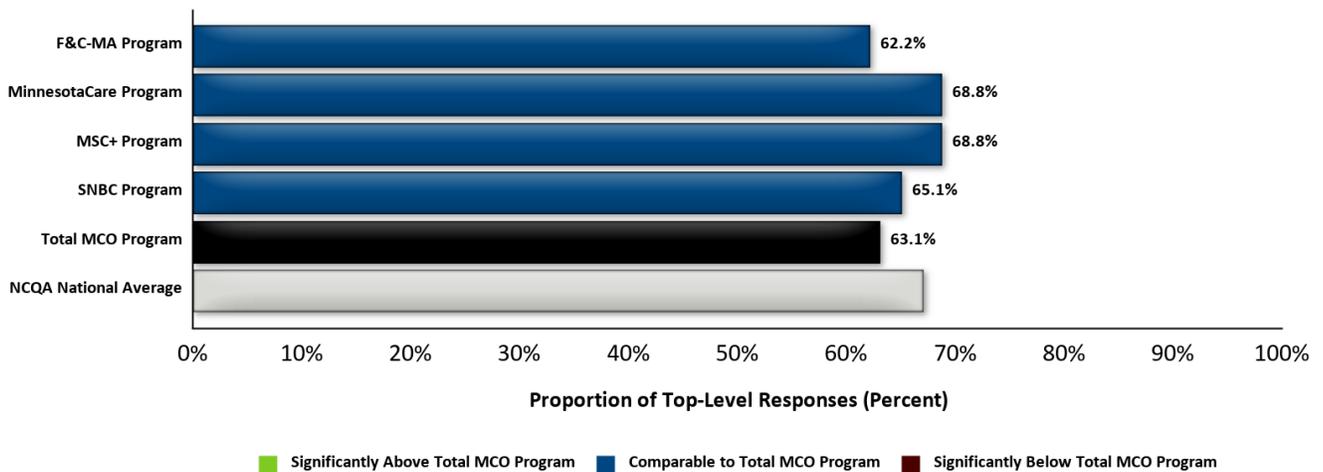
FFS Comparisons

Figure 3-23—FFS Comparisons: Rating of Specialist Seen Most Often



Program Comparisons

Figure 3-24—Program Comparisons: Rating of Specialist Seen Most Often



Composite Measures

Getting Needed Care

Two questions (Questions 14 and 25) were asked to assess how often it was easy to get needed care:

Question 14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

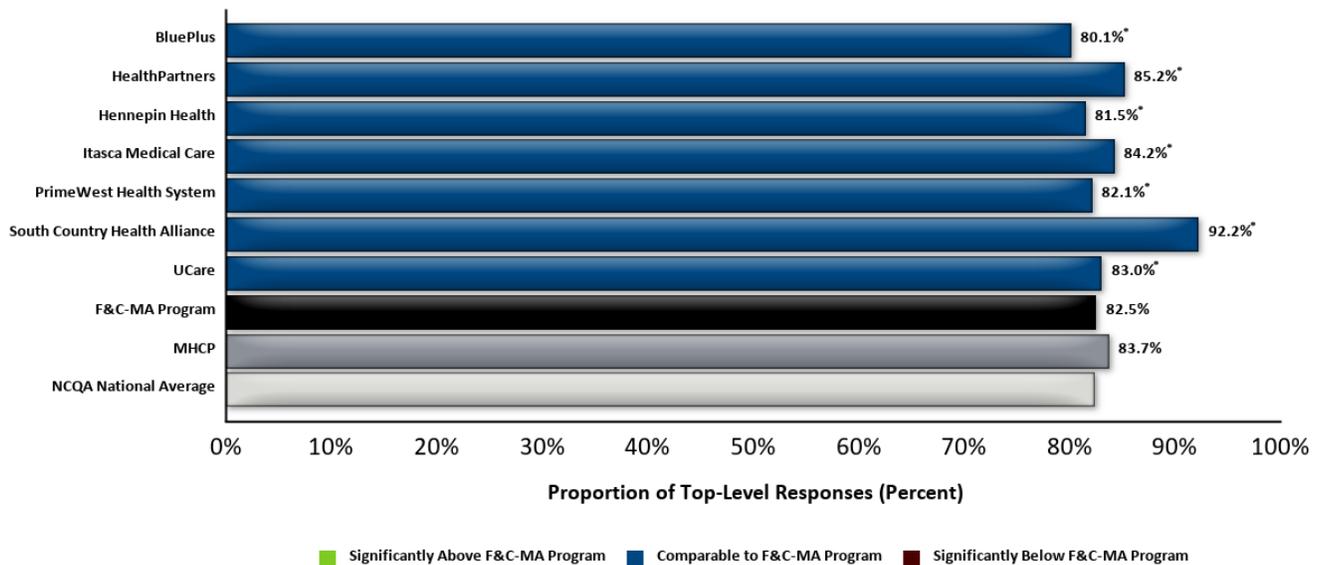
Question 25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

Responses of “Usually” or “Always” were used to calculate top-level scores for the Getting Needed Care composite measure. Figure 3-25 through Figure 3-30 show the Getting Needed Care top-level scores.

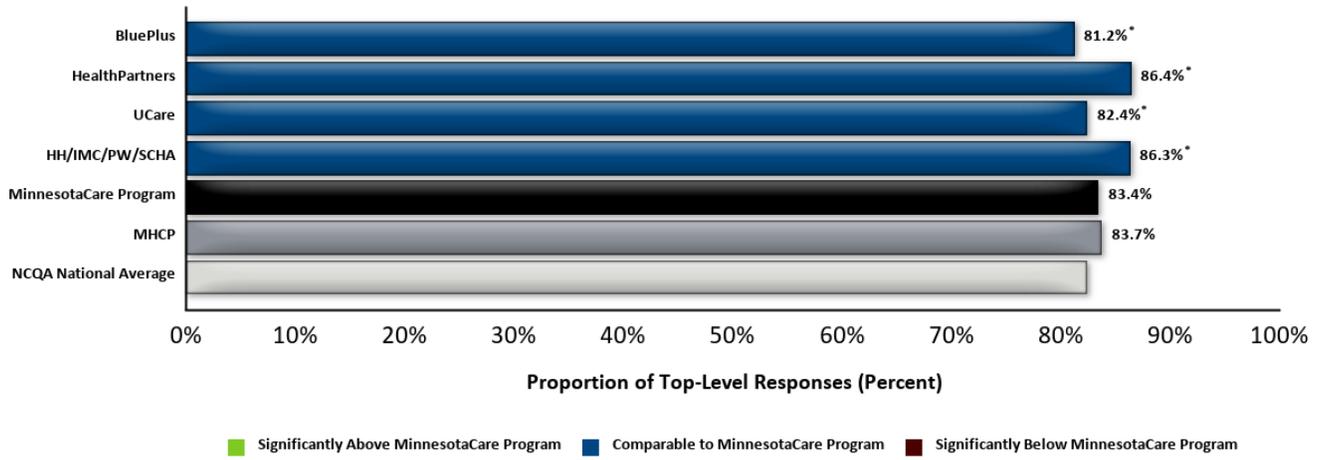
MCO Comparisons

Figure 3-25—F&C-MA Program: Getting Needed Care



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-26—MinnesotaCare Program: Getting Needed Care



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-27—MSC+ Program: Getting Needed Care

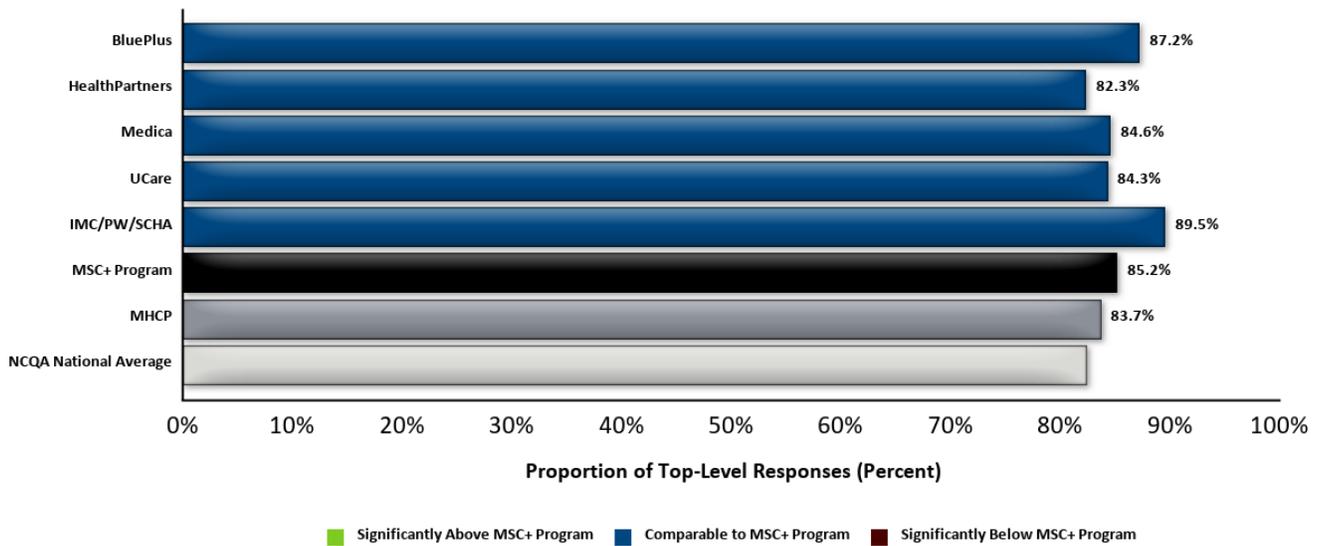
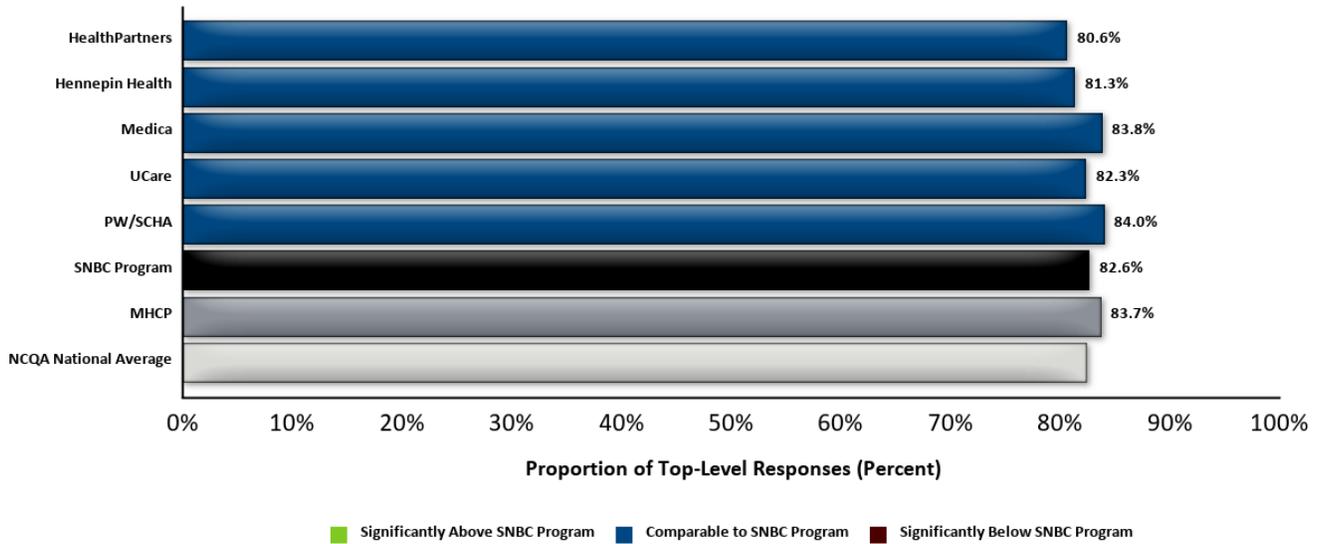
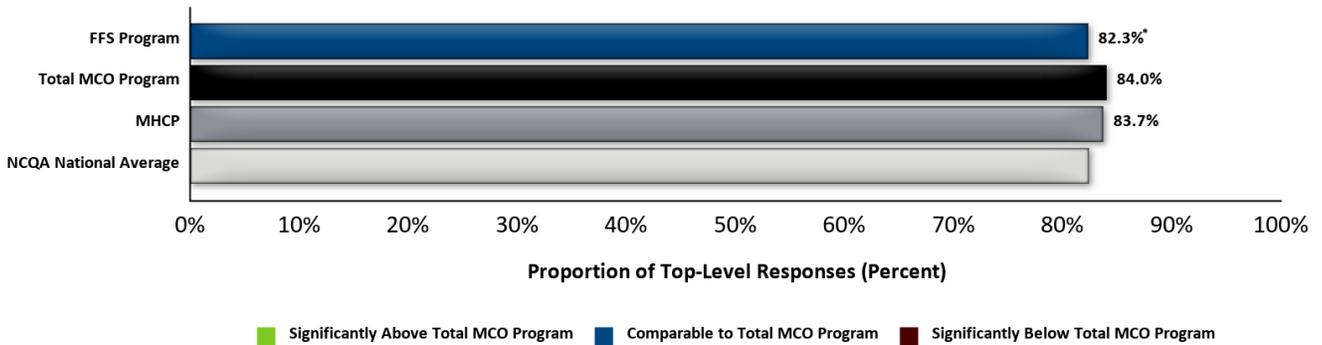


Figure 3-28—SNBC Program: Getting Needed Care



FFS Comparisons

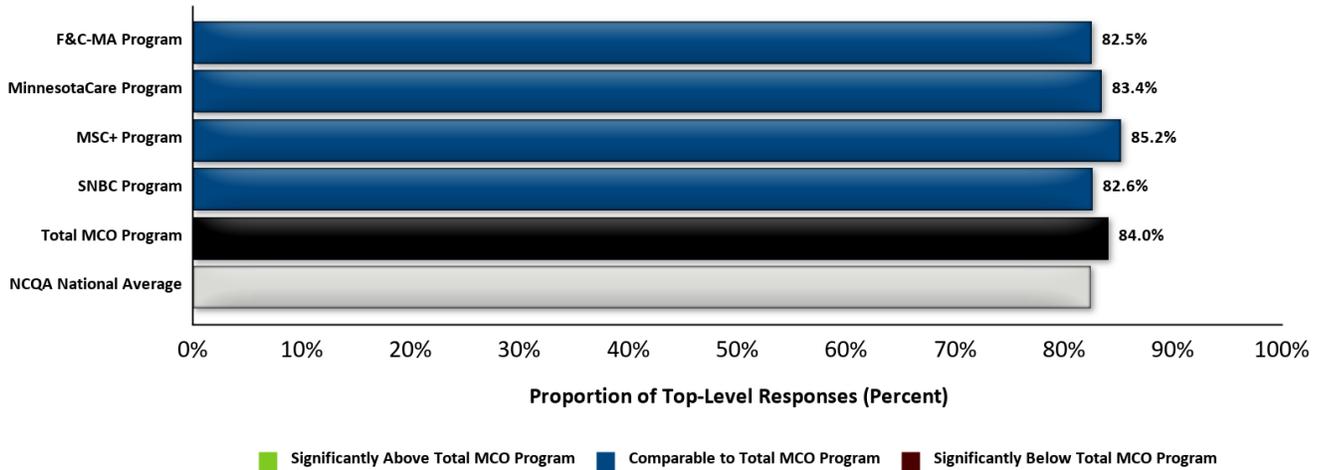
Figure 3-29—FFS Comparisons: Getting Needed Care



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Program Comparisons

Figure 3-30—Program Comparisons: Getting Needed Care



Getting Care Quickly

Two questions (Questions 4 and 6) were asked to assess how often adult members received care quickly:

Question 4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

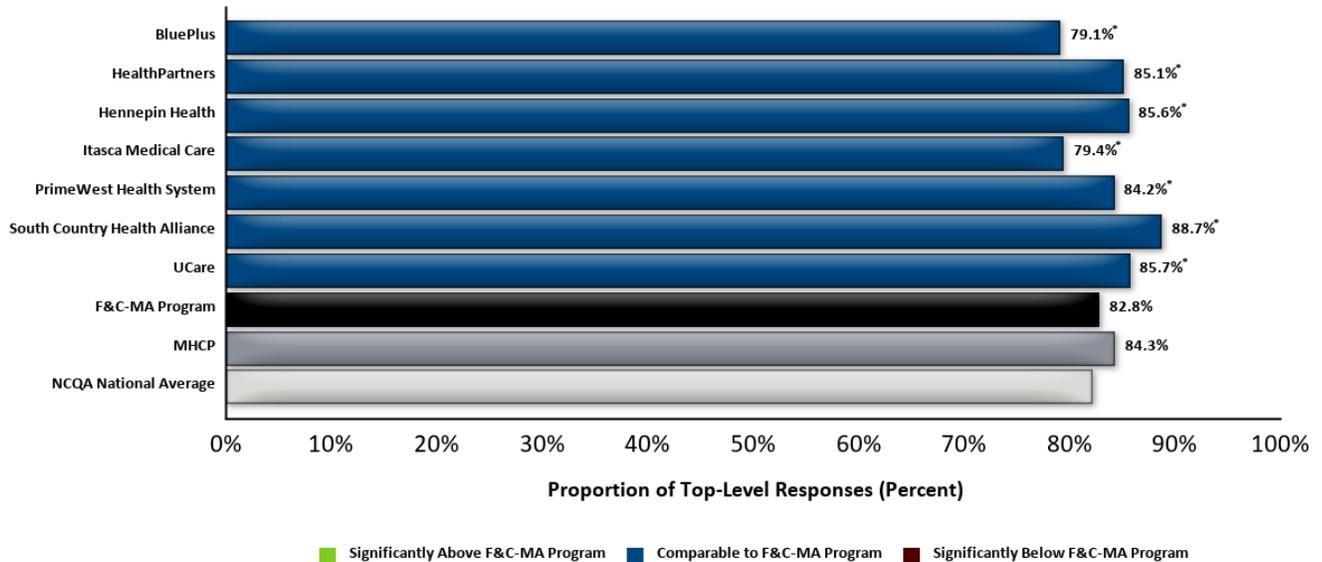
Question 6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you needed?

- Never
- Sometimes
- Usually
- Always

Responses of “Usually” or “Always” were used to calculate top-level scores for the Getting Care Quickly composite measure. Figure 3-31 through Figure 3-36 show the Getting Care Quickly top-level scores.

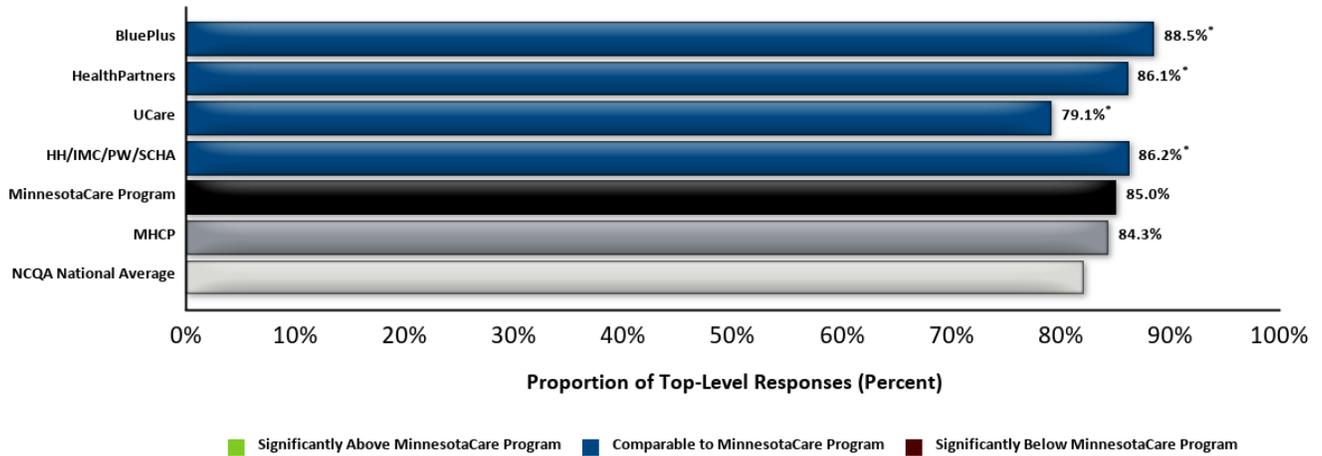
MCO Comparisons

Figure 3-31—F&C-MA Program: Getting Care Quickly



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-32—MinnesotaCare Program: Getting Care Quickly



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-33—MSC+ Program: Getting Care Quickly

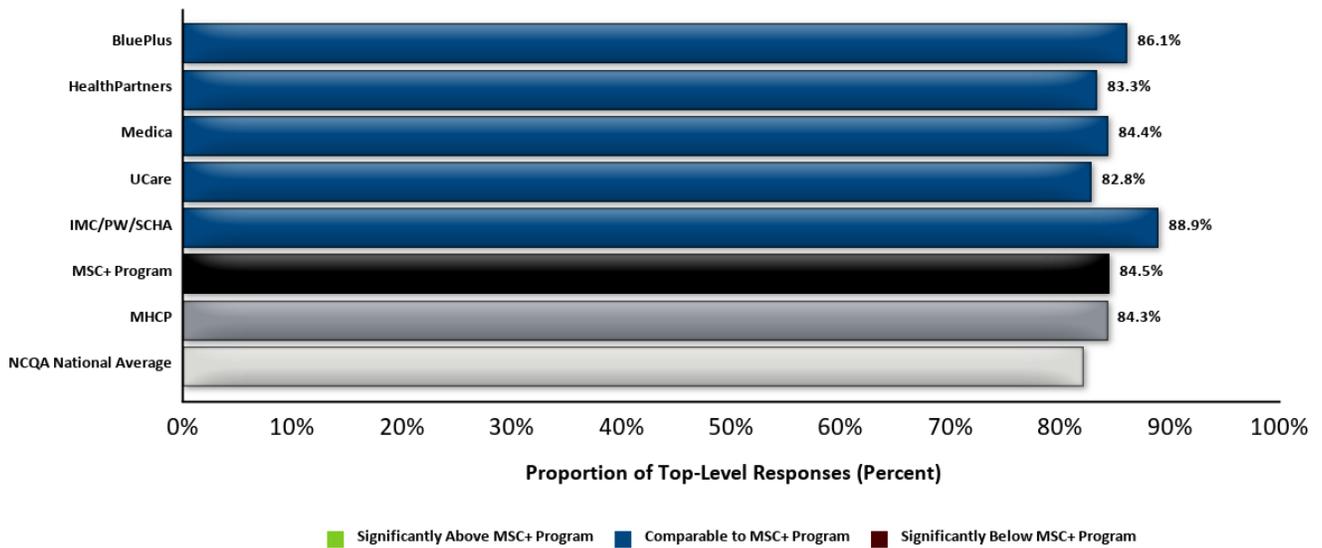
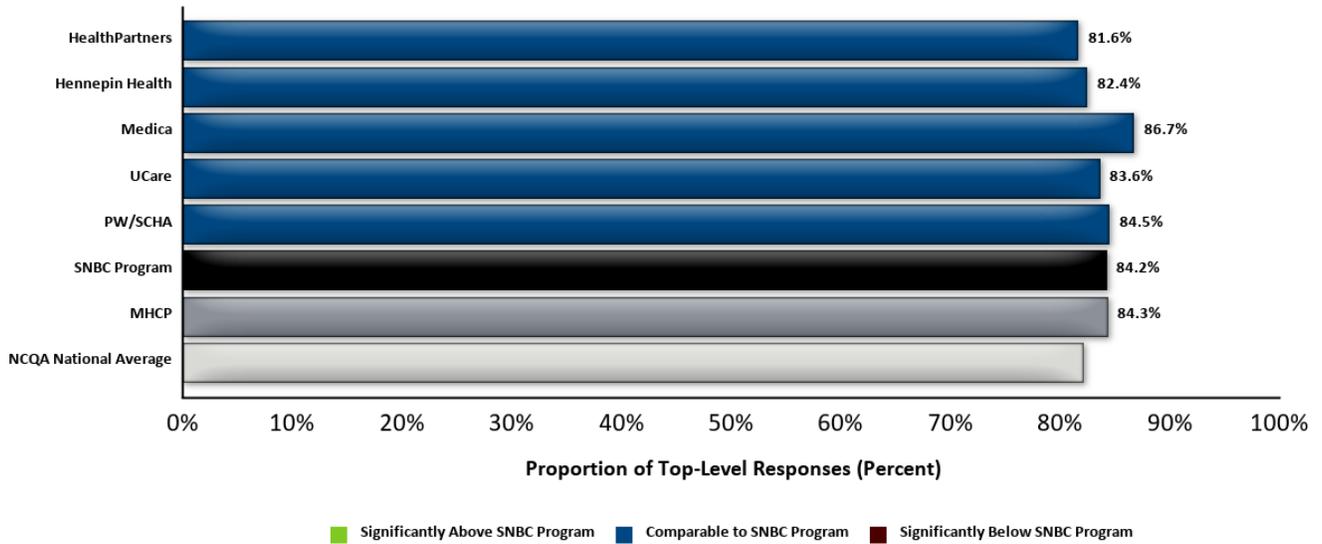
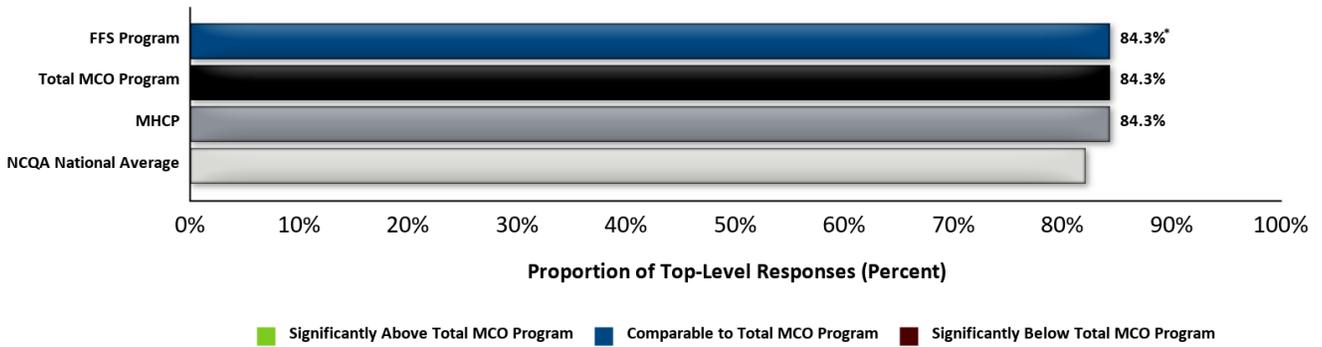


Figure 3-34—SNBC Program: Getting Care Quickly



FFS Comparisons

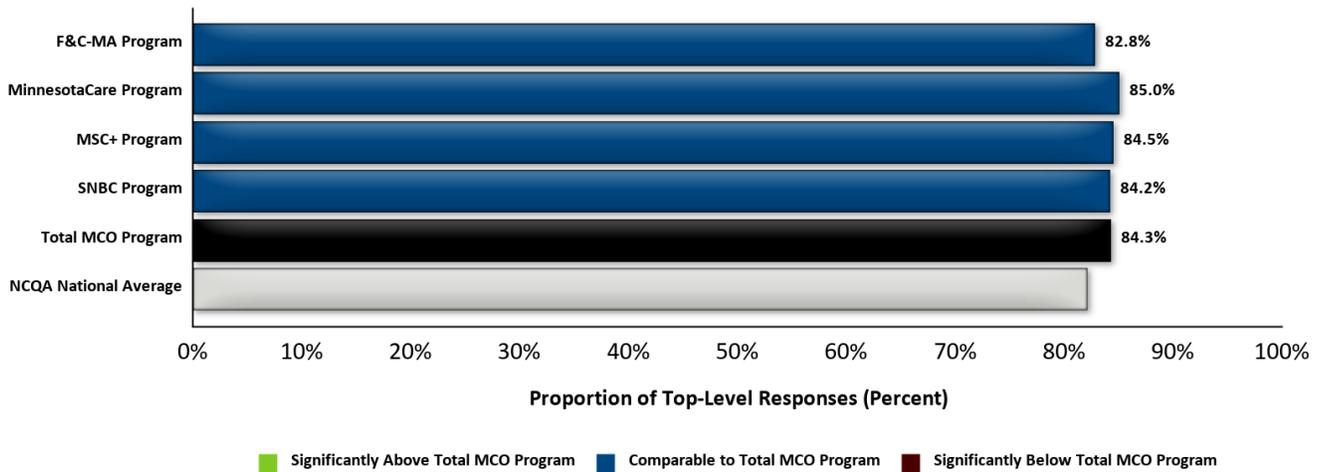
Figure 3-35—FFS Comparisons: Getting Care Quickly



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Program Comparisons

Figure 3-36—Program Comparisons: Getting Care Quickly



How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 20) was asked to assess how often doctors communicated well:

Question 17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

Question 18. In the last 6 months, how often did your personal doctor listen carefully to you?

Question 19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

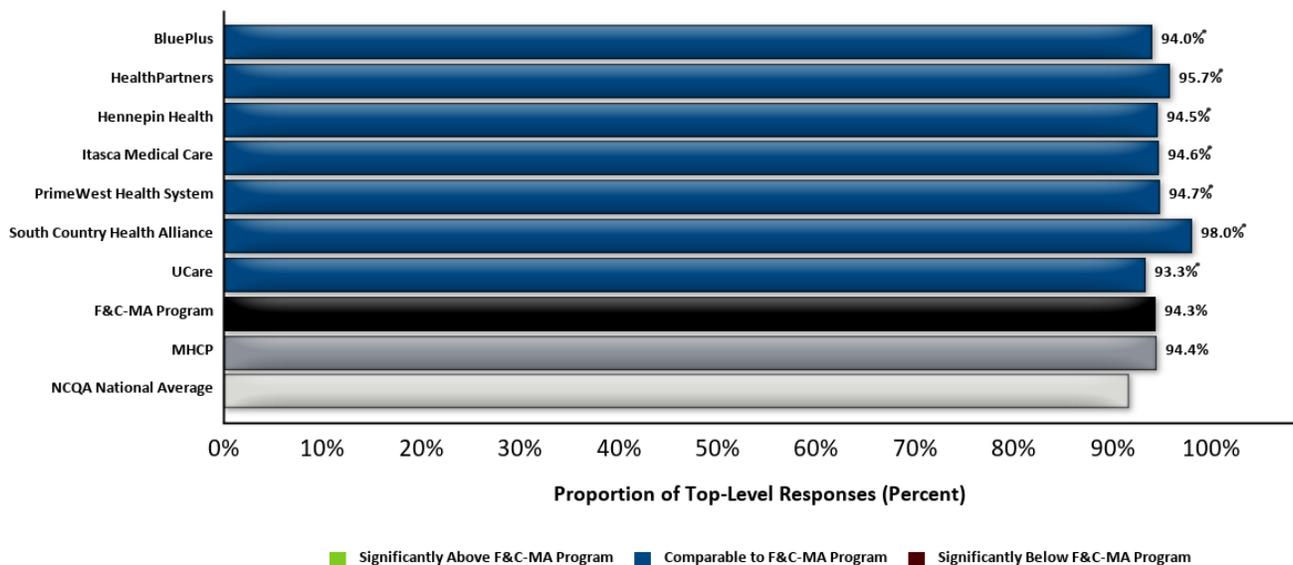
Question 20. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

Responses of “Usually” or “Always” were used to calculate top-level scores for the How Well Doctors Communicate composite measure. Figure 3-37 through Figure 3-42 show the How Well Doctors Communicate top-level scores.

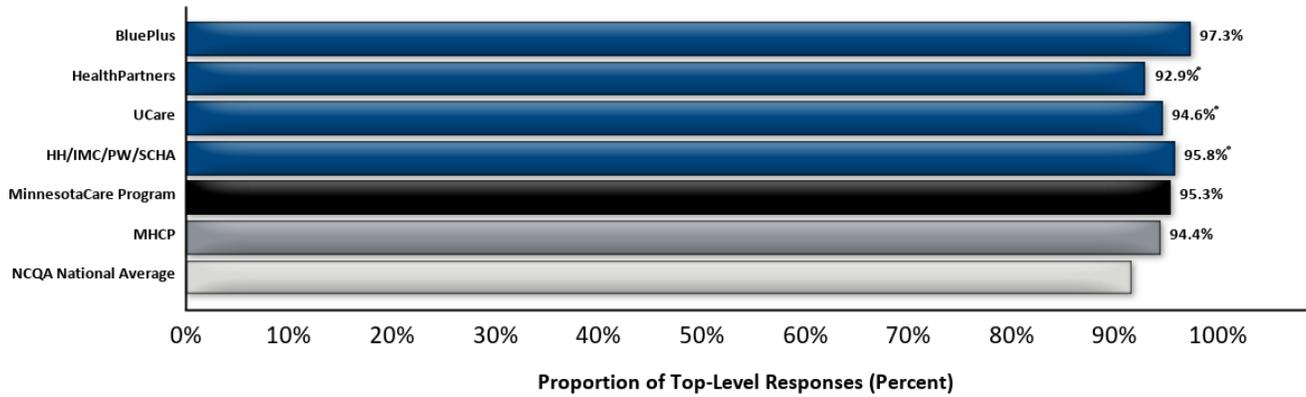
MCO Comparisons

Figure 3-37—F&C-MA Program: How Well Doctors Communicate



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

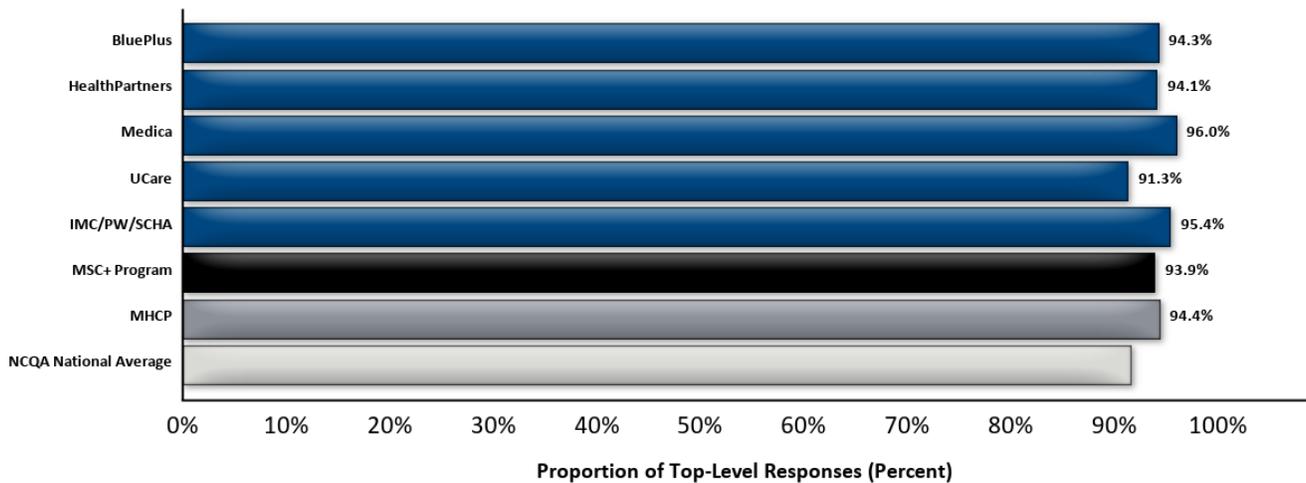
Figure 3-38—MinnesotaCare Program: How Well Doctors Communicate



■ Significantly Above MinnesotaCare Program
 ■ Comparable to MinnesotaCare Program
 ■ Significantly Below MinnesotaCare Program

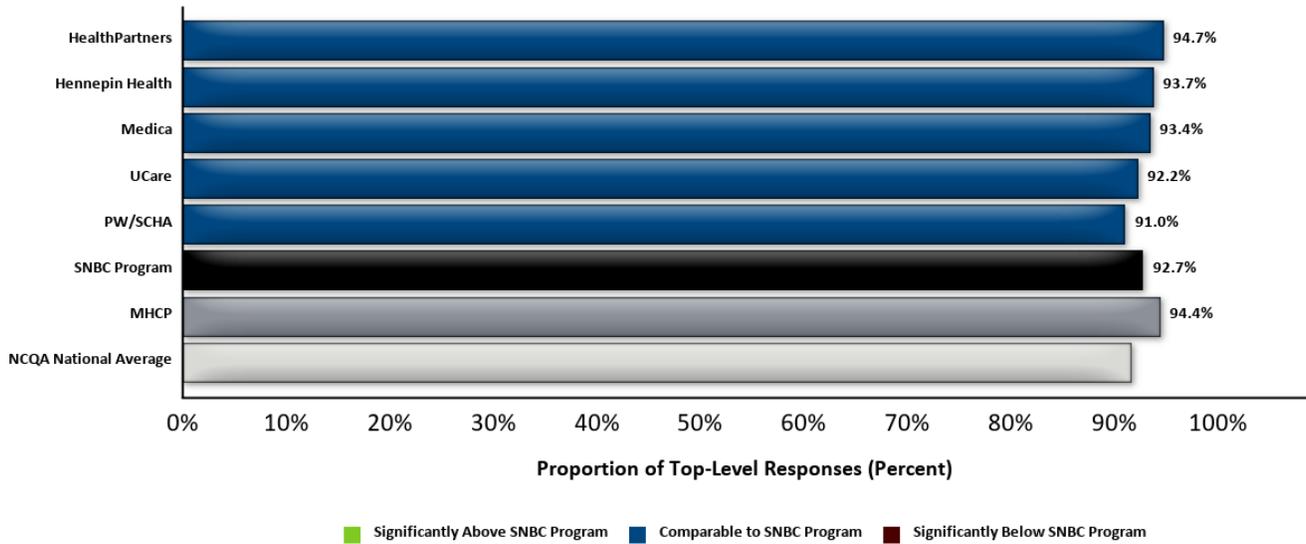
* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-39—MSC+ Program: How Well Doctors Communicate



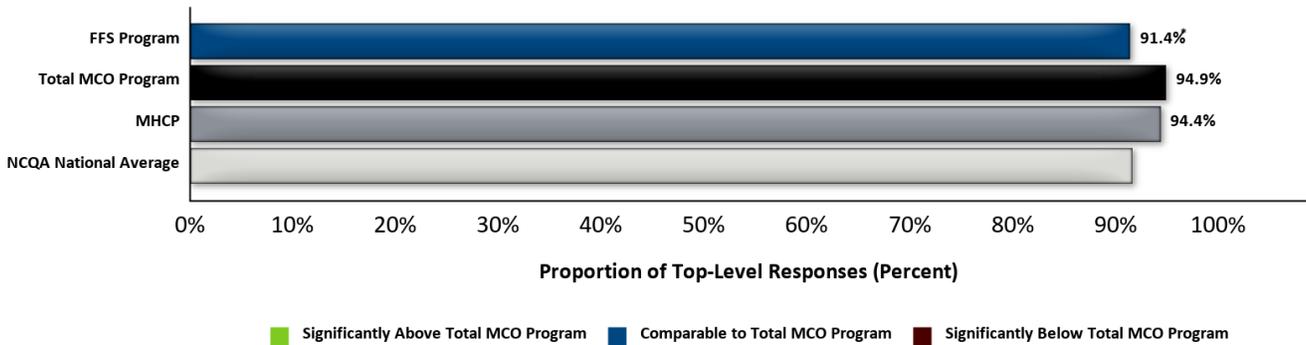
■ Significantly Above MSC+ Program
 ■ Comparable to MSC+ Program
 ■ Significantly Below MSC+ Program

Figure 3-40—SNBC Program: How Well Doctors Communicate



FFS Comparisons

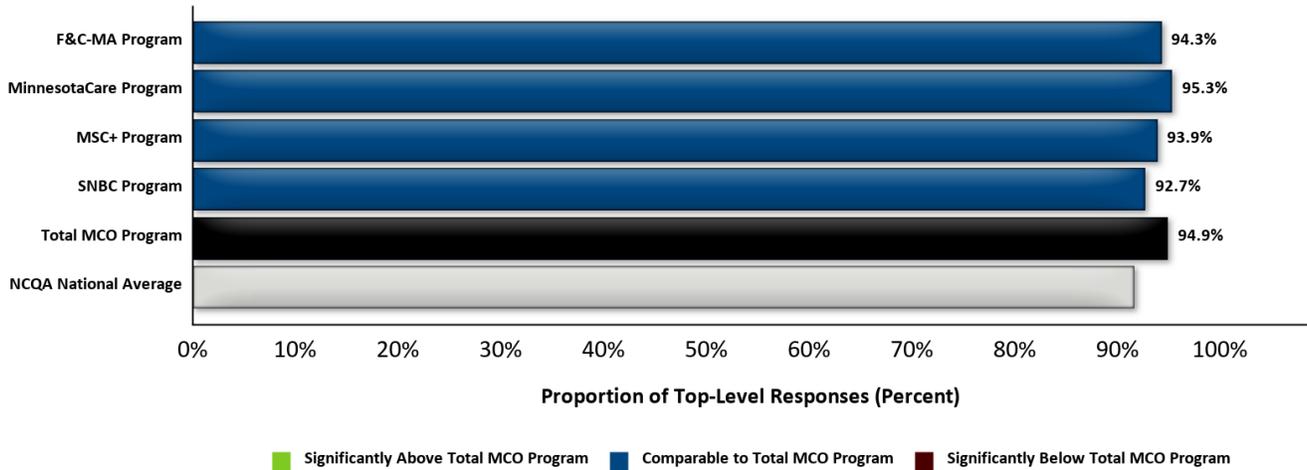
Figure 3-41—FFS Comparisons: How Well Doctors Communicate



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Program Comparisons

Figure 3-42—Program Comparisons: How Well Doctors Communicate



Customer Service

Two questions (Questions 31 and 32) were asked to assess how often adult members were satisfied with customer service:

Question 31. In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?

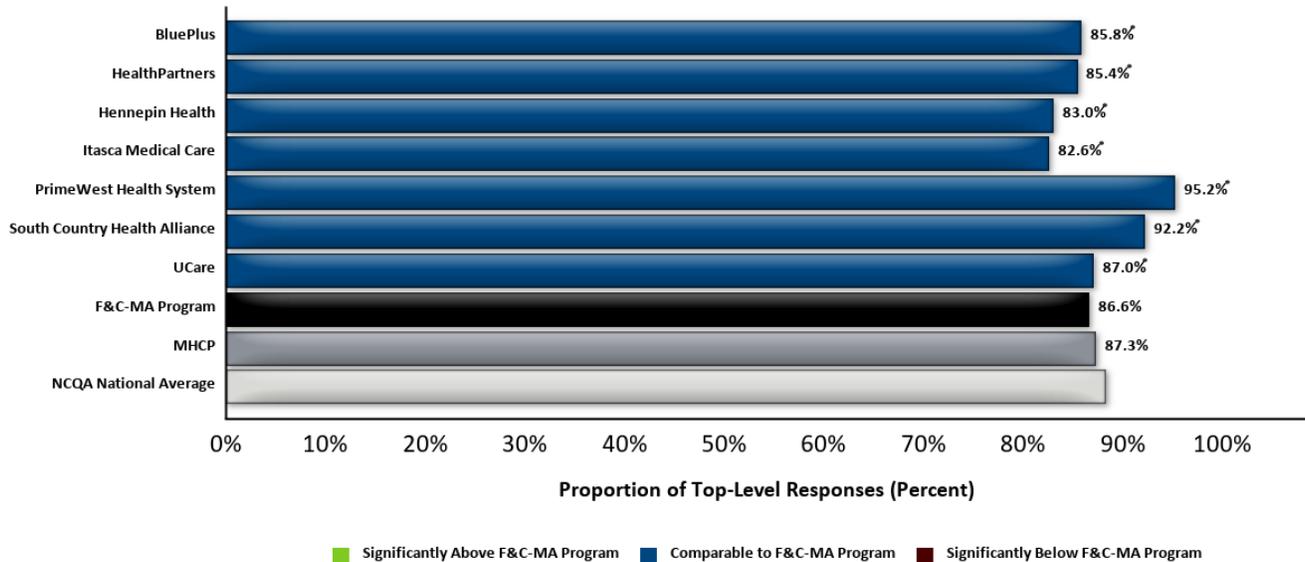
Question 32. In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

Responses of “Usually” or “Always” were used to calculate top-level scores for the Customer Service composite measure. Figure 3-43 through Figure 3-48 show the Customer Service top-level scores.

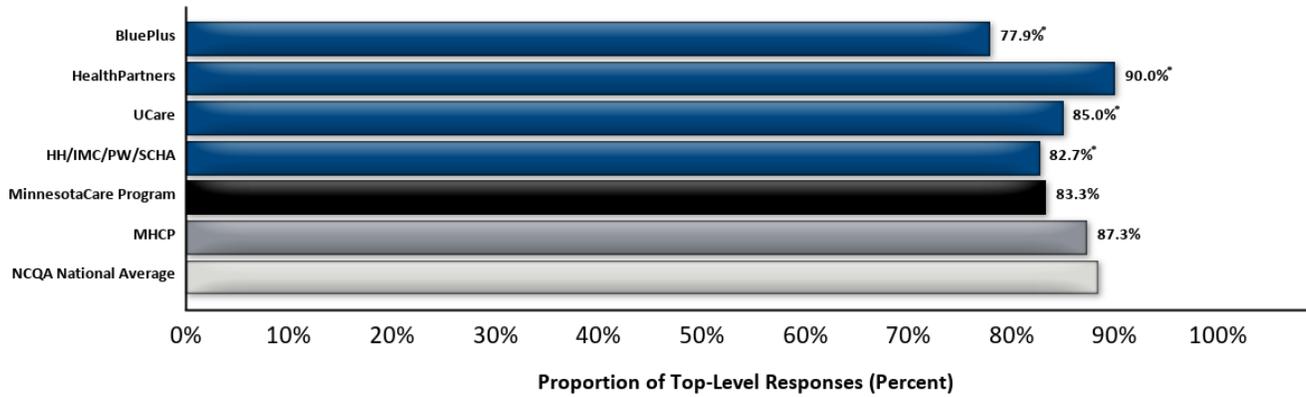
MCO Comparisons

Figure 3-43—F&C-MA Program: Customer Service



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

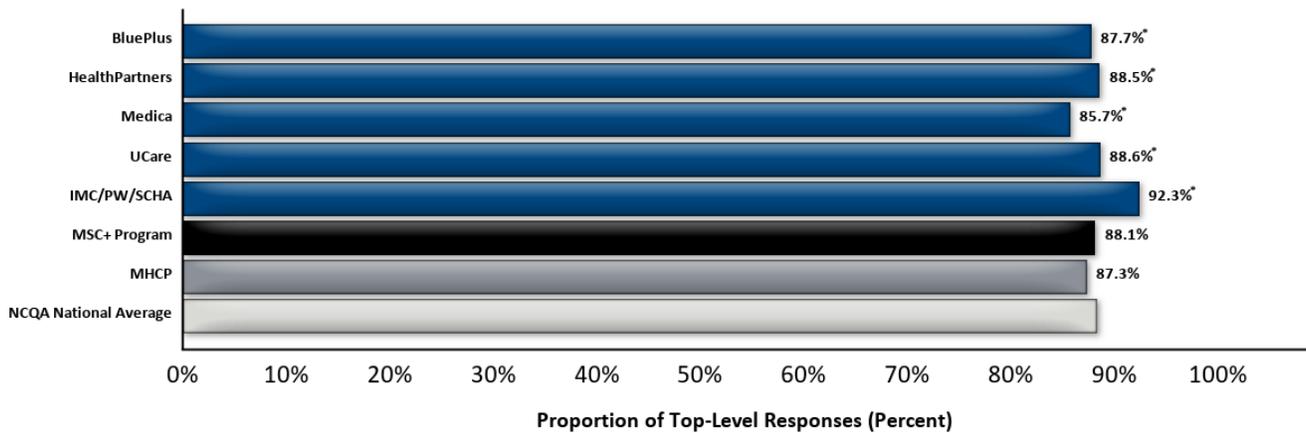
Figure 3-44—MinnesotaCare Program: Customer Service



■ Significantly Above MinnesotaCare Program ■ Comparable to MinnesotaCare Program ■ Significantly Below MinnesotaCare Program

* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

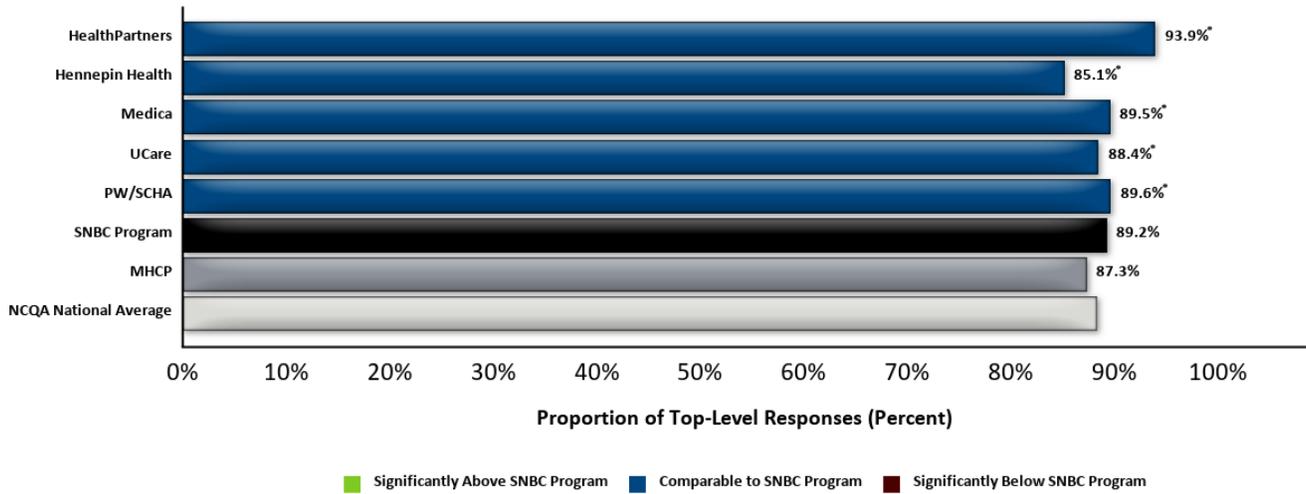
Figure 3-45—MSC+ Program: Customer Service



■ Significantly Above MSC+ Program ■ Comparable to MSC+ Program ■ Significantly Below MSC+ Program

* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

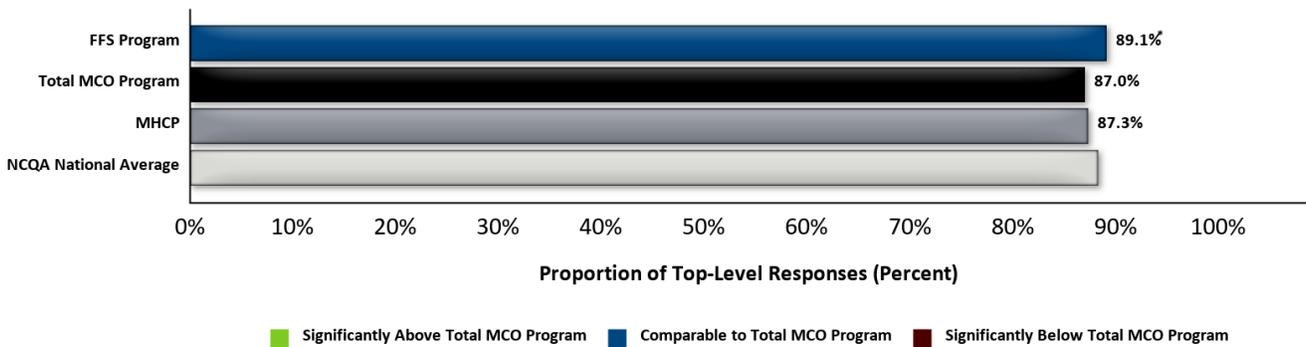
Figure 3-46—SNBC Program: Customer Service



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

FFS Comparisons

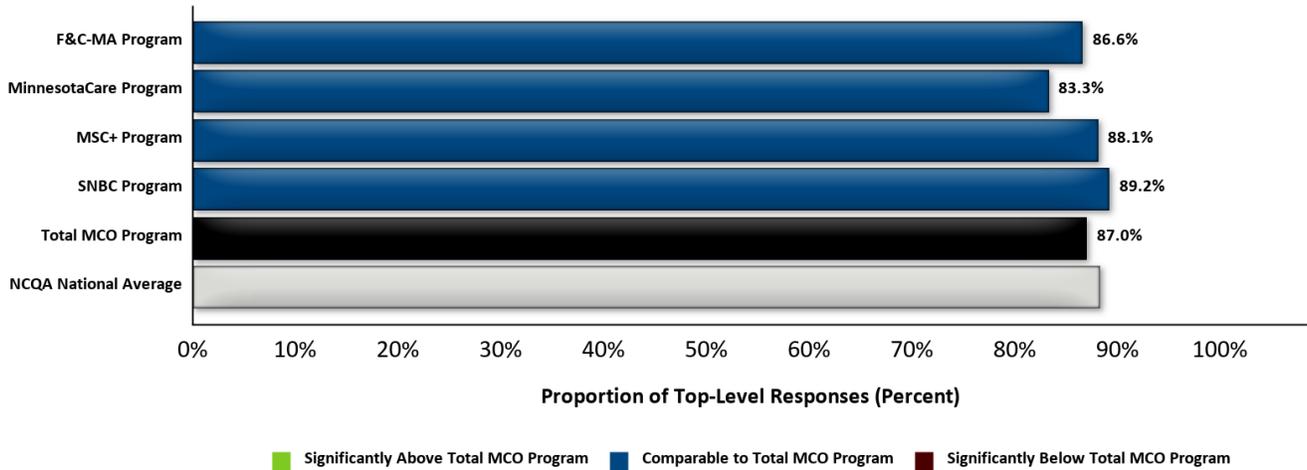
Figure 3-47—FFS Comparisons: Customer Service



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Program Comparisons

Figure 3-48—Program Comparisons: Customer Service



Shared Decision Making

Three questions (Questions 10, 11, and 12) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine:

Question 10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

Question 11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

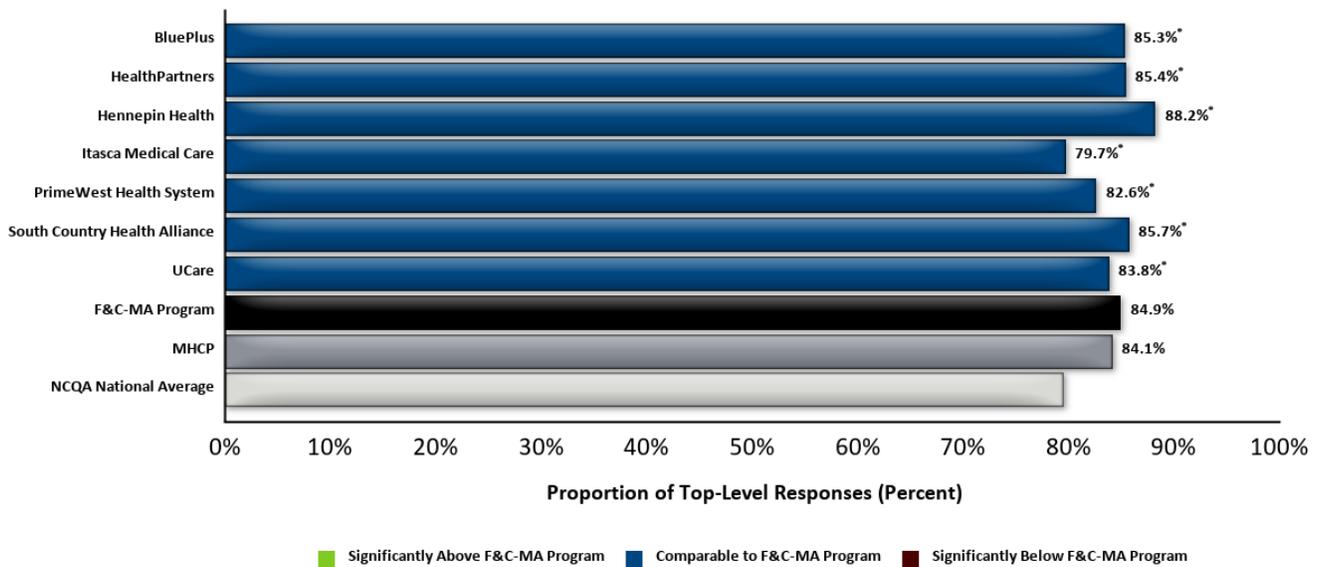
Question 12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- Yes
- No

Responses of “Yes” were used to calculate top-level scores for the Shared Decision Making composite measure. Figure 3-49 through Figure 3-54 show the Shared Decision Making top-level scores.

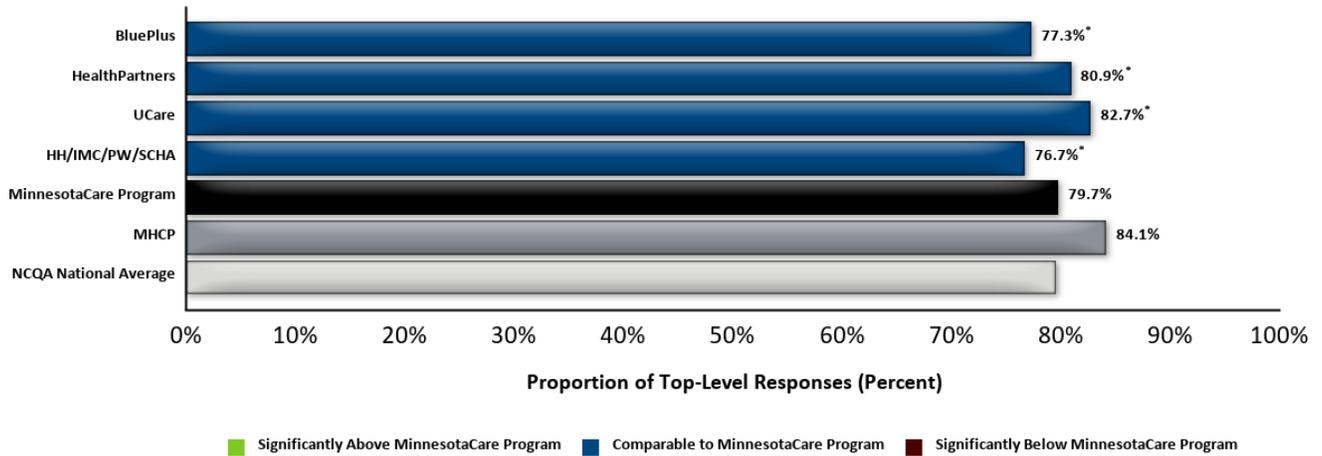
MCO Comparisons

Figure 3-49—F&C-MA Program: Shared Decision Making



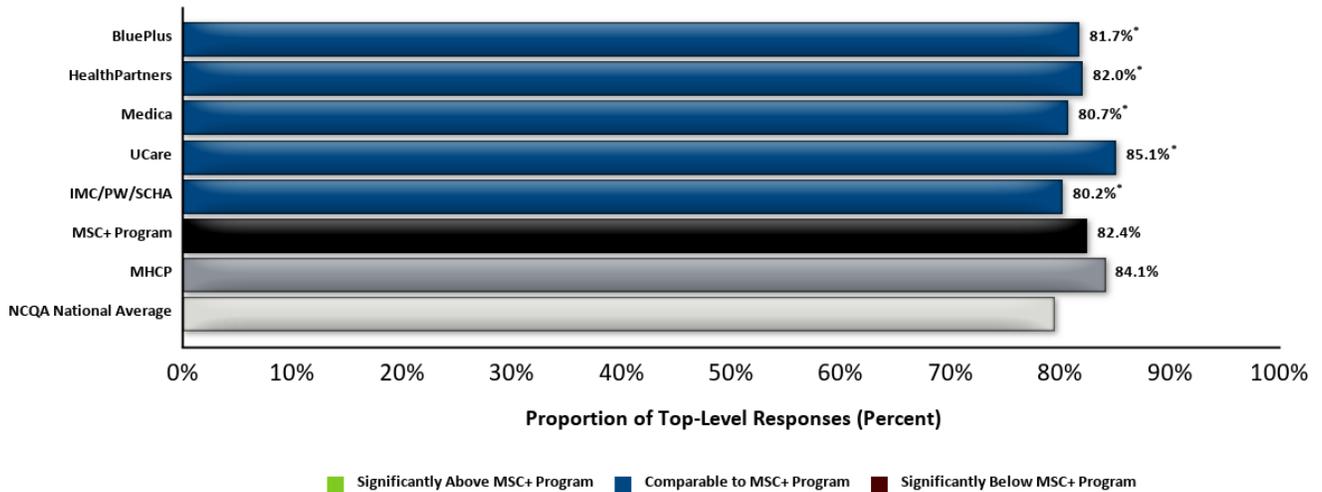
* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-50—MinnesotaCare Program: Shared Decision Making



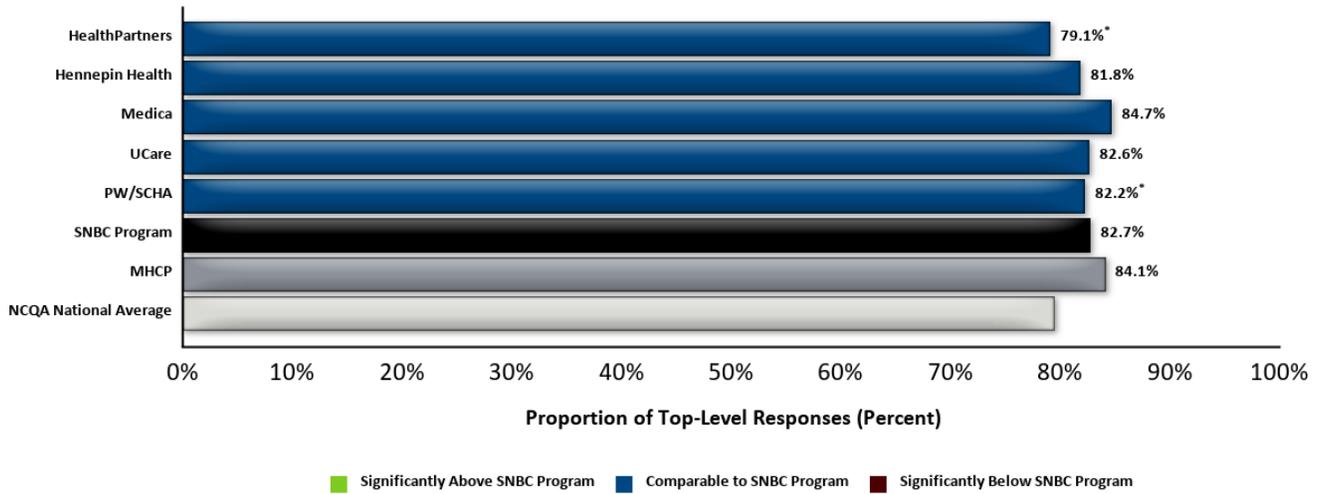
* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-51—MSC+ Program: Shared Decision Making



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

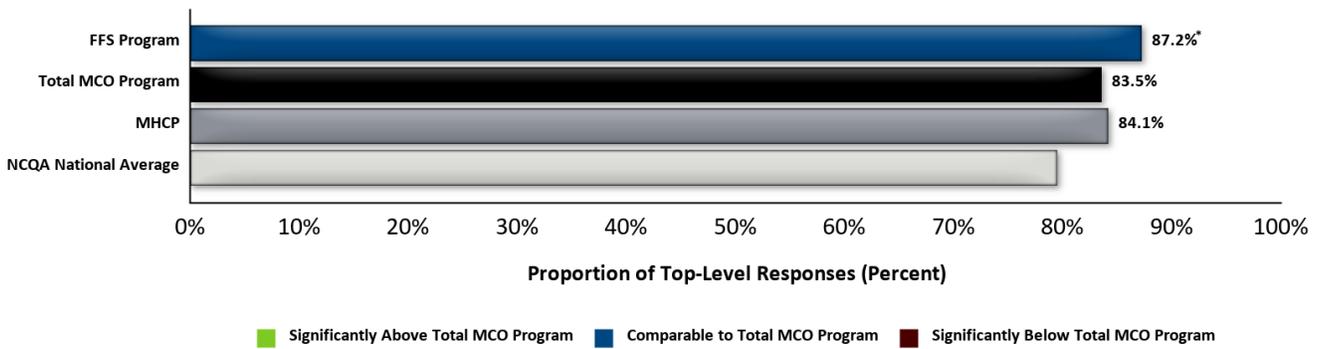
Figure 3-52—SNBC Program: Shared Decision Making



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

FFS Comparisons

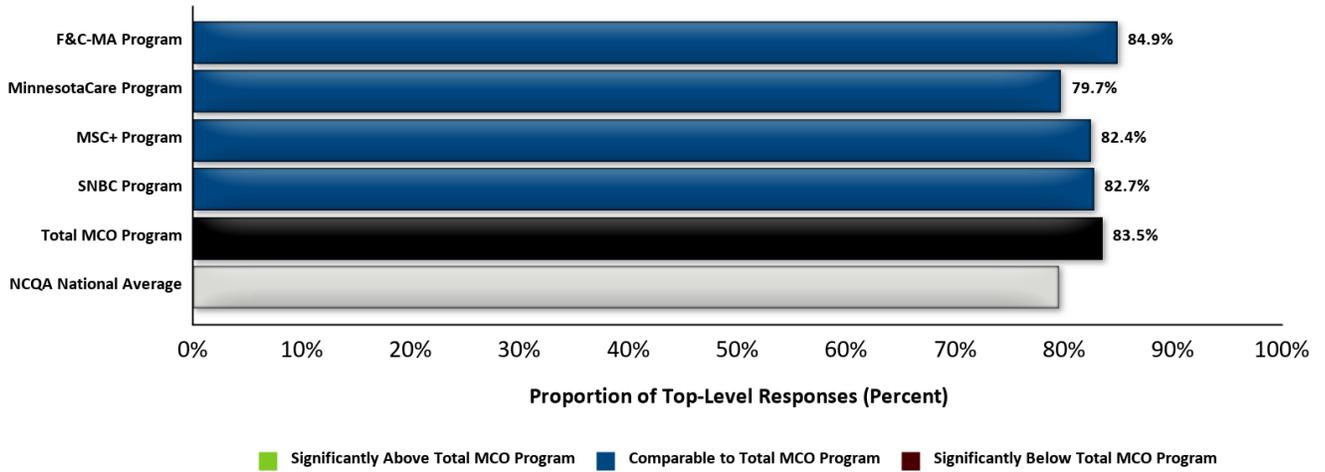
Figure 3-53—FFS Comparisons: Shared Decision Making



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Program Comparisons

Figure 3-54—Program Comparisons: Shared Decision Making



Individual Item Measures

Coordination of Care

Adult members were asked one question (Question 22) to assess how often their personal doctor seemed informed and up-to-date about care they received from another doctor:

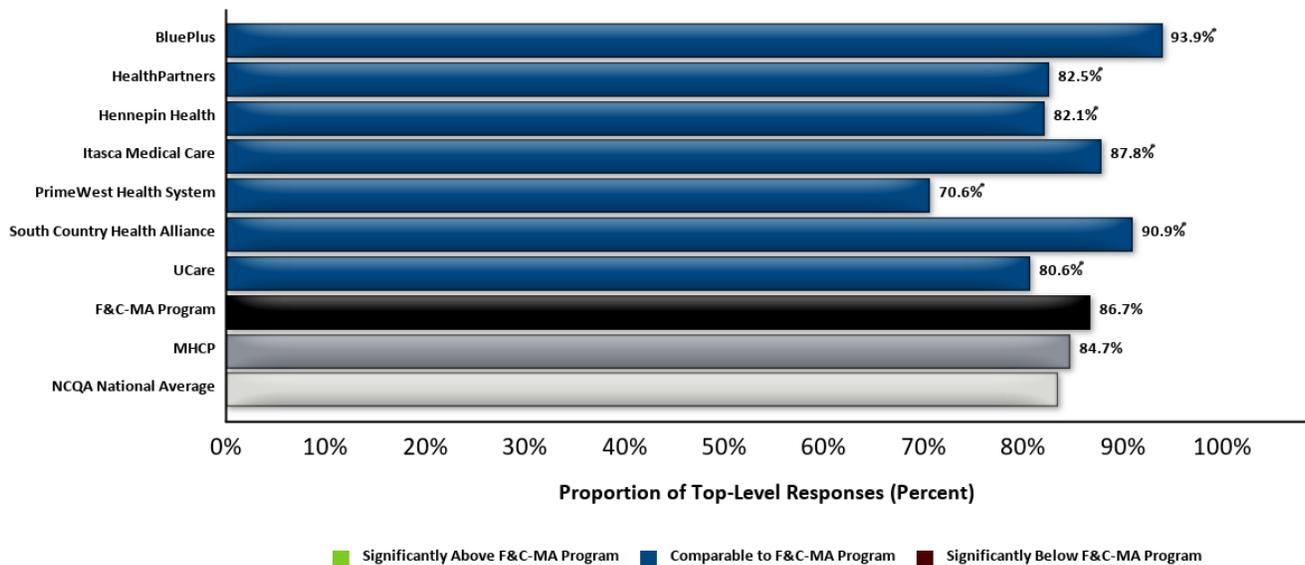
Question 22. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

Responses of “Usually” or “Always” were used to calculate top-level scores for the Coordination of Care individual item measure. Figure 3-55 through Figure 3-60 show the Coordination of Care top-level scores.

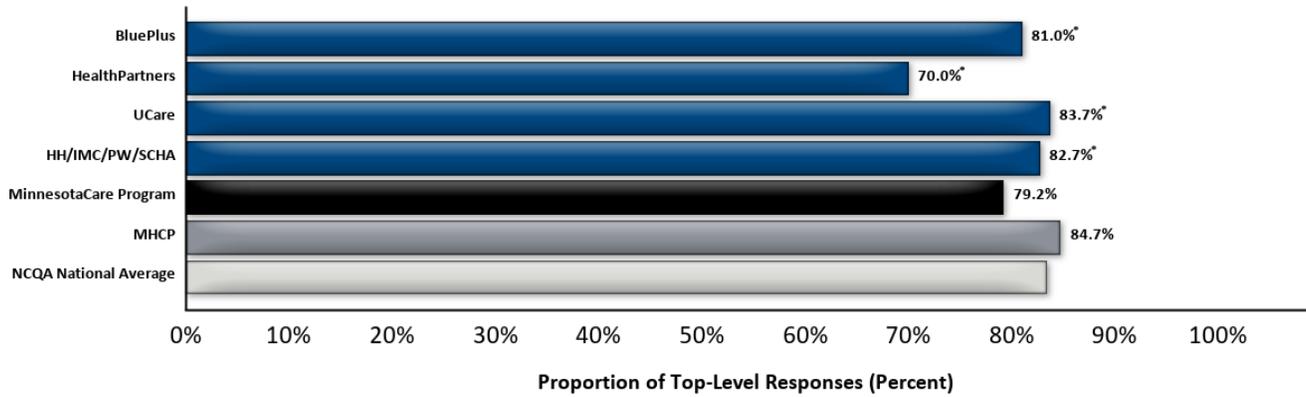
MCO Comparisons

Figure 3-55—F&C-MA Program: Coordination of Care



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

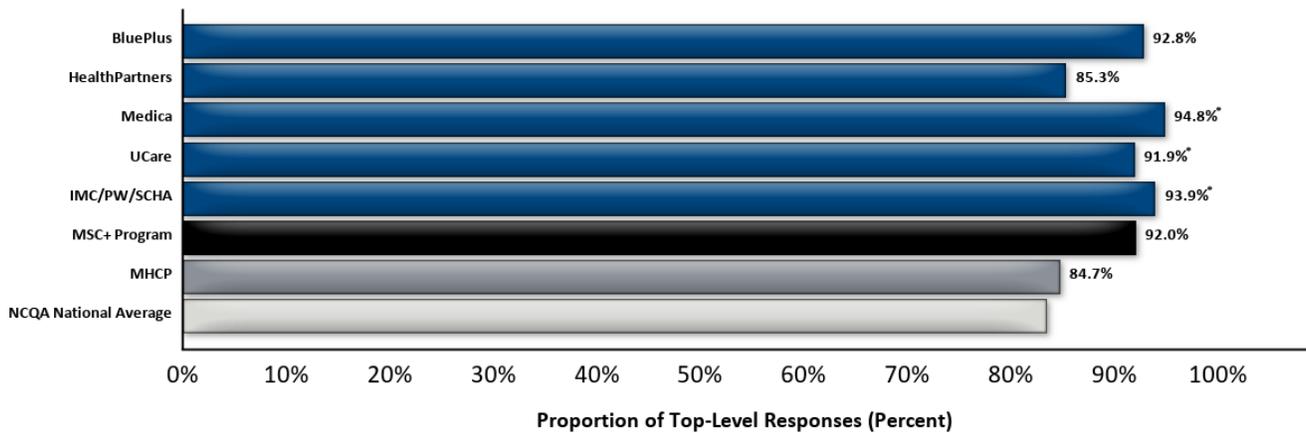
Figure 3-56—MinnesotaCare Program: Coordination of Care



■ Significantly Above MinnesotaCare Program ■ Comparable to MinnesotaCare Program ■ Significantly Below MinnesotaCare Program

* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

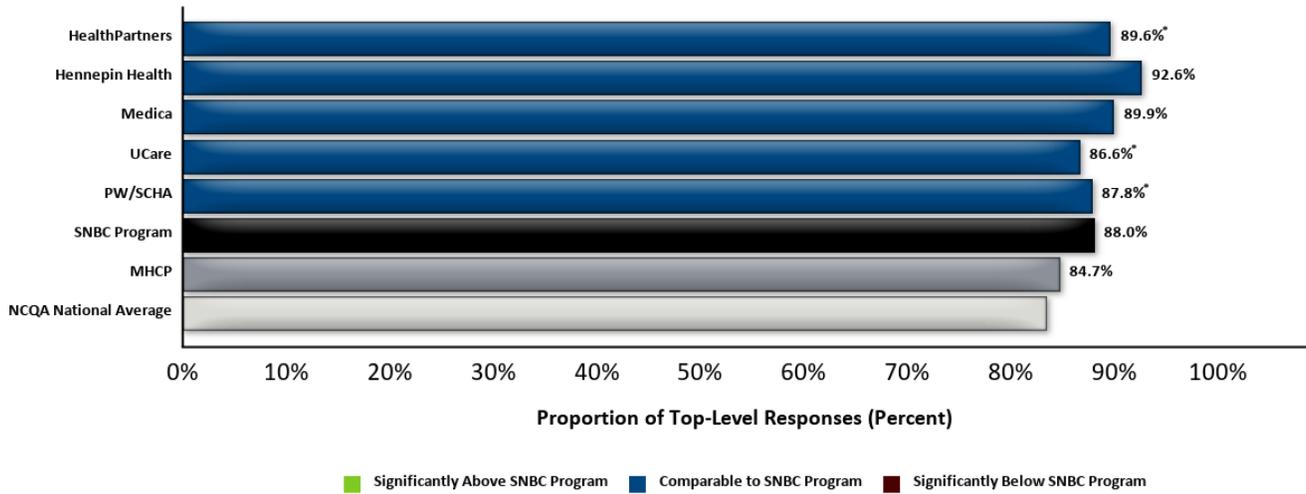
Figure 3-57—MSC+ Program: Coordination of Care



■ Significantly Above MSC+ Program ■ Comparable to MSC+ Program ■ Significantly Below MSC+ Program

* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

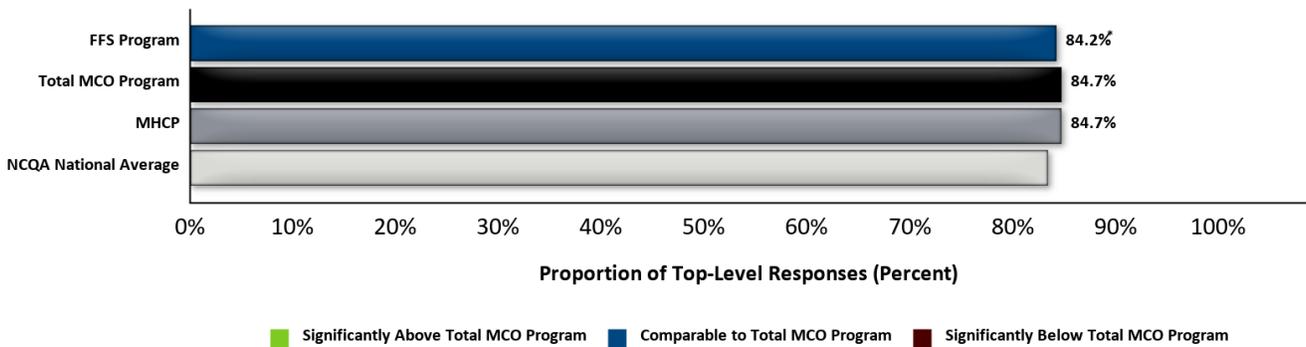
Figure 3-58—SNBC Program: Coordination of Care



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

FFS Comparisons

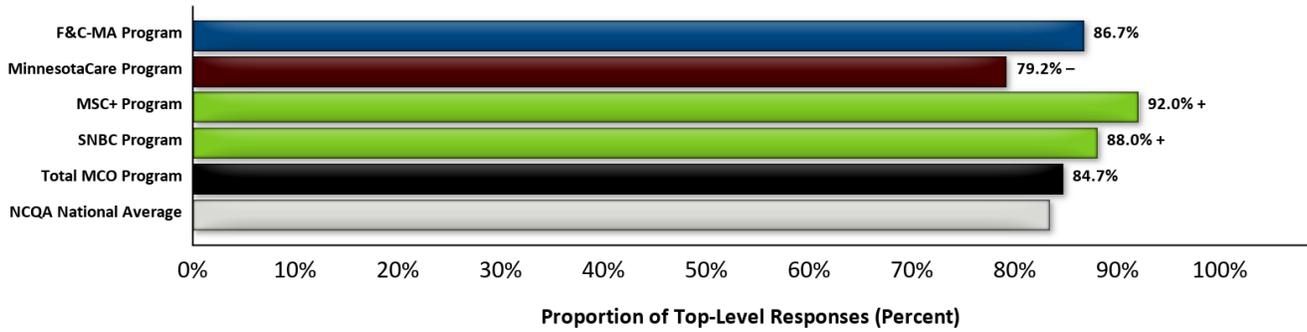
Figure 3-59—FFS Comparisons: Coordination of Care



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Program Comparisons

Figure 3-60—Program Comparisons: Coordination of Care



■ Significantly Above Total MCO Program
 ■ Comparable to Total MCO Program
 ■ Significantly Below Total MCO Program

+ Indicates performance is significantly above Total MCO Program.

- Indicates performance is significantly below Total MCO Program.

Health Promotion and Education

Adult members were asked one question (Question 8) to assess if their doctor talked with them about specific things they could do to prevent illness:

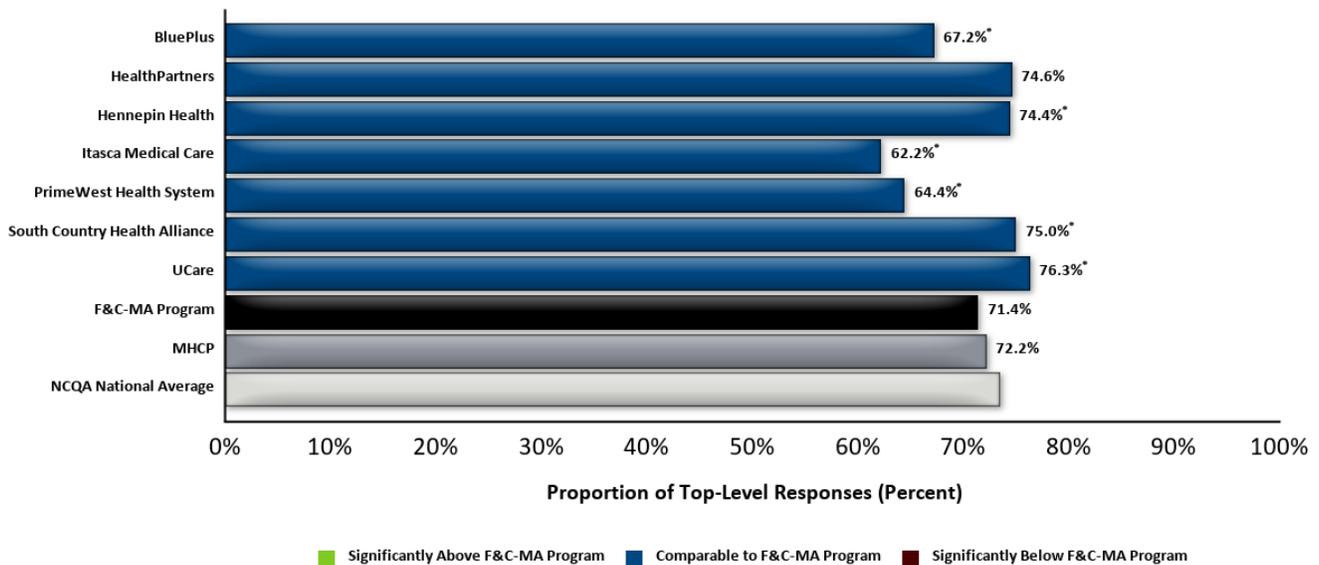
Question 8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- Yes
- No

Responses of “Yes” were used to calculate top-level scores for the Health Promotion and Education individual item measure. Figure 3-61 through Figure 3-66 show the Health Promotion and Education top-level scores.

MCO Comparisons

Figure 3-61—F&C-MA Program: Health Promotion and Education



* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 3-62—MinnesotaCare Program: Health Promotion and Education

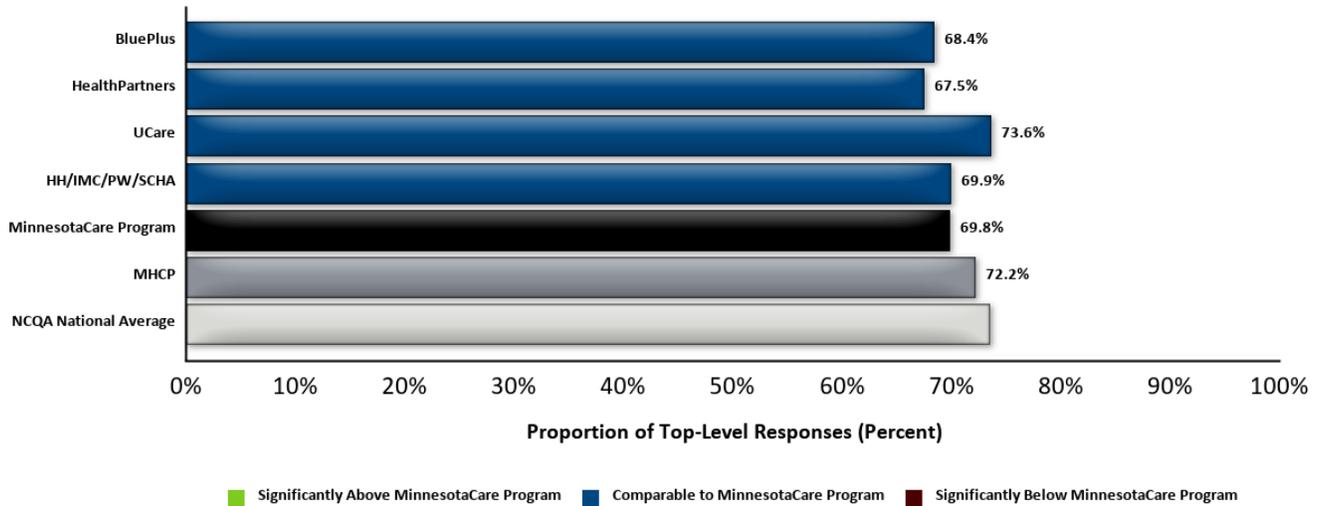
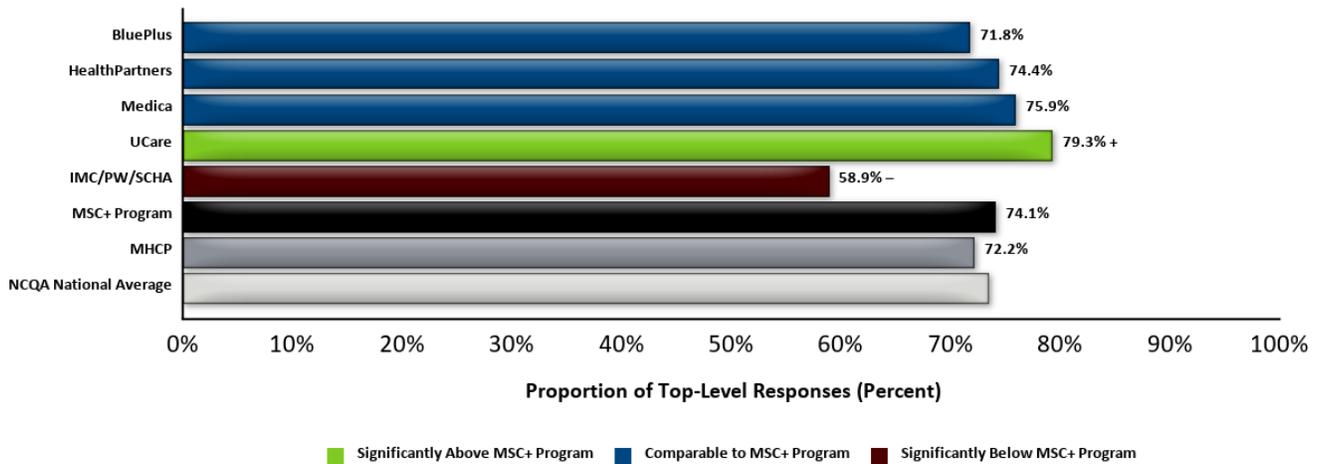


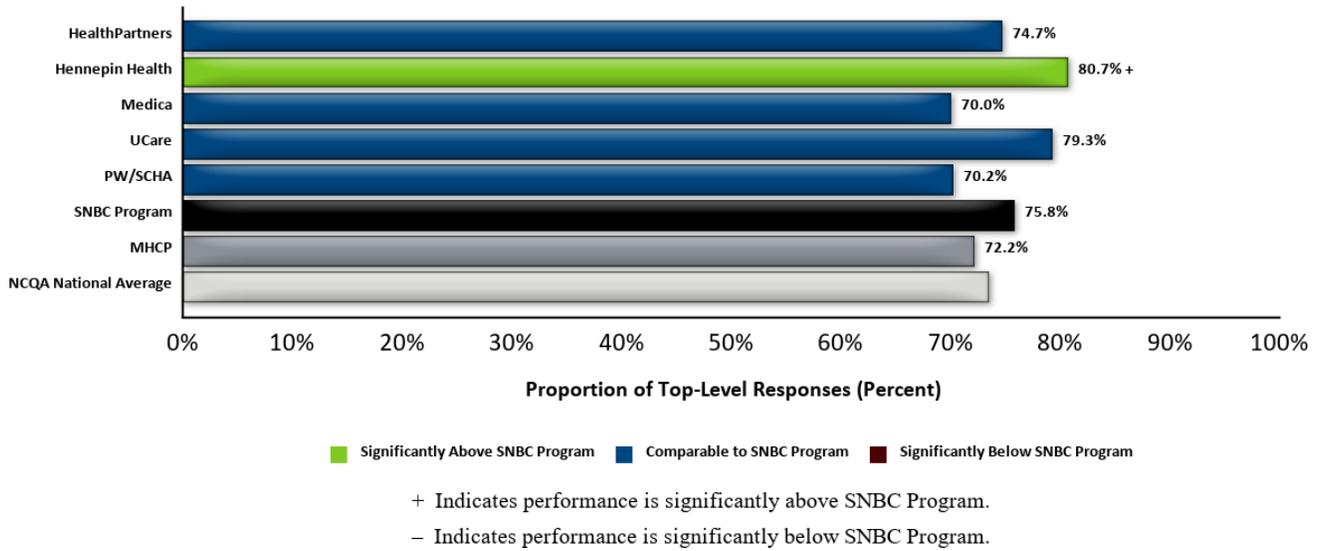
Figure 3-63—MSC+ Program: Health Promotion and Education



+ Indicates performance is significantly above MSC+ Program.

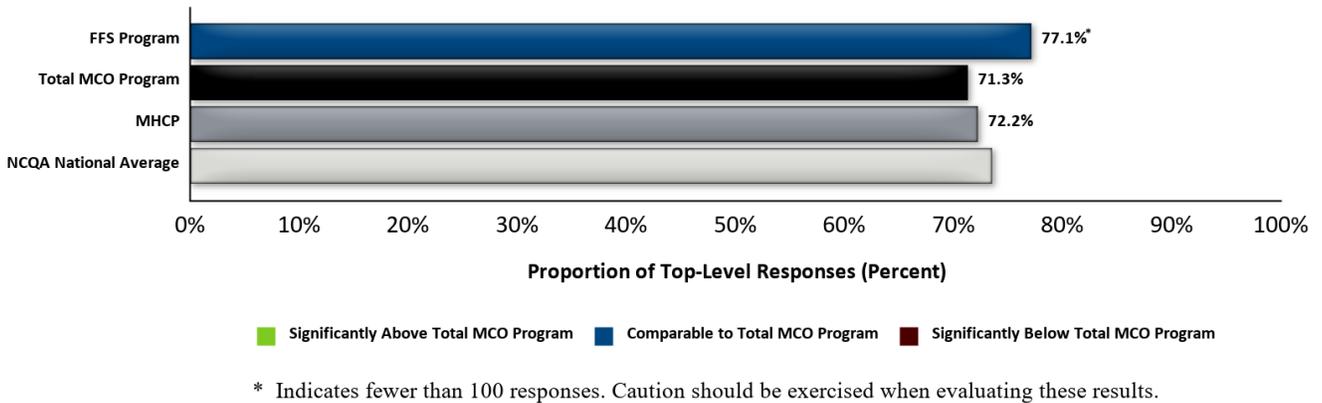
- Indicates performance is significantly below MSC+ Program.

Figure 3-64—SNBC Program: Health Promotion and Education



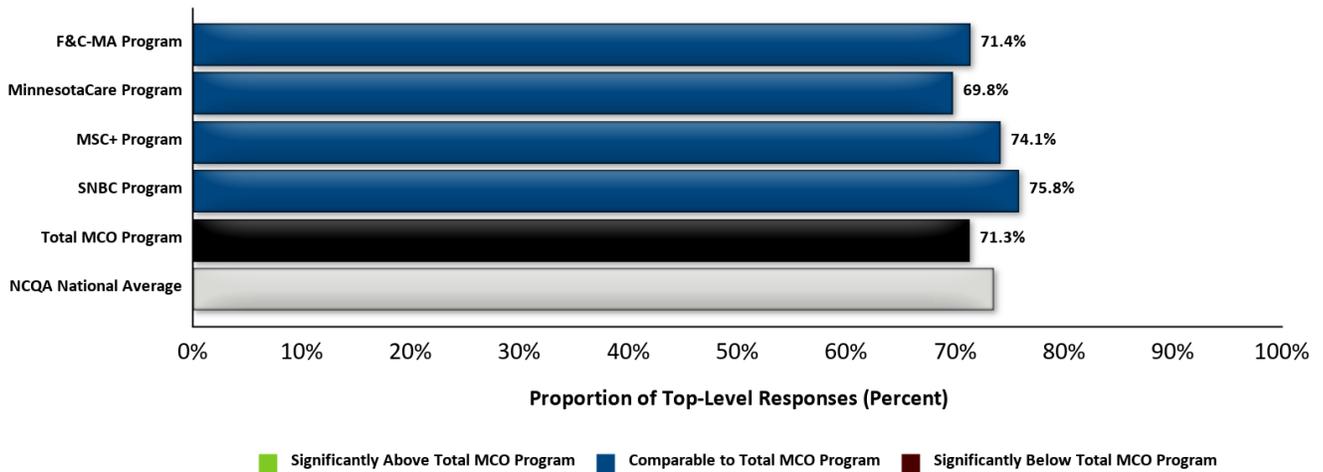
FFS Comparisons

Figure 3-65—FFS Comparisons: Health Promotion and Education



Program Comparisons

Figure 3-66—Program Comparisons: Health Promotion and Education



Trend Analysis

The completed surveys from the 2019 CAHPS results and historical CAHPS results (2014, 2015, 2016, 2017, and 2018) were used to perform the trend analysis presented in this section. The 2019 top-level scores were compared to their corresponding 2014, 2015, 2016, 2017, and 2018 scores to determine whether there were significant differences. Significant differences between 2019 scores and 2014, 2015, 2016, 2017, and 2018 scores are noted with triangles. Previous years' scores that were significantly higher than the corresponding 2019 scores are noted with upward triangles (▲). Previous years' scores that were significantly lower than the corresponding 2019 scores are noted with downward triangles (▼). Previous years' scores that were not significantly different than the corresponding 2019 scores are noted with a dash (—).

Caveats

HSAG did not have the sample frame sizes of previous years' data (i.e., 2014 through 2018); therefore, trend results were not weighted in this analysis. Throughout the years of available historical data (i.e., 2014 through 2018), the MCOs that served the populations in each program may have varied each year. In the trend analysis for each program, all participating plans are included in the results for those years that they provided services to members in that specific program; however, individual plan-level data may not be presented.³⁻⁵ Additional details are listed below:

- FFS—Data were only available for 2017 through 2019. Therefore, a trend analysis was not completed for FFS for 2014 through 2016.
- MinnesotaCare—HH's data were only available for 2017 through 2019. Therefore, a trend analysis was not completed for 2014 through 2016.
- SNBC—Metropolitan Health Plan (MHP) served the SNBC population from 2014–2016. MHP's results from 2014–2016 are included under the HH name, due to a name change and consolidation of Hennepin County healthcare services in 2018. HealthPartners' results are included under the SNBC Program results starting in 2017.

Since the trend analysis was not able to be weighted, the weighted program-level results are not comparable to the results of the trend analysis.

Table 3-3 through Table 3-13 show the top-level scores for 2014 through 2019, and the trend results for the global ratings, composite measures, and individual item measures.

³⁻⁵ Only the MCO names that were surveyed in 2019 are displayed in the trend analysis results.

Global Ratings

Table 3-3—Rating of Health Plan Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	52.2% —	53.3% —	50.4%
F&C-MA Program	55.1% —	57.4% —	53.9% —	58.4% —	59.6% —	57.7%
BluePlus	58.8% —	64.1% —	61.9% —	58.2% —	65.6% —	57.7%*
HealthPartners	60.3% —	60.2% —	58.8% —	64.0% —	62.0% —	61.2%
Hennepin Health	49.8% —	55.3% —	39.5% —	51.3% —	44.0% —	44.0%
Itasca Medical Care	50.0% —	57.7% —	51.2% —	55.1% —	56.9% —	53.8%
PrimeWest Health System	54.3% ▼	50.0% ▼	52.0% ▼	53.6% ▼	59.5% —	67.0%
South Country Health Alliance	51.0% —	58.4% —	54.3% —	62.4% —	62.0% —	60.6%
UCare	56.8% —	57.1% —	57.8% —	62.6% —	63.8% —	58.8%
MinnesotaCare Program	58.0% —	54.5% —	52.1% —	51.7% ▼	55.2% —	56.5%
BluePlus	56.6% —	56.9% —	49.8% —	45.8% —	54.7% —	54.0%
HealthPartners	61.0% —	53.9% —	50.0% —	50.4% —	57.1% —	58.5%
UCare	56.2% —	52.0% —	52.1% —	56.6% —	55.1% —	57.1%
HH/IMC/PW/SCHA	57.1% —	53.8% —	53.2% —	52.3% —	53.8% —	56.1%
MSC+ Program	65.9% —	68.9% ▲	65.4% —	69.2% ▲	66.2% —	64.4%
BluePlus	69.5% —	73.6% —	68.9% —	72.1% —	67.9% —	71.1%
HealthPartners	66.2% —	65.3% —	73.0% ▲	68.4% —	67.9% —	61.1%
Medica	61.9% —	63.2% —	58.8% —	65.1% —	67.6% —	65.3%
UCare	59.3% —	64.6% —	60.9% —	68.3% ▲	52.5% —	59.0%
IMC/PW/SCHA	68.4% —	72.3% ▲	64.5% —	71.5% —	71.9% —	64.0%
SNBC Program	58.6% —	57.8% —	58.0% —	56.8% —	61.8% —	60.6%
HealthPartners	NA	NA	NA	51.8% —	64.0% —	59.8%
Hennepin Health	59.1% —	61.5% —	53.3% —	69.0%* —	57.4% —	59.5%
Medica	59.1% —	58.0% —	64.2% —	56.9% —	58.5% —	60.4%
UCare	55.9% —	54.1% ▼	55.8% —	61.0% —	59.6% —	62.8%
PW/SCHA	59.3% —	57.9% —	57.8% —	54.5% —	68.3% —	60.4%
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available.</p>						

Table 3-4—Rating of All Health Care Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	52.6% —	54.1% —	51.6%*
F&C-MA Program	48.1% —	53.0% —	50.8% —	54.6% —	54.4% —	52.6%
BluePlus	56.4% —	60.3% ▲	59.9% —	56.5% —	63.2% ▲	46.2%*
HealthPartners	55.7% —	61.2% —	57.1% —	61.4% —	61.8% —	57.1%
Hennepin Health	45.9% —	44.8% —	44.7% —	47.1% —	39.7% —	51.3%*
Itasca Medical Care	42.2% —	50.3% —	42.6% —	56.5% —	48.6% —	48.8%*
PrimeWest Health System	41.7% ▼	48.6% —	47.1% —	51.4% —	54.8% —	57.5%*
South Country Health Alliance	44.8% —	57.3% —	46.3% —	48.7% —	53.8% —	55.4%*
UCare	47.8% —	54.1% —	63.8% ▲	57.0% —	55.5% —	48.7%*
MinnesotaCare Program	50.7% —	55.4% —	54.5% —	55.4% —	53.8% —	53.8%
BluePlus	51.4% —	61.5% —	54.0% —	50.7% —	49.8% —	52.2%
HealthPartners	52.7% —	52.0% —	56.0% —	56.1% —	53.7% —	55.0%
UCare	47.4% —	52.0% —	61.7% —	62.0% —	60.4% —	57.5%
HH/IMC/PW/SCHA	50.6% —	53.1% —	54.4% —	54.3% —	51.9% —	50.5%
MSC+ Program	60.1% —	62.0% —	59.6% —	62.0% —	59.7% —	57.8%
BluePlus	61.3% —	58.9% —	63.5% —	65.4% —	65.4% —	62.8%
HealthPartners	63.8% —	61.2% —	59.1% —	58.2% —	59.3% —	55.6%
Medica	53.8% —	58.7% —	56.3% —	58.9% —	60.8% —	57.1%
UCare	55.5% —	60.0% —	49.2% —	60.9% —	51.1% —	51.4%
IMC/PW/SCHA	63.1% —	66.2% —	63.0% —	65.9% —	60.3% —	60.7%
SNBC Program	52.2% —	50.1% —	48.3% ▼	53.5% —	53.9% —	53.5%
HealthPartners	NA	NA	NA	49.5% —	52.7% —	56.1%
Hennepin Health	50.0% —	51.7% —	51.1% —	68.9%* —	53.1% —	56.8%
Medica	50.0% —	47.3% —	51.3% —	49.8% —	54.1% —	52.6%
UCare	54.3% —	54.4% —	40.9% ▼	59.6% —	48.5% —	51.3%
PW/SCHA	53.0% —	49.0% —	49.4% —	51.1% —	60.4% ▲	50.3%
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available.</p>						

Table 3-5—Rating of Personal Doctor Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	69.9% —	68.8% —	64.8%
F&C-MA Program	66.8% ▼	69.1% —	68.1% —	70.8% —	70.9% —	72.4%
BluePlus	70.8% —	74.3% —	72.2% —	72.3% —	73.0% —	73.8% *
HealthPartners	70.4% —	74.1% —	70.9% —	71.7% —	74.8% —	69.7% *
Hennepin Health	62.1% —	64.0% —	65.0% —	61.8% —	66.4% —	71.8% *
Itasca Medical Care	59.5% ▼	64.0% —	65.2% —	72.2% —	71.3% —	74.1%
PrimeWest Health System	64.6% —	62.9% —	66.5% —	69.2% —	69.7% —	70.7% *
South Country Health Alliance	72.6% —	73.0% —	65.5% —	73.8% —	68.6% —	73.8%
UCare	67.7% —	73.7% —	74.3% —	67.0% —	69.7% —	72.8% *
MinnesotaCare Program	69.8% —	69.3% —	70.3% —	68.1% —	69.6% —	69.3%
BluePlus	71.4% —	75.6% —	69.4% —	67.8% —	66.2% —	68.1%
HealthPartners	75.4% —	75.4% —	67.9% —	73.2% —	70.7% —	69.1%
UCare	68.5% —	67.8% —	76.7% —	66.7% —	72.7% —	68.6%
HH/IMC/PW/SCHA	69.8% —	66.4% —	71.0% —	63.8% —	69.2% —	71.1%
MSC+ Program	74.7% —	76.0% —	74.0% —	76.1% —	75.4% —	73.7%
BluePlus	76.5% —	82.8% —	79.2% —	77.5% —	80.4% —	76.3%
HealthPartners	74.2% —	73.1% —	81.6% ▲	73.7% —	75.1% —	69.3%
Medica	73.6% —	75.0% —	66.0% ▼	75.6% —	80.7% —	77.6%
UCare	71.5% —	72.0% —	72.5% —	78.8% —	60.5% —	70.1%
IMC/PW/SCHA	75.8% —	74.6% —	71.1% —	74.8% —	77.0% —	73.7%
SNBC Program	69.5% —	67.9% —	67.8% —	67.8% —	72.0% —	70.2%
HealthPartners	NA	NA	NA	61.6% ▼	69.3% —	71.3%
Hennepin Health	71.8% —	70.1% —	68.6% —	73.9% * —	72.0% —	70.6%
Medica	70.1% —	67.1% —	72.9% —	73.0% —	71.8% —	72.1%
UCare	72.8% —	62.9% —	58.3% ▼	65.1% —	71.2% —	68.3%
PW/SCHA	67.4% —	69.5% —	70.8% —	69.7% —	74.9% —	68.6%
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available.</p>						

Table 3-6—Rating of Specialist Seen Most Often Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	63.7% —	67.4% —	66.1%*
F&C-MA Program	61.5% —	65.0% —	61.5% —	64.4% —	70.4% ▲	61.9%
BluePlus	53.7%* —	62.5% —	67.3%* —	75.0%* —	71.3% —	61.4%*
HealthPartners	61.0% —	70.4%* —	59.0%* —	59.5%* —	73.6% —	68.5%*
Hennepin Health	62.9%* —	68.6%* —	53.2%* —	63.9%* —	62.1%* —	61.5%*
Itasca Medical Care	55.3%* —	67.9%* —	59.4% —	70.0%* —	74.2% ▲	54.5%*
PrimeWest Health System	63.8%* —	58.1%* —	62.7%* —	56.8%* —	64.2%* —	61.5%*
South Country Health Alliance	60.7%* —	58.5%* —	58.2%* —	64.4%* —	68.2%* —	65.0%*
UCare	58.2%* —	65.6%* —	68.0%* —	62.7% —	74.7%* —	59.5%*
MinnesotaCare Program	62.9% —	65.9% —	69.3% —	65.7% —	67.7% —	68.0%
BluePlus	62.5%* —	73.0% —	71.6%* —	71.0%* —	69.1% —	73.1%*
HealthPartners	68.9% —	60.0%* —	65.5%* —	67.1%* —	68.3% —	67.9%*
UCare	59.5% —	67.3%* —	69.1%* —	51.9%* —	68.2% —	65.2%*
HH/IMC/PW/SCHA	62.6% —	64.6% —	70.5%* —	64.7%* —	65.6% —	65.5%*
MSC+ Program	71.7% —	69.7% —	67.9% —	74.8% ▲	71.0% —	69.3%
BluePlus	73.3% —	72.7% —	71.7% —	78.4% —	76.8%* —	77.1%
HealthPartners	71.8%* —	65.2%* —	65.0% —	73.7%* —	65.6%* —	66.4%
Medica	74.0% —	66.9% —	66.9% —	72.4% —	73.4% —	68.4%
UCare	71.1%* —	68.8%* —	63.6%* —	75.8%* —	64.4%* —	65.3%*
IMC/PW/SCHA	70.1% —	72.5% —	69.3% —	73.5% —	72.6% —	68.7%*
SNBC Program	64.5% —	60.8% —	60.0% —	64.8% —	67.1% —	65.4%
HealthPartners	NA	NA	NA	63.5% —	63.2% —	68.0%
Hennepin Health	65.4%* —	54.4% —	47.2% ▼	78.0%* ▲	61.4% —	61.8%
Medica	62.9% —	66.7% —	63.8% —	66.1% —	66.0% —	63.4%
UCare	63.6% —	58.3% —	57.0% —	60.9%* —	75.0% —	64.7%
PW/SCHA	65.3% —	61.3% —	68.9% —	63.2%* —	68.8% —	70.4%*
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available.</p>						

Composite Measures

Table 3-7—Getting Needed Care Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	83.6% —	85.3% —	82.3% *
F&C-MA Program	82.7% —	85.3% —	83.7% —	84.3% —	85.4% —	84.1%
BluePlus	82.3% * —	85.8% —	86.0% —	80.0% —	89.4% —	80.1% *
HealthPartners	84.4% —	85.0% —	81.7% —	87.3% —	84.4% —	85.2% *
Hennepin Health	79.7% —	78.7% —	81.3% —	77.2% * —	79.6% —	81.5% *
Itasca Medical Care	79.9% —	92.3% —	84.0% —	87.5% * —	87.0% —	84.2% *
PrimeWest Health System	85.9% —	86.3% —	84.4% —	84.5% —	84.3% —	82.1% *
South Country Health Alliance	80.1% ▼	84.6% ▼	80.6% ▼	86.1% —	86.6% —	92.2% *
UCare	78.1% —	83.9% —	84.7% * —	85.5% —	84.2% —	83.0% *
MinnesotaCare Program	85.6% —	86.7% —	85.6% —	88.1% ▲	85.9% —	84.1%
BluePlus	85.7% —	89.4% ▲	86.0% —	91.8% ▲	88.0% —	81.2% *
HealthPartners	82.9% —	83.6% —	79.3% * —	86.6% —	85.7% —	86.4% *
UCare	84.3% —	86.8% —	85.5% * —	85.7% * —	83.9% —	82.4% *
HH/IMC/PW/SCHA	88.5% —	86.9% —	89.4% —	87.8% —	86.1% —	86.3% *
MSC+ Program	87.0% —	88.0% —	86.4% —	88.2% —	84.1% —	85.5%
BluePlus	89.7% —	90.8% —	86.4% —	88.6% —	83.4% —	87.2%
HealthPartners	84.1% —	82.4% —	84.6% —	84.3% —	82.4% —	82.3%
Medica	84.8% —	87.8% —	86.7% —	89.6% —	84.9% —	84.6%
UCare	79.6% —	81.1% —	79.5% —	88.6% —	80.1% —	84.3%
IMC/PW/SCHA	91.2% —	93.0% —	90.7% —	89.3% —	88.6% —	89.5%
SNBC Program	86.4% ▲	83.9% —	82.7% —	84.5% —	84.5% —	82.5%
HealthPartners	NA	NA	NA	80.9% —	84.6% —	80.6%
Hennepin Health	84.8% —	77.5% —	74.8% —	94.2% * ▲	80.3% —	81.3%
Medica	85.2% —	87.1% —	84.0% —	83.4% —	82.4% —	83.8%
UCare	85.3% —	82.5% —	81.7% —	84.6% —	86.0% —	82.3%
PW/SCHA	87.8% —	85.1% —	88.6% —	86.1% —	88.3% —	84.0%
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available.</p>						

Table 3-8—Getting Care Quickly Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	82.9% —	84.0% —	84.3%*
F&C-MA Program	81.7% —	83.5% —	82.5% —	81.7% —	82.4% —	84.2%
BluePlus	86.7% —	87.8% —	84.4% —	84.0% —	83.9% —	79.1%*
HealthPartners	80.2% —	80.8% —	78.5% —	82.9% —	83.7% —	85.1%*
Hennepin Health	80.4% —	82.0% —	81.4% —	73.6%* ▼	74.2%* ▼	85.6%*
Itasca Medical Care	77.9% —	87.0% —	82.1% —	86.2%* —	81.4% —	79.4%*
PrimeWest Health System	84.4% —	85.1% —	85.7% —	78.7%* —	84.4% —	84.2%*
South Country Health Alliance	82.3% —	83.7% —	81.8% —	82.8% —	86.4% —	88.7%*
UCare	81.0% —	81.2% —	81.2%* —	83.1% —	80.5% —	85.7%*
MinnesotaCare Program	86.4% —	85.1% —	81.5% —	83.1% —	85.4% —	84.7%
BluePlus	85.2% —	87.7% —	82.4% —	89.4%* —	86.4% —	88.5%*
HealthPartners	82.4% —	77.8%* —	74.2%* ▼	82.7%* —	83.1% —	86.1%*
UCare	86.9% ▲	89.4% ▲	79.3%* —	76.8%* —	84.0% —	79.1%*
HH/IMC/PW/SCHA	89.4% —	83.2% —	87.1% —	83.6%* —	87.7% —	86.2%*
MSC+ Program	87.6% —	87.1% —	85.4% —	89.0% ▲	83.9% —	85.0%
BluePlus	87.7% —	88.9% —	84.9% —	90.1% —	84.5%* —	86.1%
HealthPartners	82.3% —	79.7% —	82.6% —	85.8% —	77.8% —	83.3%
Medica	87.3% —	85.5% —	84.7% —	91.7% ▲	84.8% —	84.4%
UCare	82.3% —	88.4% —	79.4%* —	88.7% —	79.7% —	82.8%
IMC/PW/SCHA	93.1% —	93.0% —	90.7% —	88.9% —	90.9% —	88.9%
SNBC Program	83.0% —	83.1% —	80.2% ▼	83.2% —	84.2% —	83.8%
HealthPartners	NA	NA	NA	81.2% —	89.1% ▲	81.6%
Hennepin Health	76.9% —	80.3% —	76.4% —	83.8%* —	81.4% —	82.4%
Medica	85.2% —	88.1% —	81.2% —	80.4% —	80.2% —	86.7%
UCare	81.5% —	80.3% —	77.8% —	87.8% —	82.9% —	83.6%
PW/SCHA	84.7% —	83.2% —	84.8% —	84.5% —	87.2% —	84.5%
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available.</p>						

Table 3-9—How Well Doctors Communicate Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	94.0% —	93.2% —	91.4%*
F&C-MA Program	93.4% —	94.7% —	94.9% —	95.3% —	96.1% —	95.1%
BluePlus	94.3% —	96.8% —	95.1% —	96.8% —	96.8% —	94.0%*
HealthPartners	93.1% —	90.4% —	92.9% —	96.1% —	97.2% —	95.7%*
Hennepin Health	93.7% —	93.9%* —	93.9%* —	93.6%* —	93.4%* —	94.5%*
Itasca Medical Care	93.8% —	95.4% —	92.4% —	95.6%* —	96.3% —	94.6%*
PrimeWest Health System	91.7% —	94.8% —	96.4% —	96.7%* —	96.5% —	94.7%*
South Country Health Alliance	93.3% ▼	94.1% ▼	96.3% —	97.8% —	97.9% —	98.0%*
UCare	93.6% —	96.0% —	96.8%* —	90.9% —	93.3% —	93.3%*
MinnesotaCare Program	96.0% —	96.4% —	95.9% —	96.0% —	95.4% —	95.2%
BluePlus	98.0% —	96.7% —	96.1% —	96.4% —	93.4% —	97.3%
HealthPartners	96.2% —	98.4%* ▲	95.9%* —	96.3% —	96.0% —	92.9%*
UCare	94.3% —	93.6% —	95.9%* —	96.5%* —	95.9% —	94.6%*
HH/IMC/PW/SCHA	97.0% —	96.9% —	97.5% —	95.0% —	96.1% —	95.8%*
MSC+ Program	93.9% —	96.2% ▲	95.6% —	94.8% —	94.2% —	94.4%
BluePlus	93.2% —	96.3% —	96.3% —	94.2% —	94.5% —	94.3%
HealthPartners	94.5% —	95.9% —	94.5% —	94.1% —	93.1% —	94.1%
Medica	95.8% —	96.9% —	94.8% —	97.0% —	94.3% —	96.0%
UCare	91.4% —	95.1% —	95.2% —	94.0% —	91.6% —	91.3%
IMC/PW/SCHA	93.9% —	96.1% —	96.4% —	94.8% —	96.3% —	95.4%
SNBC Program	92.2% —	91.2% —	91.8% —	92.7% —	94.1% —	93.0%
HealthPartners	NA	NA	NA	88.6% ▼	94.2% —	94.7%
Hennepin Health	90.2% —	88.0% ▼	90.4% —	98.3%* ▲	95.1% —	93.7%
Medica	91.7% —	92.2% —	92.8% —	94.0% —	92.6% —	93.4%
UCare	93.7% —	89.3% —	89.8% —	93.0% —	94.2% —	92.2%
PW/SCHA	92.4% —	92.7% —	93.7% —	93.4% —	94.0% —	91.0%
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available.</p>						

Table 3-10—Customer Service Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	81.8%* —	84.7%* —	89.1%*
F&C-MA Program	87.9% —	87.0% —	87.2% —	88.0% —	87.0% —	87.0%
BluePlus	87.5%* —	86.7%* —	90.6%* —	82.7%* —	85.5%* —	85.8%*
HealthPartners	84.3%* —	89.9%* —	91.0%* —	97.3%* ▲	88.3%* —	85.4%*
Hennepin Health	83.7%* —	86.2%* —	81.0%* —	86.2%* —	83.6%* —	83.0%*
Itasca Medical Care	93.3%* —	84.7%* —	87.3%* —	91.6%* —	83.9%* —	82.6%*
PrimeWest Health System	91.6%* —	85.6%* —	86.8%* —	84.5%* ▼	88.2%* —	95.2%*
South Country Health Alliance	92.6%* —	88.7%* —	89.0%* —	87.8%* —	92.2%* —	92.2%*
UCare	86.4%* —	85.2%* —	78.6%* —	87.1%* —	87.1%* —	87.0%*
MinnesotaCare Program	86.0% —	90.8% ▲	83.9% —	81.3% —	89.3% ▲	84.0%
BluePlus	83.6%* —	92.7%* ▲	85.1%* —	78.4%* —	86.1%* —	77.9%*
HealthPartners	85.6%* —	88.9%* —	87.1%* —	84.2%* —	93.0%* —	90.0%*
UCare	83.0%* —	88.6%* —	81.4%* —	77.6%* —	87.2%* —	85.0%*
HH/IMC/PW/SCHA	89.0% —	92.3% ▲	87.9%* —	82.7%* —	89.8%* —	82.7%*
MSC+ Program	87.7% —	88.8% —	89.4% —	88.0% —	88.4% —	88.6%
BluePlus	88.2%* —	92.0%* —	87.6%* —	80.6%* —	87.2%* —	87.7%*
HealthPartners	82.4%* —	89.1%* —	91.7%* —	89.6%* —	86.4%* —	88.5%*
Medica	89.2%* —	88.1%* —	90.5%* —	90.8%* —	93.6%* —	85.7%*
UCare	82.6%* —	84.9%* —	86.9%* —	85.9%* —	79.7%* —	88.6%*
IMC/PW/SCHA	92.3%* —	91.4%* —	90.1%* —	91.4%* —	94.4%* —	92.3%*
SNBC Program	87.6% —	85.9% —	86.8% —	87.3% —	90.4% —	89.2%
HealthPartners	NA	NA	NA	85.5%* ▼	91.1%* —	93.9%*
Hennepin Health	85.3%* —	80.5%* —	76.3%* —	91.7%* —	89.0% —	85.1%*
Medica	87.0% —	87.1% —	89.5% —	90.7%* —	88.7%* —	89.5%*
UCare	82.7%* —	83.7%* —	88.8%* —	85.6%* —	88.9% —	88.4%*
PW/SCHA	91.4% —	89.3% —	93.0%* —	83.3%* —	94.6%* —	89.6%*
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available.</p>						

Table 3-11—Shared Decision Making Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	83.9% —	84.1% —	87.2%*
F&C-MA Program	NT	NT	81.3% —	82.1% —	82.5% —	84.3%
BluePlus	NT	NT	86.4%* —	82.2%* —	84.9% —	85.3%*
HealthPartners	NT	NT	75.9%* ▼	76.5%* —	80.6% —	85.4%*
Hennepin Health	NT	NT	84.3%* —	81.0%* —	77.1%* ▼	88.2%*
Itasca Medical Care	NT	NT	85.5%* —	84.4%* —	86.1% —	79.7%*
PrimeWest Health System	NT	NT	79.8%* —	85.6%* —	79.1% —	82.6%*
South Country Health Alliance	NT	NT	76.8%* —	86.2%* —	86.1%* —	85.7%*
UCare	NT	NT	84.7%* —	80.3% —	82.2%* —	83.8%*
MinnesotaCare Program	NT	NT	82.7% —	84.1% ▲	83.9% ▲	79.4%
BluePlus	NT	NT	82.4%* —	84.7%* —	82.4% —	77.3%*
HealthPartners	NT	NT	82.4%* —	80.9%* —	83.2%* —	80.9%*
UCare	NT	NT	87.8%* —	84.9%* —	86.4%* —	82.7%*
HH/IMC/PW/SCHA	NT	NT	83.6%* —	87.1%* ▲	83.9% —	76.7%*
MSC+ Program	NT	NT	78.0% ▼	78.4% ▼	77.0% ▼	81.8%
BluePlus	NT	NT	75.8% —	80.2%* —	73.7%* —	81.7%*
HealthPartners	NT	NT	75.4%* —	74.5%* —	75.2%* —	82.0%*
Medica	NT	NT	83.5% —	78.8%* —	77.1% —	80.7%*
UCare	NT	NT	78.2%* —	81.7%* —	80.8%* —	85.1%*
IMC/PW/SCHA	NT	NT	77.4% —	76.6% —	78.1%* —	80.2%*
SNBC Program	NT	NT	79.7% —	77.9% ▼	80.4% —	82.2%
HealthPartners	NA	NA	NA	78.2% —	79.7% —	79.1%*
Hennepin Health	NT	NT	77.4%* —	80.8%* —	78.7% —	81.8%
Medica	NT	NT	79.7% —	77.2% ▼	79.7% —	84.7%
UCare	NT	NT	78.7%* —	78.6%* —	79.9% —	82.6%
PW/SCHA	NT	NT	82.2% —	76.8%* —	83.5% —	82.2%*
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available. NT Indicates the score is not trendable.</p>						

Individual Item Measures

Table 3-12—Coordination of Care Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	83.7% —	85.8% —	84.2% *
F&C-MA Program	82.5% —	83.8% —	85.5% —	86.5% —	86.9% —	84.5%
BluePlus	83.3% * —	82.9% ▼	85.3% * —	95.3% * —	86.3% * —	93.9% *
HealthPartners	81.9% * —	87.3% * —	88.4% * —	85.9% * —	92.0% * —	82.5% *
Hennepin Health	81.5% * —	86.3% * —	91.7% * —	72.2% * —	86.3% * —	82.1% *
Itasca Medical Care	80.0% * —	89.3% * —	81.5% * —	82.5% * —	88.0% —	87.8% *
PrimeWest Health System	86.3% —	85.5% * —	80.3% * —	93.1% * ▲	89.1% * ▲	70.6% *
South Country Health Alliance	79.5% * —	73.9% * ▼	89.0% * —	94.9% * —	84.9% * —	90.9% *
UCare	83.3% * —	81.4% * —	86.4% * —	85.1% * —	79.7% * —	80.6% *
MinnesotaCare Program	84.4% —	84.5% —	86.3% ▲	83.4% —	86.1% ▲	79.3%
BluePlus	81.6% * —	91.4% —	84.9% * —	73.3% * —	85.5% * —	81.0% *
HealthPartners	86.8% * ▲	81.1% * —	80.0% * —	89.5% * ▲	90.5% * ▲	70.0% *
UCare	80.0% —	82.2% * —	87.5% * —	86.8% * —	83.3% * —	83.7% *
HH/IMC/PW/SCHA	88.7% —	81.5% —	91.9% * —	85.4% * —	85.6% —	82.7% *
MSC+ Program	86.5% ▼	88.7% —	87.9% ▼	86.0% ▼	88.0% ▼	91.7%
BluePlus	89.1% —	87.0% —	88.8% —	83.2% ▼	88.2% —	92.8%
HealthPartners	86.7% * —	91.0% * —	88.8% * —	88.2% —	83.0% —	85.3%
Medica	87.1% ▼	91.5% —	84.5% ▼	89.4% —	92.6% —	94.8% *
UCare	75.2% ▼	82.8% * —	86.1% * —	88.0% —	82.8% * —	91.9% *
IMC/PW/SCHA	87.9% —	90.1% —	90.0% —	82.1% ▼	91.2% —	93.9% *
SNBC Program	83.4% ▼	80.9% ▼	83.8% ▼	84.9% ▼	83.7% ▼	89.4%
HealthPartners	NA	NA	NA	78.6% ▼	83.7% —	89.6% *
Hennepin Health	82.6% * ▼	79.0% ▼	84.8% —	92.9% * —	84.9% —	92.6%
Medica	79.9% ▼	80.5% ▼	85.4% —	87.3% —	80.5% ▼	89.9%
UCare	84.6% —	77.1% —	80.6% —	82.0% —	80.3% —	86.6% *
PW/SCHA	84.7% —	83.1% —	84.3% —	88.9% —	88.3% —	87.8% *
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available.</p>						

Table 3-13—Health Promotion and Education Trend Analysis

Program/Plan Name	2014	2015	2016	2017	2018	2019
FFS Program	NA	NA	NA	72.9% —	69.1% —	77.1%*
F&C-MA Program	69.4% —	69.0% —	70.0% —	71.3% —	69.2% —	70.9%
BluePlus	68.6% —	71.1% —	72.0% —	74.7% —	73.3% —	67.2%*
HealthPartners	69.8% —	71.7% —	72.5% —	76.0% —	74.2% —	74.6%
Hennepin Health	78.7% —	78.2% —	69.8% —	77.7% —	81.0% —	74.4%*
Itasca Medical Care	60.3% —	67.7% —	68.9% —	74.0% —	63.8% —	62.2%*
PrimeWest Health System	68.8% —	66.1% —	61.3% —	62.0% —	64.8% —	64.4%*
South Country Health Alliance	69.2% —	68.1% —	64.7% —	72.9% —	68.1% —	75.0%*
UCare	73.9% —	65.4% —	79.8% —	69.2% —	64.4% ▼	76.3%*
MinnesotaCare Program	68.2% —	71.0% —	69.7% —	68.0% —	68.1% —	69.8%
BluePlus	66.7% —	70.2% —	67.7% —	70.5% —	69.7% —	68.4%
HealthPartners	68.0% —	68.0% —	77.0% —	67.1% —	67.5% —	67.5%
UCare	68.6% —	75.0% —	73.9% —	64.2% —	64.2% —	73.6%
HH/IMC/PW/SCHA	68.0% —	66.8% —	65.0% —	71.6% —	70.7% —	69.9%
MSC+ Program	70.9% —	70.6% —	68.5% —	69.2% —	71.3% —	71.8%
BluePlus	71.0% —	73.1% —	61.8% ▼	70.8% —	71.2% —	71.8%
HealthPartners	72.0% —	73.2% —	68.5% —	72.4% —	67.2% —	74.4%
Medica	73.5% —	74.6% —	76.2% —	66.5% ▼	75.1% —	75.9%
UCare	71.2% —	71.0% —	69.8% —	69.3% ▼	76.1% —	79.3%
IMC/PW/SCHA	68.1% ▲	68.2% ▲	68.5% ▲	67.3% —	68.0% —	58.9%
SNBC Program	70.8% ▼	70.9% ▼	70.1% ▼	71.0% —	73.3% —	75.1%
HealthPartners	NA	NA	NA	70.4% —	76.7% —	74.7%
Hennepin Health	80.0% —	78.9% —	73.0% —	87.1%* —	78.7% —	80.7%
Medica	71.5% —	72.5% —	69.3% —	69.1% —	72.0% —	70.0%
UCare	70.2% ▼	73.8% —	68.5% ▼	73.4% —	73.5% —	79.3%
PW/SCHA	67.9% —	66.1% —	69.9% —	65.9% —	65.7% —	70.2%
<p>* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Score is significantly higher than 2019 score. ▼ Score is significantly lower than 2019 score. — Score is not significantly different than 2019 score. NA Indicates no data were available.</p>						

Supplemental Items

HSAG evaluated six supplemental items that were added to the CAHPS survey. Table 3-14 through Table 3-19 show the frequency of responses for each MCO and program for each supplemental item. The following supplemental items were evaluated:

- Question 6a: Number of Days Waiting to See Health Provider
- Question 6b: Number of Times Went to Emergency Room for Care
- Question 14a: Access to After Hours Care
- Question 14b: Got Interpreter to Speak with Doctors or Health Providers
- Question 37a: Disability Status
- Question 43: Informed by Doctor You Have Health Condition(s)

Number of Days Waiting to See Health Provider

Question 6a in the survey asked respondents how many days they usually had to wait between making an appointment and seeing a health provider, not counting the times they needed health care right away. Table 3-14 depicts the frequency of response scores for this question.

Table 3-14—Number of Days Waiting to See Health Provider

Program/Plan Name	Same day	1 day	2 to 3 days	4 to 7 days	8 to 14 days	15 to 30 days	31 days or longer
FFS Program	10.3%	9.5%	27.6%	21.6%	13.8%	12.1%	5.2%
F&C-MA Program	13.8%	12.0%	27.2%	22.5%	12.3%	7.4%	4.7%
BluePlus	11.4%	7.6%	27.8%	25.3%	17.7%	2.5%	7.6%
HealthPartners	12.7%	11.2%	33.6%	21.6%	11.2%	4.5%	5.2%
Hennepin Health	10.1%	14.1%	17.2%	29.3%	16.2%	7.1%	6.1%
Itasca Medical Care	10.6%	17.7%	23.0%	23.0%	13.3%	8.0%	4.4%
PrimeWest Health System	18.5%	9.8%	28.3%	20.7%	9.8%	8.7%	4.3%
South Country Health Alliance	18.8%	12.0%	26.5%	14.5%	10.3%	13.7%	4.3%
UCare	14.3%	10.5%	32.4%	24.8%	9.5%	6.7%	1.9%
MinnesotaCare Program	14.3%	10.7%	24.2%	22.9%	11.5%	8.9%	7.3%
BluePlus	13.2%	12.6%	16.6%	29.1%	12.6%	8.6%	7.3%
HealthPartners	12.2%	11.5%	32.7%	16.7%	14.1%	8.3%	4.5%
UCare	16.8%	8.7%	19.3%	23.0%	12.4%	9.9%	9.9%
HH/IMC/PW/SCHA	15.0%	10.2%	28.6%	23.1%	6.8%	8.8%	7.5%
MSC+ Program	14.3%	9.6%	25.5%	23.9%	12.5%	8.5%	5.7%
BluePlus	13.3%	11.6%	25.7%	26.5%	9.2%	8.4%	5.2%
HealthPartners	14.3%	11.0%	25.3%	24.5%	12.5%	7.0%	5.5%
Medica	13.6%	7.6%	24.8%	24.0%	14.8%	8.0%	7.2%
UCare	15.8%	9.8%	27.9%	24.0%	9.3%	10.4%	2.7%
IMC/PW/SCHA	15.0%	7.8%	24.3%	19.4%	16.5%	9.7%	7.3%
SNBC Program	13.8%	10.6%	25.0%	24.1%	12.1%	9.5%	5.1%
HealthPartners	14.9%	9.0%	26.4%	28.4%	8.5%	9.0%	4.0%
Hennepin Health	17.7%	10.3%	24.3%	20.2%	10.7%	9.9%	7.0%
Medica	11.2%	12.0%	28.8%	24.8%	9.6%	9.6%	4.0%
UCare	11.5%	9.7%	25.2%	22.1%	16.8%	9.7%	4.9%
PW/SCHA	13.6%	11.6%	19.2%	25.8%	15.2%	9.1%	5.6%

Please note, percentages may not total 100% due to rounding.

Number of Times Went to Emergency Room for Care

Question 6b in the survey asked respondents how many times they went to an emergency room to get care for themselves. Table 3-15 depicts the frequency of response scores for this question.

Table 3-15—Number of Times Went to Emergency Room for Care

Program/Plan Name	None	1 time	2 times	3 or more times
FFS Program	72.3%	13.8%	6.9%	6.9%
F&C-MA Program	75.3%	15.3%	6.1%	3.2%
BluePlus	77.1%	13.5%	7.3%	2.1%
HealthPartners	76.2%	15.2%	4.6%	4.0%
Hennepin Health	66.4%	19.3%	10.1%	4.2%
Itasca Medical Care	78.5%	14.6%	3.1%	3.8%
PrimeWest Health System	79.5%	12.5%	6.3%	1.8%
South Country Health Alliance	74.5%	16.1%	7.3%	2.2%
UCare	75.4%	15.6%	4.9%	4.1%
MinnesotaCare Program	86.5%	10.3%	1.9%	1.3%
BluePlus	87.2%	8.9%	2.8%	1.1%
HealthPartners	90.4%	6.9%	1.6%	1.1%
UCare	82.4%	14.3%	1.6%	1.6%
HH/IMC/PW/SCHA	85.9%	11.0%	1.6%	1.6%
MSC+ Program	75.1%	16.2%	5.5%	3.2%
BluePlus	78.6%	14.6%	4.6%	2.1%
HealthPartners	73.4%	16.9%	6.6%	3.0%
Medica	75.2%	16.4%	5.1%	3.3%
UCare	70.2%	19.2%	5.1%	5.6%
IMC/PW/SCHA	76.8%	14.7%	5.8%	2.7%
SNBC Program	66.2%	17.7%	7.8%	8.3%
HealthPartners	67.0%	19.1%	5.2%	8.7%
Hennepin Health	65.3%	19.8%	7.3%	7.6%
Medica	61.7%	17.4%	9.8%	11.0%
UCare	68.3%	15.0%	9.3%	7.3%
PW/SCHA	69.5%	17.0%	6.7%	6.7%
<i>Please note, percentages may not total 100% due to rounding.</i>				

Access to After Hours Care

Question 14a in the survey asked respondents how often it was easy for them to get the after hours care they thought they needed. Table 3-16 depicts the frequency of response scores for this question.

Table 3-16—Access to After Hours Care

Program/Plan Name	Never	Sometimes	Usually	Always
FFS Program	20.8%	25.0%	20.8%	33.3%
F&C-MA Program	26.9%	18.4%	17.3%	37.4%
BluePlus	34.8%	19.6%	15.2%	30.4%
HealthPartners	19.6%	19.6%	26.8%	33.9%
Hennepin Health	34.1%	17.1%	17.1%	31.7%
Itasca Medical Care	34.1%	9.1%	20.5%	36.4%
PrimeWest Health System	7.7%	34.6%	11.5%	46.2%
South Country Health Alliance	17.6%	14.7%	20.6%	47.1%
UCare	31.9%	19.1%	6.4%	42.6%
MinnesotaCare Program	29.6%	18.4%	17.0%	35.0%
BluePlus	23.3%	11.7%	16.7%	48.3%
HealthPartners	25.5%	29.1%	10.9%	34.5%
UCare	32.8%	19.7%	18.0%	29.5%
HH/IMC/PW/SCHA	38.3%	12.8%	23.4%	25.5%
MSC+ Program	39.7%	17.3%	12.3%	30.7%
BluePlus	46.5%	15.2%	14.1%	24.2%
HealthPartners	36.2%	18.5%	12.3%	33.1%
Medica	43.0%	18.0%	10.0%	29.0%
UCare	38.1%	20.2%	13.1%	28.6%
IMC/PW/SCHA	34.2%	13.7%	12.3%	39.7%
SNBC Program	26.0%	25.1%	17.7%	31.2%
HealthPartners	21.6%	24.5%	18.6%	35.3%
Hennepin Health	27.9%	27.1%	18.6%	26.4%
Medica	28.3%	23.3%	16.7%	31.7%
UCare	27.9%	26.9%	16.3%	28.8%
PW/SCHA	23.2%	23.2%	18.2%	35.4%
<i>Please note, percentages may not total 100% due to rounding.</i>				

Got Interpreter to Speak with Doctors or Health Providers

Question 14b in the survey asked respondents how often they got an interpreter to help them speak with doctors or other health providers when they needed one. Table 3-17 depicts the frequency of response scores for this question.

Table 3-17—Got Interpreter to Speak with Doctors or Health Providers

Program/Plan Name	Never	Sometimes	Usually	Always
FFS Program	53.1%	15.6%	12.5%	18.8%
F&C-MA Program	64.3%	9.1%	5.2%	21.4%
BluePlus	63.6%	6.1%	6.1%	24.2%
HealthPartners	55.6%	7.4%	3.7%	33.3%
Hennepin Health	65.4%	15.4%	11.5%	7.7%
Itasca Medical Care	100.0%	0.0%	0.0%	0.0%
PrimeWest Health System	66.7%	0.0%	0.0%	33.3%
South Country Health Alliance	66.7%	11.1%	0.0%	22.2%
UCare	52.8%	13.9%	5.6%	27.8%
MinnesotaCare Program	47.0%	7.9%	7.9%	37.2%
BluePlus	48.3%	10.3%	3.4%	37.9%
HealthPartners	53.2%	4.3%	10.6%	31.9%
UCare	34.4%	8.2%	8.2%	49.2%
HH/IMC/PW/SCHA	63.0%	11.1%	7.4%	18.5%
MSC+ Program	35.8%	9.0%	11.9%	43.3%
BluePlus	34.8%	5.6%	10.1%	49.4%
HealthPartners	32.8%	12.7%	17.9%	36.6%
Medica	28.6%	8.0%	11.6%	51.8%
UCare	31.6%	10.2%	10.2%	48.0%
IMC/PW/SCHA	72.3%	4.3%	2.1%	21.3%
SNBC Program	65.4%	11.4%	5.4%	17.8%
HealthPartners	71.8%	10.3%	5.1%	12.8%
Hennepin Health	66.7%	15.5%	6.0%	11.9%
Medica	64.3%	8.6%	4.3%	22.9%
UCare	60.9%	11.6%	5.8%	21.7%
PW/SCHA	66.7%	8.3%	5.6%	19.4%

Please note, percentages may not total 100% due to rounding.

Disability Status

Question 37a in the survey asked respondents what their disability status was. Table 3-18 depicts the frequency of response scores for this question.

Table 3-18—Disability Status

Program/Plan Name	Permanent Life or Work Limiting Disability	Qualified for Disability Benefits within the Last Year	Diagnosed by a Provider with a Disabling Condition or Disability	Does not have a disability
FFS Program	48.4%	8.6%	18.0%	25.0%
F&C-MA Program	19.7%	3.2%	8.3%	68.8%
BluePlus	23.7%	4.1%	14.4%	57.7%
HealthPartners	12.5%	3.5%	11.1%	72.9%
Hennepin Health	23.9%	7.7%	6.0%	62.4%
Itasca Medical Care	23.8%	2.3%	5.4%	68.5%
PrimeWest Health System	15.9%	2.8%	5.6%	75.7%
South Country Health Alliance	20.9%	0.7%	9.0%	69.4%
UCare	18.6%	1.7%	6.8%	72.9%
MinnesotaCare Program	10.7%	1.2%	3.1%	85.0%
BluePlus	11.9%	2.3%	4.0%	81.8%
HealthPartners	10.2%	0.0%	2.7%	87.1%
UCare	7.3%	1.7%	4.5%	86.6%
HH/IMC/PW/SCHA	13.2%	1.1%	1.6%	84.2%
MSC+ Program	38.1%	6.3%	14.8%	40.8%
BluePlus	36.4%	5.5%	14.3%	43.8%
HealthPartners	34.4%	5.6%	14.7%	45.3%
Medica	35.1%	6.8%	20.0%	38.1%
UCare	44.9%	8.6%	14.6%	31.9%
IMC/PW/SCHA	42.3%	5.6%	10.1%	41.9%
SNBC Program	64.7%	9.2%	21.2%	4.9%
HealthPartners	68.8%	12.2%	14.9%	4.1%
Hennepin Health	60.2%	7.9%	24.8%	7.1%
Medica	61.8%	7.5%	25.1%	5.6%
UCare	64.4%	9.3%	22.5%	3.8%

Program/Plan Name	Permanent Life or Work Limiting Disability	Qualified for Disability Benefits within the Last Year	Diagnosed by a Provider with a Disabling Condition or Disability	Does not have a disability
PW/SCHA	69.4%	9.6%	17.4%	3.7%

Please note, percentages may not total 100% due to rounding.

Informed by Doctor You Have Health Condition(s)

Question 43 in the survey asked respondents if they were aware if a doctor ever told them that they have any of the following conditions: high cholesterol, high blood pressure, heart attack, angina or coronary heart disease, stroke, any kind of diabetes or high blood sugar, or any kind of cancer. Respondents could have selected more than one condition. Table 3-19 depicts the frequency of response scores for this question.

Table 3-19—Informed by Doctor You Have Health Condition(s)

Program/Plan Name	Multiple conditions	High cholesterol	High blood pressure	A heart attack	Angina or coronary heart disease	A stroke	Any kind of diabetes or high blood sugar	Any kind of cancer
FFS Program	56.5%	7.2%	13.0%	1.4%	0.0%	2.9%	8.7%	10.1%
F&C-MA Program	45.7%	15.0%	25.6%	0.5%	1.0%	1.3%	6.7%	4.1%
BluePlus	53.2%	14.9%	21.3%	0.0%	0.0%	0.0%	4.3%	6.4%
HealthPartners	43.9%	15.2%	28.8%	1.5%	0.0%	0.0%	7.6%	3.0%
Hennepin Health	36.1%	11.5%	39.3%	0.0%	0.0%	0.0%	9.8%	3.3%
Itasca Medical Care	46.4%	12.5%	19.6%	0.0%	1.8%	3.6%	14.3%	1.8%
PrimeWest Health System	41.5%	18.9%	22.6%	0.0%	1.9%	1.9%	5.7%	7.5%
South Country Health Alliance	58.5%	15.1%	18.9%	1.9%	3.8%	0.0%	0.0%	1.9%
UCare	43.1%	17.6%	25.5%	0.0%	0.0%	3.9%	3.9%	5.9%
MinnesotaCare Program	49.1%	16.3%	24.3%	0.6%	0.6%	0.0%	3.7%	5.4%
BluePlus	53.8%	15.4%	22.0%	1.1%	2.2%	0.0%	2.2%	3.3%
HealthPartners	48.4%	17.6%	24.2%	0.0%	0.0%	0.0%	2.2%	7.7%
UCare	50.0%	14.6%	20.7%	0.0%	0.0%	0.0%	7.3%	7.3%
HH/IMC/PW/SCHA	44.2%	17.4%	30.2%	1.2%	0.0%	0.0%	3.5%	3.5%
MSC+ Program	68.9%	7.0%	15.4%	0.5%	0.7%	0.9%	3.8%	2.6%

Program/Plan Name	Multiple conditions	High cholesterol	High blood pressure	A heart attack	Angina or coronary heart disease	A stroke	Any kind of diabetes or high blood sugar	Any kind of cancer
BluePlus	71.3%	8.0%	14.8%	0.0%	0.4%	0.4%	1.7%	3.4%
HealthPartners	70.4%	6.1%	16.2%	0.4%	0.4%	1.6%	2.8%	2.0%
Medica	65.7%	6.9%	18.0%	0.9%	1.7%	0.9%	3.9%	2.1%
UCare	66.1%	7.7%	16.7%	0.0%	0.6%	1.8%	5.4%	1.8%
IMC/PW/SCHA	70.5%	6.7%	11.4%	1.4%	0.5%	0.0%	6.2%	3.3%
SNBC Program	58.8%	11.3%	17.7%	0.5%	0.1%	1.3%	7.2%	3.1%
HealthPartners	54.6%	10.5%	23.0%	0.0%	0.0%	0.0%	9.2%	2.6%
Hennepin Health	58.6%	9.1%	22.0%	0.0%	0.0%	0.5%	4.8%	4.8%
Medica	57.8%	10.7%	13.9%	1.1%	0.5%	1.6%	10.2%	4.3%
UCare	61.3%	10.4%	19.1%	0.0%	0.0%	1.7%	6.4%	1.2%
PW/SCHA	62.0%	16.7%	10.0%	1.3%	0.0%	2.7%	5.3%	2.0%

Please note, percentages may not total 100% due to rounding.

Key Drivers of Member Experience Analysis

HSAG conducted the key drivers of member experience analysis to draw overall conclusions from the CAHPS survey results and identify priority improvement opportunities for DHS related to members’ experiences with FFS and the MCOs’ quality and appropriateness of care and services. This analysis identified specific survey item results that are driving members’ levels of experience as priority areas that could benefit from QI activities. The key drivers analysis focused on the following three global ratings:

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor

For additional information on the assignment of problem scores, please refer to the Methodology section of this report.

Table 3-20 through Table 3-22 depict those survey items identified for each of the three measures (i.e., Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor) as being key drivers of member experience for each program.

Table 3-20—MHCP Key Drivers of Member Experience: Rating of Health Plan

Key Driver	FFS Program ³⁻⁶	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
Rating of Health Plan					
Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them.		✓			
Respondents reported that when they did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.	✓		✓		✓

³⁻⁶ The questions in the CAHPS 5.0 Adult Medicaid Health Plan Survey related to the member’s health plan were not altered for the FFS program. The key drivers identified under the Rating of Health Plan global rating for the FFS program will refer to members’ experience with MHCP.

Key Driver	FFS Program ³⁻⁶	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.				✓	✓
Respondents reported that their health plan's customer service did not always give them the information or help they needed.	✓	✓	✓	✓	
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.	✓	✓			
Respondents reported that when they needed care right away, they did not receive care as quickly as they thought they needed it.					✓
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	✓	✓	✓	✓	✓
Respondents reported that forms from their health plan were often not easy to fill out.	✓	✓	✓	✓	✓
Respondents reported that it was often not easy to obtain appointments with specialists.			✓	✓	

Table 3-21—MHCP Key Drivers of Member Experience: Rating of All Health Care

Key Driver	FFS Program ³⁻⁷	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
Rating of All Health Care					
Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them.	✓	✓	✓		
Respondents reported that when they did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.		✓			
Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.	✓			✓	✓
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.				✓	
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.		✓	✓		
Respondents reported that when they needed care right away, they did not receive care as quickly as they thought they needed it.	✓				✓
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	✓				✓

³⁻⁷ The questions in the CAHPS 5.0 Adult Medicaid Health Plan Survey related to the member’s health plan were not altered for the FFS program. The key drivers identified under the Rating of Health Plan global rating for the FFS program will refer to members’ experience with MHCP.

Key Driver	FFS Program ³⁻⁷	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
Respondents reported that forms from their health plan were often not easy to fill out.	✓			✓	✓
Respondents reported that it was often not easy to obtain appointments with specialists.		✓	✓	✓	✓

Table 3-22—MHCP Key Drivers of Member Experience: Rating of Personal Doctor

Key Driver	FFS Program ³⁻⁸	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
Rating of Personal Doctor					
Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them.	✓				
Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.		✓	✓	✓	✓
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.	✓	✓	✓		
Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not talk about the reasons they might not want them to take a medicine.	✓				

³⁻⁸ The questions in the CAHPS 5.0 Adult Medicaid Health Plan Survey related to the member’s health plan were not altered for the FFS program. The key drivers identified under the Rating of Health Plan global rating for the FFS program will refer to members’ experience with MHCP.

4. Summary and Conclusions

NCQA Comparisons

Overall member experience ratings for each measure were compared to NCQA’s 2018 Quality Compass Benchmark and Compare Quality Data.^{4,1} Table 4-1 includes the high-scoring CAHPS measures (i.e., five [★★★★★] stars) for each program.

Table 4-1—NCQA Comparisons Summary: High Scoring Measures

FFS Program	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
—	Rating of Personal Doctor	—	Rating of Personal Doctor	—
—	How Well Doctors Communicate	How Well Doctors Communicate	How Well Doctors Communicate	—
Shared Decision Making ⁺	Shared Decision Making	—	—	—
—	—	—	Coordination of Care	Coordination of Care

⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Table 4-2 includes the low-scoring CAHPS measures (i.e., one [★] star) for each program.

Table 4-2—NCQA Comparisons Summary: Low Scoring Measures

FFS Program	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
Rating of Health Plan	—	—	—	—
Rating of All Health Care ⁺	—	—	—	—
—	Rating of Specialist Seen Most Often	—	—	—
—	—	Customer Service	—	—
—	—	Coordination of Care	—	—
—	Health Promotion and Education	Health Promotion and Education	—	—

⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

^{4,1} National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

Statewide Comparisons

HSAG calculated top-level scores for each measure. HSAG compared the program results to the Total MCO program average to determine if results were significantly different.

The Statewide Comparisons analysis results are grouped into two main significant categories: 1) significantly higher than the Total MCO program average and 2) significantly lower than the Total MCO program average. Table 4-3 shows the significant differences from these comparisons.

Table 4-3—Statewide Comparisons

FFS Program	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
↓ Rating of Health Plan	NS	↓ Rating of Health Plan	↑ Rating of Health Plan	NS
NS	NS	↓ Coordination of Care	↑ Coordination of Care	↑ Coordination of Care
↑ Significantly higher than the Total MCO program average. ↓ Significantly lower than the Total MCO program average. NS Indicates the score is not significantly different than the Total MCO program average.				

Trend Analysis

The Trend Analysis results are grouped into two main significant categories: 1) significantly higher in 2019 than in 2018 and 2) significantly lower in 2019 than in 2018.⁴⁻² Table 4-4 shows the significant difference from the 2019 to 2018 comparisons for each program.

Table 4-4—Trend Analysis

FFS Program	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
NS	NS	▼ Coordination of Care	▲ Coordination of Care	▲ Coordination of Care
NS	NS	▼ Customer Service	NS	NS
NS	▼ Rating of Specialist Seen Most Often	NS	NS	NS
NS	NS	▼ Shared Decision Making	▲ Shared Decision Making	NS
<p>▲ Significantly higher in 2019 than 2018. ▼ Significantly lower in 2019 than 2018. NS Indicates the 2019 score is not significantly different than the 2018 score.</p>				

⁴⁻² The trend results presented in this section only include results between 2019 to 2018. More detailed, multi-year trend analyses can be found in the Results section of this report.

Key Drivers of Member Experience Analysis

The key drivers (i.e., survey composite items) for three of the global ratings were assessed. For this analysis, a mean problem score was calculated for each composite item; a correlation analysis was performed to compare global rating performance to the composite items’ problem scores; and each composite item was assigned to a priority level. Table 4-5 shows the top priority “key driver” items (as indicated by a ✓) for MHCP.

Table 4-5—MHCP Key Drivers of Member Experience

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Respondents reported that forms from their health plan were often not easy to fill out.	✓	✓	
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	✓		
Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.	✓	✓	✓
Respondents reported that it was often not easy to obtain appointments with specialists.	✓	✓	
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.	✓		
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.			✓

Conclusions

Overall response rates for some programs were low, which may be due to bad contact information (i.e., incorrect mailing addresses and/or phone numbers) for members in the sample frame files. One of the simplest and most effective ways of improving response rates is to ensure that members' contact information in the sample frame files is populated and up-to-date. DHS may want to evaluate the quality of members' data in their system and consider obtaining more accurate member contact information from the MCOs.

NCQA Comparisons

The MSC+ program had the most measures (six measures) that scored at or above the 75th percentile compared to national benchmarks. MinnesotaCare and the FFS program had the most measures (six measures) that scored at or below the 49th percentile compared to national benchmarks.

MCO Comparisons

HSAG identified significant differences among the MCOs for two of the 11 measures: Rating of Health Plan and Health Promotion and Education.

Rating of Health Plan

The top-level scores for Rating of Health Plan were significantly higher than the program average for the following MCOs:

- BluePlus (MSC+ program)
- PrimeWest Health System (F&C-MA program)

The top-level score for Rating of Health Plan was significantly lower than the F&C-MA program average for one MCO, Hennepin Health.

Health Promotion and Education

The top-level scores for Health Promotion and Education were significantly higher than the program average for the following MCOs:

- Hennepin Health (SNBC program)
- UCare (MSC+ program)

The top-level score for Health Promotion and Education was significantly lower than the MSC+ program average for one MCO, IMC/PW/SCHA.⁴⁻³

FFS Comparisons

One measure's top-level score for the FFS program had a significant difference from the Total MCO program average.

- For Rating of Health Plan, the top-level score for the FFS program was significantly lower than the Total MCO program average.

Program Comparisons

The top-level scores for the following programs were significantly higher than the Total MCO program average:

- MSC+ (Rating of Health Plan and Coordination of Care)
- SNBC (Coordination of Care)

The top-level scores for the following program were significantly lower than the Total MCO program average:

- MinnesotaCare (Rating of Health Plan and Coordination of Care)

Trend Analysis

Significant differences between 2018 scores and 2019 scores were found among the programs for four of the 11 measures: Rating of Specialist Seen Most Often, Customer Service, Shared Decision Making, and Coordination of Care. The MCOs should focus on improving rates for those measures where the rates significantly declined in 2019. The MCOs should work with DHS to adopt identified best practices and initiatives to support members' positive experiences with the MCOs for these areas. Members in the MSC+ and SNBC programs reported significantly higher rates related to care coordination in 2019 than 2018. In addition, members in the MSC+ program reported improved shared decision making discussions with their doctors in 2019. Alternatively, members in the F&C MA program reported a significant decline in experiences with their specialist, and members in the MinnesotaCare program reported significantly lower rates related to care coordination, customer service, and shared decision

⁴⁻³ IMC, PW, and SCHA are county-based purchasing (CBP) health plans operated by a county or group of counties. The CBP entity purchases health care services for certain residents enrolled in Medical Assistance, Prepaid Assistance Medical Program, and MinnesotaCare. The participating counties are primarily rural.

making discussions with their doctors. The MCOs in the MSC+ and SNBC programs should consider sharing best practices and strategies with other MCOs to improve on these areas.

MHCP Key Drivers of Member Experience

The following key driver was identified for all three global ratings:

- Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.

Additionally, the following key drivers were identified for the Rating of Health Plan and Rating of All Health Care global ratings:

- Respondents reported that forms from their health plan were often not easy to fill out.
- Respondents reported that it was often not easy to obtain appointments with specialists.

Furthermore, the following key drivers were identified for the Rating of Health Plan or Rating of Personal Doctor global ratings:

- Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed (Rating of Health Plan).
- Respondents reported that their health plan's customer service did not always give them the information or help they needed (Rating of Health Plan).
- Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers (Rating of Personal Doctor).

Members reported issues with getting the care they needed, receiving the information or help they needed from their customer service, filling out forms from their MCO, finding information they needed on the MCOs' websites or materials, and receiving care coordination from their personal doctor. The MCOs should consider evaluating these areas further to identify areas for quality improvement to improve members' experiences with their health plan.

Limitations and Cautions

The findings presented in this 2019 Consumer Experience Survey Public Summary Report are subject to some limitations in the survey design, analysis, and interpretation. DHS should carefully consider these limitations when interpreting or generalizing the findings. The limitations are discussed below.

Case-Mix Adjustment

The demographics of a response group may impact member experience. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix

adjusting Medicaid CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these CAHPS results.⁴⁻⁴

Non-Response Bias

The response rate for this survey was 16.14 percent, and there were certain programs that had lower responses rates than other programs (i.e., FFS, F&C-MA, and MinnesotaCare programs). Given that a substantial portion of the eligible population for certain programs did not respond to the survey, the experiences of the member respondent population may be different than that of the non-respondent members with respect to their experiences with health care services and may vary by MCO or program. Therefore, DHS should consider the potential for non-response bias when interpreting CAHPS results.

Causal Inferences

Although this report examines whether respondents report differences in experience with various aspects of their health care experiences, these differences may not be completely attributable to an MCO or the FFS population. These analyses identify whether respondents give different ratings of experience with their MCO or the FFS population. The survey by itself does not necessarily reveal the exact cause of these differences.

⁴⁻⁴ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

Appendix A: Survey Instrument

The survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. This section provides a copy of the survey instrument.

All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-643-2611.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct
Mark



Incorrect
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes ➔ *Go to Question 1*
- No



START HERE



1. Our records show that you are now in **[HEALTH PLAN NAME]**.
Is that right?

- Yes ➔ *Go to Question 3*
- No

2. What is the name of your health plan? (please print)



**YOUR HEALTH CARE IN
THE LAST 6 MONTHS**

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes
- No → *Go to Question 5*

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

- Yes
- No → *Go to Question 6a*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

- Never
- Sometimes
- Usually
- Always

6a. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- 8 to 14 days
- 15 to 30 days
- 31 to 60 days
- 61 to 90 days
- 91 days or longer

6b. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- None
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None → *Go to Question 14a*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- Yes
- No

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- Yes
- No → *Go to Question 13*

10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- Yes
- No

11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

- Yes
- No



YOUR PERSONAL DOCTOR

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- Yes
- No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- Never
- Sometimes
- Usually
- Always

14a. After hours care is health care when your usual doctor's office or clinic is closed.

In the last 6 months, how often was it easy to get the after hours care you thought you needed?

- Never
- Sometimes
- Usually
- Always
- I have never needed to use after hours care

14b. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?

- Never
- Sometimes
- Usually
- Always
- I have never needed to use an interpreter

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No → Go to Question 24

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → Go to Question 23
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always



31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Never
 - Sometimes
 - Usually
 - Always
32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
- Never
 - Sometimes
 - Usually
 - Always
33. In the last 6 months, did your health plan give you any forms to fill out?
- Yes
 - No → *Go to Question 35*
34. In the last 6 months, how often were the forms from your health plan easy to fill out?
- Never
 - Sometimes
 - Usually
 - Always
35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

<input type="radio"/>										
0	1	2	3	4	5	6	7	8	9	10
Worst							Best			
Health Plan							Health Plan			
Possible							Possible			

ABOUT YOU

36. In general, how would you rate your overall health?
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor

37. In general, how would you rate your overall mental or emotional health?
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
- 37a. What is your disability status? Mark all that apply
- I currently have a permanent life or work limiting disability
 - Within the last year I qualified for disability benefits
 - I have been diagnosed by a provider with a disabling condition or disability
 - None of the above
38. Have you had either a flu shot or flu spray in the nose since July 1, 2018?
- Yes
 - No
 - Don't know
39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
- Every day
 - Some days
 - Not at all → *Go to Question 43*
 - Don't know → *Go to Question 43*
40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- Never
 - Sometimes
 - Usually
 - Always
41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
- Never
 - Sometimes
 - Usually
 - Always



42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

43. Are you aware that you have or has a doctor ever told you that you have had any of the following conditions? Mark all that apply to you.

- High cholesterol
- High blood pressure
- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar
- Any kind of cancer

44. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- Yes
- No → *Go to Question 46*

45. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

46. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- Yes
- No → *Go to Question 48*

47. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

48. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

49. Are you male or female?

- Male
- Female

50. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

51. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

52. What is your race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

53. Did someone help you complete this survey?

- Yes → *Go to Question 54*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

54. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Thank you. Please return the completed survey in the postage-paid envelope.



Appendix B: Methodology

2019 CAHPS Performance Measures

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 53 core questions that yield 11 measures of experience. These measures include four global rating questions, five composite measures, and two individual item measures. The global measures (also referred to as global ratings) reflect overall experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “Getting Needed Care” or “Getting Care Quickly”). The individual item measures are individual questions that look at a specific area of care (i.e., “Coordination of Care” and “Health Promotion and Education”). In addition, DHS elected to include five supplemental questions in the survey.

Table B-1 lists the measures included in the CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set, including the supplemental items.

Table B-1—CAHPS Measures

Global Ratings	Composite Measures	Individual Item Measures	Supplemental Items
Rating of Health Plan	Getting Needed Care	Coordination of Care	Number of Days Waiting to See Health Provider
Rating of All Health Care	Getting Care Quickly	Health Promotion and Education	Number of Times Went to Emergency Room for Care
Rating of Personal Doctor	How Well Doctors Communicate		Access to After Hours Care
Rating of Specialist Seen Most Often	Customer Service		Got Interpreter to Speak with Doctors or Health Providers
	Shared Decision Making		Informed by Doctor You Have Health Condition(s)

How CAHPS Results Were Collected

HSAG's survey methodology ensured the collection of CAHPS data is consistent throughout all plans to allow for comparisons. HSAG followed the sampling procedures and survey protocol described below.

Sampling Procedures

DHS provided HSAG with a list of all eligible members for the sampling frame. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. Members were sampled who met the following criteria:

- Were 18 years of age or older as of December 31, 2018.
- Were currently enrolled in an MCO or FFS.
- Had been continuously enrolled in the plan or FFS for at least five of the last six months (July through December) of 2018.
- Had DHS as a payer.

A simple random sample of up to 1,350 adult members was selected from the FFS population and the MCOs under each program. Some MCOs were combined into one sample cell in order to meet the targeted 1,350 sample size. For the combined samples, HSAG calculated the sample size for each MCO, proportional to the combined population, to reach the 1,350 sample size. For the MSC+ program, IMC/PW/SCHA had fewer than 1,350 adult members who were eligible for inclusion in the survey; therefore, every member from each MCOs' eligible population was included in the sample.^{B-1}

Survey Protocol

The survey was administered using two alternatives by which members could complete a survey. The first phase, or mail phase, consisted of a survey being mailed to all sampled members. Those members who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Members that were not identified as Spanish-speaking received an English version of the survey. The English and Spanish versions of the survey included a toll-free number that members could call to request a survey in another language (i.e., English or Spanish). Each mailing that was sent out included a language block that contained multiple alternative languages with a phone number that a member could call if they needed assistance interpreting the materials. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of members who did not mail in a completed survey. At least four CATI calls to each non-respondent

^{B-1} IMC, PW, and SCHA are county-based purchasing (CBP) health plans operated by a county or group of counties. The CBP entity purchases health care services for certain residents enrolled in Medical Assistance, Prepaid Assistance Medical Program, and MinnesotaCare. The participating counties are primarily rural.

were attempted. It has been shown that the addition of the telephone phase aids in making the survey results more demographically representative of a plan’s population.^{B-2}

Table B-2 shows the standard timeline for the two-phase survey approach used in the administration of the CAHPS surveys.

Table B-2—CAHPS Two-Phase Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the adult member.	0 days
Send a postcard reminder to non-respondents 7 days after mailing the first questionnaire.	7 days
Send a second questionnaire (and letter) to non-respondents approximately 47 days after mailing the first questionnaire.	47 days
Send a second postcard reminder to non-respondents 7 days after mailing the second questionnaire.	54 days
Initiate CATI interviews for non-respondents approximately 14 days after mailing the second questionnaire.	68 days
Initiate systematic contact for all non-respondents such that up to four telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	68–84 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 16 days after initiation.	84 days

How CAHPS Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA’s recommendations and HSAG’s extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess member experience. In addition to individual plan results, HSAG calculated an MHCP average and a Total MCO Program average:

- **MHCP**—Combined results from the MCOs from each program and the FFS population.
- **Total MCO Program**—Combined results of all four MCO programs (i.e., F&C-MA, MinnesotaCare, MSC+, SNBC).

^{B-2} Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. “Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members.” *Medical Care*. 2002; 40(3): 190–200.

Who Responded to the Survey

The administration of the CAHPS survey is comprehensive and is designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.^{B-3} HSAG considered a survey completed if members answered at least three of the following five questions: 3, 15, 24, 28, and 35. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Eligible Members}}$$

Demographics of Adult Members

Demographic characteristics of a state's population may impact particular outcomes in survey data. These characteristics can include general health status, age, education, income, or any other characteristics that define the demographic make-up of a population. Demographic differences among MHCP plans may influence data results.

The demographics analysis evaluated demographic information of adult respondents and non-respondents. Table B-3 depicts the table numbers in Appendix C that correspond to the analyses performed on the adult members and the source of the data (either the adult surveys or sample frame data) used in calculating the demographics frequencies. DHS should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan or program.

^{B-3} National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2018.

Table B-3—Adult Respondent and Non-Respondent Demographic Items Analyzed

Demographic Category	Source of Data (Survey Question Number or Sample Frame)
Table C-1—Adult Respondent Demographics	
Age	48
Gender	49
Education	50
Race	52
Ethnicity	51
Health Status	36
Region	Sample Frame
Disability Status	37a
Table C-2—Adult Non-Respondent Demographics	
Age	Sample Frame
Gender	Sample Frame
Race/Ethnicity	Sample Frame
Region	Sample Frame

NCQA Comparisons

In order to assess the overall performance of MHCP and its programs, HSAG compared scores for the measures to NCQA’s 2018 Quality Compass Benchmark and Compare Quality Data. Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each CAHPS measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent), as shown in Table B-4. Per NCQA HEDIS Specifications for Survey Measures, no weighting or case-mix adjustment is performed on the results. Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable CAHPS Survey result, HSAG presented results with fewer than 100 responses. Therefore, caution should be exercised when evaluating measures’ results with fewer than 100 responses, which are denoted with an asterisk (*). Since HSAG did not have sample frame sizes from previous years, the NCQA comparison results were not weighted in order to match the top-level scores for trending.

Table B-4—Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★☆ Very Good	At or between the 75th and 89th percentiles
★★★☆☆ Good	At or between the 50th and 74th percentiles
★★☆☆☆ Fair	At or between the 25th and 49th percentiles
★☆☆☆☆ Poor	Below the 25th percentile

Statewide Comparisons

Global Ratings, Composite Measures, and Individual Item Measures

For purposes of the Statewide Comparisons analysis, HSAG calculated top-level scores for each measure, following NCQA HEDIS Specifications for Survey Measures.^{B-4} The scoring of the measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. A “top-level” response was defined as follows:

- “9” or “10” for the global ratings;
- “Usually” or “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composite measures, and the Coordination of Care individual item measure;
- “Yes” for the Shared Decision Making composite measure and the Health Promotion and Education individual item measure.

Weighting

Both a weighted MCO Program rate and a weighted MHCP rate were calculated. Results were weighted based on the total eligible population for each MCO and/or the FFS population. Each MCO Program average was limited to the results of the specific MCOs within that program (i.e., the FFS population was not included) and a separate average was calculated for each program: F&C-MA, MinnesotaCare, MSC+, and SNBC. Measures with fewer than 100 responses are denoted with an asterisk (*). Caution should be used when evaluating rates derived from fewer than 100 respondents.

^{B-4} National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2018.

MCO and Program Comparisons

For each measure, the MCOs' results were compared to their corresponding program's results and the results of the programs were compared to the Total MCO Program's results. Two types of hypothesis tests were applied to the results.^{B-5} First, a global F test was calculated, which determined whether the difference between MCO/program means was significant. The F statistic was determined using the formula below:

$$F = (1/(P - 1)) \sum_p (\hat{\mu}_p - \hat{\mu})^2 / \hat{V}_p$$

If the F test demonstrated differences (i.e., p value < 0.05), then a t test was performed. The t test determined whether each MCO's/program's mean was significantly different from the program average. The equation for the differences was as follows:

$$\Delta_p = \hat{\mu}_p - (1/P) \sum_{p'} \hat{\mu}_{p'} = ((P-1)/P) \hat{\mu}_p - \sum_{p'}^* (1/P) \hat{\mu}_{p'}$$

This analytic approach follows the Agency for Healthcare Research and Quality's (AHRQ's) recommended methodology for identifying significant MCO-level performance differences. HSAG presented the 2018 NCQA national averages, the MHCP average (for MCO comparisons only), and Total MCO Program average (Program comparisons only) for comparison purposes.

Fee-for-Service Comparisons

The results of the FFS population were compared to the Total MCO Program average. One type of hypothesis test was applied to these results.^{B-6} A t test was performed to determine whether the results of the FFS population were significantly different (i.e., p value < 0.05) from the Total MCO Program average results. HSAG presented the 2018 NCQA national averages and the MHCP average for comparison purposes.

Trend Analysis

A trend analysis was performed for each MCO and program that compares the 2019 scores to their corresponding 2014, 2015, 2016, 2017, and 2018 scores to determine whether there were significant differences.^{B-7} A t test was performed to determine whether results in 2019 were significantly different from results in previous years. A difference was considered significant if the two-sided p value of the t test was less than or equal to 0.05. The two-sided p value of the t test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Measures with

^{B-5} HSAG performed statistically significant testing on the results to determine if scores were statistically significantly different from the program averages.

^{B-6} Ibid.

^{B-7} Ibid.

fewer than 100 responses are denoted with an asterisk (*). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Caveats

HSAG did not have the eligible population sizes of previous years' data (i.e., 2014 through 2018); therefore, trend results were not weighted in this analysis. Throughout the years of available historical data (i.e., 2014 through 2018), the MCOs that served the populations in each program may have varied each year. In the trend analysis for each program, all participating plans are included in the results for those years that they provided services to members in that specific program; however, individual plan-level data may not be presented.^{B-8} Additional details are listed below:

- FFS—Data were only available for 2017 through 2019. Therefore, a trend analysis was not completed for FFS for 2014 through 2016.
- MinnesotaCare—HH's data were only available for 2017 through 2019. Therefore, a trend analysis was not completed for 2014 through 2016.
- SNBC—Metropolitan Health Plan (MHP) served the SNBC population from 2014–2016. MHP's results from 2014–2016 are included under the HH name, due to a name change and consolidation of Hennepin County healthcare services in 2018. HealthPartners' results are included under the SNBC Program results starting in 2017.

Since the trend analysis was not weighted, the weighted program-level results from the Statewide Comparisons are not comparable to the results of the trend analysis.

Key Drivers of Member Experience Analysis

HSAG conducted an analysis of key drivers of member experience at the program level (i.e., F&C-MA, FFS, MinnesotaCare, MSC+, and SNBC) for the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how *well* the program is performing on the survey item (i.e., question), and 2) how *important* the item is to overall experience.

Key drivers of member experience are defined as those survey items that 1) have a problem score that is greater than or equal to the program's median problem score for all items examined, and 2) have a correlation that is greater than or equal to the program's median correlation for all items examined.

^{B-8} Only the MCO names that were surveyed in 2019 are displayed in the trend analysis results.

Table B-5 depicts the survey items that were analyzed for each measure in the key drivers of member experience analysis.

Table B-5—Correlation Matrix

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4	✓	✓	✓
Q6	✓	✓	✓
Q8	✓	✓	✓
Q10	✓	✓	✓
Q11	✓	✓	✓
Q12	✓	✓	✓
Q14	✓	✓	✓
Q17	✓	✓	✓
Q18	✓	✓	✓
Q19	✓	✓	✓
Q20	✓	✓	✓
Q22	✓	✓	✓
Q25	✓	✓	
Q29	✓	✓	
Q31	✓	✓	
Q32	✓	✓	
Q34	✓	✓	

Perceived performance on a survey question is measured by calculating a *problem score*, in which a negative experience with care is defined as a problem and assigned a “1,” and a positive experience is assigned a “0.” The higher the problem score, the lower the member’s experience with the aspect of service measured by that question. The problem score can range from 0 to 1.

Table B-6 depicts the problem score assignments for the different response categories.

Table B-6—Assignment of Problem Scores

Never/Sometimes/Usually/Always Format		
<i>Response Category</i>	<i>Classification</i>	<i>Code</i>
Never	Problem	1
Sometimes	Problem	1
Usually	Not a problem	0
Always	Not a problem	0
No Answer	Not classified	Missing
No/Yes Format		
<i>Response Category</i>	<i>Classification</i>	<i>Code</i>
No	Problem	1
Yes	Not a problem	0
No Answer	Not classified	Missing

For each item evaluated, HSAG calculated the relationship between the item’s problem score and performance on each of the three measures.^{B-9} HSAG then prioritized items based on their overall problem score and their correlation to each measure.

The correlation can range from -1 to 1, with negative values indicating a negative relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of r is used in the analysis, and the range for r is 0 to 1. An r of zero indicates no relationship between the response to a question and the member’s experience. As r increases, the importance of the question to the respondent’s overall experience increases.

A problem score at or above the median problem score is considered to be “high.” A correlation at or above the median correlation is considered to be “high.” Key drivers are those items for which the problem score and correlation are both at or above their respective medians. The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have disproportionate influence in prioritizing individual questions.

^{B-9} HSAG used a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables.

Appendix C: Demographics

This section depicts the characteristics of adult members who completed the CAHPS Survey and demographic characteristic of non-respondents. In general, the demographics of a response group may influence the overall results. For example, older and healthier respondents tend to report higher levels of satisfaction.

Demographic Characteristics

Adult Respondent Demographics

The information presented in Table C-1 and Table C-2 depicts demographic data for MHCP members who responded to the CAHPS Adult Medicaid Health Plan Survey. Age, gender, education, race, ethnicity, general health status, and disability status were derived from responses to the CAHPS Adult Medicaid Health Plan Survey. Member region was derived from the sample frame file.

Table C-1—Adult Respondent Demographics: Age, Gender, Education Level, Race, and Ethnicity

	FFS Program	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
Age					
18 to 24	9.9%	9.1%	4.1%	0.1%	3.6%
25 to 34	21.4%	20.5%	11.6%	—	9.6%
35 to 44	18.3%	17.1%	19.9%	0.1%	12.6%
45 to 54	14.5%	21.5%	18.9%	0.4%	22.7%
55 to 64	32.8%	30.8%	43.8%	1.2%	49.2%
65 or Older	3.1%	0.9%	1.8%	98.2%	2.3%
Gender					
Male	43.1%	46.1%	39.6%	36.9%	46.1%
Female	56.9%	53.9%	60.4%	63.1%	53.9%
Education Level					
Not a High School Graduate	21.7%	13.4%	13.1%	31.1%	23.0%
High School Graduate	45.0%	36.9%	33.2%	36.4%	45.5%
Some College or College Graduate	33.3%	49.7%	53.7%	32.5%	31.5%
Race					
Multi-Racial	11.8%	7.8%	4.2%	4.9%	9.8%
White	63.0%	68.7%	75.8%	64.6%	57.3%
Black or African American	10.2%	11.9%	7.5%	12.8%	24.4%
Asian	9.4%	6.4%	9.0%	12.4%	3.4%
Other	5.5%	5.0%	3.4%	5.4%	5.1%
Ethnicity					
Hispanic	7.9%	4.8%	7.9%	7.4%	5.3%
Non-Hispanic	92.1%	95.2%	92.1%	92.6%	94.7%
<i>An “—” indicates there were no respondents for this demographic category.</i>					

Table C-2—Adult Respondent Demographics: General Health Status, Region, and Disability Status

	FFS Program	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
General Health Status					
Excellent	12.4%	12.3%	15.7%	5.2%	6.7%
Very Good	19.4%	31.0%	39.0%	15.6%	13.9%
Good	27.1%	32.3%	32.3%	39.5%	33.2%
Fair	31.0%	19.3%	12.0%	30.1%	35.1%
Poor	10.1%	5.1%	1.0%	9.6%	11.1%
Region					
Central	15.7%	11.7%	17.1%	10.4%	11.9%
Metro	53.7%	45.6%	54.0%	58.9%	61.4%
North East	6.0%	16.8%	6.4%	6.0%	5.8%
North West	7.5%	11.4%	8.0%	9.7%	9.0%
South	17.2%	14.5%	14.4%	15.1%	12.0%
Disability Status					
Permanent Life or Work Limiting Disability	48.4%	19.7%	10.7%	38.1%	64.7%
Qualified for Disability Benefits within the Last Year	8.6%	3.2%	1.2%	6.3%	9.2%
Diagnosed by a Provider with a Disabling Condition or Disability	18.0%	8.3%	3.1%	14.8%	21.2%
Does not have a disability	25.0%	68.8%	85.0%	40.8%	4.9%

Adult Non-Respondent Demographics

The information presented in Table C-3 depicts demographic data for MHCP members at the time the sample frame was created. Age, gender, race/ethnicity, and region information were derived from the sample frame file. The results in Table C-3 reflect the demographic information of those members selected in the sample who did not respond to the survey.

Table C-3—Adult Non-Respondent Demographics

	FFS Program	F&C-MA Program	MinnesotaCare Program	MSC+ Program	SNBC Program
Age					
18 to 24	22.7%	20.5%	9.3%	—	7.7%
25 to 34	21.9%	29.0%	21.2%	—	16.3%
35 to 44	16.3%	22.6%	23.6%	—	16.4%
45 to 54	15.9%	14.8%	17.9%	—	23.3%
55 to 64	23.3%	13.0%	28.1%	—	36.3%
65 or Older	—	—	—	100%	—
Gender					
Male	43.3%	43.8%	41.7%	37.6%	47.7%
Female	56.7%	56.2%	58.3%	62.4%	52.3%
Race/Ethnicity					
White	70.6%	68.1%	74.8%	51.0%	59.9%
Black or African American	11.9%	16.2%	10.1%	22.5%	26.6%
Asian	5.2%	4.8%	11.0%	19.4%	5.6%
American Indian or Alaska Native	6.7%	7.5%	1.8%	2.5%	4.7%
Native Hawaiian or other Pacific Islander	0.6%	0.4%	0.5%	0.1%	0.1%
Hispanic	5.1%	3.0%	1.8%	4.5%	3.1%
Region					
Central	16.4%	14.8%	17.4%	11.0%	14.5%
Metro	43.8%	42.3%	49.8%	59.0%	55.8%
North East	9.1%	16.7%	6.7%	4.6%	6.2%
North West	12.4%	13.8%	12.7%	11.5%	12.5%
South	18.3%	12.4%	13.4%	13.9%	11.0%
<i>An “—” indicates there were no respondents for this demographic category.</i>					