



# Hennepin Health

Minneapolis Grain Exchange Building  
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## 2017 CAHPS Survey

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### DESCRIPTION

DataStat, Inc., on behalf of Department of Human Services (DHS) administers the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to enrollees of the Minnesota Medicaid Health Care Programs on an annual basis. DataStat, Inc. analyzes the survey results to compare rates of satisfaction with MCOs. The survey includes the following health plans: BluePlus, HealthPartners, Hennepin Health, Itasca Medical Care, Medica, PrimeWest Health, South Country Health Alliance and UCare.

The purpose of the survey is to assist health plans in measuring how well the needs and expectations of enrollees are satisfied. The survey is able to identify areas of recent improvements and it highlights areas in need of attention to improve the quality of care and service provided. The survey results, like the HEDIS data, are based upon the previous calendar year. Therefore, the 2017 CAHPS results are an assessment of the calendar year 2016.

### PROCESS AND DOCUMENTATION

The 2017 CAHPS core instrument is 58 standard questions. The survey assesses such topics as: how well doctors communicate, getting care without long waits; getting care that is needed, health plan customer services, shared decision making and overall satisfaction with health plans and health care. DHS adds questions to assess topics such as immunization, behavioral health and care coordination. The addition of different sets of supplemental questions creates two versions of the survey. The survey includes six core publicly funded managed care populations groups:

- Families and Children – Medical Assistance (F&C-MA)
- Fee for Service (FFS) – surveyed for the first time in 2017
- Hennepin health (HH)
- MinnesotaCare (MNCare)
- Minnesota Senior Care + MSC+
- Special Needs BasicCare (SNBC)

Participation in the survey is voluntary. Attempts are made by mail and telephone during the period of January, 2017 through April, 2017 using a standardized procedure and questionnaire. A four-wave protocol to administer the survey consists of a pre-notification letter, first questionnaire packet, and a reminder letter to all selected enrollees. A second mailed questionnaire packet is sent to non-respondents, as well as a phone call follow-up being made to those who have not responded to the mailings. The goal of the CAHPS survey is to receive at least 300 completed questionnaires for each health plan or group in each of the six program populations.

The mailing materials are sent in English and contains instructions in Spanish that inform enrollees they could complete the questionnaire in Spanish by calling an 800 phone number. The State-developed language block is printed on the back of the letter with instructions to call a number for interpretation assistance in 15 languages.

## ANALYSIS

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

In prior years, DataStat, Inc. administered the CAHPS survey separately for each Hennepin Health product – one survey for Hennepin Health Medical Assistance demonstration program and one survey for SNBC. Hennepin Health received separate results for these two plan programs, Hennepin Health-PMAP and Hennepin Health–SNBC. In 2017, DataStat, Inc. administered only one CAHPS survey which was inclusive of all three of Hennepin Health’s programs – Hennepin Health – PMAP (F&C – MA), Hennepin Health – MNCare and Hennepin Health - SNBC. Therefore, the sample size for each one of Hennepin Health’s programs was relatively small. As an example, of the 275 enrollees who completed the questionnaire, 86 respondents were from Hennepin Health’s SNBC program. The CAHPS data and analysis received was a combined result of all three Hennepin Health’s programs. Hennepin Health’s results may have been affected by the inclusion of all three programs’ enrollees, as the demographic/health status differences between these programs were not taken into account while sampling. Although separate summary tables were developed for each of Hennepin Health’s programs, these were not provided to Hennepin Health. Hennepin Health contacted DHS and DataStat, Inc. regarding this reporting methodology. DHS and DataStat, Inc. could not revise the analysis to report Hennepin Health’s CAHPS survey by program due to resources and time required to do so prior to the release of the 2017 CAHPS results.

In previous years, a historical trend analysis was performed to compare the rates for the current year to the rates for the previous years. That trend analysis could not be performed for 2017, as rates for Hennepin Health were provided at the health plan level instead of at the program level.

Out of the 1,445 randomly selected Hennepin Health enrollees, 275 enrollees completed the questionnaire. The sampling population criteria included: enrollees who were 18 to 64 years of age and continuously enrolled in one of Hennepin Health’s three programs (Hennepin Health-SNBC, Hennepin Health-PMAP or Hennepin Health-MNCare) for five out of the last six months of 2016.

### 2017 CAHPS RESPONSE RATES

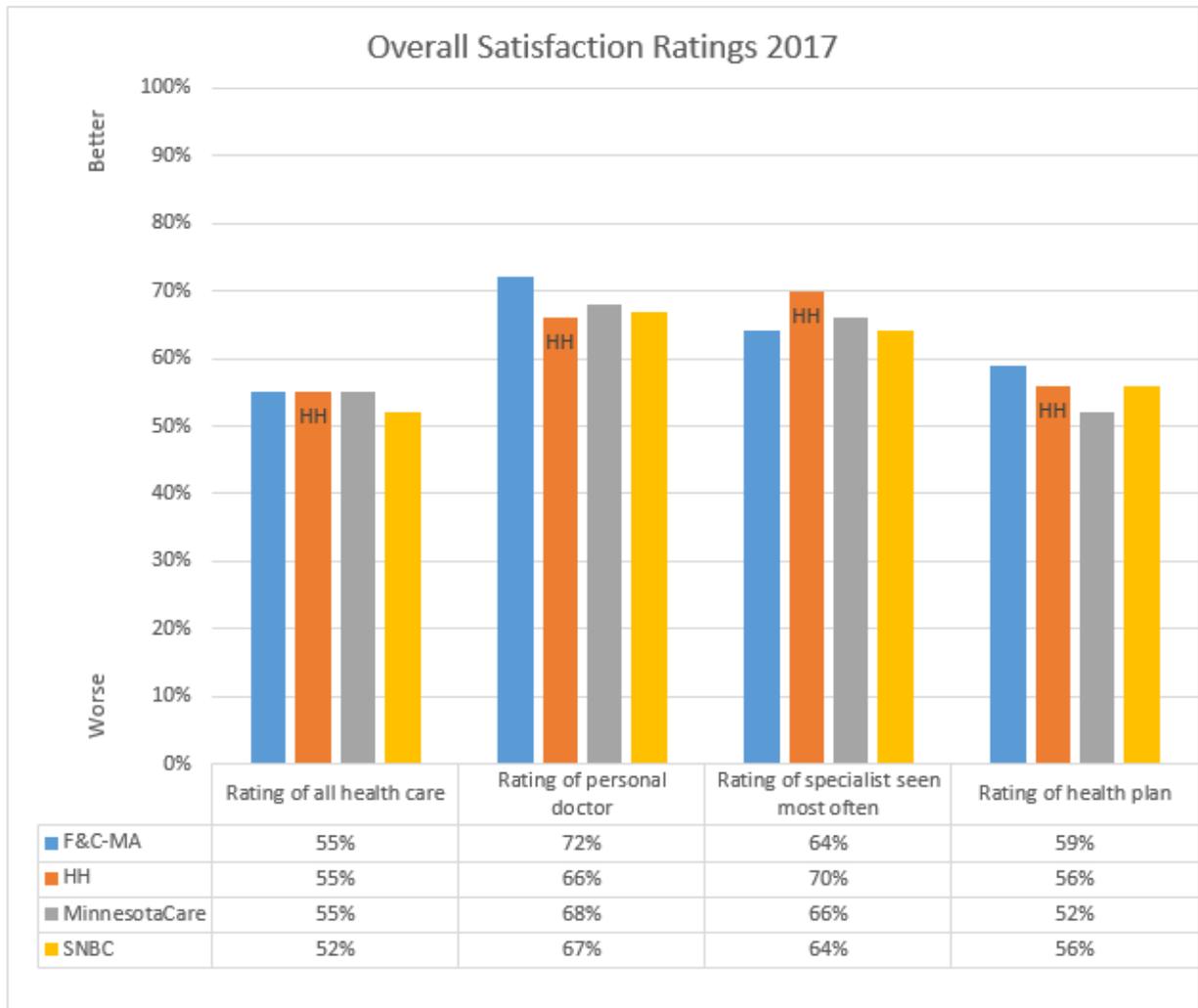
Health Plans	Rate
Hennepin Health	19%
All Health Plans	25.7%

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

## OVERALL SATISFACTION SCORES

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

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



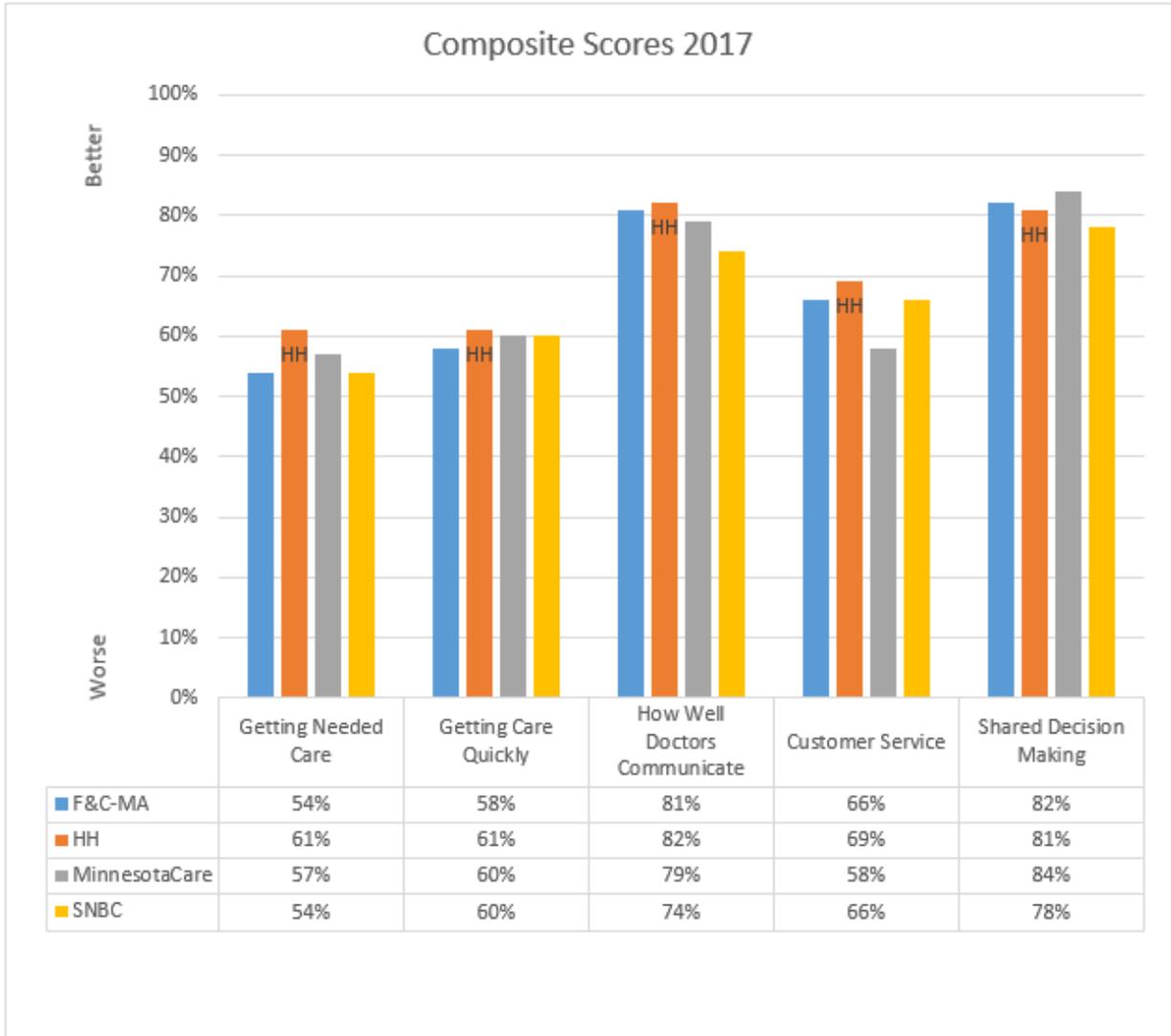
The above chart provides a comparison of Hennepin Health’s Overall Satisfaction Rates to the program averages of: Family and Children (F&C)-MA, MinnesotaCare and SNBC. The program average is an aggregate of all of the health plan’s scores for that program. The rates for Hennepin Health are better than the other program averages in the area of Specialist Seen Most Often. The rating for Hennepin Health in the area of Personal Doctor is slightly below the other program averages. For the other ratings,

All Health Care and Health Plan, the rates for Hennepin Health are comparable to or better than the other program averages.

#### COMPOSITES

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

- Found it easy to get appointments with specialists
- Got care, tests or treatment they thought they needed
  - Getting Care Without Long Waits:
    - Got treated as soon as they wanted when sick or injured
- Got an appointment as soon as they wanted for regular or routine care
- How Well Doctors Communicate (how often doctors or other health providers):
  - Listened carefully
  - Explained things in an understandable way
  - Showed respect for what they had to say
  - Spent enough time with them
- Health Plans Customer Service:
  - Their health plan's customer service gave needed information or help
- They were treated with courtesy and respect by their health plan's customer service
- Shared Decision Making (how often doctor/health provider):
  - Talked about reasons you might want to take a prescription medicine
  - Talked about reasons you might NOT want to take a prescription medicine
  - Asked what was best for you when starting or stopping a prescription medicine



The above chart provides a comparison of the combine program scores for Hennepin Health to the program averages of: F&C-MA, MinnesotaCare and SNBC. The scores for Hennepin Health are better than the other program averages in the areas of: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate and Customer Service. The Shared Decision Making composite score is comparable to the other program averages and is the only composite where the score for Hennepin Health is not above the other program averages.

As with the Overall Ratings, a historical trend analysis could not be performed for the Composite Scores.

**KEY FINDINGS**

DataStat, Inc. defines Key Findings as those health plan scores that are significantly higher or lower than the program average, for the program in which that plan participates. Key findings were not available for Hennepin Health in 2017 since CAHPs results were provided at the Plan level versus program level.

## RECOMMENDATIONS AND NEXT STEPS

Based upon the 2017 CAHPS results, Hennepin Health will focus efforts in 2018 on Customer Service. The customer service/patient experience encompasses the range of interactions that patients have with the health care system, including: health plan staff, doctors, nurses, hospital employees, physician practices, and other health care facilities. This overall experience directly impacts enrollee satisfaction with Hennepin Health. To ensure a positive enrollee experience with Hennepin Health, new customer service initiatives, such as post-call survey and bi-monthly focus group meetings, for 2018 are planned. The following customer service initiatives were implemented in 2017 and will continue in 2018:

- Upfront Member message regarding upcoming Wellness Wednesday
- Upfront Member message regarding the need for a flu shot, where to get one
- Upfront Member message regarding the new option to re-load metro bus card over the phone rather than the need to present in person
- Continuous monitor of call center key performance index

It is anticipated that DataStat, Inc. will provide CAHPS findings at the program level in the future.



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