



2020 Hennepin Health CAHPS Survey

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Hennepin Health
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Description

Health Services Advisory Group (HSAG), on behalf of DHS administers the 2020 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to members of the Minnesota Medicaid Health Care Programs (MHCP). HSAG analyzed the 2020 survey results to compare rates of satisfaction with health plans. The survey includes the following health plans: BluePlus (BP), HealthPartners (HP), Hennepin Health (HH), Itasca Medical Care (IMCare), Medica, PrimeWest Health (PW), South Country Health Alliance (SCHA) and UCare.

The survey purpose is to assist health plans in measuring to what extent member needs and expectations are satisfied. The survey identifies areas of recent improvement and highlights areas in need of attention to improve care quality and provided service. Survey results, like the HEDIS data, are based upon the previous calendar year. Therefore, the 2020 CAHPS results are an assessment of the calendar year 2019.

Process and Documentation

The 2020 CAHPS core instrument is 41 standard questions. The survey assesses various topics:

- *How Well Doctors Communicate*
- *Getting Care Without Long Waits*
- *Getting Care that is Needed*
- *Health Plan Customer Service*
- *Coordination of Care*
- *Overall Satisfaction with Health Plan and Health Care*

DHS adds supplemental questions to assess topics such as disability status and access to afterhours care. This report will focus on the Hennepin Health programs – Hennepin Health – PMAP, Hennepin Health – MNCare and Hennepin Health – SNBC.

The survey was conducted from January through March of 2020. Members were asked to reflect on their experiences with their health plan for the last six months. Participation in the survey is voluntary. Attempts are made by mail and telephone using a standardized procedure and questionnaire. A two-phase process is used to engage members into completing the survey. The first phase consists of a survey being mailed to sampled members. A reminder postcard is sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase of the survey is the telephone phase. Members who did not mail in a completed survey receive up to four Computer Assisted Telephone Interviewing (CATI) calls. The goal of the CAHPs survey is to receive at least 300 completed questionnaires for each health plan or group in each of the five program populations.

Mailing materials are sent in English and Spanish (Spanish surveys are sent to those identified as Spanish speaking/Spanish is their first language). Also included in the mailing is the state-

developed language block, which contains multiple alternative languages with a telephone number members can call to request the survey in another language.

Historical Survey Background

In prior years, DataStat, Inc. administered two separate CAHPS surveys with accompanying results, one for each product, PMAP and SNBC. In 2017, DataStat, Inc. administered only one CAHPS survey that combined all three Hennepin Health products: PMAP, MNCare and SNBC. The CAHPS data and analysis received was a combined result of all three Hennepin Health programs. Survey results for Hennepin Health may have been affected by combining of all members without regard to product, since the demographic and health status differences between these programs were not considered while sampling.

The 2018 CAHPS results were provided separately for each product – PMAP, MNCare and SNBC – and that has carried forward since. Therefore, the year-to-year analysis will be from 2018 and on.

Analysis

Of the 4,050 randomly selected Hennepin Health members, 1,036 members completed the questionnaire. The sampling criteria included: members who were 18 to 64 years of age and continuously enrolled in one of the Hennepin Health programs – SNBC, PMAP, or MNCare. The individual program response can be found in Table 1. MNCare did not have a sufficient population size to obtain an adequate sample size. Therefore, the MNCare population was combined with other MNCare plans that did not have sufficient population size to obtain an adequate survey sample size, including: IMCare, PW and SCHA. Of those who responded, Hennepin Health members accounted for 8.1 percent; IMCare members accounted for 10.5 percent; PW members accounted for 38.8 percent; and SCHA members accounted for 42.6 percent. IMCare, PW and SCHA health plans provide services to members in non-metro areas.

Table 1. 2020 CAHPS Response Rates

Health Program	Sample Size	Complete Surveys	Response Rates
Hennepin Health – MNCare	1350	467	35.30%
Hennepin Health - SNBC	1350	355	27.06%
Hennepin Health - PMAP	1350	214	16.07%
All Health Plans	29,574	8,988	31.62%

Data Source: HSGA

CAHPS Results

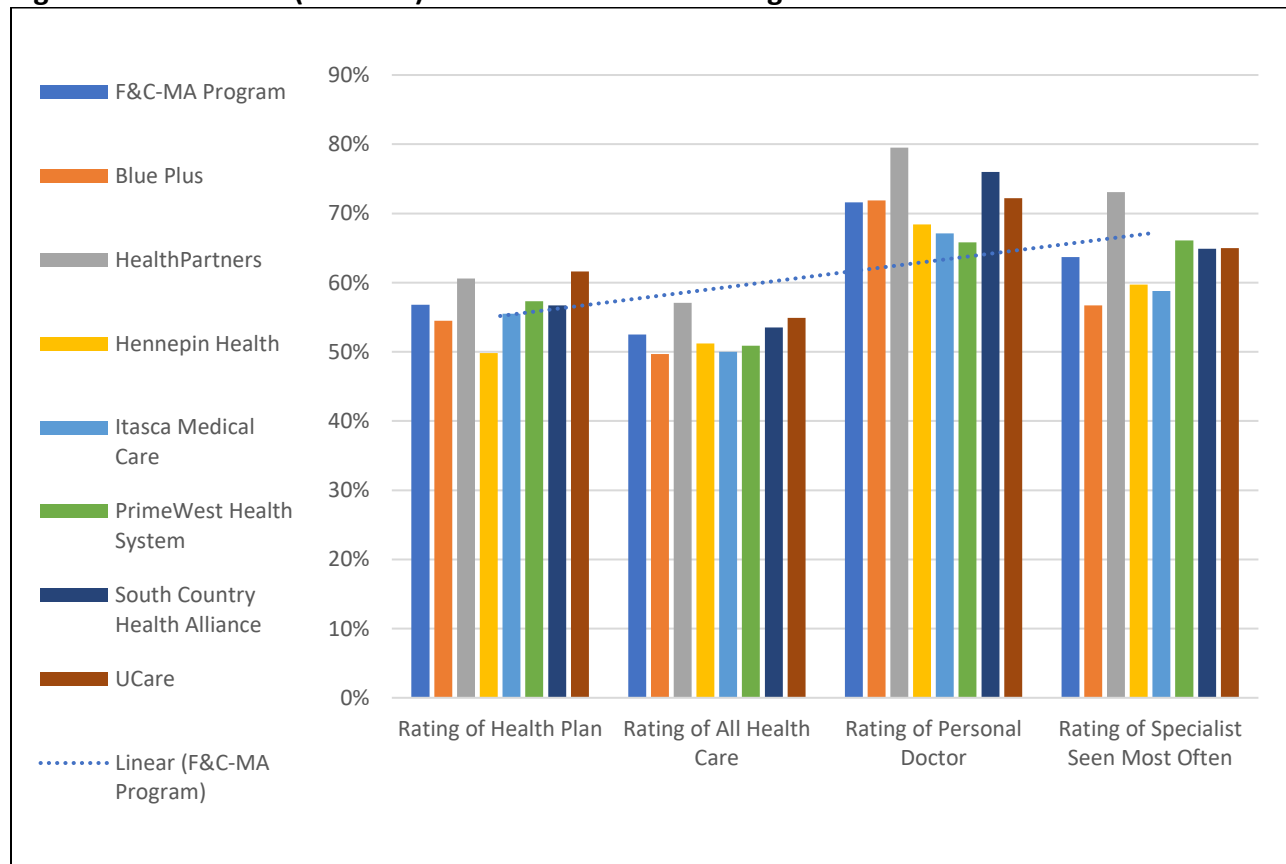
Results outlined below for the overall satisfaction and composite scores represented the percentage of people who responded most favorably to the questions. The survey results were adjusted for age and self-reported health status using a regression technique, so health plans could be fairly compared.

Overall Satisfaction Scores

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

- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Rating of Health Plan

Figure 1. 2020 PMAP (F&C-MA) Overall Satisfaction Ratings

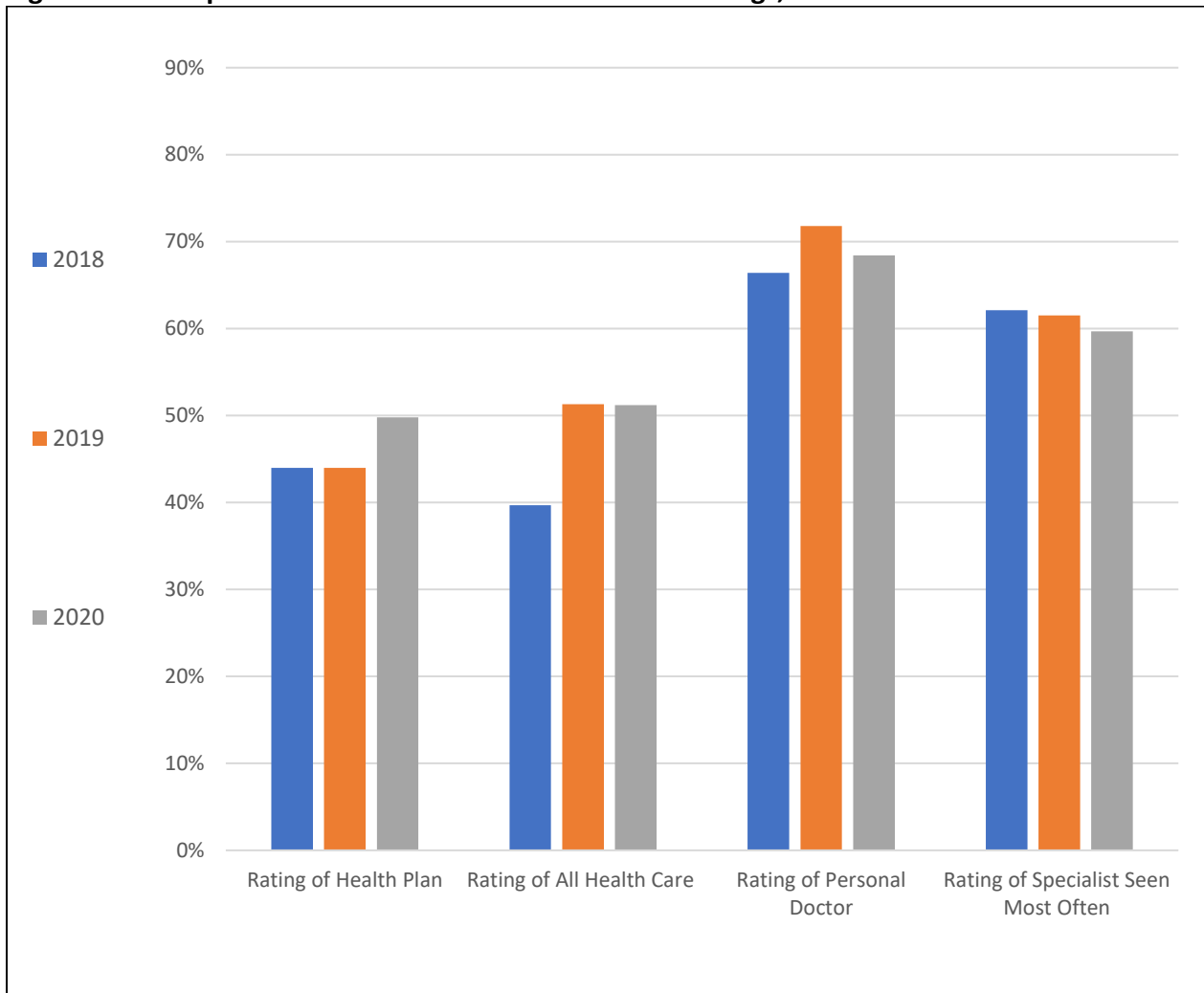


Data Source: HSGA

Figure 1 provides a comparison of the overall satisfaction rate for Hennepin Health – PMAP to the rates of the other health plans that also offer the PMAP. The program average, s shown as

the trend line, is an aggregate of the combined health plan scores for that program. The Hennepin Health – PMAP rates are comparable to the other health plans and program average in the following areas: *Rating of All Health Care*, *Rating of Personal Doctor* and *Rating of Specialist Seen Most Often*. For *Rating of Health Plan*, Hennepin Health – PMAP rate is significantly lower than the program average (7% difference).

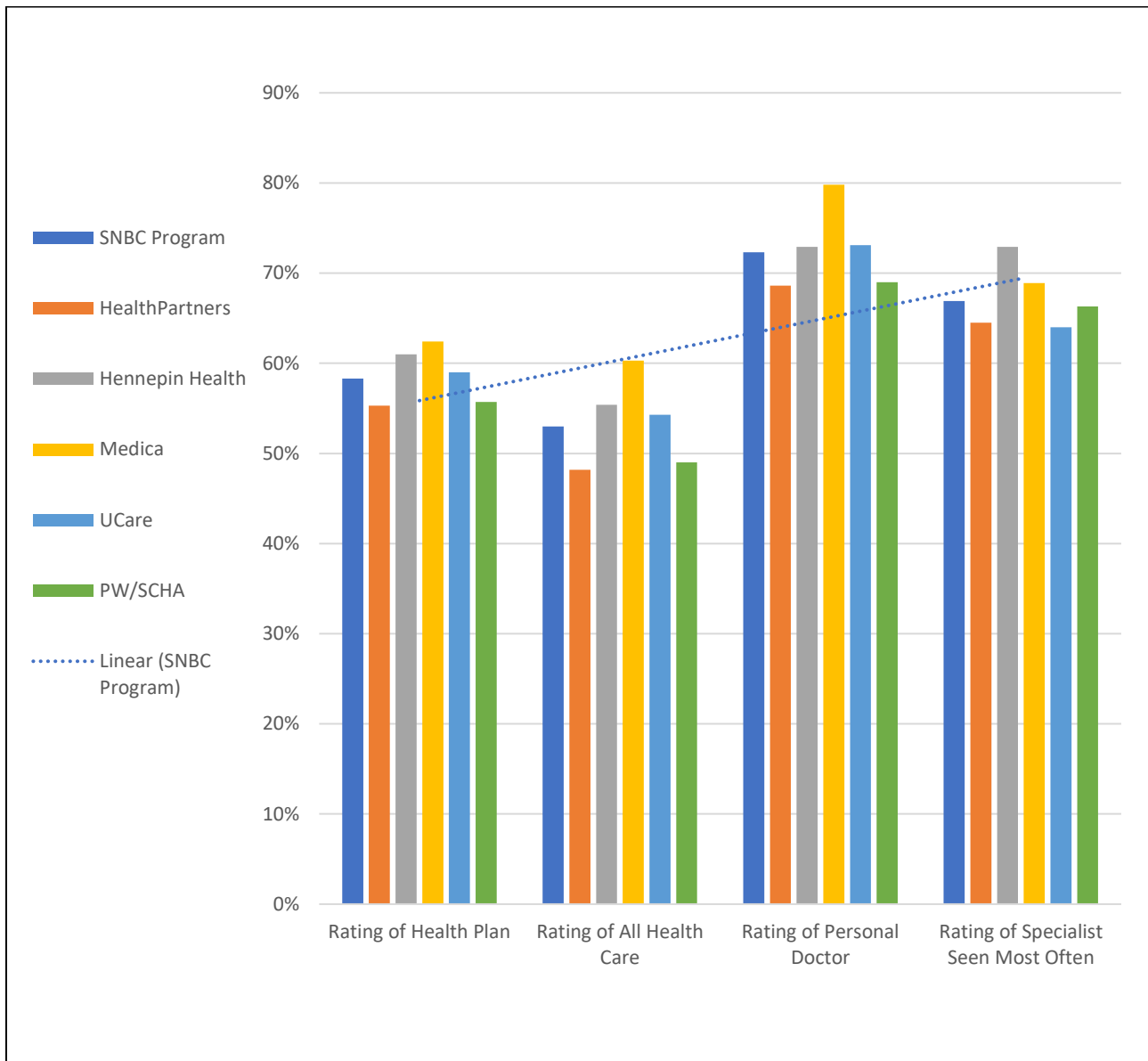
Figure 2. Hennepin Health PMAP Overall Satisfaction Ratings, 2018 - 2020



Data Source: HSGA

Figure 2 provides Hennepin Health F&C-MA’s Overall Satisfaction Ratings from calendar year 2018 – 2020. An improvement from the previous year was witnessed in the rating of a health plan element. The other ratings saw a slight decrease from the previous year.

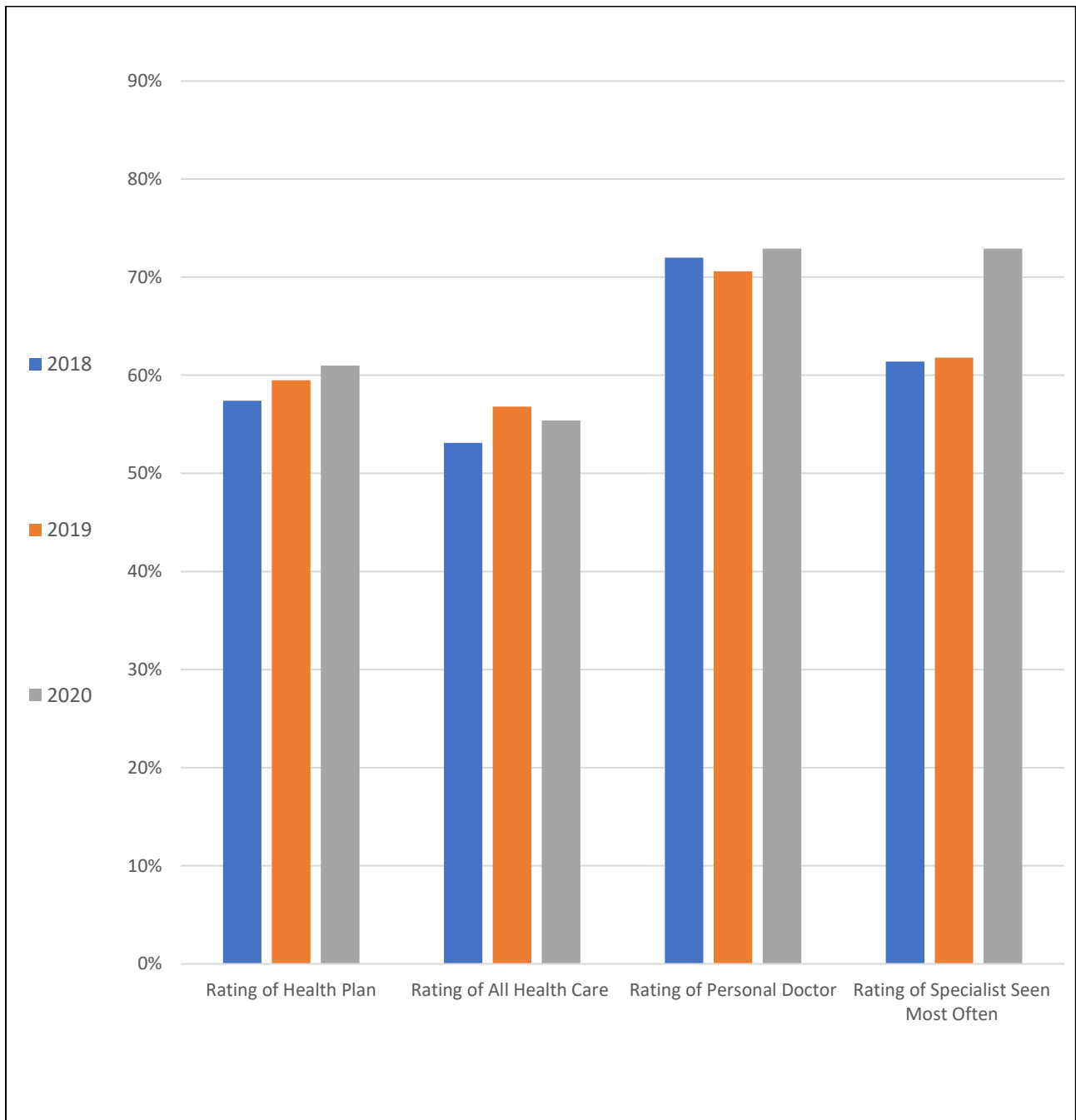
Figure 3. 2020 SNBC Overall Satisfaction Ratings



Data Source: HSGA

Figure 3 provides a comparison of the overall satisfaction rates for Hennepin Health – SNBC to the rates of the other health plans that also provide the SNBC program. The program average, shown as the trend line, is an aggregate of all health plan scores for that program. The Hennepin Health – SNBC rates are better than the program average for all the ratings: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor* and *Rating of Specialist Seen Most Often*. Hennepin Health – SNBC has the highest rating out of all health plans in the *Rating of Specialist Seen Most Often*.

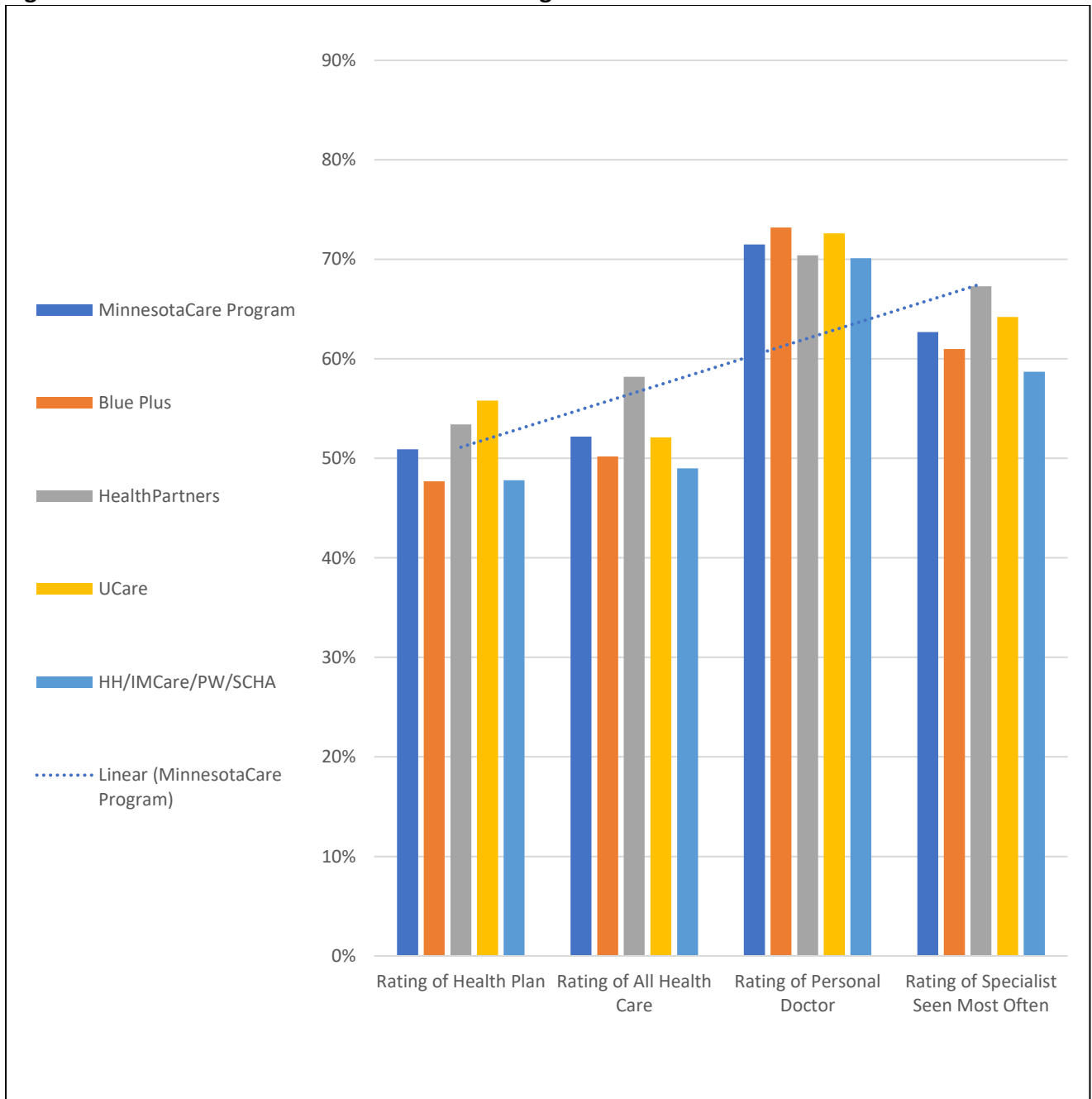
Figure 4. Hennepin Health SNBC Overall Satisfaction Ratings, 2018 – 2020



Data Source: HSGA

Figure 4 provides Hennepin Health SNBC’s Overall Satisfaction Ratings from calendar year 2018 – 2020. An improvement was witnessed in the following areas: *Rating of Health Plan, Rating of Personal Doctor and Rating of Specialist Seen Most Often*. A small decline was witnessed in *Rating of All Health Care*.

Figure 5. 2020 MNCare Overall Satisfaction Ratings



Data Source: HSGA; The MNCare rates are a collaborative rate with IMCare, PW and SCHA.

Figure 5 provides a comparison of the overall satisfaction rates for Hennepin Health – MNCare to the rates of the other health plans that also provide the MNCare program. The MNCare program average, shown as the trend line, is an aggregate of all health plan scores for that program. As stated above, the Hennepin Health – MNCare results are combined with other health plans’ – IMCare, PW and SCHA- results to provide a reportable rate. The collaborative

rates for Hennepin Health – MNCare are comparable to the program average for all ratings. When the rates are lower than the program average, it is less than four percent difference.

Composites

The CAHPS composite questions assesses various topics. Members had the option to respond 'never', 'sometimes', 'usually', or 'always' to the survey questions. The score is a composite of members who responded most favorably (always) to the questions in that area. Questions in each area are as follows.

Getting Needed Care

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

Getting Care without Long Waits

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

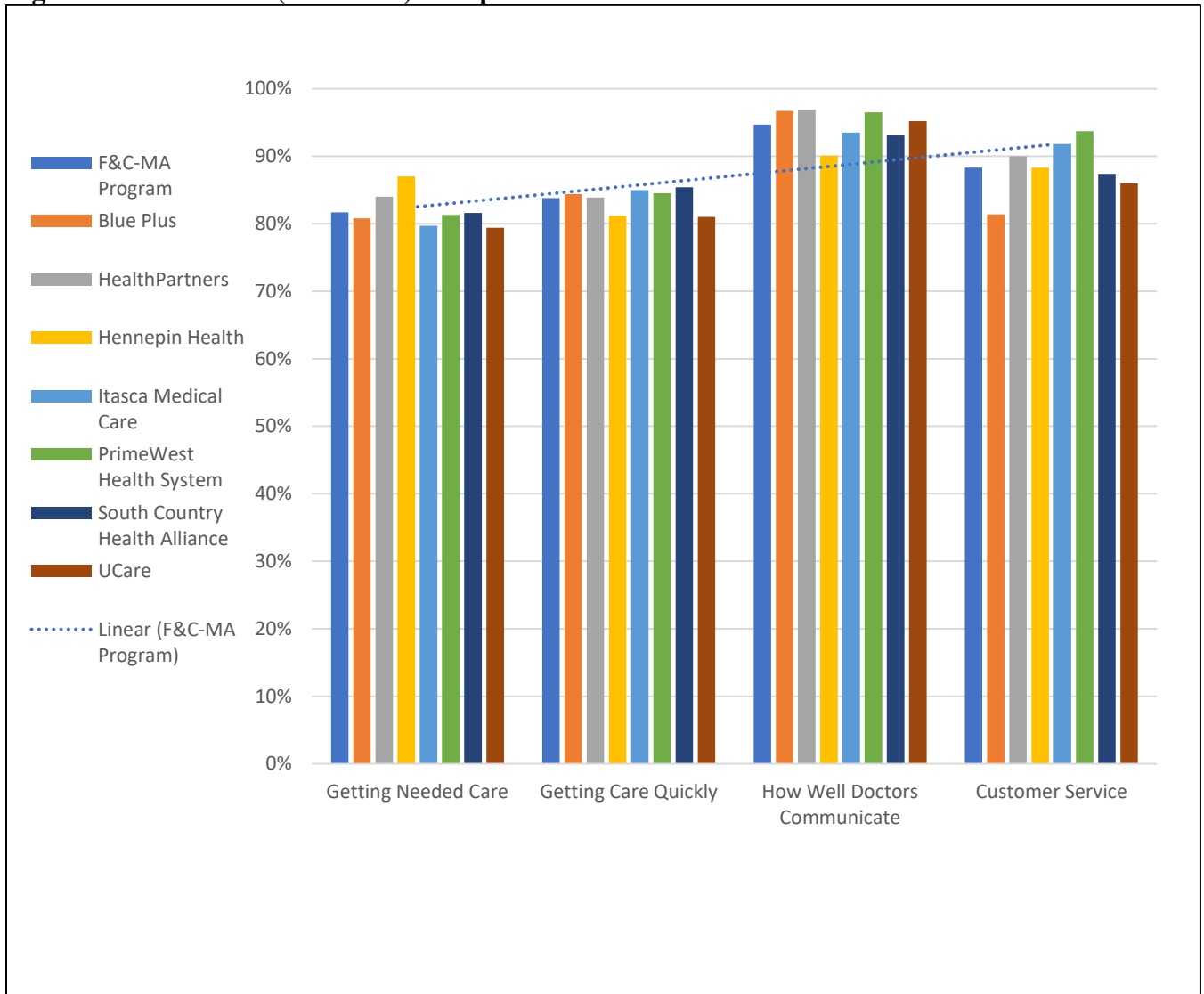
How Well Doctors Communicate / How Often Doctors or Other Health Providers

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

Health Plan 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

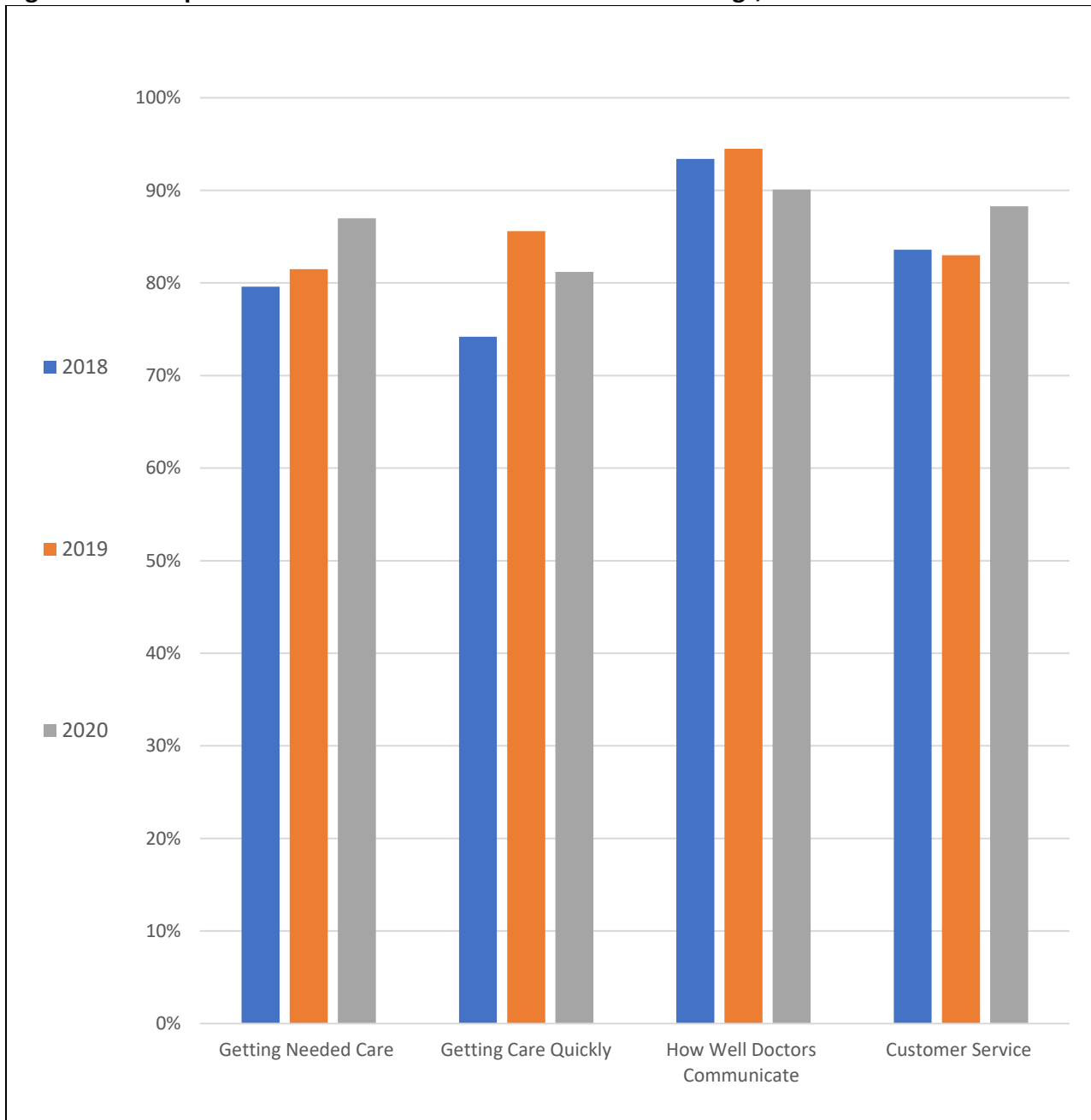
Figure 6. 2020 PMAP (F&C-MA) Composite Scores



Data Source: HSGA

Figure 6 provides a comparison of the composite scores for Hennepin Health - PMAP to the rates of the other health plans that also provide the PMAP. The program average, which is shown as the trend line, is an aggregate of all health plan scores for the program. The scores for Hennepin Health – PMAP are comparable or equal to the program average in the areas of: *Getting Care Quickly*, *How Well Doctors Communicate* and *Customer Service*. Hennepin Health – PMAP *Getting Needed Care* score is above the program average.

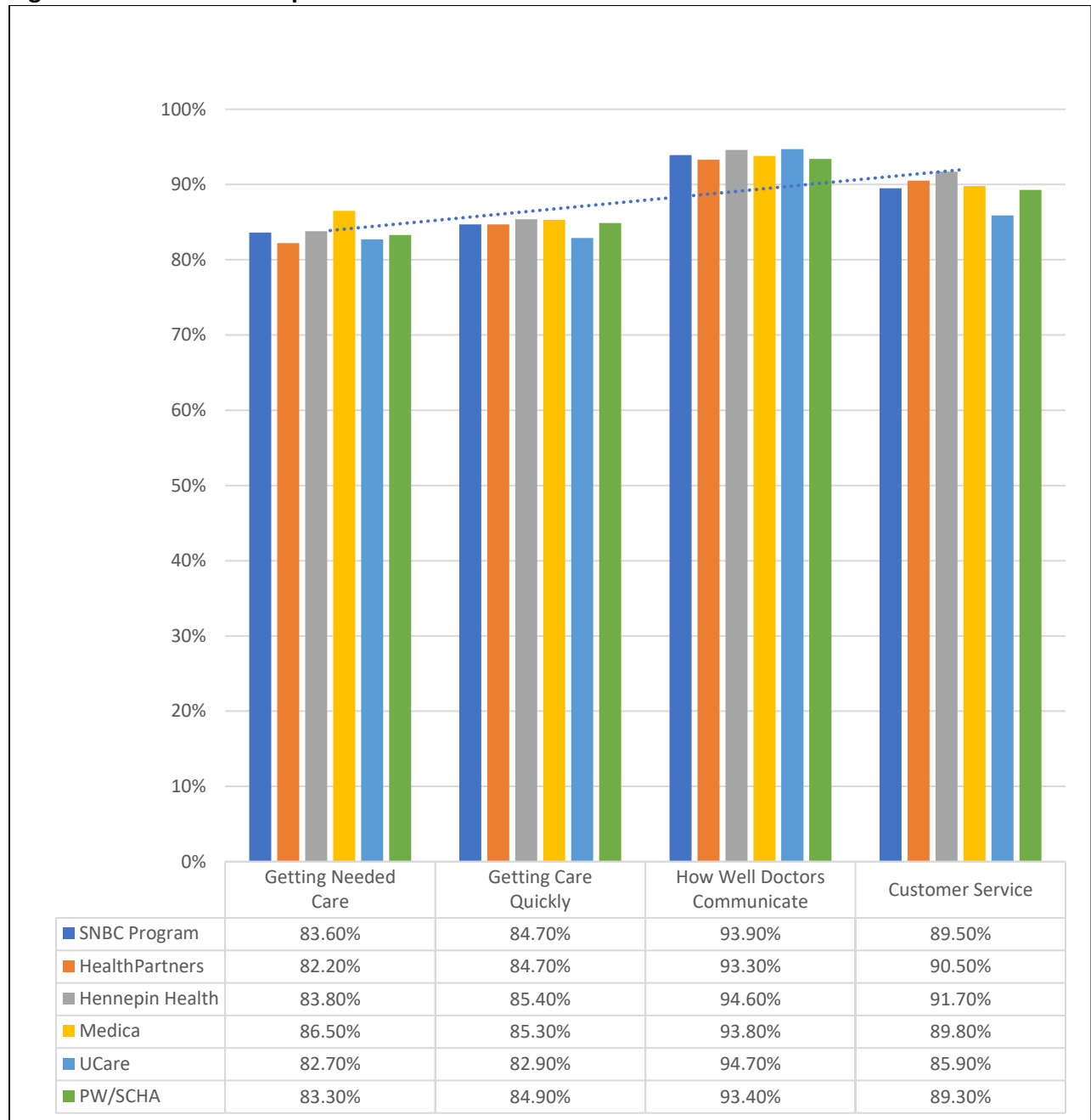
Figure 7. Hennepin Health 2020 PMAP Overall Satisfaction Ratings, 2018 - 2020



Data Source: HSGA

Figure 7 provides Hennepin Health PMAP's composite scores from calendar year 2018 – 2020. An improvement was witnessed in the areas of *Getting Needed Care* and *Customer Service*. A decline was seen in the areas of; getting care quickly and how well doctors communicate.

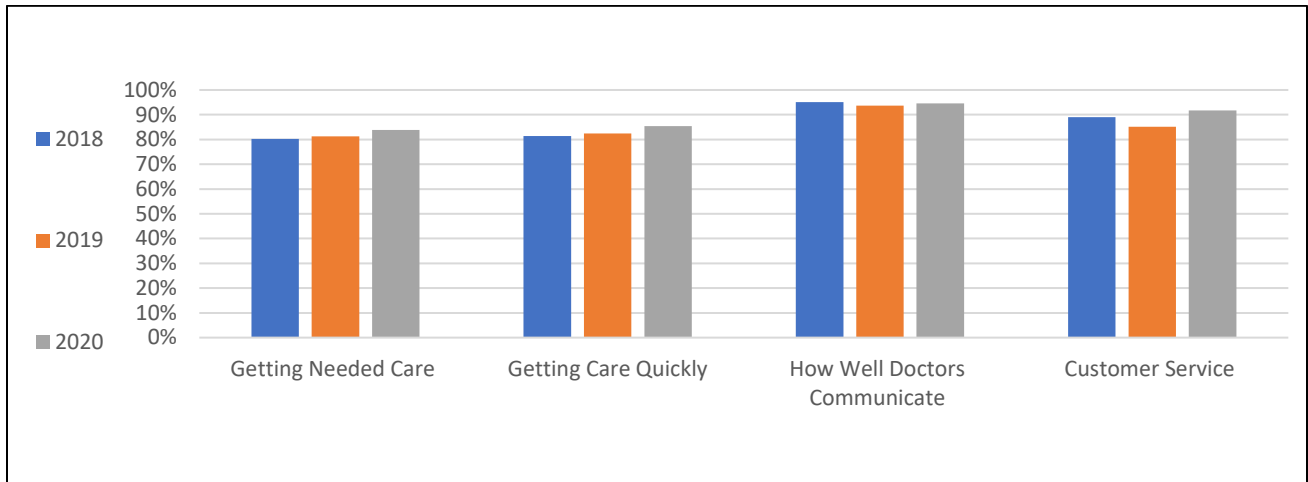
Figure 8. 2020 SNBC Composite Scores



Data Source: HSGA

Figure 8 provides a comparison of Hennepin Health – SNBC’s composite scores to the rates of the other health plans that provide the SNBC program. The program average, shown as the trend line, is an aggregate of all health plan scores for the program. The Hennepin Health – SNBC scores are better than the program average for all composite scores: *Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate and Customer Service.*

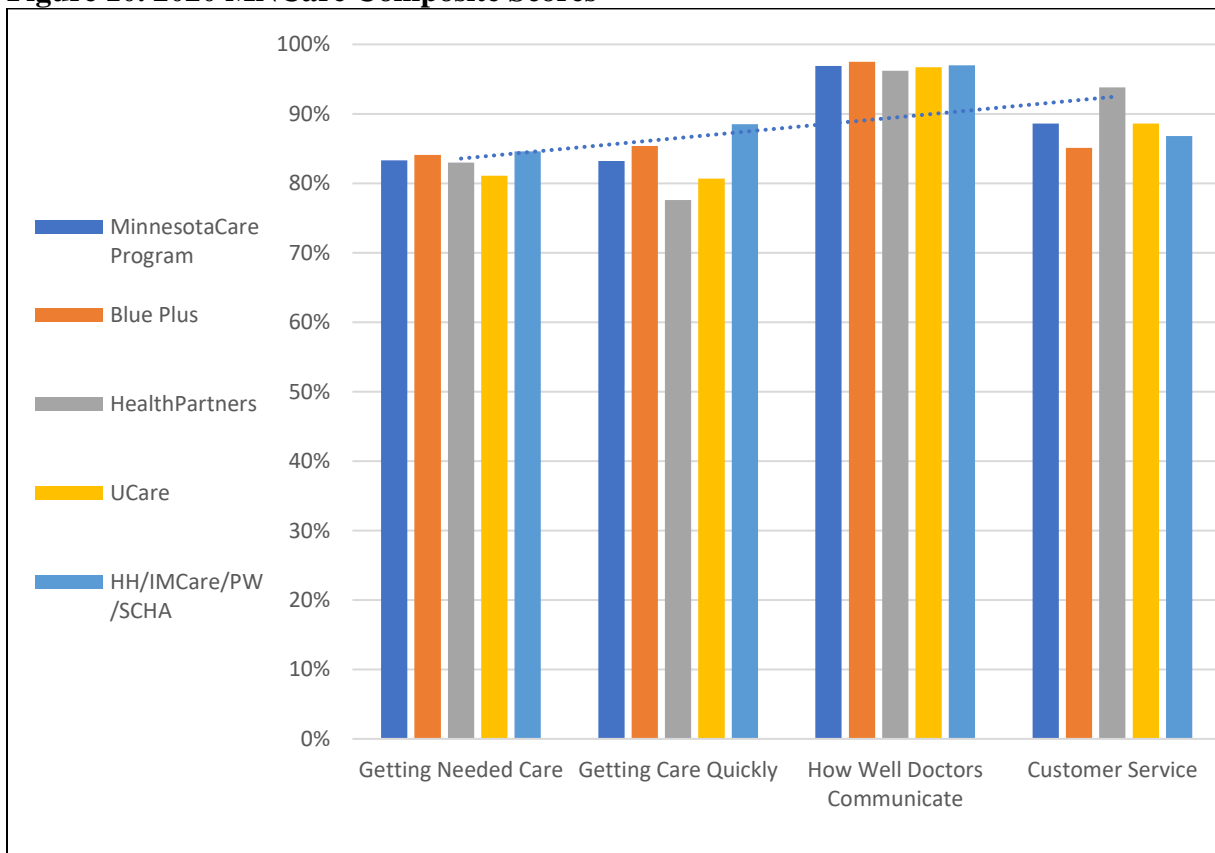
Figure 9. Hennepin Health 2020 SNBC Overall Satisfaction Ratings, 2018 - 2020



Data Source: HSGA

Figure 9 provides Hennepin Health SNBC composite scores for calendar year 2018 – 2020. An improvement was witnessed in all composite scores categories.

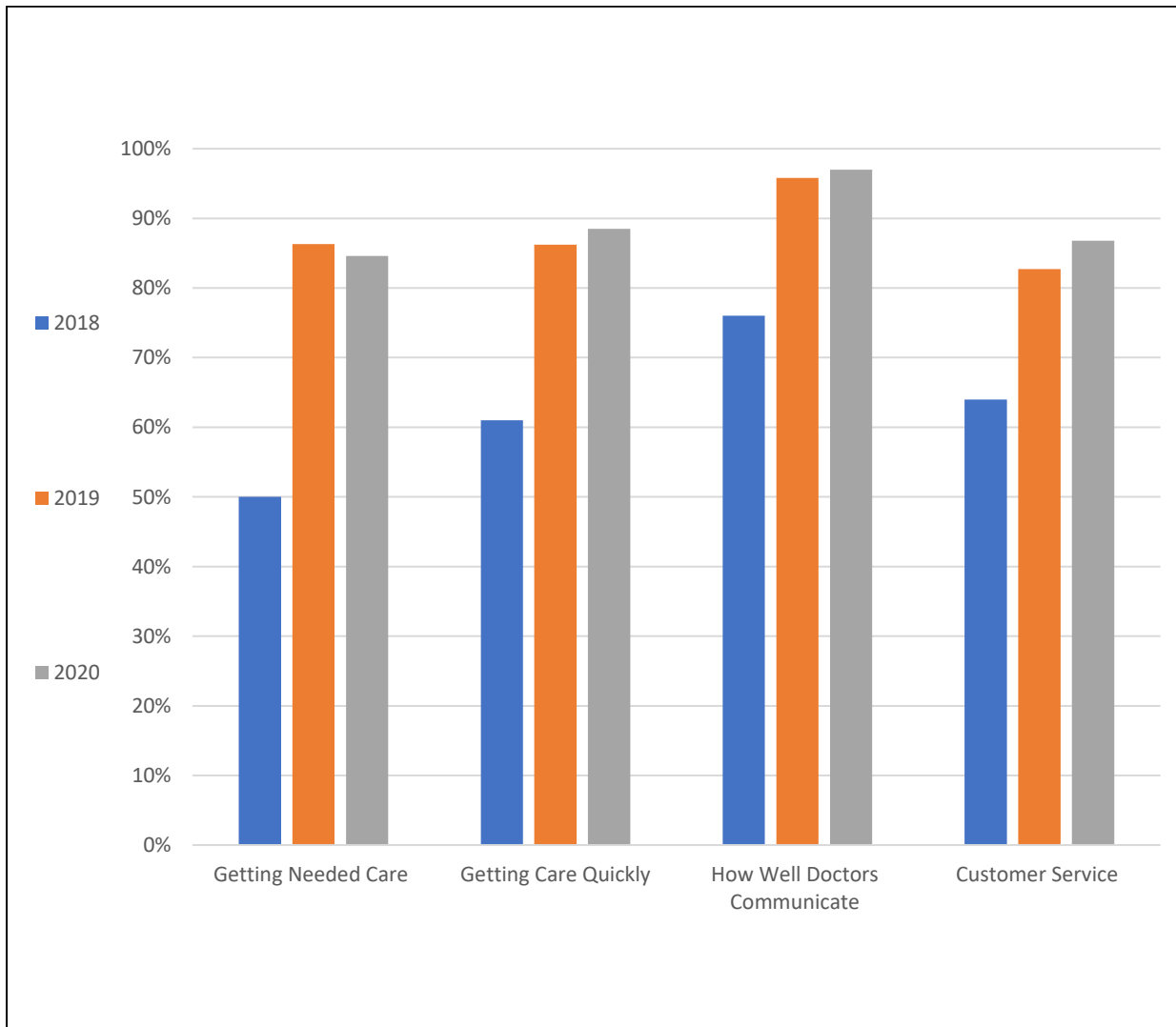
Figure 10. 2020 MNCare Composite Scores



Data Source: HSGA

Figure 10 provides a comparison of Hennepin Health – MNCare’s composite scores to the rates of the other health plans that also provide the MNCare program. The program average, which is shown as the trend line, is an aggregate of all health plan scores for that program. The Hennepin Health – MNCare collaborative scores are higher than the program average in the following areas: *Getting Needed Care*, *Getting Care Quickly* and *How Well Doctors Communicate*. The Hennepin Health – MNCare health plan collaborative *Customer Service* score is lower than the program average, but comparable.

Figure 11. Hennepin Health 2020 MNCare Overall Satisfaction Ratings, 2018 - 2020



Data Source: HSGA; The MNCare rates are a collaborative rate with IMCare, PW and SCHA.

Figure 11 provides Hennepin Health MNCare’s Composite Scores from calendar year 2018 – 2020. A decline from the previous year was witnessed in *Getting Needed Care*. An improvement was witnessed in: *Getting Care Quickly*, *How Well Doctors Communicate* and *Customer Service*.

Supplemental Questions

The survey included a supplemental question on coordination of care.

Figure 12. 2020 Coordination of Care Question

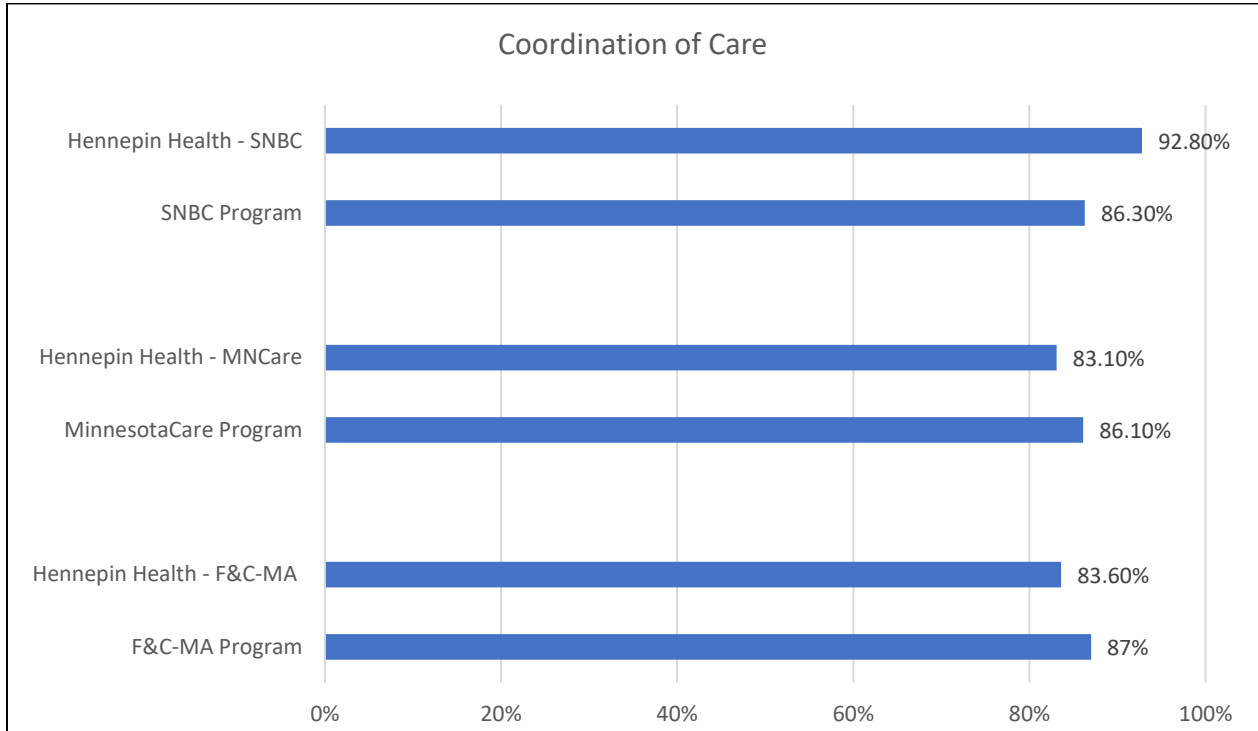


Figure 12 provides a comparison of Hennepin Health’s coordination of care results to its’ respective program averages. Hennepin Health – SNBC’s rate is higher than its’ respective program average by > 6%. The coordination of care rates for Hennepin Health – PMAP and MNCare are lower than their respective program averages by less than four percent.

Key Findings

HSAG provided key survey findings within its analysis. Key survey findings are defined as individual program results to the total MCO program that are significantly different then the total MCO program average.

Table 2. 2020 CAHPs Survey Key Findings.

Measure	PMAP Program	MNCare Program	SNBC Program
<i>Rating of Health Plan</i>	NS	▼	NS
<i>Rating of All Health Care</i>	NS	NS	NS
<i>Rating of Specialist Seen Most Often</i>	NS	▼	NS
<i>Getting Needed Care</i>	▼	NS	NS

Measure	PMAP Program	MNCare Program	SNBC Program
<i>How Well Doctors Communicate</i>	NS	▲	▼

▲ Statistically significantly higher than the Total MCO program average.

▼ Statistically significantly lower than the Total MCO program average.

NS Indicates the score is not significantly different than the Total MCO program average

Table 2 provides the 2020 CAHPs survey key findings by program. For the PMAP, *Getting Needed Care* was statically significantly lower than the MCO program average. For the MNCare program, *Rating of Health Plan* and *Rating of Specialist Seen Most Often* were statistically significantly lower than the MCO average. *How Well Doctors Communicate* was statistically significantly higher than the MCO program average for MNCare. For the SNBC program, *How Well Doctors Communicate* was statistically significantly lower than the MCO average.



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