

2023 CAHPS Survey Report - PMAP and MinnesotaCare



May 1, 2024

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CAHPS® Surveys

Description

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey is an Agency for Healthcare Research and Quality (AHRQ) program that began in 1995. It follows scientific principles in survey design and development and is used to reliably assess the patient experiences with health plans, providers, and health care facilities. Users of the CAHPS® survey results include patients, consumers, health care professionals, public and private purchasers of health care, health plans and health care accreditation organizations. The survey results are used to evaluate and compare health care providers and to improve patient experience with health care services.

Process and Documentation

Health Services Advisory Group (HSAG), on behalf of DHS, administers the CAHPS® survey to the Minnesota Medicaid Health Care Programs (MHCP) members. HSAG analyzed the 2023 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 Health Plans, PrimeWest Health System (PW), South Country Health Alliance (SCHA), and UCare.

The survey results 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 2023 CAHPS® results are an assessment of the calendar year 2022.

The 2023 CAHPS® core instrument is 41 standard questions. The survey assesses several topics as listed below.

- *How Well Doctors Communicate*
- *Getting Care Quickly*
- *Getting Needed Care*
- *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 after-hours care. The survey includes five core publicly funded managed care populations groups.

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

The survey is conducted from January through March annually. Members are 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 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). The mailings also include the state-developed language block containing multiple alternative languages with a telephone number members can call to request the survey in another language.

Analysis

Of the 4,050 randomly selected Hennepin Health members, 751 members completed the questionnaire compared to 883 members in 2022. The sampling criteria included: members who were 18 to 64 years of age and continuously enrolled in one of the Hennepin Health programs – PMAP, MinnesotaCare, or SNBC. The individual program response can be found in Table 1. The response rates decreased by 1.12 - 7.74% for all health care programs with the largest decrease (7.74%) seen in MinnesotaCare program.

Hennepin Health - MinnesotaCare did not have a sufficient population size to obtain an adequate sample size. Therefore, the Hennepin Health - MinnesotaCare population was combined with other MinnesotaCare plans that did not have sufficient population size to obtain an adequate survey sample size which were IMCare, Medica, PrimeWest (PW), and South Country Health Alliance (SCHA). Of those who responded, Hennepin Health members accounted for 16.3%; IMCare members 8.8%; Medica members 4.4%; PW members 42.6% percent; and SCHA members 27.9%. IMCare, PW and SCHA, county-based health plans, provide services to members in greater Minnesota. Medica provides services throughout Minnesota.

| Table 1. 2023 CAHPS® Response Rates | | | | |
|---|-------------|------------------|---------------------|---------------------|
| Health Program | Sample Size | Complete Surveys | 2023 Response Rates | 2022 Response Rates |
| Hennepin Health - PMAP | 1,350 | 143 | 10.59% | 12.79% |
| Hennepin Health - SNBC | 1,350 | 319 | 23.63% | 24.75% |
| Hennepin Health _ MinnesotaCare, including IMCare, Medica, PW, SCHA | 1,350 | 289 | 21.41% | 29.15% |
| All Health Plans | 26,409 | 5,263 | 19.93% | 25.85% |

Data Source: HSAG

CAHPS® Results

The CAHPS® global ratings and composite measures results described below represent 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. This report will focus on comparisons between Hennepin Health and the other Medicaid health plans also operating in Hennepin County which is the only county Hennepin Health’s members reside.

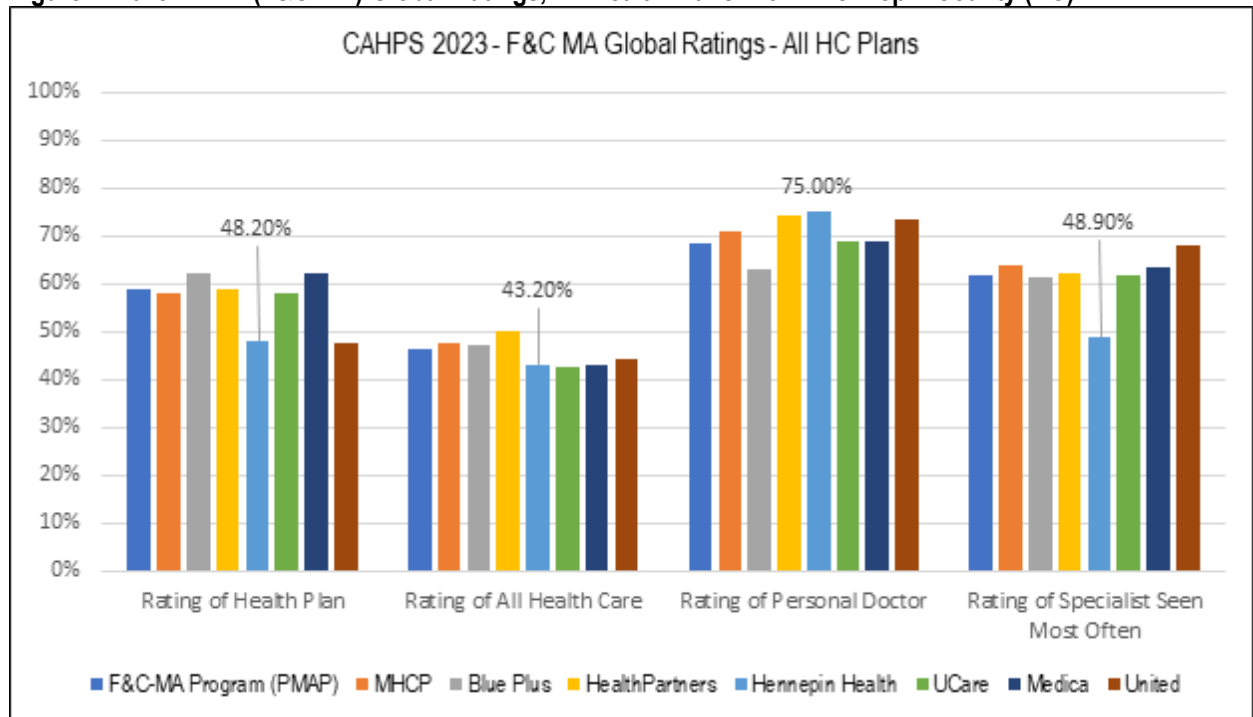
Global Ratings

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 below provides a comparison of the global ratings for Hennepin Health – PMAP to the rates of the other health plans that also offer PMAP in Hennepin County. The program average, which is an aggregate of the combined health plan scores for that program, is provided for comparison. The MHCP average is also included. The Hennepin Health - PMAP program received fewer than 100 responses for the *Rating of All Healthcare*, *Rating of Personal Doctor*, and *Rating of Specialist Seen Most Often*, so caution should be exercised when evaluating the results. The Hennepin Health – PMAP rates were comparable to the other health plans and program average in all four global ratings: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor* and *Rating of Specialist Seen Most Often*. The *Rating of All Health Care*, *Rating of Personal Doctor*, and *Rating of Specialist Seen Most Often* rates from 2019 – 2023 have been comparable with other health plans that offer PMAP.

Figure 1. 2023 PMAP (F&C-MA) Global Ratings, All Health Plans within Hennepin County (HC)

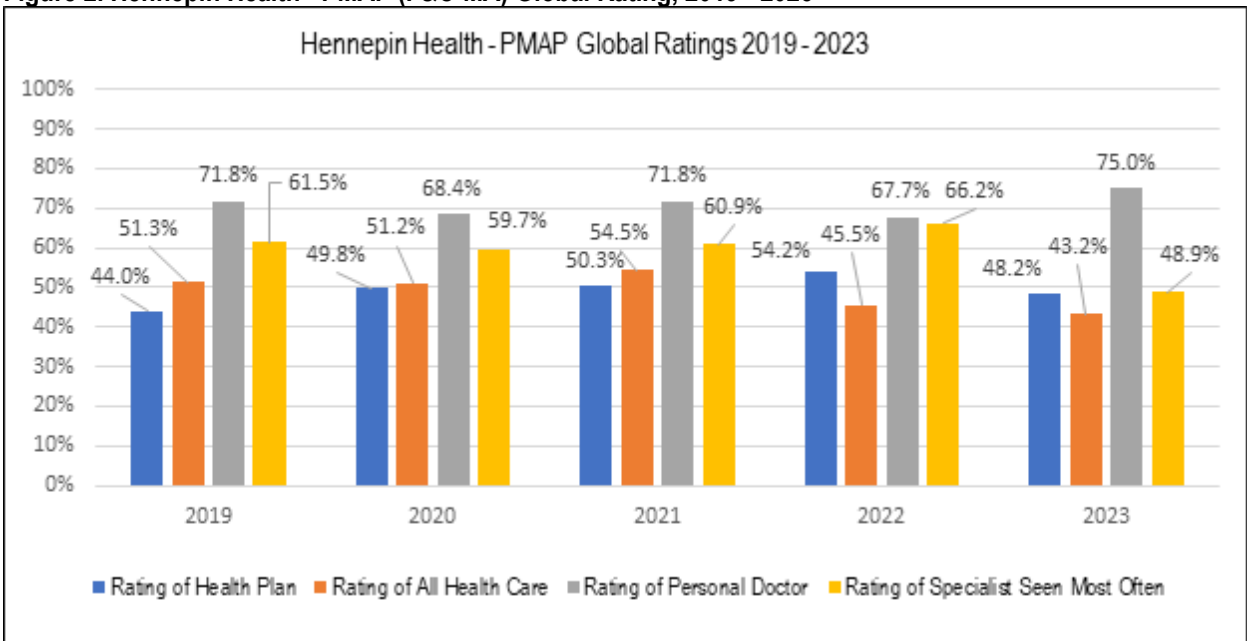


Data Source: HSAG

Figure 2 below provides Hennepin Health - PMAP’s overall satisfaction ratings from calendar years 2019 – 2023. An improvement from the 2022 rate was witnessed in the *Rating of Personal Doctor*. In 2023, rate decreases were seen in the *Rating of Specialist Seen Most Often* and *Rating of Health Plan* when compared to 2022.

Hennepin Health conducted a member survey in the fall 2022, asking members, on a scale of 1-10, with 10 being the highest, “How likely are you to recommend Hennepin Health to a friend or colleague?” Results showed 74% of members marked 7 and above, with 32% giving Hennepin Health a mark of 10. When asked about what Hennepin Health could do better, responses varied. As evidenced when reviewing the responses, there continues to be confusion between the services Hennepin Health provides as a health plan vs. Hennepin Healthcare, the healthcare system. Members had several suggestions for Hennepin Healthcare such as more health care locations, updated hours for clinic websites, allow texts to schedule for appointments, and shorter waits in the lobby. Previous member surveys have included similar comments, revealing the confusion between Hennepin Health and Hennepin Healthcare. Hennepin Health continues to explore ways to differentiate the two organizations.

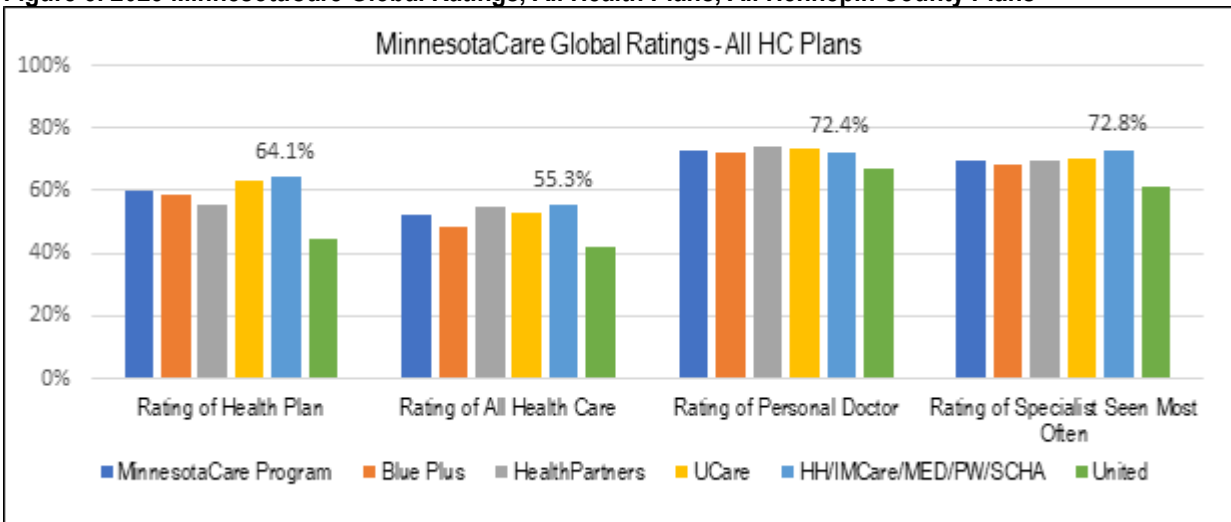
Figure 2. Hennepin Health - PMAP (F&C-MA) Global Rating, 2019 - 2023



Data Source: HSAG

Figure 3 below provides a comparison of the overall satisfaction rates for Hennepin Health – MinnesotaCare to the rates of the other health plans providing the MinnesotaCare program. The MinnesotaCare program average is provided for comparison. As stated above, the Hennepin Health – MinnesotaCare results were combined with the MinnesotaCare programs of IMCare, Medica, PW and SCHA results to provide a reportable rate. The collaborative rates for Hennepin Health – MinnesotaCare were comparable to the program average and other health plans for all ratings.

Figure 3. 2023 MinnesotaCare Global Ratings, All Health Plans, All Hennepin County Plans



Data Source: HSAG

Composite Measure

The CAHPS composite measures assesses several 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

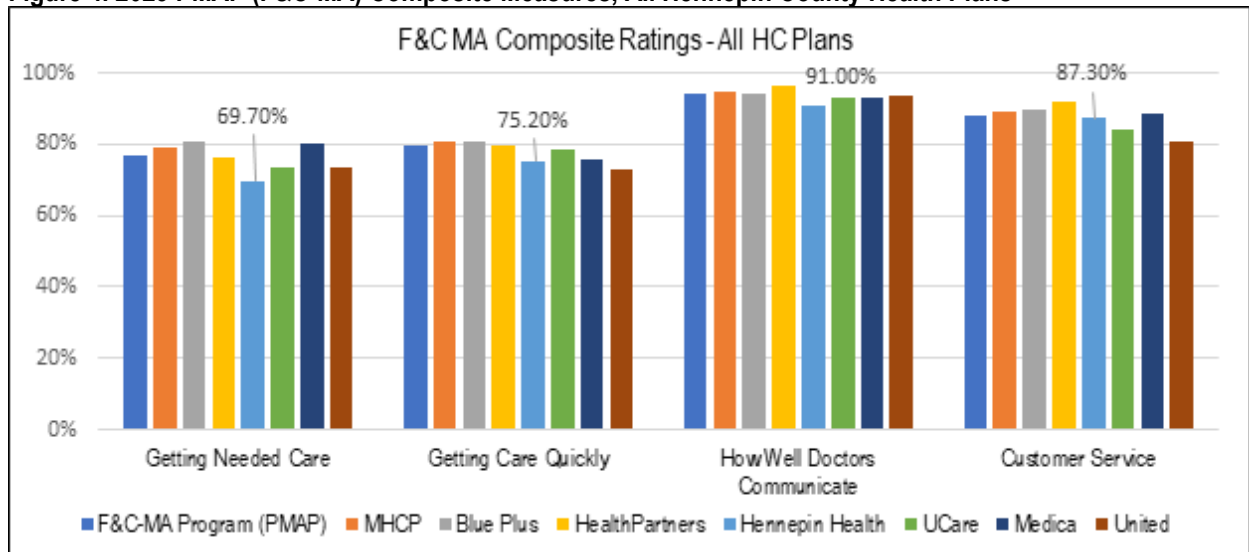
- Listened carefully.
- Explained things in an understandable way.
- Showed respect for what they had to say.
- Spent enough time with them.

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 4 provides a comparison of the composite scores for Hennepin Health - PMAP to the rates of the other health plans that also provide the PMAP program in Hennepin County. The program average is provided for comparison. Hennepin Health received fewer than 100 responses in the *Getting Care Quickly* composite measure. All health plans had fewer than 100 responses in the *Customer Service* composite measures. Therefore, caution should be used when evaluating these results for both these measures. The Hennepin Health - PMAP *Customer Service* composite measure was comparable to the program average. Hennepin Health – PMAP’s composite measures rates have been comparable with the other health plans over the past five years.

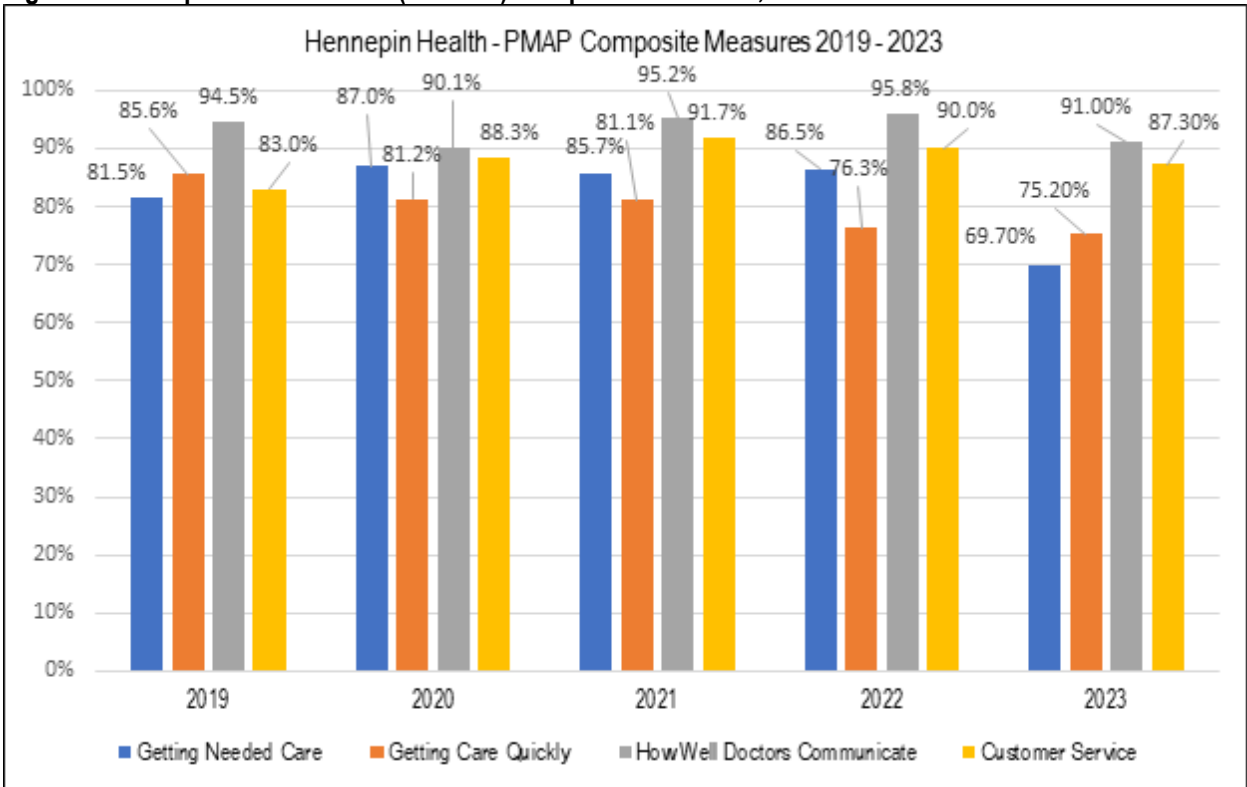
Figure 4. 2023 PMAP (F&C-MA) Composite Measures, All Hennepin County Health Plans



Data Source: HSAG

Figure 5 provides Hennepin Health - PMAP's composite measures from 2019 – 2023. A decline was seen across composite measures in 2023 when compared to 2022.

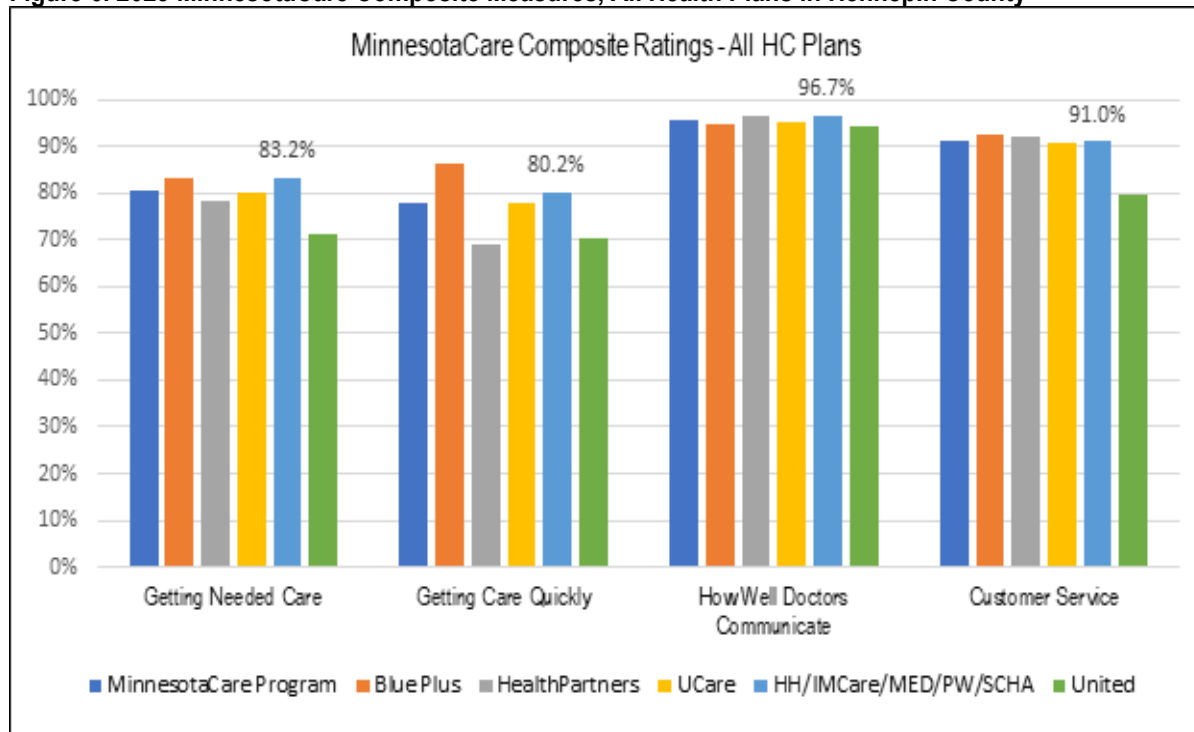
Figure 5. Hennepin Health - PMAP (F&C-MA) Composite Measures, 2019 – 2023



Data Source: HSAG

Figure 6 provides a comparison of Hennepin Health – MinnesotaCare’s composite scores to the rates of the other health plans providing the MinnesotaCare program. The program average is provided for comparison. The Hennepin Health – MinnesotaCare collaborative scores are comparable to most other plans in 2023.

Figure 6. 2023 MinnesotaCare Composite Measures, All Health Plans in Hennepin County



Data Source: HSAG

Non-Response Bias Analysis

Member experiences with health care services may be different between the respondent and non-respondent populations and may vary by MCO or program. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.

To identify potential non-response bias, HSAG compared the top-level scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Results indicate that early respondents are statistically significantly more likely to provide a top-level response for the following measures: *Rating of Health Plan*, *Rating of Specialist Seen Most Often*, *Getting Needed Care* and *Getting Care Quickly*. Of those four measures HSAG identified in 2023, three of the measures were also identified in 2022, which suggests more evidence supporting that non-response bias may exist.

Race and Ethnicity Comparisons

For the third year, HSAG conducted a race and ethnicity comparison. This analysis was done at the study and program level, therefore there are no individual MCO results.

Overall Report Findings:

Respondents who were Hispanic had the most statistically significantly higher scores. Respondents who were Multi-Racial, Black, Asian, and “Remaining” had the most statistically significantly lower scores.

Respondents who were multi-racial were:

Contact information

- Statistically significantly less likely to have a positive experience with their MCO, health care, and MCO's customer service.
- Statistically significantly less likely to see a provider the same day after making an appointment.
- Statistically significantly more likely to have a provider who shared the same race, ethnicity, or language as them.

Respondents who were White were:

- Statistically significantly less likely to see a provider the same day after making an appointment.
- Statistically significantly less likely to get an interpreter when they needed one.
- Statistically significantly more likely to not feel like they were judged or treated unfairly by a doctor because of their race.

Respondents who were Hispanic were statistically significantly less likely to have a provider who shared the same race, ethnicity, or language as them.

Respondents who were Black were:

- Statistically significantly less likely to get an interpreter when they needed one.
- Statistically significantly more likely to be told they showed up too late to an appointment to be seen.
- Statistically significantly less likely to have a provider who shared the same race, ethnicity, or language as them.

Respondents who were Asian were statistically significantly less likely to have a provider who shared the same race, ethnicity, or language as them.

Respondents in the "Remaining" race category were statistically significantly less likely to:

- Have a personal doctor who usually or always seemed informed and up to date about care they got from other providers.
- Get an interpreter when they needed one.
- Not feel like they were judged or treated unfairly by a doctor because of their race.
- Have a provider who shared the same race, ethnicity, or language as them.

Key Findings

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

Table 2 provides the 2023 CAHPS® survey key findings by program. For PMAP, *Rating of Personal Doctor* and *Rating of Specialist Seen Most Often* were significantly below the total health plan program. For MinnesotaCare, no key findings were cited for 2023.

| Table 2. 2023 CAHPS® Survey Key Findings | | | |
|---|-----------------------|-----------------------|--------------|
| Measures | PMAP (F&C-MA) Program | MinnesotaCare Program | SNBC Program |
| <i>Rating of Health Plan</i> | NS | NS | NS |
| <i>Rating of All Health Care</i> | ▼ | NS | NS |
| <i>Rating of Specialist Seen Most Often</i> | ▼ | NS | NS |
| <i>Getting Needed Care</i> | ▼ | NS | NS |
| <i>Getting Care Quickly</i> | NS | ▼ | NS |
| <i>Coordination of Care</i> | ▼ | NS | NS |

▲ Significantly higher than Total MCO program average.
▼ Significantly lower than Total MCO program average.
NS Indicates the score is not significantly different than the Total MCO program average.

Data Source: HSGA

The CQOC reviewed the CAHPS® report at its October 2023 meeting. Focus areas were identified with strategies being identified to assist in improving and maintaining the gains seen in the 2023 CAHPS® scores. In 2021, Hennepin Health initiated several strategies to address the 2021 CAHPS® scores. These strategies have continued through 2022 and 2023. The strategies included obtaining information from the Enrollee Advisory Council about health care and Hennepin Health Services. Providing information and education to members on telemedicine platforms, use of Nurse on Call lines, and urgent care and after-hours clinics and locations were sent via the member newsletters and were provided on the member website.

Recommendations and Next Steps

The CAHPS survey results will be shared with the Executive Leadership and Manager team for solicited feedback on interventions to improve CAHPS® survey results. Hennepin Health will continue to actively work on improving CAHPS® scores, with a focus on *Rating of Health Plan*, *Rating of All Healthcare*, and *Getting Care Quickly* composite measure. Hennepin Health will also factor in non-response bias and will encourage members via its' IVR to respond to the CAHPS® survey upon receipt of survey. Hennepin Health is actively working to address racial disparities in care.

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