



Hennepin Health
300 South Sixth Street, MC 604
Minneapolis, Minnesota 55487-0604

CAHPS Survey

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.

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 2022 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 2022 CAHPS® results are an assessment of the calendar year 2021.

The 2022 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

CAHPS Survey

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

Results

Of the 4,050 randomly selected Hennepin Health members, 883 members completed the questionnaire compared to 652 members in 2021. 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 2 - 4% for all health care programs with the largest decrease (4.43%) 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, PrimeWest (PW), and South Country Health Alliance (SCHA). Of those who responded, Hennepin Health members accounted for 16.2%; IMCare members accounted for 9%; PW members accounted for 43.6% percent; and SCHA members accounted for 31.3%. IMCare, PW and SCHA, county-based health plans, provide services to members in greater Minnesota.

Table 1. 2022 CAHPS® Response Rates

Health Program	Sample Size	Complete Surveys	2022 Response Rates	2021 Response Rates
Hennepin Health - PMAP	1,350	169	12.79%	16.07%
Hennepin Health - SNBC	1,350	324	24.75%	27.06%
HH/IMCare/PW/SCHA - MinnesotaCare	1,350	390	29.15%	33.58%
All Health Plans	31,050	8,907	25.85%	30.03%

Data Source: HSGA

CAHPS Survey

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.

Global Ratings

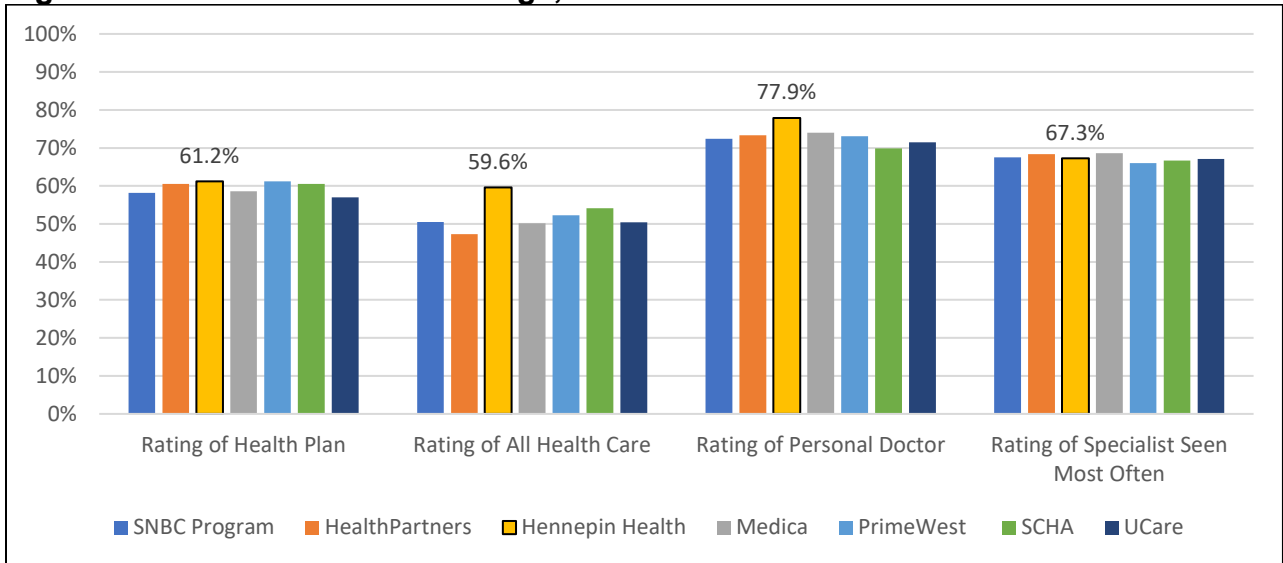
Survey respondents were asked to rate the health care received from their health plan and health care providers, using a scale of 0 to 10, where 0 = worse possible and 10 = best possible. The satisfaction scores represent the percentage of members who responded most positively (a score of 9 or 10) on 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 provides a comparison of the global ratings for Hennepin Health – SNBC to the rates of the other health plans that also provide the SNBC program. The program average is provided for comparison. The Hennepin Health – SNBC rates were higher than the program average for *Rating of the Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The *Rating of Specialist Seen Most Often* was slightly below (0.2%) than the program average. Hennepin Health – SNBC and PrimeWest had the highest rating among the health plans for *Rating of the Health Plan*. Hennepin Health - SNBC's rate was higher than the other health plans in the *Rating of All Health Care*. The Hennepin Health – SNBC overall global ratings have been comparable with other health plans that provide the SNBC program from 2016 on.

CAHPS Survey

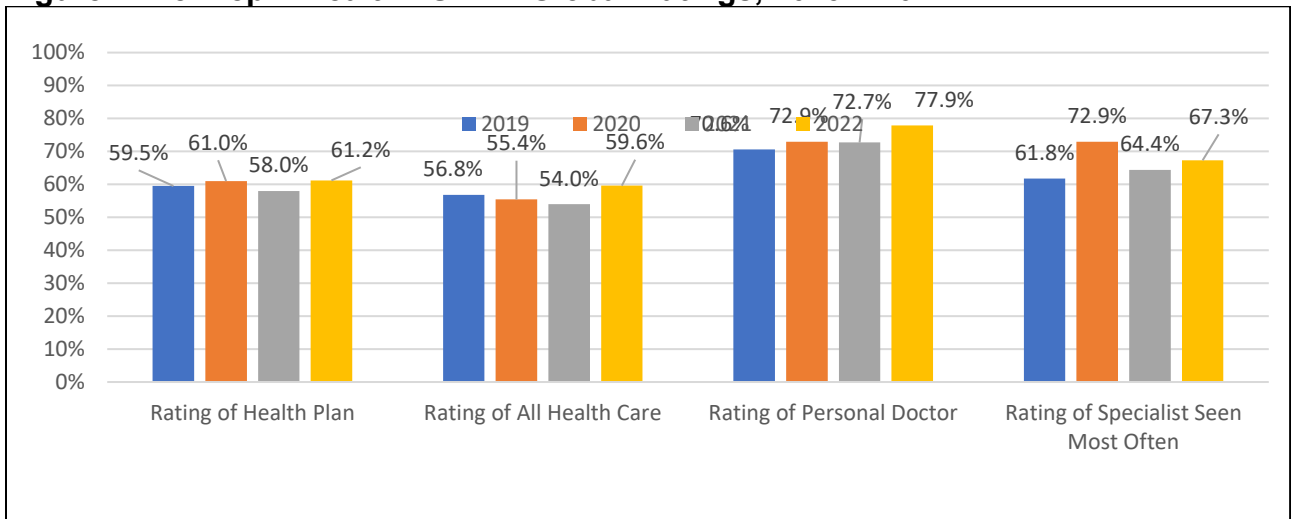
Figure 1. 2022 SNBC Global Ratings, All Health Plans



Data Source: HSGA

Figure 2 provides Hennepin Health - SNBC’s global ratings from calendar years 2019 – 2022. An increase rates from the previous year was witnessed for all global ratings. Ratings have been consistent from 2019 -2022.

Figure 2. Hennepin Health - SNBC Global Ratings, 2019 – 2022



Data Source: HSGA

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.

CAHPS Survey

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

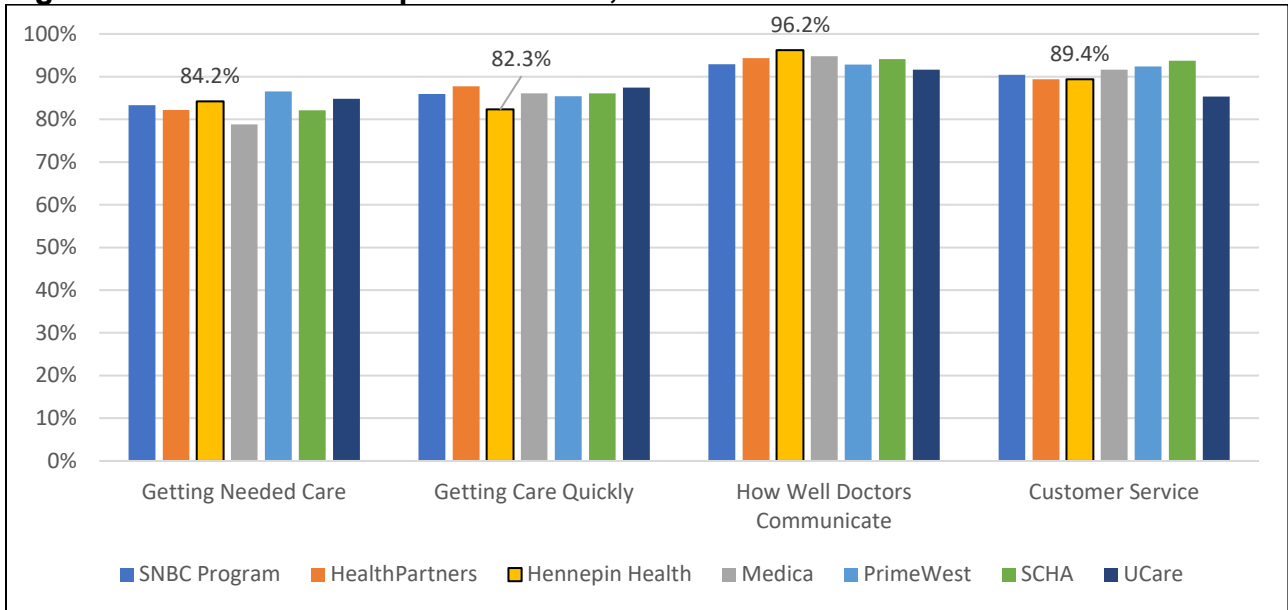
- Their health plan's customer service gave needed information or help.
- They were treated with courtesy and respect by their health plan's customer service.

Figure 6 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 is provided for comparison. Hennepin Health received fewer than 100 responses in *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 scores for Hennepin Health – PMAP were higher than the program average for *Getting Needed Care* and *How Well Doctors Communicate*. The Hennepin Health - PMAP *Customer Service* composite measure was 0.9% lower, and the *Getting Care Quickly* composite measure was about 4% lower than the program averages. Hennepin Health – PMAP's composite measures rates have been comparable with the other health plans over the past five years.

Figure 3 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 is provided for comparison. The Hennepin Health – SNBC scores were slightly above the program average for *Getting Needed Care* and *How Well Doctors Communicate*. The program average was slightly above the Hennepin Health – SNBC measure scores for *Getting Care Quickly* (3.6%) and *Customer Service* (1%).

CAHPS Survey

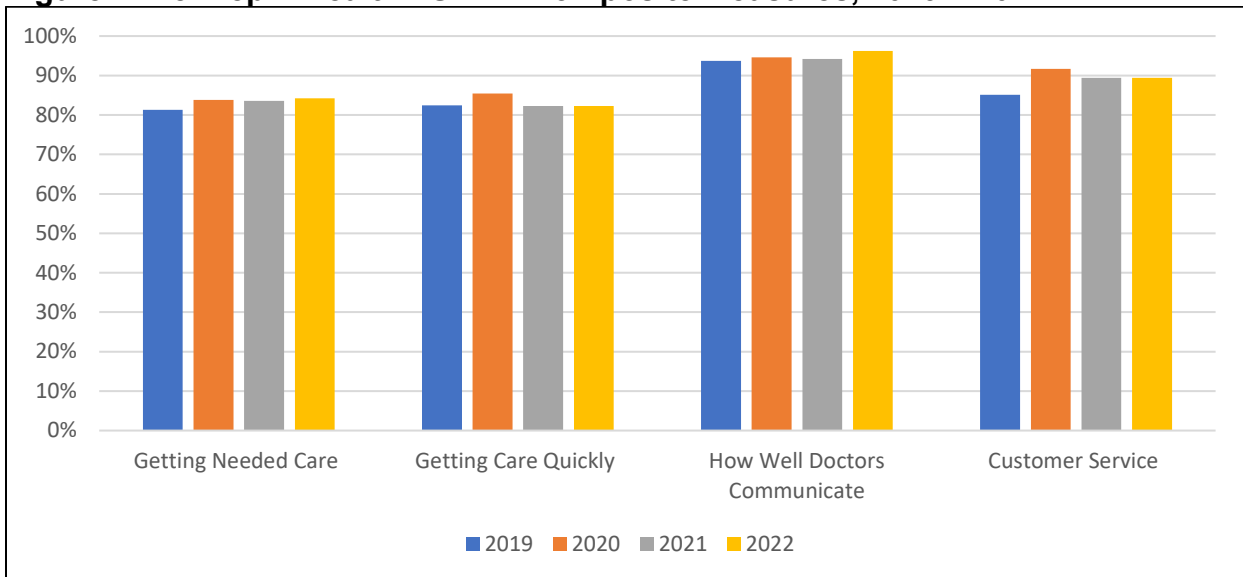
Figure 3. 2022 SNBC Composite Scores, All Health Plans



Data Source: HSGA

Figure 4 provides Hennepin Health - SNBC composite scores for calendar years 2019 – 2022. Rates were consistent for all composite measure categories in 2022 when compared 2021. A slight rate increase was seen in the *Getting Needed Care* and *How Well Doctors Communicate* composite measures in 2022 from 2021.

Figure 4. Hennepin Health - SNBC Composite Measures, 2019 – 2022



Data Source: HSGA

CAHPS Survey

Non-Response Bias Analysis

As in 2021, HSAG stratified the 2022 top-level scores by race and ethnicity for each program. Their analysis found that early respondents are statistically significantly more likely to provide a top-level response when compared to respondents who responded later in the survey period. Top-level responses are positive responses. The 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 All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, and Getting Needed Care*. Of those five measures identified, four of the measures were also identified in 2021, which suggests more evidence supporting the existence of a non-response bias.

Race and Ethnicity Comparisons

For the second 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 White had the most statistically significantly higher scores.
- Respondents in the Asian race category had the most statistically significantly lower scores.

Respondents who were Multi-racial were:

- Statistically significantly less likely to get an interpreter when they needed one.
- 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 Black were:

- Statistically significantly less likely to have a provider who shared the same race, ethnicity, or language as them.
- Statistically significantly less likely to get access to after hours care.
- Statistically significantly more likely to be told they showed up too late to an appointment to still be seen.

CAHPS Survey

Respondents who were Asian were statistically significantly less likely to:

- Get the care they needed.
- Get their care quickly.
- Have a positive experience with their health plan, health plan’s customer service, health care, and doctor.
- Get access to after-hours care.
- 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:

- Get an interpreter when they needed one.
- 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 2022 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 2022. For SNBC, *How Well Doctors Communicate* was statistically significantly lower than the total health plan program.

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	NS
<i>Rating of Personal Doctor</i>	▼	NS	NS
<i>Rating of Specialist Seen Most Often</i>	▼	NS	NS
<i>Getting Needed Care</i>	NS	NS	NS
<i>How Well Doctors Communicate</i>	NS	NS	▼
<i>Coordination of Care</i>	NS	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 Clinical Quality Outcomes Committee (CQOC) reviewed the CAHPS® report at its December 2022 meeting. Focus areas were identified with strategies being identified to assist in improving and maintaining the gains seen in the 2022 CAHPS® scores.

In 2021, Hennepin Health initiated several strategies to address the 2021 CAHPS® scores. The strategies included obtaining information from the Enrollee Advisory

CAHPS Survey

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.



300 South Sixth Street, MC 604
Minneapolis, Minnesota 55487-0604

hennepinhealth.org