

Consumer Assessment of Healthcare Providers Survey (CAHPS)

Description and Process

The Consumer Assessment of Healthcare Providers Survey (CAHPS) is conducted annually by the Minnesota Department of Human Services (DHS) through a contract with the Health Services Advisory Group (HSAG) evaluating the quality of health care services provided to adult managed care and fee-for-service members to measure members' satisfaction with plan performance, quality of care and overall satisfaction with medical providers and the health plan.

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 39 core questions that yield 9 measures of experience. These measures include four global rating questions, four composite measures, and one individual item measure. 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 measure is an individual question that looks at a specific area of care (i.e., "*Coordination of Care*"). In addition, DHS elected to include 10 supplemental items in the survey.

In 2024 DHS received an exemption from the Centers for Medicare and Medicaid (CMS) to not complete the CAHPS. The reason CMS granted a waiver was because of new requirements they introduced and the timing of those rule changes. CMS acknowledged to DHS that their rule changes constituted a material change incompatible with state contracting and therefore issued an exemption. DHS completed CAHPS in 2025 as planned. Below are the 2022, 2023 and 2025 CAHPS results trending.

The 2025 surveys were completed from January through April 2025 and asked members about their experiences with their managed care organization (MCO) in the last six months. Some MCO data was combined with the South Country Health Alliance (South Country) data to meet the sample size for each MCO proportional to the combined population to reach the targeted sample size of 1,755.

The Health Services Advisory Group (HSAG) evaluated both the Managed Care Organization (MCO) Program data and the Minnesota Health Care Program (MHCP) data for calculations. For each measure, the MCO's individual results were compared to the total MCO Program average to determine if the individual program results were significantly different than the total MCO Program average. Results of the programs were compared to the total MCO Program results.

The 2025 DHS survey of South Country members is in the following programs: Families and Children-Medical Assistance (F&C-MA), MinnesotaCare (MNCare), Minnesota Senior Care Plus (MSC+) and Special Needs Basic Care (SNBC).

MinnesotaCare program members were combined with Hennepin Health, Itasca Medical Care and South Country Health Alliance (SCHA). Of those who responded, South Country members accounted for 20.4%.

MSC+ program members were combined for IMCare, PW and SCHA. Of those who responded, South Country members accounted for 43.4%.

Products	2022 Response Rate	2023 Response Rate	2025 Response Rate
F&C-MA(PMAP)	21.71%	18.45%	17.80%
MNCare	29.15% *HH, IMCare, PW, & South Country Data Combined	23.93% *HH, IMCare, MED; PW, & South Country Data Combined	18.1% *HH, IMCare, & South Country Data Combined
MSC+	47.81% *IMCare, PW, & South Country Data Combined	43.47% *IMCare, PW, & South Country Data Combined	38.20% *IMCare, PW, & South Country Data Combined
SNBC	36.04%	31.45%	35.10%

*HH = Hennepin Health; IMCare = Itasca Medical Care; MED = Medica; PW = PrimeWest Health System

Members were asked about their experiences in four global rating questions, four composite measures and one individual item measure for each program. Members were asked to rate their health plan on a scale of zero to 10, with a zero being the “worst health plan possible” and 10 being the “best health plan possible.”

Global Rating Questions

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

Composite Measures

- Getting needed care;
- Getting care quickly;
- How well doctors communicate; and
- Customer service.

Individual Item Measures

- Coordination of care.

The tables below indicate improvement or decline in scores from 2022 to 2025(no survey was administered in 2024). They also include South Country’s performance relative to the entire program/product.

PMAP Summary

- Above the state average for rating of health plan, getting care quickly, how well doctors communicate, rating of specialist seen most often, and customer service.
- Below the state average for rating of all health care, rating of personal doctor, getting needed care, and coordination of care.

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 PMAP MN Program	2025 PMAP MN Program
Rating of Health Plan	62.1%	61.6%	64.7%	↓	↑	59.0%	64.0%
Rating of All Health Care	43.2%	47.3%	57.8%	↑	↓	46.2%	57.0%

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 PMAP MN Program	2025 PMAP MN Program
Rating of Personal Doctor	67.7%	68.4%	70.9%	↑	↓	68.6%	74.2%
Rating of Specialist Seen Most Often	65.4%	64.7%	67.3%	↓	↑	61.7%	65.7%
Getting Needed Care	84.0%	78.8%	81.1%	↓	↓	76.7%	81.6%
Getting Care Quickly	84.3%	86.8%	84.0%	↑	↑	79.8%	81.8%
How Well Doctors Communicate	90.8%	96.6%	95.5%	↑	↑	93.9%	95.5%
Customer Service	89.7%	90.6%	90.7%	↑	↑	87.9%	85.1%
Coordination of Care	84.8%	82.1%	87.1%	↓	↓	83.5%	89.0%

MinnesotaCare Summary

- Data was combined with Hennepin Health and Itasca Medical Care due to the small sample size.
- Above the state average for rating of all health care, coordination of care, and rating of personal doctor.
- Below is the state average for rating of health plan, rating of specialist seen most, getting needed care, getting care quickly, customer service, and how well doctors communicate.

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 MNCare MN Program	2025 MNCare MN Program
Rating of Health Plan	58.1%	64.1%	57.5%	↑	↓	59.7%	58.3%
Rating of All Health Care	54.7%	55.3%	58.3%	↑	↑	52.1%	58.0%
Rating of Personal Doctor	71.1%	72.4%	69.6%	↑	↓	73.0%	73.6%
Rating of Specialist Seen Most Often	70.2%	72.8%	70.6%	↑	↓	69.5%	71.5%
Getting Needed Care	83.9%	83.2%	80.9%	↓	↓	80.4%	82.1%
Getting Care Quickly	83.4%	80.2%	80.4%	↓	↓	78.0%	81.1%

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 MNCare MN Program	2025 MNCare MN Program
How Well Doctors Communicate	94.1%	96.7%	95.1%	↑	↓	95.5%	95.5%
Customer Service	95.1%	91.0%	87.6%	↓	↓	91.1%	88.1%
Coordination of Care	92.5%	89.7%	92.0%	↓	↑	84.4%	89.7%

MSC+ Summary

- Data was combined with Itasca Medical Care and PrimeWest Health due to the small sample size.
- Above the state average for rating of health plan, rating of all health care, rating of personal doctor, getting needed care, and getting care quickly.
- Below the state average for rating of specialist seen most, how well doctors communicate, coordination of care, and customer service.

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 MSC+ MN Program	2025 MSC+ MN Program
Rating of Health Plan	68.9%	68.0%	69.6%	↓	↑	62.1%	65.4%
Rating of All Health Care	67.3%	61.7%	61.7%	↓	↑	55.8%	59.9%

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 MSC+ MN Program	2025 MSC+ MN Program
Rating of Personal Doctor	74.3%	77.4%	75.4%	↑	↑	72.9%	75.0%
Rating of Specialist Seen Most Often	76.7%	71.7%	67.8%	↓	↓	67.4%	72.4%
Getting Needed Care	88.7%	89.4%	89.3%	↑	↑	84.8%	83.6%
Getting Care Quickly	90.8%	87.7%	86.7%	↓	↑	84.5%	85.7%
How Well Doctors Communicate	96.2%	95.7%	93.9%	↓	↓	95.0%	95.2%
Customer Service	93.7%	93.4%	86.7%	↓	↓	89.5%	89.0%
Coordination of Care	90.8%	92.4%	85.3%	↑	↓	89.0%	90.1%

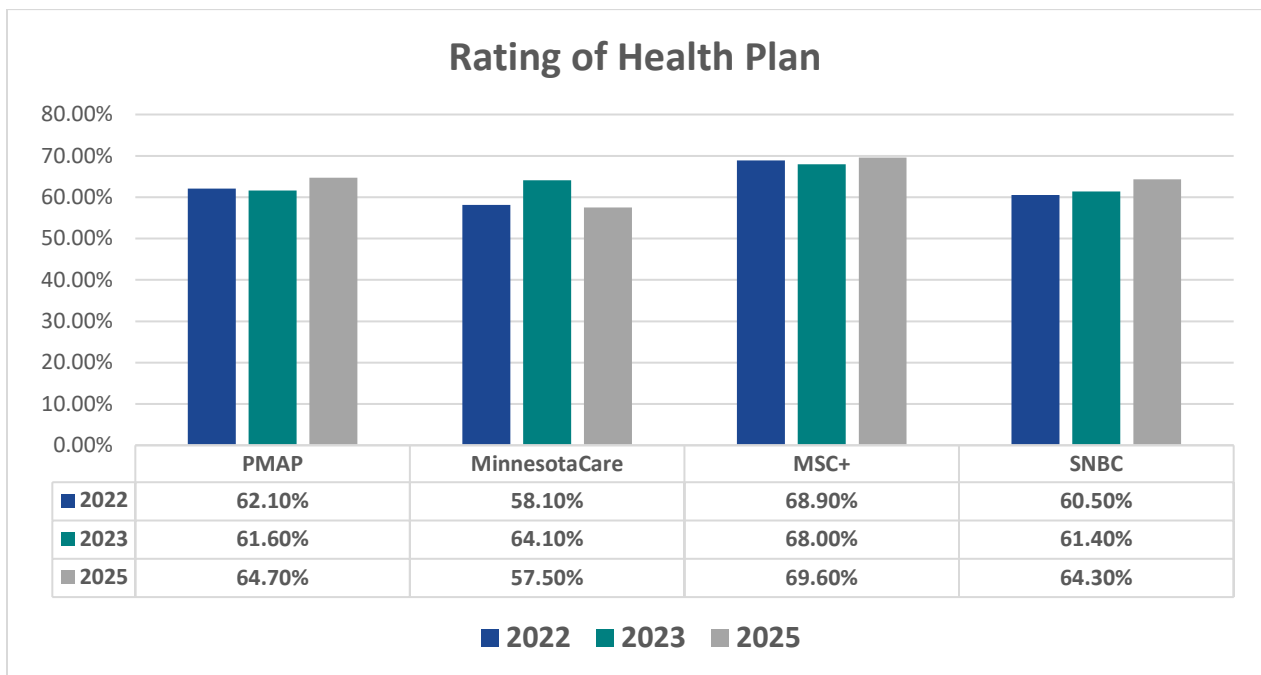
SNBC Summary

- Above the state average for rating of health plan, how well doctors communicate, customer service, coordination of care, rating of all health care, rating of personal doctor, rating of specialist seen most, getting needed care, and getting care quickly.
- Below the state average for none

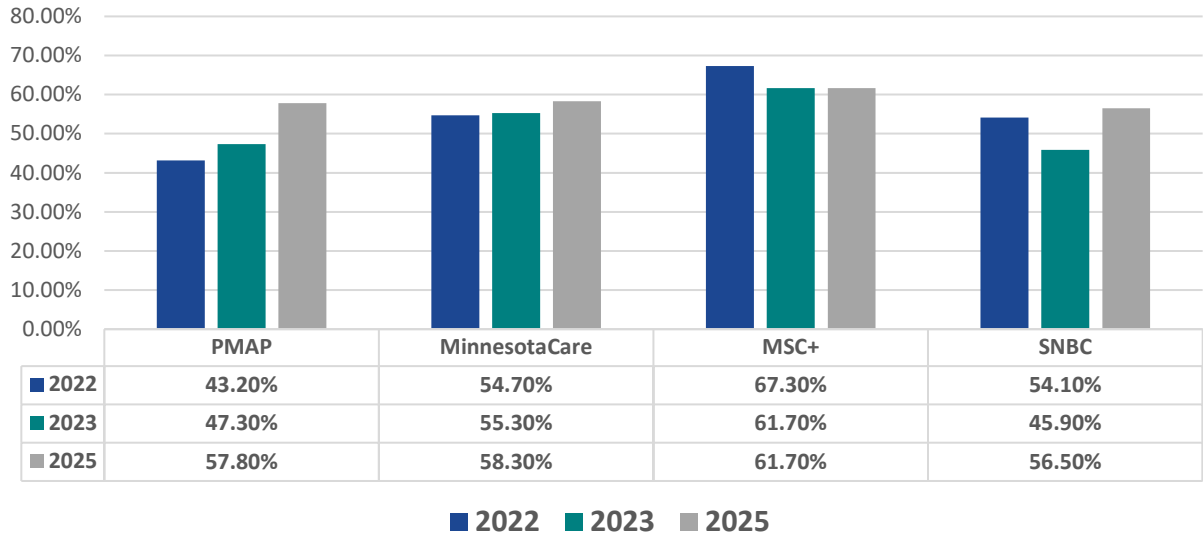
Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 SNBC MN Program	2025 SNBC MN Program
Rating of Health Plan	60.5%	61.4%	64.3%	↑	↑	58.2%	63.7%
Rating of All Health Care	54.1%	45.9%	56.5%	↓	↑	49.6%	55.7%
Rating of Personal Doctor	69.9%	69.9%	77.1%	↓	↑	72.1%	75.2%
Rating of Specialist Seen Most Often	66.7%	60.3%	69.7%	↓	↑	62.4%	67.9%
Getting Needed Care	82.1%	80.7%	87.4%	↓	↑	77.7	82.8%
Getting Care Quickly	84.7%	82.0%	85.0%	↓	↑	80.4%	82.9%

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 SNBC MN Program	2025 SNBC MN Program
How Well Doctors Communicate	94.1%	94.8%	96.8%	↑	↑	92.5%	94.8%
Customer Service	89.2%	91.2%	92.9%	↑	↑	89.2%	90.4%
Coordination of Care	87.7%	88.0%	92.0%	↑	↑	84.9%	85.8%

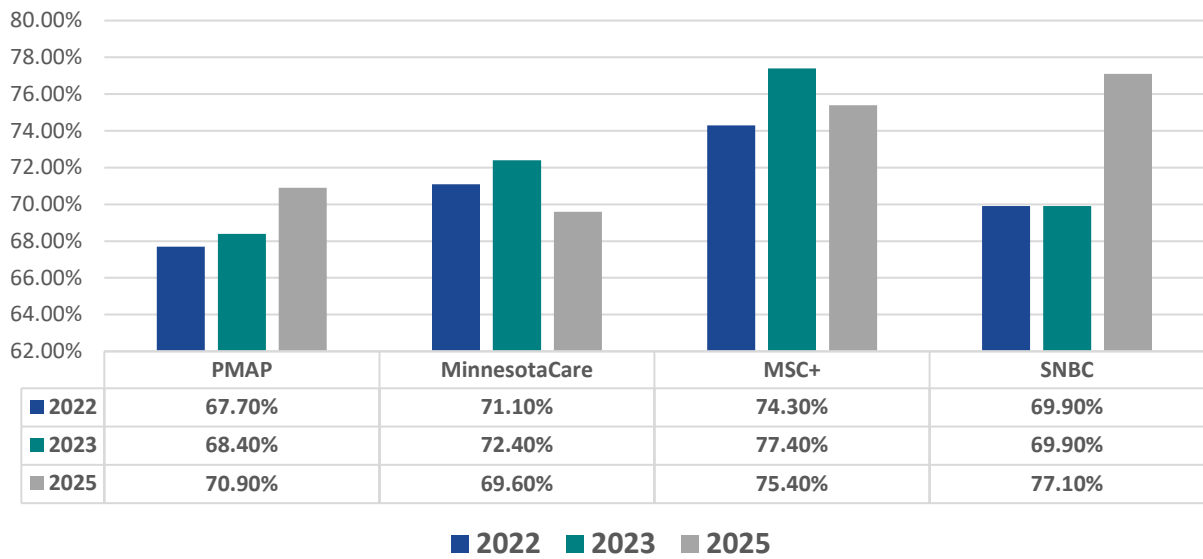
2022,2023, and 2025 CAHPS Rates Trending



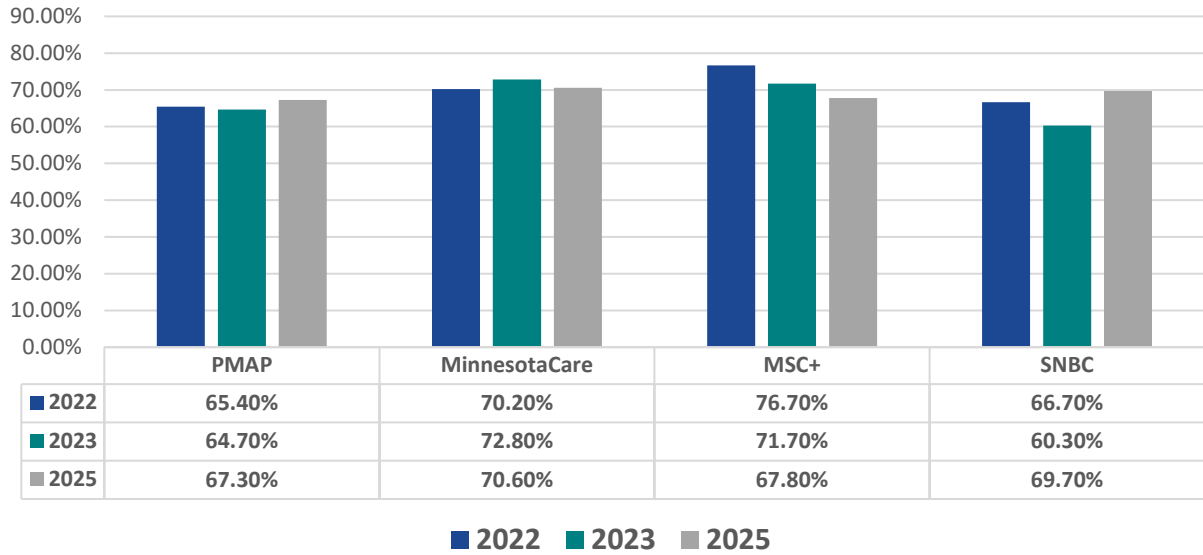
Rating of all Health Care



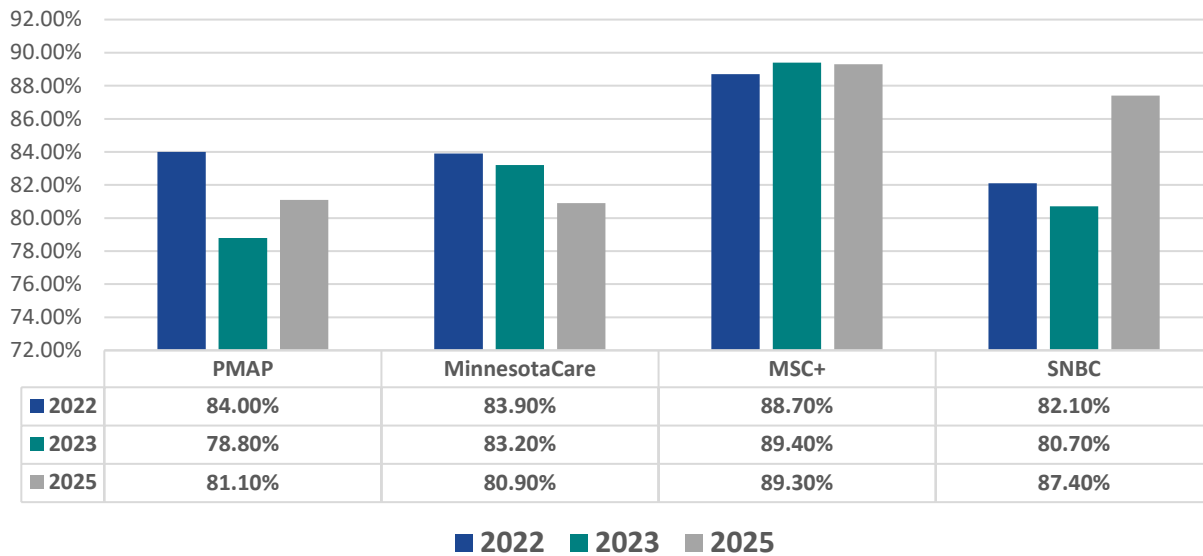
Rating of Personal Doctor



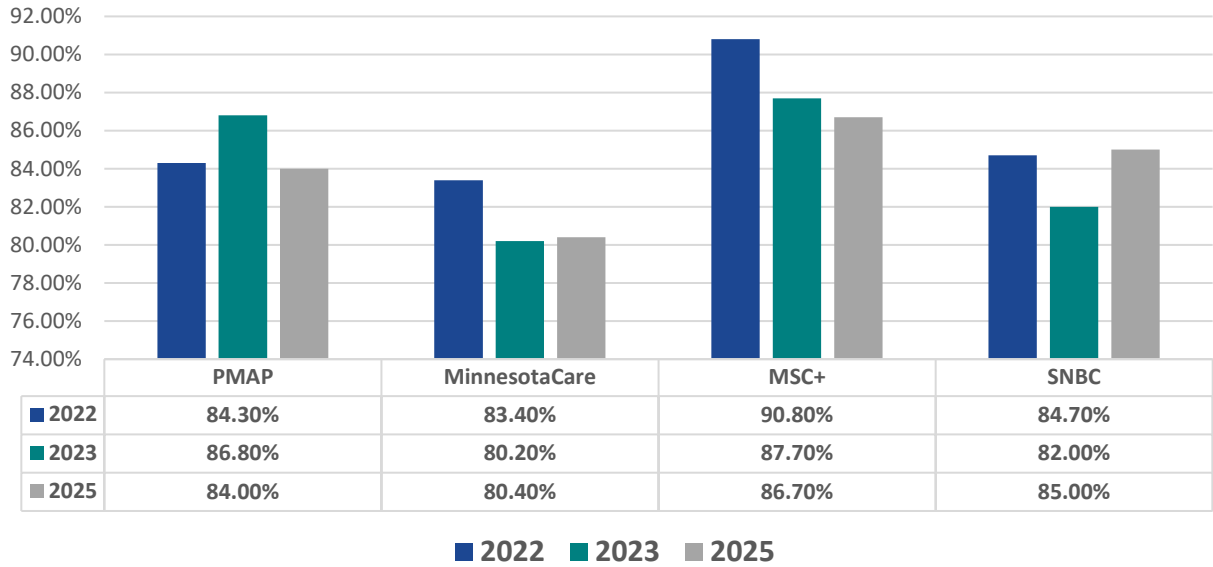
Rating of Specialist Seen Most Often



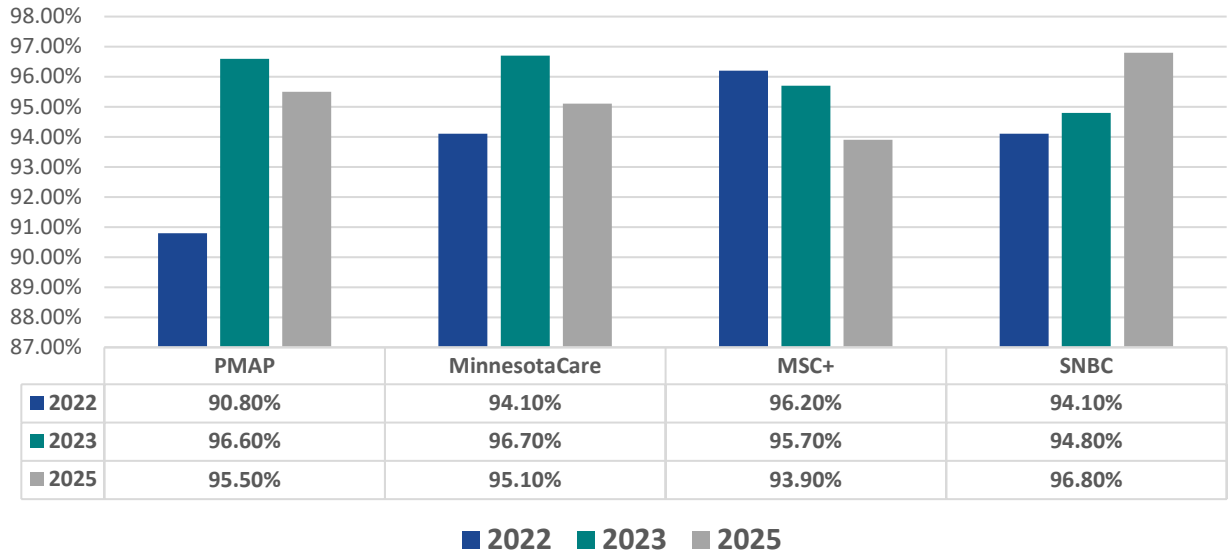
Getting Needed Care



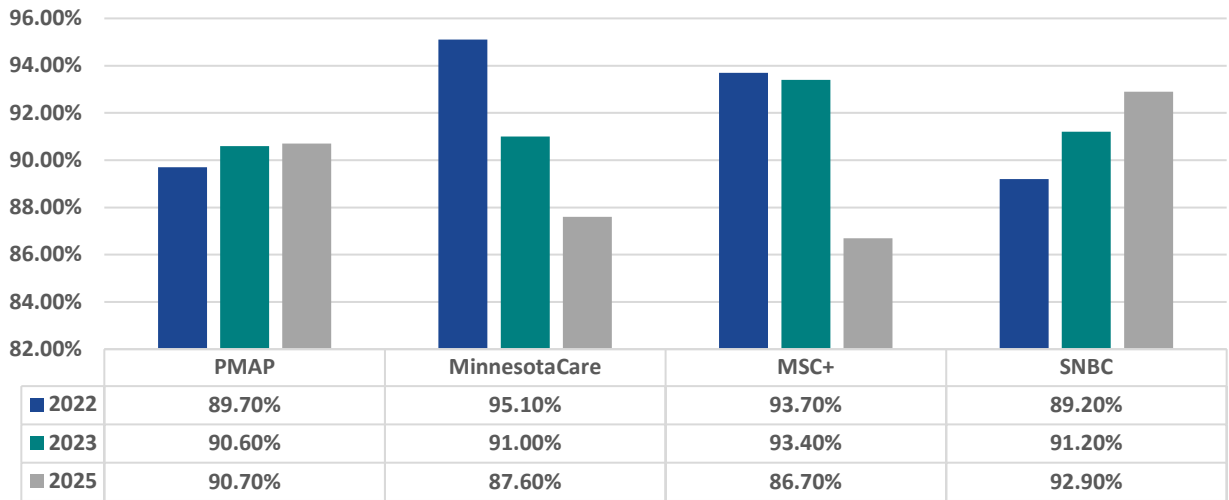
Getting Care Quickly



How Well Doctors Communicate

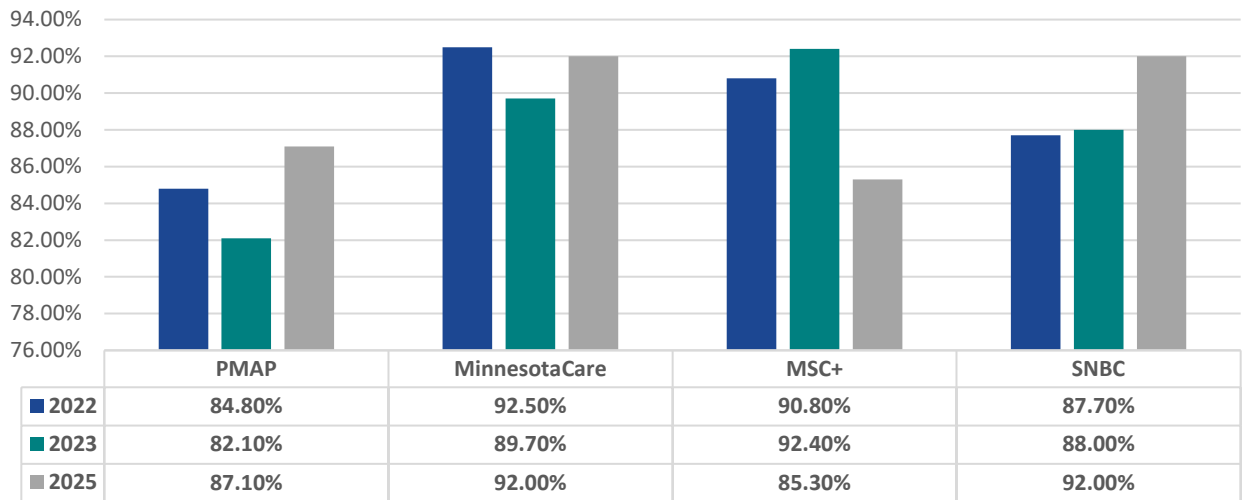


Customer Service



■ 2022 ■ 2023 ■ 2025

Coordination of Care



■ 2022 ■ 2023 ■ 2025

Minnesota Programs CAHPS Summary

When the scores were evaluated by race and ethnicity for F&C-MA:

- Respondents who were Multiracial were: Statistically significantly more likely to get after hours care when they felt they needed it and statistically significantly more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were White were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Hispanic were: Statistically significantly more likely to get an interpreter when they needed one and less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were: Statistically significantly less likely to get an interpreter when they needed one and less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Asian were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.

Compared to 2023, a statistically significantly higher number of F&C-MA Program members in 2025:

- Gave a 9 or 10 rating for their MCO (Rating of Health Plan).
- Gave a 9 or 10 rating for their overall health care (Rating of All Health Care).
- Gave a 9 or 10 rating for their personal doctor (Rating of Personal Doctor).
- Usually or always got the care they needed (Getting Needed Care).

When the scores were evaluated by race and ethnicity for MinnesotaCare:

- Respondents who were Multiracial were: Statistically significantly more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were White were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Hispanic were: Statistically significantly more likely to get an interpreter when they needed one and less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Asian were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.

Compared to 2023, a statistically significantly higher number of MinnesotaCare Program members in 2025:

- Gave a 9 or 10 rating for their overall health care (Rating of All Health Care).

When compared to all members in the Total MCO Program, a significantly lower number of MinnesotaCare Program members:

- Gave a 9 or 10 rating for their MCO (Rating of Health Plan).

When the scores were evaluated by race and ethnicity for MinnesotaCare:

- Respondents who were Multiracial were: Statistically significantly more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were White were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Hispanic were: Statistically significantly more likely to get an interpreter when they needed one and less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Asian were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.

When the scores were evaluated by race and ethnicity for MSC+:

- Respondents who were Multiracial were: Statistically significantly less likely to get an interpreter when they needed one.
- Respondents who were White were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Hispanic were: Statistically significantly more likely to get an interpreter when they needed one and less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Asian were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider and more likely to get an interpreter when they needed one.

When the scores were evaluated by race and ethnicity for SNBC:

- Respondents who were Multiracial were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were White were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Hispanic were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Asian were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider and
- more likely to get an interpreter when they needed one.

Compared to 2023, a statistically significantly higher number of SNBC Program members in 2025:

- Gave a 9 or 10 rating for their MCO (Rating of Health Plan).
- Gave a 9 or 10 rating for their overall health care (Rating of All Health Care).
- Usually or always got the care they needed (Getting Needed Care).

Below is a summary of the results of select supplemental questions that were added to the survey for MHCP

Most respondents:

- Had to wait 4 to 7 days to get an appointment to see a provider.
- Did not go to the emergency room to get care.
- Thought it was never easy to get the care they needed after their doctor's office was closed.
- Never got someone to interpret for them so they could speak with doctors, if they needed an interpreter.
- Were aware or told they had a health condition.
- Were never informed that they showed up too late to be seen.
- Were assisted by a provider or clinic with seeing another provider or setting up a new appointment when they were told they showed up too late for an appointment.
- Did not feel that a provider judged them or treated them with disrespect because of their race.
- Always had a provider who shared the same race, ethnicity, or language as them.

Key Drivers of Member Experience

Below are areas to consider for MCOs to improve the health care experiences of members

Respondents may rate their MCO higher if the following were improved:

- They receive the care they needed as soon as they needed it when care is needed right away.
- The care, test, or treatments that they needed are easier to get.
- They receive the help they needed from their MCO's customer service.
- The forms from their MCO are easier to fill out.

Respondents may rate their overall health care higher if the following were improved:

- They receive the care they needed as soon as they needed it when care is needed right away.
- The care, test, or treatments that they needed are easier to get.

Next Steps

Member satisfaction will continue to be assessed through multiple processes including Member Satisfaction and Effectiveness of Care Coordination surveys, and quarterly reviews of both Grievance & Appeals and Customer Service Satisfaction. These surveys allow us to identify potential gaps in service delivery and member satisfaction to assess the underlying factors, identify barriers and determine strategies for ensuring continued success in meeting the needs and expectations of our members. Limitations and caution will need to be considered when comparing results to national percentiles, making casual inferences, and potential for bias due to non-respondents. South Country continues to look at other ways to receive direct feedback from members and communities to support specific needs. South Country's leadership team and Quality Assurance Committee will review the CAHPS results and consider other strategies to maintain and improve member satisfaction. Some of these strategies to review include continued improvement and implementation of focused marketing and education to new and current members along with promotion of overall population health initiatives to help members achieve their own level of health and wellbeing.