

**2003
Michigan
Consumer
Assessment of
Health Plans
Survey
(CAHPS®)**

*Full Analysis
Report: Managed
Care Population*

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TABLE OF CONTENTS

SECTION I

The Michigan Survey 1-1
Survey Methodology 1-3
Survey Measures 1-4
The Respondents 1-4
Results 1-8

SECTION II

Michigan Survey Summary Table 2-1
Plan Survey Summary Tables 2-2

Plan Comparison Tables Appendix A
Questionnaires Appendix B
Composite Quality Indices Appendix C

MICHIGAN CONSUMER ASSESSMENT OF MEDICAID HEALTH PLANS

SECTION I

THE MICHIGAN SURVEY

States spend billions of dollars each year to care for the Medicaid population. In order to provide beneficiaries with greater access to preventive services, and to cope with the increasing cost of care, states have turned to managed care as an alternative to traditional fee-for-service coverage.

In order to ensure that states are obtaining value for the funding they provide to contracted health plans, states need a mechanism for evaluating the care that Medicaid beneficiaries receive. It is imperative that state Medicaid agencies have reliable and timely information about beneficiary utilization of, and satisfaction with, health care services and providers. A consumer satisfaction survey is an analytic tool that can assist states in their efforts to evaluate beneficiary perceptions of care and service.

The information obtained from consumer surveys should allow states to:

- ✓ Determine whether their beneficiaries are receiving quality care
- ✓ Provide feedback to plans to improve quality of care
- ✓ Encourage plan accountability
- ✓ Provide plans with specific action plans

The state of Michigan selected an evaluation tool from the National Committee for Quality Assurance (NCQA)¹ in order to monitor the quality of services provided to its Medicaid beneficiaries. The Michigan Department of Community Health (MDCH) contracted with NCS Pearson, an NCQA-certified vendor, to perform a survey of its Medicaid managed care enrollees.

The survey instrument used for this study was the CAHPS® 3.0H Adult Medicaid questionnaire. This instrument belongs to a group of questionnaires that were developed, under the sponsorship of the Agency for Healthcare Research and Quality (AHRQ), by a consortium composed of researchers from the Harvard Medical School, the Research Triangle Institute and RAND®.

The CAHPS® products were developed in response to the demand for information regarding consumers' experiences with health plans, and the need to standardize this information so as to enable comparisons across plans.

INSTRUMENTS

CAHPS® 3.0H instruments.

Topics include:

- *Access to care*
- *Timeliness of care*
- *Communication*
- *Office staff*
- *Customer service*
- *Tobacco use among adults*
- *Provider and plan ratings*

¹ *The National Center for Quality Assurance (NCQA) is a not-for-profit organization that has a supervisory role in the managed care industry.*

The questions in the CAHPS® survey instrument have been worded so as to be understandable to a broad range of consumers. Some of the survey questions were combined to form composite scores that summarized key areas of care and service, making it easier for the consumers and purchasers to use the results. In addition, the survey instrument is available both in English and Spanish and can be administered through mail or by telephone.

The Michigan Department of Community Health (MDCH) chose to include supplemental items in its 2003 Adult CAHPS® questionnaire. These supplemental items included questions about prescription drugs, transportation requests, and interaction with *Michigan ENROLLS* (the MDCH contractor responsible for enrolling eligible beneficiaries into Medicaid health plans).

SUPPLEMENTAL ITEMS

Michigan chose to add content to the CAHPS® 3.0H Adult instrument, including questions about:

- *Prescription drugs*
- *Transportation*
- *Michigan ENROLLS*

The health plans participating in the 2003 Managed Care survey included:

- Botsford Health Plan (BOT)
- Cape Health Plan (CAP)
- Community Care Plan (CCP)
- Community Choice Michigan (CCM)
- Great Lakes Health Plan (GLH)
- Health Plan of Michigan (HPM)
- HealthPlus Partners of Michigan (HPP)
- M-Caid (MCD)
- McLaren Health Plan (MCL)
- Midwest Health Plan (MID)
- Molina Healthcare of Michigan (MOL)
- OmniCare Health Plan (OCH)
- Physician's Health Plan of Mid Michigan (PMD)
- Physician's Health Plan of Southwest Michigan (PSW)
- Priority Health Government Programs (PRI)
- Total Health Care (THC)
- Upper Peninsula Health Plan (UPP)
- The Wellness Plan (TWP)

SURVEY METHODOLOGY

Sampling Design and Implementation

2003 NCQA HEDIS/CAHPS® methodology was followed for the sample design. A random sample was selected from each health plan with the goal of obtaining a certain number of usable questionnaires from eligible responses. Each year, NCQA revises the sample size required to reach the desired number of completed questionnaires, based on results from the standard NCQA methodology from previous survey administrations.

The NCQA HEDIS/CAHPS® methodology for 2003 required a minimum of 1,350 adults to be sampled from each health plan. Eligible adults must have been 18 years or older and continuously enrolled in the plan during five of the last six months of 2002. The files were cleaned so that additional adults in the same health plan with the same address were removed from the sample. Then 1,350 cases were randomly selected from each of the 18 managed care plans.

Data Collection

The project design included a mixed methodology of mail and telephone data collection. The mail survey followed the 2003 NCQA protocol, which includes making multiple contacts with the sample members by mailing the following materials:

- Wave 1: survey package with personalized detached cover letter
- Reminder postcard
- Wave 2: survey package with personalized detached cover letter
- Reminder postcard

Plan members who did not respond to the mail survey after the second reminder postcard, were contacted by telephone. The telephone component to non-respondents follows the HEDIS/CAHPS® 3.0H protocol and included three attempts at different times of the day, on different days of the week. Calls were made from 9am to 9pm member time. All telephone survey data were captured by a computer-assisted telephone interviewing (CATI) system.

A toll-free help line was available for any questions from the members. This line was operational at the time of the first mailing piece during the hours of 10am to 9pm, Monday through Friday, EST.

HIPAA regulations were followed for all data collection activities.

Data Cleaning and Submission

At the conclusion of the data collection period, data cleaning and editing was done for the assessment of missing data. Using the NCQA prescribed file specifications, a final data file was prepared containing all member responses as well as other required data elements associated with the administration of the survey, such as survey disposition, etc.

SURVEY MEASURES

Ratings and Composites

The Adult Medicaid CAHPS® 3.0H survey provides information on consumer experiences with health plans. The survey instruments are made up of general questions and also include global rating questions (e.g., *On a scale from 0-10, how would you rate your doctor or nurse*) as well as summary scores, called composites, which measure several related questions, such as whether consumers received care in a timely manner.

The Adult Medicaid CAHPS® 3.0H surveys include four global rating questions. The rating questions ask consumers about satisfaction with doctors/nurses, specialists, overall care from all providers, and the health plan.

The Adult Medicaid CAHPS® 3.0H surveys include five composites. The composites address access to and timeliness of care, experiences with office staff as well as with the health plan, and communication with providers and customer service.

RATINGS

- *Personal Doctor or Nurse*
- *Specialist*
- *All Health Care Providers*
- *Health Plan*

COMPOSITES

- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Courteous and Helpful Office Staff*
- *Customer Service*

THE RESPONDENTS

Response Rates

Of the 24,300 Adult surveys that were mailed out, approximately 8,235 were returned with usable data, (as defined by NCQA) and 631 were considered ineligible for the survey, due to ineligibility, lack of data, or data errors. The 2003 survey yielded an overall response rate of 34.8%, remaining quite similar to the Michigan 2002 response rate of 34.6%.

Demographic Profile

Age. The average age was relatively stable across plans. Differing respondent ages would be a concern if, as indicated in the literature, older members are more likely to be dissatisfied with their health care than others². Interestingly, in the Michigan data, the opposite is true – older respondents rated providers and health plans higher than younger respondents. However, since age was relatively stable across plans, this should not be a major concern for cross-plan comparisons.

AGE	
18-24	17%
25-34	21%
35-44	24%
45-54	21%
55-64	16%
65-74	1%
75+	0%

RATINGS BY AGE				
	Rated Providers Positively*	Rated Specialists Positively*	Rated Overall care Positively*	Rated Plan Positively*
Age 18-44	69%	69%	63%	59%
Age 45 and older	75%	76%	70%	64%

* Positive rating defined as rating of 8-10 on a 0-10 scale, where 10='Best' and 0='Worst'

Gender. In general, the proportion of females was relatively stable across plans. The proportion of female respondents to the survey overall was 72% – this is not unexpected, as a large proportion of the Adult Medicaid population is female, and females are typically more responsive with survey research, in general. The health plans ranged from a low of 65% female respondents (MOL) to a high of 80% (PRI).

GENDER	
Male	28%
Female	72%

Race and Ethnicity. There were noticeable differences in the race-ethnic composition of the respondents among the eighteen health plans. This is expected, since health plans tend to serve certain geographic areas, and race-ethnic groups tend to reside in similar neighborhoods.

RACE,ETHNICITY	
White	61%
African American	25%
Hispanic	5%
Asian	1%
Hawaiian/Pacific Isl.	0%
Native American	1%
Other/Multiple	6%

However, these differences could have an impact on both the reported health status and satisfaction levels of respondents, as race and ethnicity have been shown to moderate reported levels of satisfaction and utilization³. UPP had the fewest Non-white or Hispanic respondents of the health plans -- 15%, compared with 92% for OCH. Of the remaining plans, five had fewer than half of its respondents reporting that they were white non-Hispanic; these plans included TWP, BOT, THC, MID and CAP.

² Callahan E.J., Bertakis K.D., Azari R. and others (2000). The influence of patient age on primary care resident physician-patient interaction. *Journal of the American Geriatrics Society*, January 2000: 48 pp. 30-35.

³ Murray-Garcia J., Selby J., Schmittiel J. and others (2000). Racial and ethnic differences in a patient survey: Patients' values, ratings, and reports regarding physician primary care performance in a large health maintenance organization. *Medical Care*: 38(3) pp. 300-310.

Education. Education also varied considerably across health plans. UPP had the highest proportion of high school graduates (78% of UPP respondents had at least a high school diploma), whereas only 50% of respondents for MID reported having a high school diploma or higher.

EDUCATION	
<i>4 yr. College +</i>	3%
<i>Some college</i>	24%
<i>GED/HS grad</i>	39%
<i>some HS</i>	25%
<i><9th grade</i>	9%

Language. The majority of respondents reported speaking English at home (more than 95%). MID had the highest portion of respondents who speak a language other than English at home. More than 28% of MID respondents spoke a language other than English and Spanish; another two percent speak Spanish. In line with its race-ethnicity distributions, UPP, which had the most white non-Hispanic members, also had the most English speakers of the eighteen plans.

In summary, the majority of respondents to the Adult Managed Care Survey were female, older than 35 years of age, white non-Hispanic, had a high school education or less and spoke English in the home.

Experience with the Plan

Plan selection. Two-thirds of adult respondents indicated that they were able to select their plan, while the remaining 33% did not select a plan at the time of enrollment and were auto-assigned to a health plan. The plan with the most auto-assigned enrollees was MOL (52%). MCD had the lowest portion of respondents reporting that they were auto-assigned to their plan (23%).

Time in plan. The majority of respondents had more than 12 months of experience with their health plan. BOT had the most “inexperienced” membership responding to the survey; more than 32% of BOT respondents had been with the health plan for fewer than 12 months. This was about twice as much as Michigan overall (15%) and considerably higher than GLH, which had the highest portion of respondents who were members for a year or more (approximately 6% of GLH respondents reported that they were in the plan for less than a year).

TIME IN PLAN	
<i>< 6mo.</i>	3%
<i>6-12 mo.</i>	12%
<i>12-24 mo.</i>	23%
<i>2-5 yrs.</i>	41%
<i>>5 yrs.</i>	21%

Utilization. Almost one half of adult respondents indicated that they visited the doctor or clinic more than twice in the previous six months. This utilization level varied slightly across plans – the plans ranged from a low of 40% (TWP) to a high of 56% (MID).

Many enrollees also received care from specialists. More than 40% of respondents reportedly saw a specialist in the previous six months, with a high of 45% (MCL) and a low of 36% (TWP). Beneficiaries also reported experience with prescription drugs – 80% of respondents said that they had filled or renewed a prescription in the previous six months. This level varied slightly across plans – the plans ranged from a low of 70% (TWP) to a high of 84% (PSW).

Approximately 34% of adults reported visiting an emergency room for care in the previous six months. OCH had the highest proportion of respondents who reported a visit to an emergency room (41%) and MCL the lowest (28%).

Health Reports

Health Status. Research indicates that health status is positively correlated to satisfaction with health care services⁴. In 2003, 57% of respondents overall reported that their health was excellent, very good or good (the remaining respondents said that their health was fair or poor). Of the 18 health plans, about 14 percentage points separated the highest from the lowest. Approximately 65% of MCD respondents reported that their health was excellent, very good or good, compared with 51% of THC respondents.

HEALTH STATUS	
<i>Excellent</i>	10%
<i>Very Good</i>	18%
<i>Good</i>	29%
<i>Fair</i>	29%
<i>Poor</i>	14%

Tobacco Use. Generally, the Medicaid population is more likely to include smokers than the general population⁵. This was no different in Michigan, where 42% of respondents claimed to be current smokers. Differences across plans were not extreme, with MOL respondents slightly higher (49%) and MID respondents slightly lower (35%).

RESULTS

Ratings of Health Care Providers

The majority of respondents (81%) reported that they have a provider they consider to be their ‘personal’ doctor or nurse. This statistic is particularly important because the quality of health care may well be related to having a provider familiar with the member’s health history⁶. There was a considerable range of plan respondents who reported a personal care giver, from a low of 69% at TWP to a high of 88% at UPP.

- **Personal doctor or nurse:** 72% of all Michigan respondents rated their personal doctor or nurse highly (eight or higher on a scale of 0-10). HPP scored lowest (65%) on this rating, compared with PRI whose doctors and nurses rated highly among 78% of its responding members. In addition to HPP, PSW and HPM were also significantly⁷ lower than the Michigan average (66% of PSW and HPM respondents rated their personal doctor or nurse highly) and CCP (77%) and UPP (76%) were significantly higher than the Michigan average.
- **Specialists:** A similar proportion rated their specialists highly (72% for Michigan overall). There was very little variation across plans, and no plan was statistically different than the state average. MID respondents had higher positive reporting (78%)

⁴ *Frequently Asked Questions: CAHPS® Data Analysis*, on the Agency for Healthcare Research and Quality (AHRQ) website. www.ahrq.gov/qual/cahps/faqdata.htm

⁵ Using data from the 2000 Behavioral Risk Factor Surveillance System, we found that 21.5% of the privately insured were current smokers, compared with 35.5% of Medicaid beneficiaries.

⁶ *Medical Reporter* interview with Carolyn M. Clancy, M.D., Acting Director, the Agency for Healthcare Research and Quality (AHRQ), U.S. Public Health Service, Department of Health and Human Services, Rockville, Maryland USA. August 1, 1996.

⁷ Tests of statistical significance are based on a comparison of each plan and the average for the remaining 17 health plans, and assume a 95% confidence interval. However, for ease of discussion, we have included the overall, Michigan average (the average of all 18 plans).

and TWP had lower (67%), although, again, these differences are not statistically different than the Michigan average.

- **All health care providers:** There was great variation in how respondents rated health care providers, overall. While 75% of PRI respondents rated overall provider care highly, only 57% of CCM respondents provided high ratings. In addition to PRI, there were three plans that were significantly higher than the Michigan average of 66% (UPP and MCD each with 72% and CCP with 70%). In addition to CCM, TWP had significantly lower ratings than Michigan overall, with 60% of respondents rating overall provider care highly.

Composites of Health Care Services

As described earlier, respondents generally had experience with the plan's health care services. More than 80% of Michigan respondents overall had visited a doctor or clinic in the previous six month period, and more than 40% had visited a specialist.

- **Getting Needed Care:** The “Getting Needed Care” composite is comprised of four items from the CAHPS® questionnaire: ease of obtaining a suitable doctor, ease of obtaining referrals for specialty care, ease of obtaining necessary health care services, and delays in care while waiting for plan approval.

According to respondents, 68% reported having no problems accessing needed care. There was a variation across plans, with respondents from MOL, CCM and GLH reporting that they were less likely to experience no problems accessing care (58%, 59% and 60%, respectively) compared with Michigan overall, while respondents from PRI (75%), UPP (73%), MCD (72%), BOT (72%) and CCP (72%) reported no problems accessing needed care.

- **Getting Care Quickly:** The “Getting Care Quickly” composite scale is comprised of four items from the CAHPS® questionnaire: obtained assistance when calling office during regular business hours, obtained appointment for routine care as soon as wanted, obtained care for an illness or injury as soon as wanted, and saw doctor no later than 15 minutes past appointed time.

For this composite scale, 71% of respondents reported that they usually or always received timely care. OCH, TWP, CCM, THC and MID respondents reported significantly more difficulties obtaining timely care than Michigan overall, while respondents for UPP, PRI, CCP, MCD and MCL reported significantly fewer problems. Plans ranged from UPP, which had the largest proportion of respondents reporting that they always or usually received timely care (79%) and OCH had the smallest proportion (63% of OCH respondents reported that they always or usually received timely care).

Composites about Interaction with Health Care Providers

- **Communication with Doctors:** The “How Well Doctors Communicate” composite scale is comprised of four items from the CAHPS® questionnaire: providers listen carefully to the plan member, providers explain things in a way that the member can understand, providers show respect for what the member has to say, and providers

spend enough time with the member. As indicated earlier, respondents generally had experience with the plan's health care providers.

In general, respondents were very positive about their communication experiences with doctors. Eighty-three percent of respondents said that they usually or always had positive communication experiences with their doctors. There was not considerable plan variation for this composite, and all plans were nearly 80% or higher on this composite scale. CCM and TWP were statistically lower than the Michigan average, while five plans were statistically higher than the Michigan average.

- **Interaction with Office Staff:** The "Courteous and Helpful Office Staff" composite is comprised of two items from the CAHPS® questionnaire: office staff members show courtesy and respect, and office staff members are as helpful as members think they should be.

Respondents were quite positive about their interactions with office staff. For this composite, 88% of respondents reported that they usually or always had positive experiences with the staff at their doctor's offices and clinics. As with the doctor communication composite, this scale did not vary significantly across plans.

Satisfaction with Health Plan

There is one item in the questionnaire that asks respondents to rate their overall experience with the health plan and there are other items that provide an indication of the respondent's experiences with the health plan. These items, and also the composite "Customer Service," are described here.

- **Customer Service:** The "Customer Service" composite is comprised of two items from the CAHPS® questionnaire: difficulty with getting information from written materials and problems obtaining assistance from the customer service help line.

The Customer Service series of questions changed in 2003. In 2002, the lead-in question for this series was: "In the last 6 months, did you look for any information in written materials from your health plan?" In 2003, this changed to: "In the last 6 months, did you look for any information about how your health plan works in written materials or on the Internet?" In 2003, approximately 21% of respondents responded yes to this item, compared with 31% in 2002. It appears likely that the changes in question wording affected the number of respondents responding affirmatively to this question.

In 2003, about 42% of respondents reported that they had either tried to contact customer service to obtain information or assistance, or they had attempted to obtain information about how the health plan works in written materials or on the Internet.

Of those respondents who reported *having* an experience, slightly more than 38% of respondents said they had difficulty obtaining assistance from customer service. While the majority did not report any problems (62%), this was the lowest rating of the five composites. For CCM, 53% of the respondents who had an experience with written materials or with customer service reported that they had experienced a problem (compared with the state average of 38%). MOL was also statistically different than the Michigan average, with about 46% of respondents reporting problems. BOT,

PMD, OCH and PRI had statistically more positive ratings than the average respondent.

- **Information received before joining plan:** About 61% of respondents reported that they had obtained materials about the health plan before joining. These respondents were asked whether the information they were provided before they joined was accurate. In general, respondents reported that the materials were accurate: 86% reported that the materials were all or mostly correct. This ranged from a low of 81% for TWP, to a high of 91% for UPP.
- **Contacted plan with a complaint or concern:** Almost 11% of respondents said they had contacted their plan with a complaint or concern over the previous six-month period. This varied considerably across plans, with respondents from UPP reporting the fewest complaint contacts (7%) and respondents from GLH, CAP and HPM reporting the most (14% for each – while these plans had more reported complaints, these plans are *not* significantly higher than the Michigan average). As with UPP, both PSW and HPP had statistically fewer reported complaints than Michigan respondents overall (8% for each).

Of those who said that they registered a complaint or concern, the majority of respondents had resolved their complaints at the time they completed the survey (63%) although some respondents were still waiting for closure (37%) at the time they completed the survey.

Of those whose complaints were resolved at the time of the survey, most respondents said that their complaints were resolved the same day (39%) and the majority resolved within a week (72%). Of those respondents with complaints that had *not* yet been resolved at the time of the survey, the majority reported that they had been waiting for more than 21 days (80%).

Of those respondents who *had* obtained a response by the time of the survey, the majority was satisfied with the outcome (74%).

- **No difficulties getting a prescription filled:** As indicated earlier, the majority of respondents had filled or renewed a prescription in the previous six months (80%). Of these, 72% of respondents reported no difficulties obtaining the prescription through their health plans. There was considerable variation across plans: 85% of MCD respondents reported no problems filling or renewing a prescription, while 51% of Molina respondents reported no difficulty.
- **Overall experience with health plan:** Respondents were asked to rate their overall experience with the health plan. In general, respondents rated their health plans less positively than they had their health care providers, and also less positively than their specific experiences with the plans. Slightly more than 61% of all Michigan respondents rated their health plan highly (eight or higher on a scale of 0-10). There was considerable variation across plans, with fewer CCM, MOL, GLH and HPM respondents rating their plans highly (51%, 52%, 53% and 53%, respectively) compared with PRI, MCD and UPP respondents who provided higher ratings of their health plans (72%, 69% and 67%, respectively).

Michigan ENROLLS

The state of Michigan contracts with Michigan ENROLLS which is responsible for enrolling and educating Medicaid beneficiaries who are eligible for membership in Medicaid health plans. In 2003, supplemental questions were placed in the Adult Survey asking respondents about their experiences with Michigan ENROLLS. Recent plan enrollees (those in the health plan for one year or less) were asked questions about assistance they received from the Michigan ENROLLS program. Only 16% of total survey respondents reported that they were recent enrollees. The questions about Michigan ENROLLS were limited to recent enrollees in order to reduce the burden on respondent memories. However, many respondents who were enrolled for more than one year still opted to answer these questions. Fifty percent of these respondents chose to answer at least one of the questions about Michigan ENROLLS, even though only 16% were instructed to.

- **Information from Michigan ENROLLS:** Respondents were asked whether they received information on their health plan choices from Michigan ENROLLS before they signed up for their current plan. Forty-three percent of respondents answered this question. Of those members who responded to this questionnaire item, 62% reported that they had received information on choice before enrolling.
- **How was Information Received:** Respondents who reported receiving information on choice were asked how they received that information. The question was a mark-all-that apply, and so respondents could report more than one source. Slightly more than 38% of respondents selected at least one of the sources. Of those respondents who selected *at least one* information source, the vast majority said that they received information from Michigan ENROLLS through the mail (72%). A little more than 19% reported receiving information from the Michigan ENROLLS toll-free Hotline. Only five percent reported meeting with a counselor, and two percent said that they attended a meeting. Slightly more than 18% of respondents said that they could not recall how they obtained the information on choice.
- **Awareness of Michigan ENROLLS Toll Free Telephone Number:** Respondents were asked if they were aware of the toll-free telephone number for assistance in making their plan choice. About 41% of the respondents answered this question. Of those who responded, 64% said that they were aware of the Hotline.
- **Member Utilization of the Michigan ENROLLS Toll Free Telephone Number:** Respondents were asked if they called the toll-free telephone number for assistance in making their plan choice. Approximately 38% of respondents answered this question. Of those who responded, 37% said that they had called Michigan ENROLLS.
- **Experience Using the Michigan ENROLLS Toll Free Telephone Number:** Respondents were asked whether they received all, some or none of the advice or help they needed upon reaching the Hotline staff. Approximately 22% of respondents provided answers to this question. Of those who did respond, the majority reported receiving all (47%) or at least some (27%) of the assistance they required. Approximately 26% reported receiving no assistance (11% because they could not get through to a staff person, and another 15% who reported receiving none of the advice or help they needed).
- **Overall Satisfaction with Michigan ENROLLS:** Respondents were asked to rate their overall experiences with Michigan ENROLLS. Approximately 50% provided a

response to this rating question. As other rating questions in the survey, respondents were asked to rate using a scale from 0 to 10, where 0 was considered “worst experience” and 10 considered “best experience.” Approximately 65% of those who responded to the question rated the Michigan ENROLLS positively (that is, they rated it eight or higher).

SECTION II

MICHIGAN SURVEY SUMMARY TABLE

MICHIGAN OVERALL

This page contains a brief summary of major results for all Michigan respondents, collectively. To review the performance of individual plans, refer to the plan summaries.

Demographic Profile		Health Status	
Female	72%	Health is excellent, very good or good	57%
Age 45 or older	38%	Current smoker	42%
Less than high school education	34%		
Non-white or Hispanic	39%		
Language other than English	5%	Health Care Services	
Had language barrier with physician	22%	Composite: Getting Needed Care	68%
		(% 'Not a problem')	
		Composite: Getting Care Quickly	71%
		(% 'usually' or 'always' positive)	
Plan Experience / Utilization		8+ day wait for routine care**	21%
Plan member for less than 12mo	15%	4+ day wait for illness/injury**	20%
Chose their plan	67%		
Needed urgent care for illness/injury	49%		
Visited an ER for care	34%	Interaction with health care providers	
More than 2 doctor visits in past 6mo	47%	Composite: Communication w/ Dr.	83%
Saw a specialist	41%	(% 'usually' or 'always' positive)	
Filled/renewed a prescription	80%	Composite: Interaction w/ office staff	88%
Smoker advised to quit at office visit*	66%	(% 'usually' or 'always' positive)	
		Medical Providers	
Satisfaction with Health Plan		Have personal dr/nurse	81%
Composite: Customer Service**	62%	Rate dr/nurse highly (8+)	72%
(% 'Not a problem')		Rate specialist highly (8+)	72%
Received correct info before joining**	56%	Rate overall care highly (8+)	66%
No problems getting prescriptions**	72%		
Always got prescription through plan**	66%		
Called/wrote health plan with complaint	11%		
Rate health plan highly (8+)	61%		

* These results are based on an average of data from the 2002 and 2003 CAHPS surveys known as the "HEDIS 2003 Advising Smokers to Quit Rolling Average Rate."

** This percentage is based on only those respondents who had an experience to report.

