

State of Michigan
Department of Health and Human Services

**2015 Michigan Department of Health
and Human Services Adult Medicaid
Health Plan CAHPS[®] Report**

September 2015



1. EXECUTIVE SUMMARY	1-1
Introduction	1-1
Report Overview	1-1
Key Findings	1-2
2. READER’S GUIDE	2-1
2015 CAHPS Performance Measures	2-1
How CAHPS Results Were Collected	2-2
How CAHPS Results Were Calculated and Displayed	2-4
Limitations and Cautions	2-9
3. RESULTS	3-1
Who Responded to the Survey	3-1
Demographics of Adult Members	3-2
National Comparisons	3-6
Statewide Comparisons	3-9
4. TREND ANALYSIS	4-1
Trend Analysis	4-1
5. KEY DRIVERS OF SATISFACTION	5-1
Key Drivers of Satisfaction	5-1
6. SURVEY INSTRUMENT	6-1
Survey Instrument	6-1
7. CD	7-1
CD Contents	7-1

Introduction

The Michigan Department of Health and Human Services (MDHHS) periodically assesses the perceptions and experiences of members enrolled in the MDHHS Medicaid health plans (MHPs) and the Fee-for-Service program as part of its process for evaluating the quality of health care services provided to adult members in the MDHHS Medicaid Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Health Plan Survey for the MDHHS Medicaid Program.^{1-1,1-2} The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

This report presents the 2015 CAHPS results of adult members enrolled in an MHP or Fee-for-Service.¹⁻³ The surveys were completed in the spring of 2015. The standardized survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.¹⁻⁴

Report Overview

A sample of at least 1,350 adult members was selected from the Fee-for-Service population and each MHP, with one exception.¹⁻⁵ Harbor Health Plan was unable to identify 1,350 eligible adult members for inclusion in this survey; therefore, the sample size for this MHP was 891.

Results presented in this report include four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. Five composite measures are reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making. Additionally, overall rates for five Effectiveness of Care measures are reported: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, Discussing Cessation Strategies, Aspirin Use, and Discussing Aspirin Risks and Benefits.

¹⁻¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

¹⁻² HSAG surveyed the Fee-for-Service Medicaid population. The 13 MHPs contracted with various survey vendors to administer the CAHPS survey.

¹⁻³ The health plan names for two of the MHPs changed since the adult MHP population was surveyed in 2014. CoventryCares was previously referred to as CoventryCares of Michigan, Inc., and Sparrow PHP was previously referred to as Physician Health Plan—FamilyCare.

¹⁻⁴ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻⁵ Some MHPs elected to oversample their population.

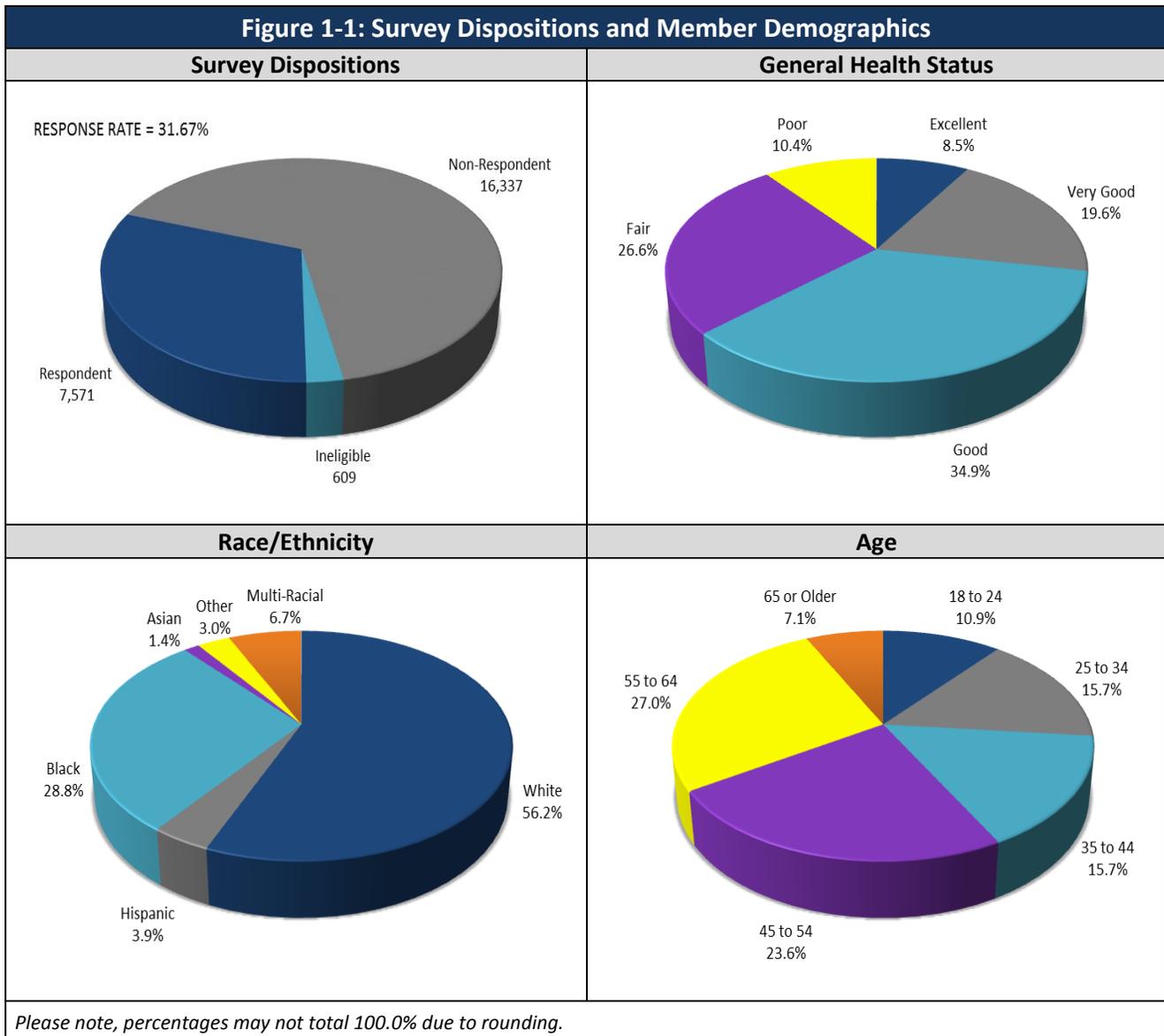
HSAG presents aggregate statewide results and compares them to national Medicaid data and the prior year’s results, where appropriate. Throughout this report, two statewide aggregate results are presented for comparative purposes:

- ◆ MDHHS Medicaid Program – Combined results for Fee-for-Service and the MHPs.
- ◆ MDHHS Medicaid Managed Care Program – Combined results for the MHPs.

Key Findings

Survey Dispositions and Demographics

Figure 1-1 provides an overview of the MDHHS Medicaid Program survey dispositions and adult member demographics.



National Comparisons and Trend Analysis

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point mean scores were compared to the National Committee for Quality Assurance's (NCQA's) 2015 HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.^{1-6,1-7} In addition, a trend analysis was performed that compared the 2015 CAHPS results to their corresponding 2014 CAHPS results, where appropriate.¹⁻⁸ Table 1-1 provides highlights of the National Comparisons and Trend Analysis findings for the MDHHS Medicaid Program. The numbers presented below represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

Table 1-1: National Comparisons and Trend Analysis MDHHS Medicaid Program		
Measure	National Comparisons	Trend Analysis
Global Rating		
Rating of Health Plan	★★★ 2.47	—
Rating of All Health Care	★★★ 2.36	—
Rating of Personal Doctor	★★★ 2.50	—
Rating of Specialist Seen Most Often	★★★ 2.52	—
Composite Measure		
Getting Needed Care	★★★ 2.40	—
Getting Care Quickly	★★★★ 2.46	—
How Well Doctors Communicate	★★★★ 2.62	—
Customer Service	★★★ 2.57	—
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th		
▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — indicates the 2015 score is not statistically significantly different than the 2014 score.		

¹⁻⁶ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA; February 5, 2015.

¹⁻⁷ NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

¹⁻⁸ For 2015, NCQA revised the question language and response options for the questions that comprise the Shared Decision Making composite measure. Given these changes, a trend analysis of the 2015 to 2014 results for this measure could not be performed.

The National Comparisons results indicated the Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often global ratings, and the Getting Needed Care and Customer Service composite measures scored at or between the 50th and 74th percentiles. The Getting Care Quickly and How Well Doctors Communicate composite measures scored at or between the 75th and 89th percentiles.

Results from the trend analysis showed that the MDHHS Medicaid Program did not score significantly *higher* or *lower* in 2015 than in 2014 on any measure.

Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure and overall rates for the Effectiveness of Care measures. HSAG compared the MHP and Fee-for-Service results to the MDHHS Medicaid Managed Care Program average to determine if plan or program results were statistically significantly different than the MDHHS Medicaid Managed Care Program average. Table 1-2 through Table 1-4 show the results of this analysis for the global ratings, composite measures, and Effectiveness of Care measures, respectively.

Table 1-2: Statewide Comparisons—Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Fee-for-Service	—	—	↑	—
Blue Cross Complete of Michigan	—	—	—	—
CoventryCares	↓	—	—	—
HAP Midwest Health Plan	—	—	—	—
Harbor Health Plan	—	—	—	— ⁺
HealthPlus Partners	↑	—	—	—
McLaren Health Plan	—	—	↓	—
Meridian Health Plan of Michigan	—	—	—	—
Molina Healthcare of Michigan	—	—	↑	—
Priority Health Choice, Inc.	—	—	↑	—
Sparrow PHP	—	—	—	—
Total Health Care, Inc.	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—
Upper Peninsula Health Plan	—	—	—	—

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

Table 1-3: Statewide Comparisons—Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Fee-for-Service	↑	↑	↑	— ⁺	—
Blue Cross Complete of Michigan	—	—	—	—	—
CoventryCares	—	—	—	—	—
HAP Midwest Health Plan	—	—	—	—	—
Harbor Health Plan	—	—	—	— ⁺	— ⁺
HealthPlus Partners	—	—	—	—	—
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Sparrow PHP	—	—	—	—	—
Total Health Care, Inc.	—	—	↓	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	—	—	↑	—	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average.</p> <p>↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.</p> <p>— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p>					

Table 1-4: Statewide Comparisons—Effectiveness of Care Measures

Plan Name	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies	Aspirin Use	Discussing Aspirin Risks and Benefits
Fee-for-Service	↑	—	—	↑ ⁺	—
Blue Cross Complete of Michigan	—	—	—	—	—
CoventryCares	—	—	—	— ⁺	—
HAP Midwest Health Plan	—	—	—	— ⁺	—
Harbor Health Plan	—	↑	—	— ⁺	— ⁺
HealthPlus Partners	—	—	↑	— ⁺	—
McLaren Health Plan	—	↓	↓	— ⁺	—
Meridian Health Plan of Michigan	—	↑	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	— ⁺	—
Sparrow PHP	—	—	↑	— ⁺	—
Total Health Care, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	—	—	—	—	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

The results from the Statewide Comparisons presented in Table 1-2 through Table 1-4 revealed that Fee-for-Service scored significantly *higher* than the MDHHS Medicaid Managed Care Program average on six measures, and HealthPlus Partners scored significantly *higher* than the MDHHS Medicaid Managed Care Program average on two measures. Additionally, the following plans scored significantly *higher* than the MDHHS Medicaid Managed Care Program average on one measure:

- ◆ Harbor Health Plan
- ◆ Meridian Health Plan of Michigan
- ◆ Molina Healthcare of Michigan
- ◆ Priority Health Choice, Inc.
- ◆ Sparrow PHP
- ◆ Upper Peninsula Health Plan

Conversely, McLaren Health Plan scored significantly *lower* than the MDHHS Medicaid Managed Care Program average on three measures, and CoventryCares and Total Health Care, Inc. scored significantly *lower* than the MDHHS Medicaid Managed Care Program average on one measure.

Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated each of these measures to determine if particular CAHPS items (i.e., questions) strongly correlated with these measures, which HSAG refers to as “key drivers.” These individual CAHPS items are driving levels of satisfaction with each of the three measures. Table 1-5 provides a summary of the key drivers identified for the MDHHS Medicaid Program.

Table 1-5: MDHHS Medicaid Program Key Drivers of Satisfaction
Rating of Health Plan
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Respondents reported that forms from their health plan were often not easy to fill out.
Rating of All Health Care
Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Rating of Personal Doctor
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.

2015 CAHPS Performance Measures

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 58 core questions that yield 14 measures. These measures include four global rating questions, five composite measures, and five Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect overall satisfaction 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 Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation and managing aspirin use for the primary prevention of cardiovascular disease.

Table 2-1 lists the measures included in the CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set.

Global Ratings	Composite Measures	Effectiveness of Care Measures
Rating of Health Plan	Getting Needed Care	Advising Smokers and Tobacco Users to Quit
Rating of All Health Care	Getting Care Quickly	Discussing Cessation Medications
Rating of Personal Doctor	How Well Doctors Communicate	Discussing Cessation Strategies
Rating of Specialist Seen Most Often	Customer Service	Aspirin Use
	Shared Decision Making	Discussing Aspirin Risks and Benefits

How CAHPS Results Were Collected

NCQA mandates a specific HEDIS survey methodology to ensure the collection of CAHPS data is consistent throughout all plans to allow for comparisons. In accordance with NCQA requirements, the sampling procedures and survey protocol were adhered to as described below.

Sampling Procedures

MDHHS provided HSAG with a list of all eligible members in the Fee-for-Service population for the sampling frame, per HEDIS specifications. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. The MHPs contracted with separate survey vendors to perform sampling. Following HEDIS requirements, members were sampled who met the following criteria:

- ◆ Were 18 years of age or older as of December 31, 2014.
- ◆ Were currently enrolled in an MHP or Fee-for-Service.
- ◆ Had been continuously enrolled in the plan or program for at least five of the last six months (July through December) of 2014.
- ◆ Had Medicaid as a payer.

Next, a simple random sample of members was selected for inclusion in the survey. No more than one member per household was selected as part of the random survey samples. A sample of at least 1,350 adult members was selected from the Fee-for-Service population and each MHP, with one exception.²⁻¹ Harbor Health Plan was unable to identify 1,350 eligible adult members for inclusion in this survey; therefore, after adjusting for duplicate addresses, the sample size for this MHP was 891.²⁻² Table 3-1 in the Results section provides an overview of the sample sizes for each plan and program.

²⁻¹ Some MHPs elected to oversample their population.

²⁻² Since Harbor Health Plan was not able to meet the NCQA minimum sample size of 1,350 adult members for the CAHPS 5.0 Adult Medicaid Health Plan Survey, the MHP's entire eligible population was selected for inclusion in the CAHPS survey. Therefore, the sample size for this MHP represents all adult members eligible for inclusion in the CAHPS survey after adjusting for duplicate addresses.

Survey Protocol

The survey administration protocol employed by all of the MHPs and Fee-for-Service, with the exception of CoventryCares, McLaren Health Plan, Sparrow PHP, and Total Health Care, Inc., was a mixed-mode methodology, which allowed for two methods by which members could complete a survey.²⁻³ The first, or mail phase, consisted of sampled members receiving a survey via mail. Non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of members who did not mail in a completed survey. At least three CATI calls to each non-respondent were attempted.²⁻⁴ It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a plan's population.²⁻⁵ The survey administration protocol employed by CoventryCares, McLaren Health Plan, Sparrow PHP, and Total Health Care, Inc. was a mixed-mode methodology with an Internet option, which allowed sampled members the option to complete the survey via mail, telephone, or Internet.

Table 2-2 shows the standard mixed-mode (i.e., mail followed by telephone follow-up) CAHPS timeline used in the administration of the CAHPS surveys.

Task	Timeline
Send first questionnaire with cover letter to the adult member.	0 days
Send a postcard reminder to non-respondents four to 10 days after mailing the first questionnaire.	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents four to 10 days after mailing the second questionnaire.	39 – 45 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

²⁻³ Blue Cross Complete of Michigan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, and Priority Health Choice, Inc. utilized an enhanced mixed-mode survey methodology pre-approved by NCQA.

²⁻⁴ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2015 Survey Measures*. Washington, DC: NCQA; 2014.

²⁻⁵ Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

How CAHPS Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess member satisfaction. In addition to individual plan results, HSAG calculated an MDHHS Medicaid Program average and an MDHHS Medicaid Managed Care Program average. HSAG combined results from Fee-for-Service and the MHPs to form the MDHHS Medicaid Program average. HSAG combined results from the MHPs to form the MDHHS Medicaid Managed Care Program average. This section provides an overview of each analysis.

Who Responded to the Survey

The administration of the CAHPS survey is comprehensive and is designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.²⁻⁶ HSAG considered a survey completed if at least one question was answered. Eligible members included the entire random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Random Sample} - \text{Ineligibles}}$$

Demographics of Adult Members

The demographics analysis evaluated demographic information of adult members. MDHHS should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan or program.

National Comparisons

HSAG conducted an analysis of the CAHPS survey results using NCQA HEDIS Specifications for Survey Measures. Although NCQA requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result, HSAG presented results with less than 100 responses. Therefore, caution should be exercised when evaluating measures' results with less than 100 responses, which are denoted with a cross (+).

²⁻⁶ National Committee for Quality Assurance. *HEDIS® 2015, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2014.

Table 2-3 shows the percentiles that were used to determine star ratings for each CAHPS measure.

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★☆ Very Good	At or between the 75th and 89th percentiles
★★★☆☆ Good	At or between the 50th and 74th percentiles
★★☆☆☆ Fair	At or between the 25th and 49th percentiles
★☆☆☆☆ Poor	Below the 25th percentile

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure. HSAG compared the resulting three-point mean scores to published NCQA HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings for each CAHPS measure.²⁻⁷

Table 2-4 shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall adult Medicaid member satisfaction ratings on each CAHPS measure.²⁻⁸ NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.54	2.49	2.43	2.35
Rating of All Health Care	2.43	2.38	2.34	2.28
Rating of Personal Doctor	2.57	2.53	2.50	2.43
Rating of Specialist Seen Most Often	2.59	2.56	2.51	2.48
Getting Needed Care	2.46	2.42	2.37	2.31
Getting Care Quickly	2.50	2.46	2.42	2.37
How Well Doctors Communicate	2.64	2.58	2.54	2.48
Customer Service	2.61	2.58	2.54	2.48

²⁻⁷ For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2015, Volume 3: Specifications for Survey Measures*.

²⁻⁸ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA; February 5, 2015.

Statewide Comparisons

Global Ratings and Composite Measures

For purposes of the Statewide Comparisons analysis, HSAG calculated question summary rates for each global rating and global proportions for each composite measure, following NCQA HEDIS Specifications for Survey Measures.²⁻⁹ The scoring of the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

- ◆ “9” or “10” for the global ratings.
- ◆ “Usually” or “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites.
- ◆ “Yes” for the Shared Decision Making composite.

Medical Assistance with Smoking and Tobacco Use Cessation

HSAG calculated three rates that assess different facets of providing medical assistance with smoking and tobacco use cessation:

- ◆ Advising Smokers and Tobacco Users to Quit
- ◆ Discussing Cessation Medications
- ◆ Discussing Cessation Strategies

These rates assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Aspirin Use and Discussion

HSAG calculated two rates that assess different facets of managing aspirin use for the primary prevention of cardiovascular disease:

- ◆ Aspirin Use
- ◆ Discussing Aspirin Risks and Benefits

²⁻⁹ National Committee for Quality Assurance. *HEDIS® 2015, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2014.

The Aspirin Use measure assesses the percentage of members at risk for cardiovascular disease who are currently taking aspirin. The Discussing Aspirin Risks and Benefits measure assesses the percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider. Responses of “Yes” were used to determine if the member qualified for inclusion in the numerator. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Weighting

Both a weighted MDHHS Medicaid Program rate and a weighted MDHHS Medicaid Managed Care Program rate were calculated. Results were weighted based on the total eligible population for each plan’s or program’s adult population. The MDHHS Medicaid Program average includes results from both the MHPs and the Fee-for-Service population. The MDHHS Medicaid Managed Care Program average is limited to the results of the MHPs (i.e., the Fee-for-Service population is not included). For the Statewide Comparisons, no threshold number of responses was required for the results to be reported. Measures with less than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

MHP Comparisons

The results of the MHPs were compared to the MDHHS Medicaid Managed Care Program average. Two types of hypothesis tests were applied to these results. First, a global F test was calculated, which determined whether the difference between MHP means was significant. If the F test demonstrated MHP-level differences (i.e., p value ≤ 0.05), then a t -test was performed for each MHP. The t -test determined whether each MHP’s mean was significantly different from the MDHHS Medicaid Managed Care Program average. This analytic approach follows the Agency for Healthcare Research and Quality’s (AHRQ’s) recommended methodology for identifying significant plan-level performance differences.

Fee-for-Service Comparisons

The results of the Fee-for-Service population were compared to the MDHHS Medicaid Managed Care Program average. One type of hypothesis test was applied to these results. A t -test was performed to determine whether the results of the Fee-for-Service population were significantly different (i.e., p value ≤ 0.05) from the MDHHS Medicaid Managed Care Program average results.

Trend Analysis

A trend analysis was performed that compared the 2015 CAHPS scores to the corresponding 2014 CAHPS scores, where appropriate, to determine whether there were significant difference.²⁻¹⁰ A *t*-test was performed to determine whether results in 2014 were significantly different from results in 2015. A difference was considered significant if the two-sided *p* value of the *t*-test was less than or equal to 0.05. The two-sided *p* value of the *t*-test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed. Measures with less than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Key Drivers of Satisfaction Analysis

HSAG performed an analysis of key drivers of satisfaction for the following measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how **well** the MDHHS Medicaid Program is performing on the survey item and 2) how **important** that item is to overall satisfaction.

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a “1,” and a positive experience with care (i.e., non-negative) was assigned a “0.” The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

For each item evaluated, the relationship between the item’s problem score and performance on each of the three measures was calculated using a Pearson product moment correlation, which is defined as the covariance of the two scores divided by the product of their standard deviations. Items were then prioritized based on their overall problem score and their correlation to each measure. Key drivers of satisfaction were defined as those items that:

- ◆ Had a problem score that was greater than or equal to the median problem score for all items examined.
- ◆ Had a correlation that was greater than or equal to the median correlation for all items examined.

²⁻¹⁰ As previously noted, for 2015 NCQA revised the question language and response options for the questions that comprise the Shared Decision Making composite measure. Given the changes to the Shared Decision Making composite measure, the 2015 CAHPS scores for this measure are not comparable to the 2014 CAHPS scores.

Limitations and Cautions

The findings presented in this CAHPS report are subject to some limitations in the survey design, analysis, and interpretation. MDHHS should consider these limitations when interpreting or generalizing the findings.

Case-Mix Adjustment

The demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting CAHPS results to account for these differences.²⁻¹¹

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by plan or program. Therefore, MDHHS should consider the potential for non-response bias when interpreting CAHPS results.

Causal Inferences

Although this report examines whether respondents report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to an MHP or the Fee-for-Service program. These analyses identify whether respondents give different ratings of satisfaction with their MHP or the Fee-for-Service program. The survey by itself does not necessarily reveal the exact cause of these differences.

Missing Phone Numbers

The volume of missing telephone numbers may impact the response rates and the validity of the survey results. For instance, a certain segment of the population may be more likely to have missing phone information than other segments.

²⁻¹¹ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

Mode Effects

The CAHPS survey was administered via standard or enhanced mixed-mode (Fee-for-Service and all MHPs except CoventryCares, McLaren Health Plan, Sparrow PHP, and Total Health Care, Inc.) and mixed-mode with Internet enhancement (CoventryCares, McLaren Health Plan, Sparrow PHP and Total Health Care, Inc.) methodologies. The mode in which a survey is administered may have an impact on respondents' assessments of their health care experiences. Therefore, mode effects should be considered when interpreting the CAHPS results.

Survey Vendor Effects

The CAHPS survey was administered by multiple survey vendors. NCQA developed its Survey Vendor Certification Program to ensure standardization of data collection and the comparability of results across health plans. However, due to the different processes employed by the survey vendors, there is still the small potential for vendor effects. Therefore, survey vendor effects should be considered when interpreting the CAHPS results.

Who Responded to the Survey

A total of 24,517 surveys were mailed to adult members. A total of 7,571 surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was considered complete if at least one question was answered on the survey. Eligible members included the entire random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

Table 3-1 shows the total number of members sampled, the number of surveys completed, the number of ineligible members, and the response rates.

Table 3-1: Total Number of Respondents and Response Rates

Plan Name	Sample Size	Completes	Ineligibles	Response Rates
MDHHS Medicaid Program	24,517	7,571	609	31.67%
Fee-for-Service	1,350	430	99	34.37%
MDHHS Medicaid Managed Care Program	23,167	7,141	510	31.52%
Blue Cross Complete of Michigan	1,823	591	22	32.82%
CoventryCares	1,485	324	16	22.06%
HAP Midwest Health Plan	1,755	509	70	30.21%
Harbor Health Plan	891	231	33	26.92%
HealthPlus Partners	1,350	488	13	36.50%
McLaren Health Plan	1,350	463	26	34.97%
Meridian Health Plan of Michigan	1,890	633	58	34.55%
Molina Healthcare of Michigan	2,700	735	37	27.60%
Priority Health Choice, Inc.	1,958	496	42	25.89%
Sparrow PHP	1,755	461	27	26.68%
Total Health Care, Inc.	2,160	707	62	33.70%
UnitedHealthcare Community Plan	1,890	613	67	33.63%
Upper Peninsula Health Plan	2,160	890	37	41.92%

Demographics of Adult Members

Table 3-2 depicts the ages of members who completed a CAHPS survey.

Table 3-2: Adult Member Demographics—Age						
Plan Name	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and older
MDHHS Medicaid Program	10.9%	15.7%	15.7%	23.6%	27.0%	7.1%
Fee-for-Service	2.4%	3.1%	8.7%	17.1%	24.4%	44.2%
MDHHS Medicaid Managed Care Program	11.5%	16.4%	16.1%	24.0%	27.2%	4.7%
Blue Cross Complete of Michigan	10.3%	16.3%	17.2%	26.2%	26.6%	3.4%
CoventryCares	15.1%	12.2%	17.1%	23.7%	31.6%	0.3%
HAP Midwest Health Plan	11.5%	16.7%	16.1%	23.0%	31.0%	1.7%
Harbor Health Plan	6.3%	17.2%	7.3%	23.4%	43.2%	2.6%
HealthPlus Partners	9.3%	16.4%	15.5%	29.2%	25.7%	4.0%
McLaren Health Plan	8.2%	16.5%	13.9%	28.5%	30.1%	2.8%
Meridian Health Plan of Michigan	13.4%	16.4%	15.2%	25.7%	26.6%	2.6%
Molina Healthcare of Michigan	10.2%	12.9%	14.3%	19.1%	29.3%	14.1%
Priority Health Choice, Inc.	15.5%	22.0%	16.6%	17.4%	18.2%	10.3%
Sparrow PHP	11.9%	16.9%	16.2%	28.3%	21.5%	5.1%
Total Health Care, Inc.	11.4%	15.7%	18.0%	22.7%	28.3%	3.9%
UnitedHealthcare Community Plan	13.8%	17.6%	19.5%	24.1%	24.5%	0.5%
Upper Peninsula Health Plan	10.3%	16.9%	16.9%	23.2%	27.4%	5.2%

Please note, percentages may not total 100% due to rounding.

Table 3-3 depicts the gender of members who completed a CAHPS survey.

Table 3-3: Adult Member Demographics—Gender		
Plan Name	Male	Female
MDHHS Medicaid Program	39.5%	60.5%
Fee-for-Service	35.4%	64.6%
MDHHS Medicaid Managed Care Program	39.7%	60.3%
Blue Cross Complete of Michigan	48.6%	51.4%
CoventryCares	40.5%	59.5%
HAP Midwest Health Plan	39.1%	60.9%
Harbor Health Plan	55.5%	44.5%
HealthPlus Partners	40.2%	59.8%
McLaren Health Plan	39.8%	60.2%
Meridian Health Plan of Michigan	38.7%	61.3%
Molina Healthcare of Michigan	34.5%	65.5%
Priority Health Choice, Inc.	33.4%	66.6%
Sparrow PHP	33.3%	66.7%
Total Health Care, Inc.	41.4%	58.6%
UnitedHealthcare Community Plan	40.6%	59.4%
Upper Peninsula Health Plan	39.3%	60.7%

Table 3-4 depicts the race and ethnicity of members who completed a CAHPS survey.

Table 3-4: Adult Member Demographics—Race/Ethnicity						
Plan Name	White	Hispanic	Black	Asian	Other	Multi-Racial
MDHHS Medicaid Program	56.2%	3.9%	28.8%	1.4%	3.0%	6.7%
Fee-for-Service	73.4%	3.6%	14.3%	1.7%	2.4%	4.6%
MDHHS Medicaid Managed Care Program	55.1%	3.9%	29.7%	1.4%	3.0%	6.9%
Blue Cross Complete of Michigan	39.2%	2.1%	48.4%	2.4%	3.6%	4.3%
CoventryCares	11.3%	3.0%	74.8%	0.7%	2.3%	8.0%
HAP Midwest Health Plan	40.5%	3.4%	39.7%	1.1%	7.6%	7.8%
Harbor Health Plan	13.7%	2.6%	72.6%	1.6%	1.1%	8.4%
HealthPlus Partners	61.7%	4.9%	25.2%	0.4%	2.0%	5.8%
McLaren Health Plan	75.7%	3.8%	12.5%	0.5%	2.1%	5.4%
Meridian Health Plan of Michigan	68.8%	3.6%	17.3%	0.3%	1.5%	8.4%
Molina Healthcare of Michigan	45.4%	5.1%	37.8%	1.5%	1.8%	8.3%
Priority Health Choice, Inc.	74.5%	6.5%	11.6%	1.4%	1.2%	4.7%
Sparrow PHP	62.9%	6.9%	15.2%	5.4%	1.7%	7.9%
Total Health Care, Inc.	29.2%	3.2%	55.0%	0.9%	2.5%	9.3%
UnitedHealthcare Community Plan	49.8%	4.7%	28.8%	2.6%	6.6%	7.6%
Upper Peninsula Health Plan	89.5%	2.0%	0.0%	0.2%	3.1%	5.1%
<i>Please note, percentages may not total 100% due to rounding.</i>						

Table 3-5 depicts the general health status of members who completed a CAHPS survey.

Table 3-5: Adult Member Demographics—General Health Status					
Plan Name	Excellent	Very Good	Good	Fair	Poor
MDHHS Medicaid Program	8.5%	19.6%	34.9%	26.6%	10.4%
Fee-for-Service	4.5%	15.6%	33.2%	31.4%	15.3%
MDHHS Medicaid Managed Care Program	8.7%	19.9%	35.0%	26.3%	10.1%
Blue Cross Complete of Michigan	12.1%	23.2%	35.5%	21.5%	7.8%
CoventryCares	10.2%	17.1%	29.6%	32.2%	10.9%
HAP Midwest Health Plan	10.2%	19.6%	35.6%	24.6%	10.0%
Harbor Health Plan	11.5%	13.1%	32.5%	32.5%	10.5%
HealthPlus Partners	5.5%	21.8%	35.9%	26.4%	10.4%
McLaren Health Plan	6.0%	17.5%	38.8%	26.1%	11.7%
Meridian Health Plan of Michigan	7.9%	21.3%	35.1%	23.8%	12.0%
Molina Healthcare of Michigan	7.9%	13.8%	35.1%	32.1%	11.2%
Priority Health Choice, Inc.	10.2%	24.7%	33.3%	23.7%	8.1%
Sparrow PHP	8.1%	18.2%	33.9%	27.8%	12.0%
Total Health Care, Inc.	8.2%	19.9%	32.1%	30.4%	9.4%
UnitedHealthcare Community Plan	9.4%	23.6%	34.7%	24.1%	8.2%
Upper Peninsula Health Plan	8.1%	19.7%	38.1%	24.2%	9.9%

Please note, percentages may not total 100% due to rounding.

National Comparisons

In order to assess the overall performance of the MDHHS Medicaid Program, HSAG scored the four global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and four composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the plans' and programs' three-point mean scores to NCQA HEDIS Benchmarks and Thresholds for Accreditation.³⁻¹

Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-6.

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

The results presented in the following two tables represent the three-point mean scores for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

³⁻¹ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA; February 5, 2015.

Table 3-7 shows the overall member satisfaction ratings on each of the four global ratings.

Table 3-7: National Comparisons—Global Ratings				
Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
MDHHS Medicaid Program	★★★ 2.47	★★★ 2.36	★★★ 2.50	★★★ 2.52
Fee-for-Service	★★ 2.42	★★★★★ 2.43	★★★★★ 2.63	★★★★★ 2.60
MDHHS Medicaid Managed Care Program	★★★ 2.47	★★★ 2.35	★★ 2.49	★★★ 2.52
Blue Cross Complete of Michigan	★★★★ 2.51	★★★★ 2.40	★★★ 2.50	★ 2.47
CoventryCares	★★ 2.35	★ 2.19	★ 2.40	★ 2.47
HAP Midwest Health Plan	★★★ 2.44	★★ 2.33	★★ 2.49	★★ 2.49
Harbor Health Plan	★★ 2.40	★★ 2.29	★★★ 2.51	★★ ⁺ 2.48
HealthPlus Partners	★★★★★ 2.57	★★ 2.33	★★ 2.43	★ 2.45
McLaren Health Plan	★★★ 2.47	★★★ 2.35	★ 2.40	★ 2.47
Meridian Health Plan of Michigan	★★★★ 2.49	★★ 2.32	★★ 2.46	★★★★ 2.57
Molina Healthcare of Michigan	★★★ 2.47	★★★★ 2.38	★★★★ 2.55	★★★ 2.54
Priority Health Choice, Inc.	★★★★ 2.50	★★★★ 2.42	★★★★★ 2.58	★★★★★ 2.63
Sparrow PHP	★★ 2.39	★ 2.27	★ 2.42	★ 2.43
Total Health Care, Inc.	★★★ 2.45	★★★ 2.35	★★ 2.47	★★ 2.49
UnitedHealthcare Community Plan	★★★★ 2.53	★★★★ 2.38	★★★ 2.50	★★★ 2.55
Upper Peninsula Health Plan	★★★ 2.47	★★★★ 2.42	★★★★ 2.55	★★★★ 2.56

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Specialist Seen Most Often. In addition, the MDHHS Medicaid Program scored at or between the 50th and 74th percentiles for one global rating, Rating of Personal Doctor. The MDHHS Medicaid Managed Care Program scored at or between the 25th and 49th percentiles for one global rating, Rating of Personal Doctor. The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program did not score below the 25th percentile for any of the global ratings.

Table 3-8 shows the overall member satisfaction ratings on four of the composite measures.³⁻²

Table 3-8: National Comparisons—Composite Measures				
Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
MDHHS Medicaid Program	★★★ 2.40	★★★★ 2.46	★★★★ 2.62	★★★ 2.57
Fee-for-Service	★★★★★ 2.54	★★★★★ 2.62	★★★★★ 2.71	★+ 2.39
MDHHS Medicaid Managed Care Program	★★★ 2.39	★★★ 2.45	★★★★ 2.62	★★★ 2.57
Blue Cross Complete of Michigan	★★ 2.36	★★★ 2.45	★★★★★ 2.66	★★★★★ 2.62
CoventryCares	★★ 2.35	★★★★ 2.48	★★★★ 2.63	★★★★ 2.58
HAP Midwest Health Plan	★★ 2.32	★★ 2.39	★★★★ 2.58	★★ 2.49
Harbor Health Plan	★★★★★ 2.49	★★★ 2.42	★★★★★ 2.64	★★★★★+ 2.70
HealthPlus Partners	★★★★ 2.43	★★★★★ 2.51	★★★★ 2.59	★★★★★ 2.65
McLaren Health Plan	★★★ 2.40	★★ 2.39	★★★★ 2.60	★★ 2.52
Meridian Health Plan of Michigan	★★★ 2.38	★★★ 2.43	★★★★ 2.59	★★ 2.52
Molina Healthcare of Michigan	★★★ 2.40	★★★★ 2.49	★★★★★ 2.66	★★★ 2.57
Priority Health Choice, Inc.	★★★★ 2.42	★★★★ 2.48	★★★★★ 2.65	★★★ 2.55
Sparrow PHP	★ 2.29	★★ 2.37	★★★ 2.55	★★★ 2.54
Total Health Care, Inc.	★★★ 2.39	★★★★ 2.46	★★★★ 2.58	★★★ 2.56
UnitedHealthcare Community Plan	★★★ 2.38	★★★ 2.44	★★★★ 2.61	★★ 2.49
Upper Peninsula Health Plan	★★★★ 2.45	★★★★★ 2.50	★★★★★ 2.66	★★★★★ 2.66

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program both scored at or between the 75th and 89th percentiles for the How Well Doctors Communicate composite measure, and scored at or between the 50th and 74th percentiles for the Getting Needed Care and Customer Service composite measures. In addition, the MDHHS Medicaid Program scored at or between the 75th and 89th percentiles for the Getting Care Quickly composite measure, while the MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for this same composite measure. The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program did not score below the 50th percentile for any of the composite measures.

³⁻² NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure. A “top-box” response was defined as follows:

- ◆ “9” or “10” for the global ratings.
- ◆ “Usually” or “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites.
- ◆ “Yes” for the Shared Decision Making composite.

HSAG also calculated overall rates for the Effectiveness of Care measures: 1) Medical Assistance with Smoking and Tobacco Use Cessation and 2) Aspirin Use and Discussion. Refer to the Reader’s Guide section for more detailed information regarding the calculation of these measures.

The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program results were weighted based on the eligible population for each adult population (i.e., Fee-for-Service and/or MHPs). HSAG compared the MHP results to the MDHHS Medicaid Managed Care Program average to determine if the MHP results were significantly different than the MDHHS Medicaid Managed Care Program average. Additionally, HSAG compared the Fee-for-Service results to the MDHHS Medicaid Managed Care Program average to determine if the Fee-for-Service results were significantly different than the MDHHS Medicaid Managed Care Program average. The NCQA adult Medicaid national averages also are presented for comparison.^{3-3,3-4} Colors in the figures note significant differences. Green indicates a top-box rate that was significantly higher than the MDHHS Medicaid Managed Care Program average. Conversely, red indicates a top-box rate that was significantly lower than the MDHHS Medicaid Managed Care Program average. Blue represents top-box rates that were not significantly different from the MDHHS Medicaid Managed Care Program average. Health plan/program rates with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

In some instances, the top-box rates presented for two plans were similar, but one was statistically different from the MDHHS Medicaid Managed Care Program average, and the other was not. In these instances, it was the difference in the number of respondents between the two plans that explains the different statistical results. It is more likely that a significant result will be found in a plan with a larger number of respondents.

³⁻³ The source for the national data contained in this publication is Quality Compass[®] 2014 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2014 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS[®] is a registered trademark of AHRQ.

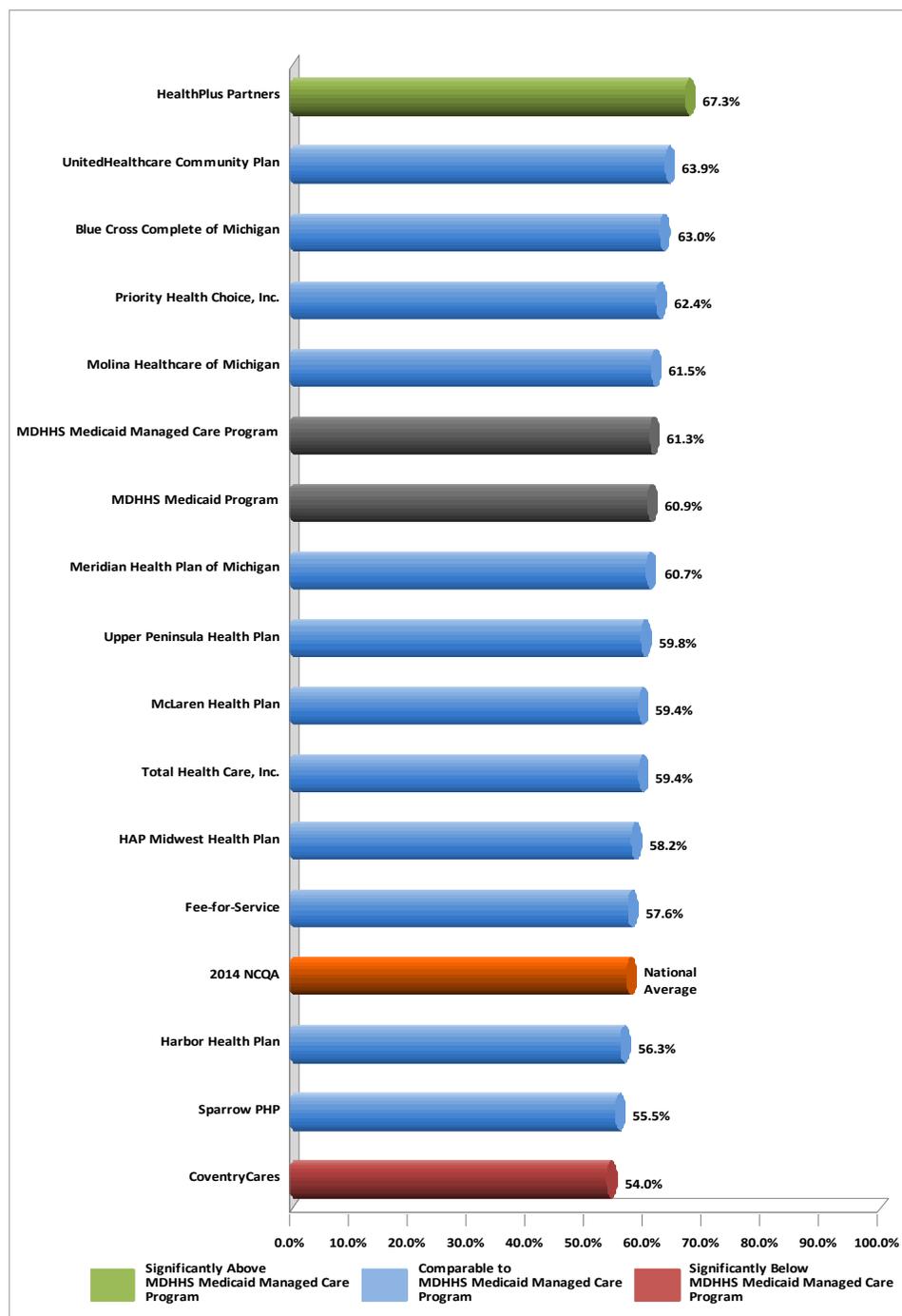
³⁻⁴ NCQA adult Medicaid national averages are not available for the Shared Decision Making composite measure.

Global Ratings

Rating of Health Plan

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Figure 3-1 shows the Rating of Health Plan top-box rates.

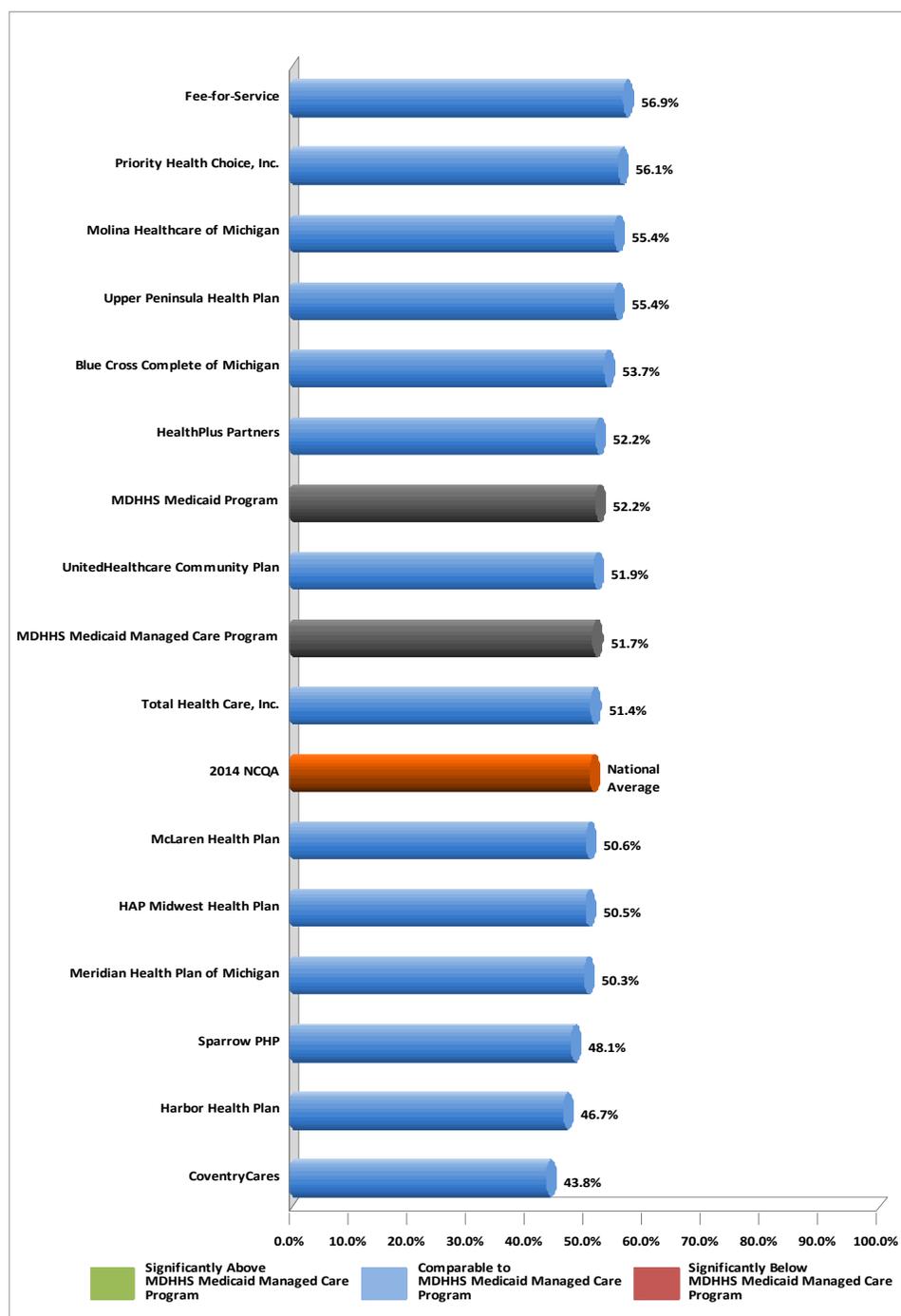
Figure 3-1: Rating of Health Plan Top-Box Rates



Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Figure 3-2 shows the Rating of All Health Care top-box rates.

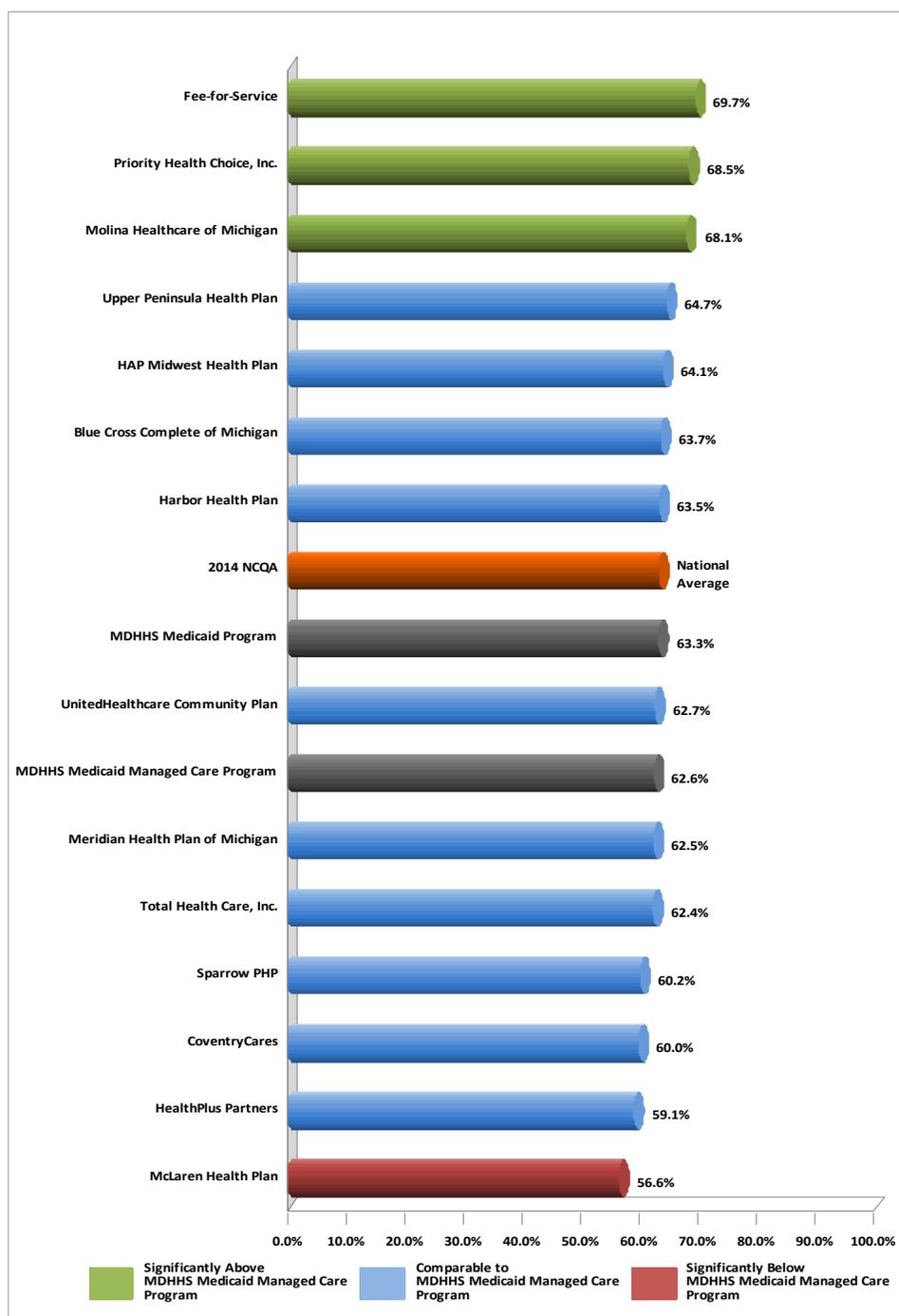
Figure 3-2: Rating of All Health Care Top-Box Rates



Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Figure 3-3 shows the Rating of Personal Doctor top-box rates.

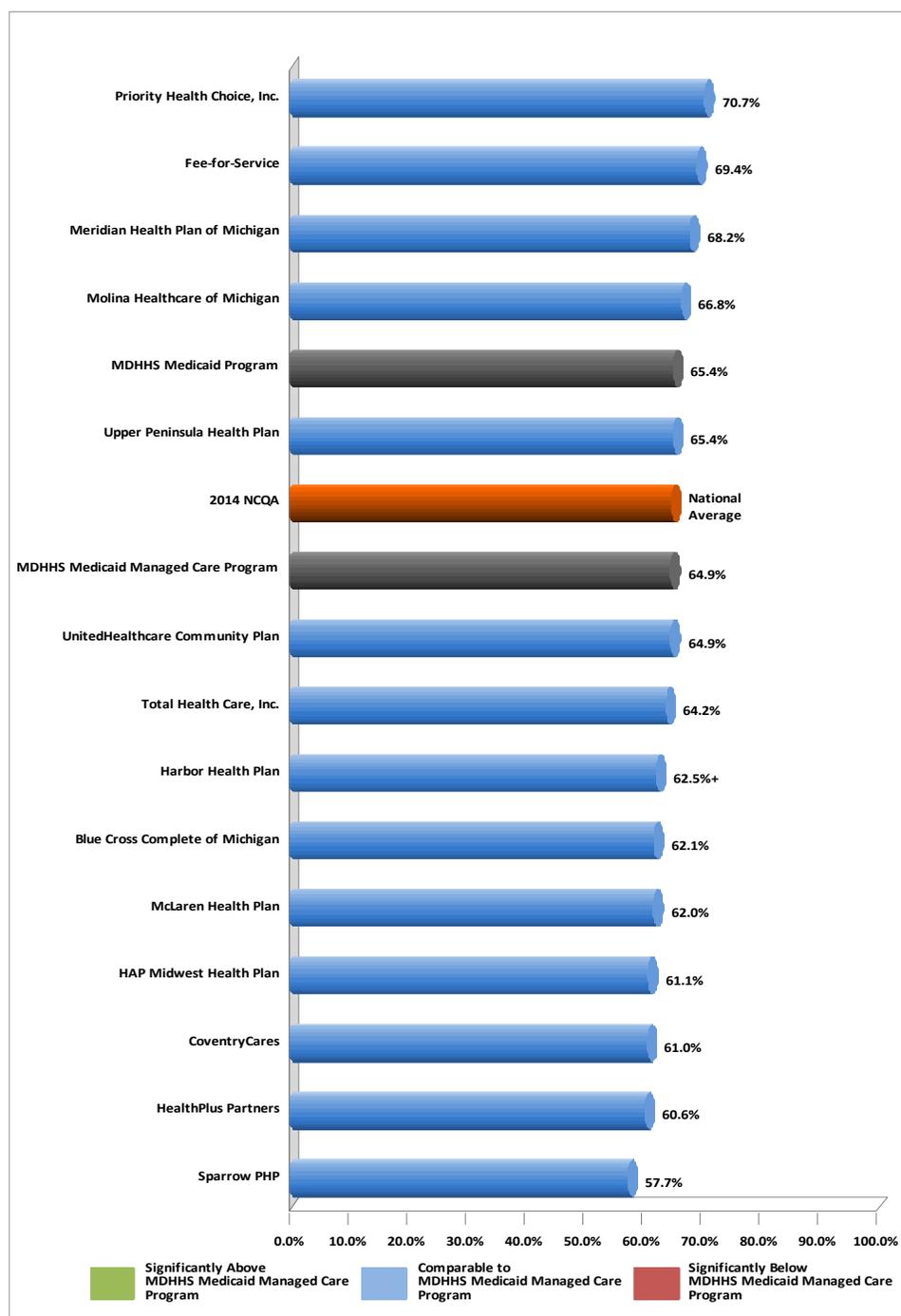
Figure 3-3: Rating of Personal Doctor Top-Box Rates



Rating of Specialist Seen Most Often

Adult members were asked to rate their specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Figure 3-4 shows the Rating of Specialist Seen Most Often top-box rates.

Figure 3-4: Rating of Specialist Seen Most Often Top-Box Rates



Composite Measures

Getting Needed Care

Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

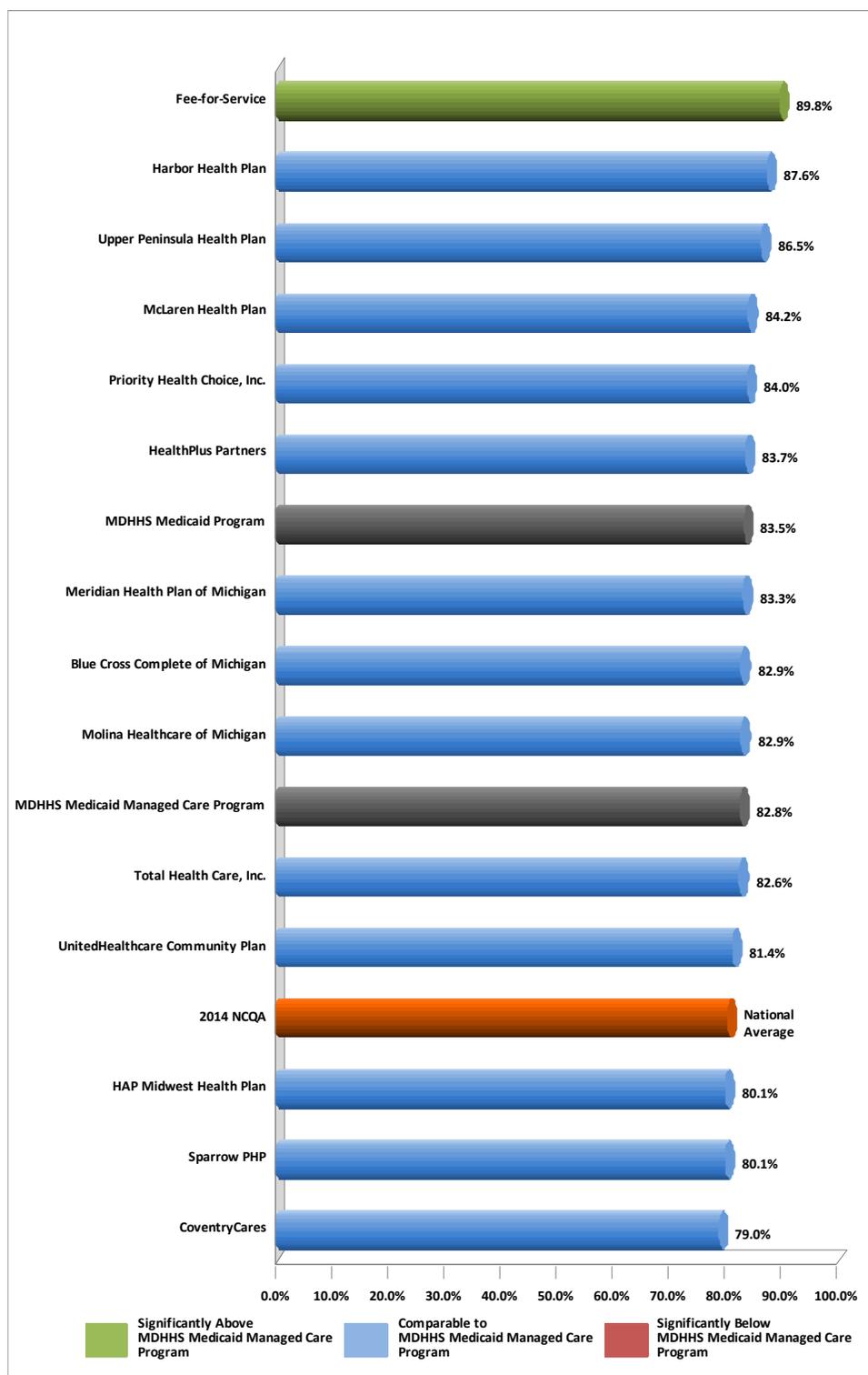
- ◆ **Question 14.** In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 25.** In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Getting Needed Care composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-5 shows the Getting Needed Care top-box rates.

Figure 3-5: Getting Needed Care Top-Box Rates



Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members received care quickly:

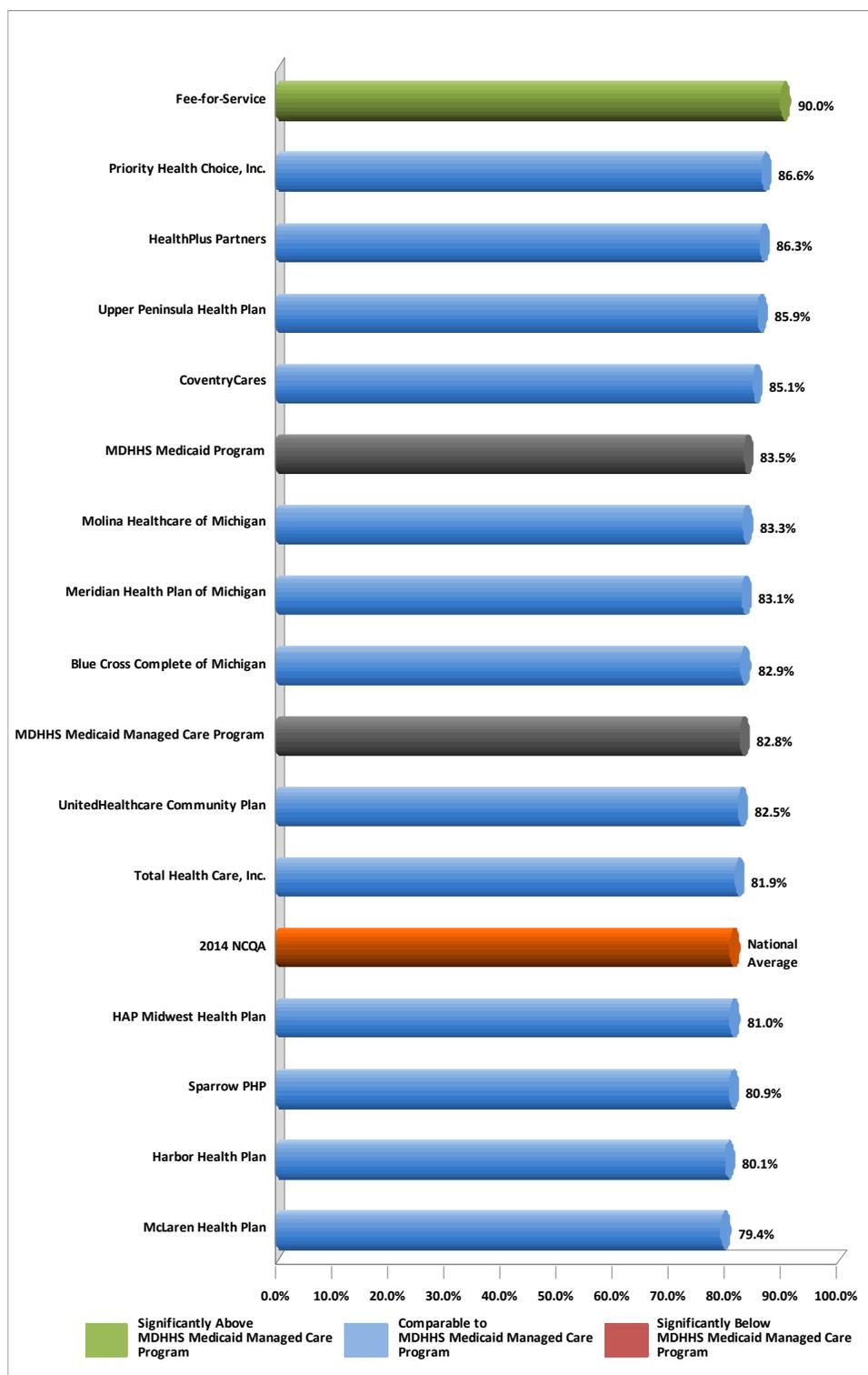
- ◆ **Question 4.** In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 6.** In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Getting Care Quickly composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-6 shows the Getting Care Quickly top-box rates.

Figure 3-6: Getting Care Quickly Top-Box Rates



How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

- ◆ **Question 17.** In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 18.** In the last 6 months, how often did your personal doctor listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always

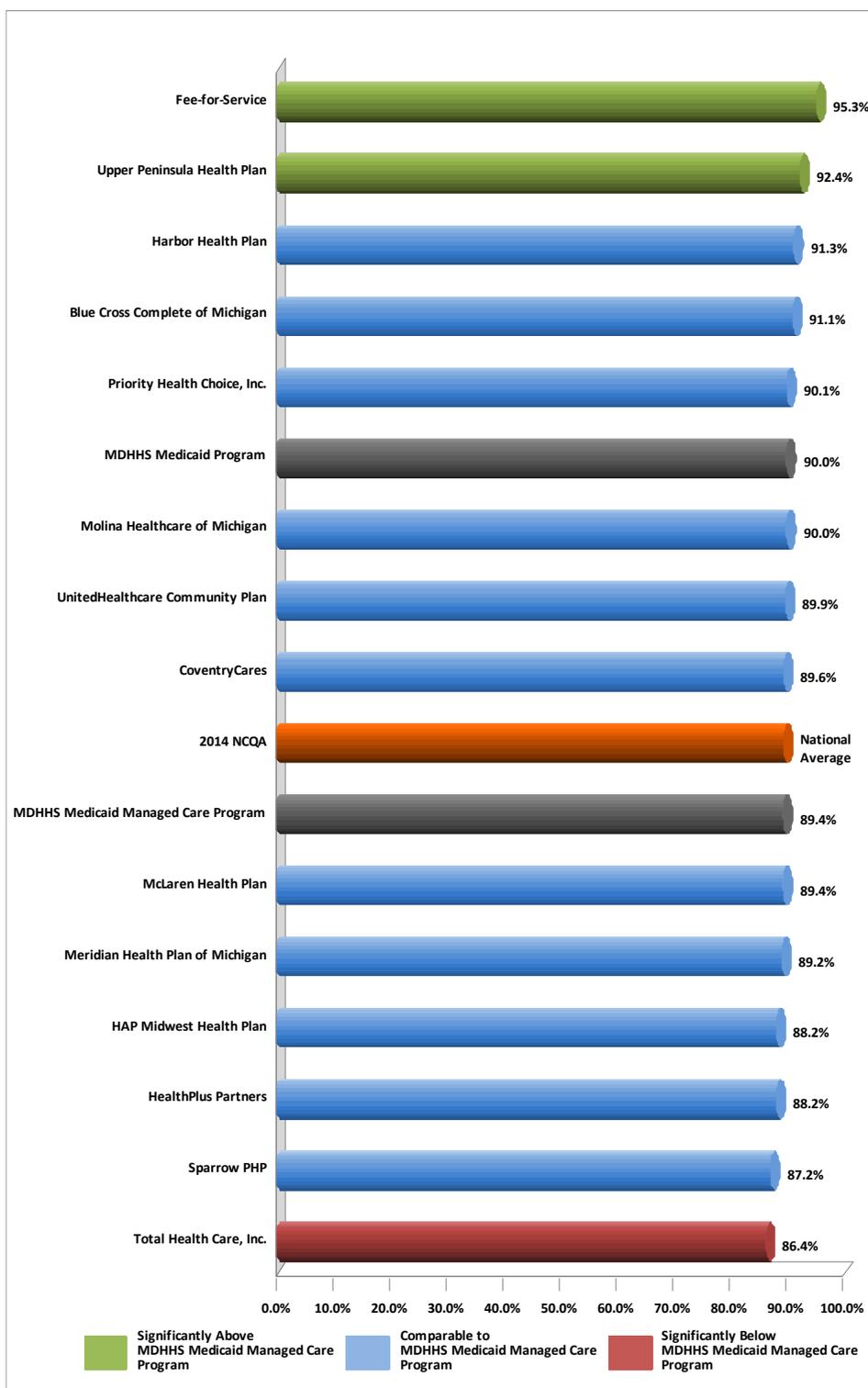
- ◆ **Question 19.** In the last 6 months, how often did your personal doctor show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 20.** In the last 6 months, how often did your personal doctor spend enough time with you?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the How Well Doctors Communicate composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-7 shows the How Well Doctors Communicate top-box rates.

Figure 3-7: How Well Doctors Communicate Top-Box Rates



Customer Service

Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service:

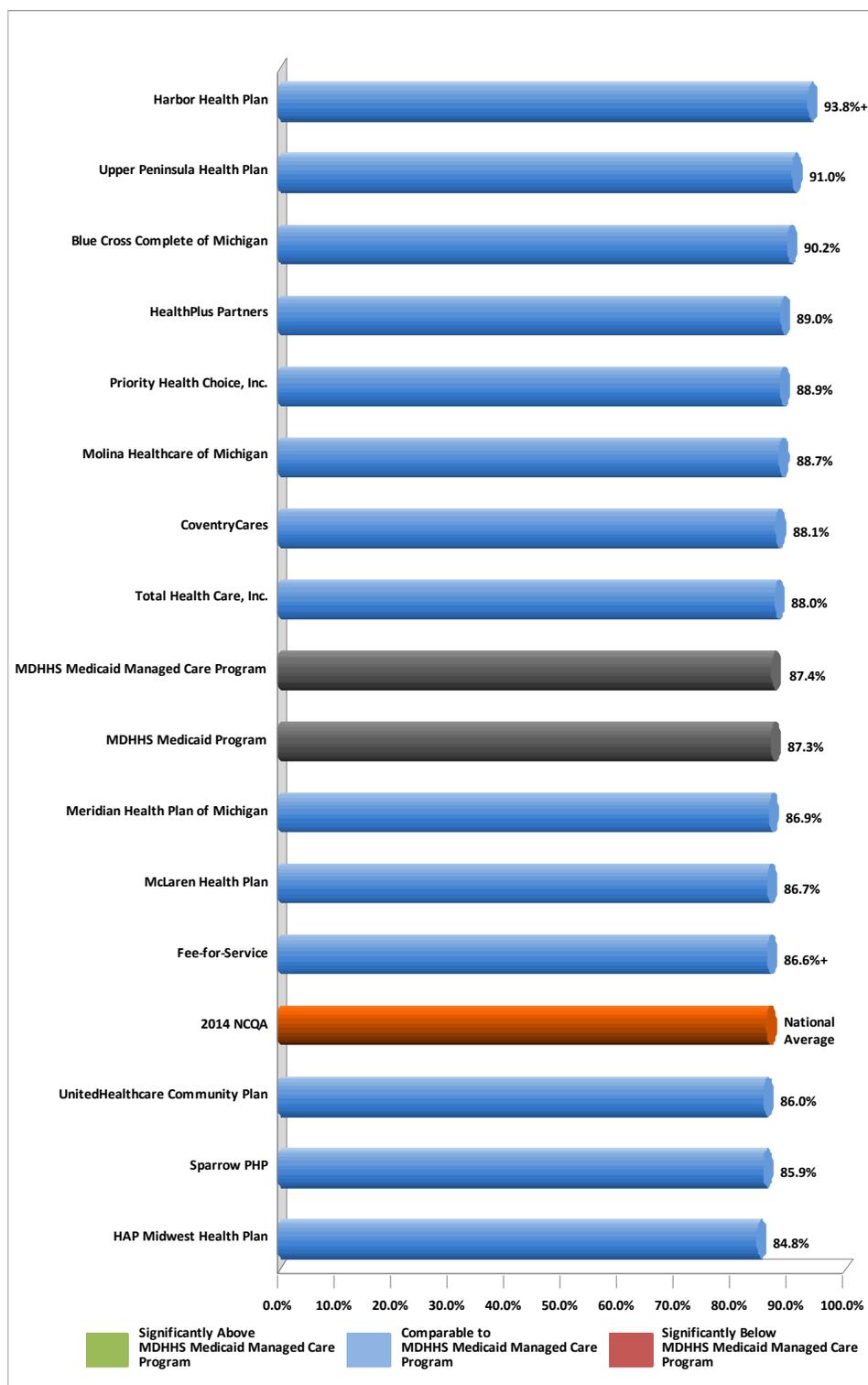
- ◆ **Question 31.** In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 32.** In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Customer Service composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-8 shows the Customer Service top-box rates.

Figure 3-8: Customer Service Top-Box Rates



Note: + indicates fewer than 100 responses

Shared Decision Making

Three questions (Questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine:³⁻⁵

- ◆ **Question 10.** Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
 - Yes
 - No

- ◆ **Question 11.** Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
 - Yes
 - No

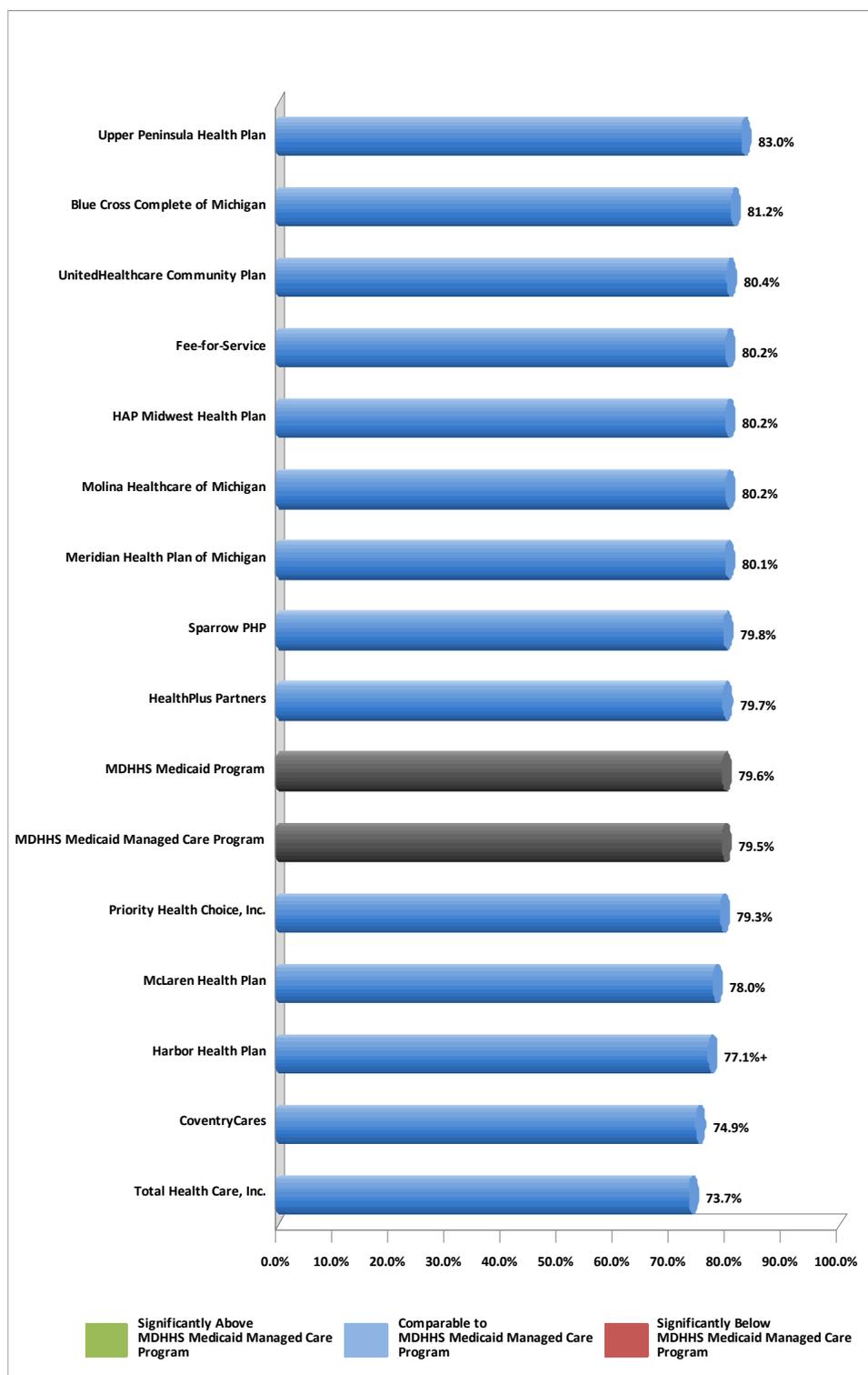
- ◆ **Question 12.** When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
 - Yes
 - No

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Shared Decision Making composite measure, which was defined as a response of “Yes.”

³⁻⁵ Due to changes to the Shared Decision Making composite measure, comparisons to NCQA national averages could not be performed for 2015.

Figure 3-9 shows the Shared Decision Making top-box rates.

Figure 3-9: Shared Decision Making Top-Box Rates



Note: + indicates fewer than 100 responses

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

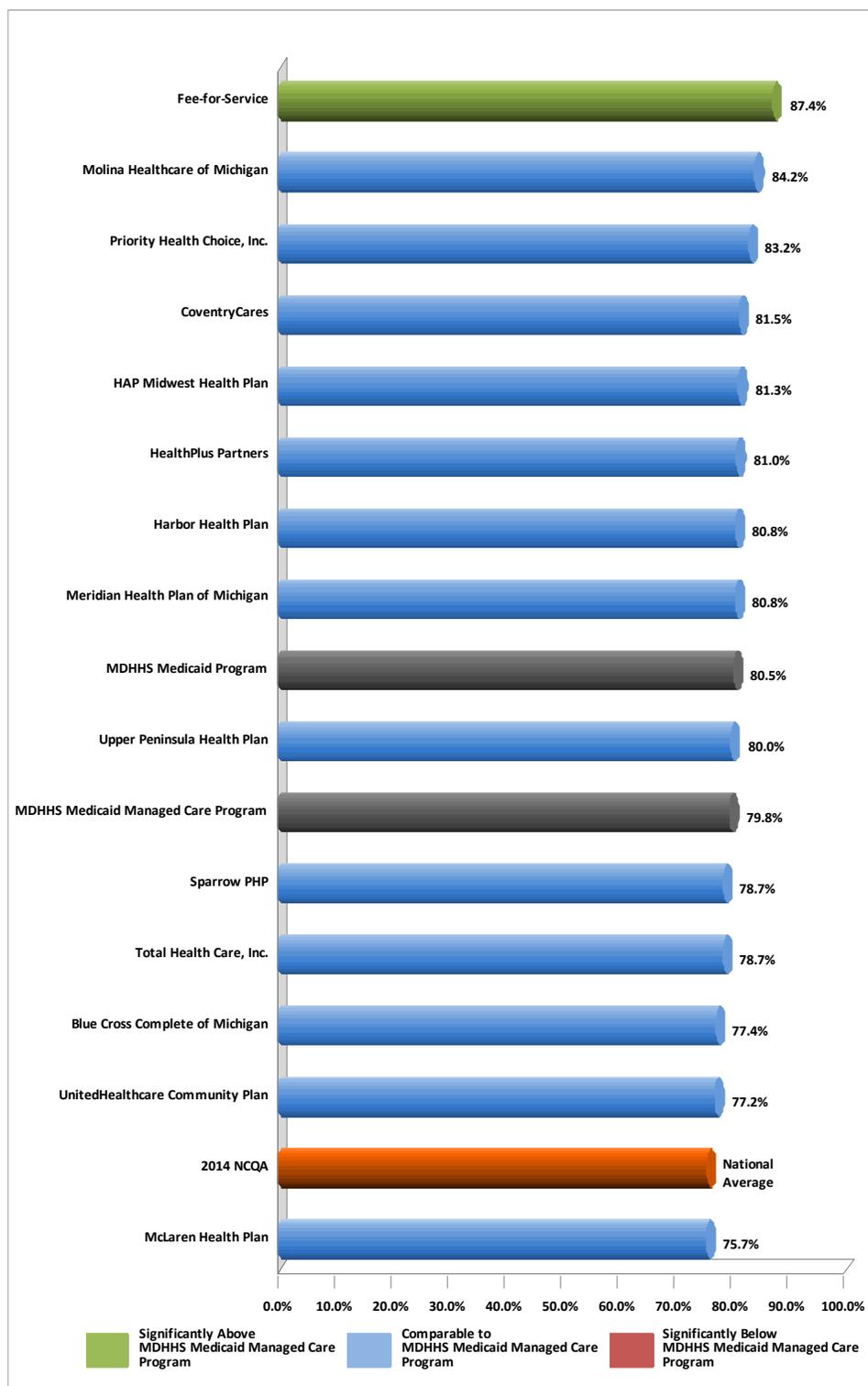
Adult members were asked how often they were advised to quit smoking or using tobacco by a doctor or other health provider (Question 40 in the CAHPS Adult Medicaid Health Plan Survey):

- ◆ **Question 40.** In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
 - Never
 - Sometimes
 - Usually
 - Always

The results of this measure represent the percentage of smokers/tobacco users who answered “Sometimes,” “Usually,” or “Always” to this question. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Figure 3-10 shows the Advising Smokers and Tobacco Users to Quit rates.

Figure 3-10: Advising Smokers and Tobacco Users to Quit Rates



Discussing Cessation Medications

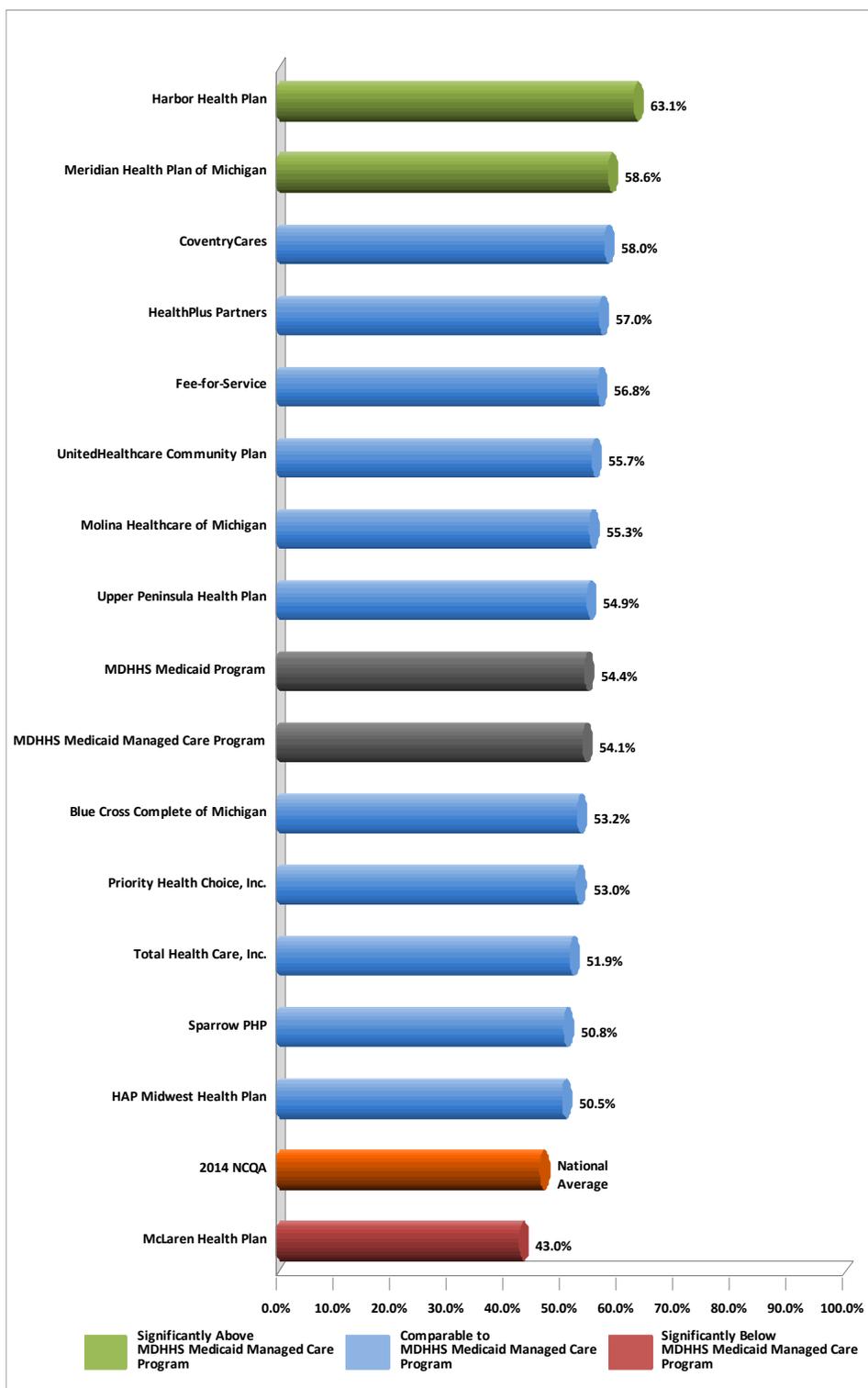
Adult members were asked how often medication was recommended or discussed by a doctor or other health provider to assist them with quitting smoking or using tobacco (Question 41 in the CAHPS Adult Medicaid Health Plan Survey):

- ◆ **Question 41.** In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
 - Never
 - Sometimes
 - Usually
 - Always

The results of this measure represent the percentage of smokers/tobacco users who answered “Sometimes,” “Usually,” or “Always” to this question. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Figure 3-11 shows the Discussing Cessation Medications rates.

Figure 3-11: Discussing Cessation Medications Rates



Discussing Cessation Strategies

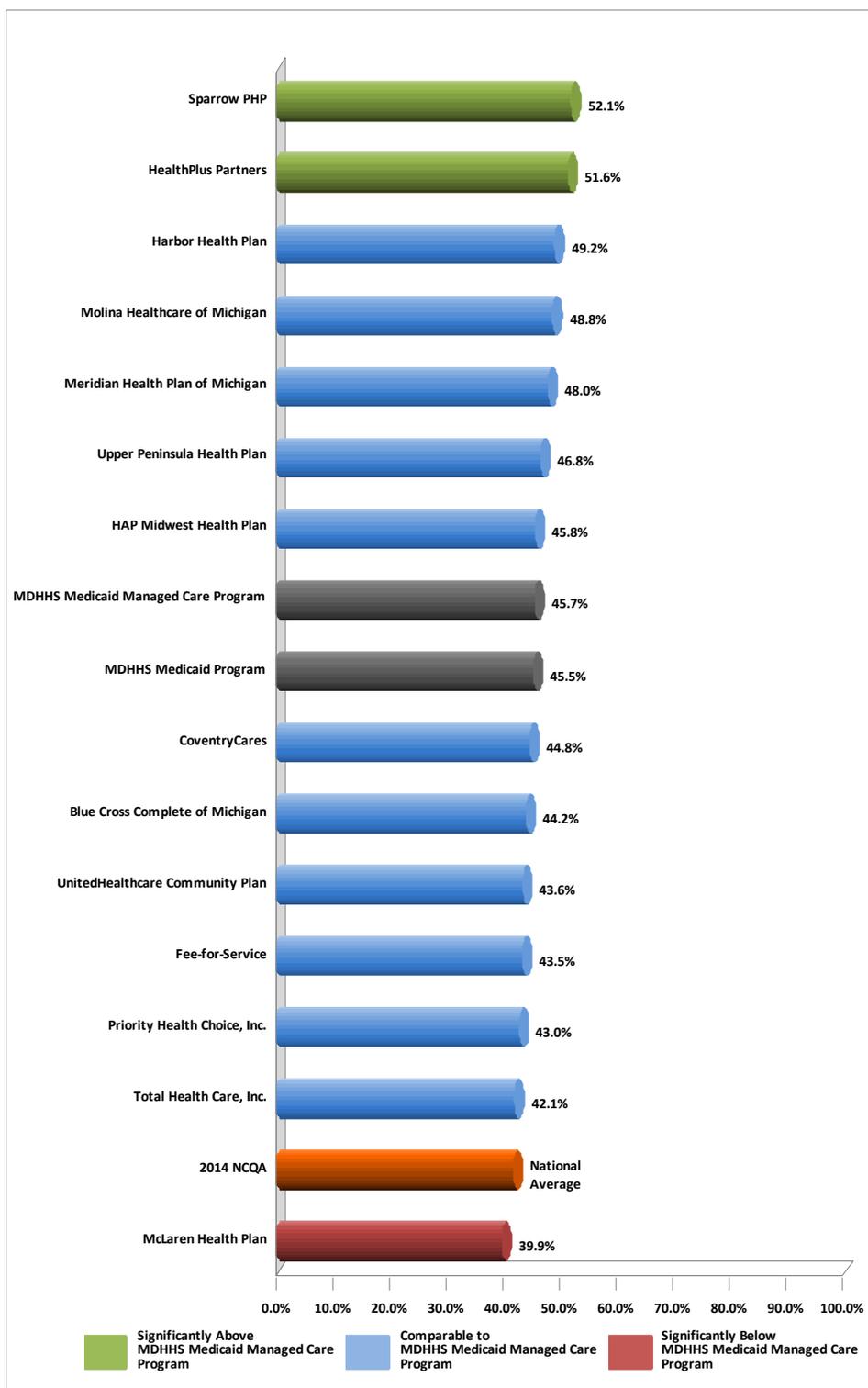
Adult members were asked how often their doctor or health provider discussed or provided methods and strategies other than medication to assist them with quitting smoking or using tobacco (Question 42 in the CAHPS Adult Medicaid Health Plan Survey):

- ◆ **Question 42.** In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
 - Never
 - Sometimes
 - Usually
 - Always

The results of this measure represent the percentage of smokers/tobacco users who answered “Sometimes,” “Usually,” or “Always” to this question. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Figure 3-12 shows the Discussing Cessation Strategies rates.

Figure 3-12: Discussing Cessation Strategies Rates



Aspirin Use and Discussion³⁻⁶

Aspirin Use

Adult members were asked if they currently take aspirin daily or every other day (Question 43 in the CAHPS Adult Medicaid Health Plan Survey):

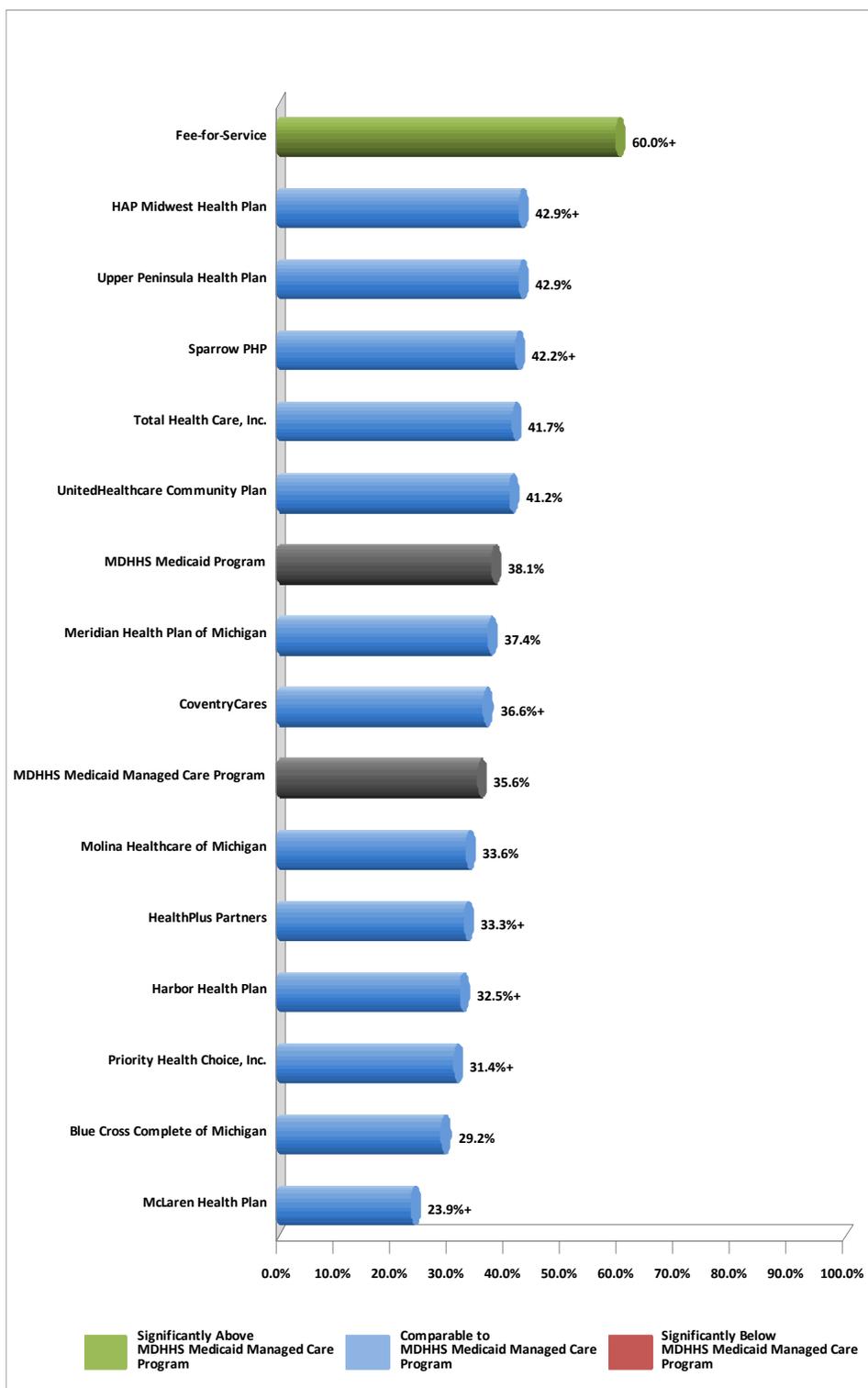
- ◆ **Question 43.** Do you take aspirin daily or every other day?
 - Yes
 - No
 - Don't know

The results of this measure represent the percentage of respondents who answered “Yes” to this question. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

³⁻⁶ NCQA does not publish national averages for the Aspirin Use and Discussion measures.

Figure 3-13 shows the Aspirin Use rates.

Figure 3-13: Aspirin Use Rates



Note: + indicates fewer than 100 responses

Discussing Aspirin Risks and Benefits

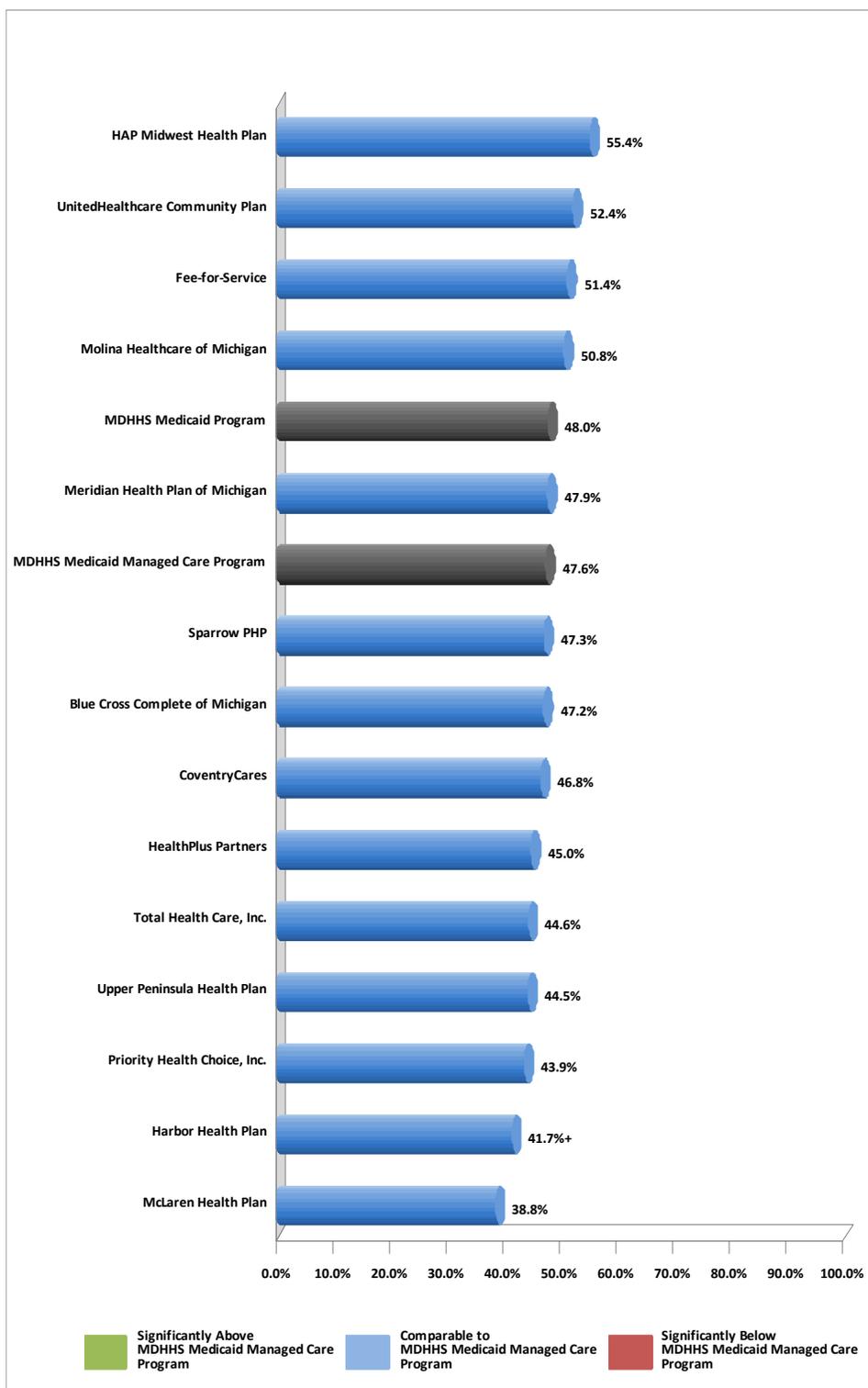
Adult members were asked if a doctor or health provider discussed with them the risks and benefits of aspirin to prevent a heart attack or stroke (Question 45 in the CAHPS Adult Medicaid Health Plan Survey):

- ◆ **Question 45.** Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
 - Yes
 - No

The results of this measure represent the percentage of respondents who answered “Yes” to this question. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Figure 3-14 shows the Discussing Aspirin Risks and Benefits rates.

Figure 3-14: Discussing Aspirin Risks and Benefits Rates



Note: + indicates fewer than 100 responses

Summary of Results

Table 3-9 provides a summary of the Statewide Comparisons results for the global ratings.

Table 3-9: Statewide Comparisons—Global Ratings				
Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Fee-for-Service	—	—	↑	—
Blue Cross Complete of Michigan	—	—	—	—
CoventryCares	↓	—	—	—
HAP Midwest Health Plan	—	—	—	—
Harbor Health Plan	—	—	—	— ⁺
HealthPlus Partners	↑	—	—	—
McLaren Health Plan	—	—	↓	—
Meridian Health Plan of Michigan	—	—	—	—
Molina Healthcare of Michigan	—	—	↑	—
Priority Health Choice, Inc.	—	—	↑	—
Sparrow PHP	—	—	—	—
Total Health Care, Inc.	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—
Upper Peninsula Health Plan	—	—	—	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

Table 3-10 provides a summary of the Statewide Comparisons for the composite measures.

Table 3-10: Statewide Comparisons—Composite Measures					
Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Fee-for-Service	↑	↑	↑	— ⁺	—
Blue Cross Complete of Michigan	—	—	—	—	—
CoventryCares	—	—	—	—	—
HAP Midwest Health Plan	—	—	—	—	—
Harbor Health Plan	—	—	—	— ⁺	— ⁺
HealthPlus Partners	—	—	—	—	—
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Sparrow PHP	—	—	—	—	—
Total Health Care, Inc.	—	—	↓	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	—	—	↑	—	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average. ↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average. — indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p>					

Table 3-11 provides a summary of the Statewide Comparisons for the Effectiveness of Care measures.

Table 3-11: Statewide Comparisons—Effectiveness of Care Measures					
Plan Name	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies	Aspirin Use	Discussing Aspirin Risks and Benefits
Fee-for-Service	↑	—	—	↑ ⁺	—
Blue Cross Complete of Michigan	—	—	—	—	—
CoventryCares	—	—	—	— ⁺	—
HAP Midwest Health Plan	—	—	—	— ⁺	—
Harbor Health Plan	—	↑	—	— ⁺	— ⁺
HealthPlus Partners	—	—	↑	— ⁺	—
McLaren Health Plan	—	↓	↓	— ⁺	—
Meridian Health Plan of Michigan	—	↑	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	— ⁺	—
Sparrow PHP	—	—	↑	— ⁺	—
Total Health Care, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	—	—	—	—	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average. ↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average. — indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p>					

Trend Analysis

The completed surveys from the 2015 and 2014 CAHPS results were used to perform the trend analysis presented in this section. The 2015 CAHPS scores were compared to the 2014 CAHPS scores to determine whether there were statistically significant differences. Statistically significant differences between 2015 scores and 2014 scores are noted with triangles. Scores that were statistically significantly higher in 2015 than in 2014 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2015 than in 2014 are noted with downward triangles (▼). Scores in 2015 that were not statistically significantly different from scores in 2014 are noted with a dash (—). Measures that did not meet the minimum number of 100 responses required by NCQA are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

As previously discussed, trending could not be performed for the Shared Decision Making composite for 2015 given the changes to this measure.

Global Ratings

Rating of Health Plan

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Table 4-1 shows the 2014 and 2015 top-box responses and the trend results for Rating of Health Plan.

Table 4-1: Rating of Health Plan Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	61.5%	60.9%	—
Fee-for-Service	58.0%	57.6%	—
MDHHS Medicaid Managed Care Program	62.2%	61.3%	—
Blue Cross Complete of Michigan	56.3%	63.0%	▲
CoventryCares	61.3%	54.0%	—
HAP Midwest Health Plan	57.5%	58.2%	—
Harbor Health Plan	40.7% ⁺	56.3%	▲
HealthPlus Partners	67.1%	67.3%	—
McLaren Health Plan	56.0%	59.4%	—
Meridian Health Plan of Michigan	65.1%	60.7%	—
Molina Healthcare of Michigan	60.0%	61.5%	—
Priority Health Choice, Inc.	66.2%	62.4%	—
Sparrow PHP	59.3%	55.5%	—
Total Health Care, Inc.	62.6%	59.4%	—
UnitedHealthcare Community Plan	65.3%	63.9%	—
Upper Peninsula Health Plan	56.2%	59.8%	—
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.			

There were two statistically significant differences between scores in 2015 and scores in 2014 for this measure.

The following scored statistically significantly *higher* in 2015 than in 2014:

- ◆ Blue Cross Complete of Michigan
- ◆ Harbor Health Plan

Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Table 4-2 shows the 2014 and 2015 top-box responses and the trend results for Rating of All Health Care.

Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	52.4%	52.2%	—
Fee-for-Service	54.0%	56.9%	—
MDHHS Medicaid Managed Care Program	52.0%	51.7%	—
Blue Cross Complete of Michigan	47.0%	53.7%	—
CoventryCares	52.7%	43.8%	▼
HAP Midwest Health Plan	50.2%	50.5%	—
Harbor Health Plan	54.9% ⁺	46.7%	—
HealthPlus Partners	54.0%	52.2%	—
McLaren Health Plan	46.9%	50.6%	—
Meridian Health Plan of Michigan	52.0%	50.3%	—
Molina Healthcare of Michigan	53.8%	55.4%	—
Priority Health Choice, Inc.	54.2%	56.1%	—
Sparrow PHP	43.1%	48.1%	—
Total Health Care, Inc.	53.1%	51.4%	—
UnitedHealthcare Community Plan	53.4%	51.9%	—
Upper Peninsula Health Plan	53.3%	55.4%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There was one statistically significant difference between scores in 2015 and scores in 2014 for this measure.

The following scored statistically significantly *lower* in 2015 than in 2014:

- ◆ CoventryCares

Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Table 4-3 shows the 2014 and 2015 top-box responses and the trend results for Rating of Personal Doctor.

Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	65.1%	63.3%	—
Fee-for-Service	70.2%	69.7%	—
MDHHS Medicaid Managed Care Program	64.0%	62.6%	—
Blue Cross Complete of Michigan	60.6%	63.7%	—
CoventryCares	63.4%	60.0%	—
HAP Midwest Health Plan	61.1%	64.1%	—
Harbor Health Plan	56.3% ⁺	63.5%	—
HealthPlus Partners	59.1%	59.1%	—
McLaren Health Plan	59.9%	56.6%	—
Meridian Health Plan of Michigan	65.3%	62.5%	—
Molina Healthcare of Michigan	65.0%	68.1%	—
Priority Health Choice, Inc.	66.4%	68.5%	—
Sparrow PHP	58.6%	60.2%	—
Total Health Care, Inc.	61.2%	62.4%	—
UnitedHealthcare Community Plan	66.4%	62.7%	—
Upper Peninsula Health Plan	69.1%	64.7%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Rating of Specialist Seen Most Often

Adult members were asked to rate their specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Table 4-4 shows the 2014 and 2015 top-box responses and the trend results for Rating of Specialist Seen Most Often.

Table 4-4: Rating of Specialist Seen Most Often Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	67.8%	65.4%	—
Fee-for-Service	67.7%	69.4%	—
MDHHS Medicaid Managed Care Program	67.8%	64.9%	—
Blue Cross Complete of Michigan	65.7%	62.1%	—
CoventryCares	67.9%	61.0%	—
HAP Midwest Health Plan	60.9%	61.1%	—
Harbor Health Plan	62.1% ⁺	62.5% ⁺	—
HealthPlus Partners	59.9%	60.6%	—
McLaren Health Plan	73.5%	62.0%	▼
Meridian Health Plan of Michigan	69.5%	68.2%	—
Molina Healthcare of Michigan	67.8%	66.8%	—
Priority Health Choice, Inc.	67.5%	70.7%	—
Sparrow PHP	64.3%	57.7%	—
Total Health Care, Inc.	63.9%	64.2%	—
UnitedHealthcare Community Plan	69.0%	64.9%	—
Upper Peninsula Health Plan	68.2%	65.4%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There was one statistically significant difference between scores in 2015 and scores in 2014 for this measure.

The following scored statistically significantly *lower* in 2015 than in 2014:

- ◆ McLaren Health Plan

Composite Measures

Getting Needed Care

Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care. Table 4-5 shows the 2014 and 2015 top-box responses and trend results for the Getting Needed Care composite measure.

Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	84.5%	83.5%	—
Fee-for-Service	89.1%	89.8%	—
MDHHS Medicaid Managed Care Program	83.5%	82.8%	—
Blue Cross Complete of Michigan	81.0%	82.9%	—
CoventryCares	77.5%	79.0%	—
HAP Midwest Health Plan	78.6%	80.1%	—
Harbor Health Plan	85.0% ⁺	87.6%	—
HealthPlus Partners	82.6%	83.7%	—
McLaren Health Plan	84.2%	84.2%	—
Meridian Health Plan of Michigan	87.9%	83.3%	▼
Molina Healthcare of Michigan	82.7%	82.9%	—
Priority Health Choice, Inc.	84.5%	84.0%	—
Sparrow PHP	84.7%	80.1%	—
Total Health Care, Inc.	79.7%	82.6%	—
UnitedHealthcare Community Plan	82.2%	81.4%	—
Upper Peninsula Health Plan	89.3%	86.5%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There was one statistically significant difference between scores in 2015 and scores in 2014 for this measure.

The following scored statistically significantly *lower* in 2015 than in 2014:

- ◆ Meridian Health Plan of Michigan

Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members received care quickly. Table 4-6 shows the 2014 and 2015 top-box responses and trend results for the Getting Care Quickly composite measure.

Table 4-6: Getting Care Quickly Composite Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	84.2%	83.5%	—
Fee-for-Service	86.0%	90.0%	—
MDHHS Medicaid Managed Care Program	83.8%	82.8%	—
Blue Cross Complete of Michigan	83.5%	82.9%	—
CoventryCares	83.1%	85.1%	—
HAP Midwest Health Plan	82.4%	81.0%	—
Harbor Health Plan	87.1% ⁺	80.1%	—
HealthPlus Partners	84.1%	86.3%	—
McLaren Health Plan	81.3%	79.4%	—
Meridian Health Plan of Michigan	85.2%	83.1%	—
Molina Healthcare of Michigan	81.7%	83.3%	—
Priority Health Choice, Inc.	85.1%	86.6%	—
Sparrow PHP	78.0%	80.9%	—
Total Health Care, Inc.	83.0%	81.9%	—
UnitedHealthcare Community Plan	85.5%	82.5%	—
Upper Peninsula Health Plan	86.0%	85.9%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well. Table 4-7 shows the 2014 and 2015 top-box responses and trend results for the How Well Doctors Communicate composite measure.

Table 4-7: How Well Doctors Communicate Composite Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	90.3%	90.0%	—
Fee-for-Service	94.9%	95.3%	—
MDHHS Medicaid Managed Care Program	89.4%	89.4%	—
Blue Cross Complete of Michigan	90.2%	91.1%	—
CoventryCares	86.2%	89.6%	—
HAP Midwest Health Plan	88.2%	88.2%	—
Harbor Health Plan	87.2% ⁺	91.3%	—
HealthPlus Partners	85.7%	88.2%	—
McLaren Health Plan	86.3%	89.4%	—
Meridian Health Plan of Michigan	90.0%	89.2%	—
Molina Healthcare of Michigan	90.8%	90.0%	—
Priority Health Choice, Inc.	92.6%	90.1%	—
Sparrow PHP	85.4%	87.2%	—
Total Health Care, Inc.	86.4%	86.4%	—
UnitedHealthcare Community Plan	90.4%	89.9%	—
Upper Peninsula Health Plan	93.1%	92.4%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Customer Service

Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service. Table 4-8 shows the 2014 and 2015 top-box responses and trend results for the Customer Service composite measure.

Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	87.3%	87.3%	—
Fee-for-Service	85.5% ⁺	86.6% ⁺	—
MDHHS Medicaid Managed Care Program	87.6%	87.4%	—
Blue Cross Complete of Michigan	87.2%	90.2%	—
CoventryCares	87.7%	88.1%	—
HAP Midwest Health Plan	84.3%	84.8%	—
Harbor Health Plan	88.3% ⁺	93.8% ⁺	—
HealthPlus Partners	90.3%	89.0%	—
McLaren Health Plan	87.2%	86.7%	—
Meridian Health Plan of Michigan	91.2%	86.9%	—
Molina Healthcare of Michigan	88.8%	88.7%	—
Priority Health Choice, Inc.	89.4%	88.9%	—
Sparrow PHP	88.2%	85.9%	—
Total Health Care, Inc.	90.2%	88.0%	—
UnitedHealthcare Community Plan	81.7%	86.0%	—
Upper Peninsula Health Plan	91.7%	91.0%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

One question (Question 40 in the CAHPS Adult Medicaid Health Plan Survey) was asked to determine how often adult members were advised to quit smoking or using tobacco by a doctor or other health provider. Table 4-9 shows the 2014 and 2015 rates and trend results for the Advising Smokers and Tobacco Users to Quit measure.

Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	81.1%	80.5%	—
Fee-for-Service	84.7%	87.4%	—
MDHHS Medicaid Managed Care Program	80.3%	79.8%	—
Blue Cross Complete of Michigan	78.0%	77.4%	—
CoventryCares	82.7%	81.5%	—
HAP Midwest Health Plan	80.2%	81.3%	—
Harbor Health Plan	79.7% ⁺	80.8%	—
HealthPlus Partners	80.4%	81.0%	—
McLaren Health Plan	73.5%	75.7%	—
Meridian Health Plan of Michigan	80.8%	80.8%	—
Molina Healthcare of Michigan	82.5%	84.2%	—
Priority Health Choice, Inc.	84.5%	83.2%	—
Sparrow PHP	77.3%	78.7%	—
Total Health Care, Inc.	80.5%	78.7%	—
UnitedHealthcare Community Plan	80.6%	77.2%	—
Upper Peninsula Health Plan	77.9%	80.0%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Discussing Cessation Medications

One question (Question 41 in the CAHPS Adult Medicaid Health Plan Survey) was asked to ascertain how often medication was recommended or discussed by their doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-10 shows the 2014 and 2015 rates and trend results for the Discussing Cessation Medications measure.

Table 4-10: Discussing Cessation Medications Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	54.2%	54.4%	—
Fee-for-Service	56.7%	56.8%	—
MDHHS Medicaid Managed Care Program	53.7%	54.1%	—
Blue Cross Complete of Michigan	51.5%	53.2%	—
CoventryCares	57.9%	58.0%	—
HAP Midwest Health Plan	50.3%	50.5%	—
Harbor Health Plan	51.7% ⁺	63.1%	—
HealthPlus Partners	53.7%	57.0%	—
McLaren Health Plan	45.8%	43.0%	—
Meridian Health Plan of Michigan	55.3%	58.6%	—
Molina Healthcare of Michigan	53.5%	55.3%	—
Priority Health Choice, Inc.	53.8%	53.0%	—
Sparrow PHP	54.6%	50.8%	—
Total Health Care, Inc.	53.9%	51.9%	—
UnitedHealthcare Community Plan	57.1%	55.7%	—
Upper Peninsula Health Plan	48.5%	54.9%	▲
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There was one statistically significant difference between scores in 2015 and scores in 2014 for this measure.

The following scored statistically significantly *higher* in 2015 than in 2014:

- ◆ Upper Peninsula Health Plan

Discussing Cessation Strategies

One question (Question 42 in the CAHPS Adult Medicaid Health Plan Survey) was asked to ascertain how often methods or strategies other than medication were discussed or provided by their doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-11 shows the 2014 and 2015 rates and trend results for the Discussing Cessation Strategies measure.

Table 4-11: Discussing Cessation Strategies Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	45.8%	45.5%	—
Fee-for-Service	44.6%	43.5%	—
MDHHS Medicaid Managed Care Program	46.1%	45.7%	—
Blue Cross Complete of Michigan	42.5%	44.2%	—
CoventryCares	48.0%	44.8%	—
HAP Midwest Health Plan	44.5%	45.8%	—
Harbor Health Plan	37.9% ⁺	49.2%	—
HealthPlus Partners	49.6%	51.6%	—
McLaren Health Plan	42.2%	39.9%	—
Meridian Health Plan of Michigan	47.8%	48.0%	—
Molina Healthcare of Michigan	48.2%	48.8%	—
Priority Health Choice, Inc.	43.4%	43.0%	—
Sparrow PHP	49.3%	52.1%	—
Total Health Care, Inc.	47.2%	42.1%	—
UnitedHealthcare Community Plan	44.6%	43.6%	—
Upper Peninsula Health Plan	42.6%	46.8%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Aspirin Use and Discussion

Aspirin Use

One question (Question 43 in the CAHPS Adult Medicaid Health Plan Survey) was asked to determine if adult members take aspirin daily or every other day. Table 4-12 shows the 2014 and 2015 rates and trend results for the Aspirin Use measure.

Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	40.1%	38.1%	—
Fee-for-Service	50.6% ⁺	60.0% ⁺	—
MDHHS Medicaid Managed Care Program	37.9%	35.6%	—
Blue Cross Complete of Michigan	32.8% ⁺	29.2%	—
CoventryCares	32.8% ⁺	36.6% ⁺	—
HAP Midwest Health Plan	47.9% ⁺	42.9% ⁺	—
Harbor Health Plan	29.4% ⁺	32.5% ⁺	—
HealthPlus Partners	30.4% ⁺	33.3% ⁺	—
McLaren Health Plan	26.2% ⁺	23.9% ⁺	—
Meridian Health Plan of Michigan	33.3% ⁺	37.4%	—
Molina Healthcare of Michigan	35.7% ⁺	33.6%	—
Priority Health Choice, Inc.	35.5% ⁺	31.4% ⁺	—
Sparrow PHP	39.3% ⁺	42.2% ⁺	—
Total Health Care, Inc.	43.9% ⁺	41.7%	—
UnitedHealthcare Community Plan	49.0%	41.2%	—
Upper Peninsula Health Plan	47.8%	42.9%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Discussing Aspirin Risks and Benefits

One question (Question 45 in the CAHPS Adult Medicaid Health Plan Survey) was asked to determine if a doctor or health provider discussed with adult members the risks and benefits of aspirin to prevent a heart attack or stroke. Table 4-13 shows the 2014 and 2015 rates and trend results for the Discussing Aspirin Risks and Benefits measure.

Table 4-13: Discussing Aspirin Risks and Benefits Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	48.6%	48.0%	—
Fee-for-Service	48.5%	51.4%	—
MDHHS Medicaid Managed Care Program	48.7%	47.6%	—
Blue Cross Complete of Michigan	46.9%	47.2%	—
CoventryCares	45.9% ⁺	46.8%	—
HAP Midwest Health Plan	51.0%	55.4%	—
Harbor Health Plan	45.5% ⁺	41.7% ⁺	—
HealthPlus Partners	54.3% ⁺	45.0%	—
McLaren Health Plan	41.6%	38.8%	—
Meridian Health Plan of Michigan	49.7%	47.9%	—
Molina Healthcare of Michigan	45.7%	50.8%	—
Priority Health Choice, Inc.	48.2%	43.9%	—
Sparrow PHP	41.2%	47.3%	—
Total Health Care, Inc.	50.6%	44.6%	—
UnitedHealthcare Community Plan	52.2%	52.4%	—
Upper Peninsula Health Plan	48.0%	44.5%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The analysis provides information on: 1) how well the MDHHS Medicaid Program is performing on the survey item (i.e., question), and 2) how important the item is to overall satisfaction.

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader’s Guide section. Table 5-1 depicts those items identified for each of the three measures as being key drivers of satisfaction for the MDHHS Medicaid Program.

Table 5-1: MDHHS Medicaid Program Key Drivers of Satisfaction	
Rating of Health Plan	
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.	
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.	
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	
Respondents reported that forms from their health plan were often not easy to fill out.	
Rating of All Health Care	
Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them.	
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.	
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	
Rating of Personal Doctor	
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.	

Survey Instrument

The survey instrument selected was the CAHPS 5.0 Adult Medicaid Survey with the HEDIS supplemental item set. This section provides a copy of the survey instrument.



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-506-5134.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct
Mark 

Incorrect
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

1. Our records show that you are now in Michigan Medicaid Fee-For-Service. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your health plan? (Please print)



YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
- Yes
 No → *Go to Question 5*
4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Never
 Sometimes
 Usually
 Always
5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
- Yes
 No → *Go to Question 7*
6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
- Never
 Sometimes
 Usually
 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
- None → *Go to Question 15*
 1 time
 2
 3
 4
 5 to 9
 10 or more times
8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?
- Yes
 No
9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?
- Yes
 No → *Go to Question 13*
10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
- Yes
 No
11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
- Yes
 No

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- Yes
- No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No → *Go to Question 24*

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → *Go to Question 23*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always



21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes
 No -> Go to Question 23

22. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
 Sometimes
 Usually
 Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 1 2 3 4 5 6 7 8 9 10
Worst Personal Doctor Possible Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments to see a specialist?

- Yes
 No -> Go to Question 28

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- Never
 Sometimes
 Usually
 Always

26. How many specialists have you seen in the last 6 months?

- None -> Go to Question 28
 1 specialist
 2
 3
 4
 5 or more specialists

27. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 1 2 3 4 5 6 7 8 9 10
Worst Specialist Possible Best Specialist Possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- Yes
 No -> Go to Question 30



29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- Never
- Sometimes
- Usually
- Always

30. In the last 6 months, did you get information or help from your health plan's customer service?

- Yes
- No → **Go to Question 33**

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → **Go to Question 35**

34. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Plan | | | | | Health Plan | | | | | |
| Possible | | | | | Possible | | | | | |

ABOUT YOU

36. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

37. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2014?

- Yes
- No
- Don't know



39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → **Go to Question 43**
- Don't know → **Go to Question 43**

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

43. Do you take aspirin daily or every other day?

- Yes
- No
- Don't know

44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- Yes
- No
- Don't know

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- Yes
- No

46. Are you aware that you have any of the following conditions? Mark one or more.

- High cholesterol
- High blood pressure
- Parent or sibling with heart attack before the age of 60

47. Has a doctor ever told you that you have any of the following conditions? Mark one or more.

- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar

48. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- Yes
- No → **Go to Question 50**

◆

49. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

50. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- Yes
- No → **Go to Question 52**

51. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

52. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

53. Are you male or female?

- Male
- Female

54. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

◆

55. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

56. What is your race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

57. Did someone help you complete this survey?

- Yes → **Go to Question 58**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

58. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

CD Contents

The accompanying CD includes all of the information from the Executive Summary, Reader's Guide, Results, Trend Analysis, Key Drivers of Satisfaction, and Survey Instrument sections of this report. The CD also contains electronic copies of comprehensive crosstabulations that show responses to each survey question stratified by select categories. The following content is included in the CD:

- ◆ 2015 Michigan Adult Medicaid CAHPS Report
- ◆ MDHHS Adult Medicaid Program Crosstabulations
- ◆ MDHHS Adult Medicaid Plan-level Crosstabulations