State of Michigan

Department of Community Health

# 2011 Michigan Department of Community Health Child Medicaid Health Plan CAHPS® Report

September 2011

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## Introduction

The Michigan Department of Community Health (MDCH) periodically assesses the perceptions and experiences of members enrolled in the MDCH 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 child members in the MDCH Medicaid Program. MDCH 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 MDCH 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 2011 child Medicaid CAHPS results of parents or caretakers who completed the survey on behalf of child members enrolled in an MHP or Fee-for-Service. The surveys were completed from March to May 2011. The standardized survey instrument selected was the CAHPS 4.0H Child Medicaid Health Plan Survey. A sample of 1,650 child members from the Fee-for-Service population and from each MHP was selected, with two exceptions. Pro Care Health Plan was unable to identify 1,650 eligible child members for inclusion in this survey; therefore, the sample for this MHP was less than 1,650. Additionally, a 30 percent oversample was selected for PHP-MM Family Care.

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. Additionally, five composite measures are reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

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

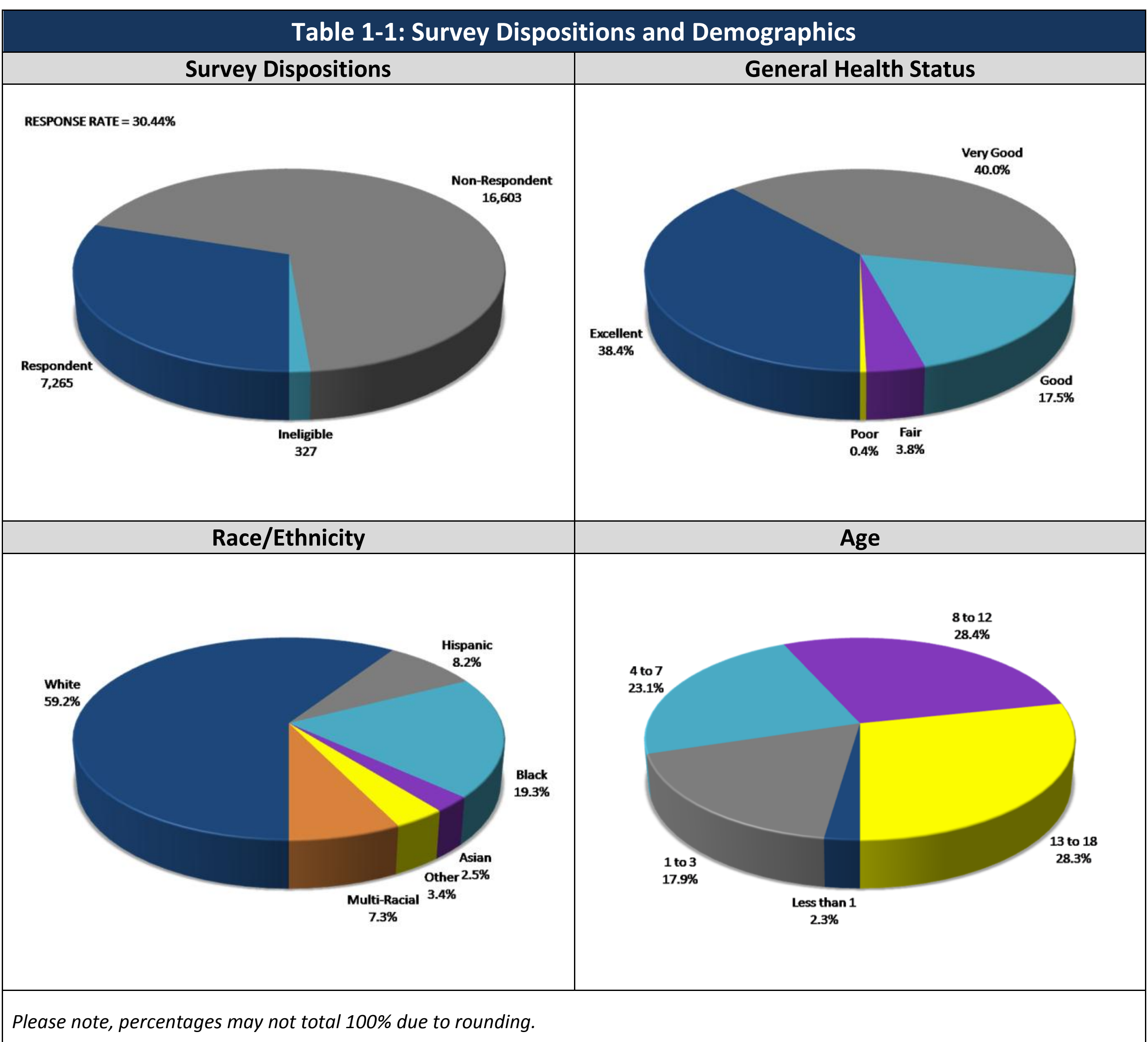
- MDCH Medicaid Program – Combined results for Fee-for-Service and the MHPs.
- MDCH Medicaid Managed Care Program – Combined results for the MHPs.

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] HSAG surveyed 13 of the 14 child MHPs and the Fee-for-Service Medicaid population. PHP-MM Family Care contracted with DSS Research to conduct the CAHPS survey.

# Key Findings

## *Survey Dispositions and Demographics*

Table 1-1 provides an overview of the MDCH Medicaid Program survey dispositions and child 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) 2011 Healthcare Effectiveness Data and Information Set (HEDIS®) Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.[1-3,1-4,1-5] In addition, a trend analysis was performed that compared the 2011 CAHPS results to their corresponding 2009 CAHPS results.[1-6] Table 1-2 provides highlights of the National Comparisons and Trend Analysis findings for the MDCH 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 1-2: National Comparisons and Trend Analysis MDCH Medicaid Program**

| Measure | National Comparisons | Trend Analysis |
|---|---|---|
| **Global Rating** | | |
| Rating of Health Plan | ★★ 2.50 | — |
| Rating of All Health Care | ★★★ 2.51 | ▲ |
| Rating of Personal Doctor | ★★★ 2.60 | — |
| Rating of Specialist Seen Most Often | ★★★ 2.56 | — |
| **Composite Measure** | | |
| Getting Needed Care | ★★★ 2.36 | — |
| Getting Care Quickly | ★★★ 2.64 | — |
| How Well Doctors Communicate | ★★★ 2.67 | — |
| Customer Service | ★★ 2.34 | — |
| Shared Decision Making | | — |

Star Assignments Based on Percentiles
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

▲ statistically significantly higher in 2011 than in 2009.
▼ statistically significantly lower in 2011 than in 2009.
— indicates the 2011 score is not statistically significantly different than the 2009 score.

1-3 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
1-4 National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2011*. Washington, DC: NCQA; 2011.
1-5 NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons.
1-6 The child population was not surveyed in 2010.

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

Results from the trend analysis showed that the MDCH Medicaid Program scored significantly *higher* in 2011 than in 2009 on one measure, Rating of All Health Care.

### Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure. HSAG compared the MHP and Fee-for-Service results to the MDCH Medicaid Managed Care Program average to determine if plan or program results were statistically significantly different than the MDCH Medicaid Managed Care Program average. Table 1-3 and Table 1-4 show the results of this analysis for the top-box global ratings and composite measures, respectively.

**Table 1-3: 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 | ↓ | — | ↑ | ↑ |
| BlueCaid of Michigan | ↑ | ↑ | ↑ | — |
| CareSource Michigan | — | — | — | —+ |
| Health Plan of Michigan | — | ↑ | — | —+ |
| HealthPlus Partners | ↑ | ↑ | — | — |
| McLaren Health Plan | — | — | — | — |
| Midwest Health Plan | — | — | — | —+ |
| Molina Healthcare of Michigan | — | — | — | —+ |
| OmniCare Health Plan | — | — | — | —+ |
| PHP-MM Family Care | — | — | — | — |
| Priority Health Government Programs | ↑ | ↑ | ↑ | —+ |
| Pro Care Health Plan | ↓+ | ↓+ | —+ | —+ |
| Total Health Care | — | — | — | —+ |
| UnitedHealthcare of the Great Lakes Health 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 MDCH Medicaid Managed Care Program average.*
↓ *indicates the plan's score is statistically significantly lower than the MDCH Medicaid Managed Care Program average.*
— *indicates the plan's score is not statistically significantly different than the MDCH Medicaid Managed Care Program average.*

| Table 1-4: Statewide Comparisons—Composite Measures | | | | | |
|---|---|---|---|---|---|
| Plan Name | Getting Needed Care | Getting Care Quickly | How Well Doctors Communicate | Customer Service | Shared Decision Making |
| Fee-for-Service | — | ↑ | ↑ | ↓+ | — |
| BlueCaid of Michigan | — | — | ↑ | —+ | — |
| CareSource Michigan | — | — | — | —+ | — |
| Health Plan of Michigan | — | — | — | —+ | — |
| HealthPlus Partners | — | ↑ | — | —+ | — |
| McLaren Health Plan | — | — | — | —+ | — |
| Midwest Health Plan | — | — | — | —+ | — |
| Molina Healthcare of Michigan | — | — | — | —+ | — |
| OmniCare Health Plan | —+ | — | ↑ | —+ | —+ |
| PHP-MM Family Care | ↓ | ↓ | — | —+ | — |
| Priority Health Government Programs | — | — | — | —+ | — |
| Pro Care Health Plan | —+ | —+ | —+ | —+ | —+ |
| Total Health Care | —+ | — | — | —+ | —+ |
| UnitedHealthcare of the Great Lakes Health 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 MDCH Medicaid Managed Care Program average.*
↓ *indicates the plan's score is statistically significantly lower than the MDCH Medicaid Managed Care Program average.*
— *indicates the plan's score is not statistically significantly different than the MDCH Medicaid Managed Care Program average.*

The results from the Statewide Comparisons presented on Table 1-3 and Table 1-4 revealed that Fee-for-Service and BlueCaid of Michigan had four measures that were statistically significantly *higher* than the MDCH Medicaid Managed Care Program average. Conversely, Fee-for-Service, PHP-MM Family Care, and Pro Care Health Plan each had two measures that were statistically significantly *lower* than the MDCH Medicaid Managed Care Program average.

## 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 MDCH Medicaid Program.

| Table 1-5: MDCH Medicaid Program Key Drivers of Satisfaction |
|---|
| **Rating of Health Plan** |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan. |
| Respondents reported that their child's health plan's customer service did not always give them the information or help they needed. |
| Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers. |
| Respondents reported that forms from their child's health plan were often not easy to fill out. |
| Respondents reported that their child's health plan's customer service staff did not always treat them with courtesy and respect. |
| Respondents reported that it was often not easy for their child to obtain appointments with specialists. |
| **Rating of All Health Care** |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan. |
| Respondents reported that their child's health plan's customer service did not always give them the information or help they needed. |
| Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers. |
| Respondents reported that it was often not easy for their child to obtain appointments with specialists. |
| **Rating of Personal Doctor** |
| Respondents reported that their child's personal doctor did not always explain things understandably to their child. |
| Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers. |
| Respondents reported that their child's personal doctor did not always spend enough time with them. |
| Respondents reported that their child's personal doctor did not talk with them about how their child is feeling, growing, or behaving. |

## 2011 CAHPS Performance Measures

The CAHPS 4.0H Child Medicaid Health Plan Survey includes 47 core questions that yield nine measures of satisfaction. These measures include four global rating questions and five composite 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").

Table 2-1 lists the global ratings and composite measures included in the CAHPS 4.0H Child Medicaid Health Plan Survey.

**Table 2-1: CAHPS Measures**

| Global Ratings | Composite Measures |
|---|---|
| Rating of Health Plan | Getting Needed Care |
| Rating of All Health Care | Getting Care Quickly |
| Rating of Personal Doctor | How Well Doctors Communicate |
| Rating of Specialist Seen Most Often | Customer Service |
| | Shared Decision Making |

## 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 comparison. In accordance with NCQA requirements, HSAG adhered to the sampling procedures and survey protocol described below.

### *Sampling Procedures*

The MDCH provided HSAG with a list of all eligible members for the sampling frame, per HEDIS specifications. Following HEDIS requirements, HSAG sampled members who met the following criteria:

- Were 17 years of age or younger as of December 31, 2010.
- 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 2010.
- Had Medicaid as a payer.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. Next, a simple random sample of members was selected for inclusion in the survey. HSAG selected no more than one member per household as part of the random survey samples. A random sample up to 1,650 child members was selected from each participating plan, with two exceptions. Pro Care Health Plan did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample for this MHP was 600. Additionally, a 30 percent oversample was selected for PHP-MM Family Care.[2-1]

## Survey Protocol

The CAHPS 4.0H Health Plan Survey process allows for two methods by which parents or caretakers of child members can complete a survey. The first, or mail phase, consisted of sampled members receiving a survey via mail. HSAG tried to obtain new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system. All sampled parents or caretakers of child members received an English version of the survey, with the option of completing the survey in Spanish. All 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 parents or caretakers of child members who did not mail in a completed survey. HSAG attempted up to three CATI calls to each non-respondent.[2-2] 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.[2-3]

[2-1] The sampling for PHP-MM Family Care was performed by DSS Research.

[2-2] National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2011 Survey Measures.* Washington, DC: NCQA; 2010.

[2-3] 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.

Table 2-2 shows the CAHPS timeline used in the administration of the CAHPS 4.0H Child Medicaid Health Plan Survey.

| Table 2-2: CAHPS 4.0H Survey Timeline | |
|---|---|
| **Task** | **Timeline** |
| Send first questionnaire with cover letter to the parent or caretaker of child 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 |

## 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 MDCH Medicaid Program average and an MDCH Medicaid Managed Care Program average. HSAG combined results from Fee-for-Service and the MHPs to calculate the MDCH Medicaid Program average. HSAG combined results from the MHPs to calculate the MDCH Medicaid Managed Care Program average. This section provides an overview of each analysis.

### Who Responded to the Survey

The administration of the CAHPS 4.0H Child Medicaid Health Plan 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.[2-4] 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), or had a language barrier.

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

### Demographics of Child Members

The demographics analysis evaluated demographic information of child members. MDCH 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 4.0H Child Medicaid Health Plan 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 (+). Table 2-3 shows the percentiles that were used to determine star ratings for each CAHPS measure.

**Table 2-3: Star Ratings**

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

[2-4] National Committee for Quality Assurance. *HEDIS® 2011, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2010.

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 Benchmarks and Thresholds to derive the overall member satisfaction ratings for each CAHPS measure.[2-5]

Table 2-4 shows the NCQA Benchmarks and Thresholds used to derive the overall child Medicaid member satisfaction ratings on each CAHPS measure.[2-6] NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

**Table 2-4: Overall Child Medicaid Member Satisfaction Ratings Crosswalk**

| Measure | 90th Percentile | 75th Percentile | 50th Percentile | 25th Percentile |
|---|---|---|---|---|
| Rating of Health Plan | 2.65 | 2.61 | 2.53 | 2.47 |
| Rating of All Health Care | 2.58 | 2.52 | 2.48 | 2.43 |
| Rating of Personal Doctor | 2.68 | 2.65 | 2.60 | 2.57 |
| Rating of Specialist Seen Most Often | 2.64 | 2.60 | 2.54 | 2.49 |
| Getting Needed Care | 2.47 | 2.43 | 2.32 | 2.22 |
| Getting Care Quickly | 2.68 | 2.65 | 2.59 | 2.47 |
| How Well Doctors Communicate | 2.73 | 2.70 | 2.66 | 2.61 |
| Customer Service | 2.57 | 2.51 | 2.43 | 2.34 |

## Statewide Comparisons

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.[2-7] 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;
- "Always" for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites;
- "Definitely yes" for the Shared Decision Making composite.

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2-5 For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2011, Volume 3: Specifications for Survey Measures.*

2-6 National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2011*. Washington, DC: NCQA; 2011.

2-7 National Committee for Quality Assurance. *HEDIS® 2011, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2010.

Both a weighted MDCH Medicaid Program and MDCH Medicaid Managed Care Program were calculated. Results were weighted based on the total eligible population for each plan's or program's child population. The MDCH Medicaid Program average includes results from both the MHPs and the Fee-for-Service population. The MDCH Medicaid Managed Care Program 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 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.

### MHP Comparisons

The results of the MHPs were compared to the MDCH 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., $p < 0.05$), then a $t$ test was performed for each MHP. The $t$ test determined whether each MHP's mean was significantly different from the MDCH 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 MDCH 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., $p < 0.05$) from the MDCH Medicaid Managed Care Program average results.

## *Trend Analysis*

A trend analysis was performed that compared the 2011 CAHPS scores to the corresponding 2009 CAHPS scores to determine whether there were significant differences.[2-8] A $t$ test was performed to determine whether results in 2009 were significantly different from results in 2011. A difference was considered significant if the two-sided $p$ value of the $t$ test was less than 0.05. 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.

[2-8] The child population was not surveyed in 2010.

## 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 MDCH 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. 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.

## Limitations and Cautions

The findings presented in this CAHPS report are subject to some limitations in the survey design, analysis, and interpretation. MDCH 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.[2-9]

### 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, MDCH 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 child's 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 high 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.

[2-9] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

## Who Responded to the Survey

A total of 24,195 child surveys were mailed to parents or caretakers of child members. A total of 7,265 child surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. Per NCQA protocol, 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), 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 |
|---|---|---|---|---|
| **MDCH Medicaid Program** | **24,195** | **7,265** | **327** | **30.44%** |
| Fee-for-Service | 1,650 | 564 | 33 | 34.88% |
| **MDCH Medicaid Managed Care Program** | **22,545** | **6,701** | **294** | **30.12%** |
| BlueCaid of Michigan | 1,650 | 534 | 24 | 32.84% |
| CareSource Michigan | 1,650 | 462 | 17 | 28.29% |
| Health Plan of Michigan | 1,650 | 604 | 21 | 37.08% |
| HealthPlus Partners | 1,650 | 565 | 13 | 34.51% |
| McLaren Health Plan | 1,650 | 556 | 24 | 34.19% |
| Midwest Health Plan | 1,650 | 452 | 46 | 28.18% |
| Molina Healthcare of Michigan | 1,650 | 461 | 23 | 28.33% |
| OmniCare Health Plan | 1,650 | 338 | 12 | 20.63% |
| PHP-MM Family Care | 2,145 | 587 | 32 | 27.78% |
| Priority Health Government Programs | 1,650 | 524 | 23 | 32.21% |
| Pro Care Health Plan | 600 | 67 | 9 | 11.34% |
| Total Health Care | 1,650 | 356 | 14 | 21.76% |
| UnitedHealthcare of the Great Lakes Health Plan | 1,650 | 517 | 23 | 31.78% |
| Upper Peninsula Health Plan | 1,650 | 678 | 13 | 41.42% |

## Demographics of Child Members

Table 3-2 depicts the ages of children for whom a parent or caretaker completed a CAHPS 4.0H Child Medicaid Health Plan Survey.

**Table 3-2: Child Member Demographics—Age**

| Plan Name | Less than 1 | 1 to 3 | 4 to 7 | 8 to 12 | 13 to 18* |
|---|---|---|---|---|---|
| **MDCH Medicaid Program** | **2.3%** | **17.9%** | **23.1%** | **28.4%** | **28.3%** |
| Fee-for-Service | 1.8% | 13.7% | 22.7% | 31.9% | 29.9% |
| **MDCH Medicaid Managed Care Program** | **2.3%** | **18.2%** | **23.1%** | **28.2%** | **28.2%** |
| BlueCaid of Michigan | 1.6% | 21.6% | 23.2% | 25.1% | 28.5% |
| CareSource Michigan | 2.5% | 14.1% | 21.0% | 30.5% | 31.9% |
| Health Plan of Michigan | 4.3% | 20.1% | 23.2% | 28.1% | 24.3% |
| HealthPlus Partners | 2.1% | 17.2% | 23.3% | 27.4% | 30.1% |
| McLaren Health Plan | 2.3% | 16.9% | 25.0% | 28.6% | 27.3% |
| Midwest Health Plan | 2.3% | 16.0% | 24.4% | 27.8% | 29.5% |
| Molina Healthcare of Michigan | 1.8% | 18.1% | 22.9% | 29.6% | 27.6% |
| OmniCare Health Plan | 2.6% | 15.5% | 17.7% | 29.7% | 34.5% |
| PHP-MM Family Care | 3.6% | 25.6% | 22.5% | 21.5% | 26.7% |
| Priority Health Government Programs | 3.0% | 16.6% | 27.4% | 27.6% | 25.4% |
| Pro Care Health Plan | 3.3% | 55.0% | 16.7% | 11.7% | 13.3% |
| Total Health Care | 2.4% | 12.2% | 17.0% | 37.5% | 31.0% |
| UnitedHealthcare of the Great Lakes Health Plan | 2.2% | 17.9% | 26.6% | 27.2% | 26.0% |
| Upper Peninsula Health Plan | 0.2% | 16.2% | 23.1% | 31.2% | 29.3% |

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

**Children are eligible for inclusion in CAHPS if they are age 17 or younger as of December 31, 2010. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2011 and the time of survey administration.*

Table 3-3 depicts the gender of children for whom a parent or caretaker completed a CAHPS 4.0H Child Medicaid Health Plan Survey.

| Table 3-3: Child Member Demographics—Gender | | |
|---|---|---|
| **Plan Name** | **Male** | **Female** |
| **MDCH Medicaid Program** | **50.8%** | **49.2%** |
| Fee-for-Service | 50.1% | 49.9% |
| **MDCH Medicaid Managed Care Program** | **50.9%** | **49.1%** |
| BlueCaid of Michigan | 51.9% | 48.1% |
| CareSource Michigan | 51.6% | 48.4% |
| Health Plan of Michigan | 53.0% | 47.0% |
| HealthPlus Partners | 51.8% | 48.2% |
| McLaren Health Plan | 54.4% | 45.6% |
| Midwest Health Plan | 48.5% | 51.5% |
| Molina Healthcare of Michigan | 50.7% | 49.3% |
| OmniCare Health Plan | 51.3% | 48.7% |
| PHP-MM Family Care | 48.7% | 51.3% |
| Priority Health Government Programs | 47.4% | 52.6% |
| Pro Care Health Plan | 48.3% | 51.7% |
| Total Health Care | 51.3% | 48.7% |
| UnitedHealthcare of the Great Lakes Health Plan | 50.1% | 49.9% |
| Upper Peninsula Health Plan | 50.7% | 49.3% |
| *Please note, percentages may not total 100% due to rounding.* | | |

Table 3-4 depicts the race and ethnicity of children for whom a parent or caretaker completed a CAHPS 4.0H Child Medicaid Health Plan Survey.

**Table 3-4: Child Member Demographics—Race/Ethnicity**

| Plan Name | White | Hispanic | Black | Asian | Other | Multi-Racial |
|---|---|---|---|---|---|---|
| **MDCH Medicaid Program** | **59.2%** | **8.2%** | **19.3%** | **2.5%** | **3.4%** | **7.3%** |
| Fee-for-Service | 68.0% | 8.2% | 10.8% | 2.0% | 4.4% | 6.6% |
| **MDCH Medicaid Managed Care Program** | **58.4%** | **8.2%** | **20.0%** | **2.6%** | **3.3%** | **7.4%** |
| BlueCaid of Michigan | 57.2% | 8.6% | 17.8% | 4.1% | 4.1% | 8.2% |
| CareSource Michigan | 71.1% | 8.3% | 13.0% | 1.3% | 1.6% | 4.7% |
| Health Plan of Michigan | 67.8% | 8.7% | 11.8% | 1.4% | 1.9% | 8.5% |
| HealthPlus Partners | 63.9% | 6.0% | 18.9% | 0.6% | 3.0% | 7.6% |
| McLaren Health Plan | 71.0% | 6.5% | 8.0% | 3.3% | 1.5% | 9.7% |
| Midwest Health Plan | 50.1% | 9.7% | 22.6% | 4.2% | 7.6% | 5.8% |
| Molina Healthcare of Michigan | 49.8% | 11.2% | 26.0% | 0.9% | 4.9% | 7.2% |
| OmniCare Health Plan | 7.4% | 2.6% | 83.8% | 1.0% | 2.6% | 2.6% |
| PHP-MM Family Care | 53.2% | 11.7% | 15.1% | 5.9% | 2.9% | 11.2% |
| Priority Health Government Programs | 60.0% | 17.9% | 12.1% | 1.9% | 0.8% | 7.2% |
| Pro Care Health Plan | 18.6% | 8.5% | 50.8% | 11.9% | 6.8% | 3.4% |
| Total Health Care | 35.5% | 3.3% | 51.8% | 2.1% | 1.8% | 5.6% |
| UnitedHealthcare of the Great Lakes Health Plan | 52.3% | 7.6% | 20.2% | 4.4% | 7.6% | 8.0% |
| Upper Peninsula Health Plan | 86.1% | 3.0% | 0.3% | 0.6% | 3.2% | 6.8% |

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

Table 3-5 depicts the general health status of children for whom a parent or caretaker completed a CAHPS 4.0H Child Medicaid Health Plan Survey.

| Table 3-5: Child Member Demographics—General Health Status | | | | | |
|---|---|---|---|---|---|
| **Plan Name** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |
| **MDCH Medicaid Program** | **38.4%** | **40.0%** | **17.5%** | **3.8%** | **0.4%** |
| Fee-for-Service | 35.2% | 37.5% | 19.9% | 6.4% | 1.1% |
| **MDCH Medicaid Managed Care Program** | **38.7%** | **40.2%** | **17.3%** | **3.5%** | **0.3%** |
| BlueCaid of Michigan | 42.0% | 43.1% | 13.0% | 1.7% | 0.2% |
| CareSource Michigan | 36.3% | 40.1% | 18.9% | 4.1% | 0.7% |
| Health Plan of Michigan | 39.1% | 39.6% | 17.7% | 3.4% | 0.2% |
| HealthPlus Partners | 38.4% | 39.4% | 18.8% | 2.8% | 0.6% |
| McLaren Health Plan | 39.9% | 38.5% | 17.9% | 3.4% | 0.4% |
| Midwest Health Plan | 38.6% | 35.3% | 20.8% | 5.1% | 0.2% |
| Molina Healthcare of Michigan | 32.7% | 42.7% | 19.9% | 3.8% | 0.9% |
| OmniCare Health Plan | 36.1% | 37.4% | 19.2% | 7.3% | 0.0% |
| PHP-MM Family Care | 44.2% | 37.5% | 13.9% | 4.0% | 0.4% |
| Priority Health Government Programs | 41.8% | 41.2% | 13.5% | 3.1% | 0.4% |
| Pro Care Health Plan | 35.0% | 46.7% | 16.7% | 1.7% | 0.0% |
| Total Health Care | 34.7% | 38.2% | 22.6% | 4.4% | 0.0% |
| UnitedHealthcare of the Great Lakes Health Plan | 38.2% | 40.0% | 18.9% | 2.8% | 0.2% |
| Upper Peninsula Health Plan | 37.9% | 45.1% | 14.4% | 2.7% | 0.0% |
| *Please note, percentages may not total 100% due to rounding.* | | | | | |

## National Comparisons

In order to assess the overall performance of the MDCH Medicaid Program, HSAG scored each CAHPS measure on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the MDCH Medicaid Program's three-point mean scores to NCQA Benchmarks and Thresholds.[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.

| Table 3-6: Star Ratings | |
|---|---|
| **Stars** | **Child Percentiles** |
| ★★★★★<br>Excellent | At or above the 90th percentile |
| ★★★★<br>Very Good | At or between the 75th and 89th percentiles |
| ★★★<br>Good | At or between the 50th and 74th percentiles |
| ★★<br>Fair | At or between the 25th and 49th percentiles |
| ★<br>Poor | Below the 25th percentile |

The results presented in the following two tables 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.

[3-1] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2011*. Washington, DC: NCQA; 2011.

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 |
| **MDCH Medicaid Program** | ★★ 2.50 | ★★★ 2.51 | ★★★ 2.60 | ★★★ 2.56 |
| Fee-for-Service | ★ 2.41 | ★★★★ 2.53 | ★★★★ 2.67 | ★★★★★ 2.70 |
| **MDCH Medicaid Managed Care Program** | ★★ 2.50 | ★★★ 2.51 | ★★ 2.59 | ★★★ 2.54 |
| BlueCaid of Michigan | ★★★ 2.58 | ★★★★★ 2.62 | ★★★★★ 2.70 | ★★★ 2.56 |
| CareSource Michigan | ★ 2.42 | ★★ 2.44 | ★★ 2.58 | ★+ 2.47 |
| Health Plan of Michigan | ★★ 2.52 | ★★★★★ 2.59 | ★★★ 2.61 | ★★★+ 2.54 |
| HealthPlus Partners | ★★★ 2.58 | ★★★★ 2.56 | ★★ 2.59 | ★★ 2.53 |
| McLaren Health Plan | ★ 2.45 | ★★★ 2.50 | ★ 2.55 | ★ 2.47 |
| Midwest Health Plan | ★ 2.44 | ★★★ 2.51 | ★★★ 2.60 | ★+ 2.42 |
| Molina Healthcare of Michigan | ★ 2.46 | ★★★ 2.50 | ★★ 2.57 | ★★★+ 2.57 |
| OmniCare Health Plan | ★★ 2.49 | ★★ 2.46 | ★★ 2.58 | ★★★+ 2.56 |
| PHP-MM Family Care | ★★★ 2.54 | ★★ 2.45 | ★★ 2.57 | ★★★ 2.58 |
| Priority Health Government Programs | ★★★★ 2.61 | ★★★★★ 2.62 | ★★★★ 2.65 | ★★★★+ 2.62 |
| Pro Care Health Plan | ★+ 2.10 | ★+ 1.91 | ★+ 2.36 | ★+ 2.00 |
| Total Health Care | ★ 2.40 | ★★ 2.45 | ★ 2.50 | ★★+ 2.53 |
| UnitedHealthcare of the Great Lakes Health Plan | ★★★ 2.53 | ★★★ 2.50 | ★ 2.54 | ★★★★+ 2.60 |
| Upper Peninsula Health Plan | ★★ 2.51 | ★★★ 2.49 | ★★★ 2.60 | ★★+ 2.52 |
| *+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.* | | | | |

The MDCH Medicaid Program and the MDCH Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for two global ratings: Rating of All Health Care and Rating of Specialist Seen Most Often. In addition, the MDCH Medicaid Program scored at or between the 50th and 74th percentiles for Rating of Personal Doctor. The MDCH Medicaid Program and the MDCH Medicaid Managed Care Program did not score at or above the 90th percentile or below the 25th percentile for any of the global ratings.

Table 3-8 shows the overall 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 |
| **MDCH Medicaid Program** | ★★★ 2.36 | ★★★ 2.64 | ★★★ 2.67 | ★★ 2.34 |
| Fee-for-Service | ★★★ 2.39 | ★★★★★ 2.72 | ★★★★★ 2.74 | ★+ 2.14 |
| **MDCH Medicaid Managed Care Program** | ★★★ 2.36 | ★★★ 2.63 | ★★★ 2.66 | ★★ 2.36 |
| BlueCaid of Michigan | ★★★ 2.40 | ★★★ 2.63 | ★★★★ 2.72 | ★★+ 2.39 |
| CareSource Michigan | ★★ 2.22 | ★★★ 2.59 | ★★★ 2.67 | ★+ 2.26 |
| Health Plan of Michigan | ★★★ 2.34 | ★★★★★ 2.68 | ★★★ 2.67 | ★★★★+ 2.56 |
| HealthPlus Partners | ★★★★ 2.45 | ★★★★★ 2.73 | ★★★ 2.66 | ★★+ 2.34 |
| McLaren Health Plan | ★★★ 2.36 | ★★★★★ 2.69 | ★★ 2.65 | ★+ 2.31 |
| Midwest Health Plan | ★★★ 2.34 | ★★ 2.54 | ★★ 2.65 | ★+ 2.29 |
| Molina Healthcare of Michigan | ★★★ 2.40 | ★★★ 2.64 | ★★ 2.64 | ★+ 2.22 |
| OmniCare Health Plan | ★★+ 2.28 | ★★ 2.56 | ★★★★ 2.71 | ★+ 2.33 |
| PHP-MM Family Care | ★ 2.20 | ★★ 2.55 | ★★ 2.63 | ★+ 2.32 |
| Priority Health Government Programs | ★★★★ 2.43 | ★★★ 2.64 | ★★★ 2.69 | ★★+ 2.41 |
| Pro Care Health Plan | ★+ 2.00 | ★★+ 2.47 | ★+ 2.41 | ★+ 2.12 |
| Total Health Care | ★★+ 2.31 | ★★★ 2.63 | ★★ 2.62 | ★★+ 2.37 |
| UnitedHealthcare of the Great Lakes Health Plan | ★★★★ 2.44 | ★★ 2.53 | ★★ 2.63 | ★★★+ 2.47 |
| Upper Peninsula Health Plan | ★★★★★ 2.48 | ★★★★★ 2.70 | ★★★★ 2.71 | ★★★★+ 2.52 |
| *+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.* | | | | |

The MDCH Medicaid Program and the MDCH Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for three composite measures: Getting Needed Care, Getting Care Quickly, and How Well Doctors Communicate. The MDCH Medicaid Program and the MDCH Medicaid Managed Care Program did not score at or above the 90th percentile or below the 25th 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;
- "Always" for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites;
- "Definitely yes" for the Shared Decision Making composite.

The MDCH Medicaid Program and MDCH Medicaid Managed Care Program results were weighted based on the eligible population for each child population (i.e., Fee-for-Service and/or MHPs). HSAG compared the MHP and Fee-for-Service results to the MDCH Medicaid Managed Care Program average to determine if the MHP or Fee-for-Service results were significantly different than the MDCH Medicaid Managed Care Program average. The NCQA child Medicaid national averages are also presented for comparison.[3-3] Colors in the figures note significant differences. Green indicates a top-box rate that was significantly higher than the MDCH Medicaid Managed Care Program average. Conversely, red indicates a top-box rate that was significantly lower than the MDCH Medicaid Managed Care Program average. Blue represents top-box rates that were not significantly different from the MDCH Medicaid Managed Care Program average. Health plans 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 for two plans were similar, but one was statistically different from the MDCH 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.

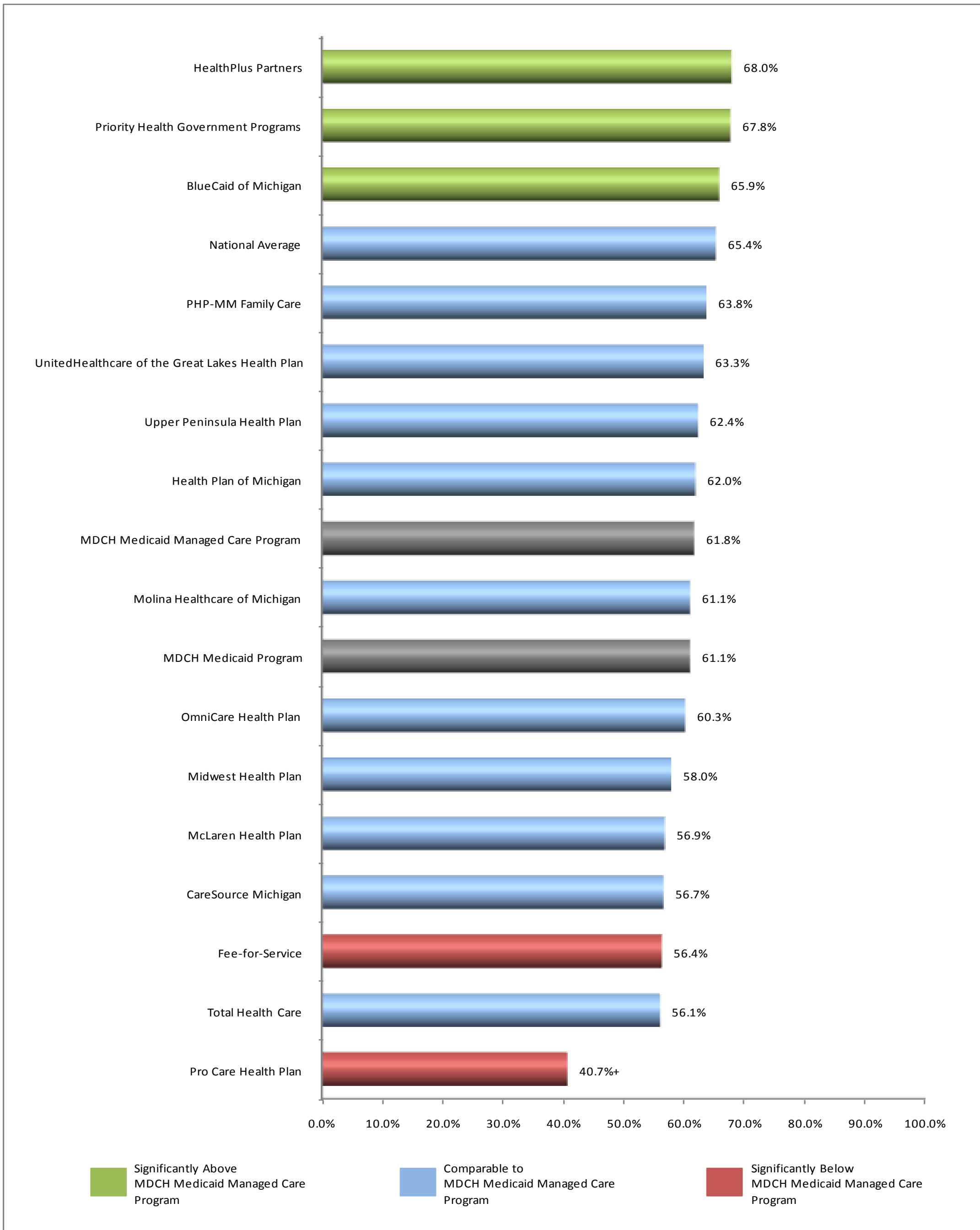
[3-3] NCQA National Distribution of 2010 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on November 18, 2010.

## Global Ratings

### Rating of Health Plan

Parents or caretakers of child members were asked to rate their child's 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**

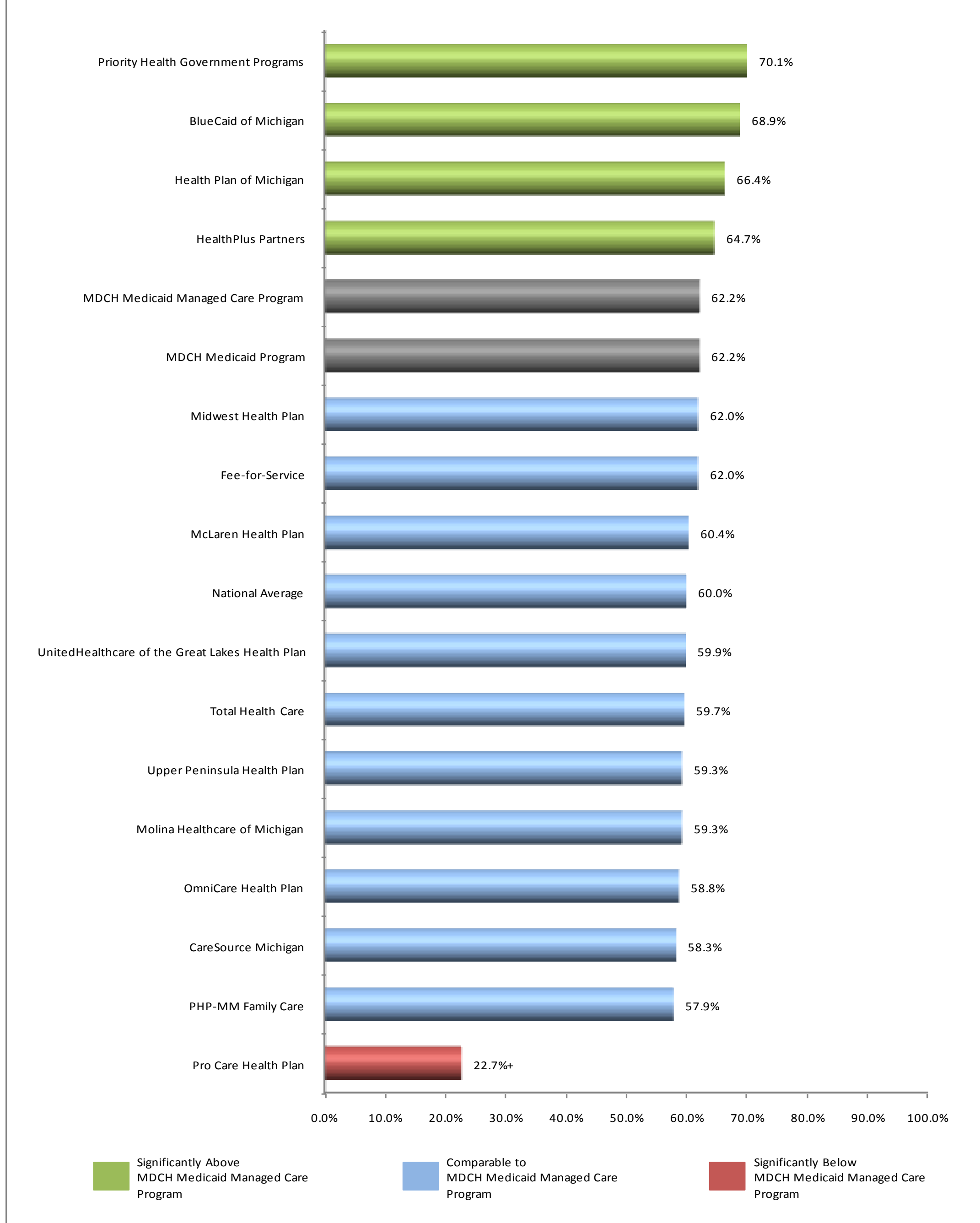



*Note: + indicates fewer than 100 responses*

## Rating of All Health Care

Parents or caretakers of child members were asked to rate their child's 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**

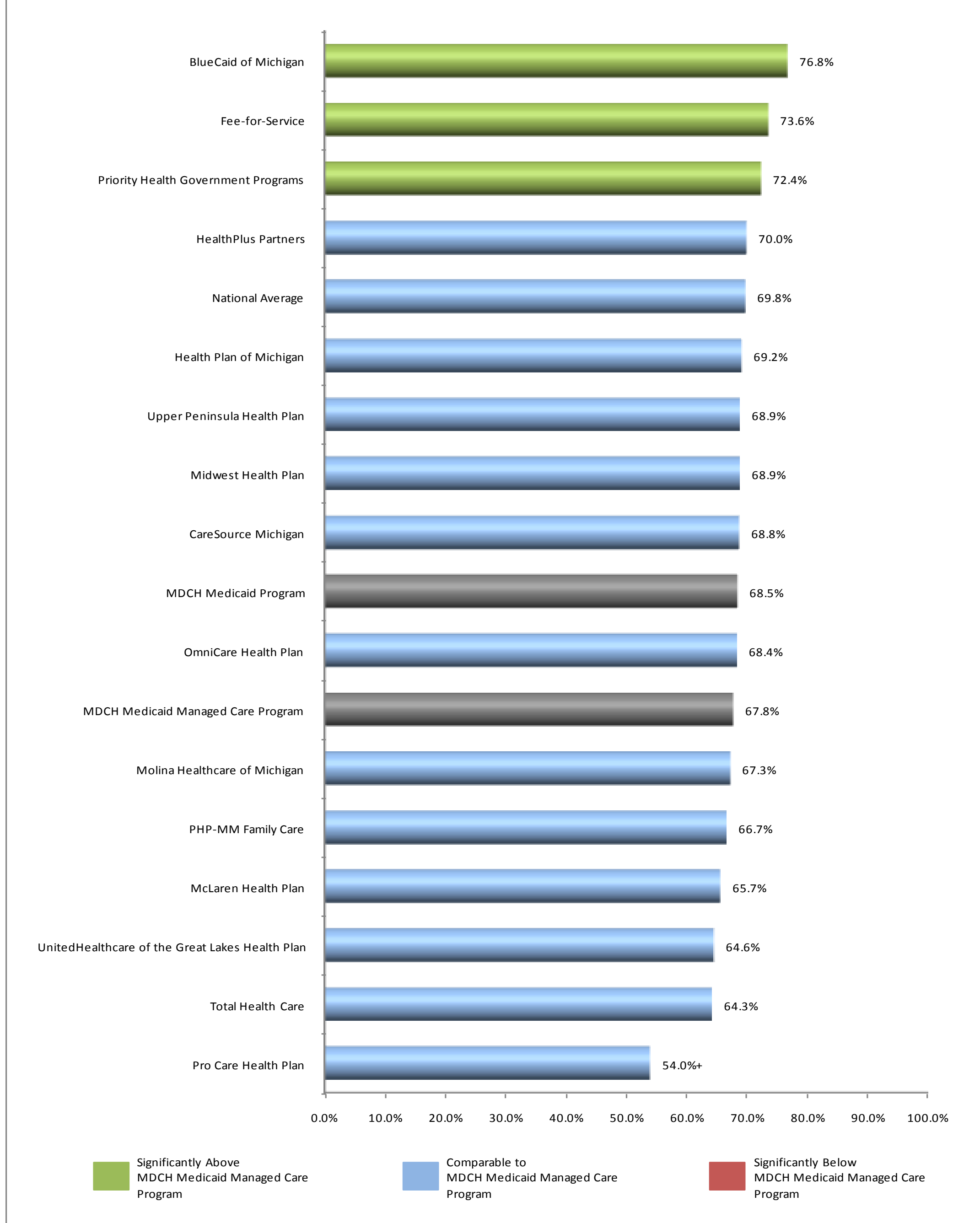



*Note: + indicates fewer than 100 responses*

## Rating of Personal Doctor

Parents or caretakers of child members were asked to rate their child's 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

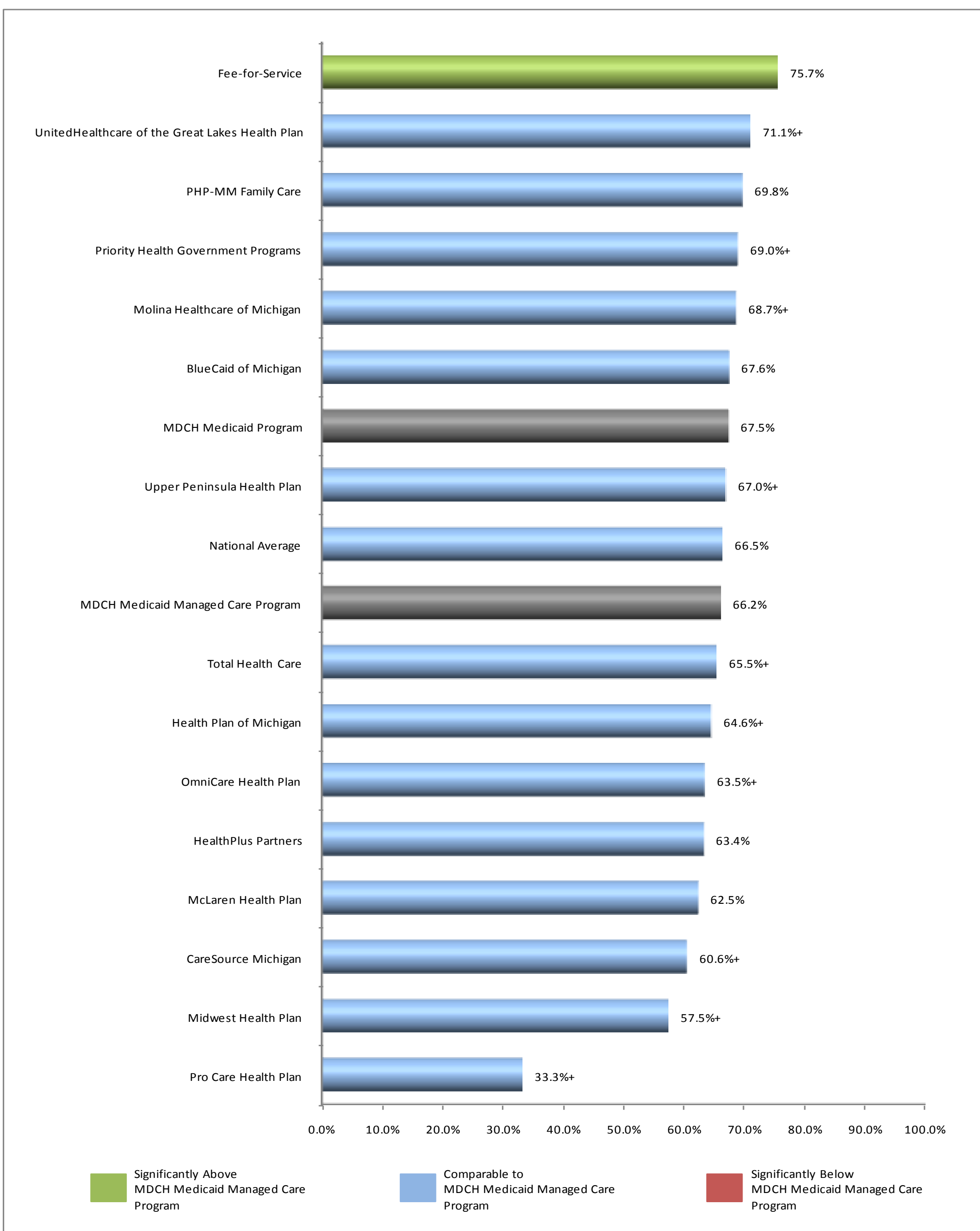



*Note: + indicates fewer than 100 responses*

## Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate their child's 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




*Note: + indicates fewer than 100 responses*

## Composite Measures

### Getting Needed Care

Two questions (Questions 26 and 30 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

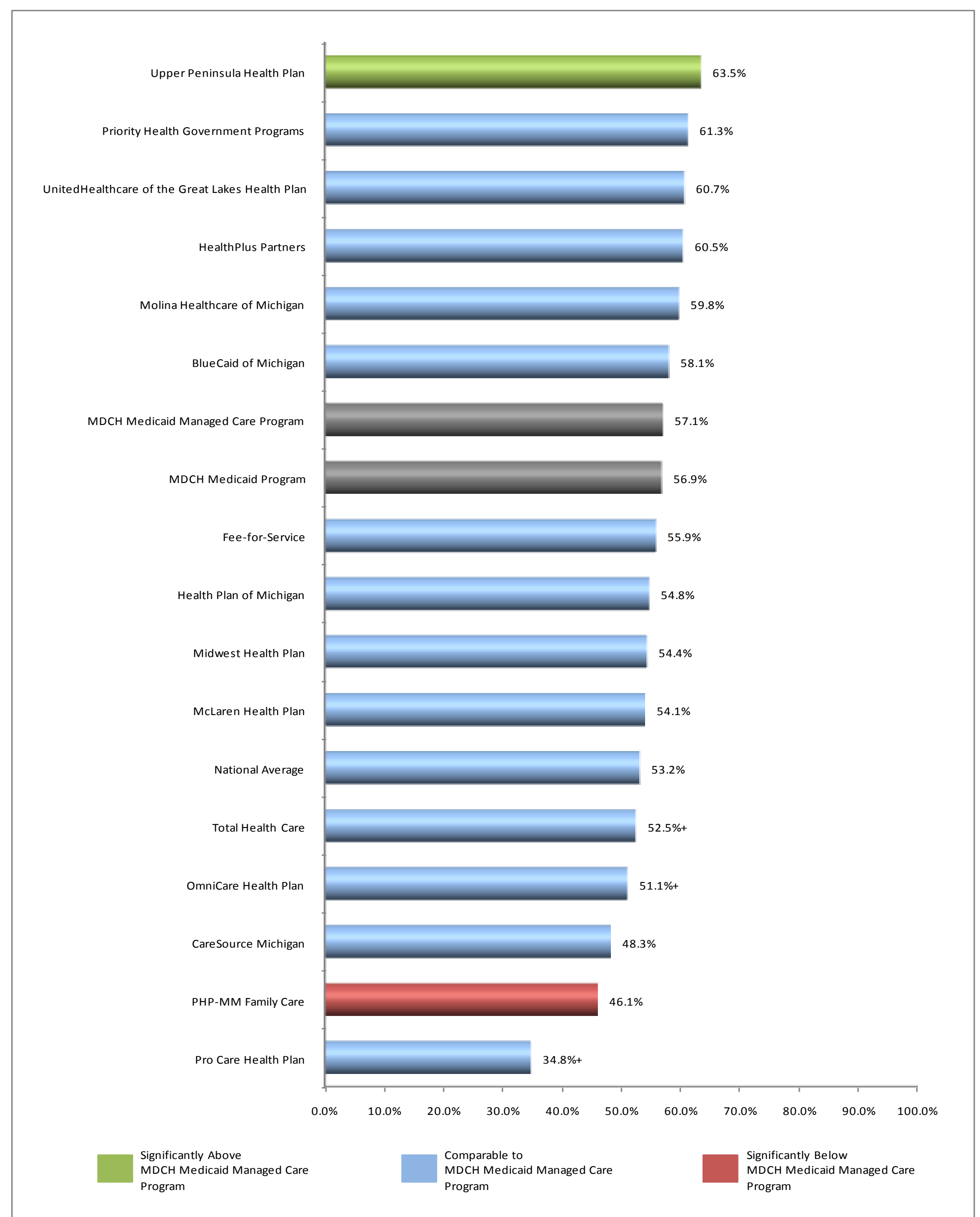
- **Question 26**. In the last 6 months, how often was it easy to get appointments for your child with specialists?
  - Never
  - Sometimes
  - Usually
  - Always

- **Question 30**. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought your child needed through his or her health plan?
  - 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 "Always."

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

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




*Note: + indicates fewer than 100 responses*

## Getting Care Quickly

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

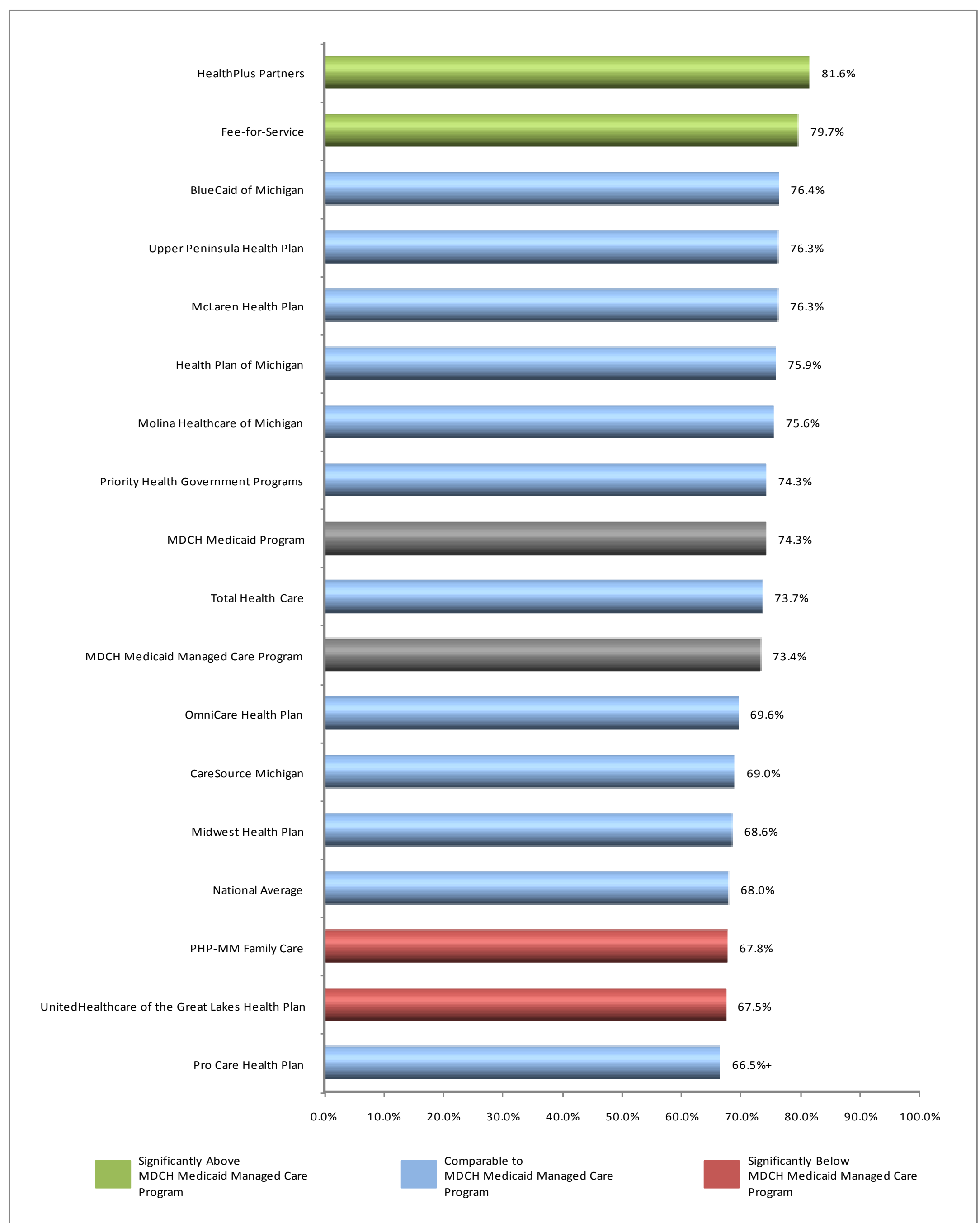
- **Question 4**. In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought he or she needed?
  - Never
  - Sometimes
  - Usually
  - Always

- **Question 6**. In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child 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 "Always."

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

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




*Note: + indicates fewer than 100 responses*

## How Well Doctors Communicate

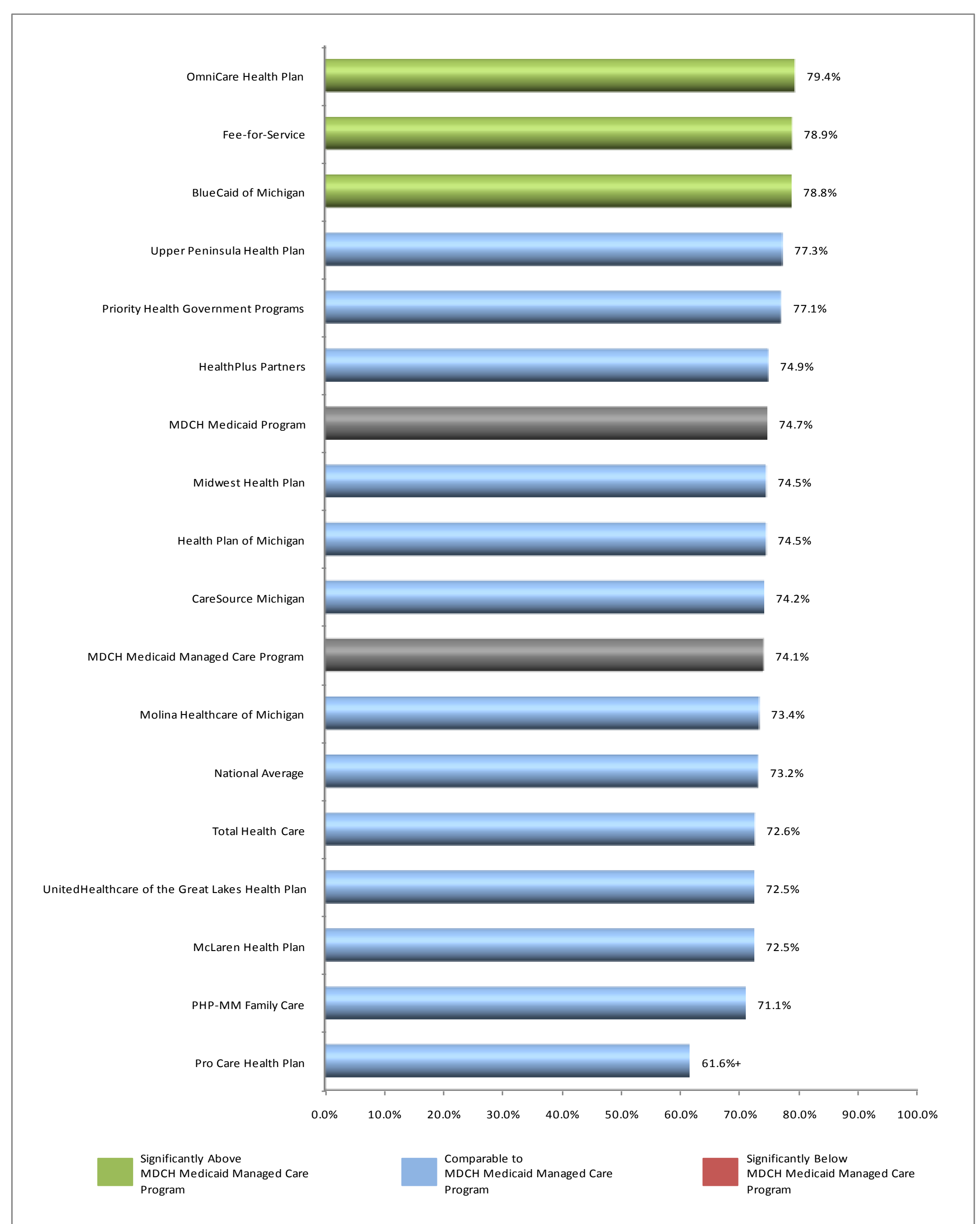
A series of four questions (Questions 15, 16, 17, and 20 in the CAHPS Child Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

- **Question 15**. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy to understand?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 16**. In the last 6 months, how often did your child's personal doctor listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 17**. In the last 6 months, how often did your child's 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 child's personal doctor spend enough time with your child?
  - 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 "Always."

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

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




*Note: + indicates fewer than 100 responses*

## Customer Service

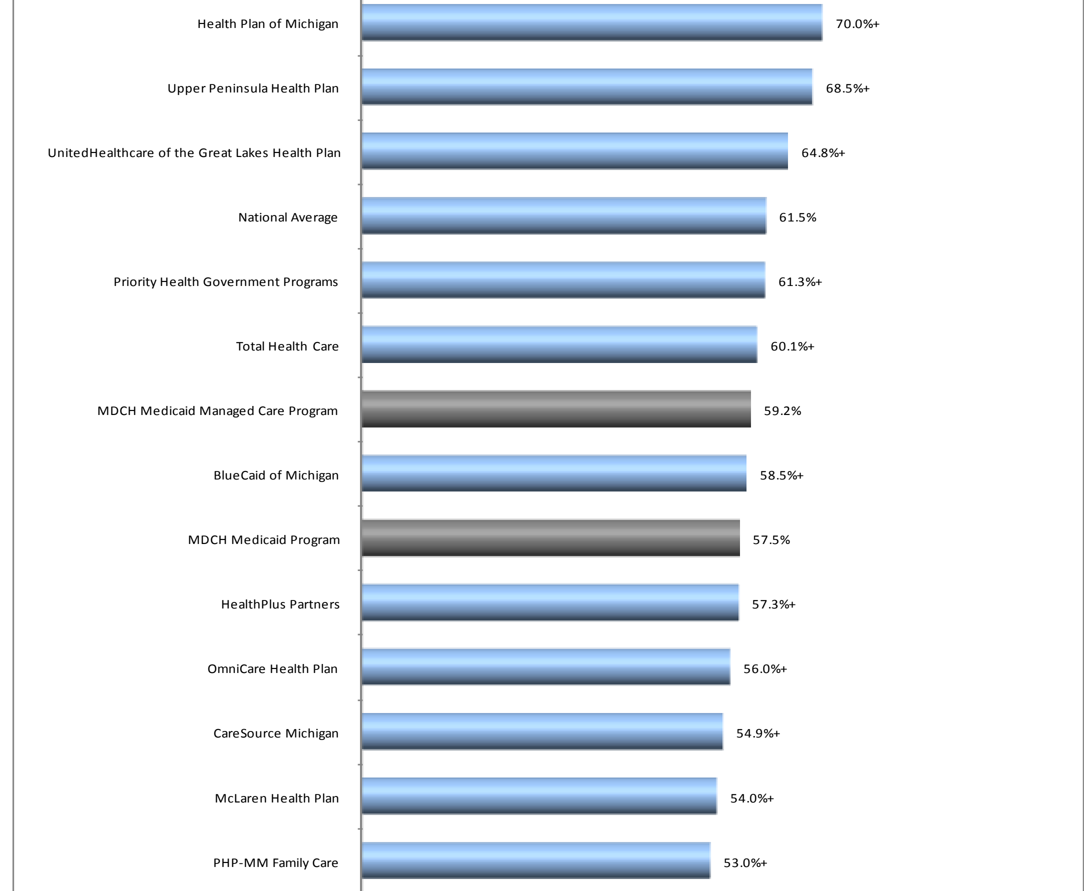
Two questions (Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often parents or caretakers were satisfied with customer service:

- **Question 32**. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
    - Never
    - Sometimes
    - Usually
    - Always
- **Question 33**. In the last 6 months, how often did customer service staff at your child's health plan 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 "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

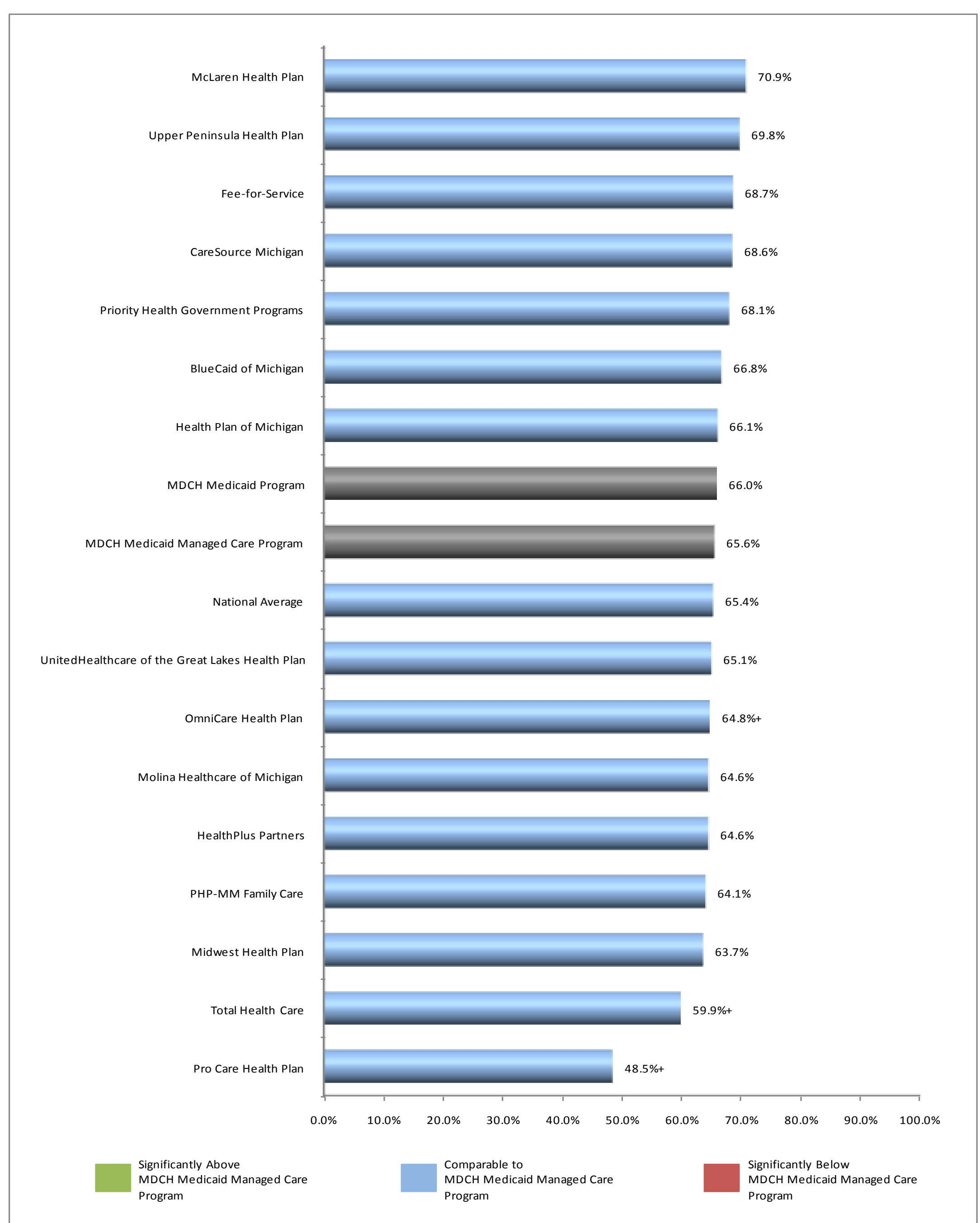
Two questions (Questions 10 and 11 in the CAHPS Child Medicaid Health Plan Survey) were asked regarding the involvement of parents or caretakers in decision making when there was more than one choice for their child's treatment or health care:

- **Question 10**. In the last 6 months, did your child's doctor or other health provider talk with you about the pros and cons of each choice for your child's treatment or health care?
  - Definitely yes
  - Somewhat yes
  - Somewhat no
  - Definitely no
- **Question 11**. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask you which choice you thought was best for your child?
  - Definitely yes
  - Somewhat yes
  - Somewhat no
  - Definitely 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 "Definitely Yes."

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*

## 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 | ↓ | — | ↑ | ↑ |
| BlueCaid of Michigan | ↑ | ↑ | ↑ | — |
| CareSource Michigan | — | — | — | —+ |
| Health Plan of Michigan | — | ↑ | — | —+ |
| HealthPlus Partners | ↑ | ↑ | — | — |
| McLaren Health Plan | — | — | — | — |
| Midwest Health Plan | — | — | — | —+ |
| Molina Healthcare of Michigan | — | — | — | —+ |
| OmniCare Health Plan | — | — | — | —+ |
| PHP-MM Family Care | — | — | — | — |
| Priority Health Government Programs | ↑ | ↑ | ↑ | —+ |
| Pro Care Health Plan | ↓+ | ↓+ | —+ | —+ |
| Total Health Care | — | — | — | —+ |
| UnitedHealthcare of the Great Lakes Health 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 MDCH Medicaid Managed Care Program average.*
↓ *indicates the plan's score is statistically significantly lower than the MDCH Medicaid Managed Care Program average.*
— *indicates the plan's score is not statistically significantly different than the MDCH Medicaid Managed Care Program average.*

Table 3-10 provides a summary of the Statewide Comparisons results 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 | — | ↑ | ↑ | ↓+ | — |
| BlueCaid of Michigan | — | — | ↑ | —+ | — |
| CareSource Michigan | — | — | — | —+ | — |
| Health Plan of Michigan | — | — | — | —+ | — |
| HealthPlus Partners | — | ↑ | — | —+ | — |
| McLaren Health Plan | — | — | — | —+ | — |
| Midwest Health Plan | — | — | — | —+ | — |
| Molina Healthcare of Michigan | — | — | — | —+ | — |
| OmniCare Health Plan | —+ | — | ↑ | —+ | —+ |
| PHP-MM Family Care | ↓ | ↓ | — | —+ | — |
| Priority Health Government Programs | — | — | — | —+ | — |
| Pro Care Health Plan | —+ | —+ | —+ | —+ | —+ |
| Total Health Care | —+ | — | — | —+ | —+ |
| UnitedHealthcare of the Great Lakes Health 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 MDCH Medicaid Managed Care Program average.*
↓ *indicates the plan's score is statistically significantly lower than the MDCH Medicaid Managed Care Program average.*
— *indicates the plan's score is not statistically significantly different than the MDCH Medicaid Managed Care Program average.*

## Trend Analysis

The completed surveys from the 2011 and 2009 CAHPS results were used to perform the trend analysis presented in this section.[4-1] The 2011 CAHPS scores were compared to the 2009 CAHPS scores to determine whether there were statistically significant differences. Statistically significant differences between 2011 scores and 2009 scores are noted with triangles. Scores that were statistically significantly higher in 2011 than in 2009 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2011 than in 2009 are noted with downward triangles (▼). Scores in 2011 that were not statistically significantly different from scores in 2009 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.

[4-1] The child population was not surveyed in 2010.

## Global Ratings

### Rating of Health Plan

Parents or caretakers of child members were asked to rate their child's 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 2009 and 2011 top-box responses and trend results for Rating of Health Plan.

**Table 4-1: Rating of Health Plan Trend Analysis**

| Plan Name | 2009 | 2011 | Trend Results |
|---|---|---|---|
| **MDCH Medicaid Program** | **60.1%** | **61.1%** | — |
| Fee-for-Service | 50.0% | 56.4% | ▲ |
| **MDCH Medicaid Managed Care Program** | **62.9%** | **61.8%** | — |
| BlueCaid of Michigan | 67.2% | 65.9% | — |
| CareSource Michigan | 51.8% | 56.7% | — |
| Health Plan of Michigan | 67.7% | 62.0% | ▼ |
| HealthPlus Partners | 62.1% | 68.0% | ▲ |
| McLaren Health Plan | 55.9% | 56.9% | — |
| Midwest Health Plan | 54.9% | 58.0% | — |
| Molina Healthcare of Michigan | 59.7% | 61.1% | — |
| OmniCare Health Plan | 59.3% | 60.3% | — |
| PHP-MM Family Care | 64.3% | 63.8% | — |
| Priority Health Government Programs | 64.8% | 67.8% | — |
| Pro Care Health Plan | 57.1%+ | 40.7%+ | — |
| Total Health Care | 55.8% | 56.1% | — |
| UnitedHealthcare of the Great Lakes Health Plan | 69.9% | 63.3% | ▼ |
| Upper Peninsula Health Plan | 62.1% | 62.4% | — |

+ *indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *statistically significantly higher in 2011 than in 2009.*
▼ *statistically significantly lower in 2011 than in 2009.*
— *not statistically significantly different in 2011 than in 2009.*

There were four statistically significant differences between scores in 2011 and scores in 2009 for this measure.

The following scored statistically significantly *higher* in 2011 than in 2009:

- Fee-for-Service
- HealthPlus Partners

The following scored statistically significantly *lower* in 2011 than in 2009:

- Health Plan of Michigan
- UnitedHealthcare of the Great Lakes Health Plan

## Rating of All Health Care

Parents or caretakers of child members were asked to rate their child's 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 2009 and 2011 top-box responses and trend results for Rating of All Health Care.

**Table 4-2: Rating of All Health Care Trend Analysis**

| Plan Name | 2009 | 2011 | Trend Results |
|---|---|---|---|
| **MDCH Medicaid Program** | **59.6%** | **62.2%** | ▲ |
| Fee-for-Service | 59.5% | 62.0% | — |
| **MDCH Medicaid Managed Care Program** | **59.6%** | **62.2%** | ▲ |
| BlueCaid of Michigan | 71.6% | 68.9% | — |
| CareSource Michigan | 54.1% | 58.3% | — |
| Health Plan of Michigan | 61.5% | 66.4% | — |
| HealthPlus Partners | 57.9% | 64.7% | — |
| McLaren Health Plan | 53.8% | 60.4% | — |
| Midwest Health Plan | 55.1% | 62.0% | — |
| Molina Healthcare of Michigan | 60.3% | 59.3% | — |
| OmniCare Health Plan | 55.3% | 58.8% | — |
| PHP-MM Family Care | 56.4% | 57.9% | — |
| Priority Health Government Programs | 63.8% | 70.1% | — |
| Pro Care Health Plan | 60.0%+ | 22.7%+ | ▼ |
| Total Health Care | 53.7% | 59.7% | — |
| UnitedHealthcare of the Great Lakes Health Plan | 64.9% | 59.9% | — |
| Upper Peninsula Health Plan | 59.2% | 59.3% | — |

\+ *indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *statistically significantly higher in 2011 than in 2009.*
▼ *statistically significantly lower in 2011 than in 2009.*
— *not statistically significantly different in 2011 than in 2009.*

There were three statistically significant differences between scores in 2011 and scores in 2009 for this measure.

The following scored statistically significantly *higher* in 2011 than in 2009:

- MDCH Medicaid Program
- MDCH Medicaid Managed Care Program

The following scored statistically significantly *lower* in 2011 than in 2009:

- Pro Care Health Plan

## Rating of Personal Doctor

Parents or caretakers of child members were asked to rate their child's 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 2009 and 2011 top-box responses and trend results for Rating of Personal Doctor.

**Table 4-3: Rating of Personal Doctor Trend Analysis**

| Plan Name | 2009 | 2011 | Trend Results |
|---|---|---|---|
| **MDCH Medicaid Program** | **67.0%** | **68.5%** | **—** |
| Fee-for-Service | 67.6% | 73.6% | ▲ |
| **MDCH Medicaid Managed Care Program** | **66.8%** | **67.8%** | **—** |
| BlueCaid of Michigan | 77.3% | 76.8% | — |
| CareSource Michigan | 60.7% | 68.8% | ▲ |
| Health Plan of Michigan | 67.8% | 69.2% | — |
| HealthPlus Partners | 65.4% | 70.0% | — |
| McLaren Health Plan | 63.2% | 65.7% | — |
| Midwest Health Plan | 65.4% | 68.9% | — |
| Molina Healthcare of Michigan | 68.0% | 67.3% | — |
| OmniCare Health Plan | 66.6% | 68.4% | — |
| PHP-MM Family Care | 69.8% | 66.7% | — |
| Priority Health Government Programs | 71.7% | 72.4% | — |
| Pro Care Health Plan | 60.0%$^{+}$ | 54.0%$^{+}$ | — |
| Total Health Care | 64.9% | 64.3% | — |
| UnitedHealthcare of the Great Lakes Health Plan | 67.4% | 64.6% | — |
| Upper Peninsula Health Plan | 68.8% | 68.9% | — |

\+ *indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *statistically significantly higher in 2011 than in 2009.*
▼ *statistically significantly lower in 2011 than in 2009.*
— *not statistically significantly different in 2011 than in 2009.*

There were two statistically significant differences between scores in 2011 and scores in 2009 for this measure.

The following scored statistically significantly *higher* in 2011 than in 2009:

- Fee-for-Service
- CareSource Michigan

## Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate their child's 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 2009 and 2011 top-box responses and trend results for Rating of Specialist Seen Most Often.

**Table 4-4: Rating of Specialist Seen Most Often Trend Analysis**

| Plan Name | 2009 | 2011 | Trend Results |
|---|---|---|---|
| **MDCH Medicaid Program** | **63.9%** | **67.5%** | **—** |
| Fee-for-Service | 64.5% | 75.7% | ▲ |
| **MDCH Medicaid Managed Care Program** | **63.7%** | **66.2%** | **—** |
| BlueCaid of Michigan | 65.9% | 67.6% | — |
| CareSource Michigan | 63.8%+ | 60.6%+ | — |
| Health Plan of Michigan | 69.4% | 64.6%+ | — |
| HealthPlus Partners | 58.1%+ | 63.4% | — |
| McLaren Health Plan | 55.9% | 62.5% | — |
| Midwest Health Plan | 57.8% | 57.5%+ | — |
| Molina Healthcare of Michigan | 63.5%+ | 68.7%+ | — |
| OmniCare Health Plan | 56.7%+ | 63.5%+ | — |
| PHP-MM Family Care | 63.6% | 69.8% | — |
| Priority Health Government Programs | 64.4%+ | 69.0%+ | — |
| Pro Care Health Plan | 66.7%+ | 33.3%+ | — |
| Total Health Care | 51.6%+ | 65.5%+ | — |
| UnitedHealthcare of the Great Lakes Health Plan | 71.1%+ | 71.1%+ | — |
| Upper Peninsula Health Plan | 64.3% | 67.0%+ | — |

\+ *indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *statistically significantly higher in 2011 than in 2009.*
▼ *statistically significantly lower in 2011 than in 2009.*
— *not statistically significantly different in 2011 than in 2009.*

There was one statistically significant difference between scores in 2011 and scores in 2009 for this measure.

The following scored statistically significantly *higher* in 2011 than in 2009:

- Fee-for-Service

## Composite Measures

### Getting Needed Care

Two questions (Questions 26 and 30 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care. Table 4-5 shows the 2009 and 2011 topbox responses and trend results for the Getting Needed Care composite measure.

**Table 4-5: Getting Needed Care Composite Trend Analysis**

| Plan Name | 2009 | 2011 | Trend Results |
|---|---|---|---|
| **MDCH Medicaid Program** | **57.0%** | **56.9%** | **—** |
| Fee-for-Service | 52.9% | 55.9% | — |
| **MDCH Medicaid Managed Care Program** | **58.1%** | **57.1%** | **—** |
| BlueCaid of Michigan | 62.4% | 58.1% | — |
| CareSource Michigan | 48.5% | 48.3% | — |
| Health Plan of Michigan | 59.9% | 54.8% | — |
| HealthPlus Partners | 62.5% | 60.5% | — |
| McLaren Health Plan | 55.0% | 54.1% | — |
| Midwest Health Plan | 50.8% | 54.4% | — |
| Molina Healthcare of Michigan | 60.8% | 59.8% | — |
| OmniCare Health Plan | 55.5%+ | 51.1%+ | — |
| PHP-MM Family Care | 54.8% | 46.1% | ▼ |
| Priority Health Government Programs | 57.4% | 61.3% | — |
| Pro Care Health Plan | 83.3%+ | 34.8%+ | — |
| Total Health Care | 48.7% | 52.5%+ | — |
| UnitedHealthcare of the Great Lakes Health Plan | 63.9% | 60.7% | — |
| Upper Peninsula Health Plan | 66.8% | 63.5% | — |

\+ *indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *statistically significantly higher in 2011 than in 2009.*
▼ *statistically significantly lower in 2011 than in 2009.*
— *not statistically significantly different in 2011 than in 2009.*

There was one statistically significant difference between scores in 2011 and scores in 2009 for this measure.

The following scored statistically significantly *lower* in 2011 than in 2009:

- PHP-MM Family Care

## Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often members received care quickly. Table 4-6 shows the 2009 and 2011 top-box responses and trend results for the Getting Care Quickly composite measure.

| Table 4-6: Getting Care Quickly Composite Trend Analysis | | | |
|---|---|---|---|
| **Plan Name** | **2009** | **2011** | **Trend Results** |
| **MDCH Medicaid Program** | **72.8%** | **74.3%** | **—** |
| Fee-for-Service | 71.0% | 79.7% | ▲ |
| **MDCH Medicaid Managed Care Program** | **73.3%** | **73.4%** | **—** |
| BlueCaid of Michigan | 73.2% | 76.4% | — |
| CareSource Michigan | 71.9% | 69.0% | — |
| Health Plan of Michigan | 76.3% | 75.9% | — |
| HealthPlus Partners | 77.1% | 81.6% | — |
| McLaren Health Plan | 72.7% | 76.3% | — |
| Midwest Health Plan | 68.0% | 68.6% | — |
| Molina Healthcare of Michigan | 71.6% | 75.6% | — |
| OmniCare Health Plan | 70.5% | 69.6% | — |
| PHP-MM Family Care | 77.2% | 67.8% | ▼ |
| Priority Health Government Programs | 73.4% | 74.3% | — |
| Pro Care Health Plan | 58.3%+ | 66.5%+ | — |
| Total Health Care | 70.0% | 73.7% | — |
| UnitedHealthcare of the Great Lakes Health Plan | 72.5% | 67.5% | — |
| Upper Peninsula Health Plan | 76.0% | 76.3% | — |

\+ *indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *statistically significantly higher in 2011 than in 2009.*
▼ *statistically significantly lower in 2011 than in 2009.*
— *not statistically significantly different in 2011 than in 2009.*

There were two statistically significant differences between scores in 2011 and scores in 2009 for this measure.

The following scored statistically significantly *higher* in 2011 than in 2009:

- Fee-for-Service

The following scored statistically significantly *lower* in 2011 than in 2009:

- PHP-MM Family Care

## How Well Doctors Communicate

A series of four questions (Questions 15, 16, 17, and 20 in the CAHPS Child Medicaid Health Plan Survey) was asked to assess how often doctors communicated well. Table 4-7 shows the 2009 and 2011 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 | 2009 | 2011 | Trend Results |
|---|---|---|---|
| **MDCH Medicaid Program** | **73.8%** | **74.7%** | **—** |
| Fee-for-Service | 75.0% | 78.9% | — |
| **MDCH Medicaid Managed Care Program** | **73.4%** | **74.1%** | **—** |
| BlueCaid of Michigan | 79.9% | 78.8% | — |
| CareSource Michigan | 72.5% | 74.2% | — |
| Health Plan of Michigan | 72.9% | 74.5% | — |
| HealthPlus Partners | 71.9% | 74.9% | — |
| McLaren Health Plan | 71.1% | 72.5% | — |
| Midwest Health Plan | 71.8% | 74.5% | — |
| Molina Healthcare of Michigan | 76.1% | 73.4% | — |
| OmniCare Health Plan | 73.3% | 79.4% | — |
| PHP-MM Family Care | 76.8% | 71.1% | ▼ |
| Priority Health Government Programs | 74.8% | 77.1% | — |
| Pro Care Health Plan | 91.7%+ | 61.6%+ | ▼ |
| Total Health Care | 69.0% | 72.6% | — |
| UnitedHealthcare of the Great Lakes Health Plan | 75.6% | 72.5% | — |
| Upper Peninsula Health Plan | 76.9% | 77.3% | — |

\+ *indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *statistically significantly higher in 2011 than in 2009.*
▼ *statistically significantly lower in 2011 than in 2009.*
— *not statistically significantly different in 2011 than in 2009.*

There were two statistically significant differences between scores in 2011 and scores in 2009 for this measure.

The following scored statistically significantly *lower* in 2011 than in 2009:

- PHP-MM Family Care
- Pro Care Health Plan

## Customer Service

Two questions (Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often parents and caretakers were satisfied with customer service. Table 4-8 shows the 2009 and 2011 top-box responses and trend results for the Customer Service composite measure.

**Table 4-8: Customer Service Composite Trend Analysis**

| Plan Name | 2009 | 2011 | Trend Results |
|---|---|---|---|
| **MDCH Medicaid Program** | **60.0%** | **57.5%** | **—** |
| Fee-for-Service | 52.7% | 45.8%+ | — |
| **MDCH Medicaid Managed Care Program** | **62.1%** | **59.2%** | **—** |
| BlueCaid of Michigan | 64.5% | 58.5%+ | — |
| CareSource Michigan | 53.5%+ | 54.9%+ | — |
| Health Plan of Michigan | 66.9% | 70.0%+ | — |
| HealthPlus Partners | 69.3%+ | 57.3%+ | — |
| McLaren Health Plan | 63.9%+ | 54.0%+ | — |
| Midwest Health Plan | 63.2%+ | 50.4%+ | — |
| Molina Healthcare of Michigan | 61.7%+ | 47.3%+ | — |
| OmniCare Health Plan | 65.2%+ | 56.0%+ | — |
| PHP-MM Family Care | 63.8%+ | 53.0%+ | — |
| Priority Health Government Programs | 59.6%+ | 61.3%+ | — |
| Pro Care Health Plan[4-2] | 100.0%+ | 40.2%+ | — |
| Total Health Care | 46.0%+ | 60.1%+ | — |
| UnitedHealthcare of the Great Lakes Health Plan | 58.9%+ | 64.8%+ | — |
| Upper Peninsula Health Plan | 71.8%+ | 68.5%+ | — |

\+ *indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *statistically significantly higher in 2011 than in 2009.*
▼ *statistically significantly lower in 2011 than in 2009.*
— *not statistically significantly different in 2011 than in 2009.*

There were no statistically significant differences between scores in 2011 and scores in 2009 for this measure.

[4-2] Pro Care Health Plan only had 3 respondents in 2009 and 18 respondents in 2011 for the Customer Service composite measure. Due to the small number of respondents, the difference in rates between the 2009 and 2011 results were not statistically significant.

## Shared Decision Making

Two questions (Questions 10 and 11 in the CAHPS Child Medicaid Health Plan Survey) were asked regarding the involvement of parents or caretakers in decision making when there was more than one choice for their child's treatment or health care. Table 4-9 shows the 2009 and 2011 top-box responses and trend results for the Shared Decision Making composite measure.

**Table 4-9: Shared Decision Making Composite Trend Analysis**

| Plan Name | 2009 | 2011 | Trend Results |
|---|---|---|---|
| **MDCH Medicaid Program** | **66.0%** | **66.0%** | **—** |
| Fee-for-Service | 70.1% | 68.7% | — |
| **MDCH Medicaid Managed Care Program** | **64.9%** | **65.6%** | **—** |
| BlueCaid of Michigan | 72.8% | 66.8% | — |
| CareSource Michigan | 65.3% | 68.6% | — |
| Health Plan of Michigan | 68.3% | 66.1% | — |
| HealthPlus Partners | 59.8% | 64.6% | — |
| McLaren Health Plan | 63.7% | 70.9% | — |
| Midwest Health Plan | 61.0% | 63.7% | — |
| Molina Healthcare of Michigan | 70.8% | 64.6% | — |
| OmniCare Health Plan | 63.2% | 64.8%+ | — |
| PHP-MM Family Care | 69.6% | 64.1% | — |
| Priority Health Government Programs | 69.9% | 68.1% | — |
| Pro Care Health Plan | 25.0%+ | 48.5%+ | — |
| Total Health Care | 57.7%+ | 59.9%+ | — |
| UnitedHealthcare of the Great Lakes Health Plan | 64.4% | 65.1% | — |
| Upper Peninsula Health Plan | 70.8% | 69.8% | — |

\+ *indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *statistically significantly higher in 2011 than in 2009.*
▼ *statistically significantly lower in 2011 than in 2009.*
— *not statistically significantly different in 2011 than in 2009.*

There were no statistically significant differences between scores in 2011 and scores in 2009 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 MDCH 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 MDCH Medicaid Program.

| Table 5-1: MDCH Medicaid Program Key Drivers of Satisfaction |
|---|
| **Rating of Health Plan** |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan. |
| Respondents reported that their child's health plan's customer service did not always give them the information or help they needed. |
| Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers. |
| Respondents reported that forms from their child's health plan were often not easy to fill out. |
| Respondents reported that their child's health plan's customer service staff did not always treat them with courtesy and respect. |
| Respondents reported that it was often not easy for their child to obtain appointments with specialists. |
| **Rating of All Health Care** |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan. |
| Respondents reported that their child's health plan's customer service did not always give them the information or help they needed. |
| Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers. |
| Respondents reported that it was often not easy for their child to obtain appointments with specialists. |
| **Rating of Personal Doctor** |
| Respondents reported that their child's personal doctor did not always explain things understandably to their child. |
| Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers. |
| Respondents reported that their child's personal doctor did not always spend enough time with them. |
| Respondents reported that their child's personal doctor did not talk with them about how their child is feeling, growing, or behaving. |

MDCH elected to add six supplemental questions to the Child Medicaid Health Plan Survey. Two questions focused on child members' utilization and four questions focused on well-child care. PHP-MM Family Care elected to use their own survey vendor to administer the CAHPS Child Medicaid Health Plan Survey, which included different supplemental items than the survey administered by HSAG. Therefore, HSAG could not include supplemental item results for PHP-MM Family Care, which is indicated in the following tables with a dash (—).

## Utilization

Parents or caretakers of child members were asked how many times their child went to the emergency room for care (Question 6a). Table 6-1 displays the responses for Question 6a.

**Table 6-1: Supplemental Question—6a Responses**

| Plan Name | None | | 1 to 2 Times | | 3 or More Times | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| **MDCH Medicaid Program** | **4,894** | **75.6%** | **1,406** | **21.7%** | **172** | **2.7%** |
| Fee-for-Service | 416 | 75.6% | 118 | 21.5% | 16 | 2.9% |
| **MDCH Medicaid Managed Care Program** | **4,478** | **75.6%** | **1,288** | **21.7%** | **156** | **2.6%** |
| BlueCaid of Michigan | 418 | 80.2% | 94 | 18.0% | 9 | 1.7% |
| CareSource Michigan | 328 | 73.2% | 103 | 23.0% | 17 | 3.8% |
| Health Plan of Michigan | 440 | 75.0% | 135 | 23.0% | 12 | 2.0% |
| HealthPlus Partners | 429 | 78.6% | 107 | 19.6% | 10 | 1.8% |
| McLaren Health Plan | 399 | 74.3% | 123 | 22.9% | 15 | 2.8% |
| Midwest Health Plan | 338 | 77.3% | 87 | 19.9% | 12 | 2.7% |
| Molina Healthcare of Michigan | 347 | 77.6% | 91 | 20.4% | 9 | 2.0% |
| OmniCare Health Plan | 215 | 66.6% | 94 | 29.1% | 14 | 4.3% |
| PHP-MM Family Care | — | — | — | — | — | — |
| Priority Health Government Programs | 392 | 77.3% | 107 | 21.1% | 8 | 1.6% |
| Pro Care Health Plan | 43 | 66.2% | 20 | 30.8% | 2 | 3.1% |
| Total Health Care | 239 | 70.9% | 82 | 24.3% | 16 | 4.7% |
| UnitedHealthcare of the Great Lakes Health Plan | 386 | 76.9% | 99 | 19.7% | 17 | 3.4% |
| Upper Peninsula Health Plan | 504 | 75.8% | 146 | 22.0% | 15 | 2.3% |

*Please note: Percentages may not total 100% due to rounding.*
*—Indicates results are not available for PHP-MM Family Care.*

Parents or caretakers of child members were asked if the specialist their child saw most often was the same doctor as his/her personal doctor (Question 28a). Table 6-2 displays responses for Question 28a.

| Table 6-2: Supplemental Question—28a Responses | | | | |
|---|---|---|---|---|
| Plan Name | Yes | | No | |
| | N | % | N | % |
| **MDCH Medicaid Program** | **146** | **12.6%** | **1,009** | **87.4%** |
| Fee-for-Service | 20 | 11.2% | 159 | 88.8% |
| **MDCH Medicaid Managed Care Program** | **126** | **12.9%** | **850** | **87.1%** |
| BlueCaid of Michigan | 15 | 14.7% | 87 | 85.3% |
| CareSource Michigan | 6 | 9.1% | 60 | 90.9% |
| Health Plan of Michigan | 11 | 13.3% | 72 | 86.7% |
| HealthPlus Partners | 10 | 9.0% | 101 | 91.0% |
| McLaren Health Plan | 7 | 6.9% | 95 | 93.1% |
| Midwest Health Plan | 15 | 20.8% | 57 | 79.2% |
| Molina Healthcare of Michigan | 8 | 9.8% | 74 | 90.2% |
| OmniCare Health Plan | 17 | 33.3% | 34 | 66.7% |
| PHP-MM Family Care | — | — | — | — |
| Priority Health Government Programs | 10 | 12.0% | 73 | 88.0% |
| Pro Care Health Plan | 0 | 0.0% | 3 | 100% |
| Total Health Care | 13 | 25.0% | 39 | 75.0% |
| UnitedHealthcare of the Great Lakes Health Plan | 11 | 13.6% | 70 | 86.4% |
| Upper Peninsula Health Plan | 3 | 3.4% | 85 | 96.6% |

*Please note: Percentages may not total 100% due to rounding.*
*—Indicates results are not available for PHP-MM Family Care.*

## Well-Child Care

Parents or caretakers of child members were asked if their child was 2 years old or younger (Question 8a). Table 6-3 displays the responses for Question 8a.

**Table 6-3: Supplemental Question—8a Responses**

| Plan Name | Yes | | No | |
|---|---|---|---|---|
| | N | % | N | % |
| **MDCH Medicaid Program** | **862** | **17.7%** | **4,015** | **82.3%** |
| Fee-for-Service | 59 | 13.7% | 372 | 86.3% |
| **MDCH Medicaid Managed Care Program** | **803** | **18.1%** | **3,643** | **81.9%** |
| BlueCaid of Michigan | 77 | 19.3% | 322 | 80.7% |
| CareSource Michigan | 51 | 14.4% | 302 | 85.6% |
| Health Plan of Michigan | 109 | 23.5% | 355 | 76.5% |
| HealthPlus Partners | 65 | 15.9% | 343 | 84.1% |
| McLaren Health Plan | 75 | 18.5% | 330 | 81.5% |
| Midwest Health Plan | 60 | 18.6% | 263 | 81.4% |
| Molina Healthcare of Michigan | 49 | 14.5% | 290 | 85.5% |
| OmniCare Health Plan | 43 | 18.0% | 196 | 82.0% |
| PHP-MM Family Care | — | — | — | — |
| Priority Health Government Programs | 68 | 18.1% | 307 | 81.9% |
| Pro Care Health Plan | 24 | 53.3% | 21 | 46.7% |
| Total Health Care | 38 | 15.9% | 201 | 84.1% |
| UnitedHealthcare of the Great Lakes Health Plan | 75 | 20.0% | 300 | 80.0% |
| Upper Peninsula Health Plan | 69 | 14.3% | 413 | 85.7% |

*Please note: Percentages may not total 100% due to rounding.*
*—Indicates results are not available for PHP-MM Family Care.*

Parents or caretakers of child members were asked if they received any reminders to bring their child in for a check-up to see how he/she was doing or for shots or drops (Question 8b). Table 6-4 displays the responses for Question 8b.

**Table 6-4: Supplemental Question—8b Responses**

| Plan Name | Yes | | No | |
|---|---|---|---|---|
| | N | % | N | % |
| **MDCH Medicaid Program** | **697** | **84.6%** | **127** | **15.4%** |
| Fee-for-Service | 45 | 78.9% | 12 | 21.1% |
| **MDCH Medicaid Managed Care Program** | **652** | **85.0%** | **115** | **15.0%** |
| BlueCaid of Michigan | 69 | 90.8% | 7 | 9.2% |
| CareSource Michigan | 42 | 84.0% | 8 | 16.0% |
| Health Plan of Michigan | 90 | 86.5% | 14 | 13.5% |
| HealthPlus Partners | 58 | 90.6% | 6 | 9.4% |
| McLaren Health Plan | 60 | 85.7% | 10 | 14.3% |
| Midwest Health Plan | 48 | 85.7% | 8 | 14.3% |
| Molina Healthcare of Michigan | 41 | 87.2% | 6 | 12.8% |
| OmniCare Health Plan | 32 | 78.0% | 9 | 22.0% |
| PHP-MM Family Care | — | — | — | — |
| Priority Health Government Programs | 59 | 88.1% | 8 | 11.9% |
| Pro Care Health Plan | 19 | 82.6% | 4 | 17.4% |
| Total Health Care | 26 | 81.3% | 6 | 18.8% |
| UnitedHealthcare of the Great Lakes Health Plan | 53 | 74.6% | 18 | 25.4% |
| Upper Peninsula Health Plan | 55 | 83.3% | 11 | 16.7% |

*Please note: Percentages may not total 100% due to rounding.*
*—Indicates results are not available for PHP-MM Family Care.*

Parents or caretakers of child members were asked if their child had gone to a doctor or other health provider for a check-up or for shots or drops (Question 8c). Table 6-5 displays the responses for Question 8c.

**Table 6-5: Supplemental Question—8c Responses**

| Plan Name | Yes | | No | |
|---|---|---|---|---|
| | N | % | N | % |
| **MDCH Medicaid Program** | **788** | **95.6%** | **36** | **4.4%** |
| Fee-for-Service | 54 | 94.7% | 3 | 5.3% |
| **MDCH Medicaid Managed Care Program** | **734** | **95.7%** | **33** | **4.3%** |
| BlueCaid of Michigan | 70 | 93.3% | 5 | 6.7% |
| CareSource Michigan | 49 | 100% | 0 | 0.0% |
| Health Plan of Michigan | 103 | 97.2% | 3 | 2.8% |
| HealthPlus Partners | 61 | 95.3% | 3 | 4.7% |
| McLaren Health Plan | 69 | 95.8% | 3 | 4.2% |
| Midwest Health Plan | 53 | 94.6% | 3 | 5.4% |
| Molina Healthcare of Michigan | 45 | 93.8% | 3 | 6.3% |
| OmniCare Health Plan | 39 | 95.1% | 2 | 4.9% |
| PHP-MM Family Care | — | — | — | — |
| Priority Health Government Programs | 65 | 98.5% | 1 | 1.5% |
| Pro Care Health Plan | 20 | 87.0% | 3 | 13.0% |
| Total Health Care | 30 | 100% | 0 | 0.0% |
| UnitedHealthcare of the Great Lakes Health Plan | 65 | 91.5% | 6 | 8.5% |
| Upper Peninsula Health Plan | 65 | 98.5% | 1 | 1.5% |

*Please note: Percentages may not total 100% due to rounding.*
*—Indicates results are not available for PHP-MM Family Care.*

Parents or caretakers of child members were asked if they got an appointment for their child's visit for a check-up, or for shots or drops, as soon as they thought their child needed it (Question 8d). Table 6-6 displays the responses for Question 8d.

**Table 6-6: Supplemental Question—8d Responses**

| Plan Name | Yes | | No | |
|---|---|---|---|---|
| | N | % | N | % |
| **MDCH Medicaid Program** | **759** | **97.2%** | **22** | **2.8%** |
| Fee-for-Service | 52 | 96.3% | 2 | 3.7% |
| **MDCH Medicaid Managed Care Program** | **707** | **97.2%** | **20** | **2.8%** |
| BlueCaid of Michigan | 69 | 98.6% | 1 | 1.4% |
| CareSource Michigan | 46 | 93.9% | 3 | 6.1% |
| Health Plan of Michigan | 96 | 94.1% | 6 | 5.9% |
| HealthPlus Partners | 60 | 100% | 0 | 0.0% |
| McLaren Health Plan | 68 | 98.6% | 1 | 1.4% |
| Midwest Health Plan | 51 | 100% | 0 | 0.0% |
| Molina Healthcare of Michigan | 44 | 97.8% | 1 | 2.2% |
| OmniCare Health Plan | 39 | 100% | 0 | 0.0% |
| PHP-MM Family Care | — | — | — | — |
| Priority Health Government Programs | 61 | 95.3% | 3 | 4.7% |
| Pro Care Health Plan | 19 | 95.0% | 1 | 5.0% |
| Total Health Care | 27 | 96.4% | 1 | 3.6% |
| UnitedHealthcare of the Great Lakes Health Plan | 64 | 98.5% | 1 | 1.5% |
| Upper Peninsula Health Plan | 63 | 96.9% | 2 | 3.1% |

*Please note: Percentages may not total 100% due to rounding.*
*—Indicates results are not available for PHP-MM Family Care.*

## Recommendations for Quality Improvement

The CAHPS surveys were originally developed to meet the needs of consumers for usable, relevant information on quality of care from the members' perspective. However, the surveys also play an important role as a QI tool for health care organizations, which can use the standardized data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time.[7-1] Below are general QI recommendations based on the most up-to-date information in the CAHPS literature. For additional information, refer to the QI references beginning on page 7-11.

### *Rating of Health Plan*

#### Health Plan Operations

It is important for health plans to view their organization as a collection of microsystems, (such as providers, administrators, and other staff that provide services to members) that provide the health plan's health care "products." Health care microsystems include: a team of health providers, patient/population to whom care is provided, environment that provides information to providers and patients, support staff, equipment, and office environment. The goal of the microsystems approach is to focus on small, replicable, functional service systems that enable health plan staff to provide high-quality, patient-centered care. The first step to this approach is to define a measurable collection of activities. Once the microsystems are identified, new processes that improve care should be tested and implemented. Effective processes can then be rolled out throughout the health plan.

#### Promote Quality Improvement Initiatives

Implementation of organization-wide QI initiatives are most successful when health plan staff at every level are involved; therefore, creating an environment that promotes QI in all aspects of care can encourage organization-wide participation in QI efforts. Methods for achieving this can include aligning QI goals to the mission and goals of the health plan organization, establishing plan-level performance measures, clearly defining and communicating collected measures to providers and staff, and offering provider-level support and assistance in implementing QI initiatives. Furthermore, by monitoring and reporting the progress of QI efforts internally, health plans can assess whether QI initiatives have been effective in improving the quality of care delivered to members.

[7-1] Agency for Healthcare Research and Quality. *CAHPS User Resources: Quality Improvement Resources.* Available at: https://www.cahps.ahrq.gov/content/resources/QI/RES_QI_Intro.asp?p=103&s=31. Accessed on: June 16, 2011.

### Online Patient Portal

A secure online patient portal allows members easy access to a wide array of health plan and health care information and services that are particular to their needs and interests. To help increase members' satisfaction with their health plan, health plans should consider establishing an online patient portal or integrating online tools and services into their current Web-based systems that focus on patient-centered care. Online health information and services that can be made available to members include: health plan benefits and coverage forms, online medical records, electronic communication with providers, and educational health information and resources on various medical conditions. Access to online interactive tools, such as health discussion boards allow questions to be answered by trained clinicians. Online health risk assessments can provide members instant feedback and education on the medical condition(s) specific to their health care needs. In addition, an online patient portal can be an effective means of promoting health awareness and education. Health plans should periodically review health information content for accuracy and request member and/or physician feedback to ensure relevancy of online services and tools provided.

## *Rating of All Health Care*

### Access to Care

Health plans should identify potential barriers for patients receiving appropriate access to care. Access to care issues include obtaining the care that the patient and/or physician deemed necessary, obtaining timely urgent care, locating a personal doctor, or receiving adequate assistance when calling a physician office. The health plan should attempt to reduce any hindrances a patient might encounter while seeking care.

### Health Care Experiences

To improve patients' health care experience, health plans should identify and eliminate patient challenges when receiving health care. This includes ensuring that patients receive adequate time with a physician so that questions and concerns may be appropriately addressed and providing patients with ample information that is understandable. Furthermore, ensuring that patients receive quality care in a timely manner can help improve patients' perceptions of their health care.

### Patient and Family Advisory Councils

Since both patients and families have the direct experience of an illness or health care system, their perspectives can provide significant insight when performing an evaluation of health care processes. Therefore, health plans should consider creating patient and family advisory councils, composed of the patients and families who represent the population(s) they serve. These councils can be an effective strategy for involving members in the design of care and obtaining their input and feedback on how to improve the delivery of care. Further, these councils can provide a structure and process for ongoing dialogue and creative problem-solving between the health plan and its members. The councils' roles within a health plan organization can vary and responsibilities may include input into or involvement in: program development, implementation, and evaluation; marketing of health care services; and design of new materials or tools that support the provider-patient relationship.

## *Rating of Personal Doctor*

### Physician-Patient Communication

Health plans should encourage physician-patient communication to improve patient satisfaction and outcomes. Indicators of good physician-patient communication include providing clear explanations, listening carefully, and being understanding of patients' perspectives. Health plans can also create specialized workshops focused on enhancing physicians' communication skills, relationship building, and the importance of physician-patient communication. Training sessions can include topics such as improving listening techniques, patient-centered interviewing skills, and effectively communicating expectations and goals of health care treatment. In addition, workshops can include training on the use of tools that improve physician-patient communication. Examples of effective tools include visual medication schedules and the "Teach Back" method, which has patients communicate back the information the physician has provided.

### Maintain Truth in Scheduling

Health plans should request that all providers monitor appointment scheduling to ensure that scheduling templates accurately reflect the amount of time it takes to provide patient care during a scheduled office visit. Health plans could provide assistance or instructions to those physicians unfamiliar with this type of assessment. Patient dissatisfaction can often be the result of prolonged wait times and delays in receiving care at the scheduled appointment time. One method for evaluating appropriate scheduling of various appointment types is to measure the amount of time it takes to complete the scheduled visit. This will allow providers to identify if adequate time is being scheduled for each appointment type and if appropriate changes can be made to scheduling templates to ensure patients are receiving prompt, adequate care. Patient wait times for routine appointments should also be recorded and monitored to ensure that scheduling can be optimized to minimize these wait times.

## *Rating of Specialist Seen Most Often*

### Telemedicine

Health plans may want to explore the option of telemedicine with their provider networks to address issues with provider access in certain geographic areas. Telemedicine models allow for the use of electronic communication and information technologies to provide specialty services to patients in varying locations. Telemedicine such as live, interactive videoconferencing allows providers to offer care from a remote location. Physician specialists located in urban settings can diagnose and treat patients in communities where there is a shortage of specialists. Telemedicine consultation models allow for the local provider to both present the patient at the beginning of the consult and to participate in a case conference with the specialist at the end of the teleconference visit. This allows for the local provider to be more involved in the consultation process and more informed about the care the patient is receiving.

### Skills Training for Specialists

Health plans can create specialized workshops or seminars that focus on training specialists in the skills they need to effectively communicate with patients to improve physician-patient communication. Training seminars can include sessions for improving communication skills with different cultures and handling challenging patient encounters. In addition, workshops can use case studies to illustrate the importance of communicating with patients and offer insight into specialists' roles as both managers of care and educators of patients.

### Planned Visit Management

Health plans should work with providers to encourage the implementation of systems that enhance the efficiency and effectiveness of specialist care. For example, by identifying patients with chronic conditions that have routine appointments, a system could be implemented to ensure that these patients have necessary tests completed before an appointment. Furthermore, follow-up with patients should be carried out to ensure that they understand all information provided to them during their visit.

## Getting Needed Care

### Enhanced Provider Directories

Enhancing provider directories will allow patients to effectively choose a physician that will meet their needs. Frequent production of provider directories is essential to ensure that the most current information is available. The utility of the provider directory can be enhanced by highlighting/emphasizing those providers who are currently accepting new patients. This simplifies patients' options when choosing a new physician. In addition to listing those providers that are accepting new patients, it is helpful to include expanded information on each physician. For example, providing information on training, board certification(s), background information, specialty, and language(s) spoken will allow patients to choose a physician that best meets their needs. Furthermore, developing and publishing physician-level performance measures would give patients the ability to compare providers and make decisions accordingly.

### Appropriate Health Care Providers

Health plans should ensure that patients are receiving care from physicians most appropriate to treat their condition. Tracking patients to ascertain they are receiving effective, necessary care from those appropriate health care providers is imperative to assessing quality of care.

### Referral Process

Streamlining the referral process, allows health plan members to more readily obtain the care they need. A referral expert can assist with this process and expedite the time from physician referral to the patient receiving needed care. A referral expert can be either a person and/or electronic system that is responsible for tracking and managing each health plan's referral requirements. An electronic referral system, such as a Web-based system, can improve the communication mechanisms between primary care physicians (PCPs) and specialists to determine which clinical conditions require a referral. This may be determined by referral frequency. An electronic referral process also allows providers to have access to a standardized referral form to ensure that all necessary information is collected from the parties involved (e.g., plans, patients, and providers) in a timely manner.

## *Getting Care Quickly*

### Open Access Scheduling

Health plans should encourage providers to explore open access scheduling. An open access scheduling model can be used to match the demand for appointments with physician supply. This type of scheduling model allows for appointment flexibility and for patients to receive same-day appointments. Instead of booking appointments weeks or months in advance, an open access scheduling model includes leaving part of a physician's schedule open for same-day appointments. Open access scheduling has been shown to have the following benefits: 1) reduces delays in patient care; 2) increases continuity of care; and 3) decreases wait times and number of no-shows resulting in cost savings.

## Patient Flow Analysis

Health plans should request that all providers monitor patient flow. The health plans could provide instructions and/or assistance to those providers that are unfamiliar with this type of evaluation. Dissatisfaction with timely care is often a result of bottlenecks and redundancies in the administrative and clinical patient flow processes (e.g., diagnostic tests, test results, treatments, hospital admission, and specialty services). To address these problems, it is necessary to identify these issues and determine the optimal resolution. One method that can be used to identify these problems is to conduct a patient flow analysis. A patient flow analysis involves tracking a patient's experience throughout a visit or clinical service (i.e., the time it takes to complete various parts of the visit/service). Examples of steps that are tracked include wait time at check-in, time to complete check in, wait time in waiting room, wait time in exam room, and time with provider. This type of analysis can help providers identify "problem" areas, including steps that can be eliminated or steps that can be performed more efficiently.

A patient flow analysis should include measuring the amount of time it takes to complete a scheduled visit for various appointment types. By creating a schedule template that accurately reflects patient flow, providers can reduce patient dissatisfaction with prolonged wait times and office staff time spent explaining appointment delays.

## Electronic Communication

Health plans should encourage the use of electronic communication where appropriate. Electronic forms of communication between patients and providers can help alleviate the demand for in-person visits and provide prompt care to patients that may not require an appointment with a physician. Electronic communication can also be used when scheduling appointments, providing prescription refills, answering patient questions, educating patients on health topics, and disseminating lab results. An online patient portal can aid in the use of electronic communication and provide a safe, secure location where patients and providers can communicate. It should be noted that Health Insurance Portability and Accountability Act (HIPAA) regulations must be carefully reviewed when implementing this form of communication.

## Nurse Advice Help Line

Health plans can establish a nurse advice help line to direct members to the most appropriate level of care for their health problem. Members unsure if their health problem requires immediate care or a physician visit, can be directed to the help line, where nurses can assess their situation and provide advice for receiving care and/or offer steps they can take to manage symptoms of minor conditions. Additionally, a 24-hour help line can improve members' perceptions of getting care quickly by providing quick, easy access to the resources and expertise of clinical staff.

## How Well Doctors Communicate

### Communication Tools for Patients

Health plans can encourage patients to take a more active role in the management of their health care by providing them with the tools necessary to effectively communicate with their physicians. This can include items such as "visit preparation" handouts, sample symptom logs, and health care goals and action planning forms that facilitate physician-patient communication. Furthermore, educational literature and information on medical conditions specific to their needs can encourage patients to communicate with their physicians any questions, concerns, or expectations they may have regarding their health care and/or treatment options.

### Improve Health Literacy

Often health information is presented to patients in a manner that is too complex and technical, which can result in patient inadherence and poor health outcomes. To address this issue, health plans should consider revising existing and creating new print materials that are easy-to-understand based on patients' needs and preferences. Materials such as patient consent forms and disease education materials on various conditions can be revised and developed in new formats to aid patients' understanding of the health information that is being presented to them. Further, providing training for health care workers on how to use these materials with their patients and ask questions to gauge patient understanding can help improve patients' level of satisfaction with provider communication.

## Customer Service

### Service Recovery

A health plan can implement a service recovery program to ensure members are provided appropriate assistance for their problems. Service recovery can include listening to a patient who is upset, handing out incentives to patients who have had to wait longer than a specified time for a doctor visit, and assessing events to identify the source of the problem. Some issues arise from experiences with a specific staff person in the service process, which can reflect a training problem, while others may be the result of system problems that require an entirely different process to resolve. Service recovery programs that include implementing a process for tracking problems and complaints can help ensure correct improvement processes are put into place.

## Customer Service Performance Measures

Setting plan-level customer service standards can assist in addressing areas of concern and serve as domains for which health plans can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. Collected measures should be communicated with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

## Employee Training and Empowerment

Employees who have the necessary skills and tools to appropriately communicate with members and answer their questions and/or complete their requests are more likely to provide exceptional customer service. Therefore, it is important for health plans and providers to ensure that staff have adequate training on all pertinent business processes. Furthermore, staff members should feel empowered to resolve most issues a member might have. This will eliminate transferring members to multiple employees and will help to resolve a complaint in a more timely manner.

## Call Centers

An evaluation of current health plan call center hours and practices can be conducted to determine if the hours and resources meet members' needs. If it is determined that the call center is not meeting members' needs, an after-hours customer service center can be implemented to assist members after normal business hours and/or on weekends. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

## Shared Decision Making

### Skills Training for Physicians

Health plans should encourage skills training for all physicians. Implementing a shared decision making model requires physician recognition that patients have the ability to make choices that affect their health care. Therefore, one key to a successful shared decision making model is ensuring that physicians are properly trained. Training should focus on providing skills to facilitate the shared decision making process; ensuring that physicians understand the importance of taking each patient's values into consideration; understanding patients' preferences and needs; and improving communication skills. Effective and efficient training methods include seminars and workshops.

### Shared Decision Making Materials

Patients may become more involved in the management of their health care if physicians promote shared decision making. Physicians will be able to better encourage their patients to participate if the health plan provides the physicians with literature that conveys the importance of the shared decision making model. In addition, materials such as health care goal-setting handouts and forms can assist physicians in facilitating the shared decision making process with their patients. Health plans can also provide members with pre-structured question lists to assist them in asking all the necessary questions so the appointment is as efficient and effective as possible.

### Patient Education

Patients who are educated about their medical condition(s) are more likely to play an active role in the management of their own health. Health plans can provide members with educational literature and information. Items such as brochures on a specific medical condition and a copy of the assessment and plan portions of the physician's progress notes together with a glossary of terms can empower patients with the information they need to ask informed questions and express personal values and opinions about their condition and treatment options. Access to this information can also improve members' understanding of their medical condition(s) and treatment plan, as well as facilitate discussion about their health care.

## Quality Improvement References

The following references offer additional guidance on possible approaches to CAHPS-related QI activities.

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## Survey Instrument

The survey instrument selected was the CAHPS 4.0H Child Medicaid Health Plan Survey. This section provides a copy of the survey instrument administered by HSAG.[8-1]

[8-1] PHP-MM Family Care contracted with DSS Research to conduct the CAHPS survey; therefore, the PHP-MM Family Care survey instrument may include different supplemental questions than the survey administered by HSAG.

**All information that would let someone identify you or your family will be kept private. DataStat will not share your personal information with anyone without your OK. 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 barcode number on the front 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 1-888-506-5136.**

## 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 ↓

**Please answer the questions for the child listed on the envelope. Please do not answer for any other children.**

1. **Our records show that your child is now in [HEALTH PLAN NAME or Michigan Medicaid FFS]. Is that right?**

   ○ Yes ➔ ***Go to Question 3***
   ○ No

2. **What is the name of your child's health plan? (please print)**

   ______________________

## YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

**These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.**

**3. In the last 6 months, did your child 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 your child needed care right away, how often did your child get care as soon as you thought he or she needed?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**5. In the last 6 months, not counting the times your child needed care right away, did you make any appointments for your child's health care at a doctor's office or clinic?**

- ○ Yes
- ○ No ➔ ***Go to Question 6a***

**6. In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**6a. In the last 6 months, how many times did your child go to an emergency room for care?**

- ○ None
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more

**7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?**

- ○ None ➔ ***Go to Question 13***
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more

**8. In the last 6 months, how often did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**8a. Is your child 2 years old or younger?**

- ○ Yes
- ○ No ➔ ***Go to Question 9***

**8b. Reminders from the doctor's office or clinic or from the health plan can come to you by mail, by telephone, or in-person during a visit.**

**After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?**

- ○ Yes
- ○ No

**8c. Since your child was born, has he or she gone to a doctor or other health provider for a check-up or for shots or drops?**

- ○ Yes
- ○ No ➔ ***Go to Question 9***

**8d. Did you get an appointment for your child's visit for a check-up, or for shots or drops, as soon as you thought he or she needed it?**

- ○ Yes
- ○ No

**9. Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment. In the last 6 months, did your child's doctor or other health provider tell you there was more than one choice for your child's treatment or health care?**

- ○ Yes
- ○ No ➔ ***Go to Question 12***

**10. In the last 6 months, did your child's doctor or other health provider talk with you about the pros and cons of each choice for your child's treatment or health care?**

- ○ Definitely yes
- ○ Somewhat yes
- ○ Somewhat no
- ○ Definitely no

**11. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask you which choice you thought was best for your child?**

- ○ Definitely yes
- ○ Somewhat yes
- ○ Somewhat no
- ○ Definitely no

**12. 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 child's health care in the last 6 months?**

| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst Health Care Possible | | | | | | | | | | Best Health Care Possible |

## YOUR CHILD'S PERSONAL DOCTOR

**13. A personal doctor is the one your child would see if he or she needs a checkup or gets sick or hurt. Does your child have a personal doctor?**

- ○ Yes
- ○ No ➔ ***Go to Question 25***

**14. In the last 6 months, how many times did your child visit his or her personal doctor for care?**

- ○ None ➔ ***Go to Question 24***
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**16. In the last 6 months, how often did your child's personal doctor listen carefully to you?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**17. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**18. Is your child able to talk with doctors about his or her health care?**

- ○ Yes
- ○ No ➔ ***Go to Question 20***

**19. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to understand?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**20. In the last 6 months, how often did your child's personal doctor spend enough time with your child?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**21. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?**

- ○ Yes
- ○ No

**22. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?**

- ○ Yes
- ○ No ➔ ***Go to Question 24***

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**24. 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 child's personal doctor?**

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

0 = Worst Personal Doctor Possible; 10 = Best Personal Doctor Possible

## GETTING HEALTH CARE FROM SPECIALISTS

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

**25. 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 try to make any appointments for your child to see a specialist?**

- ○ Yes
- ○ No ➔ ***Go to Question 29***

**26. In the last 6 months, how often was it easy to get appointments for your child with specialists?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**27. How many specialists has your child seen in the last 6 months?**

- ○ None ➔ ***Go to Question 29***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

**28. We want to know your rating of the specialist your child 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

0 = Worst Specialist Possible; 10 = Best Specialist Possible

**28a. In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?**

- ○ Yes
- ○ No

## YOUR CHILD'S HEALTH PLAN

**The next questions ask about your experience with your child's health plan.**

**29. In the last 6 months, did you try to get any kind of care, tests, or treatment for your child through his or her health plan?**

- ○ Yes
- ○ No ➔ ***Go to Question 31***

**30. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought your child needed through his or her health plan?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**31. In the last 6 months, did you try to get information or help from customer service at your child's health plan?**

- ○ Yes
- ○ No ➔ ***Go to Question 34***

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**34. In the last 6 months, did your child's health plan give you any forms to fill out?**

- ○ Yes
- ○ No ➔ ***Go to Question 36***

**35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

**36. 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 child's health plan?**

| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst Health Plan Possible | | | | | | | | | | Best Health Plan Possible |

## ABOUT YOUR CHILD AND YOU

**37. In general, how would you rate your child's overall health?**

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

**38. What is <u>your child's</u> age?**

- ○ Less than 1 year old
- ☐☐ YEARS OLD (Write in.)

**39. Is your child male or female?**

- ○ Male
- ○ Female

**40. Is your child of Hispanic or Latino origin or descent?**

- ○ Yes, Hispanic or Latino
- ○ No, not Hispanic or Latino

**41. What is your child's race? Please mark one or more.**

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

**42. What is your age?**

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

**43. Are you male or female?**

- ○ Male
- ○ Female

**44. 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

**45. How are you related to the child?**

- ○ Mother or father
- ○ Grandparent
- ○ Aunt or uncle
- ○ Older sibling
- ○ Other relative
- ○ Legal guardian

**46. Did someone help you complete this survey?**

- ○ Yes ➔ ***Go to Question 47***
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

**47. How did that person help you? Check all that apply.**

- ○ 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, Supplemental Items Results, Recommendations, 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:

- 2011 Michigan Child Medicaid CAHPS Report
- MDCH Medicaid Program Crosstabulations including standard deviations and means
- MDCH Medicaid Plan-level Crosstabulations including standard deviations and means