

Michigan HMO Consumer Guide

This guide is designed to provide you with information about commercial health maintenance organizations (HMOs) in Michigan. The guide provides star ratings for the performance of Michigan HMOs. At the end of the ratings section of the guide is a link to help you find HMOs in your area. You will also find links to information about HMO enrollment, complaints, accreditation status, and financial reports.

The 2015 HMO Consumer Guide utilizes results from Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS). Calendar year 2014 data were used to derive measurement year rates. Measures for this year's guide are based on a number of factors consistent with previous years. Information used in parts of this report was compiled in conjunction with Health Services Advisory Group, Inc. The methodology used to calculate this information is available by e-mailing DIFS at difs-ins-info@michigan.gov.

The toll-free number for the Michigan Department of Insurance and Financial Services is 877-999-6442. If you are unable to print information from this site, or know someone who does not have access to this site, you can obtain the consumer guide information by calling DIFS toll free.

(HEDIS) is a registered trademark of the National Committee for Quality Assurance (NCQA).
(CAHPS) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

About the Star Ratings

Star Rating	Rating	Description
***	Above Average	The performance was above average compared to Michigan HMOs
**	Average	The performance was average compared to Michigan HMOs
*	Below Average	The performance was below average compared to Michigan HMOs
NA	Not available	Not available, insufficient data

Symbols show statistically significant differences between each HMO's score. Statistically significant means scores varied by more than what could be accounted for by chance. The results were provided by Health Services Advisory Group, Inc.

2015 Rating

<i>(derived from 2014 data)</i> Name of HMO & Accreditation Status	Access and Service	Qualified Providers	Staying Healthy	Getting Better	Living with Illness
Blue Care Network of Michigan (C)	*	**	***	**	**
Grand Valley Health Plan, Inc. (A)	***	***	***	NA	NA
Health Alliance Plan of Michigan (C)	***	**	*	**	**
HealthPlus of Michigan, Inc. (E)	***	***	***	**	**
McLaren Health Plan (A)	*	**	*	**	**
Physicians Health Plan (F)	**	**	***	**	**
Priority Health (C)	***	***	***	**	**
Total Health Care USA, Inc. (A)	*	*	*	*	**

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2014 Ratings

<i>(derived from 2013 data)</i> Name of HMO & Accreditation Status	Access and Service	Qualified Providers	Staying Healthy	Getting Better	Living with Illness
Blue Care Network of Michigan (C)	**	**	***	***	**
Grand Valley Health Plan, Inc. (E)	***	**	***	NA	**
Health Alliance Plan of Michigan (C)	**	***	*	***	**
HealthPlus of Michigan, Inc. (E)	***	**	***	**	**
McLaren Health Plan (A)	*	*	*	**	**
Physicians Health Plan (F)	***	**	***	*	**
Priority Health (E)	**	***	***	***	**
Total Health Care USA, Inc. (A)	*	*	*	*	**

NCQA Accreditation:

Letter Rating	Letter Meaning
E	Excellent accreditation
C	Commendable accreditation
A	Accredited

URAC Accreditation:

Letter Rating	Letter Meaning
F	Full accreditation

Criteria Definition

Overall Accreditation Status refers to the level of NCQA Accreditation a plan has received. NCQA Accreditation is a thorough and rigorous evaluation of a health plan for quality measurement and continuous quality improvement by NCQA. The levels of NCQA Accreditations are:

Excellent - NCQA awards its highest accreditation status of Excellent to organizations with programs for service and clinical quality that meet or exceed rigorous requirements for consumer protection and quality improvement. HEDIS results are in the highest range of national performance.

Commendable - NCQA awards a status of Commendable to organizations with well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.

Accredited - NCQA awards an accreditation status of Accredited to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take further action to achieve a higher accreditation status.

Provisional - NCQA awards a status of Provisional to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take significant action to achieve a higher accreditation status.

Expired - Expired indicates a plan that was previously accredited has chosen not to undergo a survey to renew its status.

Under Review by NCQA - NCQA designates Under Review to an organization after NCQA has chosen to review the organization to assess the appropriateness of an existing accreditation status.

Not Accredited - This category includes HMO plans that have not sought accreditation from NCAQ.

[Link to the Michigan HMO Accreditation page on the DIFS website.](#)

Performance Ratings HMOs in Michigan are evaluated on key quality measures relating to clinical care and member satisfaction. Information presented in this report comes from health plan data systems and member data gathered by Michigan HMOs as required by the state.

Access and Service: Includes CAHPS composites and individual items on consumer perceptions about getting needed care, getting care quickly, customer service, and overall rating of health plan.

Qualified Providers: Includes adult CAHPS composite score on consumer perceptions of how well doctors communicate. Includes CAHPS global ratings on consumer perceptions of overall rating of personal doctor, specialist seen most often, and health care.

Staying Healthy: Includes HEDIS and CAHPS measures of how often preventative services are provided (e.g., child immunizations, well-child visits, and well-care visits for adolescents).

Getting Better: Includes HEDIS measures that assess how often antibiotics are overused or misused, appropriate treatments for children with upper respiratory infections, and appropriate testing for children with pharyngitis. CAHPS measures are also included that determine if a patient discussed smoking cessation and tobacco use cessation with providers (e.g., advising smokers to quit, discussing smoking cessation and strategies).

Living with Illness: Includes HEDIS measures that assess how well HMOs take care of people who have chronic conditions, such as COPD, diabetes and high blood pressure.