

State of Michigan
Department of Community Health

**2014 Michigan Department of
Community Health Children's Special
Health Care Services Program
Satisfaction Report**

March 2015



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Introduction

The Michigan Department of Community Health (MDCH) periodically assesses the perceptions and experiences of members enrolled in the MDCH Children's Special Health Care Services (CSHCS) Program as part of its process for evaluating the quality of health care services provided to child members. MDCH contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the CSHCS Survey. The goal of the CSHCS Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

This report presents the 2014 CSHCS Survey results of child members enrolled in the CSHCS Fee-for-Service program and the Medicaid Health Plans (MHPs). It is important to note that in 2014 CSHCS members enrolled in Fee-for-Service and the MHPs were surveyed separately for the first time. The 2014 CSHCS Survey results presented in this report for Fee-for-Service and the MHPs represent a **baseline** assessment of parents and caretakers satisfaction with their child's CSHCS services; therefore, caution should be exercised when interpreting these results. The survey instrument selected was a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) 5.0 Child Medicaid Health Plan Survey with Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set and the Children with Chronic Conditions (CCC) measurement set.^{1-1,1-2} The surveys were completed by parents or caretakers of child members from June to August 2014.

Report Overview

A sample of 1,500 child members was selected from the Fee-for-Service population.¹⁻³ For the MHPs, the sample of child members selected for inclusion in the CSHCS Survey varied based on estimated enrollment numbers at the time the sampling plan was developed and the number of eligible child members at the time the samples were selected. Table 3-1, on page 3-1, provides an overview of the sample sizes for each plan and program.

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

¹⁻² HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻³ During production of the CSHCS Satisfaction Report, it was identified that the CSHCS survey sample for the Fee-for-Service population, provided by MDCH to HSAG, included CSHCS members enrolled in Fee-for-Service and MHPs (i.e., survey sample received from MDCH was not limited to Fee-for-Service members only). As such, the sample of CSHCS members selected and surveyed as part of the Fee-for-Service survey sample included Fee-for-Service and MHP child members. To address this issue, HSAG recalculated the CSHCS Survey results for the Fee-for-Service population to exclude MHP members that were included in the Fee-for-Service respondents. Given the decreased number of respondents who were included in the Fee-for-Service CSHCS Survey results, caution should be exercised when interpreting the results for Fee-for-Service as they may not be generalizable to the Fee-for-Service population.

Results presented in this report include five global ratings: Rating of Health Plan, Rating of Specialist Seen Most Often, Rating of Health Care, Rating of CMS Clinic, and Rating of Beneficiary Help Line. Additionally, seven composite measures and five individual item measures are reported.¹⁻⁴

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

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

Key Findings

Survey Demographics and Dispositions

Table 1-1, on the following page, provides an overview of the child member demographics and survey dispositions for the MDCH CSHCS Program.

¹⁻⁴ The CSHCS Survey administered to the Fee-for-Service population did not include the survey questions that derive the Rating of Health Plan global rating and the Customer Service composite measure; therefore, results for these measures are not available for Fee-for-Service.

Table 1-1: Survey Demographics and Dispositions

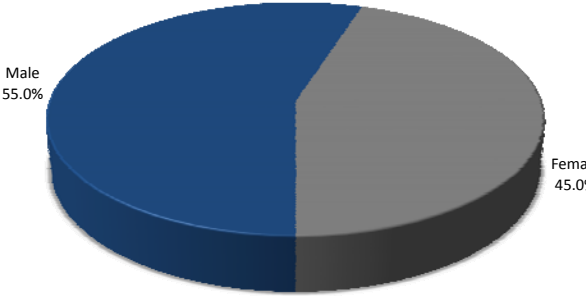
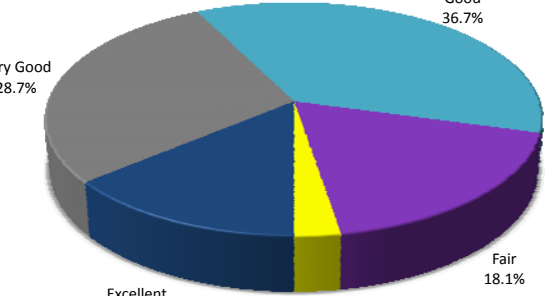
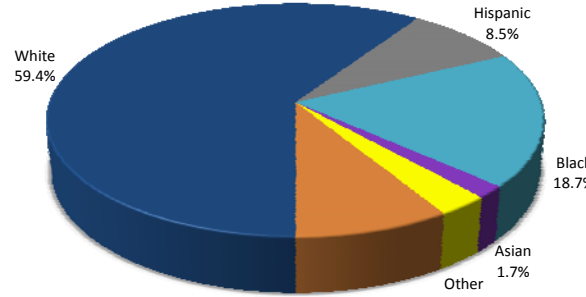
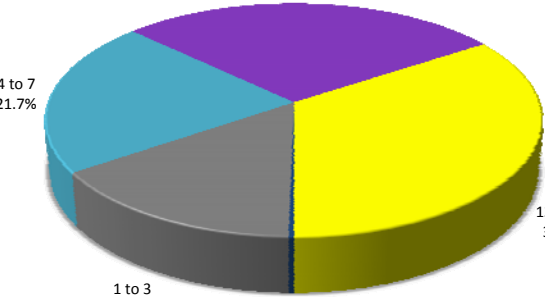
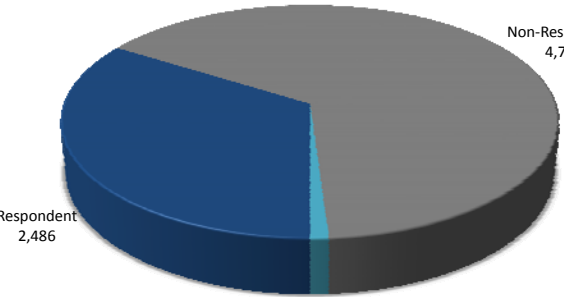
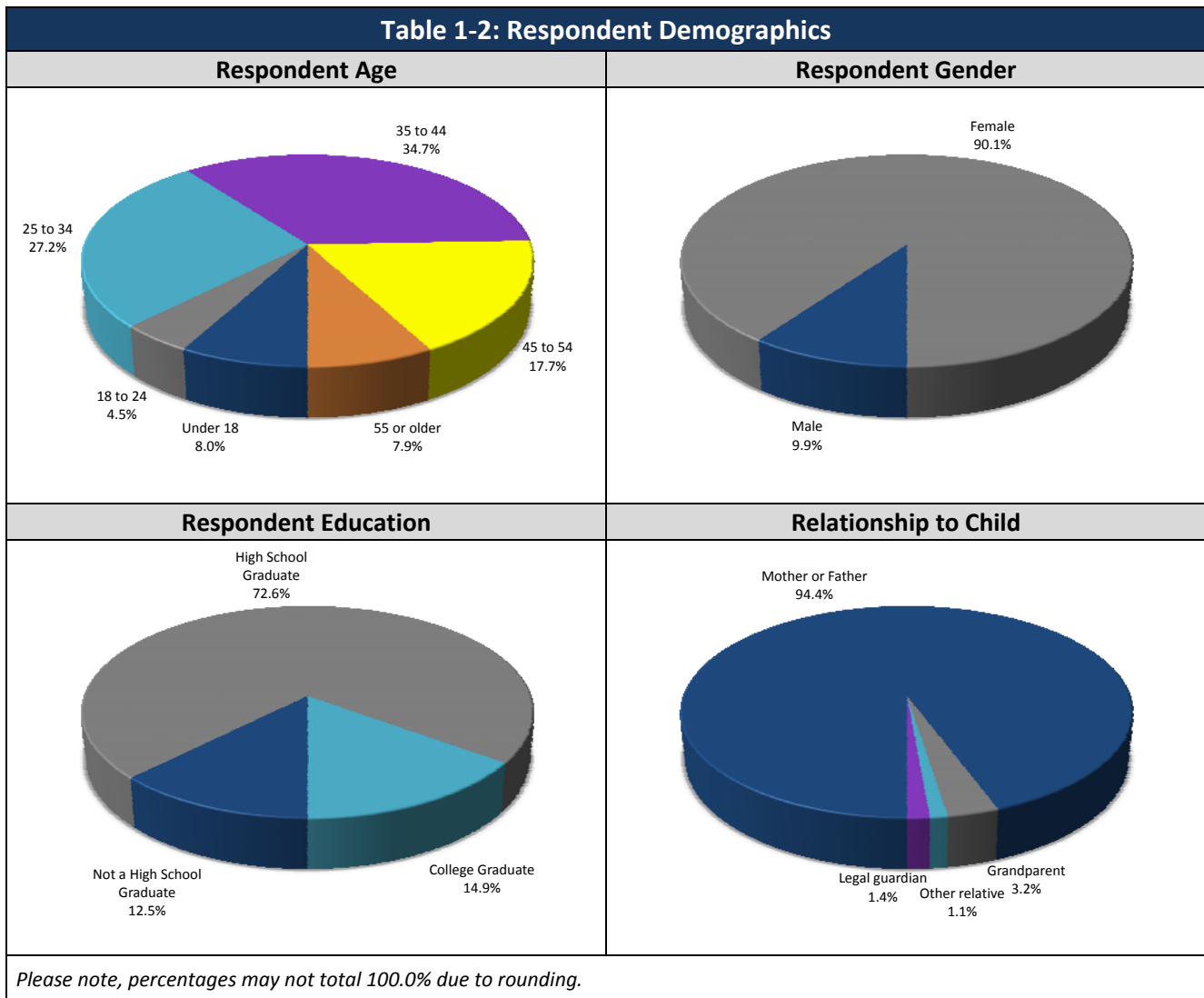
Child Gender	Child General Health Status																										
 <p>A 3D pie chart showing the gender distribution of children surveyed. The chart is divided into two segments: a larger blue segment representing Male at 55.0% and a smaller grey segment representing Female at 45.0%.</p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>55.0%</td> </tr> <tr> <td>Female</td> <td>45.0%</td> </tr> </tbody> </table>	Gender	Percentage	Male	55.0%	Female	45.0%	 <p>A 3D pie chart showing the general health status of children. The chart is divided into five segments: a large light blue segment for Good (36.7%), a dark blue segment for Very Good (28.7%), a purple segment for Fair (18.1%), a yellow segment for Excellent (13.9%), and a small grey segment for Poor (2.6%).</p> <table border="1"> <thead> <tr> <th>Health Status</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Very Good</td> <td>28.7%</td> </tr> <tr> <td>Good</td> <td>36.7%</td> </tr> <tr> <td>Excellent</td> <td>13.9%</td> </tr> <tr> <td>Poor</td> <td>2.6%</td> </tr> <tr> <td>Fair</td> <td>18.1%</td> </tr> </tbody> </table>	Health Status	Percentage	Very Good	28.7%	Good	36.7%	Excellent	13.9%	Poor	2.6%	Fair	18.1%								
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Survey Dispositions																											
<p>RESPONSE RATE = 34.26%</p>  <p>A 3D pie chart showing the disposition of the survey. The chart is divided into three segments: a large grey segment for Non-Respondent (4,771), a blue segment for Respondent (2,486), and a very small dark blue segment for Ineligible (76).</p> <table border="1"> <thead> <tr> <th>Disposition</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Respondent</td> <td>2,486</td> </tr> <tr> <td>Non-Respondent</td> <td>4,771</td> </tr> <tr> <td>Ineligible</td> <td>76</td> </tr> </tbody> </table>		Disposition	Count	Respondent	2,486	Non-Respondent	4,771	Ineligible	76																		
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Table 1-2 provides an overview of the demographics of parents or caretakers who completed a CSHCS Survey for the MDCH CSHCS Program.



Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual item measure. HSAG compared the MHP and Fee-for-Service results to the MDCH CSHCS Managed Care Program average to determine if plan or program results were statistically significantly different than the MDCH CSHCS Managed Care Program average.¹⁻⁵

The results from the Statewide Comparison revealed that Upper Peninsula Health Plan scored significantly *higher* on three measures; ConventryCares of Michigan and HealthPlus Partners scored significantly *higher* on two measures; and Fee-for-Service, McLaren Health Plan, and Priority Health Choice scored significantly *higher* than the MDCH CSHCS Managed Care Program average on one measure.

Conversely, Blue Cross Complete of Michigan, HAP Midwest Health Plan, Molina Healthcare of Michigan, and Physicians Health Plan—FamilyCare scored significantly *lower* than the MDCH CSHCS Managed Care Program average on one measure.

Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on two measures: Rating of Specialist Seen Most Often and Rating of Health Care. HSAG evaluated each of these measures to determine if particular CSHCS Survey items (i.e., questions) strongly correlated with these measures, which HSAG refers to as “key drivers.” These individual survey items are driving levels of satisfaction with each of the two measures. Table 1-3 provides a summary of the key drivers identified for the MDCH CSHCS Program.

Table 1-3: MDCH CSHCS Program Key Drivers of Satisfaction	
Rating of Specialist Seen Most Often	
Respondents reported that they did not always get an appointment for their child in a CMS Clinic as soon as their child needed.	
Respondents reported that their child’s doctors or health providers did not always explain things understandably to their child.	
Rating of Health Care	
Respondents reported that they did not always get an appointment for their child in a CMS Clinic as soon as their child needed.	
Respondents reported that their child’s doctors or health providers did not always explain things understandably to their child.	

¹⁻⁵ As previously noted, the CSHCS Survey administered to the Fee-for-Service population did not include the Rating of Health Plan global rating survey question or the Customer Service composite measure survey questions; therefore, results for these measures are not available for Fee-for-Service, and limited to the MHPs only.

2014 CSHCS Survey Performance Measures

The CSHCS Survey administered to the Fee-for-Service population includes 72 survey questions that yield 15 measures of satisfaction. The CSHCS Survey administered to the MHPs includes 78 survey questions that yield 17 measures of satisfaction. These measures include five global rating questions, seven composite measures, and five individual item measures.²⁻¹ The global measures (also referred to as global ratings) reflect overall satisfaction with health plan, specialists, health care, CMS clinic, and beneficiary help line. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “Customer Service” or “Getting Needed Care”). The individual item measures are individual questions that look at a specific area of care (e.g., “Health Promotion and Education” or “Access to Prescription Medicines”).

Table 2-1 lists the global ratings, composite measures, and individual item measures included in the CSHCS Survey.

Global Ratings	Composite Measures	Individual Item Measures
Rating of Health Plan	Customer Service	Health Promotion and Education
Rating of Specialist Seen Most Often	Getting Needed Care	Access to Prescription Medicines
Rating of Health Care	Getting Care Quickly	CMS Clinic
Rating of CMS Clinic	How Well Doctors Communicate	Local Health Department Services
Rating of Beneficiary Help Line	Access to Specialized Services	Beneficiary Help Line
	Transportation	
	CSHCS Family Center	

²⁻¹ The CSHCS Survey administered to the Fee-for-Service population did not include the survey questions that derive the Rating of Health Plan global rating and the Customer Service composite measure; therefore, results for these measures are not available for Fee-for-Service.

Table 2-2 presents the survey language and response options for the global ratings.²⁻²

Table 2-2: Global Ratings Question Language	
Global Ratings	Response Categories
Rating of Health Plan (MHP-only)	
8. 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?	0-10 Scale
Rating of Specialist Seen Most Often	
6/12. 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?	0-10 Scale
Rating of Health Care	
23/29. We want to know your rating of health care for your child's CSHCS condition in the last 6 months from all doctors and other health providers. 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?	0-10 Scale
Rating of CMS Clinic	
43/49. We want to know your rating for the services that your child received in a CMS clinic in the last 6 months. Using any number from 0 to 10, where 0 is not useful at all and 10 is the most useful in helping your child, what number would you use to rate the CMS clinic?	0-10 Scale
Rating of Beneficiary Help Line	
60/66. We want to know your rating of all your experience with the Beneficiary Help Line. Using any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible, what number would you use to rate the Beneficiary Help Line in the last 6 months?	0-10 Scale

²⁻² The survey question numbers presented in Table 2-2 correspond to the CSHCS Survey that was administered to the Fee-for-Service population and MHPs, respectively.

Table 2-3 presents the survey language and response options for the composite and individual item measures.²⁻³

Table 2-3: Composite and Individual Item Measures Question Language		
Measures		Response Categories
Customer Service (MHP-only)		
4.	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
5.	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
Getting Needed Care		
4/10.	In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	Never, Sometimes, Usually, Always
24/30.	In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
Getting Care Quickly		
8/14.	In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
10/16.	In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate		
15/21.	In the last 6 months, how often did your child's doctors or other health providers explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
16/22.	In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?	Never, Sometimes, Usually, Always
17/23.	In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?	Never, Sometimes, Usually, Always
20/26.	In the last 6 months, how often did doctors or other health providers spend enough time with your child?	Never, Sometimes, Usually, Always
Access to Specialized Services		
29/35.	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
32/38.	In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
Transportation		
35/41.	In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?	Never, Sometimes, Usually, Always
36/42.	In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?	Never, Sometimes, Usually, Always

²⁻³ The survey question numbers presented in Table 2-3 correspond to the CSHCS Survey that was administered to the Fee-for-Service population and MHPs, respectively.

Table 2-4: Composite and Individual Item Measures Question Language	
Measures	Response Categories
CSHCS Family Center	
50/56. In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS Family Center?	Never, Sometimes, Usually, Always
54/60. In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS phone line?	Never, Sometimes, Usually, Always
Health Promotion and Education	
13/19. In the last 6 months, did you and your child's doctors or other health providers talk about specific things you could do to prevent illness in your child?	Yes, No
Access to Prescription Medicines	
26/32. In the last 6 months, how often was it easy to get prescription medicines for your child?	Never, Sometimes, Usually, Always
CMS Clinic	
38/44. In the last 6 months, how often did you get an appointment as soon as your child needed in a CMS Clinic?	Never, Sometimes, Usually, Always
Local Health Department Services	
47/53. Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.	Extremely Dissatisfied, Somewhat Dissatisfied, Neither Satisfied Nor Dissatisfied, Somewhat Satisfied, Extremely Satisfied
Beneficiary Help Line	
56/62. In the last 6 months, how often was it easy to get the help you needed when you called the Beneficiary Help Line?	Never, Sometimes, Usually, Always

How CSHCS Results Were Collected

Sampling Procedures

MDCH and the MHPs provided HSAG with a list of all eligible child members in the CSHCS Program for the sampling frame. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. HSAG sampled child members who met the following criteria:

- ◆ Were 17 years of age or younger as of December 31, 2013.
- ◆ Were currently enrolled in CSHCS.
- ◆ Had been continuously enrolled in the plan/program for at least five of the last six months (July through December) of 2013.

A deduplication of the CSHCS sampling frame was performed such that any child member enrolled in the CSHCS Program and selected as part of the 2014 Child Medicaid FFS and MHP CAHPS Survey administration was removed from the CSHCS sampling frame. This deduplication was performed to reduce the likelihood that child members selected as part of the 2014 Child Medicaid FFS and MHP CAHPS Survey administration were not also selected for the CSHCS Survey administration. Following deduplication, a simple random sample of child members was selected for inclusion in the survey for Fee-for-Service and each MHP. No more than one member per household was selected as part of the random survey samples. A sample of 1,500 child members was selected from the Fee-for-Service population.²⁻⁴ For the MHPs, the sample of child members selected for inclusion in the CSHCS Survey varied based on estimated enrollment numbers at the time the sampling plan was developed and the number of eligible child members at the time the samples were selected. Table 3-1 provides an overview of the sample sizes for each plan and program.

Survey Protocol

The CSHCS Survey process allowed for two methods by which parents or caretakers of child members could 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.

²⁻⁴ As previously noted, during production of the CSHCS Satisfaction Report, it was identified that the survey sample for the Fee-for-Service population provided to HSAG included CSHCS members enrolled in Fee-for-Service and MHPs (i.e., survey sample received from MDCH was not limited to Fee-for-Service members only). As such, the sample of child members selected for inclusion in the CSHCS Survey for the Fee-for-Service population included child members enrolled in Fee-for-Service or an MHP.

Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder.

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. At least three CATI calls to each non-respondent were attempted. It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a plan's population.²⁻⁵

Table 2-5 shows the mixed-mode (i.e., mail followed by telephone follow-up) timeline used in the administration of the CSHCS Survey.

Table 2-5: CSHCS Mixed-Mode Methodology 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 4-10 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 4-10 days after mailing the second questionnaire.	39-45 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

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

How CSHCS Results Were Calculated and Displayed

HSAG developed a scoring approach, based in part on scoring standards devised by the Agency for Healthcare Research and Quality (AHRQ), the developers of CAHPS, to comprehensively assess member satisfaction. In addition to individual plan results, HSAG calculated an MDCH CSHCS Program average and an MDCH CSHCS Managed Care Program average. HSAG combined results from Fee-for-Service and the MHPs to calculate the MDCH CSHCS Program average. HSAG combined results from the MHPs to calculate the MDCH CSHCS Managed Care Program average. This section provides an overview of each analysis.

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible child members of the sample. HSAG considered a survey completed if at least one question was answered. Eligible child members included the entire random sample minus ineligible child members. Ineligible child 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 other than Spanish (the CSHCS Survey was made available in both English and Spanish).

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

Demographics of Child Members and Respondents

The demographics analysis evaluated demographic information of child members and respondents. MDCH should exercise caution when extrapolating the CSHCS Survey results to the entire population if the respondent population differs significantly from the actual population of the plan or program.

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated question summary rates for each global rating and individual item measure and global proportions for each composite measure, following NCQA HEDIS Specifications for Survey Measures.²⁻⁶ The scoring of the measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

- ◆ “9” or “10” for the global ratings;
- ◆ “Usually” or “Always” for the Customer Service, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Access to Specialized Services, Transportation, and CSHCS Family Center composites;
- ◆ “Usually” or “Always” for the Access to Prescription Medicines, CMS Clinic, and Beneficiary Help Line individual items;
- ◆ “Yes” for the Health Promotion and Education individual item;
- ◆ “Somewhat satisfied” or “Extremely satisfied” for the Local Health Department Services individual item.

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

MHP Comparisons

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

²⁻⁶ National Committee for Quality Assurance. *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2013.

Fee-for-Service Comparisons

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

Key Drivers of Satisfaction Analysis

HSAG performed an analysis of key drivers of satisfaction for the following measures: Rating of Specialist Seen Most Often and Rating of Health Care. 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 CSHCS 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 measures was calculated using a Pearson product moment correlation, which is defined as the covariance of the two scores divided by the product of their standard deviations. Items were then prioritized based on their overall problem score and their correlation to each measure. Key drivers of satisfaction were defined as those items that:

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

Limitations and Cautions

The findings presented in this CSHCS 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

As described in the demographics of child members and respondents subsection, the demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CSHCS Survey results.

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 CSHCS Survey results.

Causal Inferences

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

Missing Phone Numbers

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

Baseline Results

In 2014 CSHCS members enrolled in Fee-for-Service and the MHPs were surveyed separately for the first time. Therefore, this report represents a **baseline** assessment of parents' and caretakers' satisfaction with their child's CSHCS services for the Fee-for-Service population and MHPs.

National Data for Comparisons

While comparisons to national data were performed for some of the survey measures, it is important to keep in mind that the survey instrument utilized for the 2014 CSHCS Survey administration was a modified version of the standard CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and Children with Chronic Conditions (CCC) measurement set. Therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

Survey Instruments

In 2014 the CSHCS Survey administered to CSHCS members enrolled in Fee-for-Service and the MHPs differed. The CSHCS Survey instrument administered to CSHCS members enrolled in an MHP included a section of survey questions that addressed “your child’s health plan,” whereas the CSHCS Survey administered to CSHCS members in Fee-for-Service did not. Therefore, differences in the survey instruments (e.g., placement and order of survey questions) utilized for the Fee-for-Service population and MHPs may impact CSHCS Survey results.

Representative Sample

During production of the CSHCS Satisfaction Report, it was identified that the CSHCS survey sample for the Fee-for-Service population, provided by MDCH to HSAG, included CSHCS members enrolled in Fee-for-Service and MHPs (i.e., survey sample received from MDCH was not limited to Fee-for-Service members only). As such, the sample of CSHCS members selected and surveyed for the Fee-for-Service population included child members enrolled in Fee-for-Service or an MHP. To address this issue, HSAG recalculated the Fee-for-Service CSHCS survey results to exclude MHP CSHCS members included in the Fee-for-Service respondents. Given the decreased number of Fee-for-Service respondents who were included in the calculation of the Fee-for-Service CSHCS survey results, caution should be exercised when interpreting the results as they may not be generalizable to the Fee-for-Service population.

Who Responded to the Survey

A total of 8,037 CSHCS Surveys were mailed to parents or caretakers of child members. A total of 2,629 surveys were completed. The CSHCS Survey response rate is the total number of completed surveys divided by all eligible child members of the sample. A survey was considered complete if at least one question was answered on the survey. Eligible child members included the entire random sample minus ineligible child members. Ineligible child 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 other than Spanish (the CSHCS Survey was made available in both English and Spanish).

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

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

Plan Name	Sample Size	Completes	Ineligibles	Response Rates
MDCH CSHCS Program	7,333	2,486	76	34.26%
Fee-for-Service	796	286	6	36.20%
MDCH CSHCS Managed Care Program	6,537	2,200	70	34.02%
Blue Cross Complete of Michigan	323	108	4	33.86%
CoventryCares of Michigan	252	72	3	28.92%
HAP Midwest Health Plan	750	274	11	37.08%
HealthPlus Partners	699	256	5	36.89%
McLaren Health Plan	750	271	4	36.33%
Meridian Health Plan	750	301	10	40.68%
Molina Healthcare of Michigan	750	227	8	30.59%
Physicians Health Plan—FamilyCare	125	36	2	29.27%
Priority Health Choice	750	214	8	28.84%
Total Health Care	324	94	2	29.19%
UnitedHealthcare Community Plan	750	233	13	31.61%
Upper Peninsula Health Plan	314	114	0	36.31%

Demographics of Child Members

Table 3-2 depicts the ages of children for whom a parent or caretaker completed a CSHCS 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 CSHCS Program	0.3%	15.1%	21.7%	28.6%	34.3%
Fee-for-Service	1.1%	12.0%	19.1%	30.7%	37.1%
MDCH CSHCS Managed Care Program	0.2%	15.5%	22.1%	28.3%	33.9%
Blue Cross Complete of Michigan	0.0%	15.7%	21.6%	31.4%	31.4%
CoventryCares of Michigan	0.0%	25.0%	18.3%	35.0%	21.7%
HAP Midwest Health Plan	0.0%	17.3%	15.7%	31.0%	35.9%
HealthPlus Partners	0.0%	14.0%	24.3%	27.2%	34.5%
McLaren Health Plan	0.8%	12.0%	23.6%	28.2%	35.5%
Meridian Health Plan	0.0%	15.9%	23.3%	25.6%	35.2%
Molina Healthcare of Michigan	0.0%	15.6%	21.0%	26.3%	37.1%
Physicians Health Plan—FamilyCare	6.3%	15.6%	28.1%	21.9%	28.1%
Priority Health Choice	0.5%	16.0%	23.5%	31.0%	29.0%
Total Health Care	0.0%	17.2%	21.8%	26.4%	34.5%
UnitedHealthcare Community Plan	0.0%	17.5%	23.5%	27.6%	31.3%
Upper Peninsula Health Plan	0.0%	9.9%	23.4%	27.9%	38.7%

Please note, percentages may not total 100.0% due to rounding.

**Children are eligible for inclusion in CAHPS if they are age 17 or younger as of December 31, 2012. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2014, and the time of survey administration.*

Table 3-3 depicts the gender of children for whom a parent or caretaker completed a CSHCS survey.

Table 3-3: Child Member Demographics—Gender		
Plan Name	Male	Female
MDCH CSHCS Program	55.0%	45.0%
Fee-for-Service	56.5%	43.5%
MDCH CSHCS Managed Care Program	54.7%	45.3%
Blue Cross Complete of Michigan	47.1%	52.9%
CoventryCares of Michigan	56.7%	43.3%
HAP Midwest Health Plan	55.8%	44.2%
HealthPlus Partners	57.9%	42.1%
McLaren Health Plan	52.5%	47.5%
Meridian Health Plan	57.2%	42.8%
Molina Healthcare of Michigan	58.1%	41.9%
Physicians Health Plan—FamilyCare	45.5%	54.5%
Priority Health Choice	54.0%	46.0%
Total Health Care	47.1%	52.9%
UnitedHealthcare Community Plan	55.0%	45.0%
Upper Peninsula Health Plan	54.1%	45.9%
<i>Please note, percentages may not total 100.0% due to rounding.</i>		

Table 3-4 depicts the race and ethnicity of children for whom a parent or caretaker completed a CSHCS survey.

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

Plan Name	White	Hispanic	Black	Asian	Other	Multi-Racial
MDCH CSHCS Program	59.4%	8.5%	18.7%	1.7%	2.9%	8.8%
Fee-for-Service	76.3%	5.4%	7.9%	1.4%	2.9%	6.1%
MDCH CSHCS Managed Care Program	57.1%	8.9%	20.2%	1.7%	2.9%	9.2%
Blue Cross Complete of Michigan	48.5%	9.9%	28.7%	2.0%	2.0%	8.9%
CoventryCares of Michigan	8.5%	8.5%	71.2%	0.0%	1.7%	10.2%
HAP Midwest Health Plan	43.7%	8.5%	27.9%	3.6%	6.1%	10.1%
HealthPlus Partners	63.8%	7.3%	19.0%	0.4%	2.2%	7.3%
McLaren Health Plan	74.8%	6.2%	10.9%	1.2%	1.6%	5.4%
Meridian Health Plan	68.8%	8.5%	9.2%	1.1%	1.5%	11.0%
Molina Healthcare of Michigan	44.2%	11.6%	28.1%	0.5%	3.5%	12.1%
Physicians Health Plan—FamilyCare	42.4%	6.1%	21.2%	9.1%	3.0%	18.2%
Priority Health Choice	61.4%	15.7%	9.1%	1.5%	2.5%	9.6%
Total Health Care	41.2%	3.5%	48.2%	3.5%	0.0%	3.5%
UnitedHealthcare Community Plan	49.8%	11.0%	21.5%	2.7%	5.5%	9.6%
Upper Peninsula Health Plan	82.9%	3.6%	0.9%	0.9%	1.8%	9.9%

Please note, percentages may not total 100.0% due to rounding.

Table 3-5 depicts the general health status of children for whom a parent or caretaker completed a CSHCS survey.

Table 3-5: Child Member Demographics—General Health Status					
Plan Name	Excellent	Very Good	Good	Fair	Poor
MDCH CSHCS Program	13.9%	28.7%	36.7%	18.1%	2.6%
Fee-for-Service	13.3%	34.8%	34.8%	15.8%	1.4%
MDCH CSHCS Managed Care Program	14.0%	27.9%	37.0%	18.4%	2.8%
Blue Cross Complete of Michigan	12.9%	20.8%	47.5%	16.8%	2.0%
CoventryCares of Michigan	13.3%	28.3%	28.3%	28.3%	1.7%
HAP Midwest Health Plan	12.1%	24.7%	42.1%	17.8%	3.2%
HealthPlus Partners	11.6%	27.5%	36.5%	21.9%	2.6%
McLaren Health Plan	14.8%	31.1%	35.4%	17.1%	1.6%
Meridian Health Plan	17.2%	23.9%	38.8%	18.3%	1.9%
Molina Healthcare of Michigan	16.8%	24.8%	34.2%	21.3%	3.0%
Physicians Health Plan—FamilyCare	19.4%	22.6%	51.6%	6.5%	0.0%
Priority Health Choice	18.5%	34.0%	32.5%	12.5%	2.5%
Total Health Care	9.6%	28.9%	31.3%	26.5%	3.6%
UnitedHealthcare Community Plan	11.7%	30.8%	35.0%	16.8%	5.6%
Upper Peninsula Health Plan	7.2%	33.3%	38.7%	17.1%	3.6%

Please note, percentages may not total 100.0% due to rounding.

Demographics of Respondents

Table 3-6 through Table 3-9 depict the age, gender, education, and relationship to child of parents or caretakers who completed the CSHCS Survey in 2014.

Table 3-6: Respondent Demographics— Age

Plan Name	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or Older
MDCH CSHCS Program	8.0%	4.5%	27.2%	34.7%	17.7%	6.1%	1.8%
Fee-for-Service	6.8%	0.4%	17.5%	47.9%	22.9%	4.6%	0.0%
MDCH CSHCS Managed Care Program	8.2%	5.1%	28.5%	32.9%	16.9%	6.3%	2.1%
Blue Cross Complete of Michigan	10.9%	4.0%	26.7%	34.7%	14.9%	8.9%	0.0%
CoventryCares of Michigan	6.9%	6.9%	36.2%	27.6%	12.1%	6.9%	3.4%
HAP Midwest Health Plan	10.5%	5.6%	28.6%	27.8%	18.1%	6.5%	2.8%
HealthPlus Partners	8.6%	5.2%	27.5%	34.8%	16.3%	6.4%	1.3%
McLaren Health Plan	8.6%	5.9%	27.7%	29.3%	21.1%	5.9%	1.6%
Meridian Health Plan	7.4%	5.9%	29.3%	34.8%	15.9%	4.4%	2.2%
Molina Healthcare of Michigan	5.9%	4.9%	30.0%	36.0%	16.7%	5.4%	1.0%
Physicians Health Plan—FamilyCare	18.2%	6.1%	30.3%	27.3%	6.1%	12.1%	0.0%
Priority Health Choice	5.1%	4.6%	29.6%	33.2%	17.9%	6.6%	3.1%
Total Health Care	9.2%	3.4%	26.4%	31.0%	20.7%	6.9%	2.3%
UnitedHealthcare Community Plan	9.7%	5.1%	24.4%	35.5%	14.7%	6.9%	3.7%
Upper Peninsula Health Plan	4.5%	1.8%	32.4%	36.9%	16.2%	6.3%	1.8%

Please note, percentages may not total 100.0% due to rounding.

Table 3-7: Respondent Demographics— Gender

Plan Name	Male	Female
MDCH CSHCS Program	9.9%	90.1%
Fee-for-Service	9.6%	90.4%
MDCH CSHCS Managed Care Program	9.9%	90.1%
Blue Cross Complete of Michigan	14.9%	85.1%
CoventryCares of Michigan	1.7%	98.3%
HAP Midwest Health Plan	11.8%	88.2%
HealthPlus Partners	7.3%	92.7%
McLaren Health Plan	10.2%	89.8%
Meridian Health Plan	7.7%	92.3%
Molina Healthcare of Michigan	6.9%	93.1%
Physicians Health Plan—FamilyCare	12.1%	87.9%
Priority Health Choice	9.6%	90.4%
Total Health Care	11.6%	88.4%
UnitedHealthcare Community Plan	15.0%	85.0%
Upper Peninsula Health Plan	9.9%	90.1%

Please note, percentages may not total 100.0% due to rounding.

Table 3-8: Respondent Demographics— Education

Plan Name	Not a High School Graduate	High School Graduate	College Graduate
MDCH CSHCS Program	12.5%	72.6%	14.9%
Fee-for-Service	4.3%	60.5%	35.1%
MDCH CSHCS Managed Care Program	13.6%	74.3%	12.1%
Blue Cross Complete of Michigan	9.0%	71.0%	20.0%
CoventryCares of Michigan	11.9%	78.0%	10.2%
HAP Midwest Health Plan	21.2%	67.6%	11.2%
HealthPlus Partners	9.9%	77.2%	12.9%
McLaren Health Plan	10.2%	76.6%	13.3%
Meridian Health Plan	13.8%	76.5%	9.7%
Molina Healthcare of Michigan	15.6%	77.4%	7.0%
Physicians Health Plan—FamilyCare	12.5%	75.0%	12.5%
Priority Health Choice	16.7%	66.7%	16.7%
Total Health Care	17.4%	77.9%	4.7%
UnitedHealthcare Community Plan	14.7%	71.1%	14.2%
Upper Peninsula Health Plan	2.7%	85.5%	11.8%

Please note, percentages may not total 100.0% due to rounding.

Table 3-9: Respondent Demographics—Relationship to Child

Plan Name	Mother or Father	Grandparent	Other relative	Legal guardian
MDCH CSHCS Program	94.4%	3.2%	1.1%	1.4%
Fee-for-Service	98.6%	0.7%	0.4%	0.4%
MDCH CSHCS Managed Care Program	93.8%	3.5%	1.2%	1.5%
Blue Cross Complete of Michigan	95.0%	2.0%	0.0%	3.0%
CoventryCares of Michigan	92.9%	3.6%	0.0%	3.6%
HAP Midwest Health Plan	95.6%	3.2%	0.0%	1.2%
HealthPlus Partners	92.1%	3.5%	2.6%	1.8%
McLaren Health Plan	92.5%	4.3%	1.2%	2.0%
Meridian Health Plan	94.7%	2.3%	1.5%	1.5%
Molina Healthcare of Michigan	94.0%	4.5%	1.0%	0.5%
Physicians Health Plan—FamilyCare	93.8%	3.1%	0.0%	3.1%
Priority Health Choice	93.8%	4.2%	1.6%	0.5%
Total Health Care	91.8%	3.5%	0.0%	4.7%
UnitedHealthcare Community Plan	92.4%	4.3%	2.4%	0.9%
Upper Peninsula Health Plan	97.2%	2.8%	0.0%	0.0%

Please note, percentages may not total 100.0% due to rounding.

Statewide Comparisons

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

- ◆ “9” or “10” for the global ratings;
- ◆ “Usually” or “Always” for the Customer Service, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Access to Specialized Services, Transportation, and CSHCS Family Center composites;
- ◆ “Usually” or “Always” for the Access to Prescription Medicines, CMS Clinic, and Beneficiary Help Line individual items;
- ◆ “Yes” for the Health Promotion and Education individual item;
- ◆ “Somewhat satisfied” or “Extremely satisfied” for the Local Health Department Services individual item.

The MDCH CSHCS Program and MDCH CSHCS Managed Care Program results were weighted based on the eligible population for each child population (i.e., Fee-for-Service and MHPs). HSAG compared the MHP and Fee-for-Service results to the MDCH CSHCS Managed Care Program average to determine if the MHP or Fee-for-Service results were significantly different than the MDCH CSHCS Managed Care Program average.³⁻¹ The NCQA Medicaid national averages for the Children with Chronic Conditions (CCC) population are presented for comparison, where appropriate.^{3-2,3-3} Colors in the figures note significant differences. Green indicates a top-box rate that was significantly higher than the MDCH CSHCS Managed Care Program average. Conversely, red indicates a top-box rate that was significantly lower than the MDCH CSHCS Managed Care Program average. Blue represents top-box rates that were not significantly different from the MDCH CSHCS 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.

³⁻¹ In some instances, MHPs had no respondents to the survey question(s) that comprise a global rating, composite measure, or individual item measure; therefore, top-box rates could not be calculated for the MHP.

³⁻² The source for data contained in this publication is Quality Compass[®] 2013 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2013 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS[®] is a registered trademark of the AHRQ.

³⁻³ NCQA national averages for the child with CCC Medicaid population are presented for comparative purposes. Given the potential differences in demographic make-up of the CSHCS and child Medicaid with CCC populations, caution should be exercised when interpreting the comparisons to NCQA national averages.

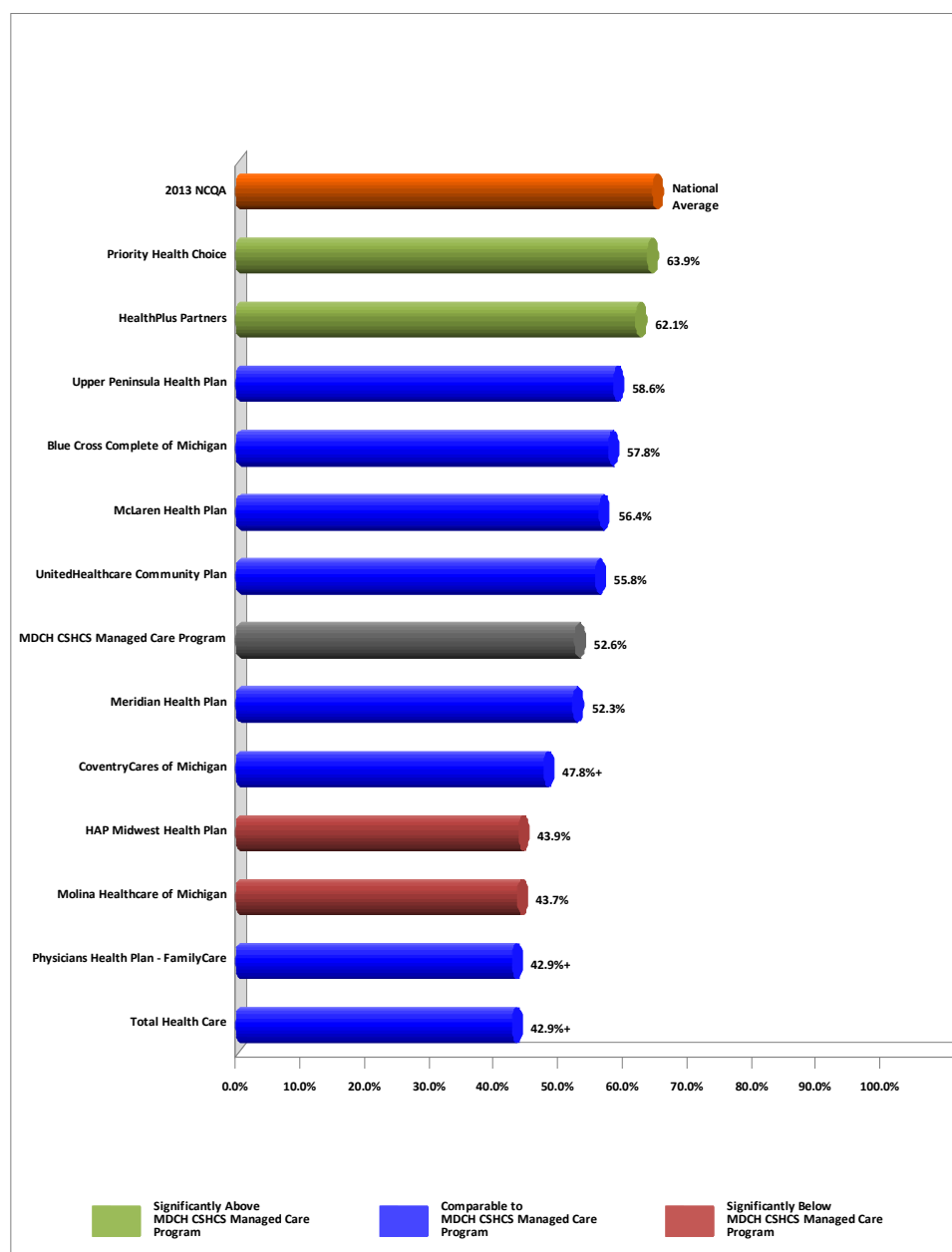
In some instances, the top-box rates presented for two plans were similar, but one was statistically different from the MDCH CSHCS Managed Care Program average and the other was not. In these instances, it was the difference in the number of respondents between the two plans that explains the different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

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 Rates³⁻⁴



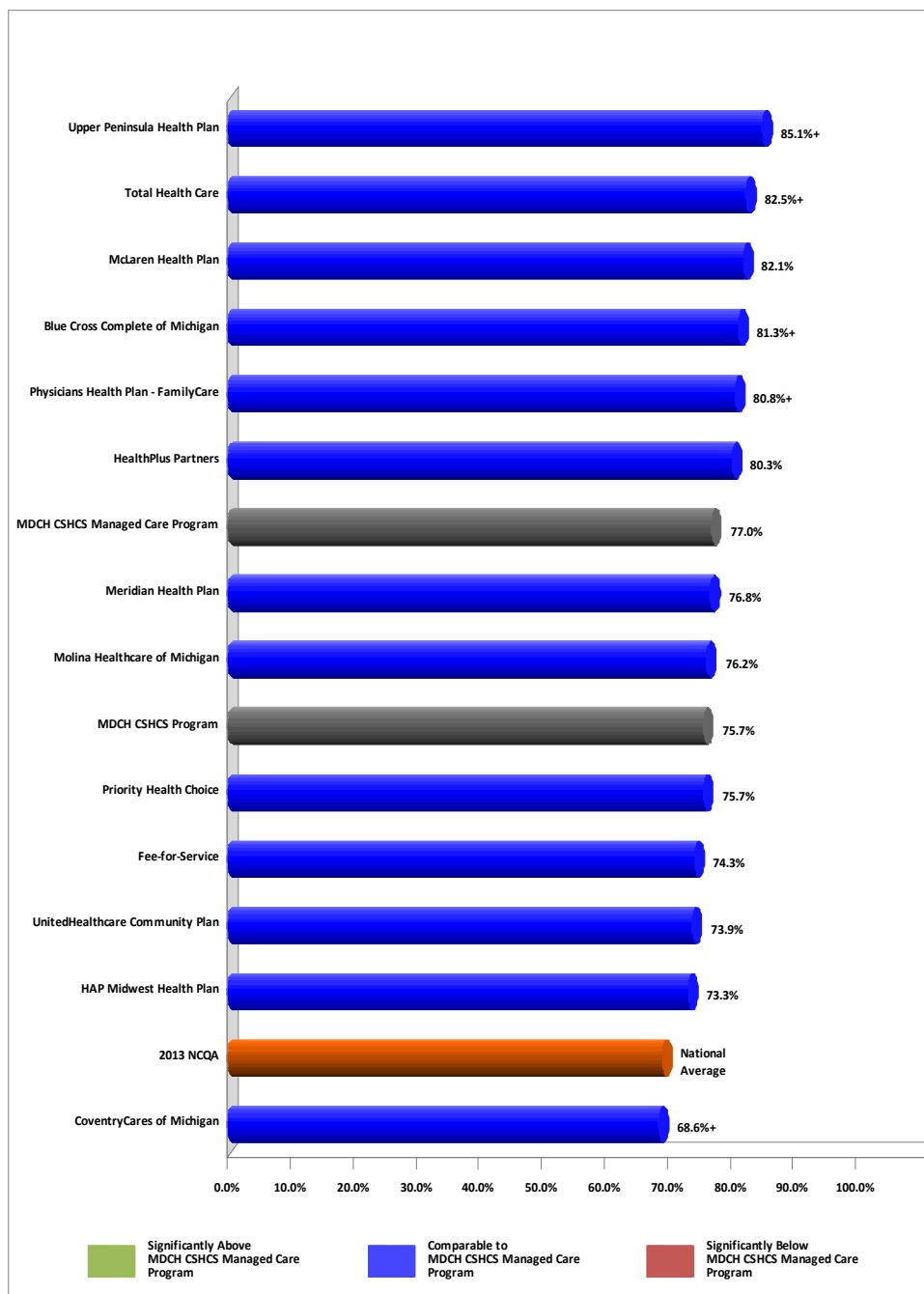
Note: + indicates fewer than 100 responses

³⁻⁴ The Rating of Health Plan global rating survey question was not included in the CSHCS Survey administered to the Fee-for-Service population. Therefore, results for this measure are not available for Fee-for-Service and a separate MDCH CSHCS Program average could not be calculated.

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 3-2 shows the Rating of Specialist Seen Most Often top-box rates.

Figure 3-2: Rating of Specialist Seen Most Often Top-Box Rates

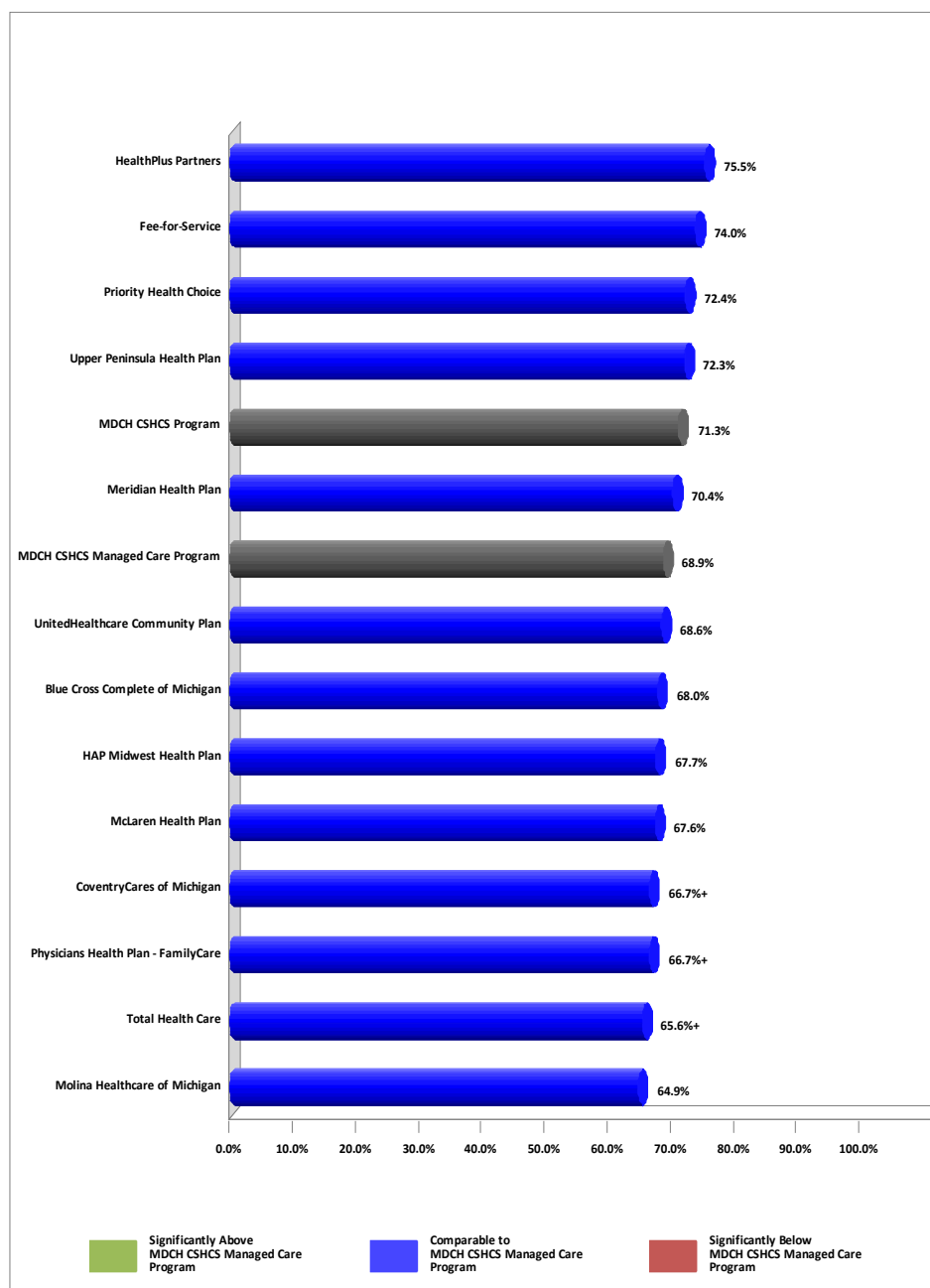


Note: + indicates fewer than 100 responses

Rating of Health Care

Parents or caretakers of child members were asked to rate their child's health care for their child's CSHCS condition on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Figure 3-3 shows the Rating of Health Care top-box rates.

Figure 3-3: Rating of Health Care Top-Box Rates³⁻⁵



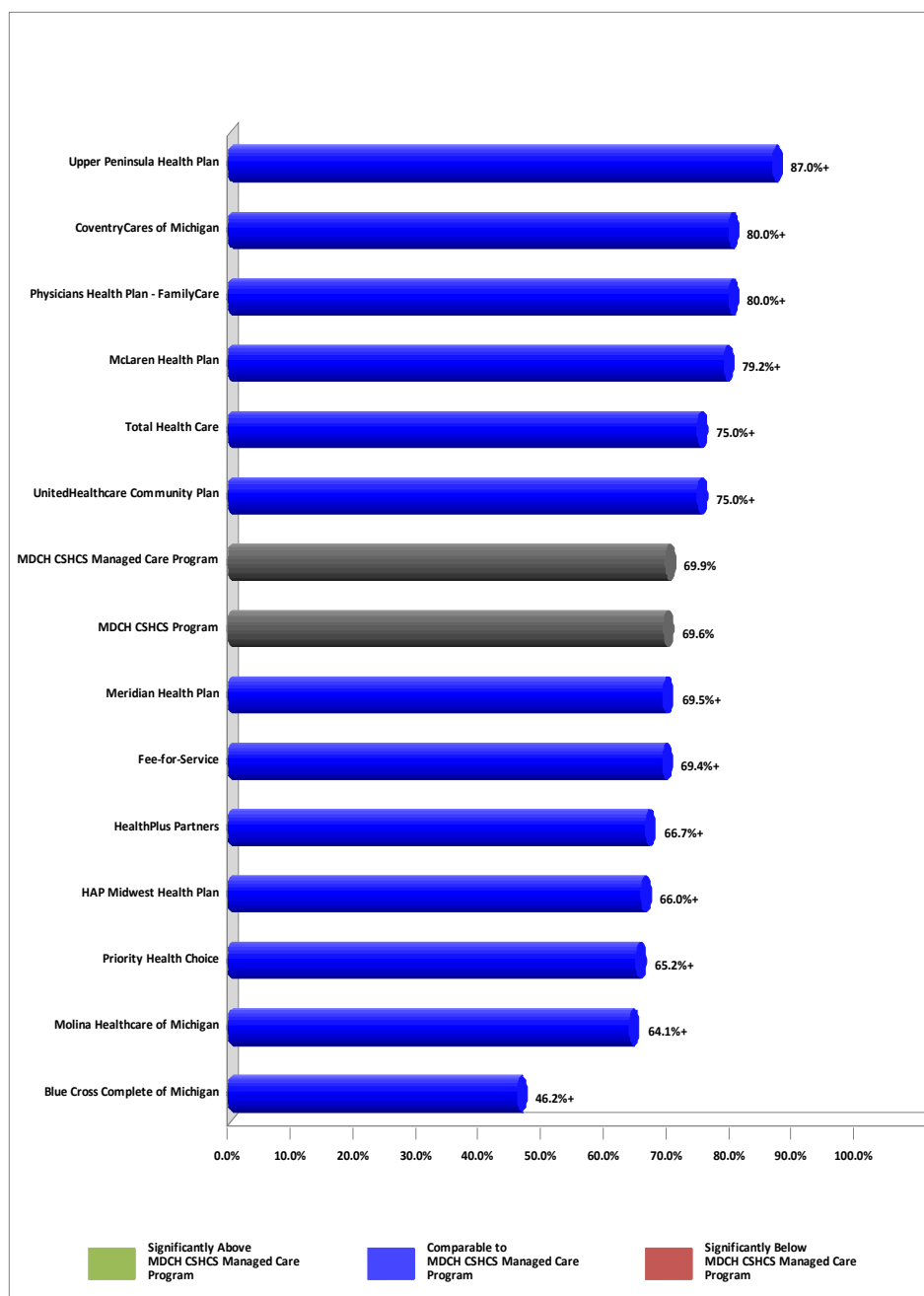
Note: + indicates fewer than 100 responses

³⁻⁵ The survey question that comprises the Rating of Health Care global rating in the CAHPS 5.0 Child Medicaid Health Plan Survey was modified for inclusion in the CSHCS Survey. Given the revisions to the survey question, the results for this global rating are not comparable to the NCQA national average.

Rating of CMS Clinic

Parents or caretakers of child members were asked to rate the services their child received in a CMS Clinic on a scale of 0 to 10, with 0 being “not useful at all in helping my child” and 10 being “most useful in helping my child.” Figure 3-4 shows the Rating of CMS Clinic top-box rates.

Figure 3-4: Rating of CMS Clinic Top-Box Rates³⁻⁶



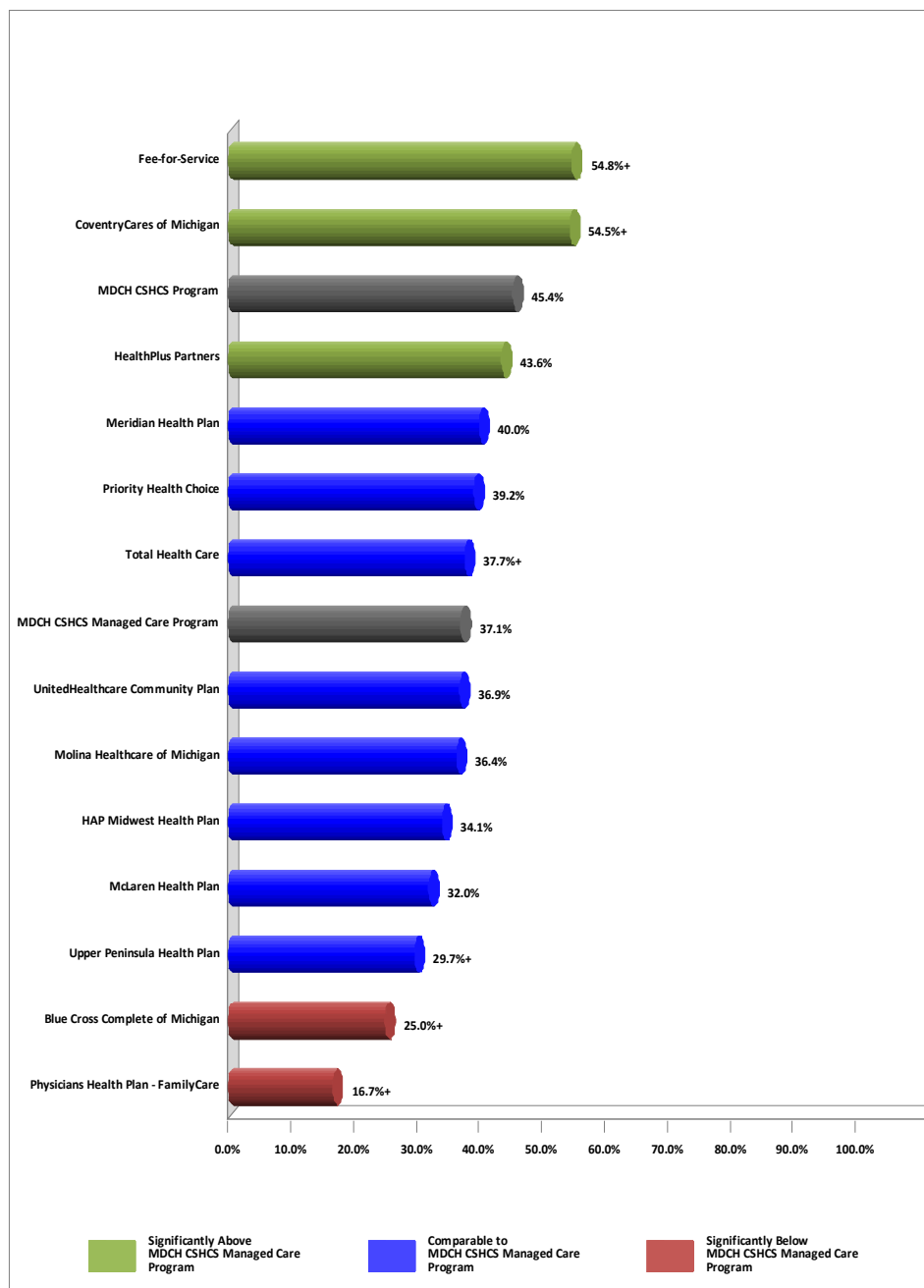
Note: + indicates fewer than 100 responses

³⁻⁶ The Rating of CMS Clinic global rating survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, 2013 NCQA national averages are not available for this measure.

Rating of Beneficiary Help Line

Parents or caretakers of child members were asked to rate their experience with the Beneficiary Help Line on a scale of 0 to 10, with 0 being the “worst experience possible” and 10 being the “best experience possible.” Figure 3-5 shows the Rating of Beneficiary Help Line top-box rates.

Figure 3-5: Rating of Beneficiary Help Line Top-Box Rates³⁻⁷



³⁻⁷ The Rating of Beneficiary Help Line global rating survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, 2013 NCQA national averages are not available for this measure.

Composite Measures

Customer Service

Two questions (Questions 4 and 5 in the CSHCS MHP Survey) were asked to assess how often parents or caretakers were satisfied with customer service:

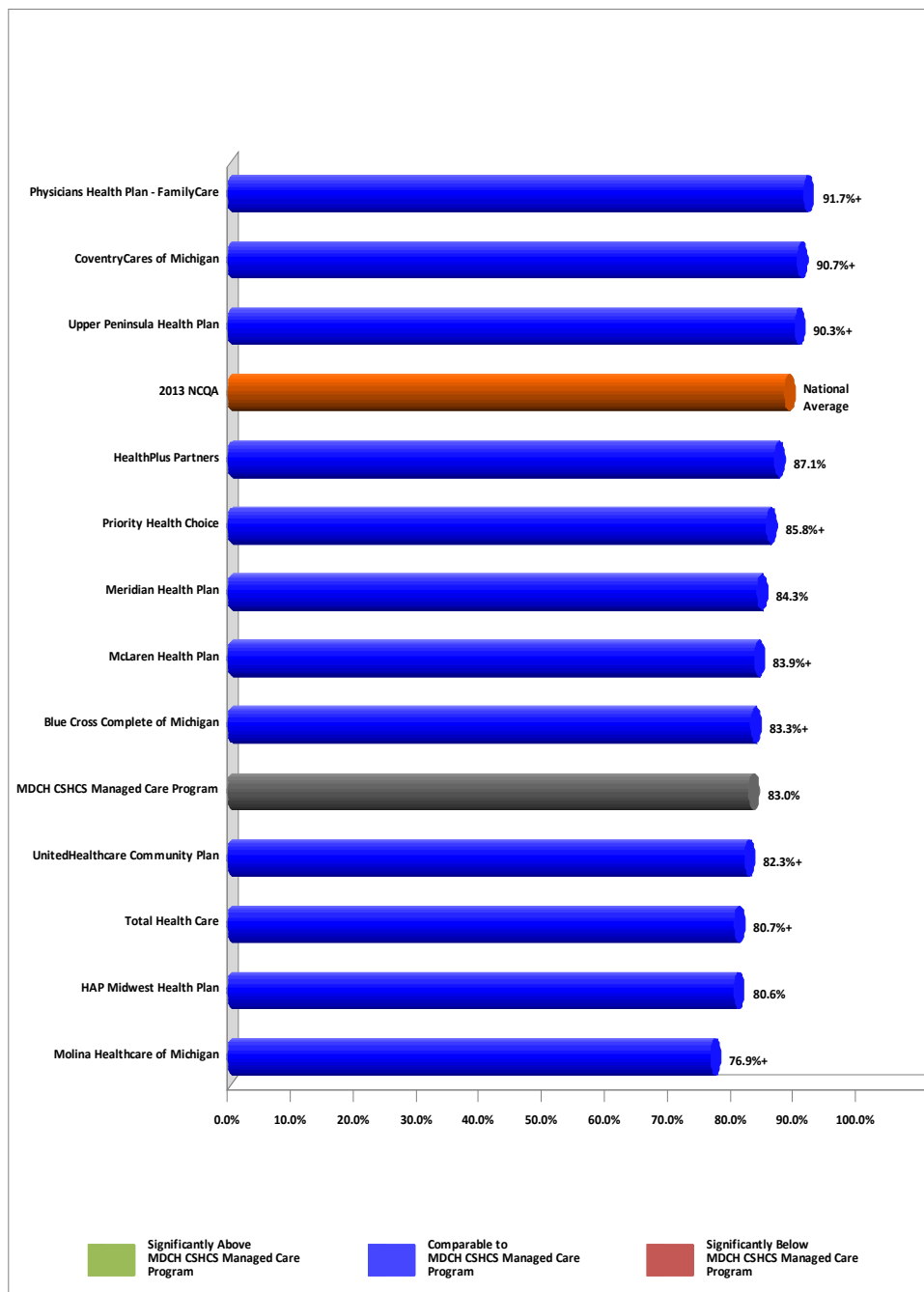
- ◆ **Question 4.** In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 5.** 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 "Usually" or "Always."

Figure 3-6 shows the Customer Service top-box rates.

Figure 3-6: Customer Service Top-Box Rates³⁻⁸



Note: + indicates fewer than 100 responses

³⁻⁸ The Customer Service composite measure survey questions were not included in the CSHCS Survey administered to the Fee-for-Service population. Therefore, results for this measure are not available for Fee-for-Service and a separate MDCH CSHCS Program average could not be calculated.

Getting Needed Care

Two questions (Questions 4 and 24 in the CSHCS Fee-for-Service Survey and Questions 10 and 30 in the CSHCS MHP Survey) were asked to assess how often it was easy to get needed care:

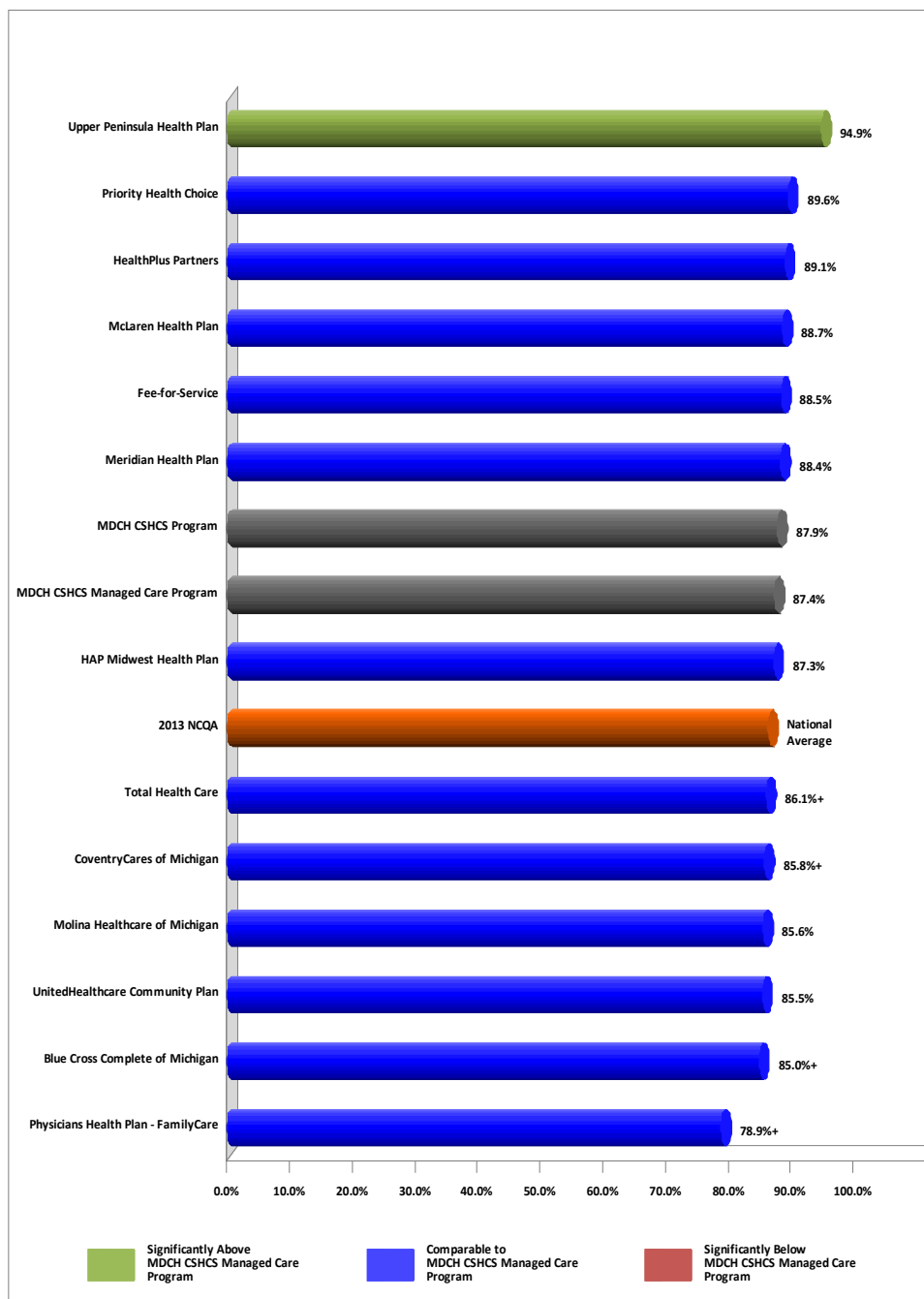
- ◆ **Question 4/10.** In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 24/30.** In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
 - Never
 - Sometimes
 - Usually
 - Always

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

Figure 3-7 shows the Getting Needed Care top-box rates.

Figure 3-7: Getting Needed Care Top-Box Rates



Note: + indicates fewer than 100 responses

Getting Care Quickly

Two questions (Questions 8 and 10 in the CSHCS Fee-for-Service Survey and Questions 14 and 16 in the CSHCS MHP Survey) were asked to assess how often child members received care quickly:

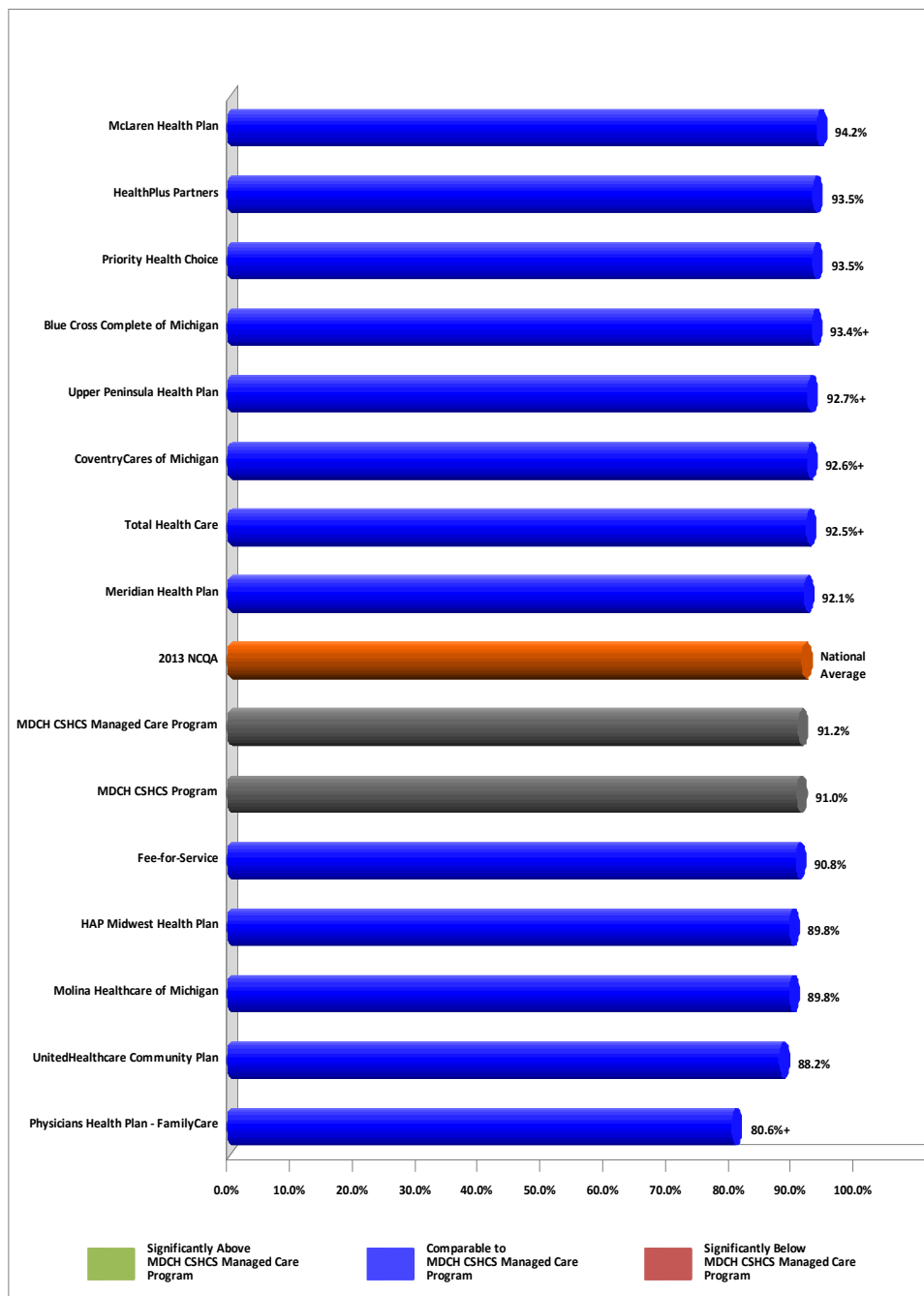
- ◆ **Question 8/14.** In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 10/16.** In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as 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 “Usually” or “Always.”

Figure 3-8 shows the Getting Care Quickly top-box rates.

Figure 3-8: 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 CSHCS Fee-for-Service Survey and Questions 21, 22, 23, and 26 in the CSHCS MHP Survey) were asked to assess how often doctors communicated well:

- ◆ **Question 15/21.** In the last 6 months, how often did your child’s doctors or other health providers explain things about your child’s health in a way that was easy to understand?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 16/22.** In the last 6 months, how often did your child’s doctors or other health providers listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always

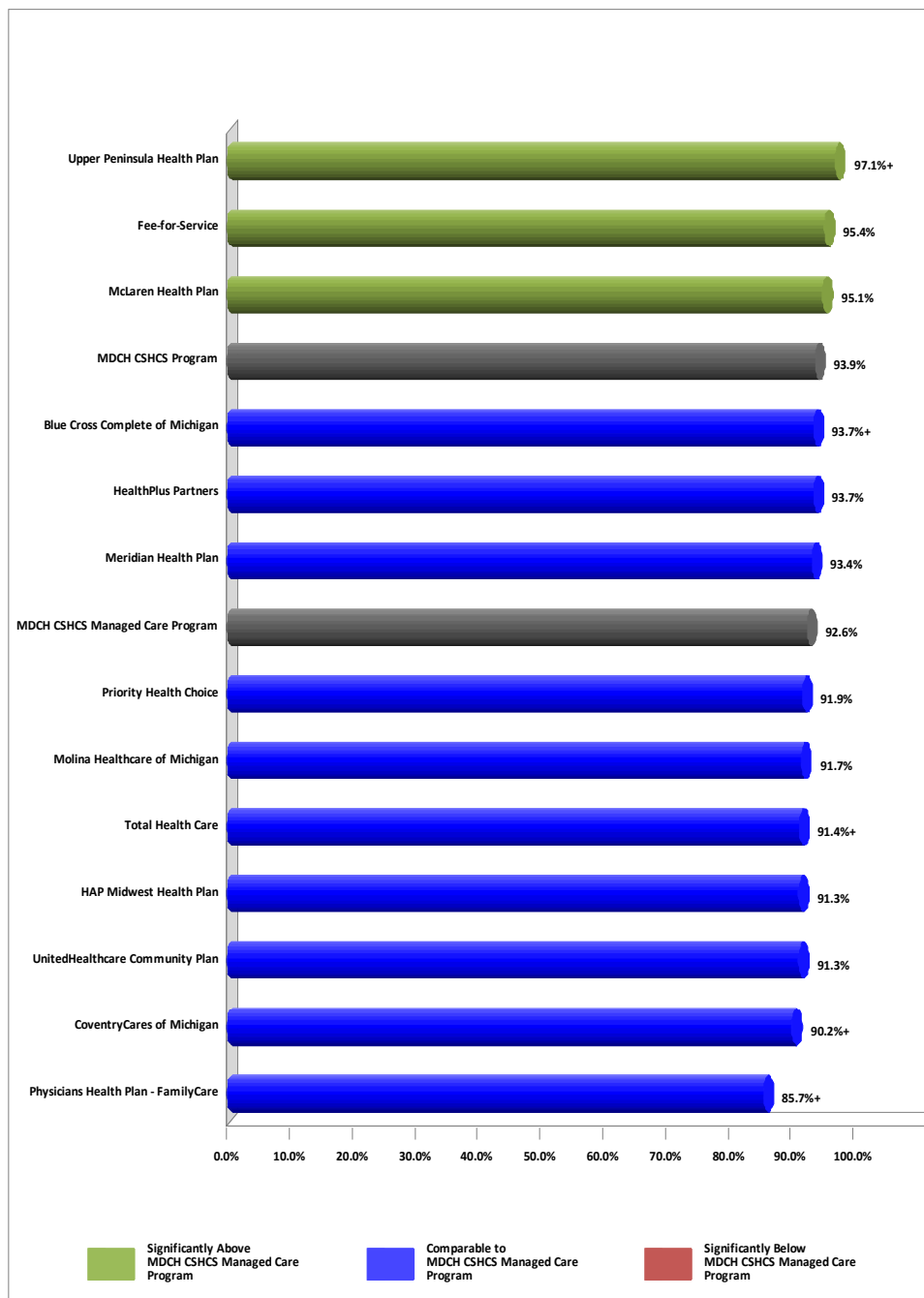
- ◆ **Question 17/23.** In the last 6 months, how often did your child’s doctors or other health providers show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 20/26.** In the last 6 months, how often did doctors or other health providers 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 “Usually” or “Always.”

Figure 3-9 shows the How Well Doctors Communicate top-box rates.

Figure 3-9: How Well Doctors Communicate Top-Box Rates³⁻⁹



Note: + indicates fewer than 100 responses

³⁻⁹ The survey questions that comprise the How Well Doctors Communicate composite measure in the CAHPS 5.0 Child Medicaid Health Plan Survey were modified for inclusion in the CSHCS Survey. Given the revisions to the survey questions, the results for this composite measure are not comparable to the NCQA national average.

Access to Specialized Services

Two questions (Questions 29 and 32 in the CSHCS Fee-for-Service Survey and Questions 35 and 38 in the CSHCS MHP Survey) were asked to assess how often parents or caretakers were satisfied with access to specialized services:

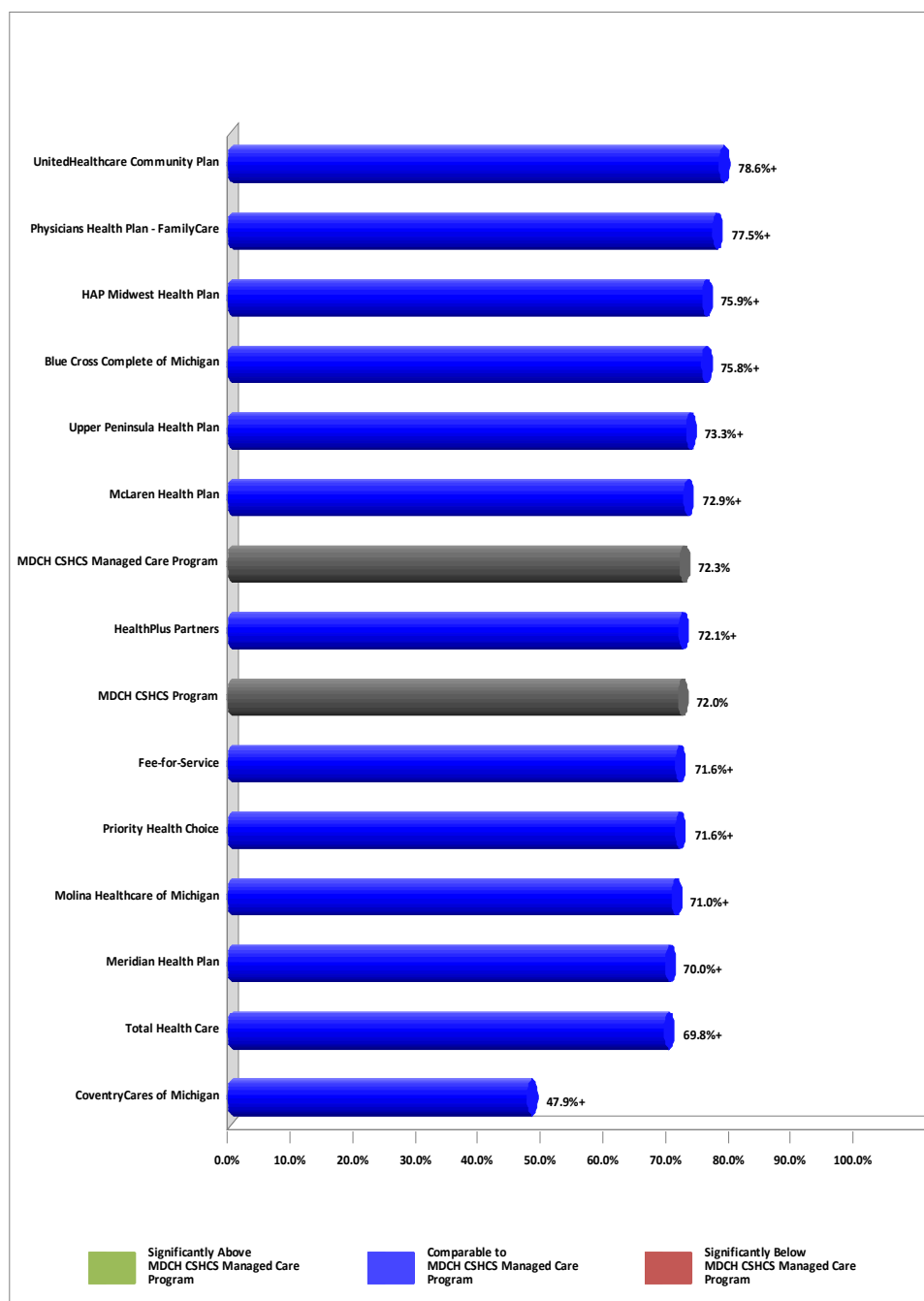
- ◆ **Question 29/35.** In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 32/38.** In the last 6 months, how often was it easy to get this therapy for your child?
 - Never
 - Sometimes
 - Usually
 - Always

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

Figure 3-10 shows the Access to Specialized Services top-box rates.

Figure 3-10: Access to Specialized Services Top-Box Rates³⁻¹⁰



Note: + indicates fewer than 100 responses

³⁻¹⁰ The Access to Specialized Services composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and specific to the CSHCS Survey. Therefore, 2013 NCQA national averages are not available for this measure.

Transportation

Two questions (Questions 35 and 36 in the CSHCS Fee-for-Service Survey and Questions 41 and 42 in the CSHCS MHP Survey) were asked to assess how often parents or caretakers were satisfied with transportation:

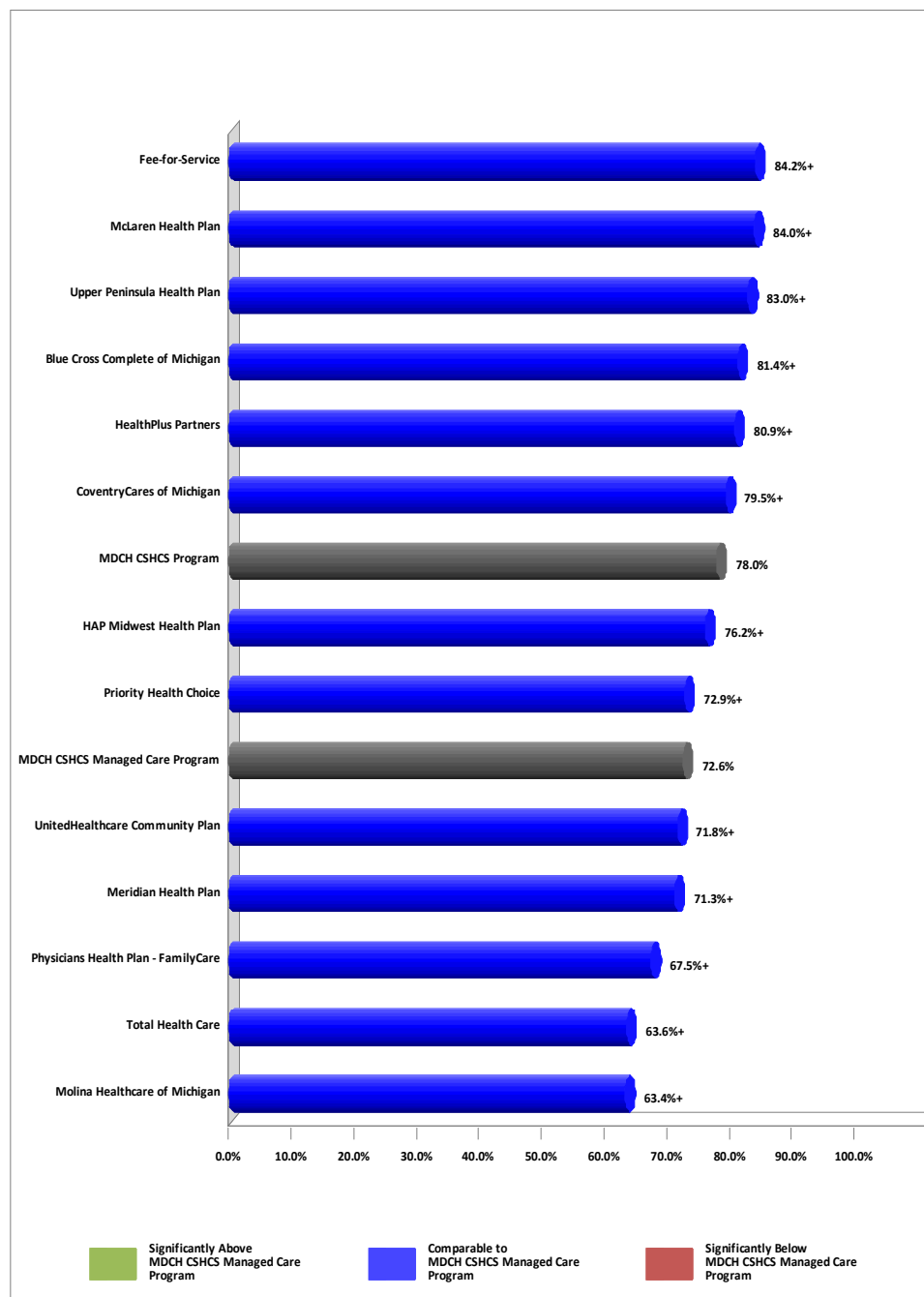
- ◆ **Question 35/41.** In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 36/42.** In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?
 - Never
 - Sometimes
 - Usually
 - Always

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

Figure 3-11 shows the Transportation top-box rates.

Figure 3-11: Transportation Top-Box Rates³⁻¹¹



Note: + indicates fewer than 100 responses

³⁻¹¹ The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and specific to the CSHCS Survey. Therefore, 2013 NCQA national averages are not available for this measure.

CSHCS Family Center

Two questions (Questions 50 and 54 in the CSHCS Fee-for-Service Survey and Questions 56 and 60 in the CSHCS MHP Survey) were asked to assess how often parents or caretakers were satisfied with the CSHCS Family Center:

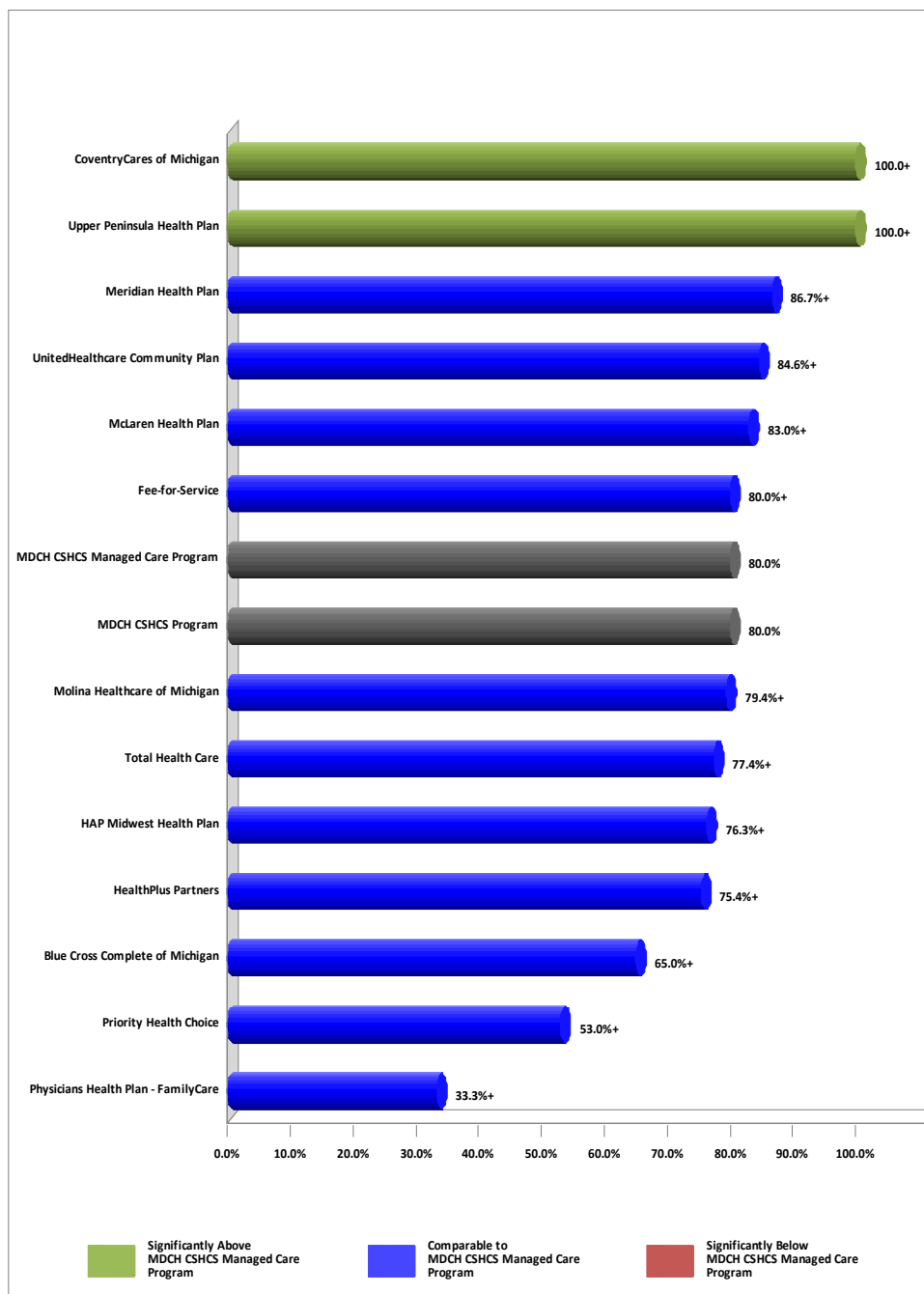
- ◆ **Question 50/56.** In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS Family Center?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 54/60.** In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS phone line?
 - Never
 - Sometimes
 - Usually
 - Always

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

Figure 3-12 shows the CSHCS Family Center top-box rates.

Figure 3-12: CSHCS Family Center Top-Box Rates³⁻¹²



Note: + indicates fewer than 100 responses

³⁻¹² The CSHCS Family Center composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and specific to the CSHCS Survey. Therefore, 2013 NCQA national averages are not available for this measure.

Individual Item Measures

Health Promotion and Education

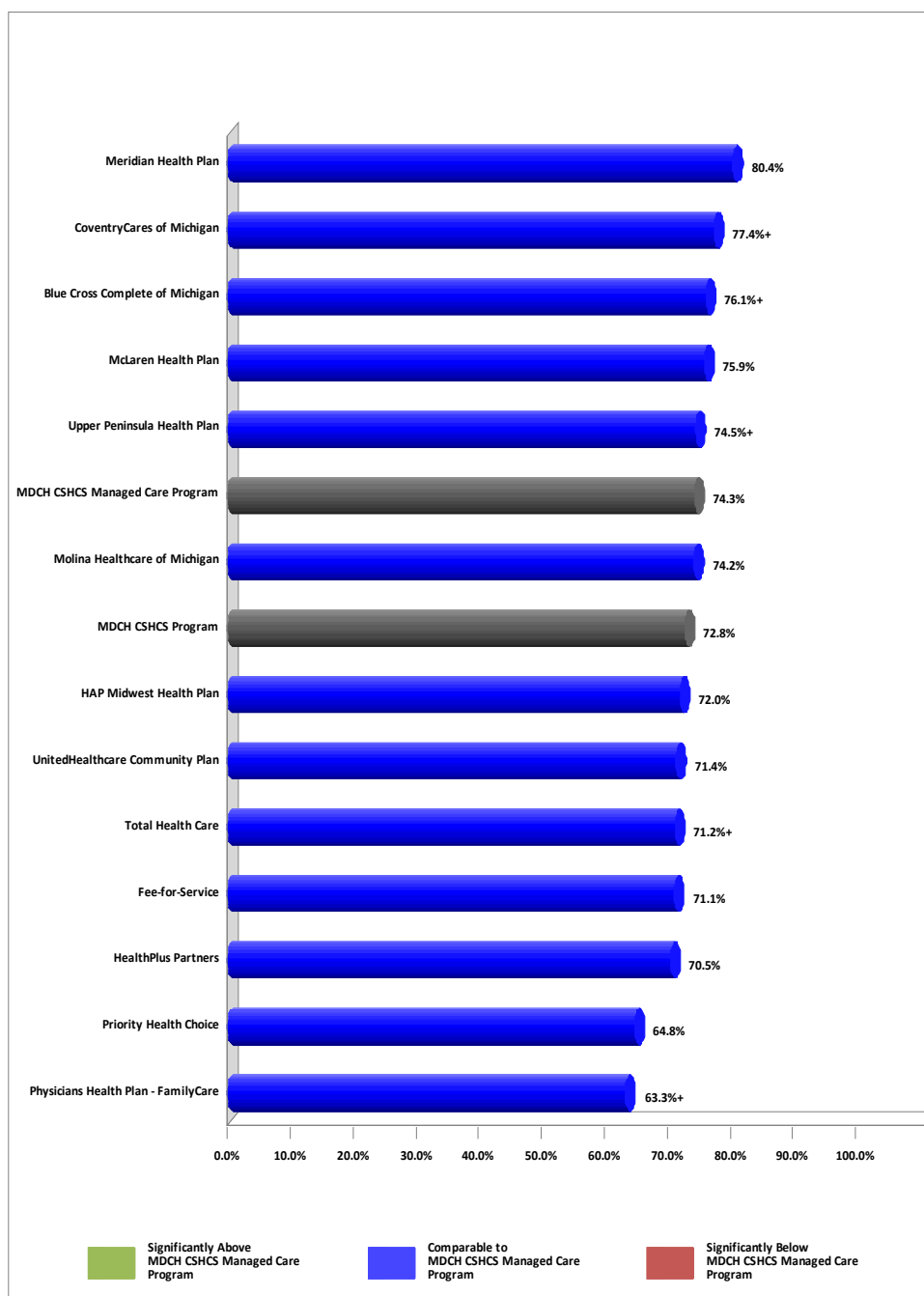
One question (Question 13 in the CSHCS Fee-for-Service Survey and Question 19 in the CSHCS MHP Survey) was asked to assess if parents or caretakers talked with their child's doctors or other health providers about things they could do to prevent illness in their child:

- ◆ **Question 13/19.** In the last 6 months, did you and your child's doctors or other health providers talk about specific things you could do to prevent illness in your child?
 - Yes
 - No

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Health Promotion and Education individual measure, which was defined as a response of "Yes."

Figure 3-13 shows the Health Promotion and Education top-box rates.

Figure 3-13: Health Promotion and Education Top-Box Rates³⁻¹³



Note: + indicates fewer than 100 responses

³⁻¹³ With the transition to the CAHPS 5.0 Child Medicaid Health Plan Survey and changes to the Health Promotion and Education individual item measure, 2013 NCQA national averages are not available for this CAHPS measure.

Access to Prescription Medicines

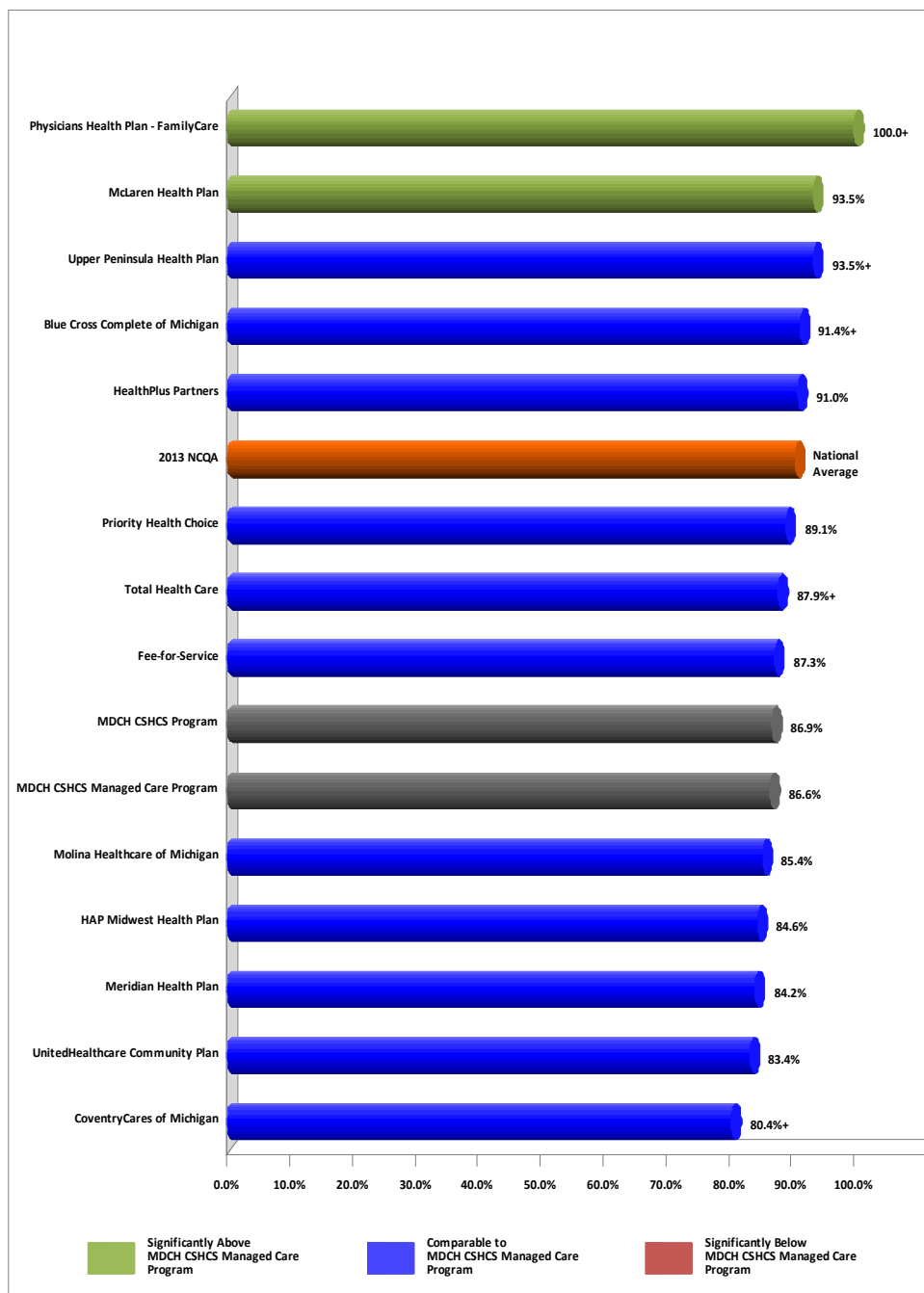
One question (Question 26 in the CSHCS Fee-for-Service Survey and Question 32 in the CSHCS MHP Survey) was asked to assess how often parents or caretakers were satisfied with access to prescription medicines:

- ◆ **Question 26/32.** In the last 6 months, how often was it easy to get prescription medicines for your child?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Access to Prescription Medicines individual measure, which was defined as a response of “Usually” or “Always.”

Figure 3-14 shows the Access to Prescription Medicines top-box rates.

Figure 3-14: Access to Prescription Medicines Top-Box Rates



Note: + indicates fewer than 100 responses

CMS Clinic

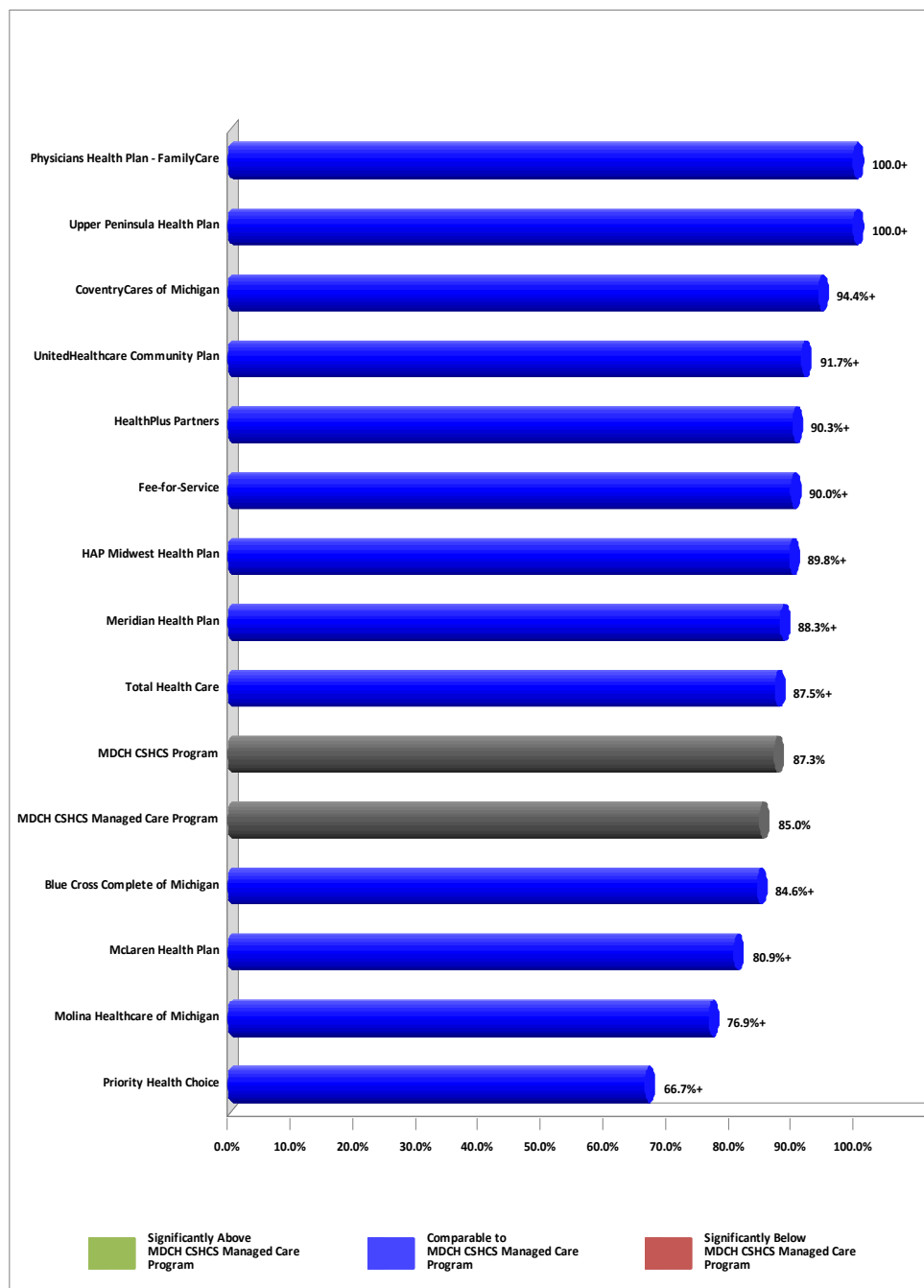
One question (Question 38 in the CSHCS Fee-for-Service Survey and Question 44 in the CSHCS MHP Survey) was asked to assess how often parents or caretakers were able to get an appointment as soon as their child needed in a CMS Clinic:

- ◆ **Question 38/44.** In the last 6 months, how often did you get an appointment as soon as your child needed in a CMS Clinic?
 - Never
 - Sometimes
 - Usually
 - Always

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

Figure 3-15 shows the CMS Clinic top-box rates.

Figure 3-15: CMS Clinic Top-Box Rates³⁻¹⁴



Note: + indicates fewer than 100 responses

³⁻¹⁴ The CMS Clinic individual item measure survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and specific to the CSHCS Survey. Therefore, 2013 NCQA national averages are not available for this measure.

Local Health Department Services

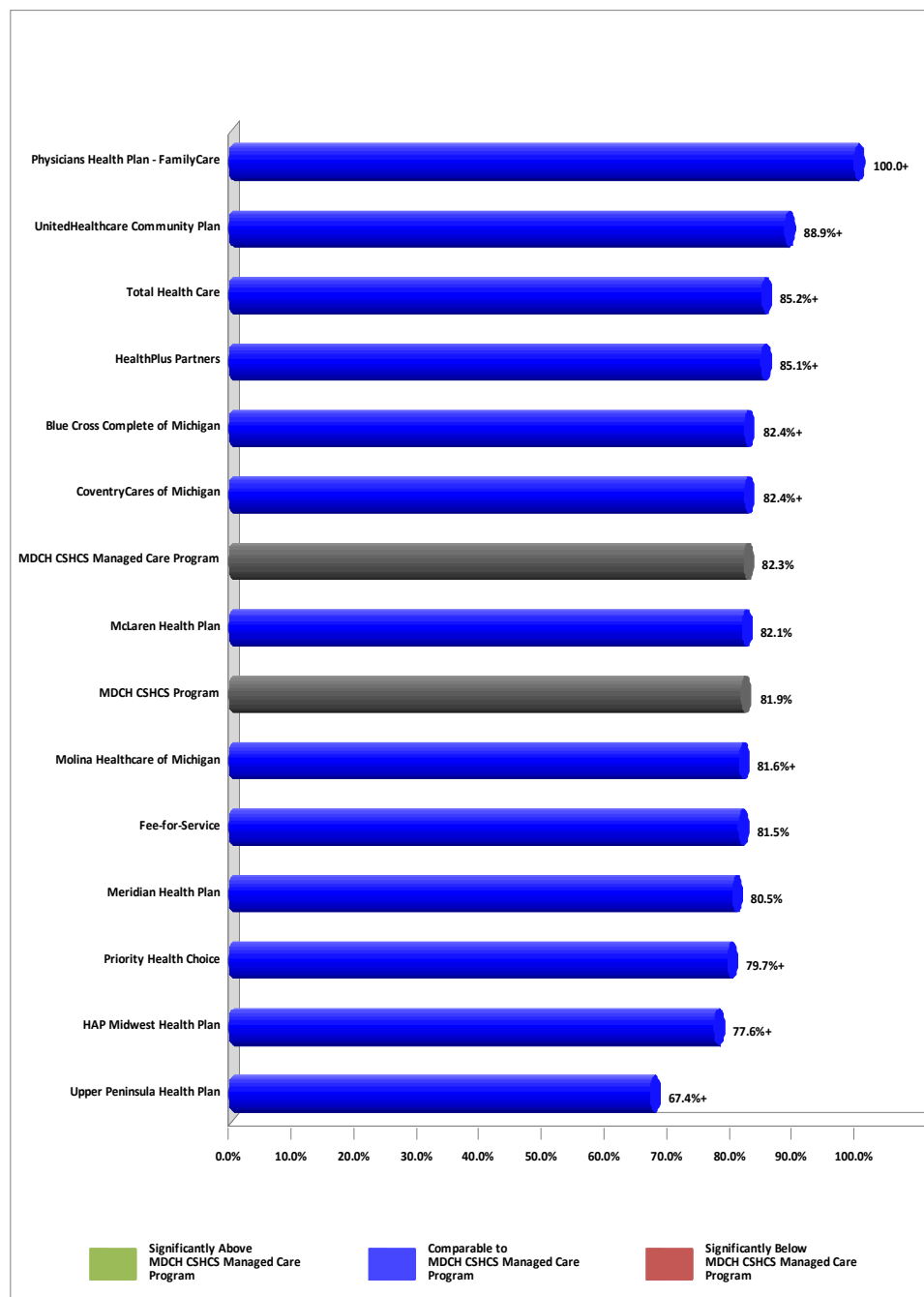
One question (Question 47 in the CSHCS Fee-for-Service Survey and Question 53 in the CSHCS MHP Survey) was asked to assess how satisfied parents or caretakers were with local health department services:

- ◆ **Question 47/53.** Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.
 - Extremely Dissatisfied
 - Somewhat Dissatisfied
 - Neither Satisfied nor Dissatisfied
 - Somewhat Satisfied
 - Extremely Satisfied

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Local Health Department Services individual measure, which was defined as a response of “Somewhat Satisfied” or “Extremely Satisfied.”

Figure 3-16 shows the Local Health Department Services top-box rates.

Figure 3-16: Local Health Department Services Top-Box Rates³⁻¹⁵



³⁻¹⁵ The Local Health Department Services individual item measure survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and specific to the CSHCS Survey. Therefore, 2013 NCQA national averages are not available for this measure.

Beneficiary Help Line

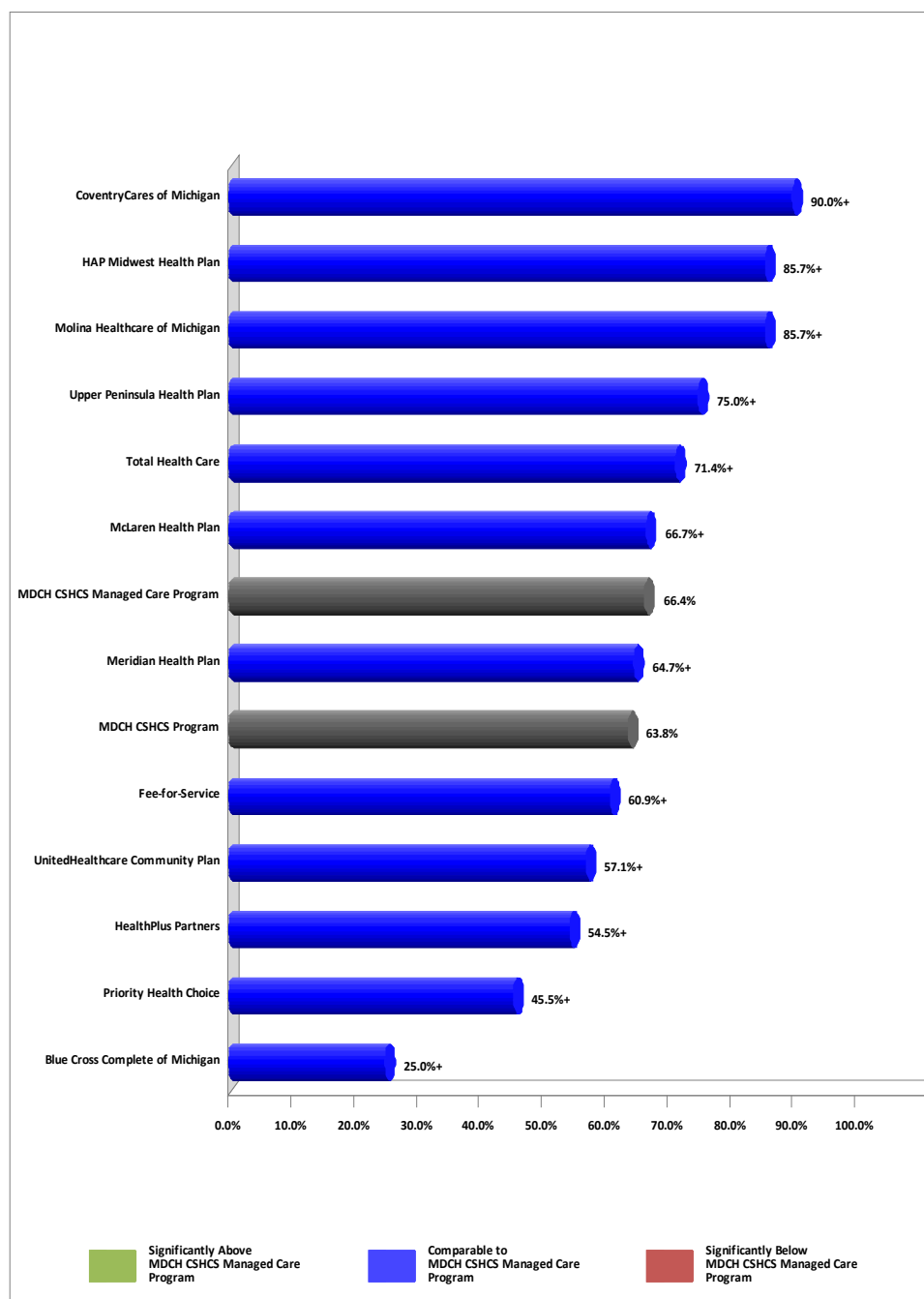
One question (Question 56 in the CSHCS Fee-for-Service Survey and Question 62 in the CSHCS MHP Survey) was asked to assess how often parents or caretakers were satisfied with the Beneficiary Help Line:

- ◆ **Question 56/62.** In the last 6 months, how often was it easy to get the help you needed when you called the Beneficiary Help Line?
 - Never
 - Sometimes
 - Usually
 - Always

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

Figure 3-17 shows the Beneficiary Help Line top-box rates.

Figure 3-17: Beneficiary Help Line Top-Box Rates^{3-16, 3-17}



Note: + indicates fewer than 100 responses

³⁻¹⁶ The Beneficiary Help Line individual item measure survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and specific to the CSHCS Survey. Therefore, 2013 NCQA national averages are not available for this measure.

³⁻¹⁷ As previously mentioned, in some instances MHPs had no respondents to the survey question(s) that comprise a global rating, composite measure, or individual item measure. Physicians Health Plan—Family Care had no respondents to the Beneficiary Help Line individual item measure; therefore, a top-box rate could not be calculated for this MHP.

Summary of Results

Table 3-10 provides a summary of the Statewide Comparisons results for the global ratings.

Table 3-10: Statewide Comparisons—Global Ratings					
Plan Name	Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often	Rating of CMS Clinic	Rating of Beneficiary Help Line
Fee-for-Service	NA	—	—	— ⁺	↑ ⁺
Blue Cross Complete of Michigan	—	—	— ⁺	— ⁺	↓ ⁺
CoventryCares of Michigan	— ⁺	— ⁺	— ⁺	— ⁺	↑ ⁺
HAP Midwest Health Plan	↓	—	—	— ⁺	—
HealthPlus Partners	↑	—	—	— ⁺	↑
McLaren Health Plan	—	—	—	— ⁺	—
Meridian Health Plan	—	—	—	— ⁺	—
Molina Healthcare of Michigan	↓	—	—	— ⁺	—
Physicians Health Plan—FamilyCare	— ⁺	— ⁺	— ⁺	— ⁺	↓ ⁺
Priority Health Choice	↑	—	—	— ⁺	—
Total Health Care	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺
UnitedHealthcare Community Plan	—	—	—	— ⁺	—
Upper Peninsula Health Plan	—	—	— ⁺	— ⁺	— ⁺

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDCH CSHCS Managed Care Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDCH CSHCS Managed Care Program average.
 — indicates the plan's score is not statistically significantly different than the MDCH CSHCS Managed Care Program average.
 NA indicates that results for this measure are not available.

Table 3-11 and Table 3-12 provide a summary of the Statewide Comparisons results for the composite measures.

Table 3-11: Statewide Comparisons—Composite Measures				
Plan Name	Getting Needed Care	Getting Care Quickly	Customer Service	Access to Specialized Services
Fee-for-Service	—	—	NA	— ⁺
Blue Cross Complete of Michigan	— ⁺	— ⁺	— ⁺	— ⁺
CoventryCares of Michigan	— ⁺	— ⁺	— ⁺	— ⁺
HAP Midwest Health Plan	—	—	—	— ⁺
HealthPlus Partners	—	—	—	— ⁺
McLaren Health Plan	—	—	— ⁺	— ⁺
Meridian Health Plan	—	—	—	— ⁺
Molina Healthcare of Michigan	—	—	— ⁺	— ⁺
Physicians Health Plan—FamilyCare	— ⁺	— ⁺	— ⁺	— ⁺
Priority Health Choice	—	—	— ⁺	— ⁺
Total Health Care	— ⁺	— ⁺	— ⁺	— ⁺
UnitedHealthcare Community Plan	—	—	— ⁺	— ⁺
Upper Peninsula Health Plan	↑	— ⁺	— ⁺	— ⁺
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ indicates the plan's score is statistically significantly higher than the MDCH CSHCS Managed Care Program average. ↓ indicates the plan's score is statistically significantly lower than the MDCH CSHCS Managed Care Program average. — indicates the plan's score is not statistically significantly different than the MDCH CSHCS Managed Care Program average. NA indicates that results for this measure are not available.</p>				

Table 3-12: Statewide Comparisons—Composite Measures

Plan Name	How Well Doctors Communicate	Transportation	CSHCS Family Center
Fee-for-Service	↑	— ⁺	— ⁺
Blue Cross Complete of Michigan	— ⁺	— ⁺	— ⁺
CoventryCares of Michigan	— ⁺	— ⁺	↑ ⁺
HAP Midwest Health Plan	—	— ⁺	— ⁺
HealthPlus Partners	—	— ⁺	— ⁺
McLaren Health Plan	↑	— ⁺	— ⁺
Meridian Health Plan	—	— ⁺	— ⁺
Molina Healthcare of Michigan	—	— ⁺	— ⁺
Physicians Health Plan—FamilyCare	— ⁺	— ⁺	— ⁺
Priority Health Choice	—	— ⁺	— ⁺
Total Health Care	— ⁺	— ⁺	— ⁺
UnitedHealthcare Community Plan	—	— ⁺	— ⁺
Upper Peninsula Health Plan	↑ ⁺	— ⁺	↑ ⁺
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ indicates the plan's score is statistically significantly higher than the MDCH CSHCS Managed Care Program average. ↓ indicates the plan's score is statistically significantly lower than the MDCH CSHCS Managed Care Program average. — indicates the plan's score is not statistically significantly different than the MDCH CSHCS Managed Care Program average.</p>			

Table 3-13 provides a summary of the Statewide Comparisons results for the individual measures.

Table 3-13: Statewide Comparisons—Individual Measures					
Plan Name	Health Promotion and Education	Access to Prescription Medicines	CMS Clinics	Local Health Department Services	Beneficiary Help Line
Fee-for-Service	—	—	— ⁺	—	— ⁺
Blue Cross Complete of Michigan	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺
CoventryCares of Michigan	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺
HAP Midwest Health Plan	—	—	— ⁺	— ⁺	— ⁺
HealthPlus Partners	—	—	— ⁺	— ⁺	— ⁺
McLaren Health Plan	—	↑	— ⁺	—	— ⁺
Meridian Health Plan	—	—	— ⁺	—	— ⁺
Molina Healthcare of Michigan	—	—	— ⁺	— ⁺	— ⁺
Physicians Health Plan—FamilyCare	— ⁺	↑ ⁺	— ⁺	— ⁺	NA
Priority Health Choice	—	—	— ⁺	— ⁺	— ⁺
Total Health Care	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺
UnitedHealthcare Community Plan	—	—	— ⁺	— ⁺	— ⁺
Upper Peninsula Health Plan	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDCH CSHCS Managed Care Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDCH CSHCS Managed Care Program average.
 — indicates the plan's score is not statistically significantly different than the MDCH CSHCS Managed Care Program average.
 NA indicates that results for this measure are not available.

Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for two measures: Rating of Specialist Seen Most Often and Rating of Health Care. The analysis provides information on: 1) how well the CSHCS 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 4-1 depicts those items identified as being key drivers of satisfaction for the MDCH CSHCS Program.

Table 4-1: MDCH CSHCS Program Key Drivers of Satisfaction	
Rating of Specialist Seen Most Often	
	Respondents reported that they did not always get an appointment for their child in a CMS Clinic as soon as their child needed.
	Respondents reported that their child's doctors or health providers did not always explain things understandably to their child.
Rating of Health Care	
	Respondents reported that they did not always get an appointment for their child in a CMS Clinic as soon as their child needed.
	Respondents reported that their child's doctors or health providers did not always explain things understandably to their child.

Recommendations for Quality Improvement

The CSHCS Survey was developed to meet the needs of MDCH for usable, relevant information on the quality of health care services provided to CSHCS child members. However, the survey also plays an important role as a QI tool for the MDCH CSHCS Program, which can use the survey data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time.⁵⁻¹ 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 5-4.

Rating of Specialist Seen Most Often

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 reminder system could be implemented to ensure that these patients are receiving the appropriate attention at the appropriate time. This triggering system could be used by staff to prompt general follow-up contact or specific interaction with patients to ensure they have necessary tests completed before an appointment or various other prescribed reasons. For example, after a planned visit, follow-up contact with patients could be scheduled within the reminder system to ensure patients understood all information provided to them and/or to address any questions they may have.

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. According to a 2009 review of more than 100 studies published in the journal *Medical Care*, patients' adherence to recommended treatments and management of chronic conditions is 12 percent higher when providers receive training in communication skills. By establishing skills training for specialists, health plans can not only improve the quality of care delivered to its members but also their potential health outcomes.

⁵⁻¹ Agency for Healthcare Research and Quality. *CAHPS User Resources: Quality Improvement Resources*. Available at: <https://cahps.ahrq.gov/Quality-Improvement/Improvement-Guide/QI-Steps/index.html>. Accessed on: October 2, 2014.

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. Furthermore, the local provider is more involved in the consultation process and more informed about the care the patient is receiving.

Rating of 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. Standard practices and established protocols can assist in this process by ensuring access to care issues are handled consistently across all practices. For example, health plans can develop standardized protocols and scripts for common occurrences within the provider office setting, such as late patients. With proactive policies and scripts in place, the late patient can be notified the provider has moved onto the next patient and will work the late patient into the rotation as time permits. This type of structure allows the late patient to still receive care without causing delay in the appointments of other patients. Additionally, having a well-written script prepared in the event of an uncommon but expected situation, allows staff to work quickly in providing timely access to care while following protocol.

Patient and Family Engagement 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 opportunities and functional roles that include the patients and families who represent the populations they serve. Patient and family members could serve as advisory council members providing new perspectives and serving as a resource to health care processes. Patient interviews on services received and family inclusion in care planning 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, involvement in advisory 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.

Quality Improvement References

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

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Survey Instrument

The survey instrument selected was a modified version of the CAHPS 5.0 Child Medicaid Health Plan Survey with HEDIS supplemental item set and Children with Chronic Conditions (CCC) measurement set. This section provides a copy of the CSHCS Survey instrument administered to the Fee-for-Service population and MHPs.

- ◆ 2014 MDCH CSHCS Fee-for-Service Survey
- ◆ 2014 MDCH CSHCS Medicaid Health Plan Survey

All information that would let someone identify you or your family will be kept private. The research staff 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 1-877-455-7158.

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 Children's Special Health Care Services. Is that right?

- Yes → *Go to Question 3*
- No

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

HEALTH CARE FROM A SPECIALIST

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. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?
- Yes
 No → *Go to Question 7*
4. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?
- Never
 Sometimes
 Usually
 Always
5. How many specialists has your child seen in the last 6 months?
- None → *Go to Question 7*
 1 specialist
 2
 3
 4
 5 or more specialists
6. 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
Worst Specialist Possible Best Specialist Possible

HEALTH CARE FOR CSHCS CONDITION

7. 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 9*
8. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- Never
 Sometimes
 Usually
 Always
9. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
- Yes
 No → *Go to Question 11*
10. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
- Never
 Sometimes
 Usually
 Always
11. In the last 6 months, how many times did your child go to an emergency room for care?
- None
 1 time
 2
 3
 4
 5 to 9
 10 or more times

12. 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 21
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

13. In the last 6 months, did you and your child's doctors or other health providers talk about specific things you could do to prevent illness in your child?

- Yes
- No

14. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often did your child's doctors or other health providers explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did your child's doctors or other health providers 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 doctors or other health providers explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did doctors or other health providers spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

21. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
- No → Go to Question 23

22. In the last 6 months, did anyone from your child's health plan, doctor's office, local health department, or clinic help coordinate your child's care among these different providers or services?

- Yes
- No

23. We want to know your rating of health care for your child's CSHCS condition in the last 6 months from all doctors and other health providers. 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



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

- Never
- Sometimes
- Usually
- Always

PRESCRIPTIONS

The next questions are about prescription medicine your child needed for the CSHCS condition.

25. In the last 6 months, did you get or refill any prescription medicines for your child?

- Yes
- No → *Go to Question 28*

26. In the last 6 months, how often was it easy to get prescription medicines for your child?

- Never
- Sometimes
- Usually
- Always

27. Did anyone from your child's health plan, doctor's office, local health department, or clinic help you get your child's prescription medicines?

- Yes
- No

SUPPLIES AND EQUIPMENT

28. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

- Yes
- No → *Go to Question 31*

29. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- Never
- Sometimes
- Usually
- Always

30. Did anyone from your child's health plan, doctor's office, local health department, or clinic help you get special medical equipment or devices for your child?

- Yes
- No

SPECIAL THERAPIES

31. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- Yes
- No → *Go to Question 34*

32. In the last 6 months, how often was it easy to get this therapy for your child?

- Never
- Sometimes
- Usually
- Always

33. Did anyone from your child's health plan, doctor's office, local health department, or clinic help you get this therapy for your child?

- Yes
- No

TRANSPORTATION

34. In the last 6 months, did you ask for help with transportation related to the CSHCS condition for your child?

- Yes
- No → *Go to Question 37*



35. In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?

- Never → Go to Question 37
- Sometimes
- Usually
- Always

36. In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?

- Never
- Sometimes
- Usually
- Always

CHILDREN'S MULTIDISCIPLINARY SPECIALTY (CMS) CLINICS

The following questions are about services delivered in Children's Multidisciplinary Specialty (CMS) clinics. CMS clinics include a variety of physician specialties and other health professionals who meet with CSHCS clients to evaluate the child, and develop a comprehensive care plan. CMS clinics are located in large pediatric hospitals.

37. Is your child being followed now, or has he or she had an appointment in the last 6 months, in a Children's Multidisciplinary Specialty (CMS) Clinic?

- Yes
- No → Go to Question 44
- I don't know → Go to Question 44

38. In the last 6 months, how often did you get an appointment as soon as your child needed in a CMS Clinic?

- Never
- Sometimes
- Usually
- Always

39. Did anyone from your child's health plan, doctor's office, local health department, or clinic help you get an appointment in a CMS Clinic for your child?

- Yes
- No

40. What is the diagnosis category that best describes the condition that is the main reason for your child going to a CMS Clinic? (Please select only one.)

- Blood diseases, sickle cell disease, cancers, AIDS, hemophilia
- Amputation, limb loss, muscular dystrophy
- Neurology conditions, seizures
- Kidney or urinary disease
- Apnea, pulmonary (lung) and breathing difficulty conditions, cystic fibrosis, asthma
- Heart conditions
- Diabetes or endocrine disorders
- Spina Bifida
- Genetic and metabolic disease
- Stomach conditions
- Cleft Palate
- Other
- I don't know

41. Did your CMS Clinic develop a plan of care for your child?

- Yes
- No
- I don't know

42. In the last 6 months, did anyone from your child's CMS Clinic help coordinate your child's care?

- Yes
- No
- I don't know

43. We want to know your rating for the services that your child received in a CMS clinic in the last 6 months. Using any number from 0 to 10, where 0 is not useful at all and 10 is the most useful in helping your child, what number would you use to rate the CMS clinic?

- | | | | | | | | | | | |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not useful at all in helping my child | | | | | | | | Most useful in helping my child | | |



LOCAL HEALTH DEPARTMENT SERVICES

The next section is about services your child receives at the Children's Special Health Care Services office in your local health department.

44. In the last 6 months, have you had any contact, either by phone, mail, or in person, with the CSHCS office at your local or county health department?

- Yes
- No → *Go to Question 48*
- I don't know → *Go to Question 48*

45. In the last 6 months, how many times have you had contact, either by phone, mail, or in person, with the CSHCS office in your local health department?

- 1 contact
- 2 contacts
- 3 contacts
- 4 or more contacts

46. From the list below, please mark all of the topics that have been covered in your contacts by phone, mail, or in person with the CSHCS office in the local health department in the last 6 months. Mark one or more.

- Adding or changing providers
- Arranging for a diagnostic evaluation
- Assistance to identify other community resources
- Financial review
- Application to join CSHCS
- Transportation assistance
- Care Coordination/Plan of Care
- Insurance or COBRA questions
- Children with Special Needs Fund
- Questions about Medicaid
- Assistance as child becomes an adult
- Other

47. Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.

- Extremely dissatisfied
- Somewhat dissatisfied
- Neither satisfied nor dissatisfied
- Somewhat satisfied
- Extremely satisfied

FAMILY CENTER FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

48. Have you received any information about the CSHCS Family Center in the last 6 months?

- Yes
- No
- I don't know
- I would like more information

49. In the last 6 months, have you utilized any services provided by the CSHCS Family Center?

- Yes
- No → *Go to Question 51*

50. In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS Family Center?

- Never
- Sometimes
- Usually
- Always

51. Did you know that there is a Family Support Network Program available to support families of children with special needs?

- Yes
- No
- I would like more information

52. Are you aware of the toll free CSHCS phone line (1-800-359-3722)?

- Yes
- No → *Go to Question 55*
- I would like more information



53. In the last 6 months, did you call the toll free CSHCS phone line to get information or help for your child?

- Yes
 No -> Go to Question 55

54. In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS phone line?

- Never
 Sometimes
 Usually
 Always

BENEFICIARY HELP LINE

55. In the last 6 months, did you call the Beneficiary Help Line (1-800-642-3195) to get information or help for your child?

- Yes
 No -> Go to Question 57

56. In the last 6 months, how often was it easy to get the help you needed when you called the Beneficiary Help Line?

- Never
 Sometimes
 Usually
 Always

57. In the last 6 months, have you called the Beneficiary Help Line with a complaint or problem?

- Yes
 No -> Go to Question 61

58. How long did it take the Beneficiary Help Line to resolve your complaint?

- Same day
 2-7 days
 8-14 days
 15-21 days
 More than 21 days
 I am still waiting for it to be settled

59. Was your complaint or problem settled to your satisfaction?

- Yes
 No
 I am still waiting for it to be settled

60. We want to know your rating of all your experience with the Beneficiary Help Line. Using any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible, what number would you use to rate the Beneficiary Help Line in the last 6 months?

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

ABOUT YOUR CHILD AND YOU

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

- Excellent
 Very Good
 Good
 Fair
 Poor

62. What is your child's age?

- Less than 1 year old
[] [] YEARS OLD (Write in.)

63. Is your child male or female?

- Male
 Female

64. Is your child of Hispanic or Latino origin or descent?

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



65. What is your child's race? Mark one or more.

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

66. 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

67. Are you male or female?

- Male
- Female

68. 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

69. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

70. Are you listed as either the parent or guardian on CSHCS records?

- Yes
- No

71. Did someone help you complete the survey?

- Yes → *If Yes, Go to Question 72*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

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

- Read the answers 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**





All information that would let someone identify you or your family will be kept private. The research staff 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 1-877-455-7158.

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]. 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 PLAN

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

3. In the last 6 months, did you get information or help from customer service at your child's health plan?
 - Yes
 - No → *Go to Question 6*

4. 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

5. 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

6. In the last 6 months, did your child's health plan give you any forms to fill out?
 - Yes
 - No → *Go to Question 8*

7. In the last 6 months, how often were the forms from your child's health plan easy to fill out?
 - Never
 - Sometimes
 - Usually
 - Always

8. 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?

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

HEALTH CARE FROM A SPECIALIST

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.

9. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?
 - Yes
 - No → *Go to Question 13*

10. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

11. How many specialists has your child seen in the last 6 months?
 - None → *Go to Question 13*
 - 1 specialist
 - 2
 - 3
 - 4
 - 5 or more specialists

12. 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?

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



**HEALTH CARE FOR
CSHCS CONDITION**

13. 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 15*
14. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- Never
 - Sometimes
 - Usually
 - Always
15. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
- Yes
 - No → *Go to Question 17*
16. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
- Never
 - Sometimes
 - Usually
 - Always
17. In the last 6 months, how many times did your child go to an emergency room for care?
- None
 - 1 time
 - 2
 - 3
 - 4
 - 5 to 9
 - 10 or more times

18. 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 27*
 - 1 time
 - 2
 - 3
 - 4
 - 5 to 9
 - 10 or more times
19. In the last 6 months, did you and your child's doctors or other health providers talk about specific things you could do to prevent illness in your child?
- Yes
 - No
20. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
- Never
 - Sometimes
 - Usually
 - Always
21. In the last 6 months, how often did your child's doctors or other health providers explain things about your child's health in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always
22. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
23. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always



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

- Yes
○ No → Go to Question 26

25. In the last 6 months, how often did your child's doctors or other health providers explain things in a way that was easy for your child to understand?

- Never
○ Sometimes
○ Usually
○ Always

26. In the last 6 months, how often did doctors or other health providers spend enough time with your child?

- Never
○ Sometimes
○ Usually
○ Always

27. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
○ No → Go to Question 29

28. In the last 6 months, did anyone from your child's health plan, doctor's office, local health department, or clinic help coordinate your child's care among these different providers or services?

- Yes
○ No

29. We want to know your rating of health care for your child's CSHCS condition in the last 6 months from all doctors and other health providers. 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 Best
Health Care Health Care
Possible Possible

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

- Never
○ Sometimes
○ Usually
○ Always

PRESCRIPTIONS

The next questions are about prescription medicine your child needed for the CSHCS condition.

31. In the last 6 months, did you get or refill any prescription medicines for your child?

- Yes
○ No → Go to Question 34

32. In the last 6 months, how often was it easy to get prescription medicines for your child?

- Never
○ Sometimes
○ Usually
○ Always

33. Did anyone from your child's health plan, doctor's office, local health department, or clinic help you get your child's prescription medicines?

- Yes
○ No

SUPPLIES AND EQUIPMENT

34. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

- Yes
○ No → Go to Question 37

35. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- Never
○ Sometimes
○ Usually
○ Always



36. Did anyone from your child's health plan, doctor's office, local health department, or clinic help you get special medical equipment or devices for your child?

- Yes
- No

SPECIAL THERAPIES

37. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- Yes
- No → *Go to Question 40*

38. In the last 6 months, how often was it easy to get this therapy for your child?

- Never
- Sometimes
- Usually
- Always

39. Did anyone from your child's health plan, doctor's office, local health department, or clinic help you get this therapy for your child?

- Yes
- No

TRANSPORTATION

40. In the last 6 months, did you ask for help with transportation related to the CSHCS condition for your child?

- Yes
- No → *Go to Question 43*

41. In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?

- Never → *Go to Question 43*
- Sometimes
- Usually
- Always

42. In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?

- Never
- Sometimes
- Usually
- Always

CHILDREN'S MULTIDISCIPLINARY SPECIALTY (CMS) CLINICS

The following questions are about services delivered in Children's Multidisciplinary Specialty (CMS) clinics. CMS clinics include a variety of physician specialties and other health professionals who meet with CSHCS clients to evaluate the child, and develop a comprehensive care plan. CMS clinics are located in large pediatric hospitals.

43. Is your child being followed now, or has he or she had an appointment in the last 6 months, in a Children's Multidisciplinary Specialty (CMS) Clinic?

- Yes
- No → *Go to Question 50*
- I don't know → *Go to Question 50*

44. In the last 6 months, how often did you get an appointment as soon as your child needed in a CMS Clinic?

- Never
- Sometimes
- Usually
- Always

45. Did anyone from your child's health plan, doctor's office, local health department, or clinic help you get an appointment in a CMS Clinic for your child?

- Yes
- No



46. What is the diagnosis category that best describes the condition that is the main reason for your child going to a CMS Clinic? (Please select only one.)

- Blood diseases, sickle cell disease, cancers, AIDS, hemophilia
- Amputation, limb loss, muscular dystrophy
- Neurology conditions, seizures
- Kidney or urinary disease
- Apnea, pulmonary (lung) and breathing difficulty conditions, cystic fibrosis, asthma
- Heart conditions
- Diabetes or endocrine disorders
- Spina Bifida
- Genetic and metabolic disease
- Stomach conditions
- Cleft Palate
- Other
- I don't know

47. Did your CMS Clinic develop a plan of care for your child?

- Yes
- No
- I don't know

48. In the last 6 months, did anyone from your child's CMS Clinic help coordinate your child's care?

- Yes
- No
- I don't know

49. We want to know your rating for the services that your child received in a CMS clinic in the last 6 months. Using any number from 0 to 10, where 0 is not useful at all and 10 is the most useful in helping your child, what number would you use to rate the CMS clinic?

- | | | | | | | | | | | |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not useful at all in helping my child | | | | | | | | Most useful in helping my child | | |

LOCAL HEALTH DEPARTMENT SERVICES

The next section is about services your child receives at the Children's Special Health Care Services office in your local health department.

50. In the last 6 months, have you had any contact, either by phone, mail, or in person, with the CSHCS office at your local or county health department?

- Yes
- No → **Go to Question 54**
- I don't know → **Go to Question 54**

51. In the last 6 months, how many times have you had contact, either by phone, mail, or in person, with the CSHCS office in your local health department?

- 1 contact
- 2 contacts
- 3 contacts
- 4 or more contacts

52. From the list below, please mark all of the topics that have been covered in your contacts by phone, mail, or in person with the CSHCS office in the local health department in the last 6 months. Mark one or more.

- Adding or changing providers
- Arranging for a diagnostic evaluation
- Assistance to identify other community resources
- Financial review
- Application to join CSHCS
- Transportation assistance
- Care Coordination/Plan of Care
- Insurance or COBRA questions
- Children with Special Needs Fund
- Questions about Medicaid
- Assistance as child becomes an adult
- Other

53. Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.

- Extremely dissatisfied
- Somewhat dissatisfied
- Neither satisfied nor dissatisfied
- Somewhat satisfied
- Extremely satisfied

FAMILY CENTER FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

BENEFICIARY HELP LINE

- 54. Have you received any information about the CSHCS Family Center in the last 6 months?
 - Yes
 - No
 - I don't know
- 55. In the last 6 months, have you utilized any services provided by the CSHCS Family Center?
 - Yes
 - No → *Go to Question 57*
- 56. In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS Family Center?
 - Never
 - Sometimes
 - Usually
 - Always
- 57. Did you know that there is a Family Support Network Program available to support families of children with special needs?
 - Yes
 - No
 - I would like more information
- 58. Are you aware of the toll free CSHCS phone line (1-800-359-3722)?
 - Yes
 - No → *Go to Question 61*
 - I would like more information
- 59. In the last 6 months, did you call the toll free CSHCS phone line to get information or help for your child?
 - Yes
 - No → *Go to Question 61*
- 60. In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS phone line?
 - Never
 - Sometimes
 - Usually
 - Always

- 61. In the last 6 months, did you call the Beneficiary Help Line (1-800-642-3195) to get information or help for your child?
 - Yes
 - No → *Go to Question 63*
- 62. In the last 6 months, how often was it easy to get the help you needed when you called the Beneficiary Help Line?
 - Never
 - Sometimes
 - Usually
 - Always
- 63. In the last 6 months, have you called the Beneficiary Help Line with a complaint or problem?
 - Yes
 - No → *Go to Question 66*
- 64. How long did it take the Beneficiary Help Line to resolve your complaint?
 - Same day
 - 2-7 days
 - 8-14 days
 - 15-21 days
 - More than 21 days
 - I am still waiting for it to be settled
- 65. Was your complaint or problem settled to your satisfaction?
 - Yes
 - No
 - I am still waiting for it to be settled
- 66. We want to know your rating of all your experience with the Beneficiary Help Line. Using any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible, what number would you use to rate the Beneficiary Help Line in the last 6 months?
 - 0 1 2 3 4 5 6 7 8 9 10
 - Worst Experience Possible Best Experience Possible



ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

68. What is your child's age?

- Less than 1 year old

YEARS OLD (Write in.)

69. Is your child male or female?

- Male
- Female

70. Is your child of Hispanic or Latino origin or descent?

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

71. What is your child's race? Mark one or more.

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

72. 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

73. Are you male or female?

- Male
- Female

74. 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

75. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

76. Are you listed as either the parent or guardian on CSHCS records?

- Yes
- No

77. Did someone help you complete the survey?

- Yes → *If Yes, Go to Question 78*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

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

- Read the answers 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, Key Drivers of Satisfaction, 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:

- ◆ 2014 Michigan CSHCS Program Satisfaction Report
- ◆ MDCH CSHCS Program Aggregate Crosstabulations
- ◆ MDCH CSHCS Fee-for-Service Crosstabulations
- ◆ MDCH CSHCS Plan-Level Crosstabulations