

# 2018 Michigan Department of Health and Human Services

*Child Medicaid Health Plan CAHPS® Report*

*July 2018*



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### Introduction

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

This report presents the 2018 child Medicaid CAHPS results based on responses of parents or caretakers who completed the survey on behalf of child members enrolled in an MHP or FFS. A sample of at least 1,650 child members was selected from the FFS population and each MHP, with one exception. HAP Midwest Health Plan did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample size for HAP Midwest Health Plan was 508 child members. The surveys were completed from February to May 2018. The standardized survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) supplemental item set.<sup>1-2,1-3</sup>

### Report Overview

Results presented in this report include:

- Four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often.
- Six composite measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Shared Decision Making, and Transportation.<sup>1-4</sup>
- Two individual item measures: Coordination of Care and Health Promotion and Education.

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<sup>1-1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>1-2</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>1-3</sup> The 2018 CAHPS results were reported to NCQA for the 11 MHPs. The 2018 CAHPS survey results for the FFS population were not reported to NCQA.

<sup>1-4</sup> The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey.

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

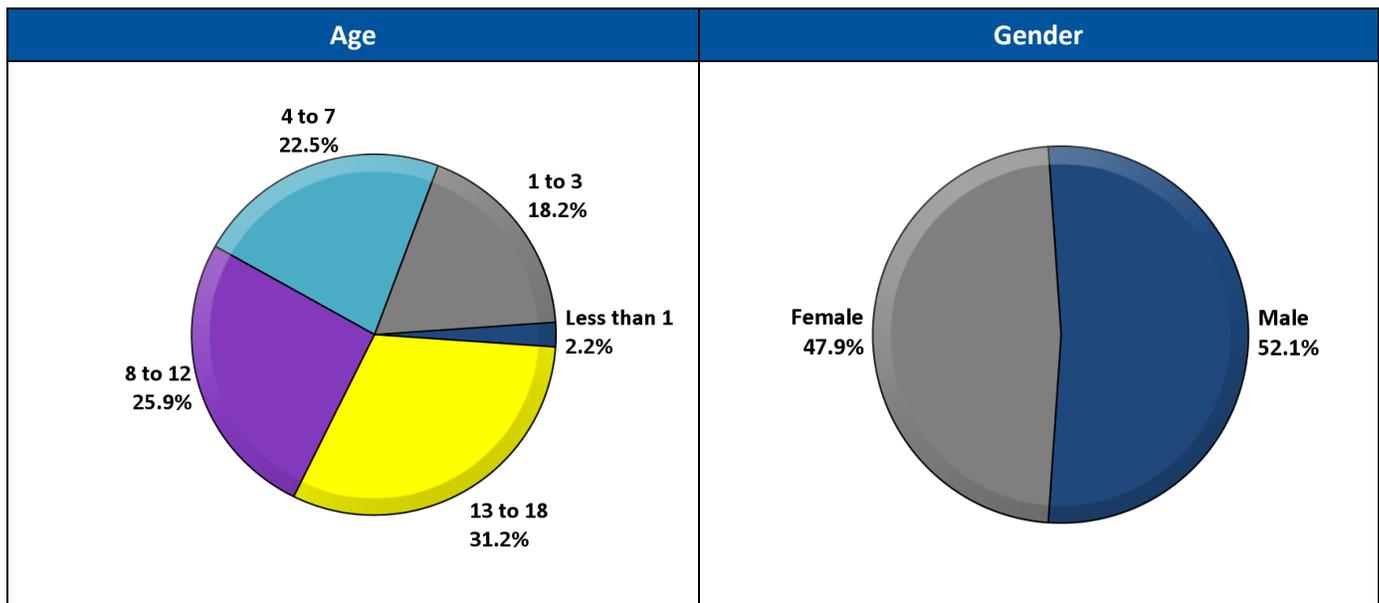
- MDHHS Medicaid Program – Combined results for FFS and the MHPs.
- MDHHS Medicaid Managed Care Program – Combined results for the MHPs.

## Key Findings

### Survey Demographics and Dispositions

Table 1-1 provides an overview of the MDHHS Medicaid Program child member demographics and survey dispositions. Please note, some percentages displayed in the table below may not total 100 percent due to rounding.

**Table 1-1—Member Demographics and Survey Dispositions**



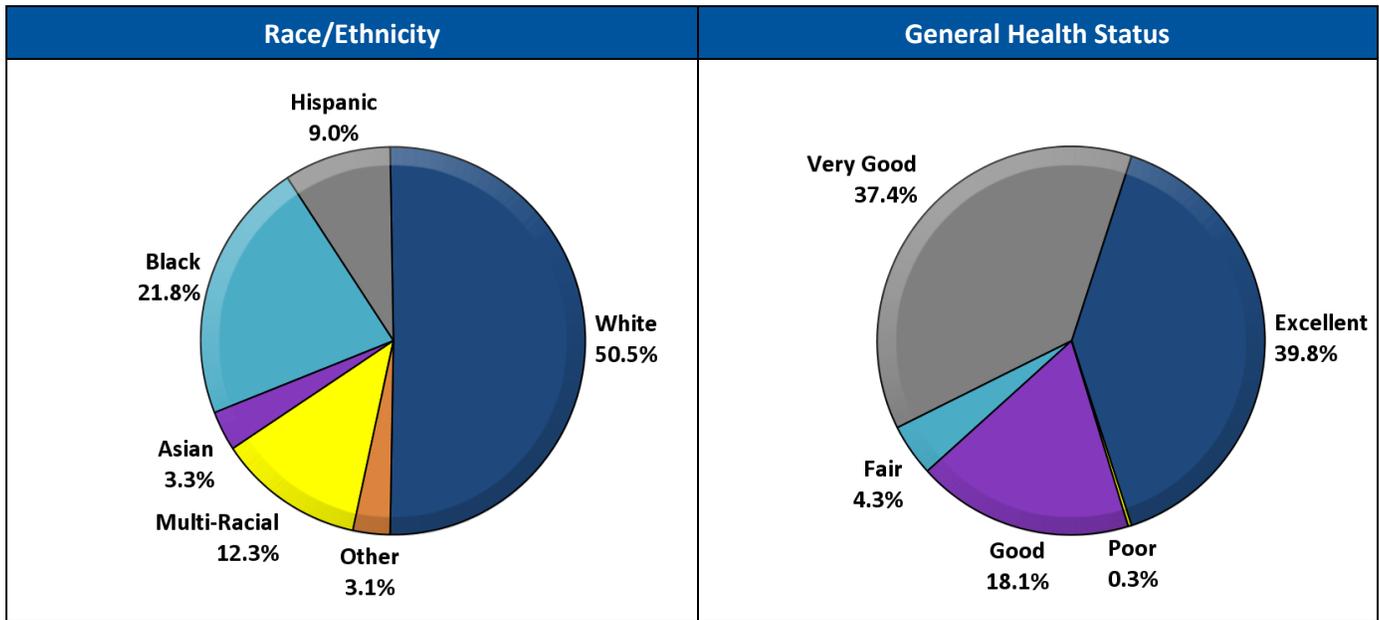
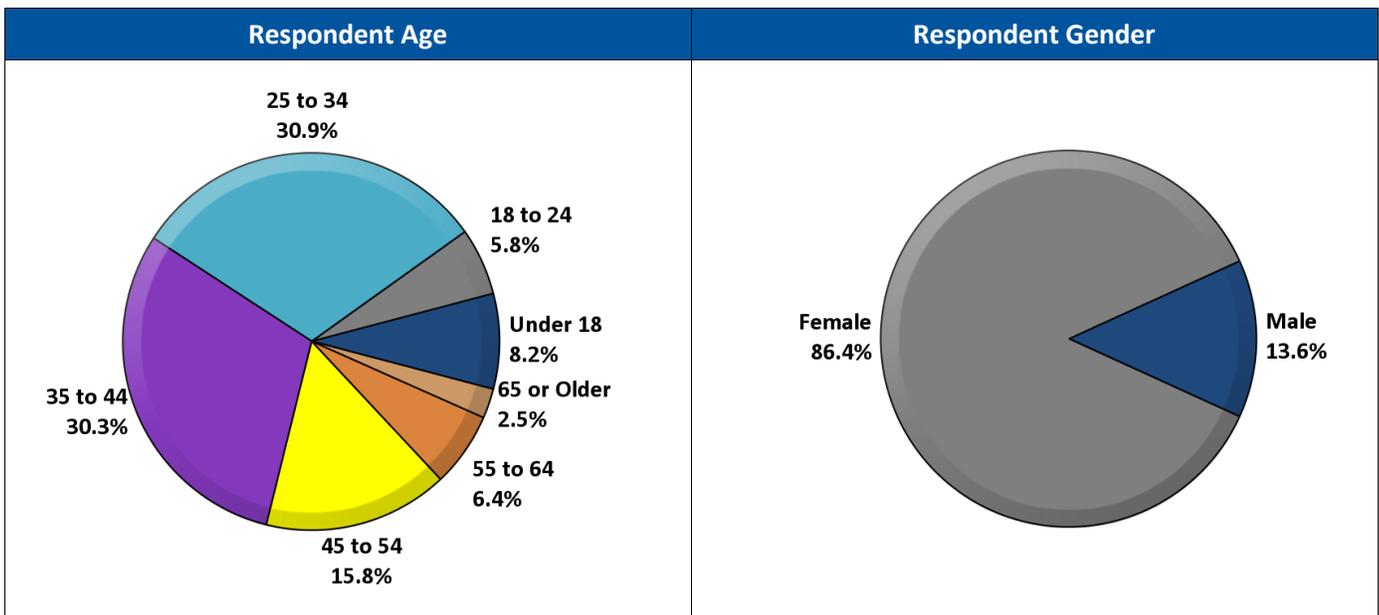
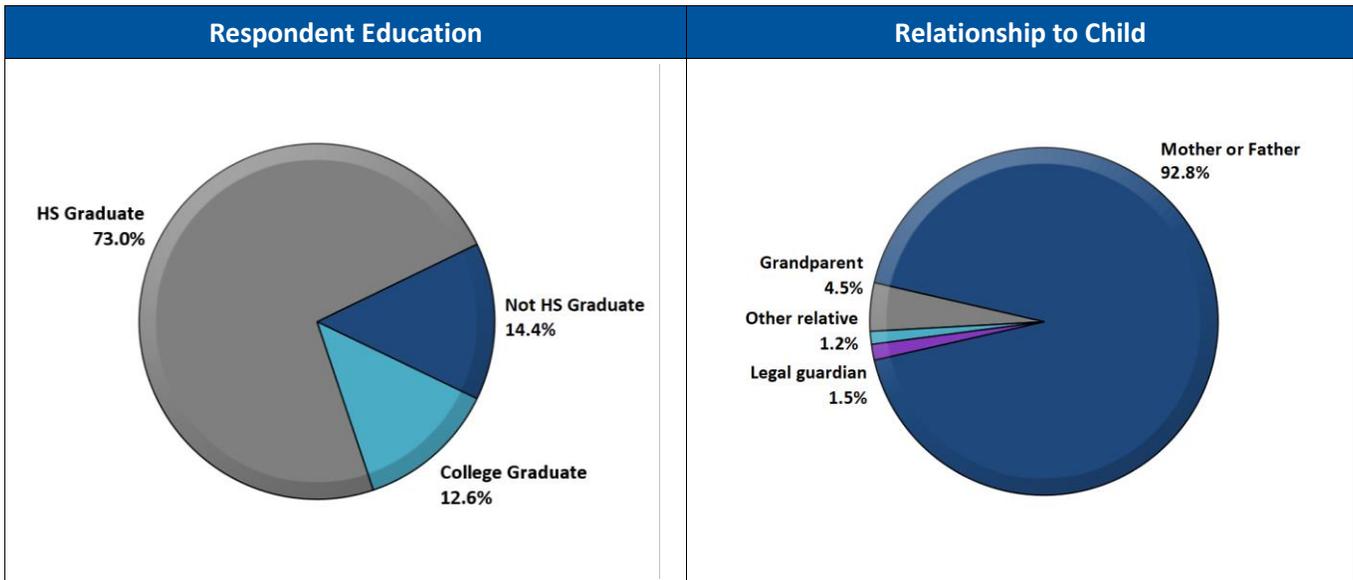


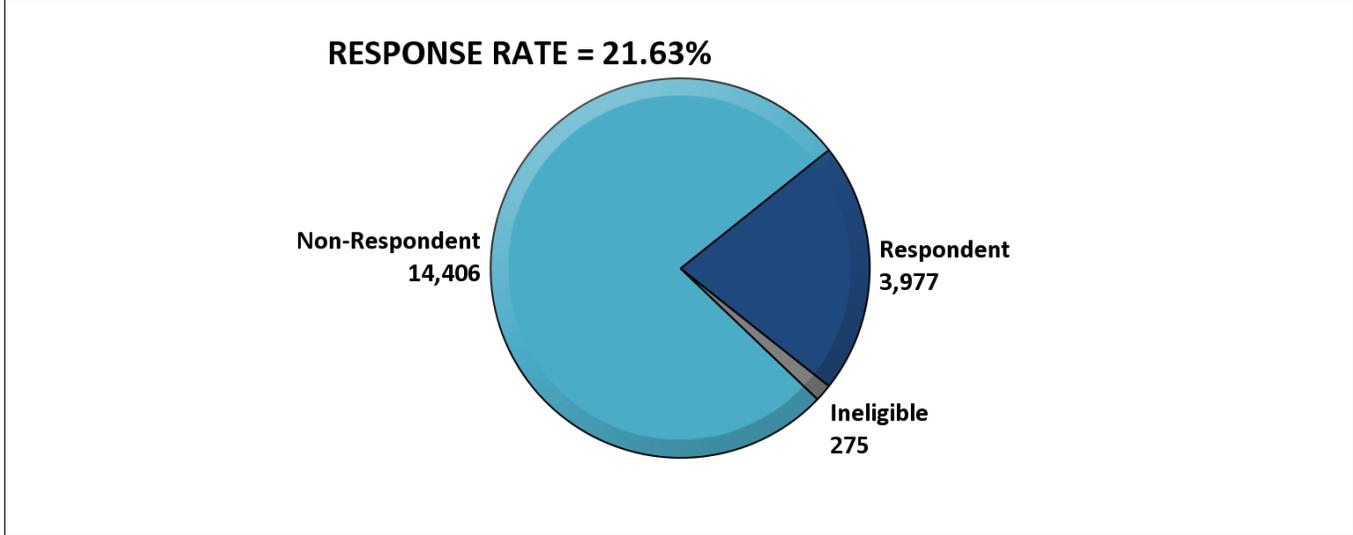
Table 1-2 provides an overview of the demographics of parents or caregivers who completed a MDHHS Medicaid Program Survey and survey dispositions for the MDHHS Medicaid Program.

**Table 1-2—Respondent Demographics**





**Survey Dispositions**



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

## ***National Comparisons and Trend Analysis***

A three-point mean score was determined for the four CAHPS global ratings, four CAHPS composite measures and one CAHPS individual measure. The resulting three-point mean scores were compared to the National Committee for Quality Assurance's (NCQA's) 2018 HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.<sup>1-5,1-6</sup> In addition, a trend analysis was performed that compared the 2018 CAHPS results to their corresponding 2017 CAHPS results. Table 1-3, on the following page, provides highlights of the National Comparisons and Trend Analysis findings for the MDHHS Medicaid Program. The numbers presented below the stars represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

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<sup>1-5</sup> National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2018*. Washington, DC: NCQA; February 5, 2018.

<sup>1-6</sup> NCQA does not publish national benchmarks and thresholds for the Shared Decision Making, Transportation, and Health Promotion and Education measures; therefore, these CAHPS measures were excluded from the National Comparisons analysis.

**Table 1-3—National Comparisons and Trend Analysis MDHHS Medicaid Program**

Measure	National Comparisons	Trend Analysis
<b>Global Rating</b>		
Rating of Health Plan	★★ 2.56	—
Rating of All Health Care	★★★★ 2.58	—
Rating of Personal Doctor	★★★★ 2.66	▲
Rating of Specialist Seen Most Often	★★★ 2.60	—
<b>Composite Measure</b>		
Getting Needed Care	★★★ 2.47	—
Getting Care Quickly	★★★★ 2.67	—
How Well Doctors Communicate	★★★★ 2.73	—
Customer Service	★★★ 2.55	—
<b>Individual Item Measure</b>		
Coordination of Care	★★★ 2.42	—
Star Assignments Based on Percentiles ★★★★★ 90th or Above   ★★★★★ 75th-89th   ★★★ 50th-74th   ★★ 25th-49th   ★ Below 25th ▲ Statistically significantly higher in 2018 than in 2017. ▼ Statistically significantly lower in 2018 than in 2017. — Indicates the 2018 score is not statistically significantly different than the 2017 score.		

The following are highlights of this comparison:

- The MDHHS Medicaid Program scored at or between the 75th and 89th percentiles on four measures: Rating of All Health Care, Rating of Personal Doctor, Getting Care Quickly, and How Well Doctors Communicate.
- The MDHHS Medicaid Program scored at or between the 50th and 74th percentiles on four measures: Rating of Specialist Seen Most Often, Getting Needed Care, Customer Service, and Coordination of Care.
- The MDHHS Medicaid Program scored at or between the 25th and 49th percentiles on one measure, Rating of Health Plan.

Results from the trend analysis showed that the MDHHS Medicaid Program scored statistically significantly *higher* in 2018 than in 2017 on one measure:

- Rating of Personal Doctor

### 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 FFS results to the MDHHS Medicaid Managed Care Program average to determine if plan or program results were statistically significantly different than the MDHHS Medicaid Managed Care Program average. Table 1-4 through Table 1-6 show the results of this analysis for the global ratings, composite measures, and individual item measures.

**Table 1-4—Statewide Comparisons: Global Ratings**

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Fee-for-Service	↓	—	—	— <sup>+</sup>
Aetna Better Health of Michigan	—	—	—	— <sup>+</sup>
Blue Cross Complete of Michigan	—	—	—	— <sup>+</sup>
HAP Midwest Health Plan	↓ <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>	NA
Harbor Health Plan	↓	—	↓	— <sup>+</sup>
McLaren Health Plan	—	—	—	— <sup>+</sup>
Meridian Health Plan of Michigan	↑	—	↑	— <sup>+</sup>
Molina Healthcare of Michigan	—	—	—	— <sup>+</sup>
Priority Health Choice, Inc.	—	—	—	— <sup>+</sup>
Total Health Care, Inc.	—	—	—	— <sup>+</sup>
UnitedHealthcare Community Plan	—	—	—	— <sup>+</sup>
Upper Peninsula Health Plan	↑	—	—	— <sup>+</sup>
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.            ↑ Indicates the plan's score is statistically significantly above the MDHHS Medicaid Managed Care Program average.            ↓ Indicates the plan's score is statistically significantly below than the MDHHS Medicaid Managed Care Program average.            — Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.            NA Indicates that results for this measure are not displayed because too few members responded to the questions.</p>				

**Table 1-5—Statewide Comparisons: Composite Measures**

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making	Transportation
Fee-for-Service	—	—	↑	— <sup>+</sup>	— <sup>+</sup>	NA
Aetna Better Health of Michigan	—	—	↓	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
Blue Cross Complete of Michigan	—	↑	—	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
HAP Midwest Health Plan	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>	NA	NA
Harbor Health Plan	↓ <sup>+</sup>	↓ <sup>+</sup>	↓	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
McLaren Health Plan	—	—	—	— <sup>+</sup>	— <sup>+</sup>	NA
Meridian Health Plan of Michigan	↑	↑	↑	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
Molina Healthcare of Michigan	—	—	—	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
Priority Health Choice, Inc.	↑	—	↑	— <sup>+</sup>	— <sup>+</sup>	NA
Total Health Care, Inc.	—	—	—	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
UnitedHealthcare Community Plan	—	—	—	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
Upper Peninsula Health Plan	—	—	↑	— <sup>+</sup>	—	— <sup>+</sup>

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 ↑ Indicates the plan's score is statistically significantly above the MDHHS Medicaid Managed Care Program average.  
 ↓ Indicates the plan's score is statistically significantly below than the MDHHS Medicaid Managed Care Program average.  
 — Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.  
 NA Indicates that results for this measure are not displayed because too few members responded to the questions.

**Table 1-6—Statewide Comparisons: Individual Measures**

Plan Name	Coordination of Care	Health Promotion and Education
Fee-for-Service	—	—
Aetna Better Health of Michigan	— <sup>+</sup>	—
Blue Cross Complete of Michigan	—	↑
HAP Midwest Health Plan	— <sup>+</sup>	— <sup>+</sup>
Harbor Health Plan	— <sup>+</sup>	—
McLaren Health Plan	—	—
Meridian Health Plan of Michigan	—	—
Molina Healthcare of Michigan	—	—
Priority Health Choice, Inc.	—	↑
Total Health Care, Inc.	— <sup>+</sup>	—
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 above the MDHHS Medicaid Managed Care Program average.            ↓ Indicates the plan's score is statistically significantly below the MDHHS Medicaid Managed Care Program average.            — Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p>		

The results from the Statewide Comparisons presented in Table 1-4 through Table 1-6 revealed that the following plan had five measures that were statistically significantly *higher* than the MDHHS Medicaid Managed Care Program average:

- Meridian Health Plan of Michigan

The following plans had three measures that were statistically significantly *higher* than the MDHHS Medicaid Managed Care Program average:

- Priority Health Choice, Inc.
- Upper Peninsula Health Plan

The following plan had two measures that were statistically significantly *higher* than the MDHHS Medicaid Managed Care Program average:

- Blue Cross Complete of Michigan

The following population had one measure that was statistically significantly *higher* than the MDHHS Medicaid Managed Care Program average:

- Fee-for-Service

Conversely, the following plan had five measures that were statistically significantly *lower* than the MDHHS Medicaid Managed Care Program average:

- Harbor Health Plan

The following plans/population had one measure that was statistically significantly *lower* than the MDHHS Medicaid Managed Care Program average:

- Fee-for-Service
- Aetna Better Health of Michigan
- HAP Midwest Health Plan

### Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated these global ratings to determine if particular CAHPS items (i.e., questions) are strongly correlated with one or more of these measures. These individual CAHPS items, which HSAG refers to as “key drivers,” are driving levels of satisfaction with each of the three measures. Table 1-7 provides a summary of the key drivers identified for the MDHHS Medicaid Program.

**Table 1-7—MDHHS Medicaid Program Key Drivers of Satisfaction**

<b>Rating of Health Plan</b>
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.
Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.
Respondents reported that forms from their child’s health plan were often not easy to fill out.
Respondents reported that it was often not easy for their child to obtain appointments with specialists.
<b>Rating of All Health Care</b>
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.
<b>Rating of Personal Doctor</b>
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.
Respondents reported that their child’s personal doctor did not always spend enough time with them.
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.

## 2018 CAHPS Performance Measures

The CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set includes 51 core questions that yield 12 measures of satisfaction. These measures include four global rating questions, six composite measures, and two individual measures. The global measures (also referred to as global ratings) reflect overall satisfaction with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “Getting Needed Care” or “Getting Care Quickly”). The individual item measures are individual questions that look at a specific area of care (i.e., “Coordination of Care” and “Health Promotion and Education”). In addition, supplemental questions related to transportation assistance for the child member were added to the survey instrument.

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

**Table 2-1—CAHPS Measures**

Global Ratings	Composite Measures	Individual Item Measures
Rating of Health Plan	Getting Needed Care	Coordination of Care
Rating of All Health Care	Getting Care Quickly	Health Promotion and Education
Rating of Personal Doctor	How Well Doctors Communicate	
Rating of Specialist Seen Most Often	Customer Service	
	Shared Decision Making	
	Transportation*	
<p><i>* The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey.</i></p>		

## How CAHPS Results Were Collected

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

### *Sampling Procedures*

MDHHS provided HSAG with a list of all eligible members for the sampling frame, per HEDIS specifications. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. Following HEDIS requirements, HSAG sampled members who met the following criteria:

- Were 17 years of age or younger as of December 31, 2017.
- Were currently enrolled in an MHP or FFS.
- Had been continuously enrolled in the plan or program for at least five of the last six months (July through December) of 2017.
- Had Medicaid as a payer.

Next, a systematic sample of members was selected for inclusion in the survey. For each MHP, no more than one member per household was selected as part of the survey samples. A sample of at least 1,650 child members was selected from the FFS population and each MHP, with one exception. HAP Midwest Health Plan did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample size for HAP Midwest Health Plan was 508 child members. Table 3-1 in the Results section provides an overview of the sample sizes for each plan and program.

### *Survey Protocol*

The survey administration protocol employed was a mixed-mode methodology, which allowed for two methods by which parents or caretakers of child members could complete a survey. The first phase, 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. 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.<sup>2-1</sup> 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.<sup>2-2</sup>

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

**Table 2-2—CAHPS 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

<sup>2-1</sup> National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2018 Survey Measures*. Washington, DC: NCQA; 2017.

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

## How CAHPS Results Were Calculated and Displayed

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

### Who Responded to the Survey

The administration of the CAHPS survey is comprehensive and is designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.<sup>2-3</sup> HSAG considered a survey completed if members answered at least three of the following five questions: questions 3, 15, 27, 31, and 36. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier.

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

### Demographics of Child Members and Respondents

The demographics analysis evaluated demographic information of child members and respondents based on parents' or caregivers' responses to the survey. The demographic characteristics of children included age, gender, race/ethnicity, and general health status. Self-reported parent or caretaker demographic information included age, gender, level of education, and relationship to the child. MDHHS should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan or program.

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<sup>2-3</sup> National Committee for Quality Assurance. *HEDIS® 2018, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2017.

## National Comparisons

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

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

**Table 2-3—Star Ratings**

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

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure. HSAG compared the resulting three-point mean scores to published NCQA HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings for each CAHPS measure.<sup>2-4</sup>

Table 2-4, on the following page, shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall child Medicaid member satisfaction ratings on each CAHPS measure.<sup>2-5</sup> NCQA does not publish national benchmarks and thresholds for the Shared Decision Making and Transportation composite measures, and the Health Promotion and Education individual item measure; therefore, star ratings could not be assigned for these measures.

<sup>2-4</sup> For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2018, Volume 3: Specifications for Survey Measures*.

<sup>2-5</sup> National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2018*. Washington, DC: NCQA; February 5, 2018.

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

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.67	2.62	2.57	2.51
Rating of All Health Care	2.59	2.57	2.52	2.49
Rating of Personal Doctor	2.69	2.65	2.62	2.58
Rating of Specialist Seen Most Often	2.66	2.62	2.59	2.53
Getting Needed Care	2.60	2.55	2.47	2.38
Getting Care Quickly	2.69	2.66	2.61	2.54
How Well Doctors Communicate	2.75	2.72	2.68	2.63
Customer Service	2.63	2.58	2.53	2.50
Coordination of Care	2.53	2.50	2.42	2.35

### Statewide Comparisons

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

- “9” or “10” for the global ratings;
- “Usually” or “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Transportation composites, and the Coordination of Care individual item;
- “Yes” for the Shared Decision Making composite and the Health Promotion and Education individual item.

### Weighting

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

<sup>2-6</sup> National Committee for Quality Assurance. *HEDIS® 2018, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2017.

## MHP Comparisons

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

## Fee-for-Service Comparisons

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

## Trend Analysis

A trend analysis was performed that compared the 2018 CAHPS scores to the corresponding 2017 CAHPS scores to determine whether there were statistically significant differences. A  $t$  test was performed to determine whether results in 2017 were statistically significantly different from results in 2018. A difference was considered statistically significant if the two-sided  $p$  value of the  $t$  test was less than 0.05. The two-sided  $p$  value of the  $t$  test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Measures with fewer than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

## Key Drivers of Satisfaction Analysis

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

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a "1," and a positive experience with care

(i.e., non-negative) was assigned a “0.” The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

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

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

## Limitations and Cautions

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

### *Case-Mix Adjustment*

The demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting Medicaid CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these CAHPS results.<sup>2-7</sup>

### *Non-Response Bias*

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

### *Causal Inferences*

Although this report examines whether respondents report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to an MHP or the FFS population. These analyses identify whether respondents give different ratings of satisfaction with their child's MHP or the FFS population. 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.

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<sup>2-7</sup> Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

## Who Responded to the Survey

A total of 18,658 child surveys were distributed to parents or caretakers of child members. A total of 3,977 surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was considered complete if respondents answered at least three of the following five questions on the survey: questions 3, 15, 27, 31, and 36. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier.

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

**Table 3-1—Total Number of Respondents and Response Rates**

Plan Name	Sample Size	Completes	Ineligibles	Response Rates
<b>MDHHS Medicaid Program</b>	<b>18,658</b>	<b>3,977</b>	<b>275</b>	<b>21.63%</b>
Fee-for-Service	1,650	343	58	21.55%
<b>MDHHS Medicaid Managed Care Program</b>	<b>17,008</b>	<b>3,634</b>	<b>217</b>	<b>21.64%</b>
Aetna Better Health of Michigan	1,650	277	19	16.98%
Blue Cross Complete of Michigan	1,650	354	21	21.73%
HAP Midwest Health Plan	508	79	5	15.71%
Harbor Health Plan	1,650	193	46	12.03%
McLaren Health Plan	1,650	361	15	22.08%
Meridian Health Plan of Michigan	1,650	390	13	23.82%
Molina Healthcare of Michigan	1,650	381	22	23.40%
Priority Health Choice, Inc.	1,650	403	13	24.62%
Total Health Care, Inc.	1,650	329	21	20.20%
UnitedHealthcare Community Plan	1,650	388	33	24.00%
Upper Peninsula Health Plan	1,650	479	9	29.19%

## Demographics of Child Members

Table 3-2 depicts the ages of children for whom a parent or caretaker completed a CAHPS 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*
<b>MDHHS Medicaid Program</b>	<b>2.2%</b>	<b>18.2%</b>	<b>22.5%</b>	<b>25.9%</b>	<b>31.2%</b>
Fee-for-Service	1.2%	10.1%	21.4%	28.5%	38.9%
<b>MDHHS Medicaid Managed Care Program</b>	<b>2.3%</b>	<b>18.9%</b>	<b>22.6%</b>	<b>25.7%</b>	<b>30.4%</b>
Aetna Better Health of Michigan	2.6%	15.8%	20.5%	26.0%	35.2%
Blue Cross Complete of Michigan	3.5%	22.9%	20.3%	26.1%	27.2%
HAP Midwest Health Plan	2.6%	24.7%	16.9%	20.8%	35.1%
Harbor Health Plan	2.1%	29.1%	30.7%	19.6%	18.5%
McLaren Health Plan	3.7%	14.1%	22.5%	28.5%	31.3%
Meridian Health Plan of Michigan	1.8%	20.5%	22.0%	24.1%	31.6%
Molina Healthcare of Michigan	1.9%	16.8%	20.8%	26.4%	34.1%
Priority Health Choice, Inc.	1.5%	19.8%	23.1%	24.4%	31.2%
Total Health Care, Inc.	0.9%	13.9%	21.9%	29.3%	34.0%
UnitedHealthcare Community Plan	1.0%	17.8%	27.8%	27.0%	26.2%
Upper Peninsula Health Plan	3.8%	20.5%	21.2%	24.5%	30.0%

*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, 2017. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2018, and the time of survey administration.*

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

**Table 3-3—Child Member Demographics: Gender**

Plan Name	Male	Female
<b>MDHHS Medicaid Program</b>	<b>52.1%</b>	<b>47.9%</b>
Fee-for-Service	51.5%	48.5%
<b>MDHHS Medicaid Managed Care Program</b>	<b>52.2%</b>	<b>47.8%</b>
Aetna Better Health of Michigan	51.6%	48.4%
Blue Cross Complete of Michigan	51.0%	49.0%
HAP Midwest Health Plan	50.6%	49.4%
Harbor Health Plan	55.0%	45.0%
McLaren Health Plan	55.1%	44.9%
Meridian Health Plan of Michigan	52.3%	47.7%
Molina Healthcare of Michigan	47.6%	52.4%
Priority Health Choice, Inc.	49.7%	50.3%
Total Health Care, Inc.	53.1%	46.9%
UnitedHealthcare Community Plan	56.5%	43.5%
Upper Peninsula Health Plan	51.8%	48.2%

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

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

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

Plan Name	White	Hispanic	Black	Asian	Other	Multi-Racial
<b>MDHHS Medicaid Program</b>	<b>50.5%</b>	<b>9.0%</b>	<b>21.8%</b>	<b>3.3%</b>	<b>3.1%</b>	<b>12.3%</b>
Fee-for-Service	53.9%	9.2%	11.9%	5.7%	2.4%	17.0%
<b>MDHHS Medicaid Managed Care Program</b>	<b>50.2%</b>	<b>9.0%</b>	<b>22.8%</b>	<b>3.1%</b>	<b>3.2%</b>	<b>11.9%</b>
Aetna Better Health of Michigan	21.2%	5.6%	58.0%	2.6%	3.0%	9.7%
Blue Cross Complete of Michigan	46.2%	11.3%	22.4%	2.9%	3.5%	13.7%
HAP Midwest Health Plan	64.1%	3.8%	19.2%	0.0%	3.8%	9.0%
Harbor Health Plan	17.0%	8.5%	46.8%	5.9%	5.3%	16.5%
McLaren Health Plan	60.8%	10.7%	11.0%	3.4%	2.0%	12.1%
Meridian Health Plan of Michigan	60.4%	9.8%	13.0%	1.8%	1.8%	13.2%
Molina Healthcare of Michigan	45.7%	10.8%	26.5%	1.9%	3.5%	11.6%
Priority Health Choice, Inc.	54.7%	17.6%	8.6%	4.3%	2.0%	12.8%
Total Health Care, Inc.	26.2%	4.9%	50.9%	4.9%	3.4%	9.6%
UnitedHealthcare Community Plan	49.1%	8.5%	22.4%	5.3%	5.1%	9.6%
Upper Peninsula Health Plan	81.0%	2.5%	0.8%	0.4%	3.4%	11.8%

*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 CAHPS survey.

**Table 3-5—Child Member Demographics: General Health Status**

Plan Name	Excellent	Very Good	Good	Fair	Poor
<b>MDHHS Medicaid Program</b>	<b>39.8%</b>	<b>37.4%</b>	<b>18.1%</b>	<b>4.3%</b>	<b>0.3%</b>
Fee-for-Service	35.6%	38.3%	22.8%	2.4%	0.9%
<b>MDHHS Medicaid Managed Care Program</b>	<b>40.2%</b>	<b>37.4%</b>	<b>17.6%</b>	<b>4.5%</b>	<b>0.3%</b>
Aetna Better Health of Michigan	36.8%	36.0%	19.1%	7.0%	1.1%
Blue Cross Complete of Michigan	44.3%	36.0%	16.0%	3.7%	0.0%
HAP Midwest Health Plan	51.9%	38.0%	10.1%	0.0%	0.0%
Harbor Health Plan	40.2%	36.5%	18.0%	5.3%	0.0%
McLaren Health Plan	37.5%	41.1%	18.9%	2.5%	0.0%
Meridian Health Plan of Michigan	41.2%	35.2%	21.2%	2.3%	0.0%
Molina Healthcare of Michigan	34.9%	39.0%	17.5%	8.1%	0.5%
Priority Health Choice, Inc.	42.3%	37.0%	17.5%	3.0%	0.3%
Total Health Care, Inc.	40.3%	33.2%	18.8%	7.4%	0.3%
UnitedHealthcare Community Plan	39.0%	36.4%	20.2%	4.5%	0.0%
Upper Peninsula Health Plan	42.0%	41.0%	12.6%	3.8%	0.6%

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

## Demographics of Respondents

Table 3-6 depicts the age of the parent or caretaker who completed a CAHPS survey.

**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
<b>MDHHS Medicaid Program</b>	<b>8.2%</b>	<b>5.8%</b>	<b>30.9%</b>	<b>30.3%</b>	<b>15.8%</b>	<b>6.4%</b>	<b>2.5%</b>
Fee-for-Service	7.4%	1.5%	24.9%	38.0%	16.9%	8.6%	2.7%
<b>MDHHS Medicaid Managed Care Program</b>	<b>8.3%</b>	<b>6.2%</b>	<b>31.5%</b>	<b>29.6%</b>	<b>15.7%</b>	<b>6.2%</b>	<b>2.5%</b>
Aetna Better Health of Michigan	9.3%	5.2%	30.9%	28.6%	16.4%	5.2%	4.5%
Blue Cross Complete of Michigan	6.9%	7.2%	35.7%	28.2%	14.7%	4.6%	2.6%
HAP Midwest Health Plan	7.8%	11.7%	32.5%	19.5%	16.9%	6.5%	5.2%
Harbor Health Plan	8.6%	10.2%	39.0%	24.1%	12.8%	2.7%	2.7%
McLaren Health Plan	7.7%	5.7%	33.8%	27.6%	17.0%	6.3%	2.0%
Meridian Health Plan of Michigan	8.3%	8.0%	29.5%	29.5%	13.7%	8.0%	3.1%
Molina Healthcare of Michigan	9.5%	5.1%	28.2%	31.4%	18.7%	5.7%	1.4%
Priority Health Choice, Inc.	6.0%	5.5%	33.2%	30.7%	15.1%	6.3%	3.3%
Total Health Care, Inc.	13.0%	3.7%	26.3%	32.5%	14.6%	8.0%	1.9%
UnitedHealthcare Community Plan	7.7%	5.8%	31.5%	28.6%	18.5%	6.6%	1.3%
Upper Peninsula Health Plan	7.5%	5.7%	30.4%	33.1%	14.7%	6.3%	2.3%

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

Table 3-7 depicts the gender of the parent or caretaker who completed a CAHPS survey.

**Table 3-7—Respondent Demographics: Gender**

Plan Name	Male	Female
<b>MDHHS Medicaid Program</b>	<b>13.6%</b>	<b>86.4%</b>
Fee-for-Service	16.9%	83.1%
<b>MDHHS Medicaid Managed Care Program</b>	<b>13.3%</b>	<b>86.7%</b>
Aetna Better Health of Michigan	11.2%	88.8%
Blue Cross Complete of Michigan	12.4%	87.6%
HAP Midwest Health Plan	16.7%	83.3%
Harbor Health Plan	20.2%	79.8%
McLaren Health Plan	15.2%	84.8%
Meridian Health Plan of Michigan	13.4%	86.6%
Molina Healthcare of Michigan	11.8%	88.2%
Priority Health Choice, Inc.	12.1%	87.9%
Total Health Care, Inc.	12.0%	88.0%
UnitedHealthcare Community Plan	15.6%	84.4%
Upper Peninsula Health Plan	11.5%	88.5%

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

Table 3-8 depicts the level of education of the parent or caretaker who completed a CAHPS survey.

**Table 3-8—Respondent Demographics: Education**

Plan Name	Not a High School Graduate	High School Graduate	College Graduate
<b>MDHHS Medicaid Program</b>	<b>14.4%</b>	<b>73.0%</b>	<b>12.6%</b>
Fee-for-Service	8.4%	67.1%	24.6%
<b>MDHHS Medicaid Managed Care Program</b>	<b>14.9%</b>	<b>73.6%</b>	<b>11.5%</b>
Aetna Better Health of Michigan	19.8%	73.1%	7.1%
Blue Cross Complete of Michigan	8.9%	73.4%	17.8%
HAP Midwest Health Plan	16.7%	76.9%	6.4%
Harbor Health Plan	21.9%	67.4%	10.7%
McLaren Health Plan	13.8%	76.0%	10.2%
Meridian Health Plan of Michigan	18.2%	72.6%	9.2%
Molina Healthcare of Michigan	16.1%	74.1%	9.8%
Priority Health Choice, Inc.	13.7%	73.4%	12.9%
Total Health Care, Inc.	17.0%	72.1%	10.8%
UnitedHealthcare Community Plan	20.2%	65.1%	14.8%
Upper Peninsula Health Plan	6.3%	82.0%	11.7%

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

Table 3-9 depicts the relationship to child of parents or caregivers who completed a CAHPS survey.

**Table 3-9—Respondent Demographics: Relationship to Child**

Plan Name	Mother or Father	Grandparent	Other relative	Legal guardian
<b>MDHHS Medicaid Program</b>	<b>92.8%</b>	<b>4.5%</b>	<b>1.2%</b>	<b>1.5%</b>
Fee-for-Service	93.1%	4.2%	1.2%	1.5%
<b>MDHHS Medicaid Managed Care Program</b>	<b>92.8%</b>	<b>4.5%</b>	<b>1.2%</b>	<b>1.5%</b>
Aetna Better Health of Michigan	89.4%	5.7%	1.5%	3.4%
Blue Cross Complete of Michigan	93.2%	3.8%	1.2%	1.8%
HAP Midwest Health Plan	91.0%	9.0%	0.0%	0.0%
Harbor Health Plan	96.3%	1.6%	1.1%	1.1%
McLaren Health Plan	93.3%	5.0%	0.0%	1.8%
Meridian Health Plan of Michigan	90.4%	5.3%	2.1%	2.1%
Molina Healthcare of Michigan	93.3%	4.6%	1.1%	1.1%
Priority Health Choice, Inc.	93.3%	4.1%	1.5%	1.0%
Total Health Care, Inc.	93.4%	4.1%	1.6%	0.9%
UnitedHealthcare Community Plan	93.3%	4.3%	1.6%	0.8%
Upper Peninsula Health Plan	93.2%	4.7%	0.6%	1.5%

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

## National Comparisons

In order to assess the overall performance of the MDHHS Medicaid Program, HSAG scored each CAHPS measure on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the plans’ and programs’ three-point mean scores to NCQA HEDIS Benchmarks and Thresholds for Accreditation.<sup>3-1</sup>

Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-10.

**Table 3-10—Star Ratings**

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

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

<sup>3-1</sup> National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2018*. Washington, DC: NCQA; February 5, 2018.

Table 3-11 shows the overall member satisfaction ratings on each of the four global ratings.

**Table 3-11—National Comparisons: Global Ratings**

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
<b>MDHHS Medicaid Program</b>	★★ 2.56	★★★★ 2.58	★★★★ 2.66	★★★ 2.60
Fee-for-Service	★ 2.36	★★★★ 2.57	★★★★★ 2.70	★+ 2.51
<b>MDHHS Medicaid Managed Care Program</b>	★★★ 2.58	★★★★ 2.58	★★★★ 2.66	★★★ 2.60
Aetna Better Health of Michigan	★★ 2.55	★★★ 2.52	★★★★ 2.65	★★★★★+ 2.67
Blue Cross Complete of Michigan	★★★ 2.60	★★★ 2.55	★★ 2.61	★★+ 2.58
HAP Midwest Health Plan	★+ 2.41	★★★★★+ 2.71	★★★★★+ 2.70	★★★+ 2.60
Harbor Health Plan	★ 2.35	★ 2.45	★ 2.47	★+ 2.50
McLaren Health Plan	★★ 2.55	★★★★★ 2.60	★★ 2.61	★★★★+ 2.62
Meridian Health Plan of Michigan	★★★★ 2.62	★★★★★ 2.62	★★★★★ 2.72	★★+ 2.54
Molina Healthcare of Michigan	★★★ 2.59	★★★ 2.53	★★★★ 2.68	★★★+ 2.60
Priority Health Choice, Inc.	★★★ 2.59	★★★★★ 2.65	★★★★ 2.68	★★★★★+ 2.66
Total Health Care, Inc.	★★★ 2.61	★★★★ 2.57	★★★ 2.63	★★★+ 2.60
UnitedHealthcare Community Plan	★★★ 2.61	★★★★★ 2.61	★★★★★ 2.69	★★★★+ 2.64
Upper Peninsula Health Plan	★★★★ 2.63	★★★ 2.56	★★★★★ 2.69	★★+ 2.56

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

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 75th and 89th percentiles for two global ratings: Rating of All Health Care and Rating of Personal Doctor. The MDHHS Medicaid Program scored at or between the 50th and 74th percentiles for the Rating of Specialist Seen Most Often global rating. The MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for two global ratings: Rating of Health Plan and Rating of Specialist Seen Most Often global rating. The MDHHS Medicaid Program scored at or between the 25th and 49th percentiles for the Rating of Health Plan global rating.

Table 3-12 shows the overall satisfaction ratings on four of the composite measures and one individual item measure.<sup>3-2</sup>

**Table 3-12—National Comparisons: Composite and Individual Measures**

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
<b>MDHHS Medicaid Program</b>	★★★ 2.47	★★★★ 2.67	★★★★ 2.73	★★★ 2.55	★★★ 2.42
Fee-for-Service	★★ 2.40	★★★ 2.65	★★★★★ 2.79	★ <sup>+</sup> 2.44	★★★ 2.44
<b>MDHHS Medicaid Managed Care Program</b>	★★★ 2.48	★★★★ 2.67	★★★★ 2.73	★★★ 2.56	★★★ 2.42
Aetna Better Health of Michigan	★★ 2.44	★★★ 2.64	★ 2.62	★★★★★ <sup>+</sup> 2.65	★ <sup>+</sup> 2.34
Blue Cross Complete of Michigan	★★★ 2.50	★★★★★ 2.72	★★★ 2.71	★★★★★ <sup>+</sup> 2.63	★★★ 2.44
HAP Midwest Health Plan	★★★ <sup>+</sup> 2.54	★★★★★ <sup>+</sup> 2.68	★★★★★ <sup>+</sup> 2.77	★★★★★ <sup>+</sup> 2.67	★★★★★ <sup>+</sup> 2.50
Harbor Health Plan	★ <sup>+</sup> 2.21	★ <sup>+</sup> 2.52	★ 2.58	★ <sup>+</sup> 2.44	★ <sup>+</sup> 2.24
McLaren Health Plan	★★★ 2.49	★★★★ 2.66	★★★ 2.70	★ <sup>+</sup> 2.46	★ 2.30
Meridian Health Plan of Michigan	★★★★ 2.55	★★★★★ 2.74	★★★★★ 2.76	★★★ <sup>+</sup> 2.55	★★★ 2.48
Molina Healthcare of Michigan	★★ 2.42	★★★ 2.65	★★★★★ 2.75	★★ <sup>+</sup> 2.50	★★ 2.40
Priority Health Choice, Inc.	★★★★ 2.58	★★★★★ 2.69	★★★★★ 2.77	★★★ <sup>+</sup> 2.57	★★★★★ 2.55
Total Health Care, Inc.	★★ 2.46	★★★★ 2.67	★★★★ 2.73	★★★★ <sup>+</sup> 2.61	★★★ <sup>+</sup> 2.48
UnitedHealthcare Community Plan	★★★ 2.47	★★★ 2.65	★★★★★ 2.75	★★★ <sup>+</sup> 2.55	★★★ 2.45
Upper Peninsula Health Plan	★★★ 2.49	★★★ 2.65	★★★★★ 2.78	★★★★ <sup>+</sup> 2.58	★★ 2.37

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

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 75th and 89th percentiles for two composite measures: Getting Care Quickly and How Well Doctors Communicate. The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for two composite measures: Getting Needed Care and Customer Service. The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for the Coordination of Care individual item measure.

<sup>3-2</sup> NCQA does not publish national benchmarks and thresholds for Shared Decision Making, Transportation, and Health Promotion and Education measures; therefore, these CAHPS measures were excluded from the National Comparisons analysis.

## Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, 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 Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Transportation composites, and the Coordination of Care individual item;
- “Yes” for the Shared Decision Making composite and the Health Promotion and Education individual item.

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

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

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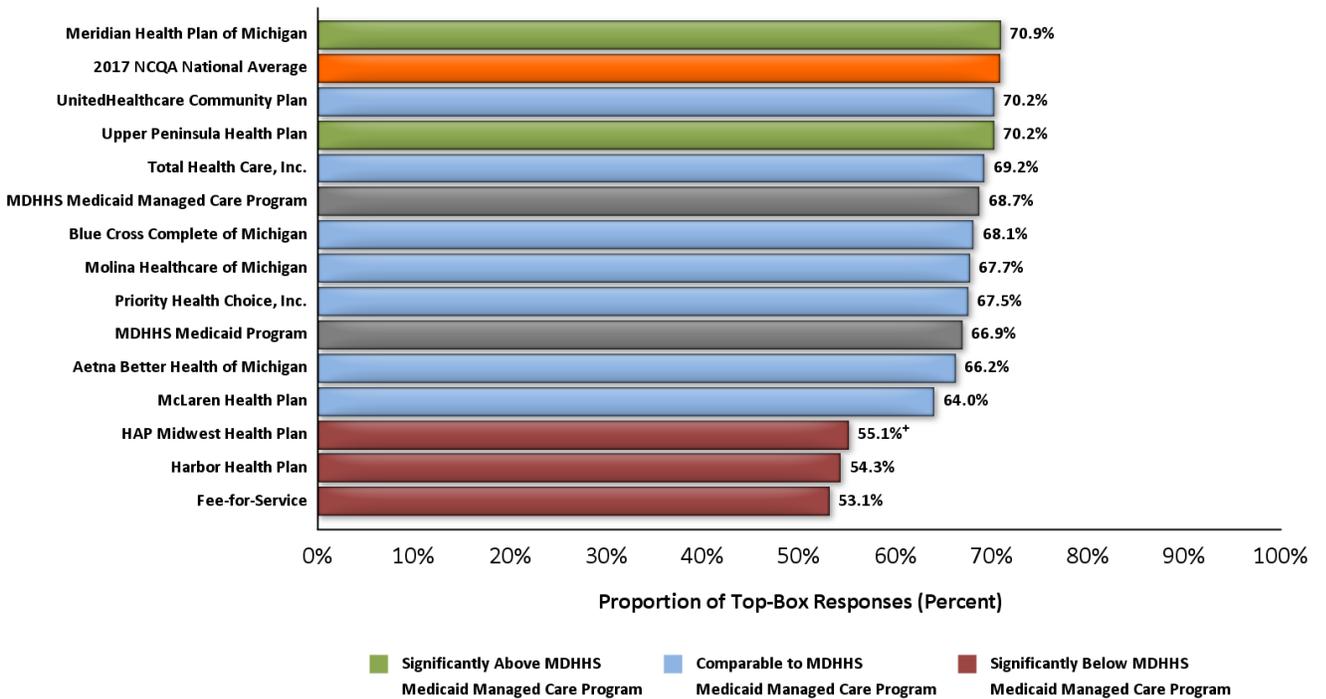
<sup>3-3</sup> The source for the national data contained in this publication is Quality Compass® 2017 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2017 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

## Global Ratings

### Rating of Health Plan

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

**Figure 3-1—Rating of Health Plan Top-Box Rates**

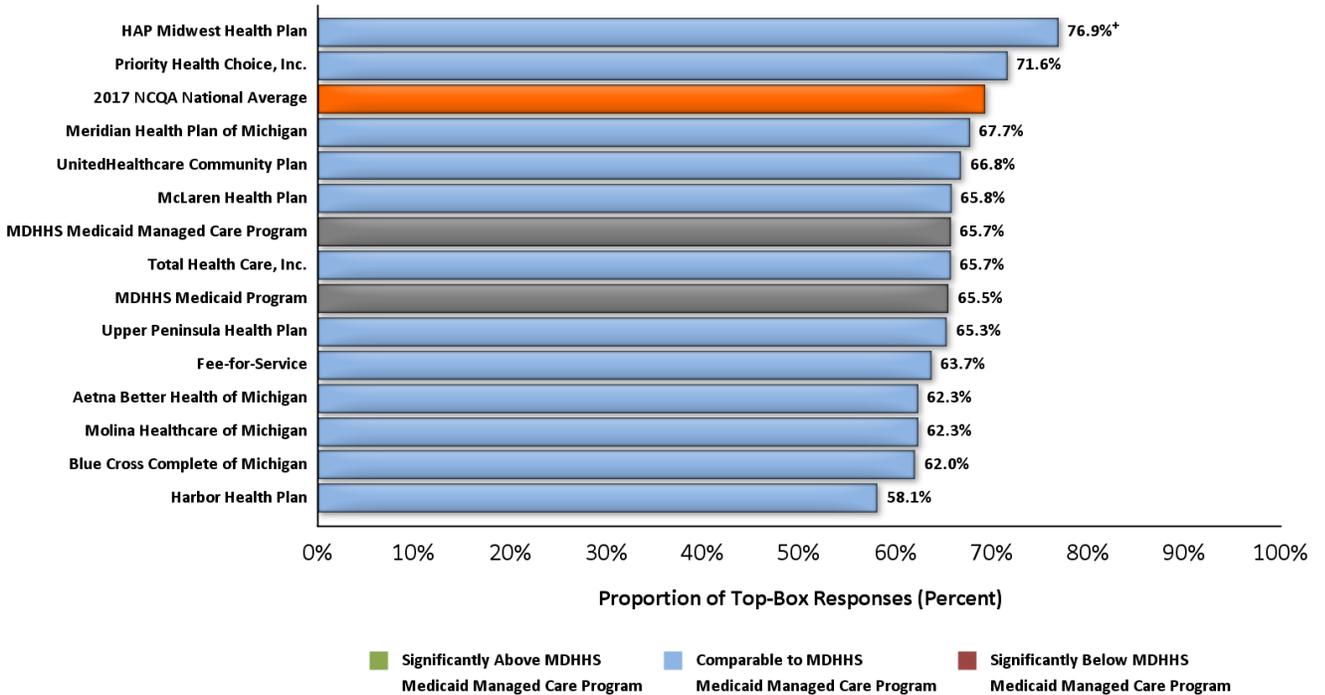


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

### Rating of All Health Care

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

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

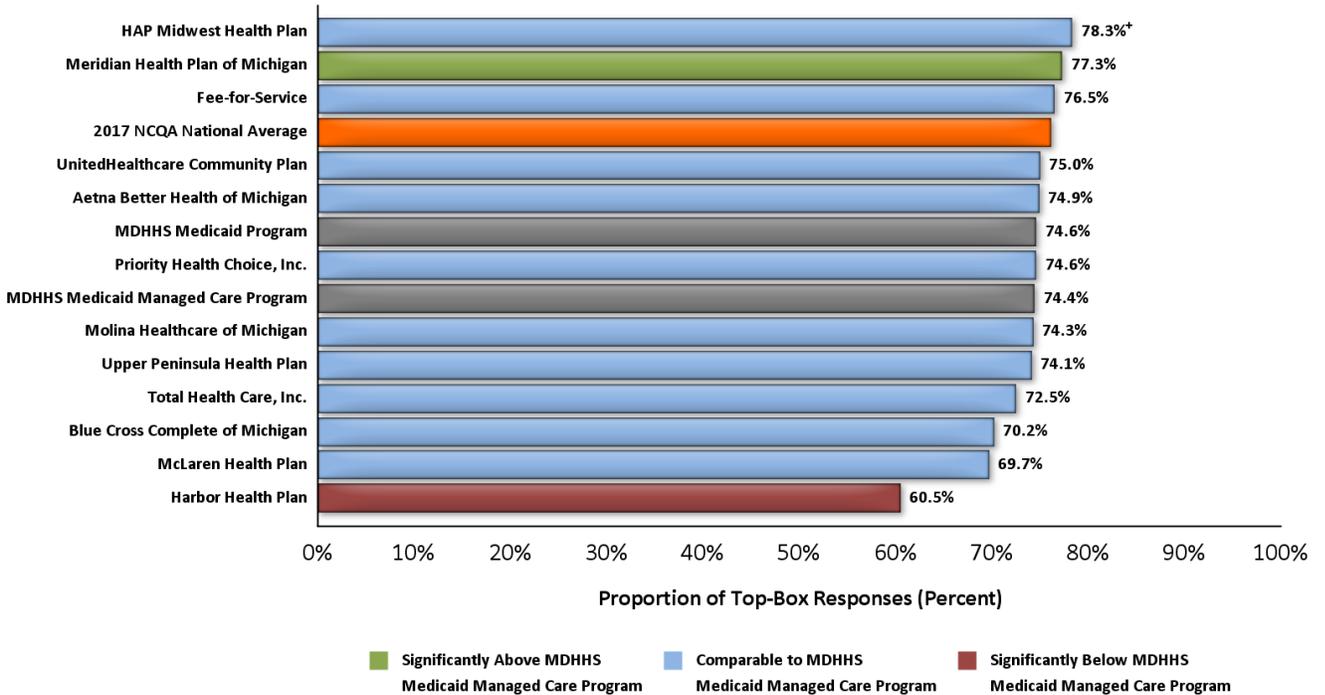


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

### Rating of Personal Doctor

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

**Figure 3-3—Rating of Personal Doctor Top-Box Rates**

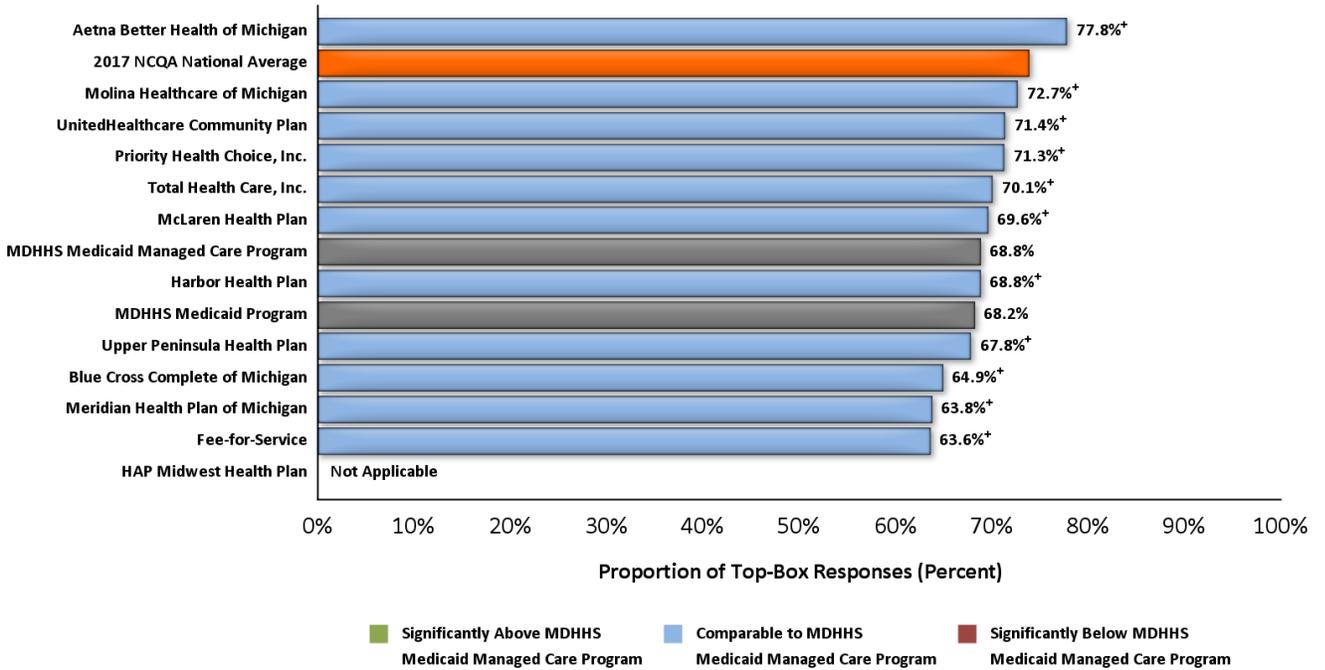


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

### Rating of Specialist Seen Most Often

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

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



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and are noted as “Not Applicable.”



## Composite Measures

### Getting Needed Care

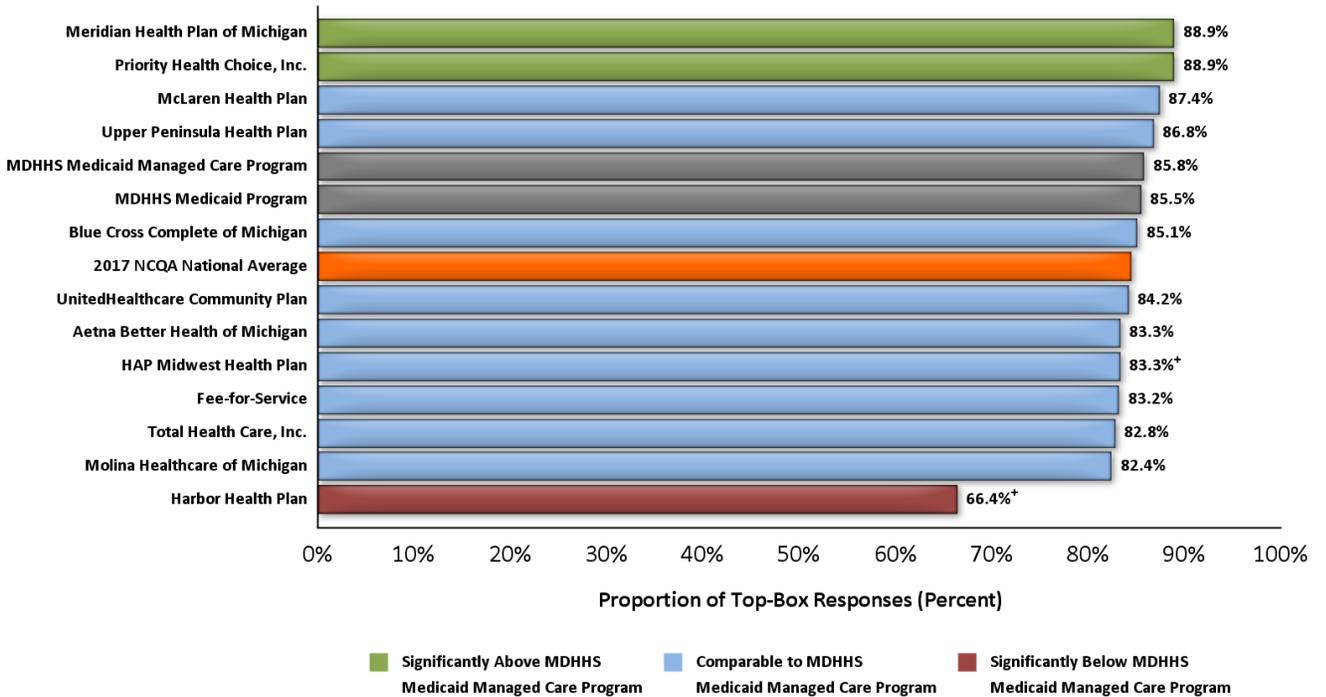
Two questions (Questions 14 and 28) were asked to assess how often it was easy to get needed care:

- **Question 14.** In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
  - Never
  - Sometimes
  - Usually
  - Always
  
- **Question 28.** 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

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

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

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



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



## Getting Care Quickly

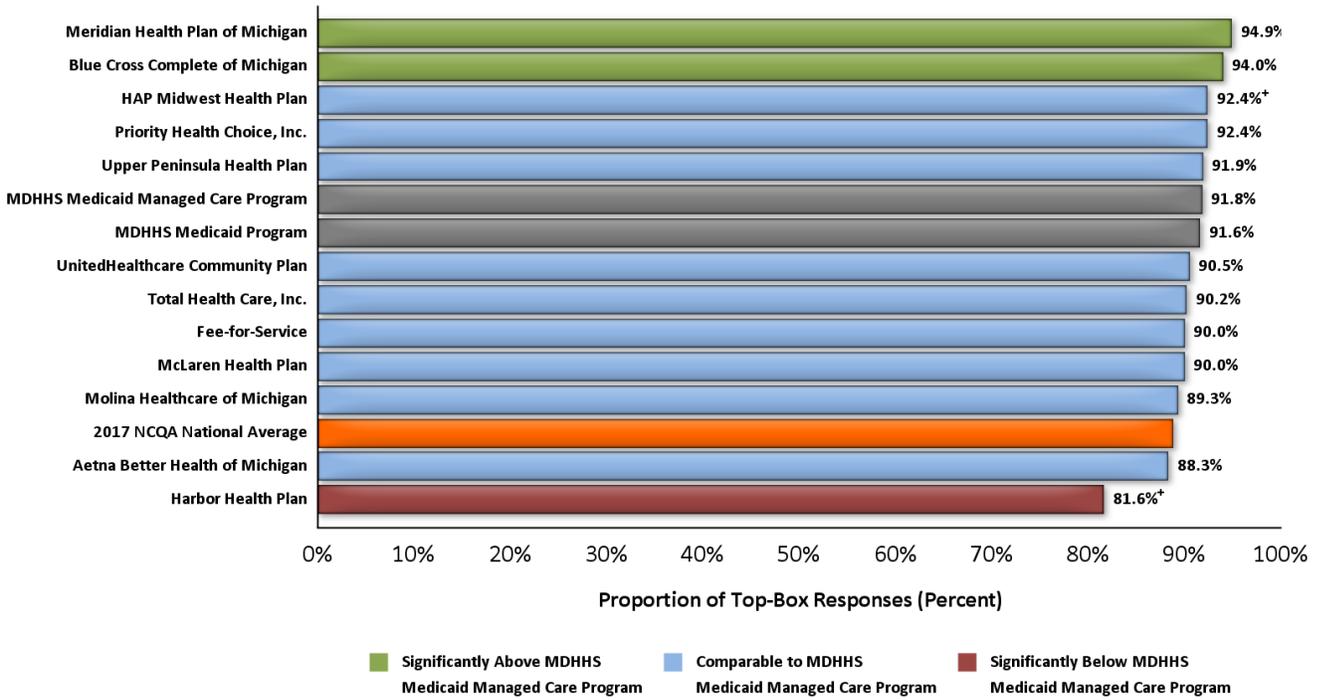
Two questions (Questions 4 and 6) were asked to assess how often child members received care quickly:

- **Question 4.** In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
  - Never
  - Sometimes
  - Usually
  - Always
  
- **Question 6.** 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 3-6 shows the Getting Care Quickly top-box rates.

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



<sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.



## How Well Doctors Communicate

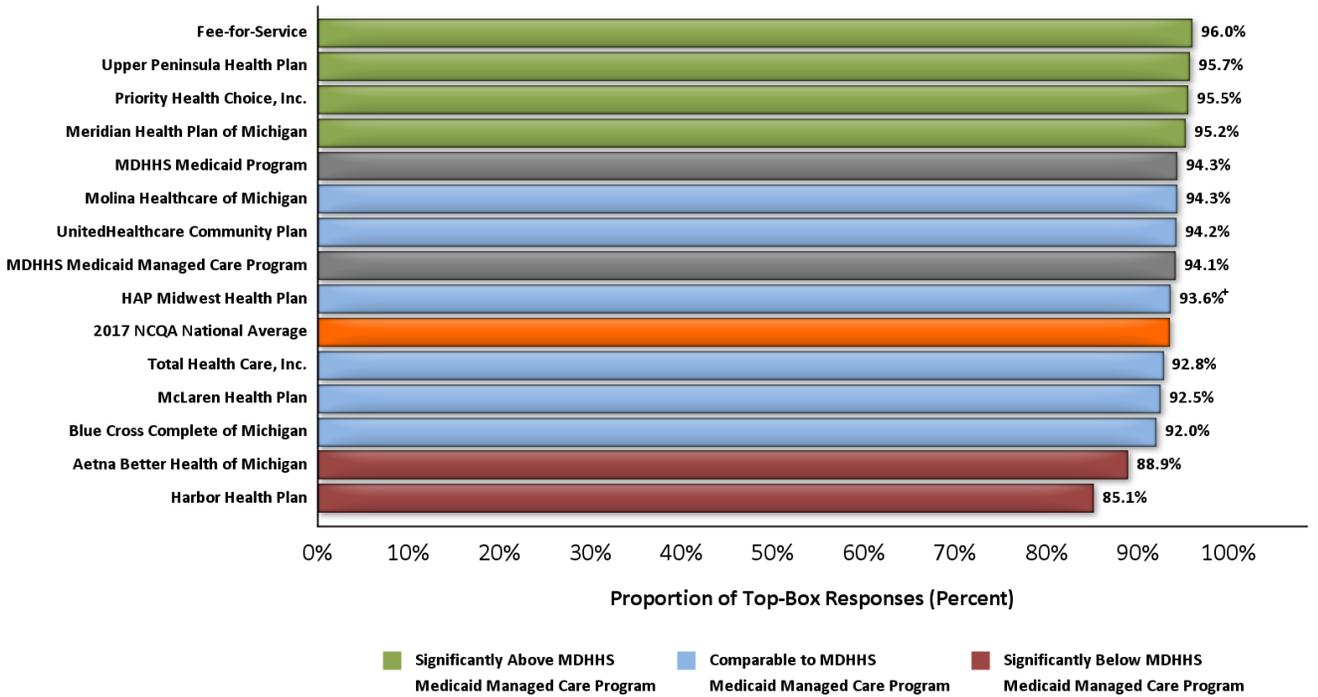
A series of four questions (Questions 17, 18, 19, and 22) was asked to assess how often doctors communicated well:

- **Question 17.** In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that was easy to understand?
  - Never
  - Sometimes
  - Usually
  - Always
  
- **Question 18.** In the last 6 months, how often did your child’s personal doctor listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
  
- **Question 19.** In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?
  - Never
  - Sometimes
  - Usually
  - Always
  
- **Question 22.** In the last 6 months, how often did your child’s personal doctor spend enough time with your child?
  - Never
  - Sometimes
  - Usually
  - Always

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

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

**Figure 3-7—How Well Doctors Communicate Top-Box Rates**



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



## Customer Service

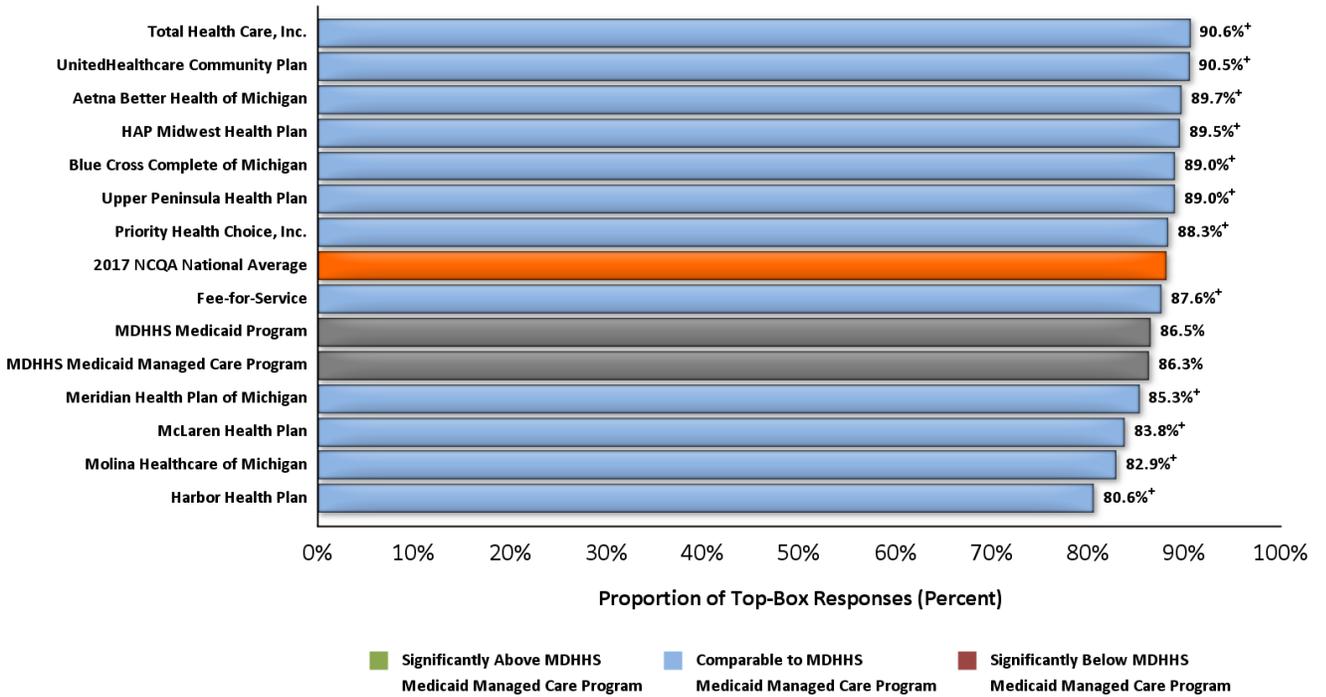
Two questions (Questions 32 and 33) were asked to assess how often parents or caretakers were satisfied with customer service:

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

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

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

**Figure 3-8—Customer Service Top-Box Rates**



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

## Shared Decision Making

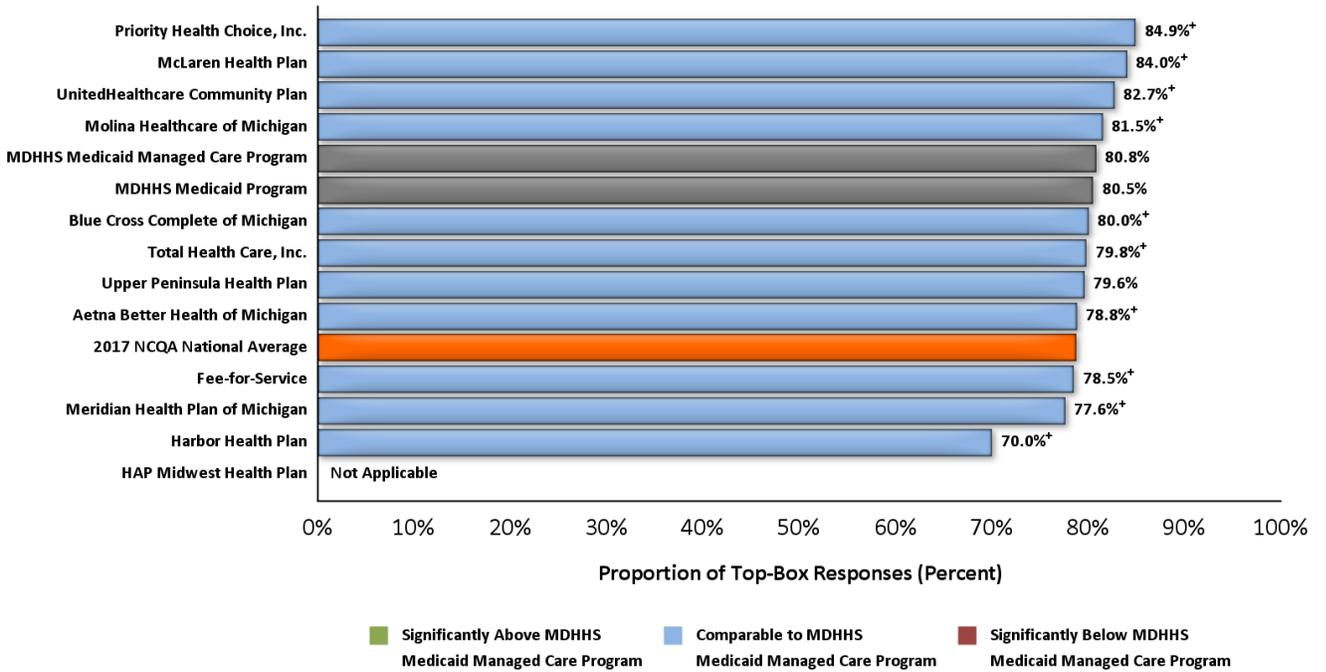
Three questions (Questions 10, 11, and 12) were asked regarding the involvement of parents or caretakers in decision making when starting or stopping a prescription medicine for their child:

- **Question 10.** Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
  - Yes
  - No
- **Question 11.** Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?
  - Yes
  - No
- **Question 12.** When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?
  - Yes
  - No

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

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

**Figure 3-9—Shared Decision Making Top-Box Rates**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and are noted as “Not Applicable.”



## Transportation

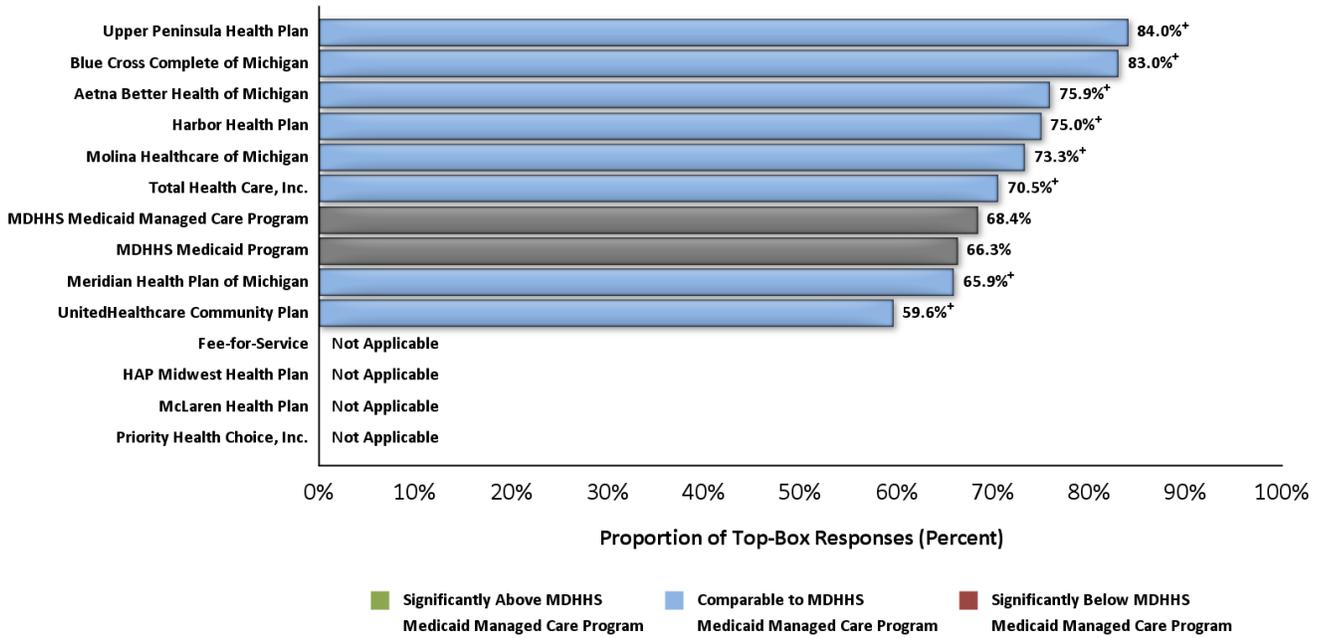
Two questions (Questions 50 and 51) were asked to assess how often parents or caregivers were satisfied with transportation:

- **Question 50.** In the last 6 months, when you phoned your child’s health plan to get help with transportation, how often did you get it?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 51.** In the last 6 months, how often did the help with transportation for your child 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 3-10 shows the Transportation top-box rates.

**Figure 3-10—Transportation Top-Box Rates<sup>3-4</sup>**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and are noted as “Not Applicable.”

<sup>3-4</sup> The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey. These questions are NCQA-approved supplemental items that can be added to the survey. A 2017 NCQA national average is not available for this measure.



## Individual Item Measures

### Coordination of Care

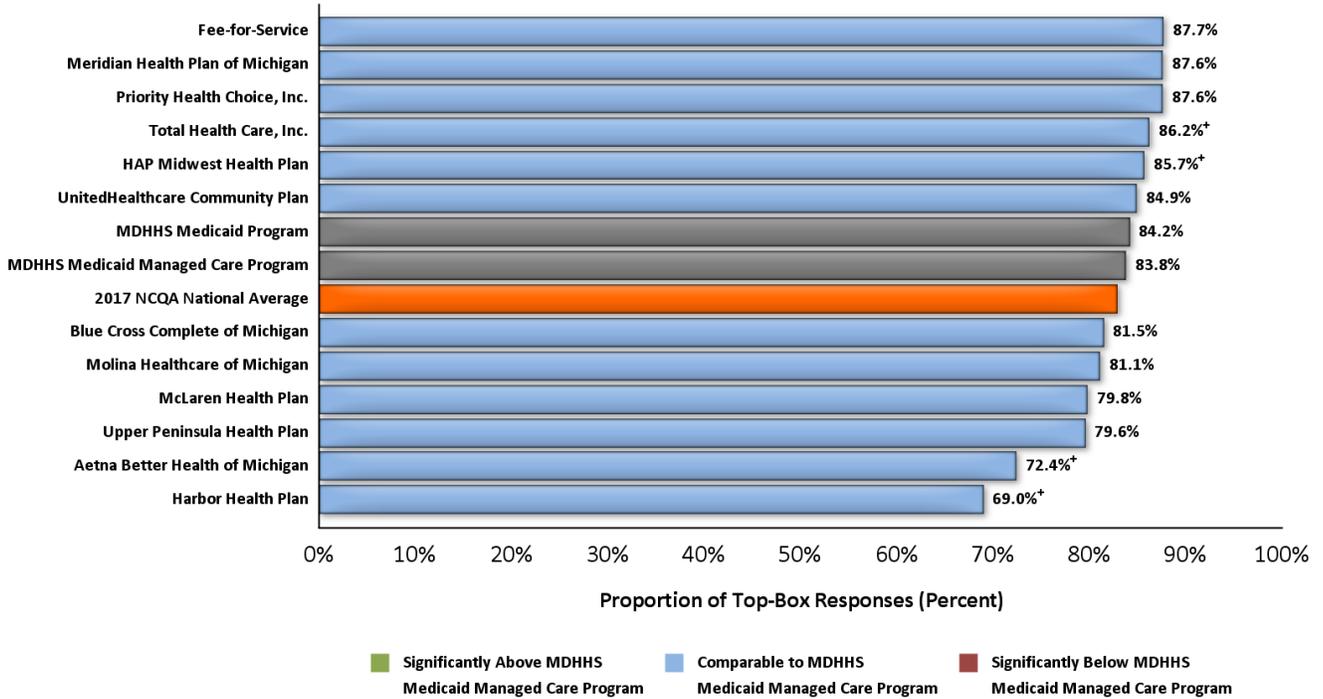
Parents or caretakers of child members were asked one question (Question 25) to assess how often their child's personal doctor seemed informed and up-to-date about care their child had received from another doctor:

- **Question 25.** In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?
  - Never
  - Sometimes
  - Usually
  - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Coordination of Care individual item measure, which was defined as a response of "Usually" or "Always."

Figure 3-11 shows the Coordination of Care top-box rates.

**Figure 3-11—Coordination of Care Top-Box Rates**



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

## Health Promotion and Education

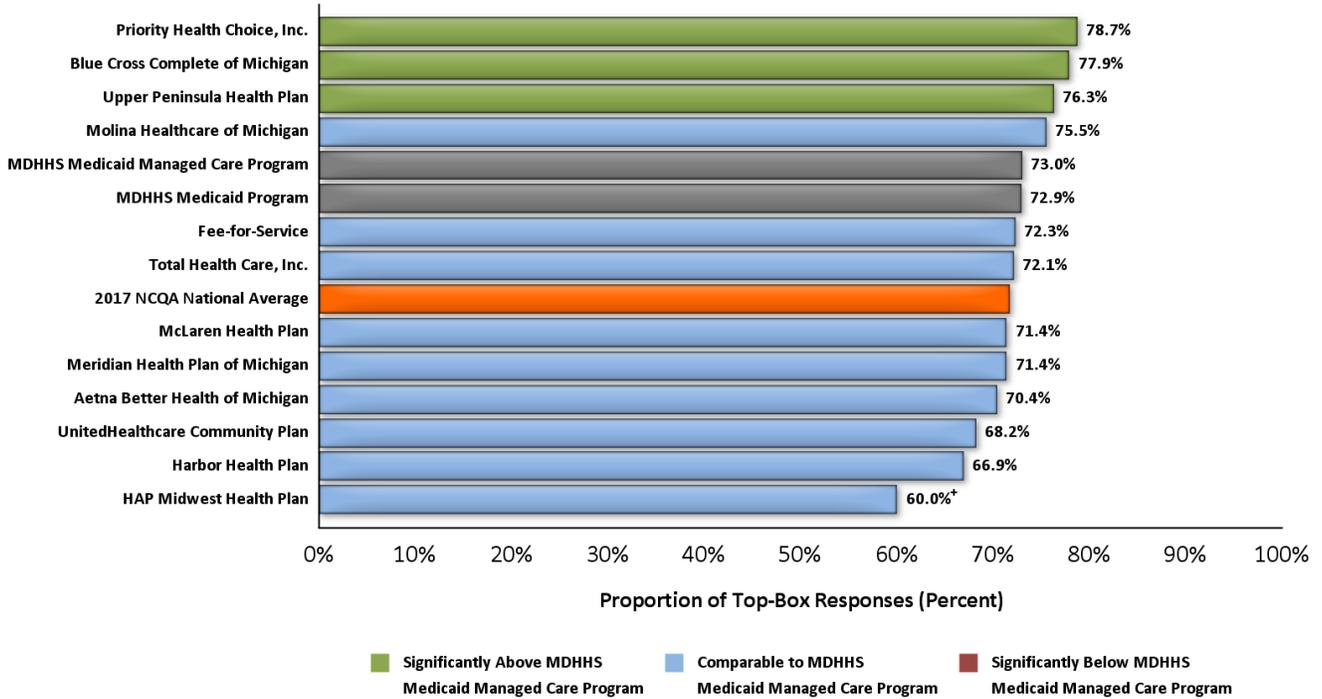
Parents or caretakers of child members were asked one question (Question 8) to assess if their child's doctor talked with them about specific things they could do to prevent illness in their child:

- **Question 8.** In the last 6 months, did you and your child's doctor or other health provider 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 item measure, which was defined as a response of "Yes."

Figure 3-12 shows the Health Promotion and Education top-box rates.

**Figure 3-12—Health Promotion and Education Top-Box Rates**



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

### Summary of Results

Table 3-13 provides a summary of the Statewide Comparisons results for the global ratings.

**Table 3-13—Statewide Comparisons: Global Ratings**

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Fee-for-Service	↓	—	—	— <sup>+</sup>
Aetna Better Health of Michigan	—	—	—	— <sup>+</sup>
Blue Cross Complete of Michigan	—	—	—	— <sup>+</sup>
HAP Midwest Health Plan	↓ <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>	NA
Harbor Health Plan	↓	—	↓	— <sup>+</sup>
McLaren Health Plan	—	—	—	— <sup>+</sup>
Meridian Health Plan of Michigan	↑	—	↑	— <sup>+</sup>
Molina Healthcare of Michigan	—	—	—	— <sup>+</sup>
Priority Health Choice, Inc.	—	—	—	— <sup>+</sup>
Total Health Care, Inc.	—	—	—	— <sup>+</sup>
UnitedHealthcare Community Plan	—	—	—	— <sup>+</sup>
Upper Peninsula Health Plan	↑	—	—	— <sup>+</sup>
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.            ↑ Indicates the plan's score is statistically significantly above the MDHHS Medicaid Managed Care Program average.            ↓ Indicates the plan's score is statistically significantly below than the MDHHS Medicaid Managed Care Program average.            — Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.            NA Indicates that results for this measure are not displayed because too few members responded to the questions.</p>				

Table 3-14 and Table 3-15 provide a summary of the Statewide Comparisons results for the composite and individual measures.

**Table 3-14—Statewide Comparisons: Composite Measures**

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making	Transportation
Fee-for-Service	—	—	↑	— <sup>+</sup>	— <sup>+</sup>	NA
Aetna Better Health of Michigan	—	—	↓	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
Blue Cross Complete of Michigan	—	↑	—	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
HAP Midwest Health Plan	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>	NA	NA
Harbor Health Plan	↓ <sup>+</sup>	↓ <sup>+</sup>	↓	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
McLaren Health Plan	—	—	—	— <sup>+</sup>	— <sup>+</sup>	NA
Meridian Health Plan of Michigan	↑	↑	↑	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
Molina Healthcare of Michigan	—	—	—	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
Priority Health Choice, Inc.	↑	—	↑	— <sup>+</sup>	— <sup>+</sup>	NA
Total Health Care, Inc.	—	—	—	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
UnitedHealthcare Community Plan	—	—	—	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
Upper Peninsula Health Plan	—	—	↑	— <sup>+</sup>	—	— <sup>+</sup>

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 ↑ Indicates the plan's score is statistically significantly above the MDHHS Medicaid Managed Care Program average.  
 ↓ Indicates the plan's score is statistically significantly below than the MDHHS Medicaid Managed Care Program average.  
 — Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.  
 NA Indicates that results for this measure are not displayed because too few members responded to the questions.

**Table 3-15—Statewide Comparisons: Individual Measures**

Plan Name	Coordination of Care	Health Promotion and Education
Fee-for-Service	—	—
Aetna Better Health of Michigan	— <sup>+</sup>	—
Blue Cross Complete of Michigan	—	↑
HAP Midwest Health Plan	— <sup>+</sup>	— <sup>+</sup>
Harbor Health Plan	— <sup>+</sup>	—
McLaren Health Plan	—	—
Meridian Health Plan of Michigan	—	—
Molina Healthcare of Michigan	—	—
Priority Health Choice, Inc.	—	↑
Total Health Care, Inc.	— <sup>+</sup>	—
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 above the MDHHS Medicaid Managed Care Program average.            ↓ Indicates the plan's score is statistically significantly below the MDHHS Medicaid Managed Care Program average.            — Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p>		

### Trend Analysis

The completed surveys from the 2018 and 2017 CAHPS results were used to perform the trend analysis presented in this section. The 2018 CAHPS top-box scores were compared to the 2017 CAHPS top-box scores to determine whether there were statistically significant differences. Statistically significant differences between 2018 scores and 2017 scores are noted with triangles. Scores that were statistically significantly higher in 2018 than in 2017 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2018 than in 2017 are noted with downward triangles (▼). Scores in 2018 that were not statistically significantly different from scores in 2017 are noted with a dash (—). Measures that did not meet the minimum number of 100 responses required by NCQA are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

## Global Ratings

### Rating of Health Plan

Parents or caretakers of child members were asked to rate their child’s health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Table 4-1 shows the 2017 and 2018 top-box responses and the trend results for Rating of Health Plan.

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

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>67.8%</b>	<b>66.9%</b>	—
Fee-for-Service	54.0%	53.1%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>69.9%</b>	<b>68.7%</b>	—
Aetna Better Health of Michigan	57.3%	66.2%	▲
Blue Cross Complete of Michigan	65.4%	68.1%	—
HAP Midwest Health Plan	45.9% <sup>+</sup>	55.1% <sup>+</sup>	—
Harbor Health Plan	53.0%	54.3%	—
McLaren Health Plan	65.4%	64.0%	—
Meridian Health Plan of Michigan	69.7%	70.9%	—
Molina Healthcare of Michigan	72.6%	67.7%	—
Priority Health Choice, Inc.	77.6%	67.5%	▼
Total Health Care, Inc.	67.6%	69.2%	—
UnitedHealthcare Community Plan	70.3%	70.2%	—
Upper Peninsula Health Plan	72.3%	70.2%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2018 than in 2017. ▼ Statistically significantly lower in 2018 than in 2017. — Not statistically significantly different in 2018 than in 2017.			

There were two statistically significant differences between scores in 2018 and scores in 2017 for this measure.

The following scored statistically significantly *higher* in 2018 than in 2017:

- Aetna Better Health of Michigan

The following scored statistically significantly *lower* in 2018 than in 2017:

- Priority Health Choice, Inc.

### Rating of All Health Care

Parents or caretakers of child members were asked to rate their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Table 4-2 shows the 2017 and 2018 top-box responses and the trend results for Rating of All Health Care.

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

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>66.6%</b>	<b>65.5%</b>	—
Fee-for-Service	62.0%	63.7%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>67.3%</b>	<b>65.7%</b>	—
Aetna Better Health of Michigan	60.8%	62.3%	—
Blue Cross Complete of Michigan	68.0%	62.0%	—
HAP Midwest Health Plan	53.5% <sup>+</sup>	76.9% <sup>+</sup>	▲
Harbor Health Plan	55.2%	58.1%	—
McLaren Health Plan	63.0%	65.8%	—
Meridian Health Plan of Michigan	63.6%	67.7%	—
Molina Healthcare of Michigan	74.5%	62.3%	▼
Priority Health Choice, Inc.	74.6%	71.6%	—
Total Health Care, Inc.	67.3%	65.7%	—
UnitedHealthcare Community Plan	65.2%	66.8%	—
Upper Peninsula Health Plan	61.7%	65.3%	—
<sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2018 than in 2017. ▼ Statistically significantly lower in 2018 than in 2017. — Not statistically significantly different in 2018 than in 2017.			

There were two statistically significant differences between scores in 2018 and scores in 2017 for this measure.

The following scored statistically significantly *higher* in 2018 than in 2017:

- HAP Midwest Health Plan

The following scored statistically significantly *lower* in 2018 than in 2017:

- Molina Healthcare of Michigan

### Rating of Personal Doctor

Parents or caretakers of child members were asked to rate their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Table 4-3 shows the 2017 and 2018 top-box responses and the trend results for Rating of Personal Doctor.

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

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>71.7%</b>	<b>74.6%</b>	<b>▲</b>
Fee-for-Service	75.9%	76.5%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>71.0%</b>	<b>74.4%</b>	<b>▲</b>
Aetna Better Health of Michigan	70.8%	74.9%	—
Blue Cross Complete of Michigan	69.0%	70.2%	—
HAP Midwest Health Plan	63.8% <sup>+</sup>	78.3% <sup>+</sup>	—
Harbor Health Plan	63.1%	60.5%	—
McLaren Health Plan	71.9%	69.7%	—
Meridian Health Plan of Michigan	70.3%	77.3%	<b>▲</b>
Molina Healthcare of Michigan	74.3%	74.3%	—
Priority Health Choice, Inc.	76.2%	74.6%	—
Total Health Care, Inc.	74.4%	72.5%	—
UnitedHealthcare Community Plan	66.1%	75.0%	<b>▲</b>
Upper Peninsula Health Plan	68.0%	74.1%	<b>▲</b>
<sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. <b>▲</b> Statistically significantly higher in 2018 than in 2017. <b>▼</b> Statistically significantly lower in 2018 than in 2017. — Not statistically significantly different in 2018 than in 2017.			

There were five statistically significant differences between scores in 2018 and scores in 2017 for this measure.

The following scored statistically significantly *higher* in 2018 than in 2017:

- MDHHS Medicaid Program
- MDHHS Medicaid Managed Care Program
- Meridian Health Plan of Michigan
- UnitedHealthcare Community Plan
- Upper Peninsula Health Plan

### Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate their child’s specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Table 4-4 shows the 2017 and 2018 top-box responses and the trend results for Rating of Specialist Seen Most Often.

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

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>71.5%</b>	<b>68.2%</b>	—
Fee-for-Service	58.9% <sup>+</sup>	63.6% <sup>+</sup>	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>73.4%</b>	<b>68.8%</b>	—
Aetna Better Health of Michigan	64.8% <sup>+</sup>	77.8% <sup>+</sup>	—
Blue Cross Complete of Michigan	67.0% <sup>+</sup>	64.9% <sup>+</sup>	—
HAP Midwest Health Plan	NA	NA	NT
Harbor Health Plan	65.6% <sup>+</sup>	68.8% <sup>+</sup>	—
McLaren Health Plan	69.0% <sup>+</sup>	69.6% <sup>+</sup>	—
Meridian Health Plan of Michigan	74.5%	63.8% <sup>+</sup>	—
Molina Healthcare of Michigan	75.6% <sup>+</sup>	72.7% <sup>+</sup>	—
Priority Health Choice, Inc.	73.4% <sup>+</sup>	71.3% <sup>+</sup>	—
Total Health Care, Inc.	79.2% <sup>+</sup>	70.1% <sup>+</sup>	—
UnitedHealthcare Community Plan	73.7% <sup>+</sup>	71.4% <sup>+</sup>	—
Upper Peninsula Health Plan	75.7% <sup>+</sup>	67.8% <sup>+</sup>	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.            ▲ Statistically significantly higher in 2018 than in 2017.            ▼ Statistically significantly lower in 2018 than in 2017.            — Not statistically significantly different in 2018 than in 2017.            NA Indicates that results for this measure are not displayed because too few members responded to the questions.            NT Indicates the results are not trendable.</p>			

There were no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

## Composite Measures

### Getting Needed Care

Two questions (Questions 14 and 28) were asked to assess how often it was easy to get needed care. Table 4-5 shows the 2017 and 2018 top-box responses and trend results for the Getting Needed Care composite measure.

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

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>86.0%</b>	<b>85.5%</b>	—
Fee-for-Service	85.5%	83.2%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>86.1%</b>	<b>85.8%</b>	—
Aetna Better Health of Michigan	80.2%	83.3%	—
Blue Cross Complete of Michigan	87.6%	85.1%	—
HAP Midwest Health Plan	87.0% <sup>+</sup>	83.3% <sup>+</sup>	—
Harbor Health Plan	76.7%	66.4% <sup>+</sup>	—
McLaren Health Plan	89.9%	87.4%	—
Meridian Health Plan of Michigan	85.8%	88.9%	—
Molina Healthcare of Michigan	83.6%	82.4%	—
Priority Health Choice, Inc.	90.9%	88.9%	—
Total Health Care, Inc.	87.4%	82.8%	—
UnitedHealthcare Community Plan	85.1%	84.2%	—
Upper Peninsula Health Plan	91.2%	86.8%	—
<p><sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>▲ Statistically significantly higher in 2018 than in 2017.</p> <p>▼ Statistically significantly lower in 2018 than in 2017.</p> <p>— Not statistically significantly different in 2018 than in 2017.</p>			

There were no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

### Getting Care Quickly

Two questions (Questions 4 and 6) were asked to assess how often child members received care quickly. Table 4-6 shows the 2017 and 2018 top-box responses and trend results for the Getting Care Quickly composite measure.

**Table 4-6—Getting Care Quickly Composite Trend Analysis**

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>90.6%</b>	<b>91.6%</b>	—
Fee-for-Service	93.2%	90.0%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>90.2%</b>	<b>91.8%</b>	—
Aetna Better Health of Michigan	86.6%	88.3%	—
Blue Cross Complete of Michigan	89.3%	94.0%	▲
HAP Midwest Health Plan	87.7% <sup>+</sup>	92.4% <sup>+</sup>	—
Harbor Health Plan	86.2%	81.6% <sup>+</sup>	—
McLaren Health Plan	92.4%	90.0%	—
Meridian Health Plan of Michigan	90.7%	94.9%	▲
Molina Healthcare of Michigan	91.3%	89.3%	—
Priority Health Choice, Inc.	89.7%	92.4%	—
Total Health Care, Inc.	92.0%	90.2%	—
UnitedHealthcare Community Plan	87.1%	90.5%	—
Upper Peninsula Health Plan	93.1%	91.9%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.            ▲ Statistically significantly higher in 2018 than in 2017.            ▼ Statistically significantly lower in 2018 than in 2017.            — Not statistically significantly different in 2018 than in 2017.</p>			

There were two statistically significant differences between scores in 2018 and scores in 2017 for this measure.

The following scored statistically significantly *higher* in 2018 than in 2017:

- Blue Cross Complete of Michigan
- Meridian Health Plan of Michigan

### How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 22) was asked to assess how often doctors communicated well. Table 4-7 shows the 2017 and 2018 top-box responses and trend results for the How Well Doctors Communicate composite measure.

**Table 4-7—How Well Doctors Communicate Composite Trend Analysis**

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>93.9%</b>	<b>94.3%</b>	—
Fee-for-Service	96.3%	96.0%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>93.5%</b>	<b>94.1%</b>	—
Aetna Better Health of Michigan	93.5%	88.9%	▼
Blue Cross Complete of Michigan	93.9%	92.0%	—
HAP Midwest Health Plan	93.8% <sup>+</sup>	93.6% <sup>+</sup>	—
Harbor Health Plan	90.4%	85.1%	—
McLaren Health Plan	94.3%	92.5%	—
Meridian Health Plan of Michigan	94.0%	95.2%	—
Molina Healthcare of Michigan	92.1%	94.3%	—
Priority Health Choice, Inc.	96.3%	95.5%	—
Total Health Care, Inc.	93.7%	92.8%	—
UnitedHealthcare Community Plan	92.6%	94.2%	—
Upper Peninsula Health Plan	94.1%	95.7%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2018 than in 2017. ▼ Statistically significantly lower in 2018 than in 2017. — Not statistically significantly different in 2018 than in 2017.			

There was one statistically significant difference between scores in 2018 and scores in 2017 for this measure.

The following scored statistically significantly *lower* in 2018 than in 2017:

- Aetna Better Health of Michigan

### Customer Service

Two questions (Questions 32 and 33) were asked to assess how often parents and caretakers were satisfied with customer service. Table 4-8 shows the 2017 and 2018 top-box responses and trend results for the Customer Service composite measure.

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

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>88.2%</b>	<b>86.5%</b>	—
Fee-for-Service	89.1% <sup>+</sup>	87.6% <sup>+</sup>	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>88.0%</b>	<b>86.3%</b>	—
Aetna Better Health of Michigan	89.7% <sup>+</sup>	89.7% <sup>+</sup>	—
Blue Cross Complete of Michigan	85.3%	89.0% <sup>+</sup>	—
HAP Midwest Health Plan	80.6% <sup>+</sup>	89.5% <sup>+</sup>	—
Harbor Health Plan	87.6% <sup>+</sup>	80.6% <sup>+</sup>	—
McLaren Health Plan	88.1% <sup>+</sup>	83.8% <sup>+</sup>	—
Meridian Health Plan of Michigan	91.6%	85.3% <sup>+</sup>	—
Molina Healthcare of Michigan	84.4%	82.9% <sup>+</sup>	—
Priority Health Choice, Inc.	87.7% <sup>+</sup>	88.3% <sup>+</sup>	—
Total Health Care, Inc.	92.0% <sup>+</sup>	90.6% <sup>+</sup>	—
UnitedHealthcare Community Plan	86.3%	90.5% <sup>+</sup>	—
Upper Peninsula Health Plan	93.9% <sup>+</sup>	89.0% <sup>+</sup>	—
<sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. <sup>▲</sup> Statistically significantly higher in 2018 than in 2017. <sup>▼</sup> Statistically significantly lower in 2018 than in 2017. — Not statistically significantly different in 2018 than in 2017.			

There were no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

### Shared Decision Making

Three questions (Questions 10, 11, and 12) were asked regarding the involvement of parents or caretakers in decision making when starting or stopping a prescription medicine for their child. Table 4-9 shows the 2017 and 2018 top-box responses and trend results for the Shared Decision Making composite measure.

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

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>79.8%</b>	<b>80.5%</b>	—
Fee-for-Service	73.6% <sup>+</sup>	78.5% <sup>+</sup>	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>80.7%</b>	<b>80.8%</b>	—
Aetna Better Health of Michigan	79.3% <sup>+</sup>	78.8% <sup>+</sup>	—
Blue Cross Complete of Michigan	76.1% <sup>+</sup>	80.0% <sup>+</sup>	—
HAP Midwest Health Plan	NA	NA	NT
Harbor Health Plan	71.2% <sup>+</sup>	70.0% <sup>+</sup>	—
McLaren Health Plan	82.4% <sup>+</sup>	84.0% <sup>+</sup>	—
Meridian Health Plan of Michigan	80.3%	77.6% <sup>+</sup>	—
Molina Healthcare of Michigan	83.2%	81.5% <sup>+</sup>	—
Priority Health Choice, Inc.	81.8%	84.9% <sup>+</sup>	—
Total Health Care, Inc.	78.6% <sup>+</sup>	79.8% <sup>+</sup>	—
UnitedHealthcare Community Plan	79.2%	82.7% <sup>+</sup>	—
Upper Peninsula Health Plan	82.1%	79.6%	—
<p><sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  <sup>▲</sup> Statistically significantly higher in 2018 than in 2017.  <sup>▼</sup> Statistically significantly lower in 2018 than in 2017.  <sup>—</sup> Not statistically significantly different in 2018 than in 2017.            NA Indicates that results for this measure are not displayed because too few members responded to the questions.            NT Indicates the results are not trendable.</p>			

There were no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

### Transportation

Two questions (Questions 50 and 51) were asked to assess how often parents or caregivers were satisfied with transportation. Table 4-10 shows the 2017 and 2018 top-box responses for the Transportation composite measure.

**Table 4-10—Transportation Composite Trend Analysis**

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>76.1%</b>	<b>66.3%</b>	—
Fee-for-Service	NA	NA	NT
<b>MDHHS Medicaid Managed Care Program</b>	<b>75.0%</b>	<b>68.4%</b>	—
Aetna Better Health of Michigan	66.7% <sup>+</sup>	75.9% <sup>+</sup>	—
Blue Cross Complete of Michigan	88.7% <sup>+</sup>	83.0% <sup>+</sup>	—
HAP Midwest Health Plan	NA	NA	NT
Harbor Health Plan	78.2% <sup>+</sup>	75.0% <sup>+</sup>	—
McLaren Health Plan	NA	NA	NT
Meridian Health Plan of Michigan	72.9% <sup>+</sup>	65.9% <sup>+</sup>	—
Molina Healthcare of Michigan	68.1% <sup>+</sup>	73.3% <sup>+</sup>	—
Priority Health Choice, Inc.	84.4% <sup>+</sup>	NA	NT
Total Health Care, Inc.	70.8% <sup>+</sup>	70.5% <sup>+</sup>	—
UnitedHealthcare Community Plan	73.7% <sup>+</sup>	59.6% <sup>+</sup>	—
Upper Peninsula Health Plan	90.9% <sup>+</sup>	84.0% <sup>+</sup>	—
<p><sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  <sup>▲</sup> Statistically significantly higher in 2018 than in 2017.  <sup>▼</sup> Statistically significantly lower in 2018 than in 2017.            — Not statistically significantly different in 2018 than in 2017.            NA Indicates that results for this measure are not displayed because too few members responded to the questions.            NT Indicates the results are not trendable.</p>			

There were no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

## Individual Item Measures

### Coordination of Care

One question (Question 25) asked parents or caretakers of child members to assess how often their child’s personal doctor seemed informed and up-to-date about care their child had received from another doctor. Table 4-11 shows the 2017 and 2018 top-box responses and trend results for the Coordination of Care individual item measure.

**Table 4-11—Coordination of Care Individual Item Trend Analysis**

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>81.4%</b>	<b>84.2%</b>	—
Fee-for-Service	84.2%	87.7%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>81.0%</b>	<b>83.8%</b>	—
Aetna Better Health of Michigan	77.3% <sup>+</sup>	72.4% <sup>+</sup>	—
Blue Cross Complete of Michigan	79.0%	81.5%	—
HAP Midwest Health Plan	83.3% <sup>+</sup>	85.7% <sup>+</sup>	—
Harbor Health Plan	72.2% <sup>+</sup>	69.0% <sup>+</sup>	—
McLaren Health Plan	83.2%	79.8%	—
Meridian Health Plan of Michigan	78.3%	87.6%	▲
Molina Healthcare of Michigan	81.4%	81.1%	—
Priority Health Choice, Inc.	93.8%	87.6%	—
Total Health Care, Inc.	85.6%	86.2% <sup>+</sup>	—
UnitedHealthcare Community Plan	78.4%	84.9%	—
Upper Peninsula Health Plan	86.8%	79.6%	—
<sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2018 than in 2017. ▼ Statistically significantly lower in 2018 than in 2017. — Not statistically significantly different in 2018 than in 2017.			

There was one statistically significant difference between scores in 2018 and scores in 2017 for this measure.

The following scored statistically significantly *higher* in 2018 than in 2017:

- Meridian Health Plan of Michigan

### Health Promotion and Education

One question (Question 8) asked parents or caretakers of child members to assess if their child’s doctor talked with them about specific things they could do to prevent illness in their child. Table 4-12 shows the 2017 and 2018 top-box responses and trend results for the Health Promotion and Education individual item measure.

**Table 4-12—Health Promotion and Education Individual Item Trend Analysis**

Plan Name	2017	2018	Trend Results
<b>MDHHS Medicaid Program</b>	<b>71.2%</b>	<b>72.9%</b>	—
Fee-for-Service	69.3%	72.3%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>71.5%</b>	<b>73.0%</b>	—
Aetna Better Health of Michigan	72.0%	70.4%	—
Blue Cross Complete of Michigan	71.7%	77.9%	—
HAP Midwest Health Plan	52.4% <sup>+</sup>	60.0% <sup>+</sup>	—
Harbor Health Plan	63.7%	66.9%	—
McLaren Health Plan	71.1%	71.4%	—
Meridian Health Plan of Michigan	71.4%	71.4%	—
Molina Healthcare of Michigan	72.1%	75.5%	—
Priority Health Choice, Inc.	71.3%	78.7%	▲
Total Health Care, Inc.	78.0%	72.1%	—
UnitedHealthcare Community Plan	70.1%	68.2%	—
Upper Peninsula Health Plan	69.7%	76.3%	▲
<sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2018 than in 2017. ▼ Statistically significantly lower in 2018 than in 2017. — Not statistically significantly different in 2018 than in 2017.			

There were two statistically significant differences between scores in 2018 and scores in 2017 for this measure.

The following scored statistically significantly *higher* in 2018 than in 2017:

- Priority Health Choice, Inc.
- Upper Peninsula Health Plan

## 5. Key Drivers of Satisfaction

### Key Drivers of Satisfaction

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

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

**Table 5-1—MDHHS Medicaid Program Key Drivers of Satisfaction**

<b>Rating of Health Plan</b>
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.
Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.
Respondents reported that forms from their child’s health plan were often not easy to fill out.
Respondents reported that it was often not easy for their child to obtain appointments with specialists.
<b>Rating of All Health Care</b>
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.
<b>Rating of Personal Doctor</b>
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.
Respondents reported that their child’s personal doctor did not always spend enough time with them.
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.

The following key driver was identified for all three global ratings:

- Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.

Additionally, the following key driver was identified for the Rating of Health Plan and Rating of All Health Care global ratings:

- Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.

### Survey Instrument

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

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

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

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

**SURVEY INSTRUCTIONS**

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

Correct Mark 

Incorrect Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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/STATE MEDICAID PROGRAM 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 CARE  
IN THE LAST 6 MONTHS**

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

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
  - Yes
  - No → *Go to Question 5*
  
- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
  - Never
  - Sometimes
  - Usually
  - Always
  
- 5. 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 7*
  
- 6. 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

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



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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

**YOUR CHILD'S PERSONAL DOCTOR**

15. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → *Go to Question 27*

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

- None → *Go to Question 26*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 22*



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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → **Go to Question 26**

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

- Never
- Sometimes
- Usually
- Always

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

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

### GETTING HEALTH CARE FROM SPECIALISTS

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

27. 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 31**

28. 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





◆

38. In general, how would you rate your child's overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

39. What is your child's age?

- Less than 1 year old

YEARS OLD (write in)

40. Is your child male or female?

- Male
- Female

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

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

42. 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

43. 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

◆

44. Are you male or female?

- Male
- Female

45. 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

46. How are you related to the child?

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

47. Did someone help you complete this survey?

- Yes
- No → *Go to Question 49*

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

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

◆

49. Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child?

- Yes → *Go to Question 50*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

50. In the last 6 months, when you phoned your child's health plan to get help with transportation, how often did you get it?

- Never
- Sometimes
- Usually
- Always

51. In the last 6 months, how often did the help with transportation for your child meet your needs?

- Never
- Sometimes
- Usually
- Always

**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**

