2018 Michigan Department of Health and Human Services

Healthy Michigan Plan CAHPS® Report

October 2018

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

Introduction

The Michigan Department of Health and Human Services (MDHHS) assesses the perceptions and experiences of members enrolled in the MDHHS Healthy Michigan Plan (HMP) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members in the HMP Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for the HMP Program.[1-1] 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 CAHPS results of adult members enrolled in an HMP health plan. The survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.[1-2] MDHHS elected to include five supplemental questions in the survey. The surveys were completed by adult members from May to August 2018.

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.
- Five composite measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.
- Two individual item measures: Coordination of Care and Health Promotion and Education.
- Three Effectiveness of Care measures: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies.

HSAG presents plan-level results and aggregate statewide results (i.e., the MDHHS HMP Program) and compares them to national Medicaid data. Additionally, overall rates for the supplemental items are reported.

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Key Findings

Survey Demographics and Dispositions

Table 1-1 provides an overview of the adult member demographics and survey dispositions for the MDHHS HMP Program. 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

Age	Gender

35 to 44 — 14.1%
25 to 34 — 13.6%
45 to 54 — 25.8%
19 to 24 — 7.5%
55 and older — 39.0%

Female — 53.4%
Male — 46.6%

Race/Ethnicity	General Health Status

Hispanic — 3.4%
Asian — 2.0%
Black — 20.0%
White — 66.5%
Other — 3.1%
Multi-Racial — 5.0%

Very Good — 24.2%
Good — 38.5%
Excellent — 9.2%
Poor — 6.5%
Fair — 21.6%

Survey Dispositions

RESPONSE RATE = 29.18%

Non-Respondent
9,785

Respondent
4,032

Ineligible
266
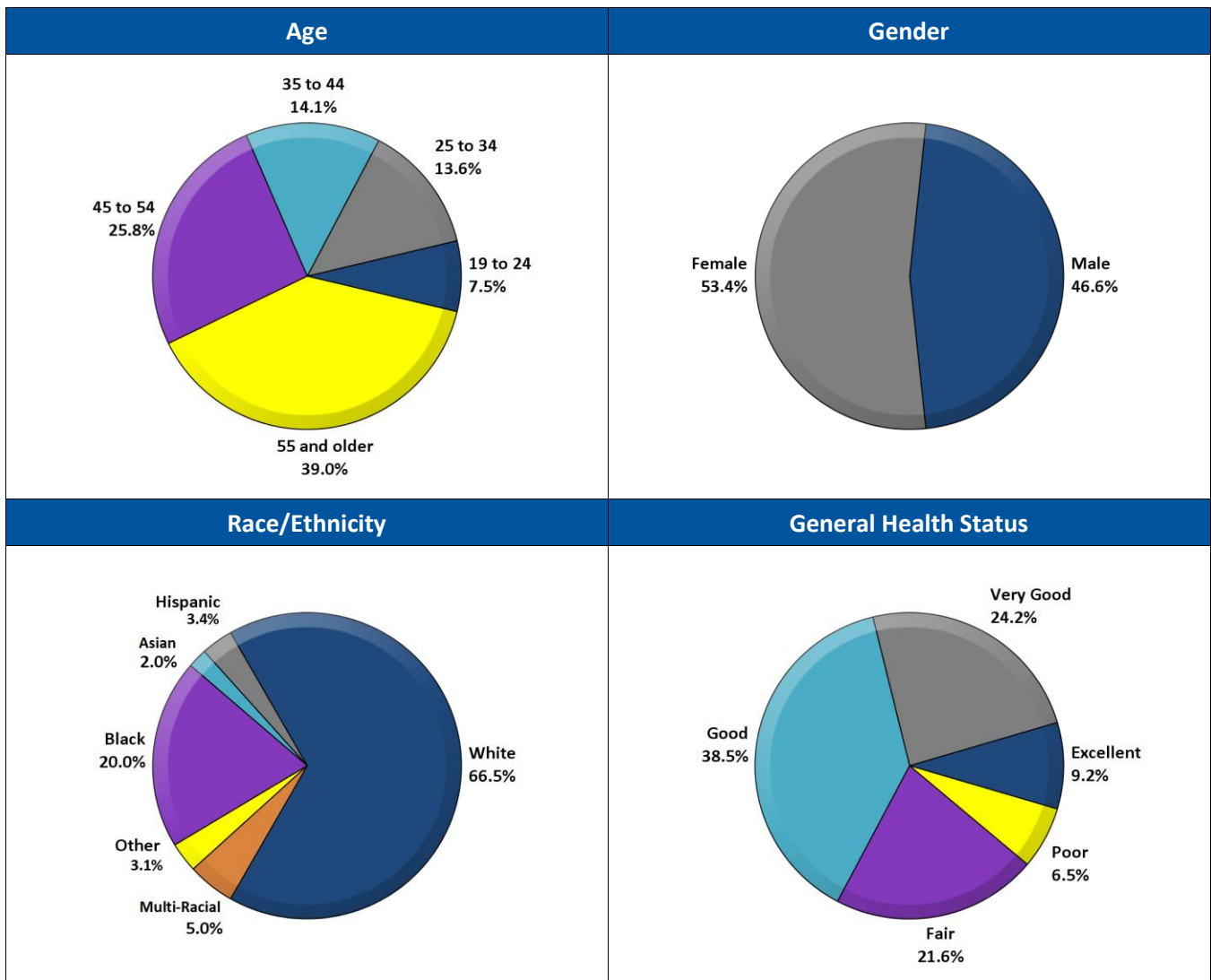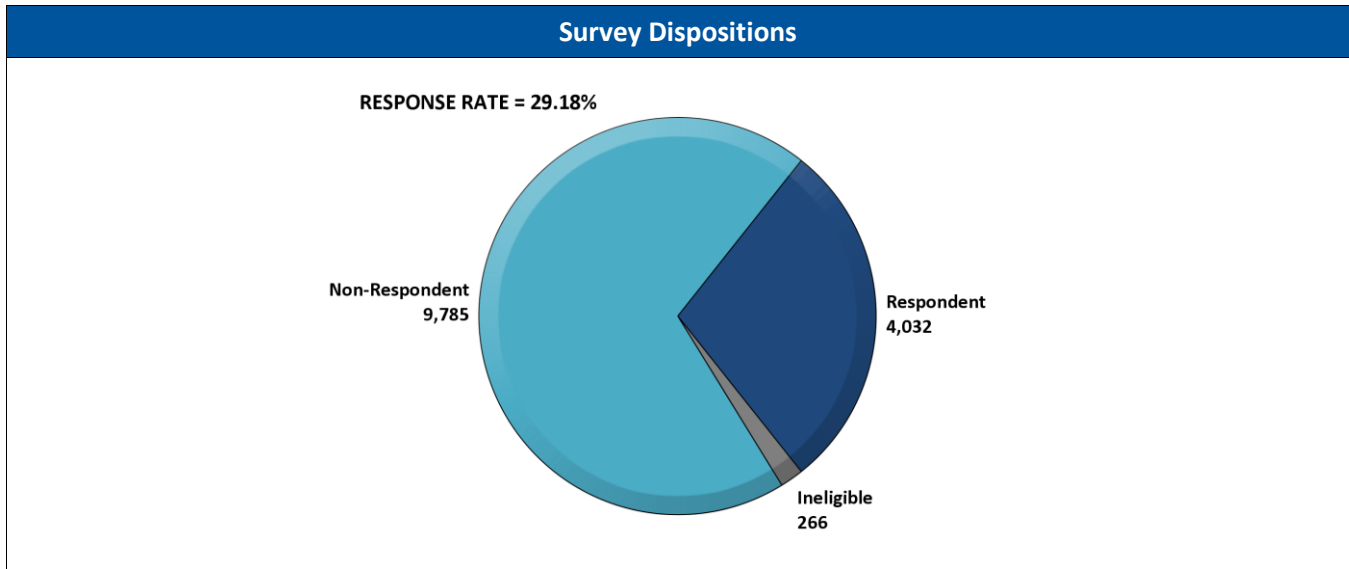
National Comparisons and Trend Analysis

A three-point mean score was determined for the four CAHPS global ratings, four of the CAHPS composite measures, and one CAHPS individual item measure. The resulting three-point means 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.[1-3,1-4] In addition, a trend analysis was performed that compared the 2018 CAHPS results to their corresponding 2017 CAHPS results. Table 1-2 provides highlights of the National Comparisons and Trend Analysis findings for the MDHHS HMP Program. The numbers presented in the table 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.[1-5]

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

[1-4] NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure, and the Health Promotion and Education individual item measure; therefore, these CAHPS measures were excluded from the National Comparisons analysis.

[1-5] Given the potential differences in demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA HEDIS Benchmarks and Thresholds for Accreditation.

Table 1-2—National Comparisons and Trend Analysis MDHHS HMP Program

Measure	National Comparisons	Trend Analysis
Global Rating		
Rating of Health Plan	★★★ 2.47	—
Rating of All Health Care	★★ 2.37	—
Rating of Personal Doctor	★★★ 2.50	—
Rating of Specialist Seen Most Often	★★★★ 2.57	▲
Composite Measure		
Getting Needed Care	★★★ 2.39	—
Getting Care Quickly	★★★ 2.46	—
How Well Doctors Communicate	★★★★★ 2.68	—
Customer Service	★★★★ 2.59	—
Individual Item Measure		
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 HMP Program scored at or above the 90th percentile on one measure, How Well Doctors Communicate.

- The MDHHS HMP Program scored at or between the 75th and 89th percentiles on two measures: Rating of Specialist Seen Most Often and Customer Service.

- The MDHHS HMP Program scored at or between the 50th and 74th percentiles on four measures: Rating of Health Plan, Rating of Personal Doctor, Getting Needed Care, and Getting Care Quickly.

- The MDHHS HMP Program scored at or between the 25th and 49th percentiles on two measures: Rating of All Health Care and Coordination of Care.

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

- Rating of Specialist Seen Most Often

Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, individual item measure, and overall rates for the Effectiveness of Care measures. HSAG compared the HMP health plan results to the MDHHS HMP Program average to determine if plan results were statistically significantly different from the MDHHS HMP Program average. Table 1-3 through Table 1-5 show the results of this analysis for the global ratings, composite measures, individual item measures, and Effectiveness of Care measures.

Table 1-3—Statewide Comparisons: Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Aetna Better Health of Michigan	—	—	—	—+
Blue Cross Complete of Michigan	—	—	—	—
HAP Midwest Health Plan	—	—+	—+	—+
Harbor Health Plan	↓	—	—	—+
McLaren Health Plan	—	—	—	—
Meridian Health Plan of Michigan	↓	—	—	—
Molina Healthcare of Michigan	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—
Total Health Care, Inc.	↑	—	—	—
UnitedHealthcare Community Plan	—	—	—	—
Upper Peninsula Health Plan	↑	↑	—	—

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

↑ *Indicates the plan's score is statistically significantly above the MDHHS HMP Program average.*

↓ *Indicates the plan's score is statistically significantly below the MDHHS HMP Program average.*

— *Indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.*

Table 1-4—Statewide Comparisons: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Aetna Better Health of Michigan	—	—	—	—+	—+
Blue Cross Complete of Michigan	—	—	—	—	—
HAP Midwest Health Plan	—+	—+	—+	—+	—+
Harbor Health Plan	—	—	—	—	—+
McLaren Health Plan	—	—	—	—+	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—+	—
Priority Health Choice, Inc.	—	—	—	—	—
Total Health Care, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—+	—+
Upper Peninsula Health Plan	—	—	—	—	—

+   *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
↑   *Indicates the plan's score is statistically significantly above the MDHHS HMP Program average.*
↓   *Indicates the plan's score is statistically significantly below the MDHHS HMP Program average.*
—   *Indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.*

Table 1-5—Statewide Comparisons: Individual Item and Effectiveness of Care Measures

Plan Name	Coordination of Care	Health Promotion and Education	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
Aetna Better Health of Michigan	—+	—	—	—	—
Blue Cross Complete of Michigan	—	—	—	—	—
HAP Midwest Health Plan	—+	—+	—+	—+	—+
Harbor Health Plan	—+	—	—	—	—
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Total Health Care, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	—	—	—	—	—

+   *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
↑   *Indicates the plan's score is statistically significantly above the MDHHS HMP Program average.*
↓   *Indicates the plan's score is statistically significantly below the MDHHS HMP Program average.*
—   *Indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.*

The results from the Statewide Comparisons presented in Table 1-3 and Table 1-5 revealed that the following plan had two measures that were statistically significantly *higher* than the MDHHS HMP Program average:

- Upper Peninsula Health Plan

The following plan had one measure that was statistically significantly *higher* than the MDHHS HMP Program average:

- Total Health Care, Inc.

Conversely, the following plans had one measure that was statistically significantly *lower* than the MDHHS HMP Program average:

- Harbor Health Plan
- Meridian Health Plan of Michigan

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 1-6 provides a summary of the key drivers identified for the MDHHS HMP Program.

Table 1-6—MDHHS HMP Program Key Drivers of Satisfaction

Rating of Health Plan
Respondents reported that their health plan's customer service did not always give them the information or help they needed.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Respondents reported that forms from their health plan were often not easy to fill out.
Rating of All Health Care
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Respondents reported that it was often not easy to obtain appointments with specialists.
Rating of Personal Doctor
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.

2018 CAHPS Performance Measures

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 53 core questions that yield 14 measures. These measures include four global rating questions, five composite measures, two individual item measures, and three Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect overall satisfaction with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "Getting Needed Care" or "Getting Care Quickly"). The individual item measures are individual questions that look at a specific area of care (e.g., "Coordination of Care" and "Health Promotion and Education"). The Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation.

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

Table 2-1—CAHPS Measures

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

How CAHPS Results Were Collected

HSAG's survey methodology ensured the collection of CAHPS data is consistent throughout all plans to allow for comparisons. The sampling procedures and survey protocol that were adhered to are described below.

Sampling Procedures

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

- Were 19 years of age or older as of February 28, 2018.
- Were currently enrolled in an HMP health plan.
- Had been continuously enrolled in the plan for at least five out of six months (September 1, 2017 to February 28, 2018).

Next, a sample of members was selected for inclusion in the survey. For each HMP health plan, no more than one member per household was selected as part of the survey samples. A sample of 1,350 adult members was selected from each HMP health plan. HAP Midwest Health Plan had fewer than 1,350 adult members who were eligible for inclusion in the survey; therefore, each member from HAP Midwest Health Plan's eligible population was included in the sample. Table 3-1 in the Results section provides an overview of the sample sizes for each plan. 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.

Survey Protocol

The survey administration protocol employed was a mixed-mode methodology, which allowed for two methods by which members could complete a survey. The first, or mail phase, consisted of sampled members receiving a survey via mail. All sampled 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 members who did not mail in a completed survey. At least three CATI calls to each non-respondent were attempted. It has been shown that the addition of the telephone phase aids in the reduction of non-

response bias by increasing the number of respondents who are more demographically representative of a plan's population.[2-1]

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

Table 2-2—CAHPS Mixed-Mode Methodology Survey Timeline

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

---

[2-1] 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 HMP Program average. HSAG combined results from the HMP health plans to calculate the HMP Program average. This section provides an overview of each analysis.

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible members of the sample. HSAG considered a survey completed if members answered at least three of the following five questions: 3, 15, 24, 28, and 35. 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 eligibility criteria), were mentally or physically incapacitated, or had a language barrier.

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

Demographics of Adult Members

The demographics analysis evaluated the following demographic information of adult members. The demographic characteristics included age, gender, race/ethnicity, level of education, and general health status. MDHHS should exercise caution when extrapolating the survey results to the entire population if the respondent population differs significantly from the actual population of the plan.

National Comparisons

HSAG conducted an analysis of the CAHPS survey results using NCQA HEDIS Specifications for Survey Measures. In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure.[2-2] 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. 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

Table 2-4, on the following page, shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall member satisfaction ratings on each CAHPS measure.[2-3] NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure, and the Health Promotion and Education individual item measure; therefore, star ratings could not be assigned for these measures. In addition, there are no national benchmarks available for this population; therefore, national adult Medicaid data were used for comparative purposes.[2-4] Although NCQA requires a minimum of 100 responses on each item in order to report the item as a reportable CAHPS Survey result, HSAG presented results with fewer than 100 responses, which are denoted with a cross (+). Caution should be exercised when evaluating measures' results with fewer than 100 responses.

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

[2-3] National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2018.* Washington, DC: NCQA; February 5, 2018.

[2-4] Given the potential differences in demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA HEDIS Benchmarks and Thresholds for Accreditation.

Table 2-4—Overall Member Satisfaction Ratings Crosswalk

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.55	2.51	2.46	2.39
Rating of All Health Care	2.48	2.44	2.39	2.35
Rating of Personal Doctor	2.57	2.53	2.50	2.43
Rating of Specialist Seen Most Often	2.59	2.56	2.51	2.48
Getting Needed Care	2.47	2.43	2.39	2.33
Getting Care Quickly	2.52	2.47	2.43	2.37
How Well Doctors Communicate	2.64	2.58	2.54	2.48
Customer Service	2.61	2.58	2.54	2.48
Coordination of Care	2.53	2.48	2.43	2.36

Statewide Comparisons

Global Ratings, Composite Measures, and Individual Item Measures

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.[2-5] 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, and Customer Service composites, and the Coordination of Care individual item;
- "Yes" for the Shared Decision Making composite and the Health Promotion and Education individual item.

Effectiveness of Care Measures: Medical Assistance with Smoking and Tobacco Use Cessation

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

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

[2-5] National Committee for Quality Assurance. *HEDIS® 2018, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2017.

These rates assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. The 2018 rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results. Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measures, as the 2018 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2017 or 2018.

Weighting

A weighted MDHHS HMP Program average was calculated. Results were weighted based on the total eligible population for each plan's adult HMP population.

HMP Health Plan Comparisons

The results of the HMP health plans were compared to the MDHHS HMP 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 HMP health plans' means was significant. If the F test demonstrated plan-level differences (i.e., p value < 0.05), then a t test was performed for each HMP health plan. The t test determined whether each HMP health plan's mean was statistically significantly different from the MDHHS HMP 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.

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 2018 were statistically significantly different from results in 2017. 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 measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how *well* the MDHHS HMP Program is performing on the survey item and 2) how *important* that item is to overall satisfaction.

Table 2-5 provides a list of the survey items considered for the key drivers analysis for the Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor global ratings.

Table 2-5—Correlation Matrix

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4. Received Care as Soon as Wanted	✓	✓	✓
Q7. Received Appointment as Soon as Wanted	✓	✓	✓
Q13. Doctor Talked About Specific Things to Prevent Illness	✓	✓	✓
Q15. Doctor Talked About Reasons to Take a Medicine	✓	✓	✓
Q16. Doctor Talked About Reasons Not to Take a Medicine	✓	✓	✓
Q17. Doctor Asked About Best Medicine Choice for You	✓	✓	✓
Q19. Getting Care Believed Necessary	✓	✓	✓
Q22. Doctor Explained Things in Way They Could Understand	✓	✓	✓
Q23. Doctor Listened Carefully	✓	✓	✓
Q24. Doctor Showed Respect.	✓	✓	✓
Q25. Doctor Spent Enough Time with Patient	✓	✓	✓
Q27. Doctor Seemed Informed and Up-to-Date About Care from Other Doctors or Health Providers	✓	✓	✓
Q30. Seeing a Specialist	✓	✓	
Q34. Information in Written Materials or on the Internet About Health Plan Provided Information Needed	✓	✓	
Q36. Obtaining Help Needed from Customer Service	✓	✓	
Q37. Health Plan Customer Service Treated with Courtesy and Respect	✓	✓	
Q39. Forms from Health Plan Easy to Fill Out	✓	✓	

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.[2-6]

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 the plan. These analyses identify whether respondents give different ratings of satisfaction with their plan. The survey by itself does not necessarily reveal the exact cause of these differences.

[2-6] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

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.

National Data for Comparisons

While comparisons to national data were performed for the survey measures, it is important to note that the survey instrument utilized for the 2018 survey administration was the standard CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set; however, the population being surveyed was not a standard adult Medicaid population. There are currently no available benchmarks for this population; therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

Who Responded to the Survey

A total of 14,083 surveys were distributed to adult members. A total of 4,032 surveys were completed. A survey was considered complete if members answered at least three of the following five questions on the survey: 3, 15, 24, 28, and 35. 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), were mentally or physically incapacitated, or had a language barrier.

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

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

Plan Name	Sample Size	Completes	Ineligibles	Response Rates
MDHHS HMP Program	**14,083**	**4,032**	**266**	**29.18%**
Aetna Better Health of Michigan	1,350	262	24	19.76%
Blue Cross Complete of Michigan	1,350	387	22	29.14%
HAP Midwest Health Plan	583	110	10	19.20%
Harbor Health Plan	1,350	272	30	20.61%
McLaren Health Plan	1,350	492	28	37.22%
Meridian Health Plan of Michigan	1,350	416	20	31.28%
Molina Healthcare of Michigan	1,350	379	21	28.52%
Priority Health Choice, Inc.	1,350	443	16	33.21%
Total Health Care, Inc.	1,350	385	27	29.10%
UnitedHealthcare Community Plan	1,350	348	44	26.65%
Upper Peninsula Health Plan	1,350	538	24	40.57%

Demographics of Adult Members

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

Table 3-2—Adult Member Demographics: Age

Plan Name	19 to 24	25 to 34	35 to 44	45 to 54	55 and older
MDHHS HMP Program	**7.5%**	**13.6%**	**14.1%**	**25.8%**	**39.0%**
Aetna Better Health of Michigan	5.8%	16.3%	13.2%	29.5%	35.3%
Blue Cross Complete of Michigan	7.1%	16.8%	15.5%	25.5%	35.0%
HAP Midwest Health Plan	5.5%	15.6%	15.6%	18.3%	45.0%
Harbor Health Plan	2.7%	9.1%	13.3%	31.4%	43.6%
McLaren Health Plan	8.5%	15.1%	11.8%	26.5%	38.1%
Meridian Health Plan of Michigan	9.5%	15.8%	12.7%	26.5%	35.5%
Molina Healthcare of Michigan	7.6%	13.2%	15.9%	24.9%	38.4%
Priority Health Choice, Inc.	6.2%	12.9%	12.9%	25.7%	42.3%
Total Health Care, Inc.	7.1%	12.2%	15.3%	22.8%	42.6%
UnitedHealthcare Community Plan	12.5%	11.1%	16.0%	26.2%	34.1%
Upper Peninsula Health Plan	6.7%	12.0%	14.8%	24.3%	42.2%
Please note, percentages may not total 100.0% due to rounding.					

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

Table 3-3—Adult Member Demographics: Gender

Plan Name	Male	Female
MDHHS HMP Program	**46.6%**	**53.4%**
Aetna Better Health of Michigan	48.2%	51.8%
Blue Cross Complete of Michigan	48.6%	51.4%
HAP Midwest Health Plan	60.9%	39.1%
Harbor Health Plan	60.2%	39.8%
McLaren Health Plan	46.0%	54.0%
Meridian Health Plan of Michigan	44.4%	55.6%
Molina Healthcare of Michigan	38.8%	61.2%
Priority Health Choice, Inc.	44.9%	55.1%
Total Health Care, Inc.	47.9%	52.1%
UnitedHealthcare Community Plan	44.8%	55.2%
Upper Peninsula Health Plan	44.2%	55.8%
Please note, percentages may not total 100.0% due to rounding.		

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

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

Plan Name	White	Hispanic	Black	Asian	Other	Multi-Racial
MDHHS HMP Program	**66.5%**	**3.4%**	**20.0%**	**2.0%**	**3.1%**	**5.0%**
Aetna Better Health of Michigan	49.8%	3.5%	37.1%	2.3%	1.2%	6.2%
Blue Cross Complete of Michigan	56.3%	2.4%	29.8%	1.9%	3.5%	6.2%
HAP Midwest Health Plan	71.0%	2.8%	13.1%	1.9%	1.9%	9.3%
Harbor Health Plan	17.1%	3.5%	68.5%	1.2%	3.9%	5.8%
McLaren Health Plan	81.6%	3.4%	5.7%	1.9%	2.1%	5.3%
Meridian Health Plan of Michigan	74.1%	4.2%	10.6%	2.7%	2.0%	6.4%
Molina Healthcare of Michigan	54.8%	4.0%	29.6%	4.3%	4.0%	3.2%
Priority Health Choice, Inc.	84.4%	5.7%	4.8%	0.5%	1.1%	3.4%
Total Health Care, Inc.	48.4%	2.7%	37.6%	2.4%	3.5%	5.4%
UnitedHealthcare Community Plan	68.7%	2.9%	13.5%	4.1%	7.0%	3.8%
Upper Peninsula Health Plan	89.9%	1.9%	0.4%	0.2%	3.6%	4.1%
Please note, percentages may not total 100.0% due to rounding.						

Table 3-5 depicts the level of education of members who completed a CAHPS survey.

Table 3-5—Adult Member Demographics: Education

Plan Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
MDHHS HMP Program	**2.6%**	**12.3%**	**40.6%**	**32.6%**	**11.9%**
Aetna Better Health of Michigan	2.0%	13.3%	45.3%	27.3%	12.1%
Blue Cross Complete of Michigan	2.4%	10.8%	31.8%	37.3%	17.8%
HAP Midwest Health Plan	0.0%	13.8%	41.3%	35.8%	9.2%
Harbor Health Plan	3.8%	14.4%	44.1%	30.8%	6.8%
McLaren Health Plan	1.3%	14.0%	43.1%	30.8%	10.8%
Meridian Health Plan of Michigan	2.2%	11.8%	45.3%	26.7%	14.0%
Molina Healthcare of Michigan	6.8%	15.3%	34.3%	34.1%	9.5%
Priority Health Choice, Inc.	2.1%	10.1%	40.4%	35.1%	12.4%
Total Health Care, Inc.	2.4%	16.5%	39.9%	30.9%	10.4%
UnitedHealthcare Community Plan	4.7%	13.7%	37.0%	29.7%	14.9%
Upper Peninsula Health Plan	0.7%	6.6%	43.8%	38.2%	10.7%
Please note, percentages may not total 100.0% due to rounding.					

Table 3-6 depicts the general health status of members who completed a CAHPS survey.

Table 3-6—Adult Member Demographics: General Health Status

Plan Name	Excellent	Very Good	Good	Fair	Poor
MDHHS HMP Program	**9.2%**	**24.2%**	**38.5%**	**21.6%**	**6.5%**
Aetna Better Health of Michigan	9.8%	24.2%	35.2%	22.3%	8.6%
Blue Cross Complete of Michigan	12.7%	26.7%	36.1%	20.8%	3.8%
HAP Midwest Health Plan	4.6%	20.4%	38.9%	27.8%	8.3%
Harbor Health Plan	11.5%	16.5%	37.3%	27.7%	6.9%
McLaren Health Plan	7.4%	25.4%	40.0%	21.6%	5.6%
Meridian Health Plan of Michigan	7.4%	25.5%	42.6%	18.4%	6.1%
Molina Healthcare of Michigan	10.7%	21.7%	37.0%	23.1%	7.5%
Priority Health Choice, Inc.	6.4%	26.8%	41.5%	17.2%	8.0%
Total Health Care, Inc.	8.9%	23.1%	33.3%	27.3%	7.3%
UnitedHealthcare Community Plan	9.8%	24.9%	36.4%	21.7%	7.2%
Upper Peninsula Health Plan	10.1%	25.0%	41.3%	18.4%	5.3%
Please note, percentages may not total 100.0% due to rounding.					

National Comparisons

In order to assess the overall performance of the MDHHS Healthy Michigan Program, HSAG scored each CAHPS measure on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the plans' and program's three-point mean scores to NCQA HEDIS Benchmarks and Thresholds for Accreditation.[3-1]

Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-7.

Table 3-7—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 the overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.[3-2]

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

[3-2] Given the potential differences in demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA HEDIS Benchmarks and Thresholds for Accreditation.

Table 3-8 shows the overall member satisfaction ratings on each of the four global ratings.

Table 3-8—National Comparisons – Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
MDHHS HMP Program	★★★ **2.47**	★★ **2.37**	★★★ **2.50**	★★★★ **2.57**
Aetna Better Health of Michigan	★★ 2.45	★ 2.32	★★ 2.46	★★★★+ 2.57
Blue Cross Complete of Michigan	★★★ 2.50	★★★ 2.39	★★ 2.46	★★★★★ 2.60
HAP Midwest Health Plan	★ 2.38	★+ 2.34	★+ 2.36	★+ 2.41
Harbor Health Plan	★ 2.30	★ 2.22	★ 2.31	★★★+ 2.54
McLaren Health Plan	★★ 2.44	★★ 2.35	★★★ 2.50	★★★ 2.55
Meridian Health Plan of Michigan	★★ 2.41	★ 2.32	★★ 2.46	★★★ 2.55
Molina Healthcare of Michigan	★★★ 2.49	★ 2.29	★★ 2.49	★★★ 2.52
Priority Health Choice, Inc.	★★★ 2.50	★★★★ 2.46	★★★ 2.52	★★★ 2.55
Total Health Care, Inc.	★★★★ 2.52	★★★★ 2.44	★★★★★ 2.59	★★★★★ 2.62
UnitedHealthcare Community Plan	★★ 2.42	★ 2.34	★★★ 2.50	★★★★★ 2.65
Upper Peninsula Health Plan	★★★★★ 2.58	★★★★★ 2.48	★★★★★ 2.58	★★★★ 2.58
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.				

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

Table 3-9 shows the overall member satisfaction ratings on four of the composite measures and one individual item measure.[3-3]

Table 3-9—National Comparisons – Composite and Individual Item Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
MDHHS HMP Program	★★★ **2.39**	★★★ **2.46**	★★★★★ **2.68**	★★★★ **2.59**	★★ **2.42**
Aetna Better Health of Michigan	★★ 2.36	★★★ 2.45	★★★★ 2.62	★★★★+ 2.60	★★★+ 2.45
Blue Cross Complete of Michigan	★★★ 2.42	★★★★ 2.50	★★★★★ 2.68	★★★★ 2.59	★ 2.31
HAP Midwest Health Plan	★★+ 2.38	★★+ 2.40	★★★★+ 2.60	★★★★★+ 2.61	★+ 2.22
Harbor Health Plan	★★ 2.37	★ 2.34	★★★★ 2.60	★★★★ 2.59	★★★★★+ 2.55
McLaren Health Plan	★★ 2.34	★★★ 2.45	★★★★★ 2.64	★★★★+ 2.59	★ 2.33
Meridian Health Plan of Michigan	★★★ 2.40	★★ 2.42	★★★★★ 2.68	★★★ 2.55	★★ 2.36
Molina Healthcare of Michigan	★★ 2.37	★★★ 2.44	★★★★★ 2.68	★★★+ 2.55	★★★ 2.46
Priority Health Choice, Inc.	★★ 2.37	★★★★ 2.47	★★★★★ 2.68	★★★★★ 2.66	★★★ 2.47
Total Health Care, Inc.	★★★★ 2.45	★★★★★ 2.52	★★★★★ 2.71	★★★★ 2.58	★★ 2.40
UnitedHealthcare Community Plan	★ 2.32	★★ 2.39	★★★★★ 2.74	★★★+ 2.55	★★★★★ 2.59
Upper Peninsula Health Plan	★★★★★ 2.47	★★★★★ 2.52	★★★★★ 2.73	★★★★★ 2.64	★★★ 2.44
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.					

The MDHHS HMP Program scored at or above the 90th percentile for the How Well Doctors Communicate composite measure. The MDHHS HMP Program scored at or between the 75th and 89th percentiles for the Customer Service composite measure. The MDHHS HMP Program scored at or between the 50th and 74th percentiles for two composite measures: Getting Needed Care and Getting Care Quickly. The MDHHS HMP Program scored at or between the 25th and 49th percentiles for the Coordination of Care individual item measure.

[3-3] NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure, and the Health Promotion and Education individual item measure; 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, and Customer Service composites, and the Coordination of Care individual item;
- "Yes" for the Shared Decision Making composite and the Health Promotion and Education individual item.

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

The MDHHS HMP Program results were weighted based on the eligible population for each adult population (i.e., HMP health plans). HSAG compared the HMP health plan results to the MDHHS HMP Program average to determine if the HMP health plan results were statistically significantly different than the MDHHS HMP Program average. The NCQA adult Medicaid national averages also are presented for comparison.[3-4,3-5] Colors in the figures note statistically significant differences. Green indicates a top-box rate that was statistically significantly higher than the MDHHS HMP Program average. Conversely, red indicates a top-box rate that was statistically significantly lower than the MDHHS HMP Program average. Blue represents top-box rates that were not statistically significantly different from the MDHHS HMP Program average. Health plan 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 may be similar, but one was statistically significantly different from the MDHHS HMP Program average, and the other was not. In these instances, it was the difference in the number of respondents between the two plans that explains the different statistical results. It is more likely that a significant result will be found in a plan with a larger number of respondents.

[3-4] Given the potential differences in demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid national averages.

[3-5] 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

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Figure 3-1 shows the Rating of Health Plan top-box rates.
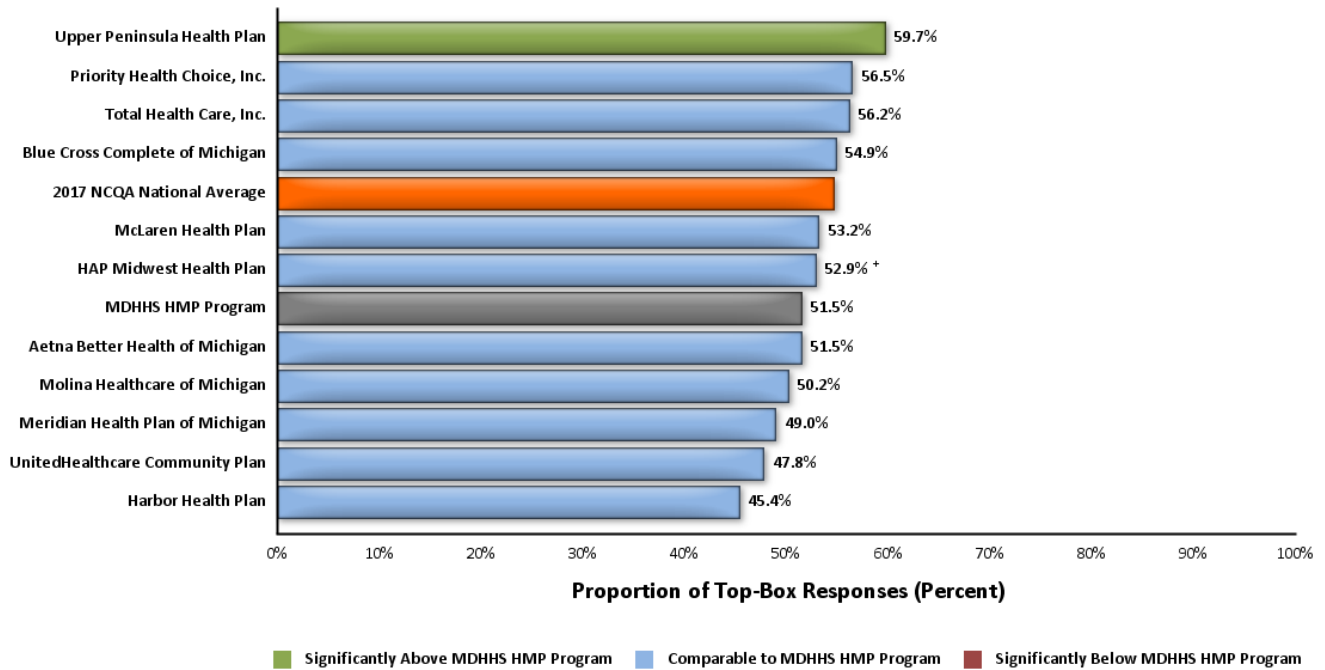
Figure 3-1—Rating of Health Plan Top-Box Rates
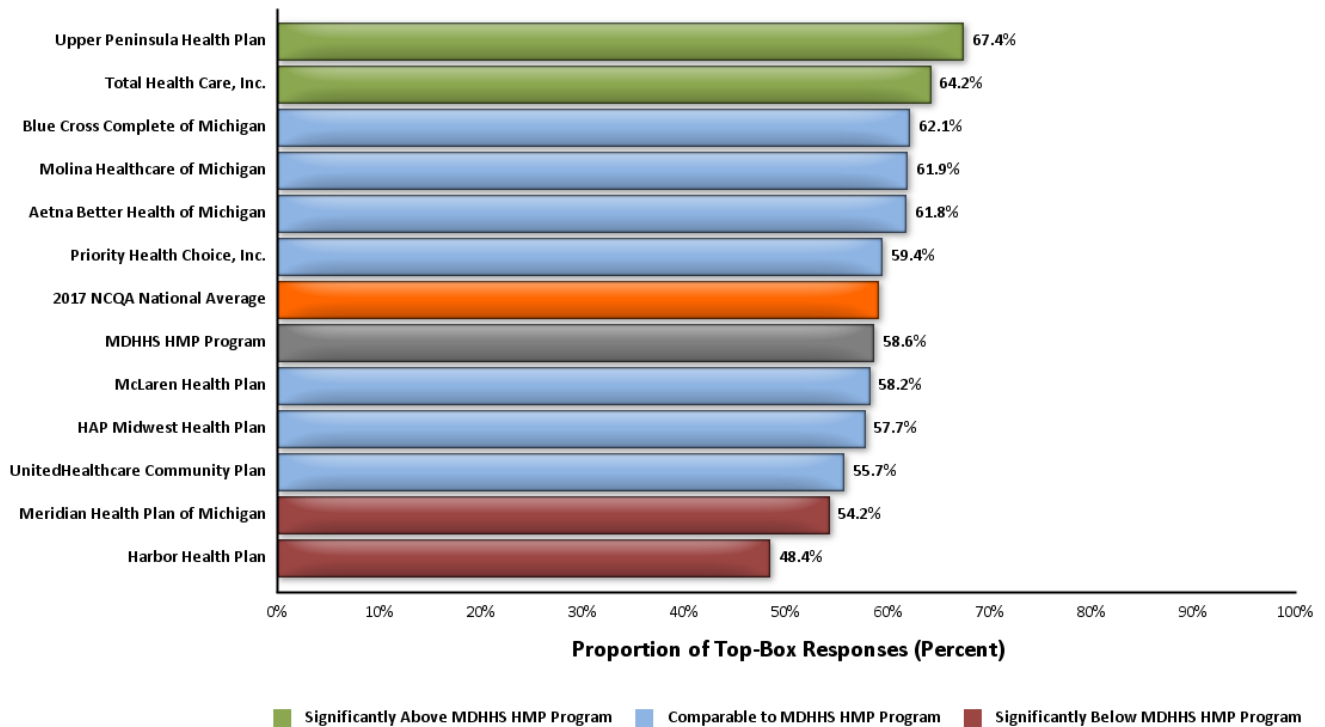
Rating of All Health Care

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

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

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

Rating of Personal Doctor

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

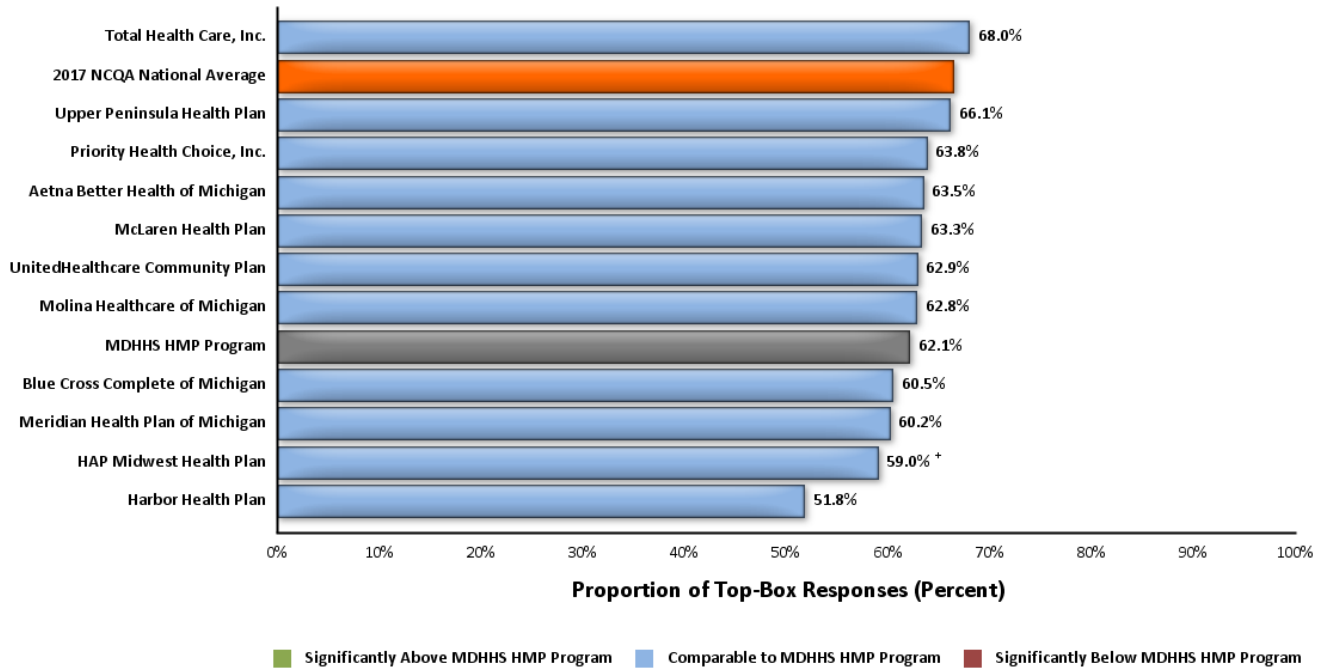**Figure 3-3—Rating of Personal Doctor Top-Box Rates**

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

Rating of Specialist Seen Most Often

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

Figure 3-4—Rating of Specialist Seen Most Often Top-Box Rates
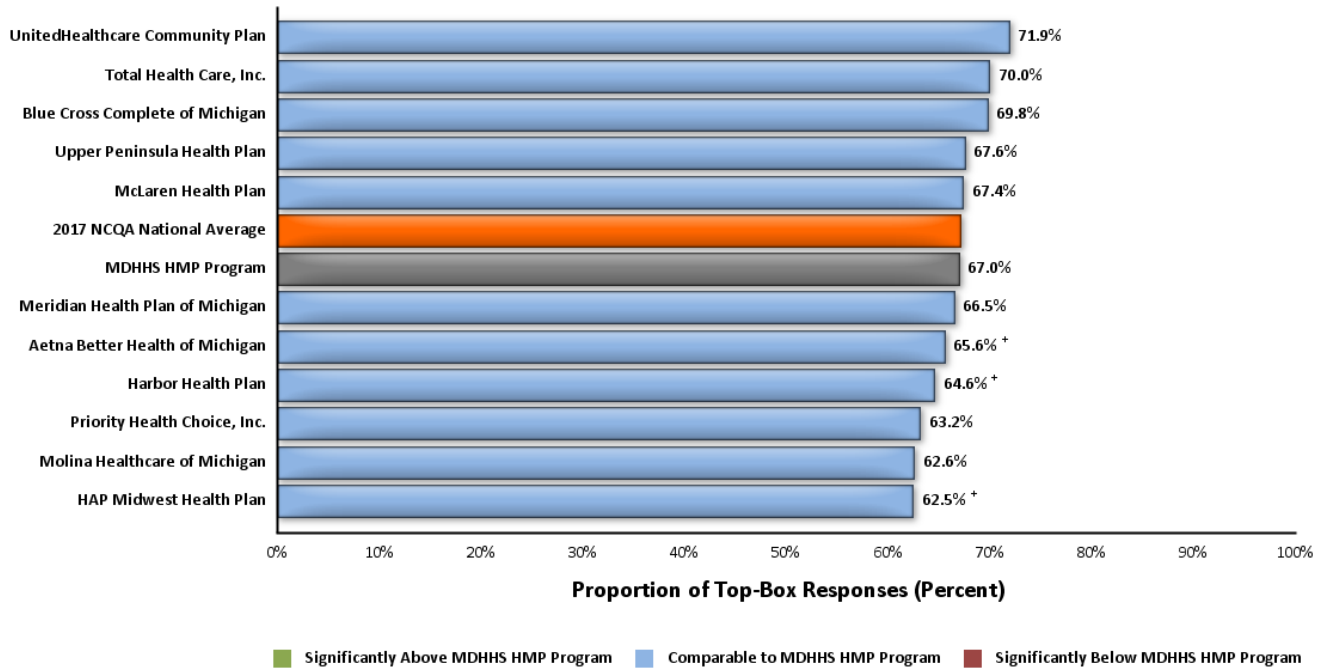
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Composite Measures

Getting Needed Care

Two questions (Questions 19 and 30) were asked to assess how often it was easy to get needed care:

- **Question 19**. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
    - o Never
    - o Sometimes
    - o Usually
    - o Always
- **Question 30**. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
    - o Never
    - o Sometimes
    - o Usually
    - o Always

For purposes of the 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.
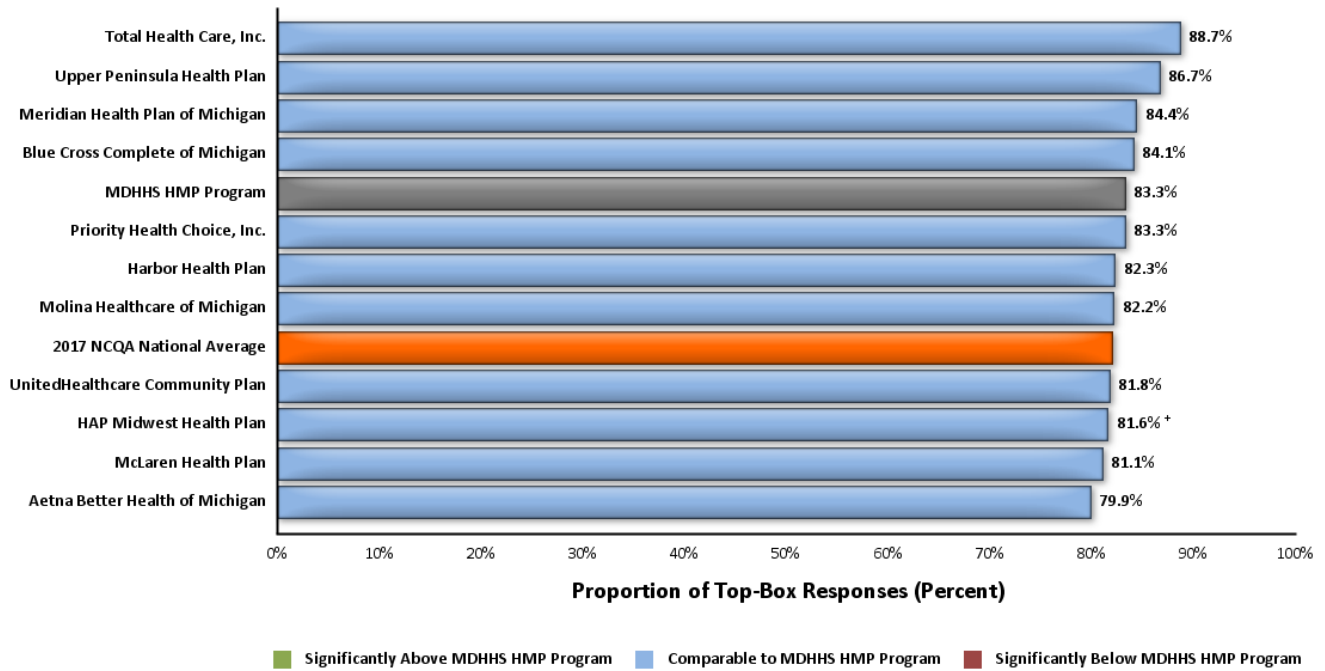
Getting Care Quickly

Two questions (Questions 4 and 7) were asked to assess how often adult members received care quickly:

- **Question 4**. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?
    - o Never
    - o Sometimes
    - o Usually
    - o Always
- **Question 7**. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> at a doctor's office or clinic as soon as you needed?
    - o Never
    - o Sometimes
    - o Usually
    - o Always

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

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

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

How Well Doctors Communicate

A series of four questions (Questions 22, 23, 24, and 25) was asked to assess how often doctors communicated well:

- **Question 22**. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
    - o Never
    - o Sometimes
    - o Usually
    - o Always
- **Question 23**. In the last 6 months, how often did your personal doctor listen carefully to you?
    - o Never
    - o Sometimes
    - o Usually
    - o Always
- **Question 24**. In the last 6 months, how often did your personal doctor show respect for what you had to say?
    - o Never
    - o Sometimes
    - o Usually
    - o Always
- **Question 25**. In the last 6 months, how often did your personal doctor spend enough time with you?
    - o Never
    - o Sometimes
    - o Usually
    - o Always

For purposes of the 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

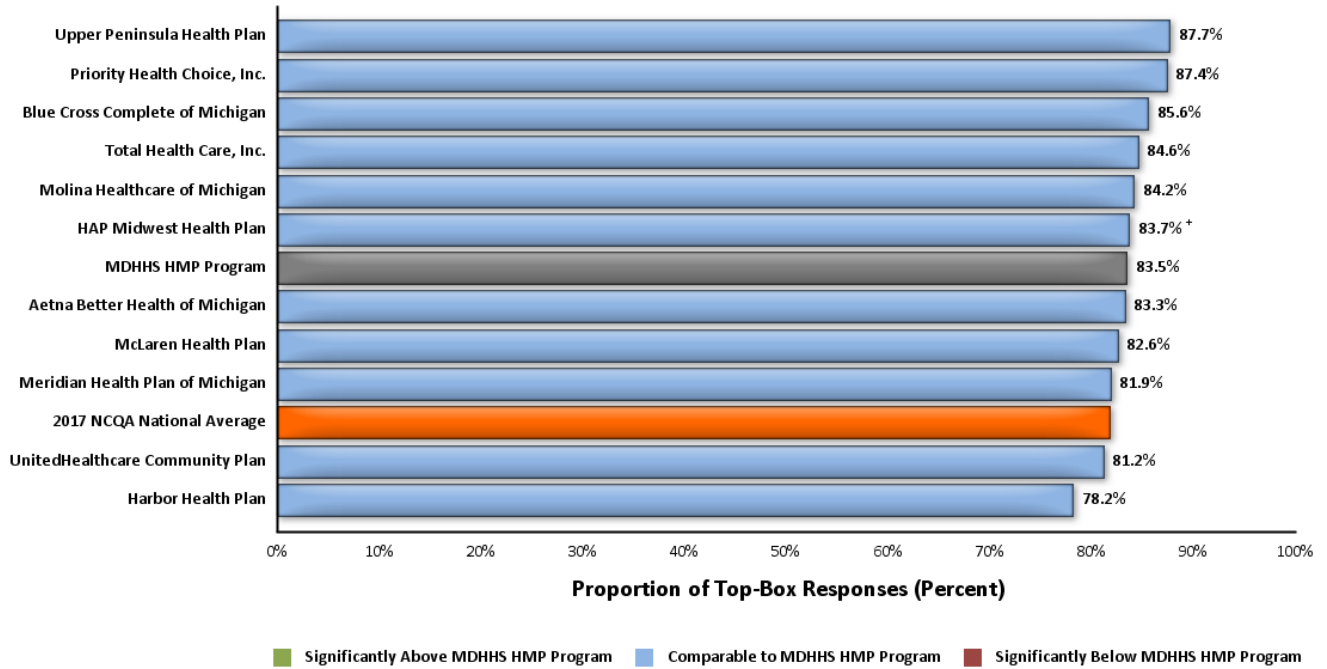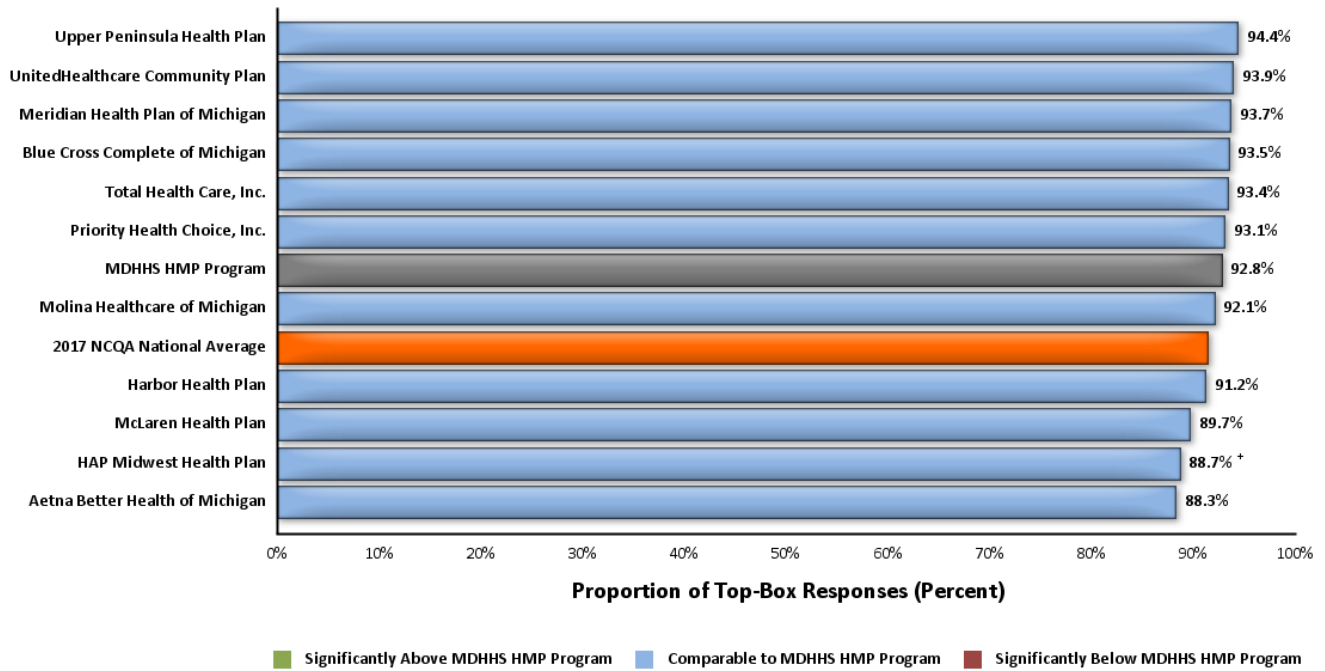Two questions (Questions 36 and 37) were asked to assess how often adult members were satisfied with customer service:

- **Question 36**. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
    - o Never
    - o Sometimes
    - o Usually
    - o Always
- **Question 37**. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
    - o Never
    - o Sometimes
    - o Usually
    - o Always

For purposes of the 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
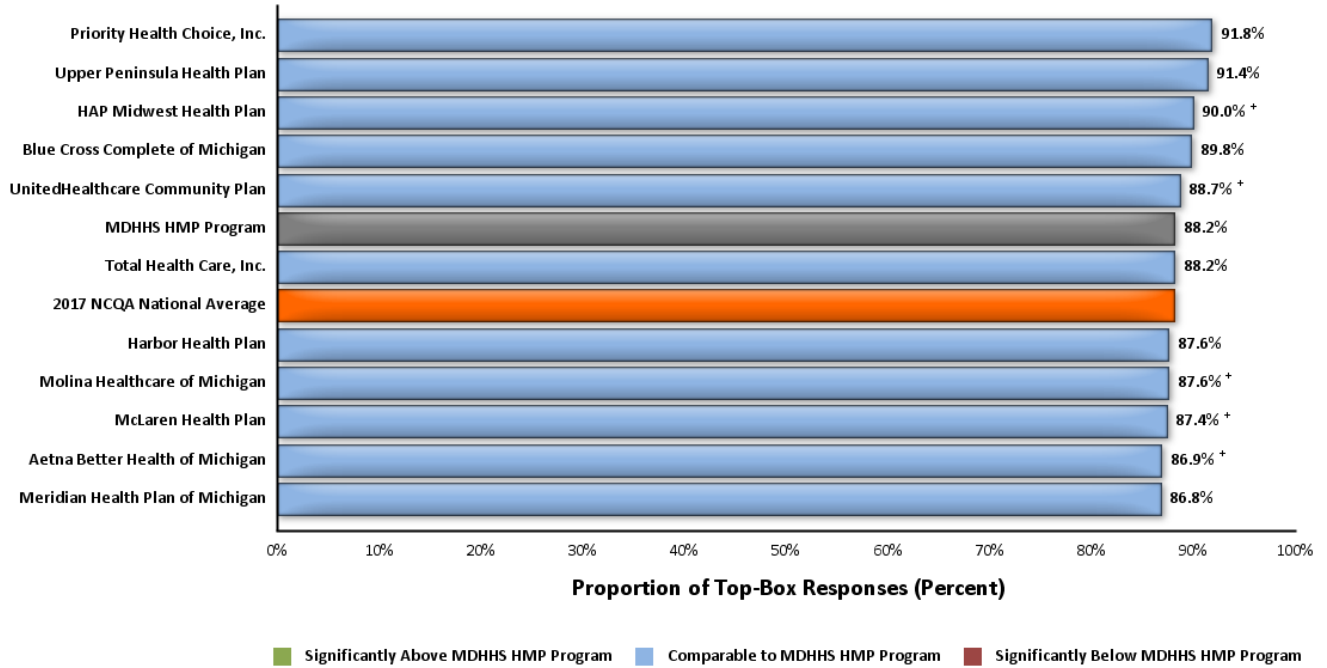
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Shared Decision Making

Three questions (Questions 15, 16, and 17) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine:

- **Question 15**. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
    - o Yes
    - o No
- **Question 16**. Did you and a doctor or other health provider talk about the reasons you might <u>not</u> want to take a medicine?
    - o Yes
    - o No
- **Question 17**. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
    - o Yes
    - o No

For purposes of the 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.

Individual Item Measures

Coordination of Care

Adult members were asked one question (Question 27) to assess how often their personal doctor seemed informed and up-to-date about care they received from another doctor:

- **Question 27**. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?
    - o Never
    - o Sometimes
    - o Usually
    - o Always

For purposes of the 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 3-10 shows the Coordination of Care top-box rates.

Figure 3-10—Coordination of Care Top-Box Rates

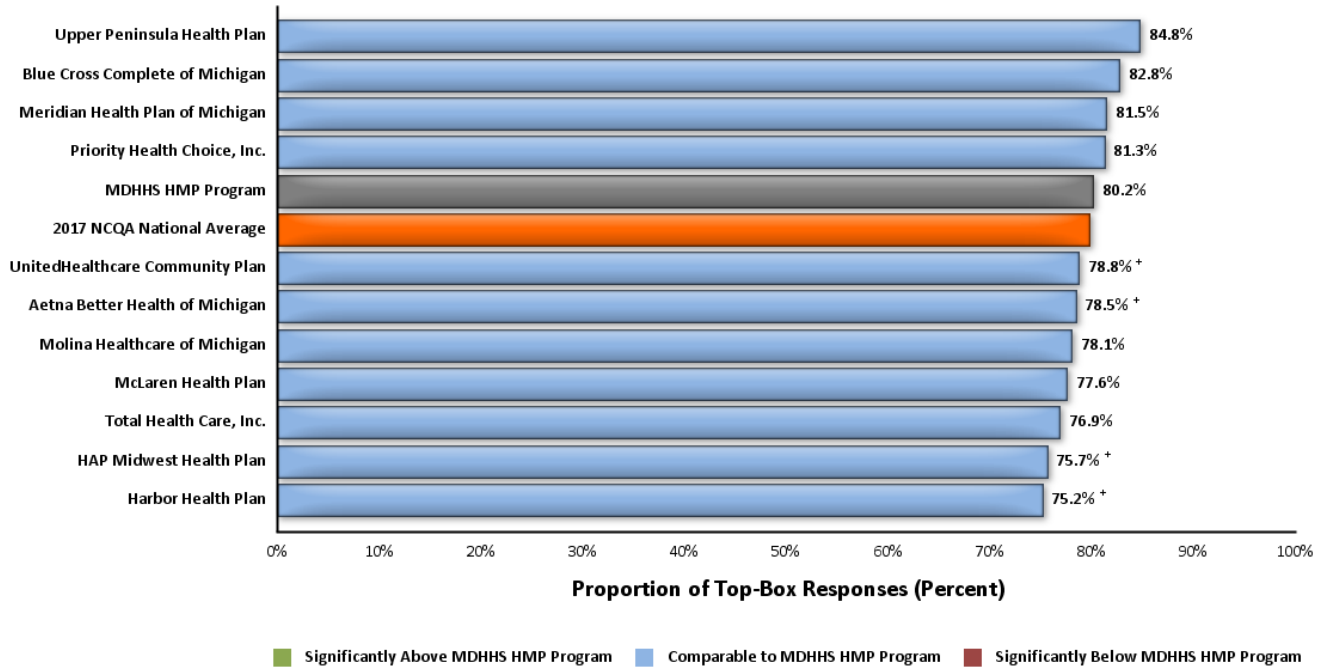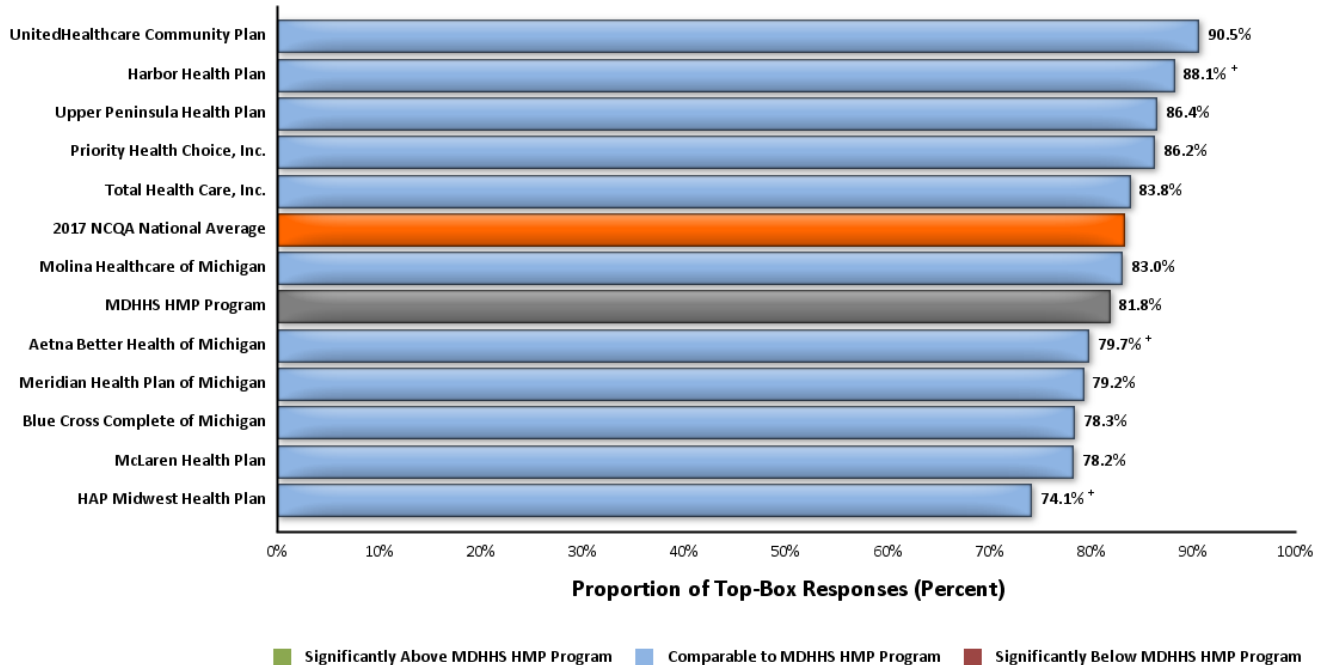+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Health Promotion and Education

Adult members were asked one question (Question 13) to assess if their doctor talked with them about specific things they could do to prevent illness:

- **Question 13**. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?
  - o Yes
  - o No

For purposes of the analysis, HSAG calculated top-box rates for the Health Promotion and Education individual item measure, which was defined as a response of "Yes." Figure 3-11 shows the Health Promotion and Education top-box rates.

Figure 3-11—Health Promotion and Education Top-Box Rates
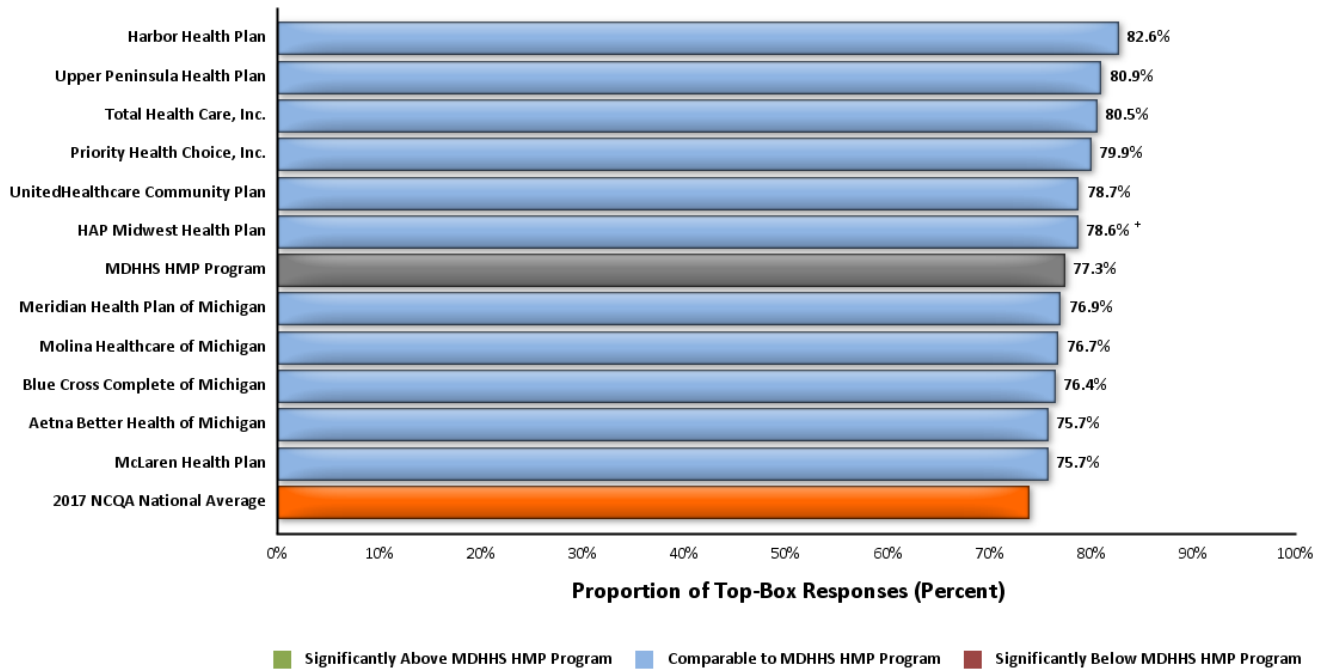
Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

Adult members were asked how often they were advised to quit smoking or using tobacco by a doctor or other health provider (Question 46):

- **Question 46**. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
    - o Never
    - o Sometimes
    - o Usually
    - o Always

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question. Figure 3-12 shows the Advising Smokers and Tobacco Users to Quit rates.

Figure 3-12—Advising Smokers and Tobacco Users to Quit Rates
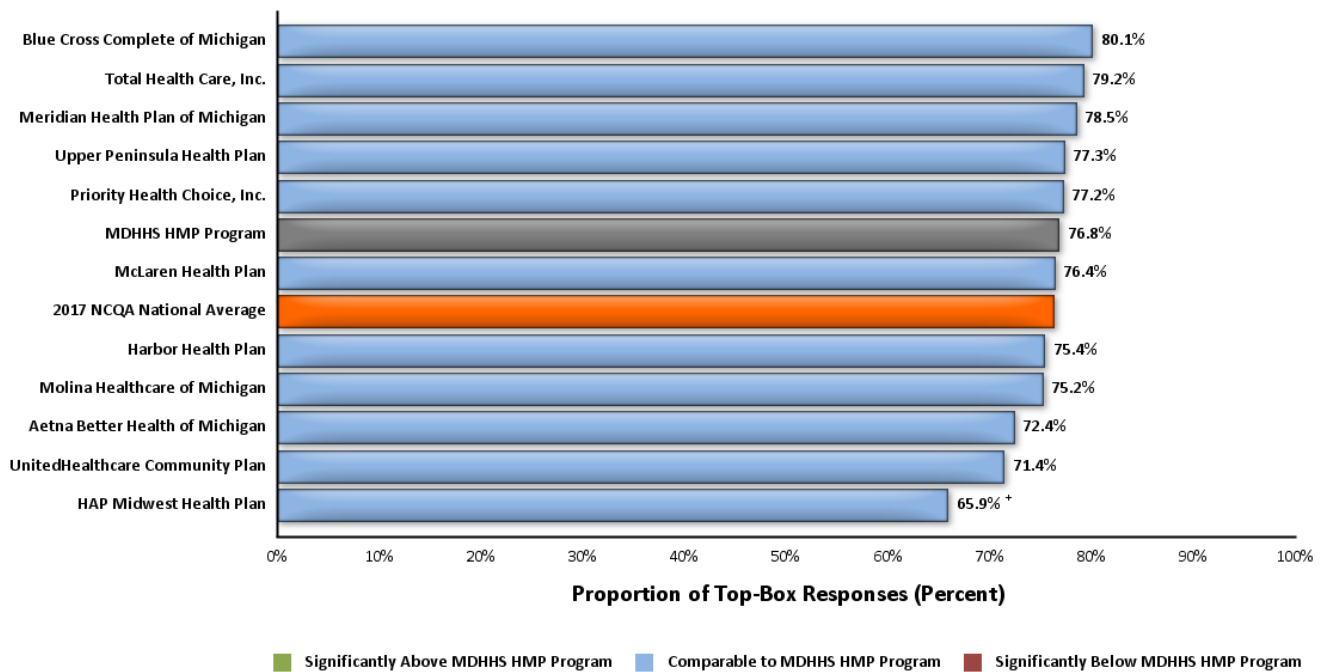
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Discussing Cessation Medications

Adult members were asked how often medication was recommended or discussed by a doctor or other health provider to assist them with quitting smoking or using tobacco (Question 47):

- **Question 47**. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
    - o Never
    - o Sometimes
    - o Usually
    - o Always

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question. Figure 3-13 shows the Discussing Cessation Medications rates.

Figure 3-13—Discussing Cessation Medications Rates

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

Discussing Cessation Strategies

Adult members were asked how often their doctor or health provider discussed or provided methods and strategies other than medication to assist them with quitting smoking or using tobacco (Question 48):

- **Question 48**. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
  - o Never
  - o Sometimes
  - o Usually
  - o Always

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question. Figure 3-14 shows the Discussing Cessation Strategies rates.

Figure 3-14—Discussing Cessation Strategies Rates

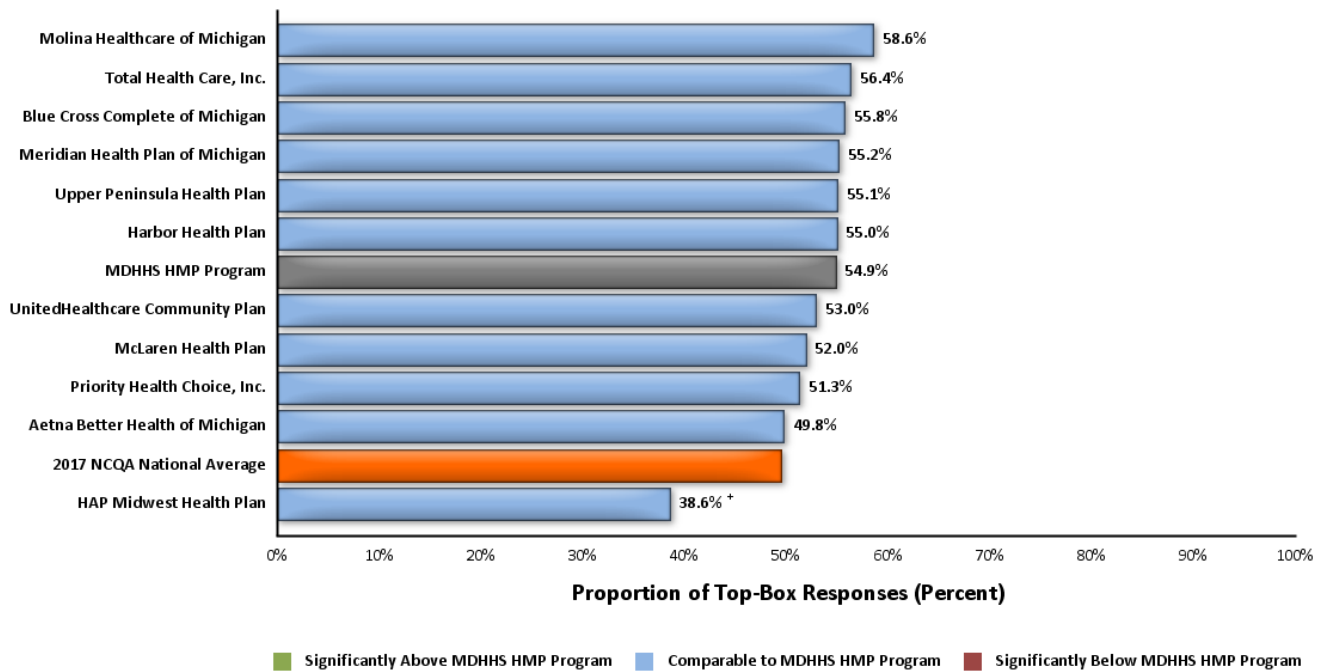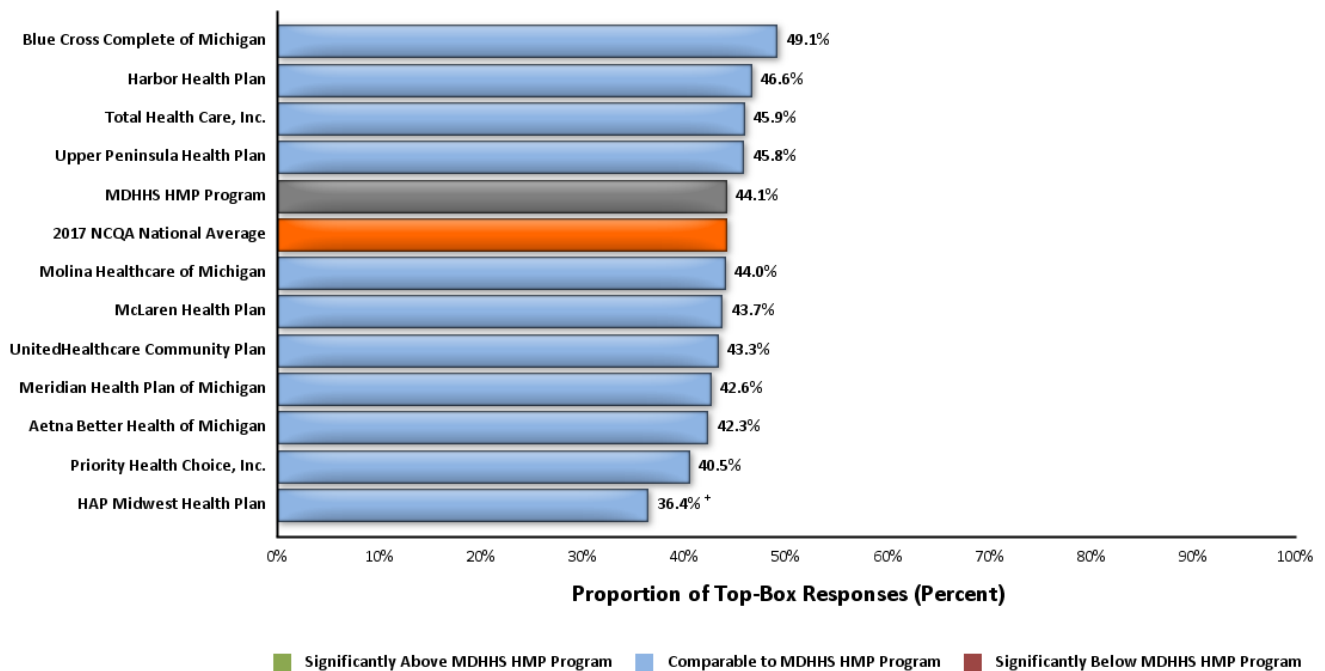+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Summary of Results

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

Table 3-10—Statewide Comparisons: Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Aetna Better Health of Michigan	—	—	—	—+
Blue Cross Complete of Michigan	—	—	—	—
HAP Midwest Health Plan	—	—+	—+	—+
Harbor Health Plan	↓	—	—	—+
McLaren Health Plan	—	—	—	—
Meridian Health Plan of Michigan	↓	—	—	—
Molina Healthcare of Michigan	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—
Total Health Care, Inc.	↑	—	—	—
UnitedHealthcare Community Plan	—	—	—	—
Upper Peninsula Health Plan	↑	↑	—	—

+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
↑ *Indicates the plan's score is statistically significantly above the MDHHS HMP Program average.*
↓ *Indicates the plan's score is statistically significantly below the MDHHS HMP Program average.*
— *Indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.*

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

Table 3-11—Statewide Comparisons: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Aetna Better Health of Michigan	—	—	—	—+	—+
Blue Cross Complete of Michigan	—	—	—	—	—
HAP Midwest Health Plan	—+	—+	—+	—+	—+
Harbor Health Plan	—	—	—	—	—+
McLaren Health Plan	—	—	—	—+	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—+	—
Priority Health Choice, Inc.	—	—	—	—	—
Total Health Care, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—+	—+
Upper Peninsula Health Plan	—	—	—	—	—

+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
↑ *Indicates the plan's score is statistically significantly above the MDHHS HMP Program average.*
↓ *Indicates the plan's score is statistically significantly below the MDHHS HMP Program average.*
— *Indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.*

Table 3-12 provides a summary of the Statewide Comparisons for the individual item and Effectiveness of Care measures.

Table 3-12—Statewide Comparisons: Individual Item and Effectiveness of Care Measures

Plan Name	Coordination of Care	Health Promotion and Education	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
Aetna Better Health of Michigan	—⁺	—	—	—	—
Blue Cross Complete of Michigan	—	—	—	—	—
HAP Midwest Health Plan	—⁺	—⁺	—⁺	—⁺	—⁺
Harbor Health Plan	—⁺	—	—	—	—
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Total Health Care, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	—	—	—	—	—

+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
↑ *Indicates the plan's score is statistically significantly above the MDHHS HMP Program average.*
↓ *Indicates the plan's score is statistically significantly below the MDHHS HMP Program average.*
— *Indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.*

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 scores were compared to the 2017 CAHPS 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

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Table 4-1 shows the 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
MDHHS HMP Program	**58.5%**	**58.6%**	—
Aetna Better Health of Michigan	51.2%	61.8%	▲
Blue Cross Complete of Michigan	55.7%	62.1%	—
HAP Midwest Health Plan	45.7%[+]	57.7%	—
Harbor Health Plan	54.5%	48.4%	—
McLaren Health Plan	62.9%	58.2%	—
Meridian Health Plan of Michigan	58.2%	54.2%	—
Molina Healthcare of Michigan	56.7%	61.9%	—
Priority Health Choice, Inc.	63.5%	59.4%	—
Total Health Care, Inc.	56.9%	64.2%	▲
UnitedHealthcare Community Plan	59.6%	55.7%	—
Upper Peninsula Health Plan	62.6%	67.4%	—

+ *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
- Total Health Care, Inc.

Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Table 4-2 shows the 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
MDHHS HMP Program	**50.5%**	**51.5%**	—
Aetna Better Health of Michigan	43.2%	51.5%	—
Blue Cross Complete of Michigan	50.4%	54.9%	—
HAP Midwest Health Plan	41.9%[+]	52.9%[+]	—
Harbor Health Plan	41.1%	45.4%	—
McLaren Health Plan	57.3%	53.2%	—
Meridian Health Plan of Michigan	48.4%	49.0%	—
Molina Healthcare of Michigan	50.9%	50.2%	—
Priority Health Choice, Inc.	55.6%	56.5%	—
Total Health Care, Inc.	54.5%	56.2%	—
UnitedHealthcare Community Plan	46.8%	47.8%	—
Upper Peninsula Health Plan	50.0%	59.7%	▲

+ *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 *higher* in 2018 than in 2017:

- Upper Peninsula Health Plan

Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." Table 4-3 shows the 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
MDHHS HMP Program	**61.0%**	**62.1%**	**—**
Aetna Better Health of Michigan	61.1%	63.5%	—
Blue Cross Complete of Michigan	56.0%	60.5%	—
HAP Midwest Health Plan	47.1%[+]	59.0%[+]	—
Harbor Health Plan	60.7%	51.8%	—
McLaren Health Plan	61.6%	63.3%	—
Meridian Health Plan of Michigan	60.9%	60.2%	—
Molina Healthcare of Michigan	63.3%	62.8%	—
Priority Health Choice, Inc.	64.0%	63.8%	—
Total Health Care, Inc.	64.4%	68.0%	—
UnitedHealthcare Community Plan	60.6%	62.9%	—
Upper Peninsula Health Plan	60.4%	66.1%	—
+ *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 no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

Rating of Specialist Seen Most Often

Adult members were asked to rate their specialist on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." Table 4-4 shows the 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
MDHHS HMP Program	**62.4%**	**67.0%**	▲
Aetna Better Health of Michigan	63.6%	65.6%[+]	—
Blue Cross Complete of Michigan	57.7%	69.8%	▲
HAP Midwest Health Plan	52.6%[+]	62.5%[+]	—
Harbor Health Plan	57.3%	64.6%[+]	—
McLaren Health Plan	64.2%	67.4%	—
Meridian Health Plan of Michigan	65.9%	66.5%	—
Molina Healthcare of Michigan	55.3%	62.6%	—
Priority Health Choice, Inc.	61.2%	63.2%	—
Total Health Care, Inc.	63.4%	70.0%	—
UnitedHealthcare Community Plan	69.6%	71.9%	—
Upper Peninsula Health Plan	58.1%	67.6%	—
+ *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:

- MDHHS HMP Program
- Blue Cross Complete of Michigan

Composite Measures

Getting Needed Care

Two questions (Questions 19 and 30) 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
MDHHS HMP Program	**81.2%**	**83.3%**	**—**
Aetna Better Health of Michigan	76.3%	79.9%	—
Blue Cross Complete of Michigan	85.8%	84.1%	—
HAP Midwest Health Plan	78.8%[+]	81.6%[+]	—
Harbor Health Plan	79.4%	82.3%	—
McLaren Health Plan	85.9%	81.1%	—
Meridian Health Plan of Michigan	79.8%	84.4%	—
Molina Healthcare of Michigan	78.3%	82.2%	—
Priority Health Choice, Inc.	81.2%	83.3%	—
Total Health Care, Inc.	82.3%	88.7%	▲
UnitedHealthcare Community Plan	80.3%	81.8%	—
Upper Peninsula Health Plan	81.7%	86.7%	—

+   *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 *higher* in 2018 than in 2017:

● Total Health Care, Inc.

Getting Care Quickly

Two questions (Questions 4 and 7) were asked to assess how often adult 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
MDHHS HMP Program	**82.2%**	**83.5%**	—
Aetna Better Health of Michigan	77.4%	83.3%	—
Blue Cross Complete of Michigan	82.9%	85.6%	—
HAP Midwest Health Plan	80.3%+	83.7%+	—
Harbor Health Plan	82.8%	78.2%	—
McLaren Health Plan	83.1%	82.6%	—
Meridian Health Plan of Michigan	82.4%	81.9%	—
Molina Healthcare of Michigan	82.8%	84.2%	—
Priority Health Choice, Inc.	82.7%	87.4%	—
Total Health Care, Inc.	78.1%	84.6%	▲
UnitedHealthcare Community Plan	79.8%	81.2%	—
Upper Peninsula Health Plan	85.7%	87.7%	—

+ *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 *higher* in 2018 than in 2017:

● Total Health Care, Inc.

How Well Doctors Communicate

A series of four questions (Questions 22, 23, 24, and 25) 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
MDHHS HMP Program	**91.3%**	**92.8%**	**—**
Aetna Better Health of Michigan	92.2%	88.3%	—
Blue Cross Complete of Michigan	90.7%	93.5%	—
HAP Midwest Health Plan	86.6%[+]	88.7%[+]	—
Harbor Health Plan	92.3%	91.2%	—
McLaren Health Plan	91.2%	89.7%	—
Meridian Health Plan of Michigan	91.5%	93.7%	—
Molina Healthcare of Michigan	90.5%	92.1%	—
Priority Health Choice, Inc.	92.6%	93.1%	—
Total Health Care, Inc.	91.6%	93.4%	—
UnitedHealthcare Community Plan	91.1%	93.9%	—
Upper Peninsula Health Plan	92.5%	94.4%	—

+ *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 no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

Customer Service

Two questions (Questions 36 and 37) were asked to assess how often adult members 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
MDHHS HMP Program	**86.6%**	**88.2%**	—
Aetna Better Health of Michigan	90.4%[+]	86.9%[+]	—
Blue Cross Complete of Michigan	84.6%	89.8%	—
HAP Midwest Health Plan	81.9%[+]	90.0%[+]	—
Harbor Health Plan	86.0%	87.6%	—
McLaren Health Plan	81.8%	87.4%[+]	—
Meridian Health Plan of Michigan	89.4%	86.8%	—
Molina Healthcare of Michigan	86.2%	87.6%[+]	—
Priority Health Choice, Inc.	89.6%	91.8%	—
Total Health Care, Inc.	89.8%	88.2%	—
UnitedHealthcare Community Plan	83.6%[+]	88.7%[+]	—
Upper Peninsula Health Plan	87.4%	91.4%	—

+ *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 no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

Shared Decision Making

Three questions (Questions 15, 16, and 17) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine. Table 4-9 shows the 2017 and 2018 top-box responses and trend results for the Shared Decision composite measure.

Table 4-9—Shared Decision Making Composite Trend Analysis

Plan Name	2017	2018	Trend Results
MDHHS HMP Program	**79.0%**	**80.2%**	—
Aetna Better Health of Michigan	77.6%[+]	78.5%[+]	—
Blue Cross Complete of Michigan	74.8%	82.8%	▲
HAP Midwest Health Plan	86.7%[+]	75.7%[+]	—
Harbor Health Plan	79.8%[+]	75.2%[+]	—
McLaren Health Plan	79.9%	77.6%	—
Meridian Health Plan of Michigan	79.1%	81.5%	—
Molina Healthcare of Michigan	80.4%	78.1%	—
Priority Health Choice, Inc.	80.5%	81.3%	—
Total Health Care, Inc.	80.2%	76.9%	—
UnitedHealthcare Community Plan	78.4%	78.8%[+]	—
Upper Peninsula Health Plan	82.8%	84.8%	—

+ *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:

- Blue Cross Complete of Michigan

Individual Item Measures

Coordination of Care

One question (Question 27) asked adult members to assess how often their personal doctor seemed informed and up-to-date about care they had received from another doctor. Table 4-10 shows the 2017 and 2018 top-box responses and trend results for the Coordination of Care individual item measure.

Table 4-10—Coordination of Care Individual Item Trend Analysis

Plan Name	2017	2018	Trend Results
MDHHS HMP Program	**78.4%**	**81.8%**	—
Aetna Better Health of Michigan	82.4%+	79.7%+	—
Blue Cross Complete of Michigan	81.5%	78.3%	—
HAP Midwest Health Plan	60.0%+	74.1%+	—
Harbor Health Plan	82.1%+	88.1%+	—
McLaren Health Plan	79.1%	78.2%	—
Meridian Health Plan of Michigan	74.8%	79.2%	—
Molina Healthcare of Michigan	79.9%	83.0%	—
Priority Health Choice, Inc.	80.2%	86.2%	—
Total Health Care, Inc.	81.5%	83.8%	—
UnitedHealthcare Community Plan	77.3%	90.5%	▲
Upper Peninsula Health Plan	84.3%	86.4%	—

+ *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:

- UnitedHealthcare Community Plan

Health Promotion and Education

One question (Question 13) asked adult members to assess if their doctor talked with them about specific things they could do to prevent illness. Table 4-11 shows the 2017 and 2018 top-box responses and trend results for the Health Promotion and Education individual item measure.

Table 4-11—Health Promotion and Education Individual Item Trend Analysis

Plan Name	2017	2018	Trend Results
MDHHS HMP Program	**76.0%**	**77.3%**	—
Aetna Better Health of Michigan	79.3%	75.7%	—
Blue Cross Complete of Michigan	78.8%	76.4%	—
HAP Midwest Health Plan	69.8%[+]	78.6%[+]	—
Harbor Health Plan	83.7%	82.6%	—
McLaren Health Plan	74.9%	75.7%	—
Meridian Health Plan of Michigan	73.5%	76.9%	—
Molina Healthcare of Michigan	79.3%	76.7%	—
Priority Health Choice, Inc.	77.0%	79.9%	—
Total Health Care, Inc.	75.5%	80.5%	—
UnitedHealthcare Community Plan	75.0%	78.7%	—
Upper Peninsula Health Plan	71.3%	80.9%	▲

+ *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:

- Upper Peninsula Health Plan

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

One question (Question 46) was asked to determine how often adult members were advised to quit smoking or using tobacco by a doctor or other health provider. Table 4-12 shows the 2017 and 2018 rates and trend results for the Advising Smokers and Tobacco Users to Quit measure.

Table 4-12—Advising Smokers and Tobacco Users to Quit Trend Analysis

Plan Name	2017	2018	Trend Results
MDHHS HMP Program			
Aetna Better Health of Michigan	68.9%	72.4%	—
Blue Cross Complete of Michigan	77.8%	80.1%	—
HAP Midwest Health Plan	57.9%[+]	65.9%[+]	—
Harbor Health Plan	76.9%	75.4%	—
McLaren Health Plan	77.1%	76.4%	—
Meridian Health Plan of Michigan	77.3%	78.5%	—
Molina Healthcare of Michigan	75.2%	75.2%	—
Priority Health Choice, Inc.	79.5%	77.2%	—
Total Health Care, Inc.	76.1%	79.2%	—
UnitedHealthcare Community Plan	69.0%	71.4%	—
Upper Peninsula Health Plan	74.2%	77.3%	—

+ *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 no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

Discussing Cessation Medications

One question (Question 47) was asked to ascertain how often medication was recommended or discussed by a doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-13 shows the 2017 and 2018 rates and trend results for the Discussing Cessation Medications measure.

Table 4-13—Discussing Cessation Medications Trend Analysis

Plan Name	2017	2018	Trend Results
MDHHS HMP Program			
Aetna Better Health of Michigan	47.3%	49.8%	—
Blue Cross Complete of Michigan	50.3%	55.8%	—
HAP Midwest Health Plan	28.1%[+]	38.6%[+]	—
Harbor Health Plan	53.4%	55.0%	—
McLaren Health Plan	52.1%	52.0%	—
Meridian Health Plan of Michigan	55.9%	55.2%	—
Molina Healthcare of Michigan	52.6%	58.6%	—
Priority Health Choice, Inc.	53.0%	51.3%	—
Total Health Care, Inc.	52.1%	56.4%	—
UnitedHealthcare Community Plan	51.1%	53.0%	—
Upper Peninsula Health Plan	49.8%	55.1%	—
+ *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 no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

Discussing Cessation Strategies

One question (Question 48) was asked to ascertain how often methods or strategies other than medication were discussed or provided by their doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-14 shows the 2017 and 2018 rates and trend results for the Discussing Cessation Strategies measure.

Table 4-14—Discussing Cessation Strategies Trend Analysis

Plan Name	2017	2018	Trend Results
MDHHS HMP Program			
Aetna Better Health of Michigan	43.3%	42.3%	—
Blue Cross Complete of Michigan	44.4%	49.1%	—
HAP Midwest Health Plan	26.8%[+]	36.4%[+]	—
Harbor Health Plan	48.4%	46.6%	—
McLaren Health Plan	45.6%	43.7%	—
Meridian Health Plan of Michigan	45.4%	42.6%	—
Molina Healthcare of Michigan	40.2%	44.0%	—
Priority Health Choice, Inc.	42.9%	40.5%	—
Total Health Care, Inc.	41.7%	45.9%	—
UnitedHealthcare Community Plan	42.2%	43.3%	—
Upper Peninsula Health Plan	42.4%	45.8%	—

+ *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 no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

Key Drivers of Satisfaction

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

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

Table 5-1—MDHHS HMP Program Key Drivers of Satisfaction

Rating of Health Plan
Respondents reported that their health plan's customer service did not always give them the information or help they needed.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Respondents reported that forms from their health plan were often not easy to fill out.
Rating of All Health Care
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Respondents reported that it was often not easy to obtain appointments with specialists.
Rating of Personal Doctor
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.

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

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

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

- Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.

Supplemental Items Results

MDHHS elected to add five supplemental questions to the HMP CAHPS Survey. These five questions focused on the number of times members had gone to an emergency room, the number of days members waited between making an appointment and seeing a health provider, access to after-hours care, and transportation.

Emergency Room Care

Members were asked how many times they had gone to an emergency room to receive care for themselves in the last 6 months (Question 5). Table 6-1 displays the responses for this question.

Table 6-1—How Many Times Visited Emergency Room

	None		1 time		2		3		4		5 to 9		10 or more times	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	**545**	**41.1%**	**459**	**34.6%**	**200**	**15.1%**	**63**	**4.7%**	**28**	**2.1%**	**28**	**2.1%**	**4**	**0.3%**
Aetna Better Health of Michigan	33	36.3%	31	34.1%	14	15.4%	9	9.9%	2	2.2%	2	2.2%	0	0.0%
Blue Cross Complete of Michigan	66	50.8%	39	30.0%	19	14.6%	5	3.8%	1	0.8%	0	0.0%	0	0.0%
HAP Midwest Health Plan	19	47.5%	12	30.0%	7	17.5%	1	2.5%	0	0.0%	1	2.5%	0	0.0%
Harbor Health Plan	23	24.7%	40	43.0%	18	19.4%	6	6.5%	4	4.3%	2	2.2%	0	0.0%
McLaren Health Plan	85	45.2%	57	30.3%	26	13.8%	8	4.3%	5	2.7%	5	2.7%	2	1.1%
Meridian Health Plan of Michigan	63	42.9%	49	33.3%	21	14.3%	6	4.1%	5	3.4%	2	1.4%	1	0.7%
Molina Healthcare of Michigan	40	35.7%	40	35.7%	21	18.8%	7	6.3%	2	1.8%	1	0.9%	1	0.9%
Priority Health Choice, Inc.	55	45.5%	39	32.2%	18	14.9%	4	3.3%	2	1.7%	3	2.5%	0	0.0%
Total Health Care, Inc.	39	30.5%	57	44.5%	19	14.8%	5	3.9%	3	2.3%	5	3.9%	0	0.0%
UnitedHealthcare Community Plan	51	41.8%	44	36.1%	15	12.3%	7	5.7%	1	0.8%	4	3.3%	0	0.0%
Upper Peninsula Health Plan	71	45.8%	51	32.9%	22	14.2%	5	3.2%	3	1.9%	3	1.9%	0	0.0%
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 3.														

Number of Days to See a Health Provider

Members were asked how many days they waited between making an appointment and seeing a health provider in the last 6 months (Question 8). Table 6-2 displays the responses for this question.

Table 6-2—Number of Days to See a Health Provider

	Same day		1 day		2 to 3 days		4 to 7 days		8 to 14 days		15 to 30 days		31 to 60 days		61 to 90 days		91 days or longer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	283	11.1%	210	8.3%	641	25.2%	566	22.2%	344	13.5%	291	11.4%	105	4.1%	62	2.4%	43	1.7%
Aetna Better Health of Michigan	18	11.5%	14	8.9%	36	22.9%	30	19.1%	28	17.8%	24	15.3%	1	0.6%	5	3.2%	1	0.6%
Blue Cross Complete of Michigan	35	13.8%	24	9.5%	60	23.7%	47	18.6%	37	14.6%	28	11.1%	13	5.1%	4	1.6%	5	2.0%
HAP Midwest Health Plan	6	10.3%	2	3.4%	16	27.6%	18	31.0%	7	12.1%	6	10.3%	1	1.7%	0	0.0%	2	3.4%
Harbor Health Plan	10	6.4%	10	6.4%	35	22.3%	38	24.2%	28	17.8%	21	13.4%	8	5.1%	4	2.5%	3	1.9%
McLaren Health Plan	33	10.4%	28	8.8%	77	24.2%	79	24.8%	44	13.8%	31	9.7%	17	5.3%	5	1.6%	4	1.3%
Meridian Health Plan of Michigan	28	10.6%	22	8.3%	76	28.8%	55	20.8%	35	13.3%	31	11.7%	5	1.9%	6	2.3%	6	2.3%
Molina Healthcare of Michigan	31	12.6%	27	10.9%	45	18.2%	56	22.7%	30	12.1%	38	15.4%	9	3.6%	7	2.8%	4	1.6%
Priority Health Choice, Inc.	27	9.9%	27	9.9%	72	26.3%	57	20.8%	28	10.2%	32	11.7%	17	6.2%	7	2.6%	7	2.6%
Total Health Care, Inc.	40	15.3%	17	6.5%	65	24.9%	60	23.0%	28	10.7%	30	11.5%	11	4.2%	9	3.4%	1	0.4%
UnitedHealthcare Community Plan	35	16.4%	20	9.3%	56	26.2%	48	22.4%	24	11.2%	14	6.5%	10	4.7%	3	1.4%	4	1.9%
Upper Peninsula Health Plan	20	5.8%	19	5.6%	103	30.1%	78	22.8%	55	16.1%	36	10.5%	13	3.8%	12	3.5%	6	1.8%
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 6.																		

After Hours Care

Members were asked how often it was easy to receive the after hours care they thought they needed in the last 6 months (Question 10). Table 6-3 displays the responses for this question.

Table 6-3—How Often Received After Hours Care

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MDHHS HMP Program	**31**	**8.3%**	**46**	**12.3%**	**72**	**19.3%**	**224**	**60.1%**
Aetna Better Health of Michigan	3	12.5%	3	12.5%	7	29.2%	11	45.8%
Blue Cross Complete of Michigan	2	5.1%	6	15.4%	6	15.4%	25	64.1%
HAP Midwest Health Plan	2	13.3%	2	13.3%	2	13.3%	9	60.0%
Harbor Health Plan	6	27.3%	2	9.1%	4	18.2%	10	45.5%
McLaren Health Plan	8	11.9%	11	16.4%	6	9.0%	42	62.7%
Meridian Health Plan of Michigan	3	7.3%	3	7.3%	11	26.8%	24	58.5%
Molina Healthcare of Michigan	1	3.0%	4	12.1%	6	18.2%	22	66.7%
Priority Health Choice, Inc.	1	4.3%	3	13.0%	1	4.3%	18	78.3%
Total Health Care, Inc.	2	5.1%	4	10.3%	5	12.8%	28	71.8%
UnitedHealthcare Community Plan	3	12.5%	4	16.7%	8	33.3%	9	37.5%
Upper Peninsula Health Plan	0	0.0%	4	8.7%	16	34.8%	26	56.5%
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 9.								

Members were asked what reasons limited their ability to receive after hours care (Question 11). Table 6-4 displays the responses for this question.

Table 6-4—Reason Not Easy to Receive After Hours Care

	Unsure where to go for after hours care		Unsure where to find a list of doctor's offices or clinics open for after hours care		Doctor's office or clinic with after hours care was too far away		Office or clinic hours for after hours care did not meet your needs		Some other reason	
	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	**29**	**22.7%**	**36**	**28.1%**	**19**	**14.8%**	**32**	**25.0%**	**58**	**45.3%**
Aetna Better Health of Michigan	3	30.0%	4	40.0%	3	30.0%	2	20.0%	6	60.0%
Blue Cross Complete of Michigan	1	7.1%	4	28.6%	1	7.1%	4	28.6%	6	42.9%
HAP Midwest Health Plan	3	60.0%	2	40.0%	1	20.0%	4	80.0%	0	0.0%
Harbor Health Plan	3	25.0%	5	41.7%	5	41.7%	1	8.3%	2	16.7%
McLaren Health Plan	5	25.0%	6	30.0%	2	10.0%	5	25.0%	10	50.0%
Meridian Health Plan of Michigan	3	21.4%	3	21.4%	2	14.3%	5	35.7%	6	42.9%
Molina Healthcare of Michigan	1	9.1%	3	27.3%	1	9.1%	2	18.2%	7	63.6%
Priority Health Choice, Inc.	0	0.0%	1	33.3%	1	33.3%	0	0.0%	1	33.3%
Total Health Care, Inc.	4	44.4%	2	22.2%	2	22.2%	0	0.0%	6	66.7%
UnitedHealthcare Community Plan	3	25.0%	1	8.3%	0	0.0%	4	33.3%	7	58.3%
Upper Peninsula Health Plan	3	16.7%	5	27.8%	1	5.6%	5	27.8%	7	38.9%

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 9 and did not answer "Always" to Question 10.

Respondents can choose more than one response for this question. Therefore, percentages will not total 100%.

Transportation

Members were asked if their health plan had helped them with transportation to get to doctors' offices or clinics (Question 40). Table 6-5 displays the responses for this question.

Table 6-5—Helped with Transportation to Doctors' Offices or Clinics

	Yes		No	
	N	%	N	%
MDHHS HMP Program	**361**	**9.2%**	**3578**	**90.8%**
Aetna Better Health of Michigan	33	12.9%	223	87.1%
Blue Cross Complete of Michigan	46	12.0%	336	88.0%
HAP Midwest Health Plan	8	7.6%	97	92.4%
Harbor Health Plan	72	27.8%	187	72.2%
McLaren Health Plan	33	6.8%	449	93.2%
Meridian Health Plan of Michigan	24	5.9%	384	94.1%
Molina Healthcare of Michigan	38	10.2%	333	89.8%
Priority Health Choice, Inc.	27	6.2%	407	93.8%
Total Health Care, Inc.	40	10.6%	339	89.4%
UnitedHealthcare Community Plan	19	5.6%	320	94.4%
Upper Peninsula Health Plan	21	4.0%	503	96.0%

Survey Instrument

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

SURVEY INSTRUCTIONS

➤ **Please be sure to fill the response circle <u>completely</u>. Use only <u>black or blue ink</u> or <u>dark pencil</u> to complete the survey.**

Correct Mark	●	**Incorrect Marks**

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

● **Yes** ➔ *Go to Question 1*
○ **No**

⬇ START HERE ⬇

1. **Our records show that you are now in [HEALTH PLAN NAME]. Is that right?**

    ○ Yes ➔ *Go to Question 3*
    ○ No

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

    _____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?

   ○ Yes
   ○ No ➔ *Go to Question 6*

4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

5. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

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

6. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?

   ○ Yes
   ○ No ➔ *Go to Question 9*

7. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> at a doctor's office or clinic as soon as you needed?

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

8. In the last 6 months, <u>not</u> counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider?

   ○ Same day
   ○ 1 day
   ○ 2 to 3 days
   ○ 4 to 7 days
   ○ 8 to 14 days
   ○ 15 to 30 days
   ○ 31 to 60 days
   ○ 61 to 90 days
   ○ 91 days or longer

9. After hours care is health care when your usual doctor's office or clinic is closed.

   In the last 6 months, did you need to visit a doctor's office or clinic for after hours care?

   ○ Yes
   ○ No ➔ *Go to Question 12*

10. In the last 6 months, how often was it easy to get the after hours care you thought you needed?

    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always ➔ *Go to Question 12*

11. Were any of the following a reason it was not easy to get the after hours care you thought you needed? Mark one or more.

- ○ You did not know where to go for after hours care
- ○ You weren't sure where to find a list of doctor's offices or clinics in your health plan or network that are open for after hours care
- ○ The doctor's office or clinic that had after hours care was too far away
- ○ Office or clinic hours for after hours care did not meet your needs
- ○ Some other reason

12. In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- ○ None ➔ *Go to Question 20*
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

13. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- ○ Yes
- ○ No

14. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- ○ Yes
- ○ No ➔ *Go to Question 18*

15. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- ○ Yes
- ○ No

16. Did you and a doctor or other health provider talk about the reasons you might <u>not</u> want to take a medicine?

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

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

Worst Health Care Possible   Best Health Care Possible

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

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

YOUR PERSONAL DOCTOR

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

- ○ Yes
- ○ No ➜ *Go to Question 29*

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

- ○ None ➜ *Go to Question 28*
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

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

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

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

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

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

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

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

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

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

- ○ Yes
- ○ No ➜ *Go to Question 28*

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

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

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

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

Worst   Best
Personal Doctor   Personal Doctor
Possible   Possible

GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

○ Yes
○ No ➜ *Go to Question 33*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ None ➜ *Go to Question 33*
○ 1 specialist
○ 2
○ 3
○ 4
○ 5 or more specialists

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

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

YOUR HEALTH PLAN

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

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

○ Yes
○ No ➜ *Go to Question 35*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No ➜ *Go to Question 38*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No ➔ *Go to Question 40*

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

○ Never
○ Sometimes
○ Usually
○ Always

40. Some health plans help with transportation 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 health plan to get help with transportation?

○ Yes
○ No

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

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

ABOUT YOU

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

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

43. In general, how would you rate your overall <u>mental or emotional</u> health?

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

44. Have you had either a flu shot or flu spray in the nose since July 1, 2017?

○ Yes
○ No
○ Don't know

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

○ Every day
○ Some days
○ Not at all ➔ *Go to Question 49*
○ Don't know ➔ *Go to Question 49*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No ➔ *Go to Question 51*

50. Is this a condition or problem that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.

○ Yes
○ No

51. Do you now need or take medicine prescribed by a doctor? Do <u>not</u> include birth control.

○ Yes
○ No ➔ *Go to Question 53*

52. Is this medicine to treat a condition that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.

○ Yes
○ No

53. What is your age?

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

54. Are you male or female?

○ Male
○ Female

55. 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

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

○ Yes, Hispanic or Latino
○ No, Not Hispanic or Latino

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

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

58. Did someone help you complete this survey?

○ Yes ➜ *Go to Question 59*
○ No ➜ *Thank you. Please return the completed survey in the postage-paid envelope.*

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

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

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

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

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