State of Michigan
Department of Health and Human Services

# 2016 Michigan Department of Health and Human Services Adult Medicaid Health Plan CAHPS® Report

November 2016

HSAG HEALTH SERVICES ADVISORY GROUP

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## Introduction

The Michigan Department of Health and Human Services (MDHHS) periodically assesses the perceptions and experiences of members enrolled in the MDHHS Medicaid health plans (MHPs) and the Fee-for-Service (FFS) program as part of its process for evaluating the quality of health care services provided to adult members in the MDHHS Medicaid Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for the MDHHS Medicaid Program.[1-1,1-2] The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

This report presents the 2016 CAHPS results of adult members enrolled in an MHP or FFS.[1-3] The surveys were completed in the spring of 2016. The standardized 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.[1-4]

## Report Overview

A sample of at least 1,350 adult members was selected from the FFS population and each MHP.[1-5] 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 are reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making. Additionally, overall rates for five Effectiveness of Care measures are reported: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, Discussing Cessation Strategies, Aspirin Use, and Discussing Aspirin Risks and Benefits.

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

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

1-1 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
1-2 HSAG surveyed the FFS Medicaid population. The 11 MHPs contracted with various survey vendors to administer the CAHPS survey.
1-3 The health plan name for one of the MHPs changed since the adult MHP population was surveyed in 2015. Aetna Better Health of Michigan was previously referred to as CoventryCares.
1-4 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
1-5 Some MHPs elected to oversample their population.

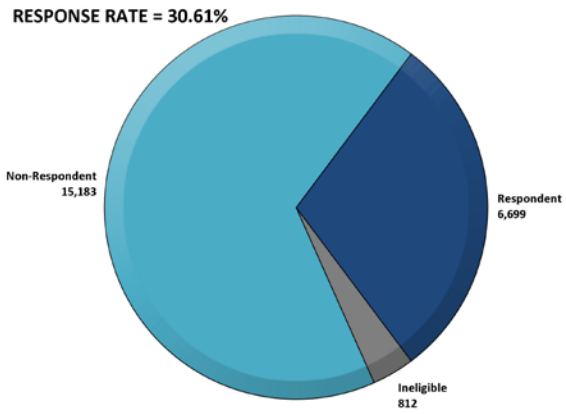
# Key Findings

## *Survey Dispositions and Demographics*

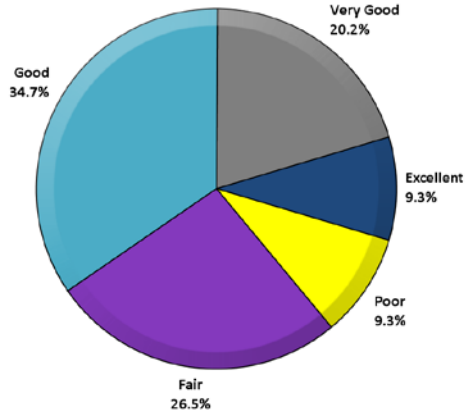
Figure 1-1 provides an overview of the MDHHS Medicaid Program survey dispositions and adult member demographics.

**Figure 1-1: Survey Dispositions and Member Demographics**

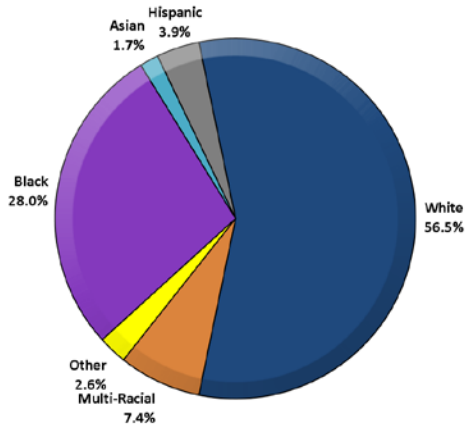
**Survey Dispositions**



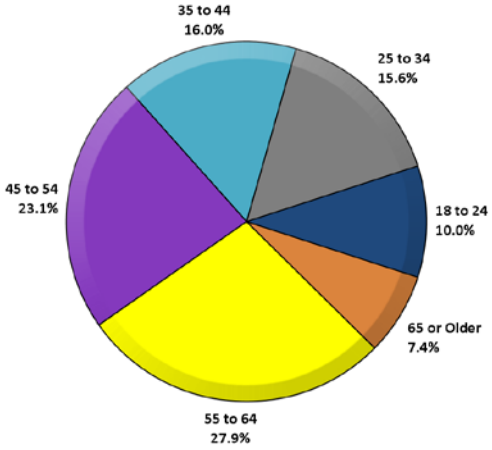

**General Health Status**




**Race/Ethnicity**




**Age**




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

## *National Comparisons and Trend Analysis*

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point mean scores were compared to the National Committee for Quality Assurance's (NCQA's) 2016 HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.[1-6,1-7] In addition, a trend analysis was performed that compared the 2016 CAHPS results to their corresponding 2015 CAHPS results**.** Table 1-1 provides highlights of the National Comparisons and Trend Analysis findings for the MDHHS Medicaid Program. The numbers presented below represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

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

| Measure | National Comparisons | Trend Analysis |
|---|---|---|
| **Global Rating** | | |
| Rating of Health Plan | ★★★ 2.48 | — |
| Rating of All Health Care | ★★★ 2.37 | — |
| Rating of Personal Doctor | ★★★ 2.50 | — |
| Rating of Specialist Seen Most Often | ★★★ 2.52 | — |
| **Composite Measure** | | |
| Getting Needed Care | ★★★ 2.40 | — |
| Getting Care Quickly | ★★★ 2.45 | — |
| How Well Doctors Communicate | ★★★★★ 2.64 | — |
| Customer Service | ★★★★ 2.59 | — |

Star Assignments Based on Percentiles

★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

▲ statistically significantly higher in 2016 than in 2015.

▼ statistically significantly lower in 2016 than in 2015.

— indicates the 2016 score is not statistically significantly different than the 2015 score.

1-6 National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

1-7 NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

The National Comparisons results on the previous page indicated the Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often global ratings, and the Getting Needed Care and Getting Care Quickly composite measures scored at or between the 50th and 74th percentiles. The How Well Doctors Communicate composite measure scored at or above the 90th percentile, and the Customer Service composite measure scored at or between the 75th and 89th percentiles.

Results from the trend analysis showed that the MDHHS Medicaid Program did not score significantly *higher* or *lower* in 2016 than in 2015 on any of the measures.

## Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure and overall rates for the Effectiveness of Care measures. HSAG compared the MHP and FFS results to the MDHHS Medicaid Managed Care Program average to determine if plan or program results were statistically significantly different than the MDHHS Medicaid Managed Care Program average. Table 1-2 through Table 1-4 show the results of this analysis for the global ratings, composite measures, and Effectiveness of Care measures, respectively.

**Table 1-2: Statewide Comparisons—Global Ratings**

| Plan Name | Rating of Health Plan | Rating of All Health Care | Rating of Personal Doctor | Rating of Specialist Seen Most Often |
|---|---|---|---|---|
| Fee-for-Service | — | — | — | — |
| 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 higher than the MDHHS Medicaid Managed Care Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

| Table 1-3: Statewide Comparisons—Composite Measures | | | | | |
|---|---|---|---|---|---|
| Plan Name | Getting Needed Care | Getting Care Quickly | How Well Doctors Communicate | Customer Service | Shared Decision Making |
| Fee-for-Service | — | ↑ | — | —+ | — |
| 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 higher than the MDHHS Medicaid Managed Care Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

| Table 1-4: Statewide Comparisons—Effectiveness of Care Measures | | | | | |
|---|---|---|---|---|---|
| Plan Name | Advising Smokers and Tobacco Users to Quit | Discussing Cessation Medications | Discussing Cessation Strategies | Aspirin Use | Discussing Aspirin Risks and Benefits |
| Fee-for-Service | — | — | — | ↑+ | ↑ |
| 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 higher than the MDHHS Medicaid Managed Care Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

The following plans scored statistically significantly *higher* than the MDHHS Medicaid Managed Care Program average on at least one measure:

- Blue Cross Complete of Michigan
- Fee-for-Service
- HAP Midwest Health Plan
- McLaren Health Plan
- Molina Healthcare of Michigan
- Priority Health Choice, Inc.
- Total Health Care, Inc.
- Upper Peninsula Health Plan

Conversely, the following plans scored statistically significantly *lower* than the MDHHS Medicaid Managed Care Program average on at least one measure:

- Aetna Better Health of Michigan
- HAP Midwest Health Plan
- Harbor Health Plan
- Upper Peninsula Health Plan

### *Key Drivers of Satisfaction*

HSAG focused the key drivers of satisfaction analysis on three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated each of these measures to determine if particular CAHPS items (i.e., questions) strongly correlated with these measures, which HSAG refers to as "key drivers." These individual CAHPS items are driving levels of satisfaction with each of the three measures. Table 1-5 provides a summary of the key drivers identified for the MDHHS Medicaid Program.

| Table 1-5: MDHHS Medicaid 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. |
| Respondents reported that it was often not easy to obtain appointments with specialists. |
| **Rating of All Health Care** |
| Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them. |
| 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 it was often not easy to obtain appointments with specialists. |
| **Rating of Personal Doctor** |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan. |
| 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. |

## 2016 CAHPS Performance Measures

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 58 core questions that yield 14 measures. These measures include four global rating questions, five composite measures, and five 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 Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation and managing aspirin use for the primary prevention of cardiovascular disease.

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 | Effectiveness of Care Measures |
|---|---|---|
| Rating of Health Plan | Getting Needed Care | Advising Smokers and Tobacco Users to Quit |
| Rating of All Health Care | Getting Care Quickly | Discussing Cessation Medications |
| Rating of Personal Doctor | How Well Doctors Communicate | Discussing Cessation Strategies |
| Rating of Specialist Seen Most Often | Customer Service | Aspirin Use |
| | Shared Decision Making | Discussing Aspirin Risks and Benefits |

## How CAHPS Results Were Collected

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

### *Sampling Procedures*

MDHHS provided HSAG with a list of all eligible members in the FFS population for the sampling frame, per HEDIS specifications. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. The MHPs contracted with separate survey vendors to perform sampling. Following HEDIS requirements, members were sampled who met the following criteria:

- Were 18 years of age or older as of December 31, 2015.
- Were currently enrolled in an MHP or FFS.
- Had been continuously enrolled in the plan or program for at least five of the last six months (July through December) of 2015.
- Had Medicaid as a payer.

Next, a sample of members was selected for inclusion in the survey. For each MHP, no more than one member per household was selected as part of the survey samples. A sample of at least 1,350 adult members was selected from the FFS population and each MHP.[2-1] Table 3-1 in the Results section provides an overview of the sample sizes for each plan and program.

[2-1] Some MHPs elected to oversample their population.

## *Survey Protocol*

The survey administration protocol employed by all of the MHPs and FFS, with the exception of Aetna Better Health of Michigan, McLaren Health Plan, Total Health Care, Inc., and Upper Peninsula Health Plan, was a mixed-mode methodology, which allowed for two methods by which members could complete a survey.[2-2] The first, or mail phase, consisted of sampled members receiving a survey via mail. Non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of members who did not mail in a completed survey. At least three CATI calls to each non-respondent were attempted.[2-3] 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.[2-4] The survey administration protocol employed by Aetna Better Health of Michigan, McLaren Health Plan, Total Health Care, Inc., and Upper Peninsula Health Plan was a mixed-mode methodology with an Internet option, which allowed sampled members the option to complete the survey via mail, telephone, or Internet.

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

**Table 2-2: CAHPS 5.0 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 four to 10 days after mailing the first questionnaire. | 4 – 10 days |
| Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire. | 35 days |
| Send a second postcard reminder to non-respondents four to 10 days after mailing the second questionnaire. | 39 – 45 days |
| Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire. | 56 days |
| Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks. | 56 – 70 days |
| Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation. | 70 days |

2-2 Blue Cross Complete of Michigan, Meridian Health Plan of Michigan, and Molina Healthcare of Michigan utilized an enhanced mixed-mode survey methodology pre-approved by NCQA.

2-3 National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2016 Survey Measures.* Washington, DC: NCQA; 2015.

2-4 Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

## How CAHPS Results Were Calculated and Displayed

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

### *Who Responded to the Survey*

The administration of the CAHPS survey is comprehensive and is designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.[2-5] 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 eligible criteria), were mentally or physically incapacitated, were removed from the sample during deduplication, or had a language barrier.

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

### *Demographics of Adult Members*

The demographics analysis evaluated demographic information of adult members. MDHHS should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan or program.

### *National Comparisons*

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

[2-5] National Committee for Quality Assurance. *HEDIS® 2016, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2015.

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

| Table 2-3: Star Ratings | |
|---|---|
| **Stars** | **Percentiles** |
| ★★★★★ Excellent | At or above the 90th percentile |
| ★★★★ Very Good | At or between the 75th and 89th percentiles |
| ★★★ Good | At or between the 50th and 74th percentiles |
| ★★ Fair | At or between the 25th and 49th percentiles |
| ★ Poor | Below the 25th percentile |

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure. HSAG compared the resulting three-point mean scores to published NCQA HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings for each CAHPS measure.[2-6]

Table 2-4 shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall adult Medicaid member satisfaction ratings on each CAHPS measure.[2-7] NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

| Table 2-4: Overall Adult Medicaid Member Satisfaction Ratings Crosswalk | | | | |
|---|---|---|---|---|
| **Measure** | **90th Percentile** | **75th Percentile** | **50th Percentile** | **25th Percentile** |
| Rating of Health Plan | 2.55 | 2.49 | 2.43 | 2.37 |
| Rating of All Health Care | 2.45 | 2.42 | 2.36 | 2.31 |
| 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 | 2.45 | 2.42 | 2.37 | 2.31 |
| Getting Care Quickly | 2.49 | 2.46 | 2.42 | 2.36 |
| How Well Doctors Communicate | 2.64 | 2.58 | 2.54 | 2.48 |
| Customer Service | 2.61 | 2.58 | 2.54 | 2.48 |

2-6 For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2016, Volume 3: Specifications for Survey Measures.*

2-7 National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016.* Washington, DC: NCQA; January 21, 2016.

## *Statewide Comparisons*

### Global Ratings and Composite Measures

For purposes of the Statewide Comparisons analysis, HSAG calculated question summary rates for each global rating and global proportions for each composite measure, following NCQA HEDIS Specifications for Survey Measures.[2-8] The scoring of the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings.
- "Usually" or "Always" for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites.
- "Yes" for the Shared Decision Making composite.

### 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

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 rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results.

### Aspirin Use and Discussion

HSAG calculated two rates that assess different facets of managing aspirin use for the primary prevention of cardiovascular disease:

- Aspirin Use
- Discussing Aspirin Risks and Benefits

[2-8] National Committee for Quality Assurance. *HEDIS® 2016, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2015.

The Aspirin Use measure assesses the percentage of members at risk for cardiovascular disease who are currently taking aspirin. The Discussing Aspirin Risks and Benefits measure assesses the percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider. Responses of "Yes" were used to determine if the member qualified for inclusion in the numerator. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results.

## Weighting

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

## MHP Comparisons

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

## FFS Comparisons

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

## Trend Analysis

A trend analysis was performed that compared the 2016 CAHPS scores to the corresponding 2015 CAHPS scores to determine whether there were significant differences. A *t*-test was performed to determine whether results in 2015 were significantly different from results in 2016. A difference was considered significant if the two-sided *p* value of the *t*-test was less than or equal to 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. Measures with less 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 Medicaid Program is performing on the survey item and 2) how ***important*** that item is to overall satisfaction.

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a "1," and a positive experience with care (i.e., non-negative) was assigned a "0." The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

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

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

## Limitations and Cautions

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

### *Case-Mix Adjustment*

The demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these CAHPS results.[2-9]

### *Non-Response Bias*

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

### *Causal Inferences*

Although this report examines whether respondents report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to an MHP or the FFS program. These analyses identify whether respondents give different ratings of satisfaction with their MHP or the FFS program. The survey by itself does not necessarily reveal the exact cause of these differences.

### *Missing Phone Numbers*

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

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

### Mode Effects

The CAHPS survey was administered via standard or enhanced mixed-mode (FFS and all MHPs except Aetna Better Health of Michigan, McLaren Health Plan, Total Health Care, Inc., and Upper Peninsula Health Plan) and mixed-mode with Internet enhancement (Aetna Better Health of Michigan, McLaren Health Plan, Total Health Care, Inc., and Upper Peninsula Health Plan) methodologies. The mode in which a survey is administered may have an impact on respondents' assessments of their health care experiences. Therefore, mode effects should be considered when interpreting the CAHPS results.

### Survey Vendor Effects

The CAHPS survey was administered by multiple survey vendors. NCQA developed its Survey Vendor Certification Program to ensure standardization of data collection and the comparability of results across health plans. However, due to the different processes employed by the survey vendors, there is still the small potential for vendor effects. Therefore, survey vendor effects should be considered when interpreting the CAHPS results.

### Priority Health Choice, Inc. Survey Results

Priority Health Choice, Inc.'s 2016 CAHPS results were calculated using adult Medicaid and Healthy Michigan Plan data.[2-10] Caution should be taken when interpreting and comparing Priority Health Choice, Inc.'s 2016 CAHPS results to other MHPs and previous year's CAHPS results.

[2-10] The 2016 CAHPS results for Priority Health Choice, Inc. are based on the data file submitted in June 2016, which combined adult Medicaid and Healthy Michigan Plan data, instead of adult Medicaid data only.

## Who Responded to the Survey

A total of 22,694 surveys were distributed to adult members. A total of 6,699 surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was considered complete if 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, were removed from the sample during deduplication, 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 Medicaid Program** | **22,694** | **6,699** | **812** | **30.61%** |
| Fee-for-Service | 1,350 | 444 | 113 | 35.89% |
| **MDHHS Medicaid Managed Care Program** | **21,344** | **6,255** | **699** | **30.30%** |
| Aetna Better Health of Michigan | 1,499 | 301 | 26 | 20.43% |
| Blue Cross Complete of Michigan | 1,830 | 513 | 36 | 28.60% |
| HAP Midwest Health Plan | 1,355 | 436 | 118 | 35.25% |
| Harbor Health Plan | 1,426 | 365 | 82 | 27.16% |
| McLaren Health Plan | 1,350 | 417 | 43 | 31.91% |
| Meridian Health Plan of Michigan | 1,893 | 641 | 51 | 34.80% |
| Molina Healthcare of Michigan | 2,768 | 803 | 102 | 30.12% |
| Priority Health Choice, Inc. | 3,200 | 1,007 | 71 | 32.18% |
| Total Health Care, Inc. | 2,160 | 491 | 48 | 23.25% |
| UnitedHealthcare Community Plan | 1,703 | 491 | 80 | 30.25% |
| Upper Peninsula Health Plan | 2,160 | 790 | 42 | 37.30% |

## 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** | **18 to 24** | **25 to 34** | **35 to 44** | **45 to 54** | **55 to 64** | **65 and older** |
| **MDHHS Medicaid Program** | **10.0%** | **15.6%** | **16.0%** | **23.1%** | **27.9%** | **7.4%** |
| Fee-for-Service | 5.9% | 8.0% | 9.8% | 13.9% | 20.8% | 41.6% |
| **MDHHS Medicaid Managed Care Program** | **10.3%** | **16.1%** | **16.5%** | **23.8%** | **28.4%** | **4.9%** |
| Aetna Better Health of Michigan | 9.5% | 16.3% | 21.4% | 23.1% | 26.4% | 3.4% |
| Blue Cross Complete of Michigan | 11.6% | 15.5% | 15.3% | 27.1% | 29.0% | 1.6% |
| HAP Midwest Health Plan | 1.4% | 4.6% | 9.3% | 18.8% | 21.8% | 44.1% |
| Harbor Health Plan | 3.7% | 12.1% | 16.7% | 28.8% | 37.8% | 0.9% |
| McLaren Health Plan | 9.9% | 14.1% | 24.0% | 22.5% | 25.7% | 3.7% |
| Meridian Health Plan of Michigan | 14.2% | 19.2% | 18.1% | 21.9% | 22.5% | 4.1% |
| Molina Healthcare of Michigan | 13.3% | 16.9% | 15.0% | 24.7% | 28.9% | 1.3% |
| Priority Health Choice, Inc. | 10.8% | 20.3% | 14.6% | 23.3% | 30.0% | 1.0% |
| Total Health Care, Inc. | 7.6% | 15.0% | 18.9% | 24.8% | 30.7% | 3.0% |
| UnitedHealthcare Community Plan | 14.0% | 16.7% | 17.6% | 24.4% | 25.6% | 1.7% |
| Upper Peninsula Health Plan | 10.2% | 17.2% | 15.9% | 23.5% | 32.1% | 1.0% |
| *Please note, percentages may not total 100% 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 Medicaid Program** | **42.0%** | **58.0%** |
| Fee-for-Service | 39.0% | 61.0% |
| **MDHHS Medicaid Managed Care Program** | **42.2%** | **57.8%** |
| Aetna Better Health of Michigan | 40.5% | 59.5% |
| Blue Cross Complete of Michigan | 46.7% | 53.3% |
| HAP Midwest Health Plan | 39.8% | 60.2% |
| Harbor Health Plan | 59.1% | 40.9% |
| McLaren Health Plan | 41.6% | 58.4% |
| Meridian Health Plan of Michigan | 37.8% | 62.2% |
| Molina Healthcare of Michigan | 42.3% | 57.7% |
| Priority Health Choice, Inc. | 37.7% | 62.3% |
| Total Health Care, Inc. | 42.8% | 57.2% |
| UnitedHealthcare Community Plan | 42.1% | 57.9% |
| Upper Peninsula Health Plan | 42.8% | 57.2% |
| *Please note, percentages may not total 100% 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 Medicaid Program** | **56.5%** | **3.9%** | **28.0%** | **1.7%** | **2.6%** | **7.4%** |
| Fee-for-Service | 67.8% | 4.6% | 17.8% | 2.1% | 3.0% | 4.6% |
| **MDHHS Medicaid Managed Care Program** | **55.6%** | **3.9%** | **28.7%** | **1.6%** | **2.6%** | **7.6%** |
| Aetna Better Health of Michigan | 17.8% | 2.8% | 70.0% | 0.7% | 2.1% | 6.6% |
| Blue Cross Complete of Michigan | 38.2% | 5.3% | 45.3% | 2.8% | 2.4% | 5.9% |
| HAP Midwest Health Plan | 39.8% | 2.6% | 42.9% | 3.3% | 4.0% | 7.5% |
| Harbor Health Plan | 12.6% | 1.5% | 75.7% | 1.5% | 1.5% | 7.2% |
| McLaren Health Plan | 74.6% | 2.5% | 10.8% | 1.3% | 1.5% | 9.3% |
| Meridian Health Plan of Michigan | 68.3% | 3.3% | 18.1% | 0.3% | 2.7% | 7.3% |
| Molina Healthcare of Michigan | 51.0% | 4.3% | 29.9% | 1.7% | 3.0% | 10.1% |
| Priority Health Choice, Inc. | 72.4% | 7.1% | 9.5% | 2.4% | 1.1% | 7.6% |
| Total Health Care, Inc. | 34.3% | 3.1% | 50.0% | 1.3% | 3.1% | 8.3% |
| UnitedHealthcare Community Plan | 49.6% | 3.5% | 31.6% | 2.3% | 6.2% | 6.8% |
| Upper Peninsula Health Plan | 88.2% | 2.3% | 0.6% | 0.5% | 1.9% | 6.3% |
| *Please note, percentages may not total 100% due to rounding.* | | | | | | |

Table 3-5 depicts the general health status of members who completed a CAHPS survey.

| Table 3-5: Adult Member Demographics—General Health Status | | | | | |
|---|---|---|---|---|---|
| **Plan Name** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |
| **MDHHS Medicaid Program** | **9.3%** | **20.2%** | **34.7%** | **26.5%** | **9.3%** |
| Fee-for-Service | 5.5% | 12.6% | 32.2% | 32.4% | 17.4% |
| **MDHHS Medicaid Managed Care Program** | **9.6%** | **20.8%** | **34.9%** | **26.0%** | **8.7%** |
| Aetna Better Health of Michigan | 8.1% | 21.4% | 28.8% | 29.5% | 12.2% |
| Blue Cross Complete of Michigan | 12.0% | 23.4% | 34.1% | 23.2% | 7.3% |
| HAP Midwest Health Plan | 4.7% | 11.0% | 34.9% | 35.8% | 13.6% |
| Harbor Health Plan | 8.1% | 18.8% | 32.9% | 30.6% | 9.5% |
| McLaren Health Plan | 8.3% | 21.6% | 37.0% | 25.5% | 7.6% |
| Meridian Health Plan of Michigan | 11.4% | 22.4% | 36.0% | 23.9% | 6.3% |
| Molina Healthcare of Michigan | 9.6% | 18.5% | 33.0% | 29.5% | 9.4% |
| Priority Health Choice, Inc. | 10.6% | 23.8% | 35.6% | 23.0% | 6.9% |
| Total Health Care, Inc. | 7.4% | 17.2% | 35.7% | 28.9% | 10.8% |
| UnitedHealthcare Community Plan | 12.3% | 20.8% | 32.6% | 24.1% | 10.2% |
| Upper Peninsula Health Plan | 9.4% | 23.8% | 38.6% | 21.0% | 7.2% |
| *Please note, percentages may not total 100% due to rounding.* | | | | | |

## National Comparisons

In order to assess the overall performance of the MDHHS Medicaid Program, HSAG scored the four global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and four composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the plans' and programs' three-point mean scores to NCQA HEDIS Benchmarks and Thresholds for Accreditation.[3-1]

Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-6.

**Table 3-6: Star Ratings**

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

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

[3-1] National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

Table 3-7 shows the overall member satisfaction ratings on each of the four global ratings.

| Table 3-7: National Comparisons—Global Ratings | | | | |
|---|---|---|---|---|
| **Plan Name** | **Rating of Health Plan** | **Rating of All Health Care** | **Rating of Personal Doctor** | **Rating of Specialist Seen Most Often** |
| **MDHHS Medicaid Program** | ★★★ 2.48 | ★★★ 2.37 | ★★★ 2.50 | ★★★ 2.52 |
| Fee-for-Service | ★★ 2.41 | ★★★ 2.38 | ★★★★ 2.54 | ★★★ 2.51 |
| **MDHHS Medicaid Managed Care Program** | ★★★ 2.48 | ★★★ 2.37 | ★★★ 2.50 | ★★★ 2.53 |
| Aetna Better Health of Michigan | ★ 2.32 | ★ 2.20 | ★★ 2.45 | ★ 2.37 |
| Blue Cross Complete of Michigan | ★★★★★ 2.58 | ★★★★ 2.43 | ★★★★ 2.56 | ★★ 2.49 |
| HAP Midwest Health Plan | ★★ 2.37 | ★★ 2.33 | ★★ 2.48 | ★★★ 2.54 |
| Harbor Health Plan | ★ 2.30 | ★ 2.28 | ★★ 2.43 | ★★★★ 2.56 |
| McLaren Health Plan | ★★★ 2.47 | ★★ 2.35 | ★★ 2.48 | ★★★ 2.51 |
| Meridian Health Plan of Michigan | ★★★★ 2.52 | ★★★ 2.39 | ★★★ 2.52 | ★★★★ 2.57 |
| Molina Healthcare of Michigan | ★★★ 2.46 | ★★★ 2.39 | ★★ 2.49 | ★★★ 2.53 |
| Priority Health Choice, Inc. | ★★★★★ 2.56 | ★★★ 2.38 | ★★★ 2.50 | ★★★★ 2.56 |
| Total Health Care, Inc. | ★★★★ 2.49 | ★★★ 2.40 | ★★★ 2.52 | ★★ 2.50 |
| UnitedHealthcare Community Plan | ★★★ 2.48 | ★★★ 2.38 | ★★ 2.48 | ★★★ 2.52 |
| Upper Peninsula Health Plan | ★★★★ 2.50 | ★★★★ 2.42 | ★★★★ 2.53 | ★★★ 2.52 |
| *+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.* | | | | |

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for all global ratings.

Table 3-8 shows the overall member satisfaction ratings on four of the composite measures.[3-2]

| Table 3-8: National Comparisons—Composite Measures | | | | |
|---|---|---|---|---|
| **Plan Name** | **Getting Needed Care** | **Getting Care Quickly** | **How Well Doctors Communicate** | **Customer Service** |
| **MDHHS Medicaid Program** | ★★★ 2.40 | ★★★ 2.45 | ★★★★★ 2.64 | ★★★★ 2.59 |
| Fee-for-Service | ★★★★ 2.44 | ★★★★★ 2.51 | ★★★★ 2.63 | ★+ 2.47 |
| **MDHHS Medicaid Managed Care Program** | ★★★ 2.39 | ★★★ 2.45 | ★★★★★ 2.64 | ★★★★ 2.60 |
| Aetna Better Health of Michigan | ★ 2.28 | ★ 2.34 | ★★★★ 2.61 | ★★★ 2.54 |
| Blue Cross Complete of Michigan | ★★★★ 2.42 | ★★★★ 2.46 | ★★★★★ 2.67 | ★★★★★ 2.61 |
| HAP Midwest Health Plan | ★★ 2.35 | ★★★ 2.42 | ★★★★ 2.61 | ★★★★ 2.59 |
| Harbor Health Plan | ★★ 2.35 | ★★ 2.40 | ★★★★★ 2.65 | ★★ 2.53 |
| McLaren Health Plan | ★★★ 2.40 | ★★ 2.39 | ★★★★ 2.62 | ★★★ 2.54 |
| Meridian Health Plan of Michigan | ★★★ 2.40 | ★★★ 2.45 | ★★★★★ 2.68 | ★★★★★ 2.64 |
| Molina Healthcare of Michigan | ★★ 2.35 | ★★★ 2.43 | ★★★★ 2.59 | ★★★★★ 2.61 |
| Priority Health Choice, Inc. | ★★★★ 2.43 | ★★★ 2.45 | ★★★★★ 2.64 | ★★★★★ 2.64 |
| Total Health Care, Inc. | ★★★ 2.41 | ★★★★★ 2.52 | ★★★★★ 2.67 | ★★★ 2.54 |
| UnitedHealthcare Community Plan | ★★★ 2.39 | ★★★★ 2.48 | ★★★★★ 2.64 | ★★★★ 2.60 |
| Upper Peninsula Health Plan | ★★★★★ 2.45 | ★★★★ 2.48 | ★★★★★ 2.67 | ★★★★★ 2.63 |
| *+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.* | | | | |

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program both scored at or above the 90th percentile for the How Well Doctors Communicate composite measure, and scored at or between the 75th and 89th percentiles for the Customer Service composite measure. In addition, the MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program both scored at or between the 50th and 74th percentiles for the Getting Needed Care and Getting Care Quickly composite measures. The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program did not score below the 50th percentile for any of the composite measures.

[3-2] NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

## Statewide Comparisons

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

- "9" or "10" for the global ratings.
- "Usually" or "Always" for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites.
- "Yes" for the Shared Decision Making composite.

HSAG also calculated overall rates for the Effectiveness of Care measures: 1) Medical Assistance with Smoking and Tobacco Use Cessation and 2) Aspirin Use and Discussion. Refer to the Reader's Guide section for more detailed information regarding the calculation of these measures.

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

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

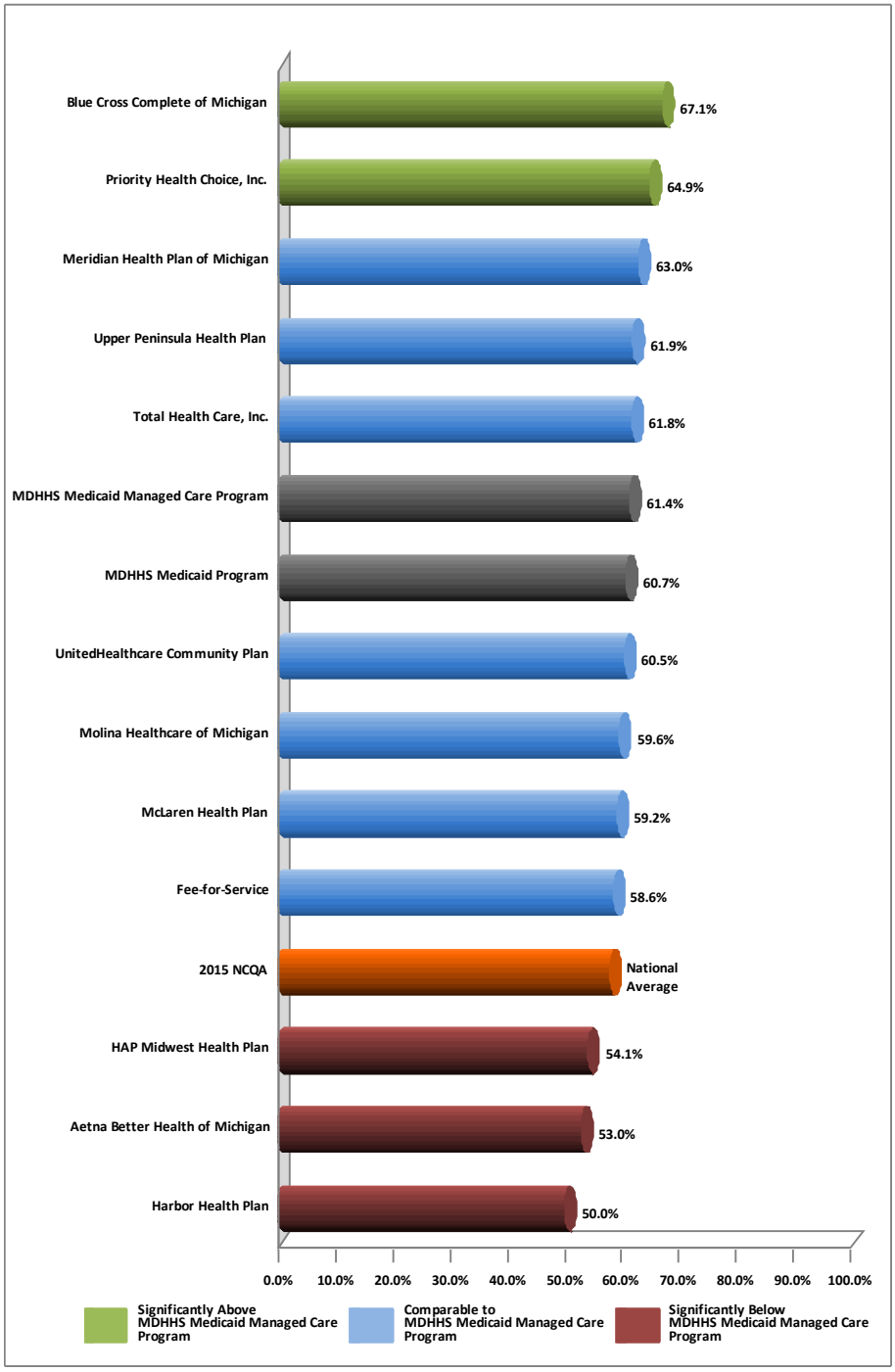
[3-3] The source for the national data contained in this publication is Quality Compass® 2015 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2015 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these 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.

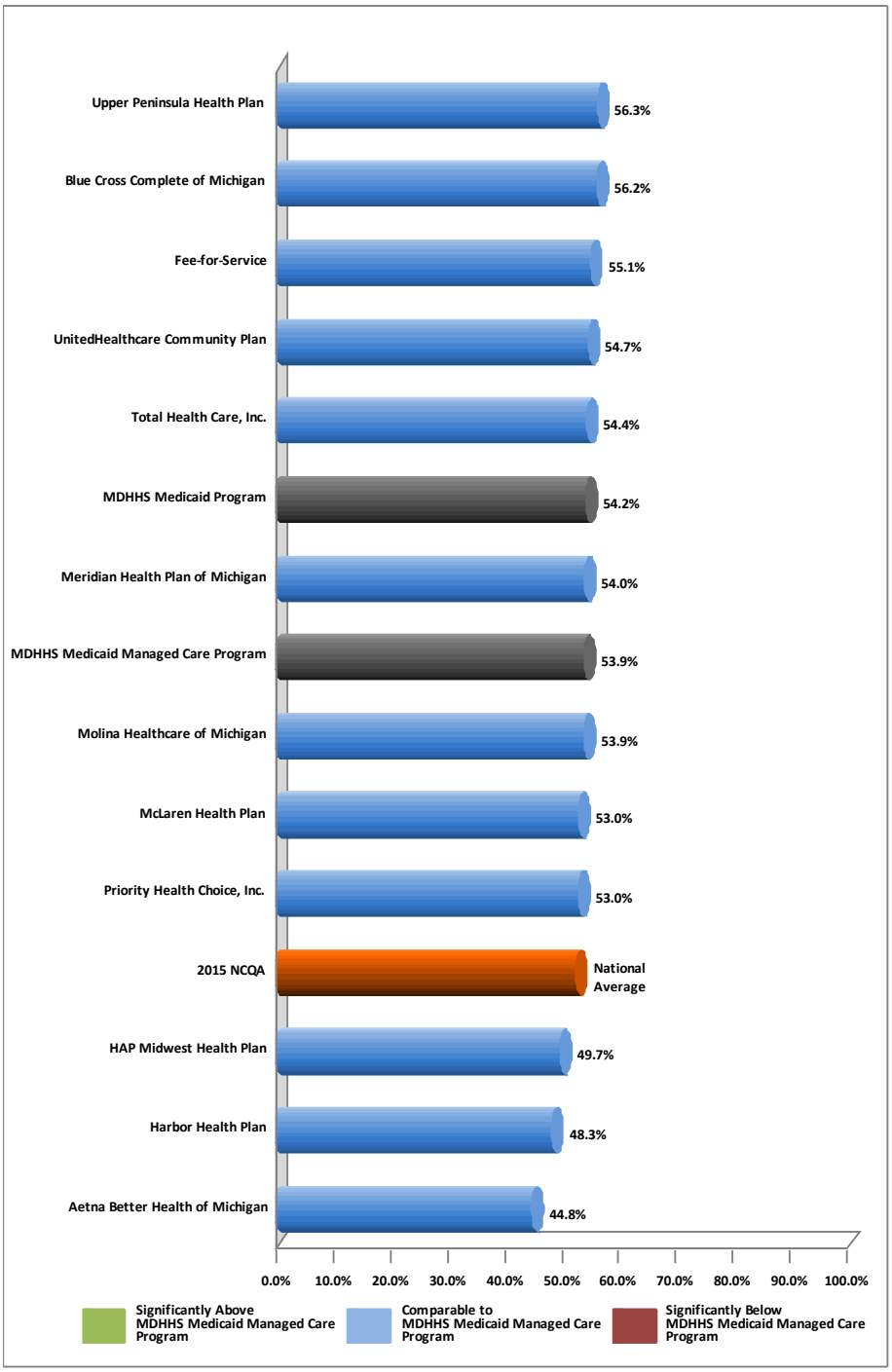
**Figure 3-1: Rating of Health Plan Top-Box Rates**



## 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.

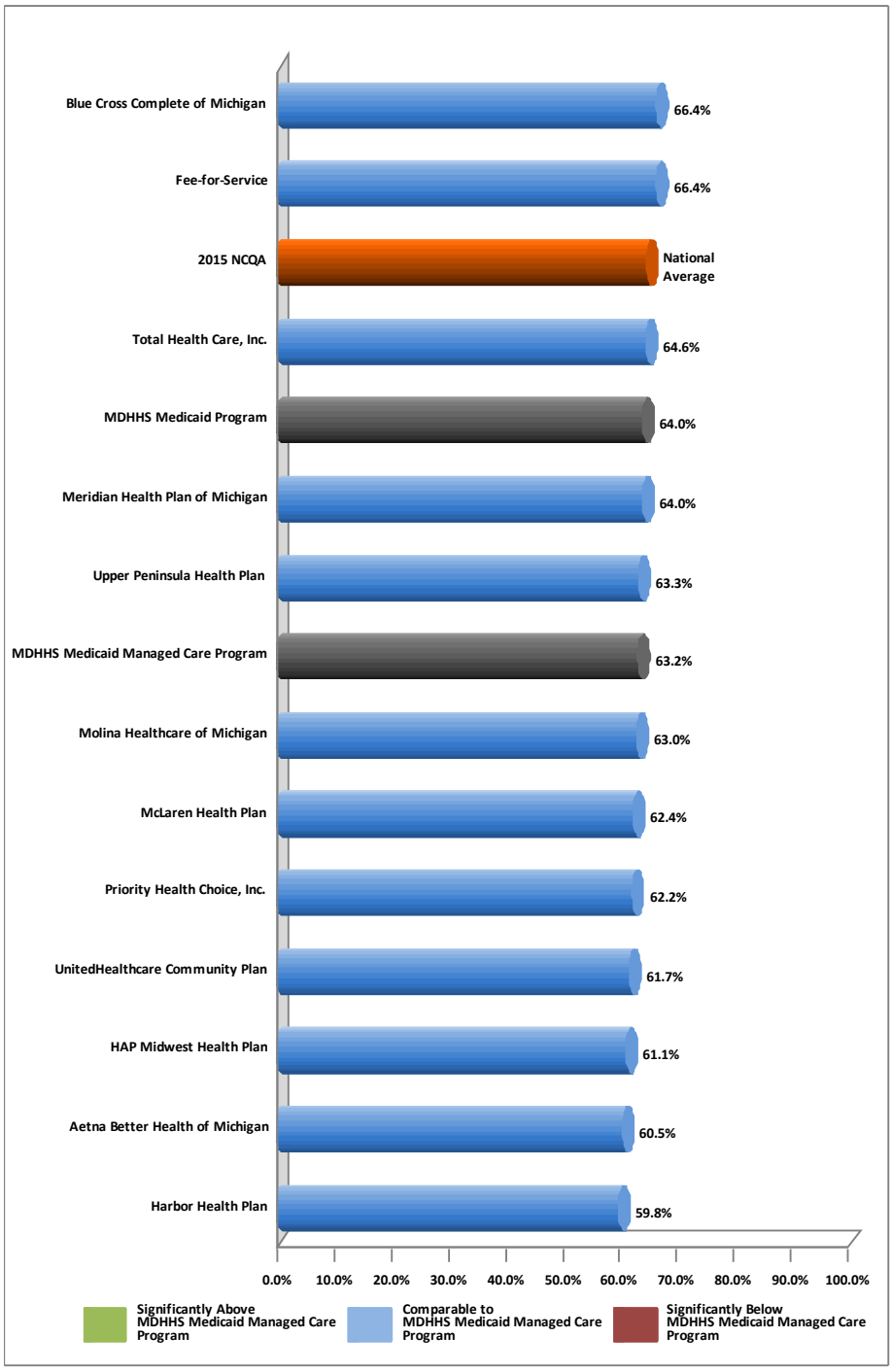
**Figure 3-2: Rating of All Health Care Top-Box Rates**



## 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.

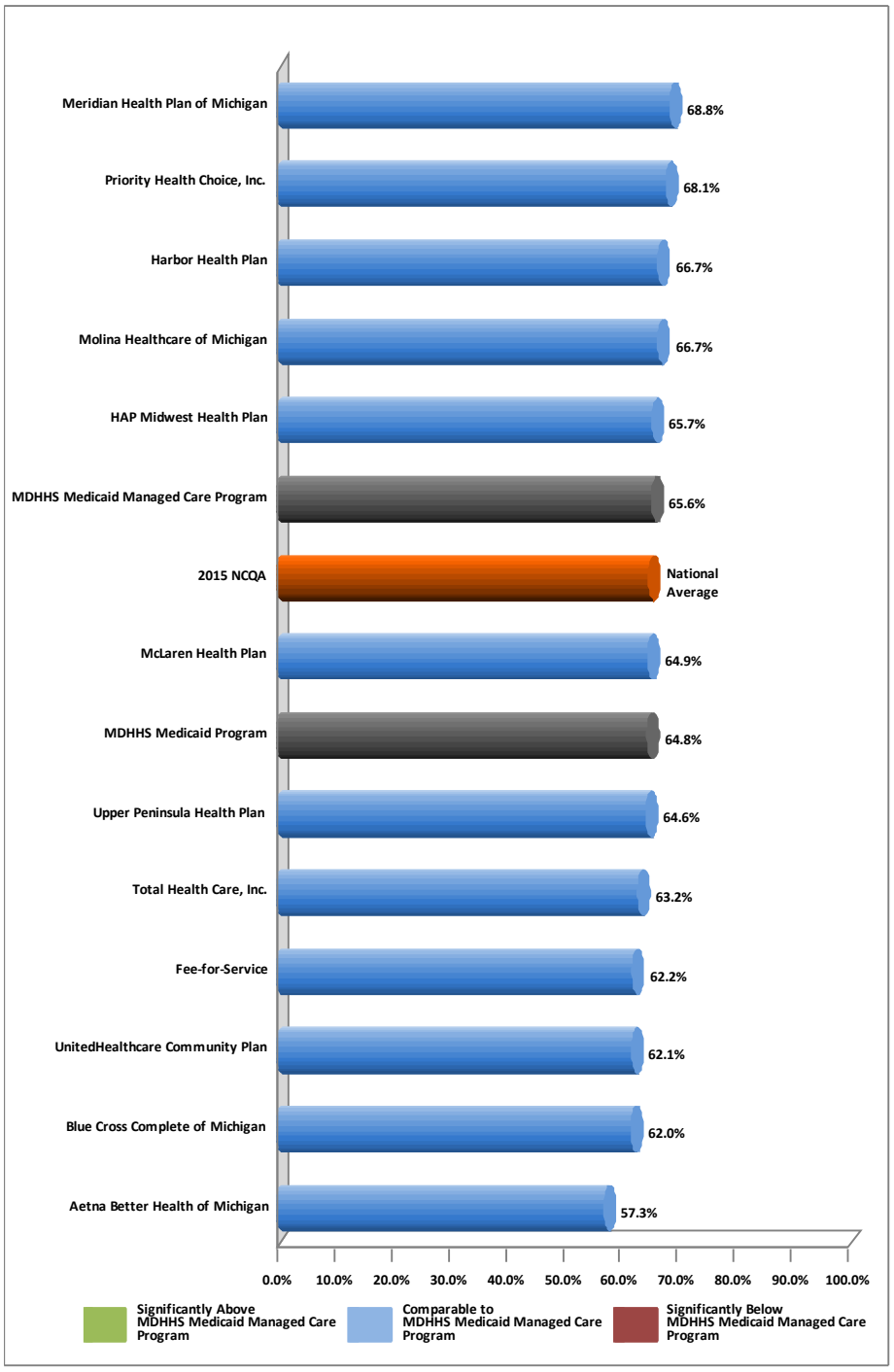
**Figure 3-3: Rating of Personal Doctor Top-Box Rates**



## 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**



## *Composite Measures*

### Getting Needed Care

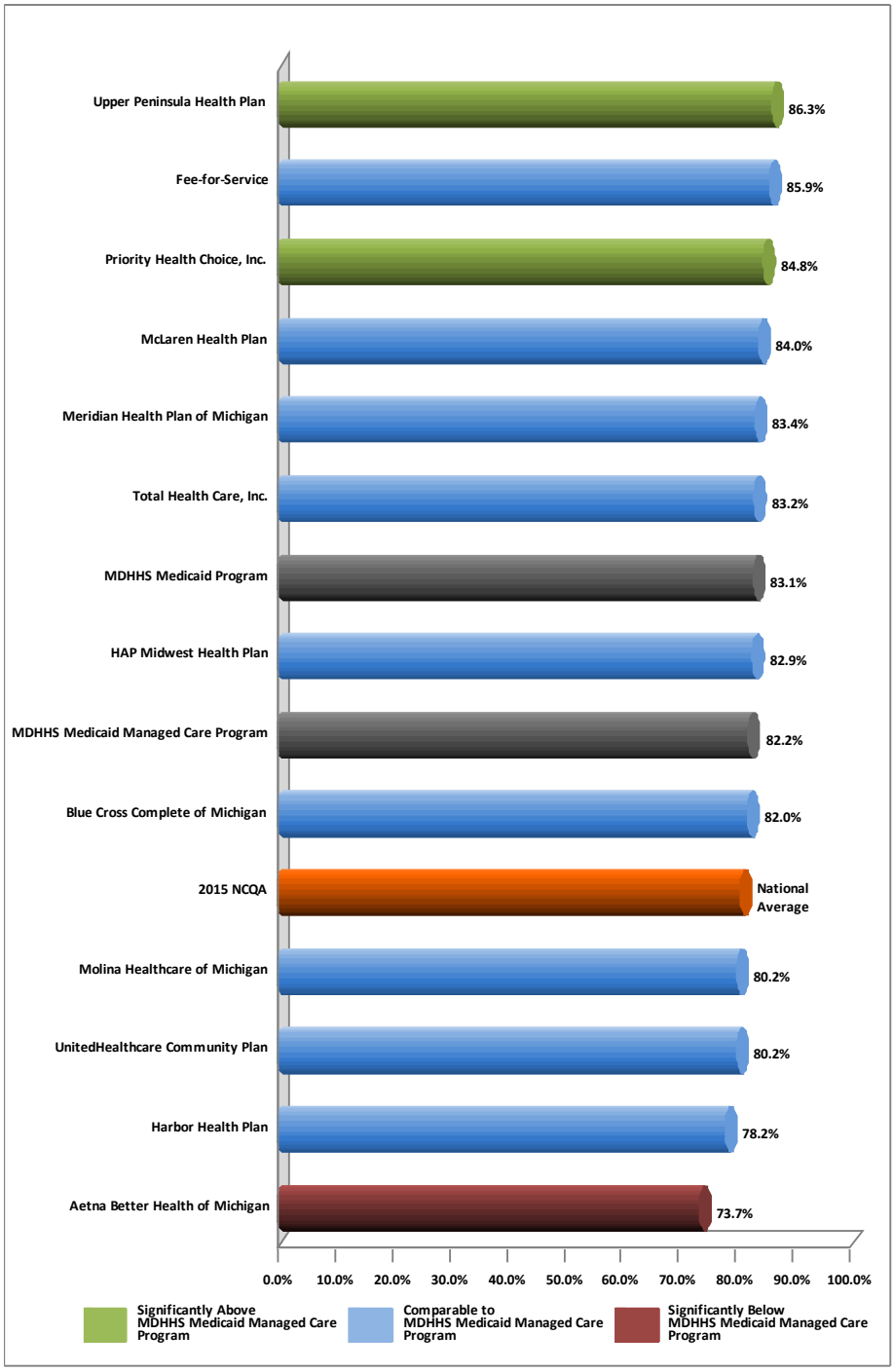
Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

- **Question 14**. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
    - Never
    - Sometimes
    - Usually
    - Always
- **Question 25.** 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

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

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

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



## Getting Care Quickly

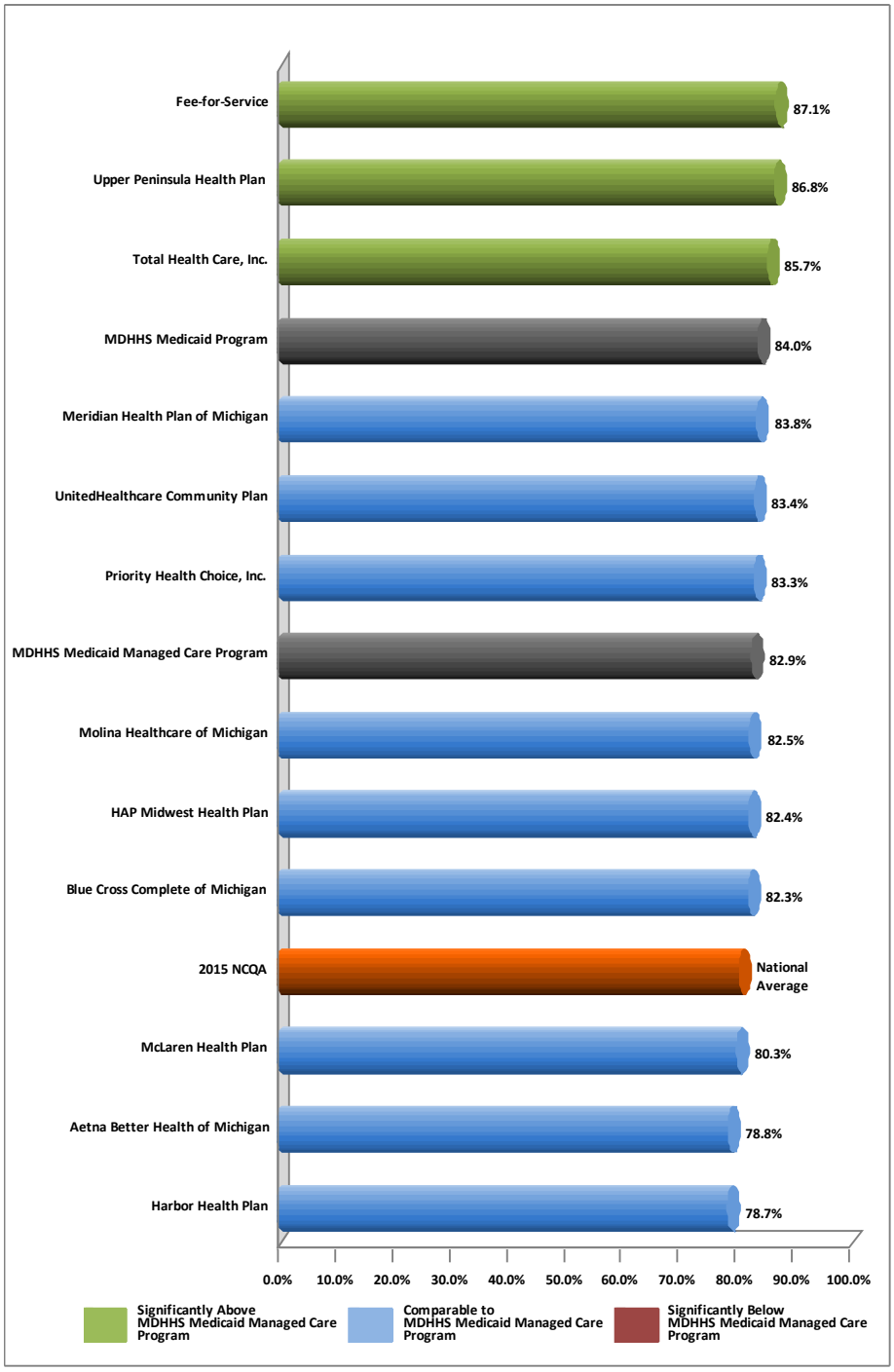
Two questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members received care quickly:

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

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

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

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



## How Well Doctors Communicate

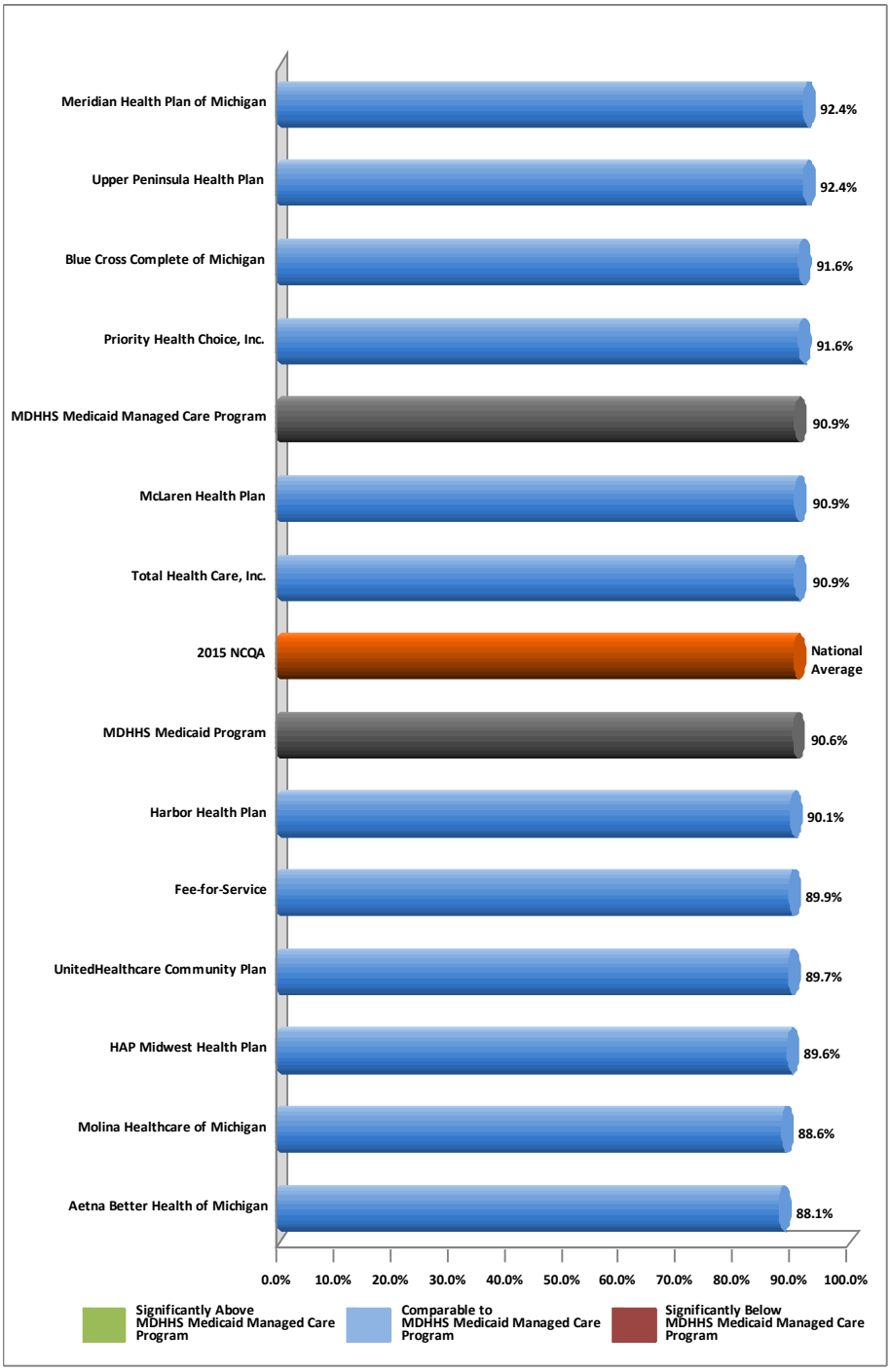
A series of four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

- **Question 17**. 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
- **Question 18**. In the last 6 months, how often did your personal doctor listen carefully to you?
    - Never
    - Sometimes
    - Usually
    - Always
- **Question 19**. In the last 6 months, how often did your personal doctor show respect for what you had to say?
    - Never
    - Sometimes
    - Usually
    - Always
- **Question 20**. In the last 6 months, how often did your personal doctor spend enough time with you?
    - Never
    - Sometimes
    - Usually
    - Always

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

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

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



## Customer Service

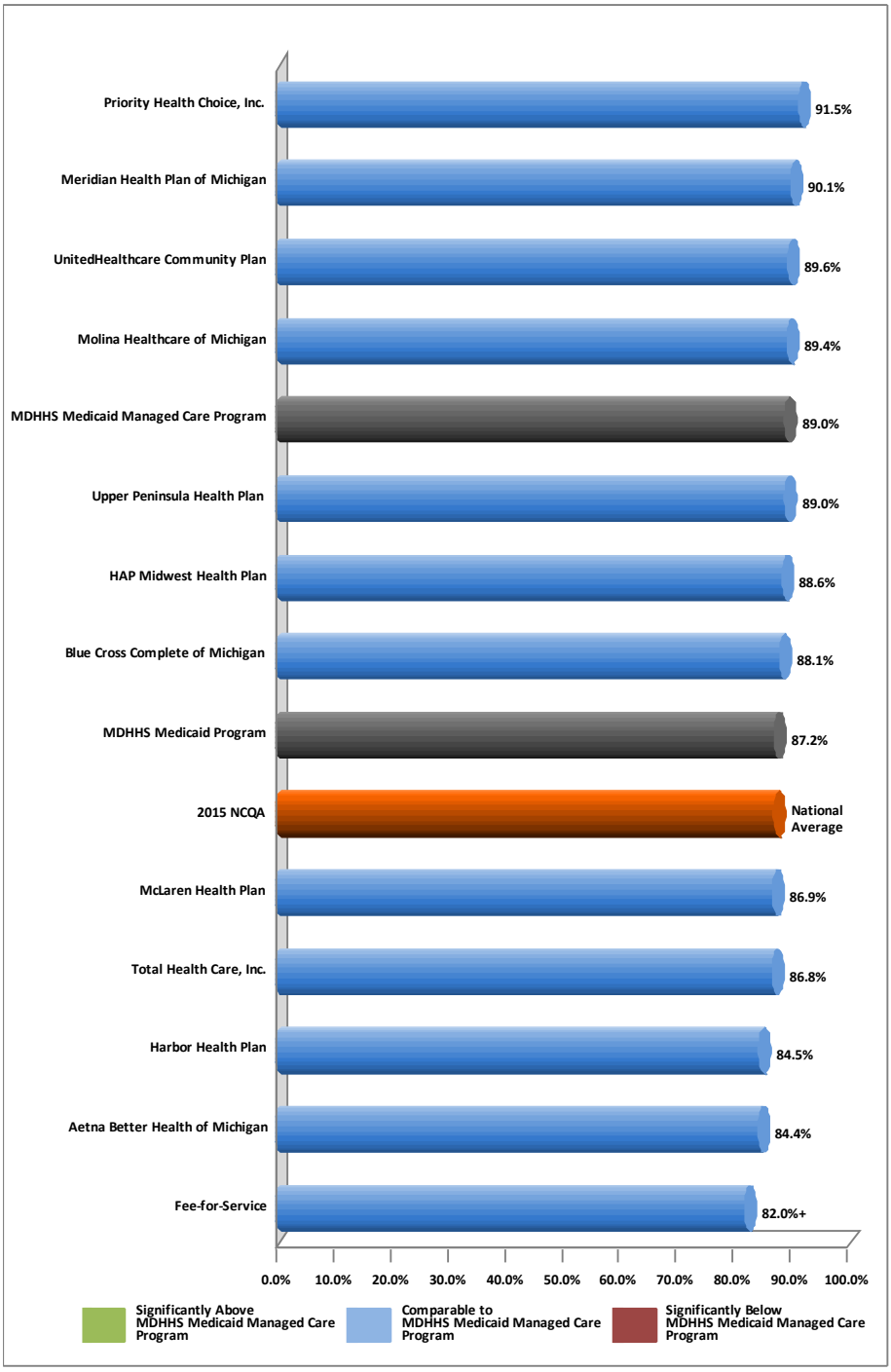
Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service:

- **Question 31**. 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
- **Question 32**. 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

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

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

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




*Note: + indicates fewer than 100 responses*

## Shared Decision Making

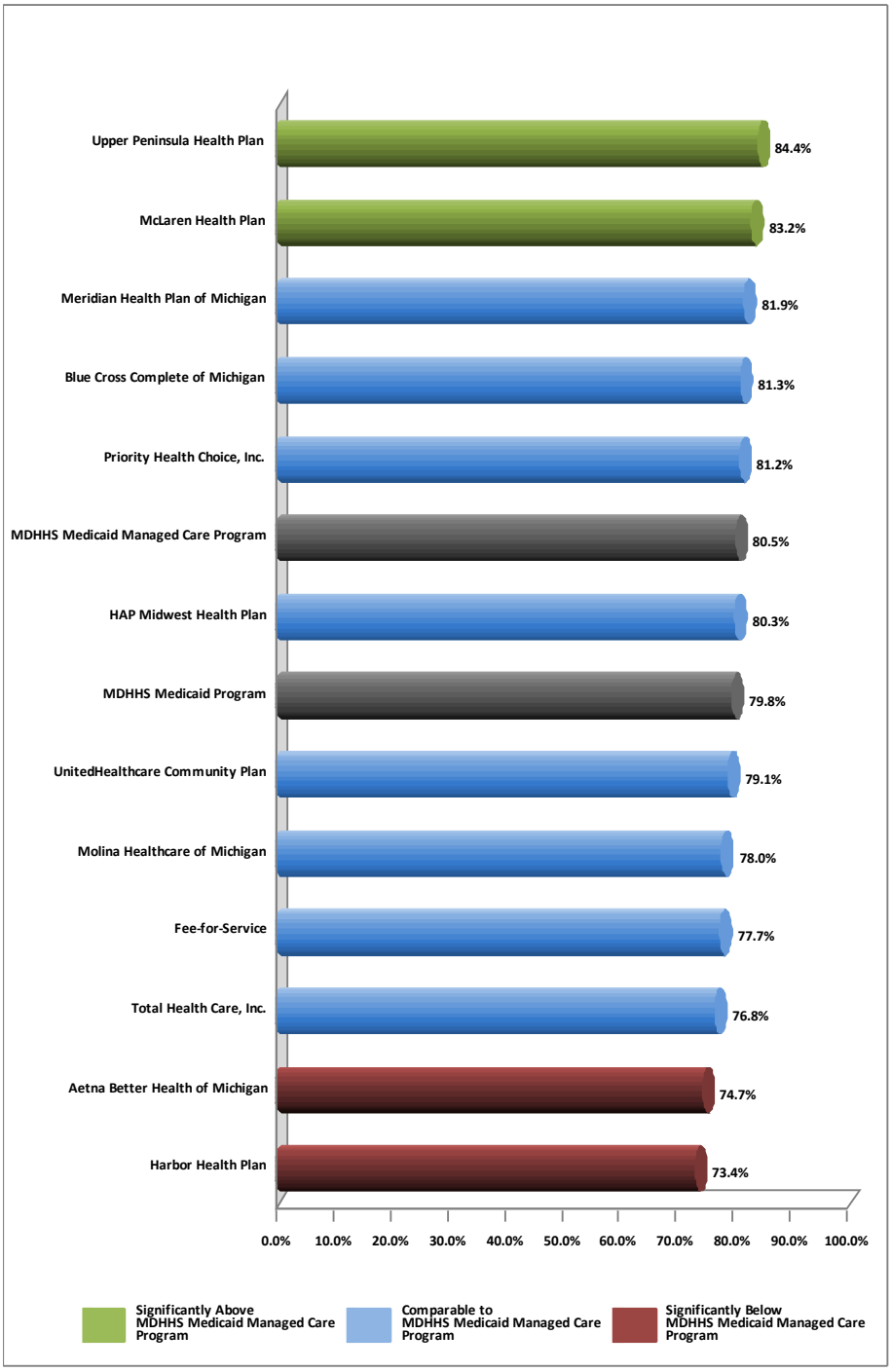
Three questions (Questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine:

- **Question 10**. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
  - Yes
  - No
- **Question 11**. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
  - Yes
  - No
- **Question 12**. 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

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

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

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




*Note: + indicates fewer than 100 responses*

## *Effectiveness of Care Measures*

### Medical Assistance with Smoking and Tobacco Use Cessation

#### *Advising Smokers and Tobacco Users to Quit*

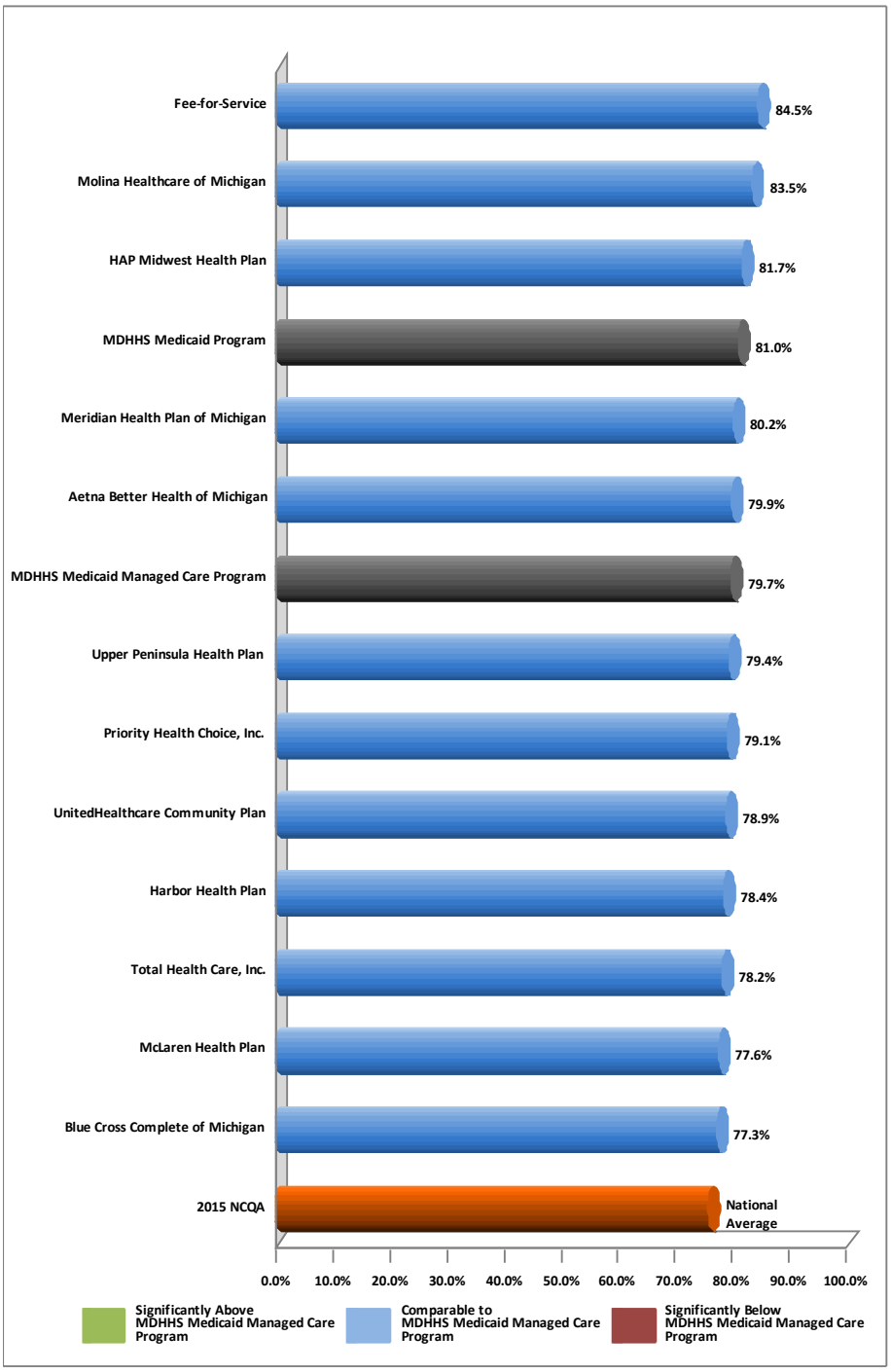
Adult members were asked how often they were advised to quit smoking or using tobacco by a doctor or other health provider (Question 40 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 40**. 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

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results.

Figure 3-10 shows the Advising Smokers and Tobacco Users to Quit rates.

**Figure 3-10: Advising Smokers and Tobacco Users to Quit Rates**



### *Discussing Cessation Medications*

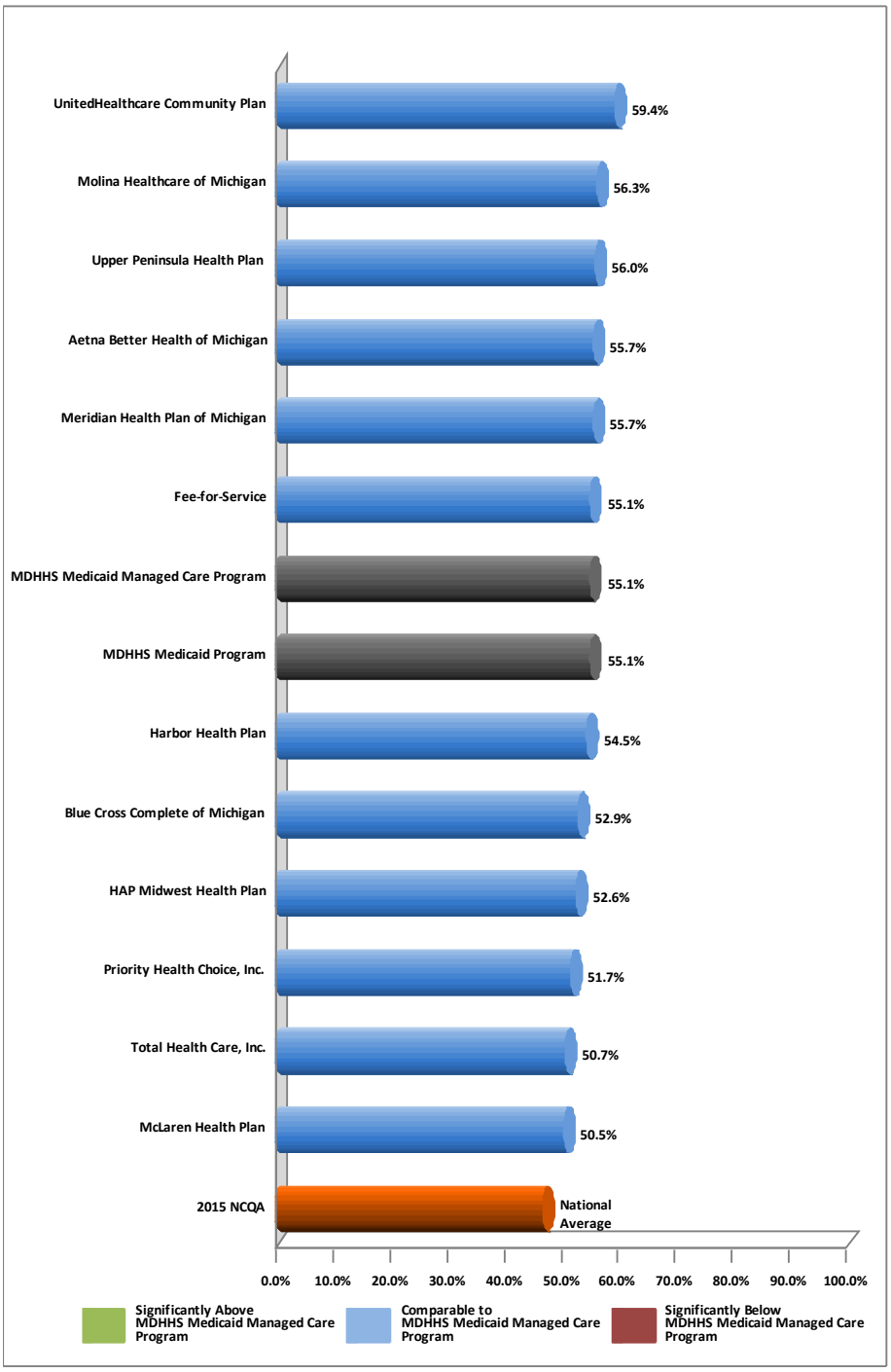
Adult members were asked how often medication was recommended or discussed by a doctor or other health provider to assist them with quitting smoking or using tobacco (Question 41 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 41**. 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

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results.

Figure 3-11 shows the Discussing Cessation Medications rates.

**Figure 3-11: Discussing Cessation Medications Rates**



### *Discussing Cessation Strategies*

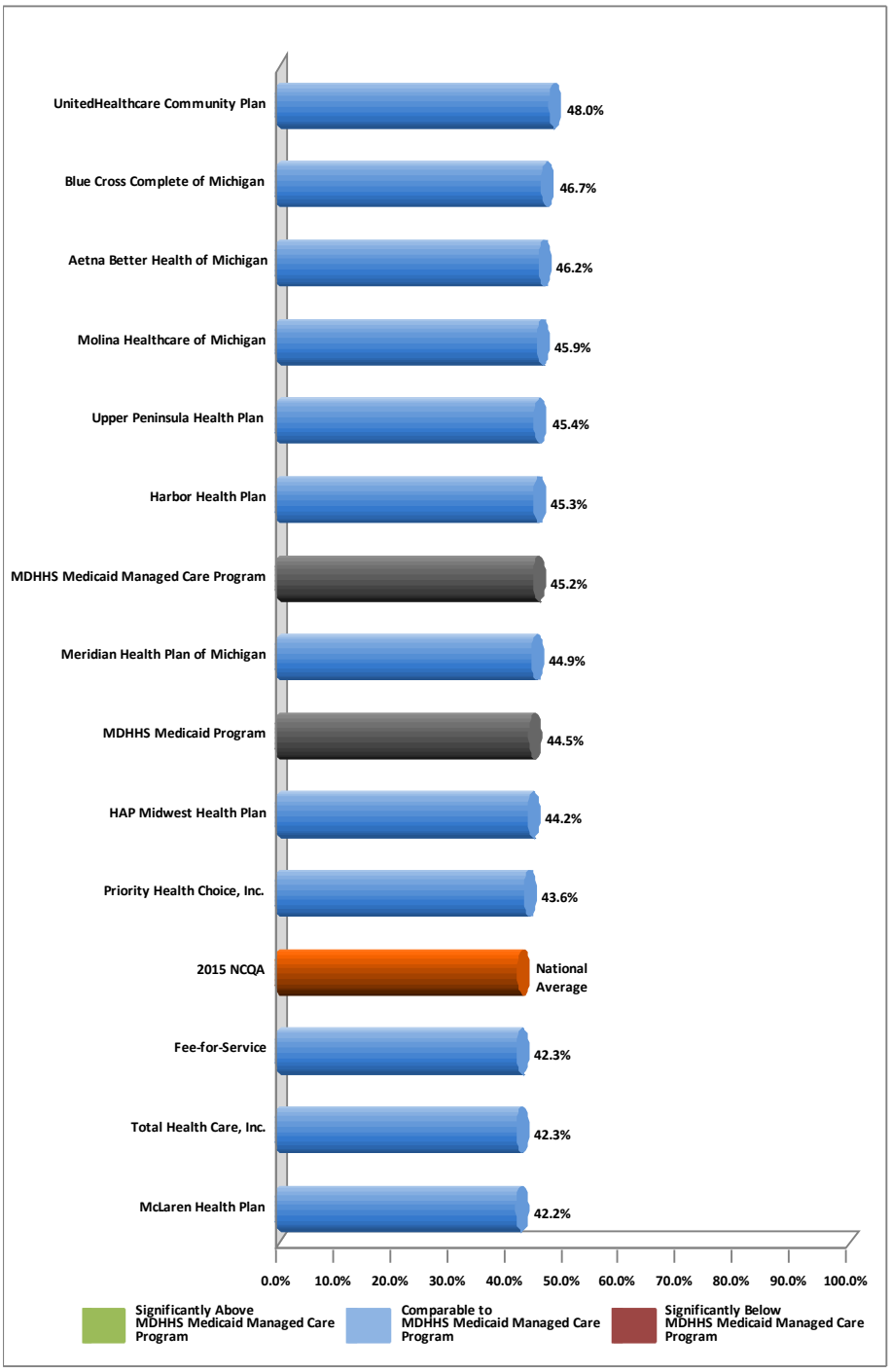
Adult members were asked how often their doctor or health provider discussed or provided methods and strategies other than medication to assist them with quitting smoking or using tobacco (Question 42 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 42**. 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

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results.

Figure 3-12 shows the Discussing Cessation Strategies rates.

**Figure 3-12: Discussing Cessation Strategies Rates**



## Aspirin Use and Discussion[3-4]

### *Aspirin Use*

Adult members were asked if they currently take aspirin daily or every other day (Question 43 in the CAHPS Adult Medicaid Health Plan Survey):

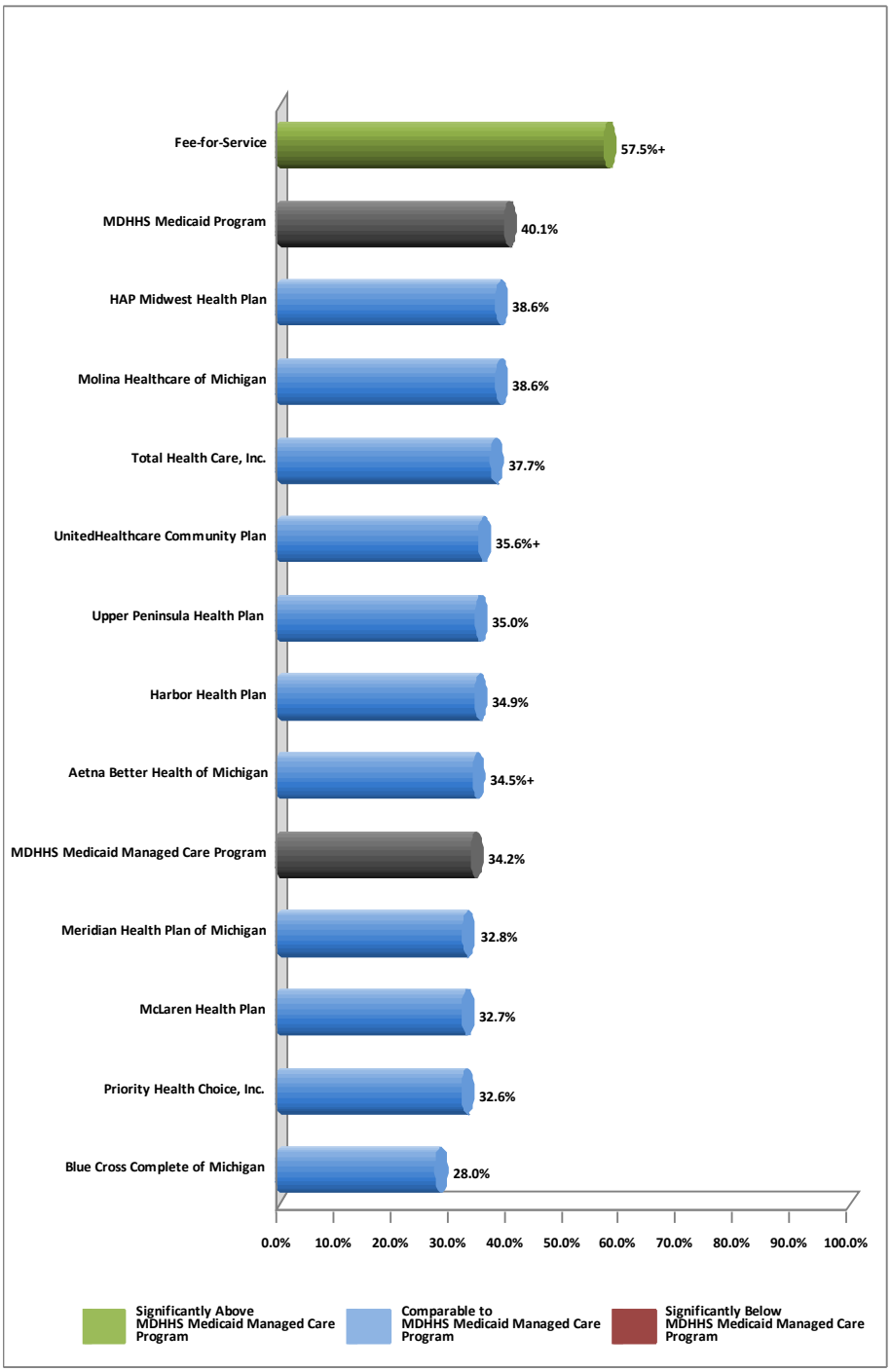
- **Question 43.** Do you take aspirin daily or every other day?
  - Yes
  - No
  - Don't know

The results of this measure represent the percentage of respondents who answered "Yes" to this question. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results.

[3-4] NCQA does not publish national averages for the Aspirin Use and Discussion measures.

Figure 3-13 shows the Aspirin Use rates.

**Figure 3-13: Aspirin Use Rates**




*Note: + indicates fewer than 100 responses*

### *Discussing Aspirin Risks and Benefits*

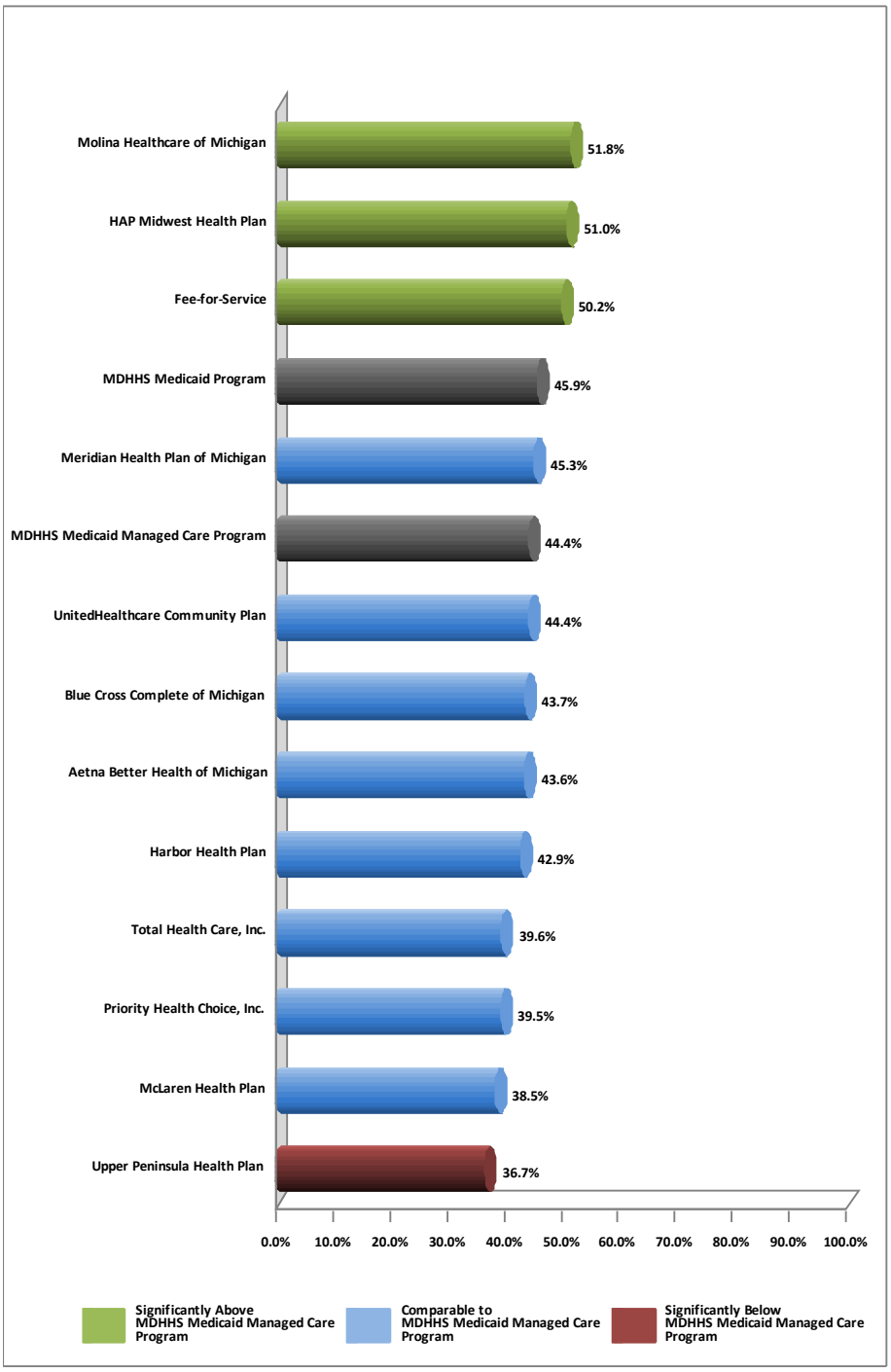
Adult members were asked if a doctor or health provider discussed with them the risks and benefits of aspirin to prevent a heart attack or stroke (Question 45 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 45**. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
  - Yes
  - No

The results of this measure represent the percentage of respondents who answered "Yes" to this question. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results.

Figure 3-14 shows the Discussing Aspirin Risks and Benefits rates.

**Figure 3-14: Discussing Aspirin Risks and Benefits Rates**



## *Summary of Results*

Table 3-9 provides a summary of the Statewide Comparisons results for the global ratings.

**Table 3-9: Statewide Comparisons—Global Ratings**

| Plan Name | Rating of Health Plan | Rating of All Health Care | Rating of Personal Doctor | Rating of Specialist Seen Most Often |
|---|---|---|---|---|
| Fee-for-Service | — | — | — | — |
| 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 higher than the MDHHS Medicaid Managed Care Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

Table 3-10 provides a summary of the Statewide Comparisons for the composite measures.

| Table 3-10: Statewide Comparisons—Composite Measures | | | | | |
|---|---|---|---|---|---|
| **Plan Name** | **Getting Needed Care** | **Getting Care Quickly** | **How Well Doctors Communicate** | **Customer Service** | **Shared Decision Making** |
| Fee-for-Service | — | ↑ | — | —+ | — |
| 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 higher than the MDHHS Medicaid Managed Care Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

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

**Table 3-11: Statewide Comparisons—Effectiveness of Care Measures**

| Plan Name | Advising Smokers and Tobacco Users to Quit | Discussing Cessation Medications | Discussing Cessation Strategies | Aspirin Use | Discussing Aspirin Risks and Benefits |
|---|---|---|---|---|---|
| Fee-for-Service | — | — | — | ↑+ | ↑ |
| 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 higher than the MDHHS Medicaid Managed Care Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

## Trend Analysis

The completed surveys from the 2016 and 2015 CAHPS results were used to perform the trend analysis presented in this section. The 2016 CAHPS scores were compared to the 2015 CAHPS scores to determine whether there were statistically significant differences. Statistically significant differences between 2016 scores and 2015 scores are noted with triangles. Scores that were statistically significantly higher in 2016 than in 2015 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2016 than in 2015 are noted with downward triangles (▼). Scores in 2016 that were not statistically significantly different from scores in 2015 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 2015 and 2016 top-box responses and the trend results for Rating of Health Plan.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **60.9%*** | **60.7%** | **—** |
| Fee-for-Service | 57.6% | 58.6% | — |
| **MDHHS Medicaid Managed Care Program** | **61.3%**** | **61.4%** | **—** |
| Aetna Better Health of Michigan | 54.0% | 53.0% | — |
| Blue Cross Complete of Michigan | 63.0% | 67.1% | — |
| HAP Midwest Health Plan | 58.2% | 54.1% | — |
| Harbor Health Plan | 56.3% | 50.0% | — |
| McLaren Health Plan | 59.4% | 59.2% | — |
| Meridian Health Plan of Michigan | 60.7% | 63.0% | — |
| Molina Healthcare of Michigan | 61.5% | 59.6% | — |
| Priority Health Choice, Inc. | 62.4% | 64.9% | — |
| Total Health Care, Inc. | 59.4% | 61.8% | — |
| UnitedHealthcare Community Plan | 63.9% | 60.5% | — |
| Upper Peninsula Health Plan | 59.8% | 61.9% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 60.6%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 60.9%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

## 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 2015 and 2016 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 | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **52.2%*** | **54.2%** | **—** |
| Fee-for-Service | 56.9% | 55.1% | — |
| **MDHHS Medicaid Managed Care Program** | **51.7%**** | **53.9%** | **—** |
| Aetna Better Health of Michigan | 43.8% | 44.8% | — |
| Blue Cross Complete of Michigan | 53.7% | 56.2% | — |
| HAP Midwest Health Plan | 50.5% | 49.7% | — |
| Harbor Health Plan | 46.7% | 48.3% | — |
| McLaren Health Plan | 50.6% | 53.0% | — |
| Meridian Health Plan of Michigan | 50.3% | 54.0% | — |
| Molina Healthcare of Michigan | 55.4% | 53.9% | — |
| Priority Health Choice, Inc. | 56.1% | 53.0% | — |
| Total Health Care, Inc. | 51.4% | 54.4% | — |
| UnitedHealthcare Community Plan | 51.9% | 54.7% | — |
| Upper Peninsula Health Plan | 55.4% | 56.3% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 52.3%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 51.7%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

## 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 2015 and 2016 top-box responses and the trend results for Rating of Personal Doctor.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **63.3%*** | **64.0%** | **—** |
| Fee-for-Service | 69.7% | 66.4% | — |
| **MDHHS Medicaid Managed Care Program** | **62.6%**** | **63.2%** | **—** |
| Aetna Better Health of Michigan | 60.0% | 60.5% | — |
| Blue Cross Complete of Michigan | 63.7% | 66.4% | — |
| HAP Midwest Health Plan | 64.1% | 61.1% | — |
| Harbor Health Plan | 63.5% | 59.8% | — |
| McLaren Health Plan | 56.6% | 62.4% | — |
| Meridian Health Plan of Michigan | 62.5% | 64.0% | — |
| Molina Healthcare of Michigan | 68.1% | 63.0% | — |
| Priority Health Choice, Inc. | 68.5% | 62.2% | ▼ |
| Total Health Care, Inc. | 62.4% | 64.6% | — |
| UnitedHealthcare Community Plan | 62.7% | 61.7% | — |
| Upper Peninsula Health Plan | 64.7% | 63.3% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 63.6%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 62.8%.*

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- Priority Health Choice, Inc.

## 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 2015 and 2016 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 | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **65.4%*** | **64.8%** | **—** |
| Fee-for-Service | 69.4% | 62.2% | — |
| **MDHHS Medicaid Managed Care Program** | **64.9%**** | **65.6%** | **—** |
| Aetna Better Health of Michigan | 61.0% | 57.3% | — |
| Blue Cross Complete of Michigan | 62.1% | 62.0% | — |
| HAP Midwest Health Plan | 61.1% | 65.7% | — |
| Harbor Health Plan | 62.5%+ | 66.7% | — |
| McLaren Health Plan | 62.0% | 64.9% | — |
| Meridian Health Plan of Michigan | 68.2% | 68.8% | — |
| Molina Healthcare of Michigan | 66.8% | 66.7% | — |
| Priority Health Choice, Inc. | 70.7% | 68.1% | — |
| Total Health Care, Inc. | 64.2% | 63.2% | — |
| UnitedHealthcare Community Plan | 64.9% | 62.1% | — |
| Upper Peninsula Health Plan | 65.4% | 64.6% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 65.8%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 65.3%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

## *Composite Measures*

### Getting Needed Care

Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care. Table 4-5 shows the 2015 and 2016 top-box responses and trend results for the Getting Needed Care composite measure.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **83.5%*** | **83.1%** | **—** |
| Fee-for-Service | 89.8% | 85.9% | — |
| **MDHHS Medicaid Managed Care Program** | **82.8%**** | **82.2%** | **—** |
| Aetna Better Health of Michigan | 79.0% | 73.7% | — |
| Blue Cross Complete of Michigan | 82.9% | 82.0% | — |
| HAP Midwest Health Plan | 80.1% | 82.9% | — |
| Harbor Health Plan | 87.6% | 78.2% | ▼ |
| McLaren Health Plan | 84.2% | 84.0% | — |
| Meridian Health Plan of Michigan | 83.3% | 83.4% | — |
| Molina Healthcare of Michigan | 82.9% | 80.2% | — |
| Priority Health Choice, Inc. | 84.0% | 84.8% | — |
| Total Health Care, Inc. | 82.6% | 83.2% | — |
| UnitedHealthcare Community Plan | 81.4% | 80.2% | — |
| Upper Peninsula Health Plan | 86.5% | 86.3% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 83.5%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 82.7%.*

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- Harbor Health Plan

## Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members received care quickly. Table 4-6 shows the 2015 and 2016 top-box responses and trend results for the Getting Care Quickly composite measure.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **83.5%*** | **84.0%** | **—** |
| Fee-for-Service | 90.0% | 87.1% | — |
| **MDHHS Medicaid Managed Care Program** | **82.8%**** | **82.9%** | **—** |
| Aetna Better Health of Michigan | 85.1% | 78.8% | ▼ |
| Blue Cross Complete of Michigan | 82.9% | 82.3% | — |
| HAP Midwest Health Plan | 81.0% | 82.4% | — |
| Harbor Health Plan | 80.1% | 78.7% | — |
| McLaren Health Plan | 79.4% | 80.3% | — |
| Meridian Health Plan of Michigan | 83.1% | 83.8% | — |
| Molina Healthcare of Michigan | 83.3% | 82.5% | — |
| Priority Health Choice, Inc. | 86.6% | 83.3% | — |
| Total Health Care, Inc. | 81.9% | 85.7% | — |
| UnitedHealthcare Community Plan | 82.5% | 83.4% | — |
| Upper Peninsula Health Plan | 85.9% | 86.8% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 83.4%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 82.6%.*

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- Aetna Better Health of Michigan

## How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well. Table 4-7 shows the 2015 and 2016 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 | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **90.0%*** | **90.6%** | — |
| Fee-for-Service | 95.3% | 89.9% | ▼ |
| **MDHHS Medicaid Managed Care Program** | **89.4%**** | **90.9%** | — |
| Aetna Better Health of Michigan | 89.6% | 88.1% | — |
| Blue Cross Complete of Michigan | 91.1% | 91.6% | — |
| HAP Midwest Health Plan | 88.2% | 89.6% | — |
| Harbor Health Plan | 91.3% | 90.1% | — |
| McLaren Health Plan | 89.4% | 90.9% | — |
| Meridian Health Plan of Michigan | 89.2% | 92.4% | ▲ |
| Molina Healthcare of Michigan | 90.0% | 88.6% | — |
| Priority Health Choice, Inc. | 90.1% | 91.6% | — |
| Total Health Care, Inc. | 86.4% | 90.9% | ▲ |
| UnitedHealthcare Community Plan | 89.9% | 89.7% | — |
| Upper Peninsula Health Plan | 92.4% | 92.4% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 90.2%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 89.5%.*

There were three statistically significant differences between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- FFS

The following scored statistically significantly *higher* in 2016 than in 2015:

- Meridian Health Plan of Michigan
- Total Health Care, Inc.

## Customer Service

Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service. Table 4-8 shows the 2015 and 2016 top-box responses and trend results for the Customer Service composite measure.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **87.3%*** | **87.2%** | — |
| Fee-for-Service | 86.6%+ | 82.0%+ | — |
| **MDHHS Medicaid Managed Care Program** | **87.4%**** | **89.0%** | — |
| Aetna Better Health of Michigan | 88.1% | 84.4% | — |
| Blue Cross Complete of Michigan | 90.2% | 88.1% | — |
| HAP Midwest Health Plan | 84.8% | 88.6% | — |
| Harbor Health Plan | 93.8%+ | 84.5% | ▼ |
| McLaren Health Plan | 86.7% | 86.9% | — |
| Meridian Health Plan of Michigan | 86.9% | 90.1% | — |
| Molina Healthcare of Michigan | 88.7% | 89.4% | — |
| Priority Health Choice, Inc. | 88.9% | 91.5% | — |
| Total Health Care, Inc. | 88.0% | 86.8% | — |
| UnitedHealthcare Community Plan | 86.0% | 89.6% | — |
| Upper Peninsula Health Plan | 91.0% | 89.0% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 87.3%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 87.3%.*

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- Harbor Health Plan

## Shared Decision Making

Three questions (Questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine. Table 4-9 shows the 2015 and 2016 top-box responses and trend results for the Shared Decision composite measure.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **79.6%*** | **79.8%** | **—** |
| Fee-for-Service | 80.2% | 77.7% | — |
| **MDHHS Medicaid Managed Care Program** | **79.5%**** | **80.5%** | **—** |
| Aetna Better Health of Michigan | 74.9% | 74.7% | — |
| Blue Cross Complete of Michigan | 81.2% | 81.3% | — |
| HAP Midwest Health Plan | 80.2% | 80.3% | — |
| Harbor Health Plan | 77.1%+ | 73.4% | — |
| McLaren Health Plan | 78.0% | 83.2% | — |
| Meridian Health Plan of Michigan | 80.1% | 81.9% | — |
| Molina Healthcare of Michigan | 80.2% | 78.0% | — |
| Priority Health Choice, Inc. | 79.3% | 81.2% | — |
| Total Health Care, Inc. | 73.7% | 76.8% | — |
| UnitedHealthcare Community Plan | 80.4% | 79.1% | — |
| Upper Peninsula Health Plan | 83.0% | 84.4% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 79.6%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 79.5%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

## *Effectiveness of Care Measures*

### Medical Assistance with Smoking and Tobacco Use Cessation

#### *Advising Smokers and Tobacco Users to Quit*

One question (Question 40 in the CAHPS Adult Medicaid Health Plan Survey) was asked to determine how often adult members were advised to quit smoking or using tobacco by a doctor or other health provider. Table 4-10 shows the 2015 and 2016 rates and trend results for the Advising Smokers and Tobacco Users to Quit measure.

**Table 4-10: Advising Smokers and Tobacco Users to Quit Trend Analysis**

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **80.5%*** | **81.0%** | **—** |
| Fee-for-Service | 87.4% | 84.5% | — |
| **MDHHS Medicaid Managed Care Program** | **79.8%**** | **79.7%** | **—** |
| Aetna Better Health of Michigan | 81.5% | 79.9% | — |
| Blue Cross Complete of Michigan | 77.4% | 77.3% | — |
| HAP Midwest Health Plan | 81.3% | 81.7% | — |
| Harbor Health Plan | 80.8% | 78.4% | — |
| McLaren Health Plan | 75.7% | 77.6% | — |
| Meridian Health Plan of Michigan | 80.8% | 80.2% | — |
| Molina Healthcare of Michigan | 84.2% | 83.5% | — |
| Priority Health Choice, Inc. | 83.2% | 79.1% | — |
| Total Health Care, Inc. | 78.7% | 78.2% | — |
| UnitedHealthcare Community Plan | 77.2% | 78.9% | — |
| Upper Peninsula Health Plan | 80.0% | 79.4% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 80.5%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 79.7%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

## *Discussing Cessation Medications*

One question (Question 41 in the CAHPS Adult Medicaid Health Plan Survey) was asked to ascertain how often medication was recommended or discussed by their doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-11 shows the 2015 and 2016 rates and trend results for the Discussing Cessation Medications measure.

**Table 4-11: Discussing Cessation Medications Trend Analysis**

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **54.4%*** | **55.1%** | **—** |
| Fee-for-Service | 56.8% | 55.1% | — |
| **MDHHS Medicaid Managed Care Program** | **54.1%**** | **55.1%** | **—** |
| Aetna Better Health of Michigan | 58.0% | 55.7% | — |
| Blue Cross Complete of Michigan | 53.2% | 52.9% | — |
| HAP Midwest Health Plan | 50.5% | 52.6% | — |
| Harbor Health Plan | 63.1% | 54.5% | — |
| McLaren Health Plan | 43.0% | 50.5% | ▲ |
| Meridian Health Plan of Michigan | 58.6% | 55.7% | — |
| Molina Healthcare of Michigan | 55.3% | 56.3% | — |
| Priority Health Choice, Inc. | 53.0% | 51.7% | — |
| Total Health Care, Inc. | 51.9% | 50.7% | — |
| UnitedHealthcare Community Plan | 55.7% | 59.4% | — |
| Upper Peninsula Health Plan | 54.9% | 56.0% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 54.3%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 54.0%.*

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *higher* in 2016 than in 2015:

- McLaren Health Plan

### *Discussing Cessation Strategies*

One question (Question 42 in the CAHPS Adult Medicaid Health Plan Survey) 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 4-12 shows the 2015 and 2016 rates and trend results for the Discussing Cessation Strategies measure.

**Table 4-12: Discussing Cessation Strategies Trend Analysis**

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **45.5%*** | **44.5%** | **—** |
| Fee-for-Service | 43.5% | 42.3% | — |
| **MDHHS Medicaid Managed Care Program** | **45.7%**** | **45.2%** | **—** |
| Aetna Better Health of Michigan | 44.8% | 46.2% | — |
| Blue Cross Complete of Michigan | 44.2% | 46.7% | — |
| HAP Midwest Health Plan | 45.8% | 44.2% | — |
| Harbor Health Plan | 49.2% | 45.3% | — |
| McLaren Health Plan | 39.9% | 42.2% | — |
| Meridian Health Plan of Michigan | 48.0% | 44.9% | — |
| Molina Healthcare of Michigan | 48.8% | 45.9% | — |
| Priority Health Choice, Inc. | 43.0% | 43.6% | — |
| Total Health Care, Inc. | 42.1% | 42.3% | — |
| UnitedHealthcare Community Plan | 43.6% | 48.0% | — |
| Upper Peninsula Health Plan | 46.8% | 45.4% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 45.0%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 45.2%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

## Aspirin Use and Discussion

### *Aspirin Use*

One question (Question 43 in the CAHPS Adult Medicaid Health Plan Survey) was asked to determine if adult members take aspirin daily or every other day. Table 4-13 shows the 2015 and 2016 rates and trend results for the Aspirin Use measure.

**Table 4-13: Aspirin Use Trend Analysis**

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **38.1%*** | **40.1%** | **—** |
| Fee-for-Service | 60.0%+ | 57.5%+ | — |
| **MDHHS Medicaid Managed Care Program** | **35.6%**** | **34.2%** | **—** |
| Aetna Better Health of Michigan | 36.6%+ | 34.5%+ | — |
| Blue Cross Complete of Michigan | 29.2% | 28.0% | — |
| HAP Midwest Health Plan | 42.9%+ | 38.6% | — |
| Harbor Health Plan | 32.5%+ | 34.9% | — |
| McLaren Health Plan | 23.9%+ | 32.7% | — |
| Meridian Health Plan of Michigan | 37.4% | 32.8% | — |
| Molina Healthcare of Michigan | 33.6% | 38.6% | — |
| Priority Health Choice, Inc. | 31.4%+ | 32.6% | — |
| Total Health Care, Inc. | 41.7% | 37.7% | — |
| UnitedHealthcare Community Plan | 41.2% | 35.6%+ | — |
| Upper Peninsula Health Plan | 42.9% | 35.0% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 38.3%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 35.7%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

### *Discussing Aspirin Risks and Benefits*

One question (Question 45 in the CAHPS Adult Medicaid Health Plan Survey) was asked to determine if a doctor or health provider discussed with adult members the risks and benefits of aspirin to prevent a heart attack or stroke. Table 4-14 shows the 2015 and 2016 rates and trend results for the Discussing Aspirin Risks and Benefits measure.

**Table 4-14: Discussing Aspirin Risks and Benefits Trend Analysis**

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **48.0%*** | **45.9%** | **—** |
| Fee-for-Service | 51.4% | 50.2% | — |
| **MDHHS Medicaid Managed Care Program** | **47.6%**** | **44.4%** | **—** |
| Aetna Better Health of Michigan | 46.8% | 43.6% | — |
| Blue Cross Complete of Michigan | 47.2% | 43.7% | — |
| HAP Midwest Health Plan | 55.4% | 51.0% | — |
| Harbor Health Plan | 41.7%+ | 42.9% | — |
| McLaren Health Plan | 38.8% | 38.5% | — |
| Meridian Health Plan of Michigan | 47.9% | 45.3% | — |
| Molina Healthcare of Michigan | 50.8% | 51.8% | — |
| Priority Health Choice, Inc. | 43.9% | 39.5% | — |
| Total Health Care, Inc. | 44.6% | 39.6% | — |
| UnitedHealthcare Community Plan | 52.4% | 44.4% | — |
| Upper Peninsula Health Plan | 44.5% | 36.7% | ▼ |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 48.2%.*

***The MDHHS Medicaid Managed Care Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 47.8%.*

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- Upper Peninsula Health Plan

## Key Drivers of Satisfaction

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

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

| Table 5-1: MDHHS Medicaid Program Key Drivers of Satisfaction |
|---|
| **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. |
| Respondents reported that it was often not easy to obtain appointments with specialists. |
| **Rating of All Health Care** |
| Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them. |
| 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 it was often not easy to obtain appointments with specialists. |
| **Rating of Personal Doctor** |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan. |
| 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. |

## Survey Instrument

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

Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

DataStat

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

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

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

## SURVEY INSTRUCTIONS

- **Please be sure to fill the response circle <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 Michigan Medicaid Fee-For-Service. 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 not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.**

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

- ○ Yes
- ○ No ➔ ***Go to Question 5***

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

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 7***

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

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

**7. In the last 6 months, not 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 15***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

**8. 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

**9. 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 13***

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

- ○ Yes
- ○ No

**11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?**

- ○ Yes
- ○ No

**12. 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

**13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your 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 |

**14. 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

**15. 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 24***

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

- ○ None ➔ ***Go to Question 23***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

**17. 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

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

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

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

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

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

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

**21. 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 23***

**22. 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

**23. 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 Personal Doctor Possible — Best Personal Doctor 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.**

**24. 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 28***

**25. 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

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

- ○ None ➔ ***Go to Question 28***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

**27. 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 Specialist Possible — Best Specialist Possible

## YOUR HEALTH PLAN

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

**28. 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 30***

**29. 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

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

- ○ Yes
- ○ No ➔ ***Go to Question 33***

**31. 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

**32. 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

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

- ○ Yes
- ○ No ➔ ***Go to Question 35***

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

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

**35. 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 Health Plan Possible — Best Health Plan Possible

## ABOUT YOU

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

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

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

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

**38. Have you had either a flu shot or flu spray in the nose since July 1, 2015?**

- ○ Yes
- ○ No
- ○ Don't know

**39. 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 43***
- ○ Don't know ➔ ***Go to Question 43***

**40. 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

**41. 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

**42. 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

**43. Do you take aspirin daily or every other day?**

- ○ Yes
- ○ No
- ○ Don't know

**44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?**

- ○ Yes
- ○ No
- ○ Don't know

**45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?**

- ○ Yes
- ○ No

**46. Are you aware that you have any of the following conditions? Mark one or more.**

- ○ High cholesterol
- ○ High blood pressure
- ○ Parent or sibling with heart attack before the age of 60

**47. Has a doctor ever told you that you have any of the following conditions? Mark one or more.**

- ○ A heart attack
- ○ Angina or coronary heart disease
- ○ A stroke
- ○ Any kind of diabetes or high blood sugar

**48. 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 50***

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No ➔ ***Go to Question 52***

**51. 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

**52. 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

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

- ○ Male
- ○ Female

**54. 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

**55. Are you of Hispanic or Latino origin or descent?**

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

**56. 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

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

- ○ Yes ➔ ***Go to Question 58***
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

**58. 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**

## CD Contents

The accompanying CD includes all of the information from the Executive Summary, Reader's Guide, Results, Trend Analysis, Key Drivers of Satisfaction, and Survey Instrument sections of this report. The CD also contains electronic copies of comprehensive crosstabulations that show responses to each survey question stratified by select categories. The following content is included in the CD:

- 2016 Michigan Adult Medicaid CAHPS Report
- MDHHS Adult Medicaid Program Crosstabulations
- MDHHS Adult Medicaid Plan-level Crosstabulations

State of Michigan
Department of Health and Human Services

# 2016 Michigan Department of Health and Human Services Child Medicaid Health Plan CAHPS® Report

September 2016

HSAG HEALTH SERVICES ADVISORY GROUP

# TABLE OF CONTENTS

## Introduction

The Michigan Department of Health and Human Services (MDHHS) periodically assesses the perceptions and experiences of members enrolled in the MDHHS Medicaid health plans (MHPs) and the Fee-for-Service (FFS) program as part of its process for evaluating the quality of health care services provided to child members in the MDHHS Medicaid Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for the MDHHS Medicaid 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 2016 child Medicaid CAHPS results based on responses of parents or caretakers who completed the survey on behalf of child members enrolled in an MHP or FFS.[1-2] The surveys were completed from February to May 2016. The standardized survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.[1-3]

## Report Overview

A sample of at least 1,650 child members was selected from the FFS population and each MHP, with two exceptions. HAP Midwest Health Plan and Harbor Health Plan did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample sizes for HAP Midwest Health Plan and Harbor Health Plan were 172 and 1,094, respectively.

Results presented in this report include four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. Additionally, five composite measures are reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

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

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

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] The health plan name for one of the MHPs changed since the child MHP population was surveyed in 2015. Aetna Better Health of Michigan was previously referred to as CoventryCares.
[1-3] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

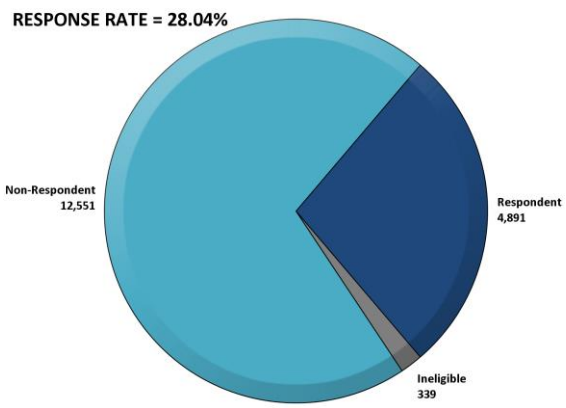
# Key Findings

## *Survey Dispositions and Demographics*

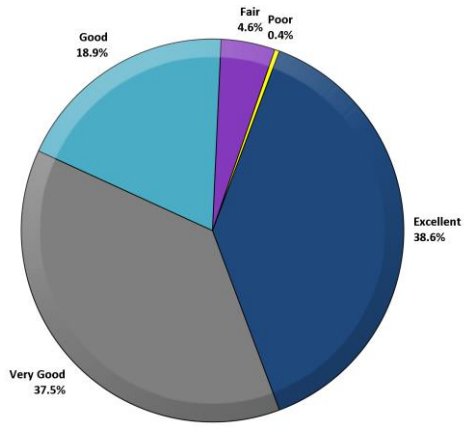
Figure 1-1 provides an overview of the MDHHS Medicaid Program survey dispositions and child member demographics.

**Figure 1-1: Survey Dispositions and Member Demographics**

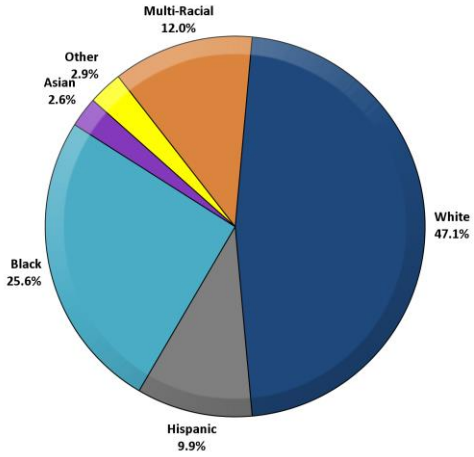
**Survey Dispositions**



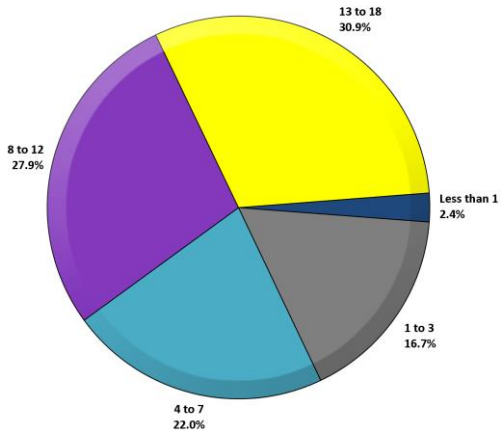

**General Health Status**




**Race/Ethnicity**




**Age**




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

## *National Comparisons and Trend Analysis*

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point mean scores were compared to the National Committee for Quality Assurance's (NCQA's) 2016 HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS

measure.[1-4,1-5] In addition, a trend analysis was performed that compared the 2016 CAHPS results to their corresponding 2015 CAHPS results, where appropriate. Table 1-1 provides highlights of the National Comparisons and Trend Analysis findings for the MDHHS Medicaid Program. The numbers presented below represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

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

| Measure | National Comparisons | Trend Analysis |
|---|---|---|
| **Global Rating** | | |
| Rating of Health Plan | ★★ 2.54 | — |
| Rating of All Health Care | ★★★ 2.55 | ▼ |
| Rating of Personal Doctor | ★★★ 2.64 | — |
| Rating of Specialist Seen Most Often | ★★★ 2.59 | — |
| **Composite Measure** | | |
| Getting Needed Care | ★★ 2.44 | ▼ |
| Getting Care Quickly | ★★★ 2.64 | — |
| How Well Doctors Communicate | ★★★★ 2.73 | — |
| Customer Service | ★★★ 2.57 | — |

Star Assignments Based on Percentiles

★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

▲ statistically significantly higher in 2016 than in 2015.

▼ statistically significantly lower in 2016 than in 2015.

— indicates the 2016 score is not statistically significantly different than the 2015 score.

The National Comparisons results indicated three global ratings and two composite measures scored at or between the 50th and 74th percentiles: Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Care Quickly, and Customer Service. Further, one composite measure scored at or between the 75th and 89th percentiles: How Well Doctors Communicate.

Results from the trend analysis showed that the MDHHS Medicaid Program scored significantly *lower* in 2016 than in 2015 on two measures: Rating of All Health Care and Getting Needed Care.

[1-4] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

[1-5] NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

## *Statewide Comparisons*

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure. HSAG compared the MHP and FFS results to the MDHHS Medicaid Managed Care Program average to determine if plan or program results were statistically significantly different than the MDHHS Medicaid Managed Care Program average. Table 1-2 and Table 1-3 show the results of this analysis for the global ratings and composite measures, respectively.

**Table 1-2: Statewide Comparisons—Global Ratings**

| Plan Name | Rating of Health Plan | Rating of All Health Care | Rating of Personal Doctor | Rating of Specialist Seen Most Often |
|---|---|---|---|---|
| Fee-for-Service | ↓ | — | — | —+ |
| 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 higher than the MDHHS Medicaid Managed Care Program average
↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average
— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average

| Table 1-3: Statewide Comparisons—Composite Measures | | | | | |
|---|---|---|---|---|---|
| **Plan Name** | **Getting Needed Care** | **Getting Care Quickly** | **How Well Doctors Communicate** | **Customer Service** | **Shared Decision Making** |
| Fee-for-Service | — | — | ↑ | —+ | —+ |
| 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 higher than the MDHHS Medicaid Managed Care Program average
↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average
— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average

The results from the Statewide Comparisons presented in Table 1-2 and Table 1-3 revealed that FFS had one measure that was significantly *higher* than the MDHHS Medicaid Managed Care Program. Additionally, Priority Health Choice, Inc. had one measure that was signficantly *higher* than the MDHHS Medicaid Managed Care Program average.

Conversely, FFS, Aetna Better Health of Michigan, and Harbor Health Plan had one measure that was significantly *lower* than the MDHHS Medicaid Managed Care Program average.

## *Key Drivers of Satisfaction*

HSAG focused the key drivers of satisfaction analysis on three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated each of these measures to determine if particular CAHPS items (i.e., questions) strongly correlated with these measures, which HSAG refers to as "key drivers." These individual CAHPS items are driving levels of satisfaction with each of the three measures. Table 1-4 provides a summary of the key drivers identified for the MDHHS Medicaid Program.

| Table 1-4: MDHHS Medicaid Program Key Drivers of Satisfaction |
|---|
| **Rating of Health Plan** |
| Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed. |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan. |
| Respondents reported that their child's health plan's customer service did not always give them the information or help they needed. |
| Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers. |
| Respondents reported that forms from their child's health plan were often not easy to fill out. |
| Respondents reported that it was often not easy for their child to obtain appointments with specialists. |
| **Rating of All Health Care** |
| Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed. |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan. |
| Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers. |
| Respondents reported that it was often not easy for their child to obtain appointments with specialists. |
| **Rating of Personal Doctor** |
| Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers. |
| Respondents reported that their child's personal doctor did not always spend enough time with them. |
| Respondents reported that their child's personal doctor did not talk with them about how their child is feeling, growing, or behaving. |

## 2016 CAHPS Performance Measures

The CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set includes 48 core questions that yield 9 measures of satisfaction. These measures include four global rating questions and five composite measures. The global measures (also referred to as global ratings) reflect overall satisfaction with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "Getting Needed Care" or "Getting Care Quickly").

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

**Table 2-1: CAHPS Measures**

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

## How CAHPS Results Were Collected

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

### *Sampling Procedures*

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

- Were 17 years of age or younger as of December 31, 2015.
- Were currently enrolled in an MHP or FFS.
- Had been continuously enrolled in the plan or program for at least five of the last six months (July through December) of 2015.
- Had Medicaid as a payer.

Next, a systematic sample of members was selected for inclusion in the survey. For each MHP, no more than one member per household was selected as part of the survey samples. A sample of at least 1,650 child members was selected from the FFS population and each MHP, with two exceptions. HAP Midwest Health Plan and Harbor Health Plan did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample sizes for HAP Midwest Health Plan and Harbor Health Plan were 172 and 1,094, respectively. Table 3-1 in the Results section provides an overview of the sample sizes for each plan and program.

### *Survey Protocol*

The CAHPS 5.0 Health Plan Survey process allows for two methods by which parents or caretakers of child members could complete a survey. The first, or mail phase, consisted of sampled members receiving a survey via mail. HSAG tried to obtain new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system. All sampled parents or caretakers of child members received an English version of the survey, with the option of completing the survey in Spanish. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of parents or caretakers of child members who did not mail in a completed survey. At least three CATI calls to each non-respondent were attempted.[2-1] 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.[2-2]

[2-1] National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2016 Survey Measures.* Washington, DC: NCQA; 2015.

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

Table 2-2 shows the standard mixed-mode (i.e., mail followed by telephone follow-up) CAHPS 5.0 timeline used in the administration of the CAHPS surveys.

**Table 2-2: CAHPS 5.0 Mixed-Mode Methodology Survey Timeline**

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

## How CAHPS Results Were Calculated and Displayed

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

### *Who Responded to the Survey*

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

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

### *Demographics of Child Members*

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

### *National Comparisons*

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

[2-3] National Committee for Quality Assurance. *HEDIS® 2016, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2015.

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

| Table 2-3: Star Ratings | |
|---|---|
| **Stars** | **Child Percentiles** |
| ★★★★★ Excellent | At or above the 90th percentile |
| ★★★★ Very Good | At or between the 75th and 89th percentiles |
| ★★★ Good | At or between the 50th and 74th percentiles |
| ★★ Fair | At or between the 25th and 49th percentiles |
| ★ Poor | Below the 25th percentile |

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

Table 2-4 shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall child Medicaid member satisfaction ratings on each CAHPS measure.[2-5] NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

| Table 2-4: Overall Child Medicaid Member Satisfaction Ratings Crosswalk | | | | |
|---|---|---|---|---|
| **Measure** | **90th Percentile** | **75th Percentile** | **50th Percentile** | **25th Percentile** |
| Rating of Health Plan | 2.67 | 2.62 | 2.57 | 2.51 |
| Rating of All Health Care | 2.59 | 2.57 | 2.52 | 2.49 |
| Rating of Personal Doctor | 2.69 | 2.65 | 2.62 | 2.58 |
| Rating of Specialist Seen Most Often | 2.66 | 2.62 | 2.59 | 2.53 |
| Getting Needed Care | 2.58 | 2.53 | 2.47 | 2.39 |
| Getting Care Quickly | 2.69 | 2.66 | 2.61 | 2.54 |
| How Well Doctors Communicate | 2.75 | 2.72 | 2.68 | 2.63 |
| Customer Service | 2.63 | 2.58 | 2.53 | 2.50 |

[2-4] For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2016, Volume 3: Specifications for Survey Measures.*

[2-5] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2016.* Washington, DC: NCQA; January 21, 2016.

## *Statewide Comparisons*

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

- "9" or "10" for the global ratings;
- "Usually" or "Always" for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites;
- "Yes" for the Shared Decision Making composite.

### Weighting

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

### MHP Comparisons

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

### Fee-for-Service Comparisons

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

[2-6] National Committee for Quality Assurance. *HEDIS® 2016, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2015.

## Trend Analysis

A trend analysis was performed that compared the 2016 CAHPS scores to the corresponding 2015 CAHPS scores, where appropriate, to determine whether there were significant differences. A *t*-test was performed to determine whether results in 2015 were significantly different from results in 2016. A difference was considered significant if the two-sided *p* value of the *t*-test was less than or equal to 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 less 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 Medicaid Program is performing on the survey item and 2) how ***important*** that item is to overall satisfaction.

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a "1," and a positive experience with care (i.e., non-negative) was assigned a "0." The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

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

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

## Limitations and Cautions

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

### *Case-Mix Adjustment*

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

### *Non-Response Bias*

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

### *Causal Inferences*

Although this report examines whether respondents report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to an MHP or the FFS program. These analyses identify whether respondents give different ratings of satisfaction with their child's MHP or the FFS program. The survey by itself does not necessarily reveal the exact cause of these differences.

### *Missing Phone Numbers*

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

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

## Who Responded to the Survey

A total of 17,781 child surveys were distributed to parents or caretakers of child members. A total of 4,891 child surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was considered complete if members answered at least three of the following five questions on the survey: questions 3, 15, 27, 31, and 36. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were removed from sample during deduplication, 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 Medicaid Program** | **17,781** | **4,891** | **339** | **28.04%** |
| Fee-for-Service | 1,650 | 439 | 62 | 27.64% |
| **MDHHS Medicaid Managed Care Program** | **16,131** | **4,452** | **277** | **28.08%** |
| Aetna Better Health of Michigan | 1,651 | 369 | 28 | 22.74% |
| Blue Cross Complete of Michigan | 1,654 | 517 | 19 | 31.62% |
| HAP Midwest Health Plan | 172 | 26 | 2 | 15.29% |
| Harbor Health Plan | 1,094 | 154 | 46 | 14.69% |
| McLaren Health Plan | 1,651 | 508 | 18 | 31.11% |
| Meridian Health Plan of Michigan | 1,653 | 503 | 24 | 30.88% |
| Molina Healthcare of Michigan | 1,652 | 424 | 30 | 26.14% |
| Priority Health Choice, Inc. | 1,652 | 472 | 14 | 28.82% |
| Total Health Care, Inc. | 1,652 | 458 | 27 | 28.18% |
| UnitedHealthcare Community Plan | 1,650 | 480 | 53 | 30.06% |
| Upper Peninsula Health Plan | 1,650 | 541 | 16 | 33.11% |

## Demographics of Child Members

Table 3-2 depicts the ages of children for whom a parent or caretaker completed a CAHPS survey.

| Table 3-2: Child Member Demographics—Age | | | | | |
|---|---|---|---|---|---|
| **Plan Name** | **Less than 1** | **1 to 3** | **4 to 7** | **8 to 12** | **13 to 18*** |
| **MDHHS Medicaid Program** | **2.4%** | **16.7%** | **22.0%** | **27.9%** | **30.9%** |
| Fee-for-Service | 1.2% | 10.2% | 20.0% | 32.1% | 36.5% |
| **MDHHS Medicaid Managed Care Program** | **2.5%** | **17.4%** | **22.2%** | **27.5%** | **30.4%** |
| Aetna Better Health of Michigan | 2.0% | 10.4% | 22.3% | 30.7% | 34.6% |
| Blue Cross Complete of Michigan | 3.3% | 22.1% | 22.3% | 26.2% | 26.2% |
| HAP Midwest Health Plan | 3.8% | 15.4% | 23.1% | 30.8% | 26.9% |
| Harbor Health Plan | 5.3% | 29.8% | 29.1% | 17.2% | 18.5% |
| McLaren Health Plan | 2.8% | 16.7% | 22.0% | 27.8% | 30.8% |
| Meridian Health Plan of Michigan | 1.2% | 18.6% | 22.8% | 28.6% | 28.8% |
| Molina Healthcare of Michigan | 2.9% | 14.4% | 20.6% | 31.3% | 30.9% |
| Priority Health Choice, Inc. | 2.8% | 18.0% | 20.1% | 30.5% | 28.6% |
| Total Health Care, Inc. | 2.0% | 13.4% | 20.9% | 21.8% | 41.9% |
| UnitedHealthcare Community Plan | 0.8% | 17.8% | 22.6% | 28.5% | 30.2% |
| Upper Peninsula Health Plan | 3.7% | 18.4% | 23.6% | 26.4% | 27.7% |

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

**Children are eligible for inclusion in CAHPS if they are age 17 or younger as of December 31, 2015. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2016, and the time of survey administration.*

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

| Table 3-3: Child Member Demographics—Gender | | |
|---|---|---|
| **Plan Name** | **Male** | **Female** |
| **MDHHS Medicaid Program** | **51.6%** | **48.4%** |
| Fee-for-Service | 50.5% | 49.5% |
| **MDHHS Medicaid Managed Care Program** | **51.7%** | **48.3%** |
| Aetna Better Health of Michigan | 47.9% | 52.1% |
| Blue Cross Complete of Michigan | 50.4% | 49.6% |
| HAP Midwest Health Plan | 50.0% | 50.0% |
| Harbor Health Plan | 55.3% | 44.7% |
| McLaren Health Plan | 56.0% | 44.0% |
| Meridian Health Plan of Michigan | 50.7% | 49.3% |
| Molina Healthcare of Michigan | 52.5% | 47.5% |
| Priority Health Choice, Inc. | 51.7% | 48.3% |
| Total Health Care, Inc. | 53.0% | 47.0% |
| UnitedHealthcare Community Plan | 49.0% | 51.0% |
| Upper Peninsula Health Plan | 52.2% | 47.8% |
| *Please note, percentages may not total 100.0% due to rounding.* | | |

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

| Table 3-4: Child Member Demographics—Race/Ethnicity | | | | | | |
|---|---|---|---|---|---|---|
| **Plan Name** | **White** | **Hispanic** | **Black** | **Asian** | **Other** | **Multi-Racial** |
| **MDHHS Medicaid Program** | **47.1%** | **9.9%** | **25.6%** | **2.6%** | **2.9%** | **12.0%** |
| Fee-for-Service | 58.5% | 10.9% | 10.9% | 2.8% | 3.9% | 13.0% |
| **MDHHS Medicaid Managed Care Program** | **46.0%** | **9.8%** | **27.0%** | **2.5%** | **2.8%** | **11.9%** |
| Aetna Better Health of Michigan | 6.8% | 3.1% | 83.0% | 0.3% | 1.4% | 5.4% |
| Blue Cross Complete of Michigan | 36.2% | 8.1% | 30.2% | 3.2% | 5.9% | 16.4% |
| HAP Midwest Health Plan | 60.0% | 4.0% | 20.0% | 0.0% | 0.0% | 16.0% |
| Harbor Health Plan | 15.9% | 9.3% | 57.6% | 2.0% | 2.6% | 12.6% |
| McLaren Health Plan | 62.3% | 9.8% | 9.2% | 3.0% | 1.6% | 14.0% |
| Meridian Health Plan of Michigan | 59.1% | 12.1% | 11.3% | 2.6% | 2.8% | 12.1% |
| Molina Healthcare of Michigan | 40.5% | 16.0% | 27.7% | 2.4% | 2.4% | 10.9% |
| Priority Health Choice, Inc. | 51.5% | 20.4% | 10.7% | 2.1% | 0.9% | 14.4% |
| Total Health Care, Inc. | 23.7% | 3.6% | 56.8% | 4.3% | 2.9% | 8.7% |
| UnitedHealthcare Community Plan | 42.8% | 12.7% | 25.0% | 4.0% | 4.0% | 11.4% |
| Upper Peninsula Health Plan | 82.3% | 2.4% | 0.6% | 0.9% | 2.8% | 11.0% |
| *Please note, percentages may not total 100.0% due to rounding.* | | | | | | |

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

| Table 3-5: Child Member Demographics—General Health Status | | | | | |
|---|---|---|---|---|---|
| **Plan Name** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |
| **MDHHS Medicaid Program** | **38.6%** | **37.5%** | **18.9%** | **4.6%** | **0.4%** |
| Fee-for-Service | 38.9% | 35.0% | 21.9% | 3.9% | 0.2% |
| **MDHHS Medicaid Managed Care Program** | **38.6%** | **37.8%** | **18.6%** | **4.6%** | **0.4%** |
| Aetna Better Health of Michigan | 35.0% | 30.6% | 24.7% | 9.4% | 0.3% |
| Blue Cross Complete of Michigan | 42.8% | 39.6% | 15.0% | 2.3% | 0.2% |
| HAP Midwest Health Plan | 50.0% | 34.6% | 11.5% | 3.8% | 0.0% |
| Harbor Health Plan | 40.4% | 35.1% | 19.9% | 3.3% | 1.3% |
| McLaren Health Plan | 39.6% | 39.3% | 17.6% | 3.4% | 0.2% |
| Meridian Health Plan of Michigan | 36.3% | 39.7% | 17.1% | 5.8% | 1.0% |
| Molina Healthcare of Michigan | 39.4% | 30.5% | 23.2% | 6.4% | 0.5% |
| Priority Health Choice, Inc. | 37.3% | 38.6% | 18.0% | 5.8% | 0.2% |
| Total Health Care, Inc. | 34.6% | 38.2% | 22.4% | 3.9% | 0.9% |
| UnitedHealthcare Community Plan | 38.8% | 39.0% | 17.4% | 4.7% | 0.2% |
| Upper Peninsula Health Plan | 40.7% | 41.9% | 15.1% | 2.1% | 0.2% |
| *Please note, percentages may not total 100.0% due to rounding.* | | | | | |

## National Comparisons

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

Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-6.

**Table 3-6: Star Ratings**

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

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

[3-1] National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016.* Washington, DC: NCQA; January 21, 2016.

Table 3-7 shows the overall member satisfaction ratings on each of the four global ratings.

| Table 3-7: National Comparisons—Global Ratings | | | | |
|---|---|---|---|---|
| **Plan Name** | **Rating of Health Plan** | **Rating of All Health Care** | **Rating of Personal Doctor** | **Rating of Specialist Seen Most Often** |
| **MDHHS Medicaid Program** | ★★ 2.54 | ★★★ 2.55 | ★★★ 2.64 | ★★★ 2.59 |
| Fee-for-Service | ★ 2.36 | ★★★ 2.52 | ★★★★ 2.68 | ★★+ 2.57 |
| **MDHHS Medicaid Managed Care Program** | ★★ 2.56 | ★★★ 2.55 | ★★★ 2.64 | ★★★ 2.60 |
| Aetna Better Health of Michigan | ★ 2.37 | ★ 2.46 | ★★★ 2.62 | ★★★★+ 2.64 |
| Blue Cross Complete of Michigan | ★★★ 2.60 | ★★★ 2.54 | ★★★★ 2.67 | ★★+ 2.58 |
| HAP Midwest Health Plan | ★+ 2.32 | ★★+ 2.50 | ★★+ 2.58 | ★★★★★+ 2.71 |
| Harbor Health Plan | ★ 2.36 | ★★★ 2.52 | ★ 2.52 | ★+ 2.50 |
| McLaren Health Plan | ★★★ 2.58 | ★★★ 2.54 | ★★ 2.60 | ★ 2.51 |
| Meridian Health Plan of Michigan | ★★ 2.56 | ★★★ 2.53 | ★★★ 2.62 | ★★★★ 2.63 |
| Molina Healthcare of Michigan | ★★★ 2.60 | ★★★★★ 2.62 | ★★★★ 2.65 | ★★★★★+ 2.68 |
| Priority Health Choice, Inc. | ★★★★ 2.66 | ★★★★★ 2.60 | ★★★★ 2.65 | ★★+ 2.55 |
| Total Health Care, Inc. | ★ 2.50 | ★★★★ 2.57 | ★★★ 2.63 | ★★★★★+ 2.73 |
| UnitedHealthcare Community Plan | ★★★ 2.60 | ★★★ 2.54 | ★★ 2.61 | ★★★+ 2.59 |
| Upper Peninsula Health Plan | ★★★ 2.60 | ★★★ 2.53 | ★★★★★ 2.69 | ★+ 2.51 |

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

The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for three global ratings: Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. In addition, the MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 25th and 49th percentiles for the Rating of Health Plan global rating. The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program did not score at or below the 25th percentile for any of the global ratings.

Table 3-8 shows the overall satisfaction ratings on four of the composite measures.[3-2]

| Table 3-8: National Comparisons—Composite Measures | | | | |
|---|---|---|---|---|
| **Plan Name** | **Getting Needed Care** | **Getting Care Quickly** | **How Well Doctors Communicate** | **Customer Service** |
| **MDHHS Medicaid Program** | ★★ 2.44 | ★★★ 2.64 | ★★★★ 2.73 | ★★★ 2.57 |
| Fee-for-Service | ★★ 2.45 | ★★★★ 2.66 | ★★★★★ 2.80 | ★★★+ 2.55 |
| **MDHHS Medicaid Managed Care Program** | ★★ 2.44 | ★★★ 2.64 | ★★★★ 2.73 | ★★★ 2.57 |
| Aetna Better Health of Michigan | ★★★★ 2.53 | ★★★ 2.61 | ★★★★★ 2.76 | ★★★ 2.56 |
| Blue Cross Complete of Michigan | ★★ 2.42 | ★★★ 2.64 | ★★★★★ 2.76 | ★★★★ 2.59 |
| HAP Midwest Health Plan | ★+ 2.25 | ★★★★+ 2.66 | ★★★★★+ 2.76 | ★+ 2.25 |
| Harbor Health Plan | ★+ 2.19 | ★★★★★+ 2.73 | ★★+ 2.65 | ★+ 2.36 |
| McLaren Health Plan | ★★★ 2.50 | ★★★ 2.64 | ★★★★ 2.72 | ★★ 2.52 |
| Meridian Health Plan of Michigan | ★★ 2.46 | ★★★ 2.65 | ★★★ 2.68 | ★★★★★ 2.68 |
| Molina Healthcare of Michigan | ★★ 2.45 | ★★ 2.57 | ★★★★ 2.72 | ★ 2.48 |
| Priority Health Choice, Inc. | ★★ 2.41 | ★★★ 2.63 | ★★★★★ 2.75 | ★★★★+ 2.60 |
| Total Health Care, Inc. | ★★ 2.45 | ★★ 2.59 | ★★★★★ 2.76 | ★★★★★ 2.64 |
| UnitedHealthcare Community Plan | ★ 2.32 | ★★★★ 2.66 | ★★ 2.67 | ★★ 2.52 |
| Upper Peninsula Health Plan | ★★★ 2.47 | ★★★★ 2.67 | ★★★★ 2.73 | ★★★★★+ 2.67 |
| *+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.* | | | | |

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 75th and 89th percentiles for one composite measure, How Well Doctors Communicate. The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for two composite measures: Getting Care Quickly and Customer Service. The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 25th and 49th percentiles for the Getting Needed Care composite measure. The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program did not score at or below the 25th percentile for any of the composite measures.

[3-2] NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

## Statewide Comparisons

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

- "9" or "10" for the global ratings;
- "Usually" or "Always" for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites;
- "Yes" for the Shared Decision Making composite.

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

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

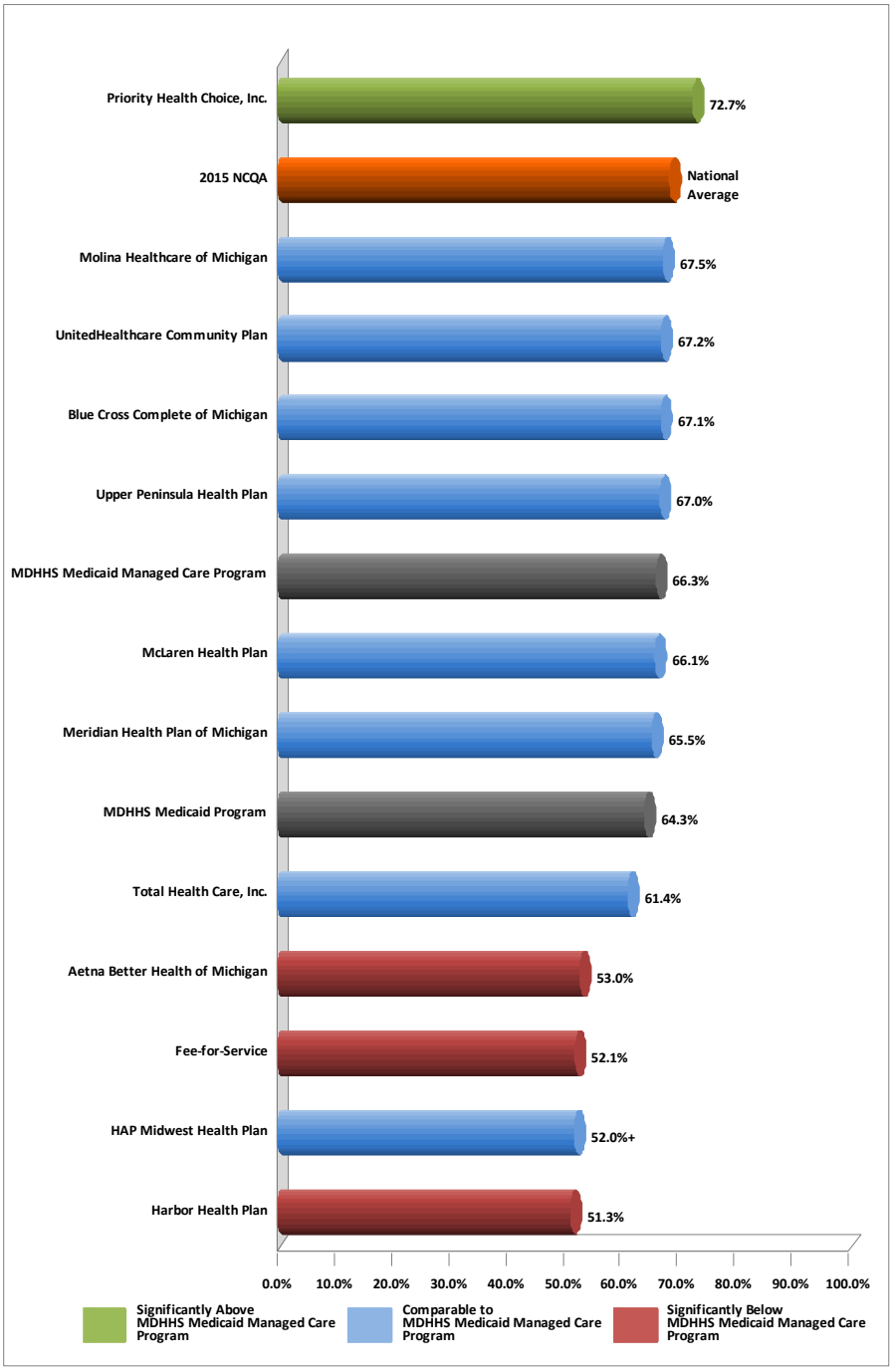
[3-3] The source for the national data contained in this publication is Quality Compass® 2015 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2015 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

## *Global Ratings*

### Rating of Health Plan

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

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

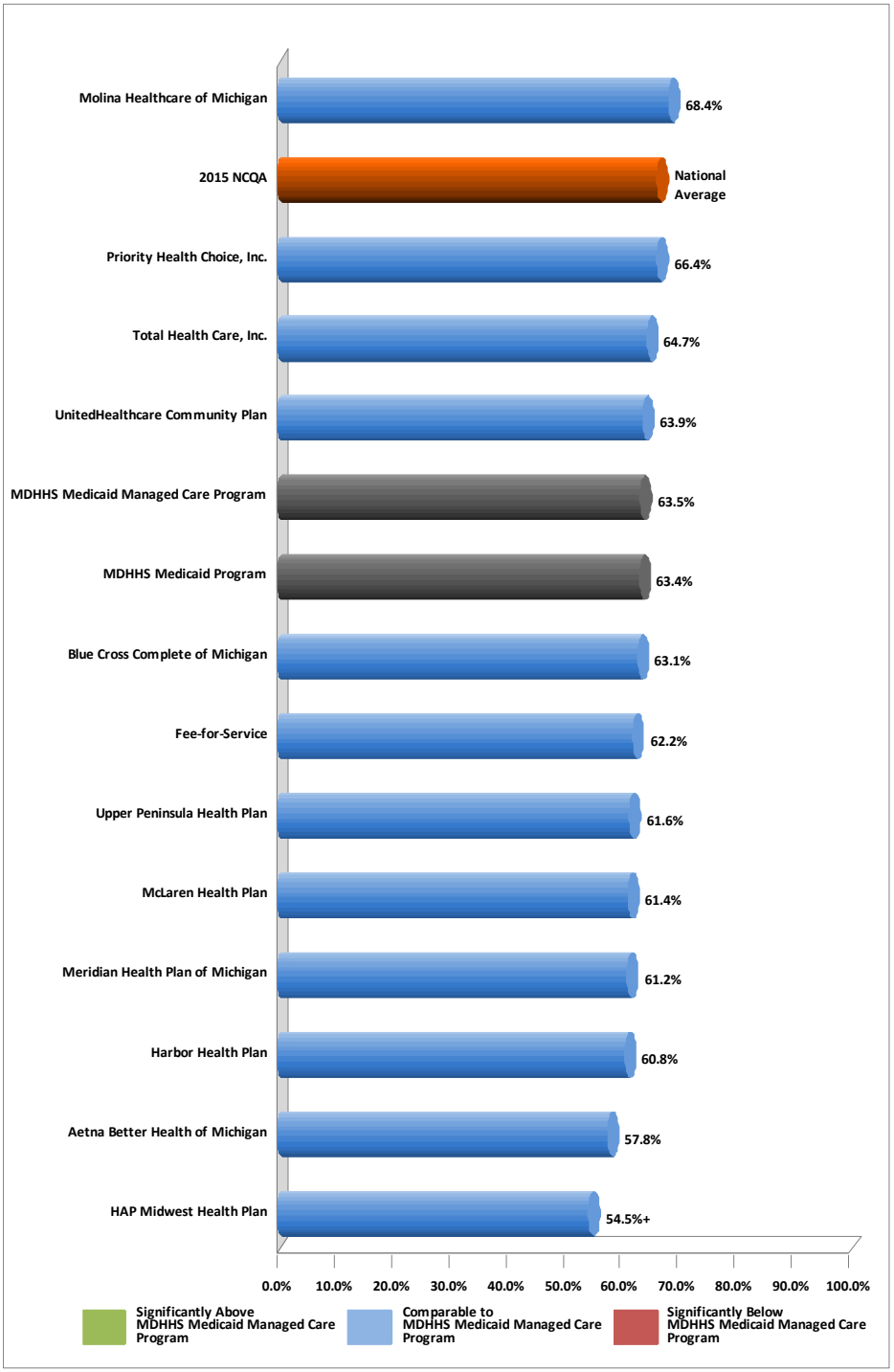



*Note: + indicates fewer than 100 responses*

## Rating of All Health Care

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

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

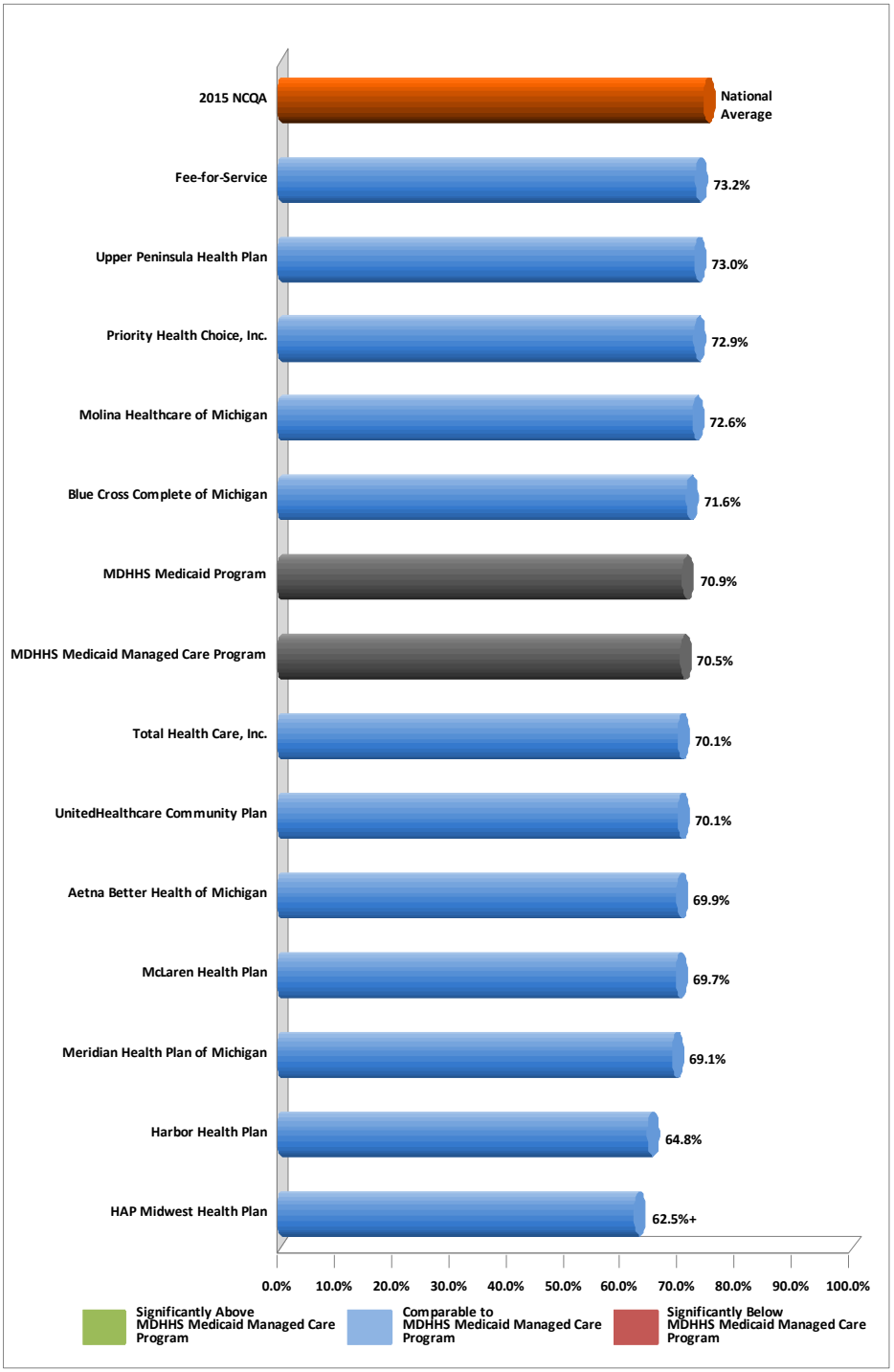



*Note: + indicates fewer than 100 responses*

## Rating of Personal Doctor

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

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

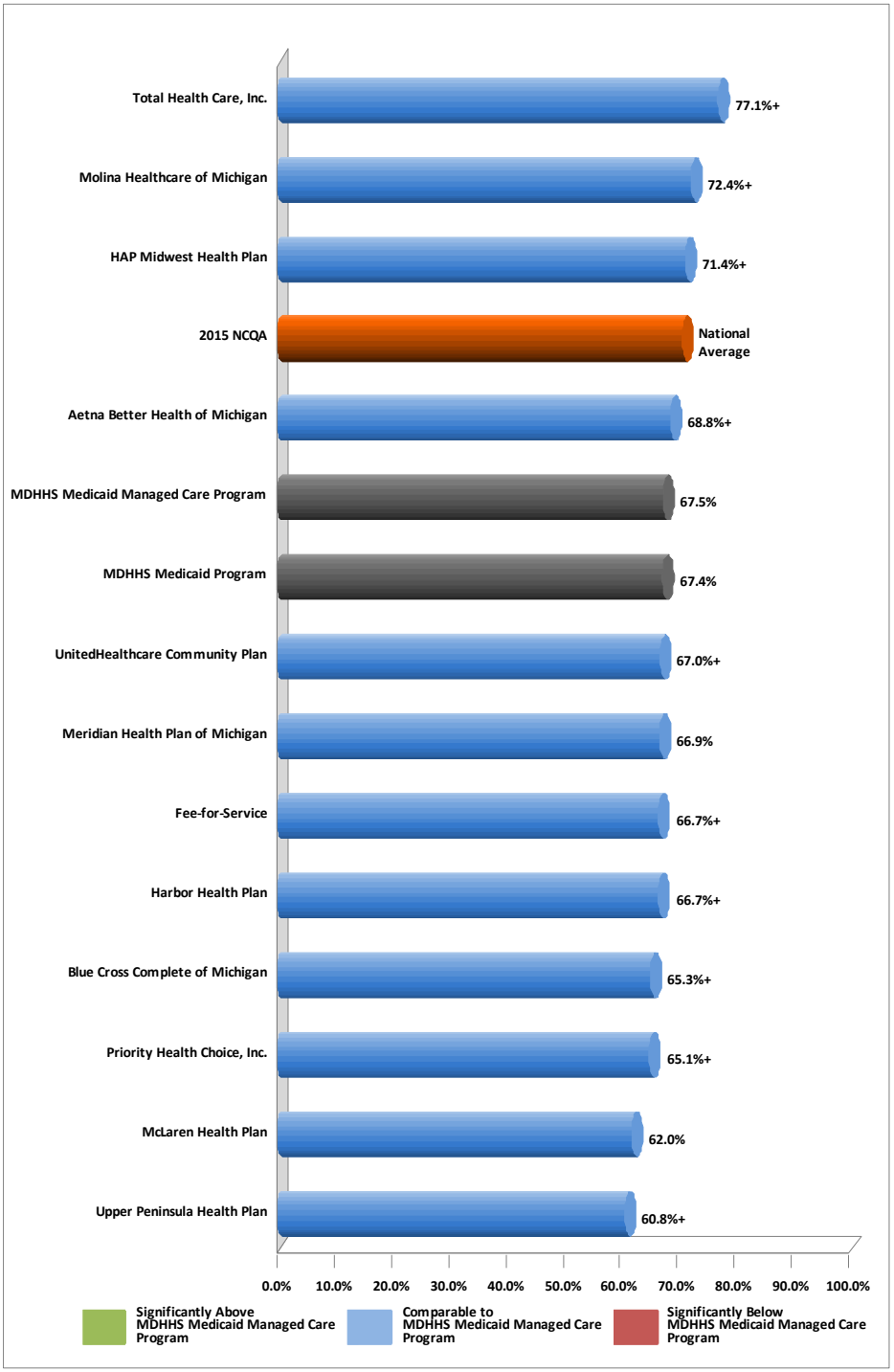



*Note: + indicates fewer than 100 responses*

## Rating of Specialist Seen Most Often

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

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




*Note: + indicates fewer than 100 responses*

## *Composite Measures*

### Getting Needed Care

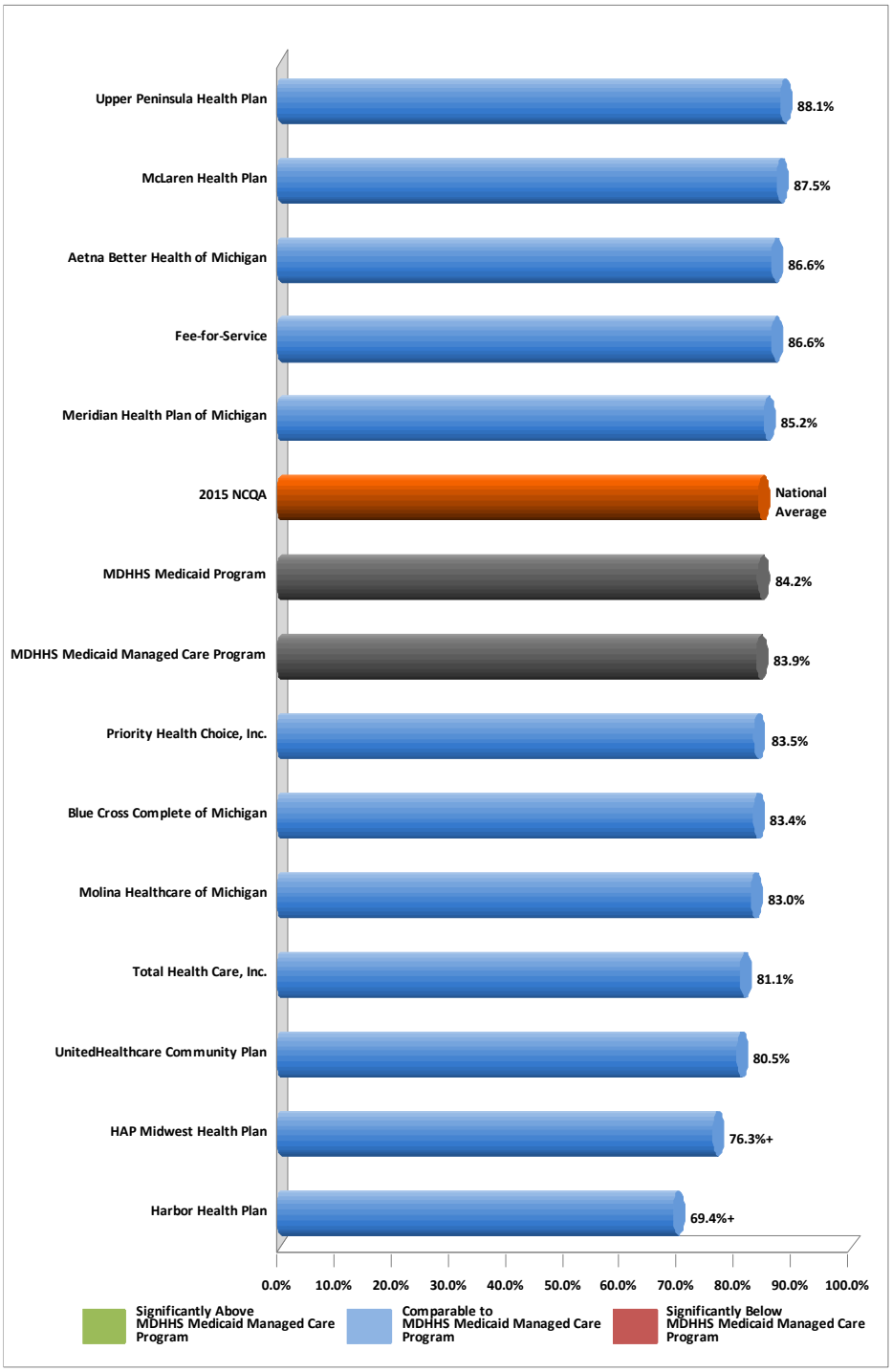
Two questions (Questions 14 and 28 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

- **Question 14**. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 28**. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?
  - Never
  - Sometimes
  - Usually
  - Always

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

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

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




*Note: + indicates fewer than 100 responses*

## Getting Care Quickly

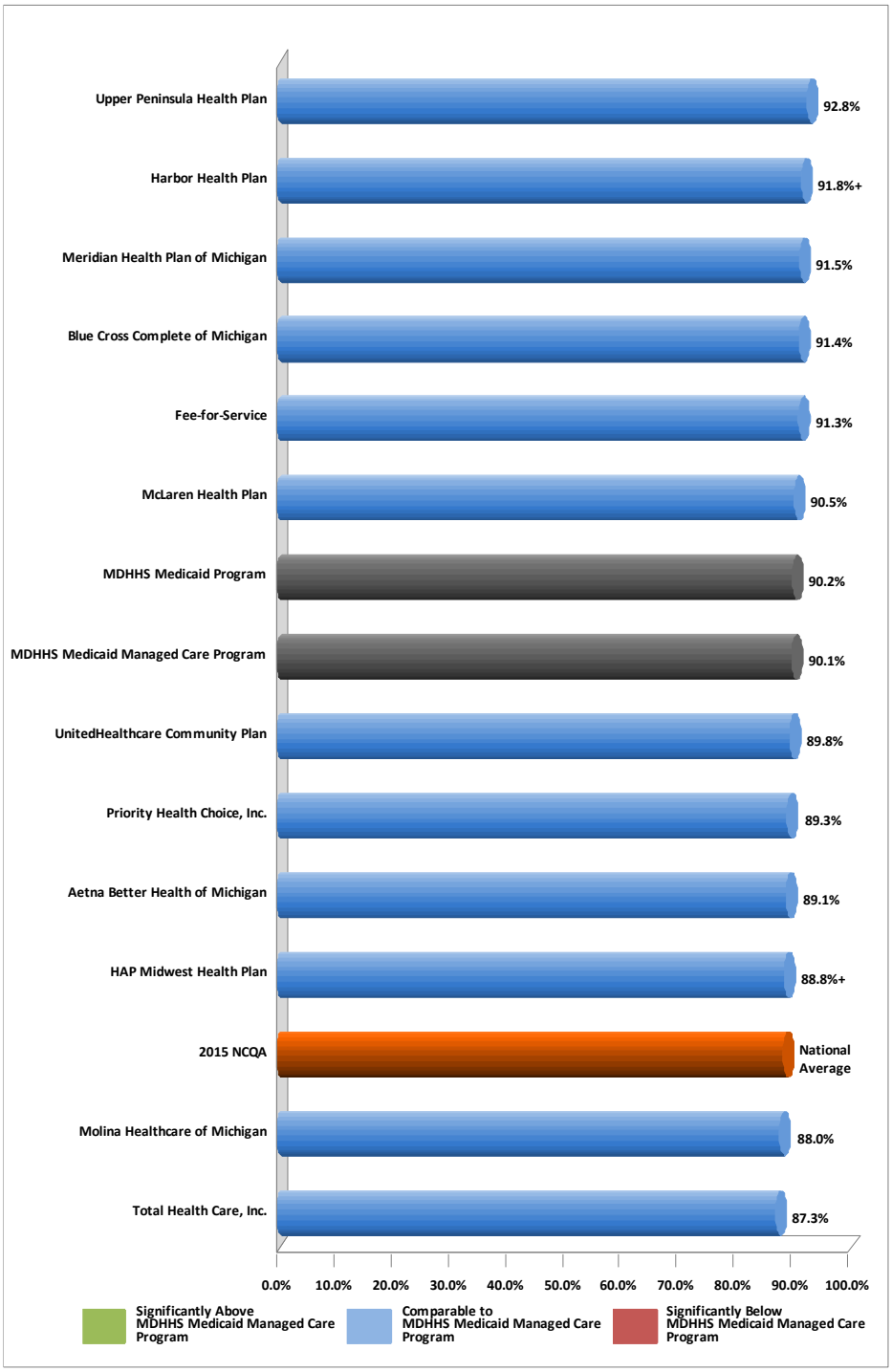
Two questions (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often child members received care quickly:

- **Question 4**. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 6**. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
  - Never
  - Sometimes
  - Usually
  - Always

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

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

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




*Note: + indicates fewer than 100 responses*

## How Well Doctors Communicate

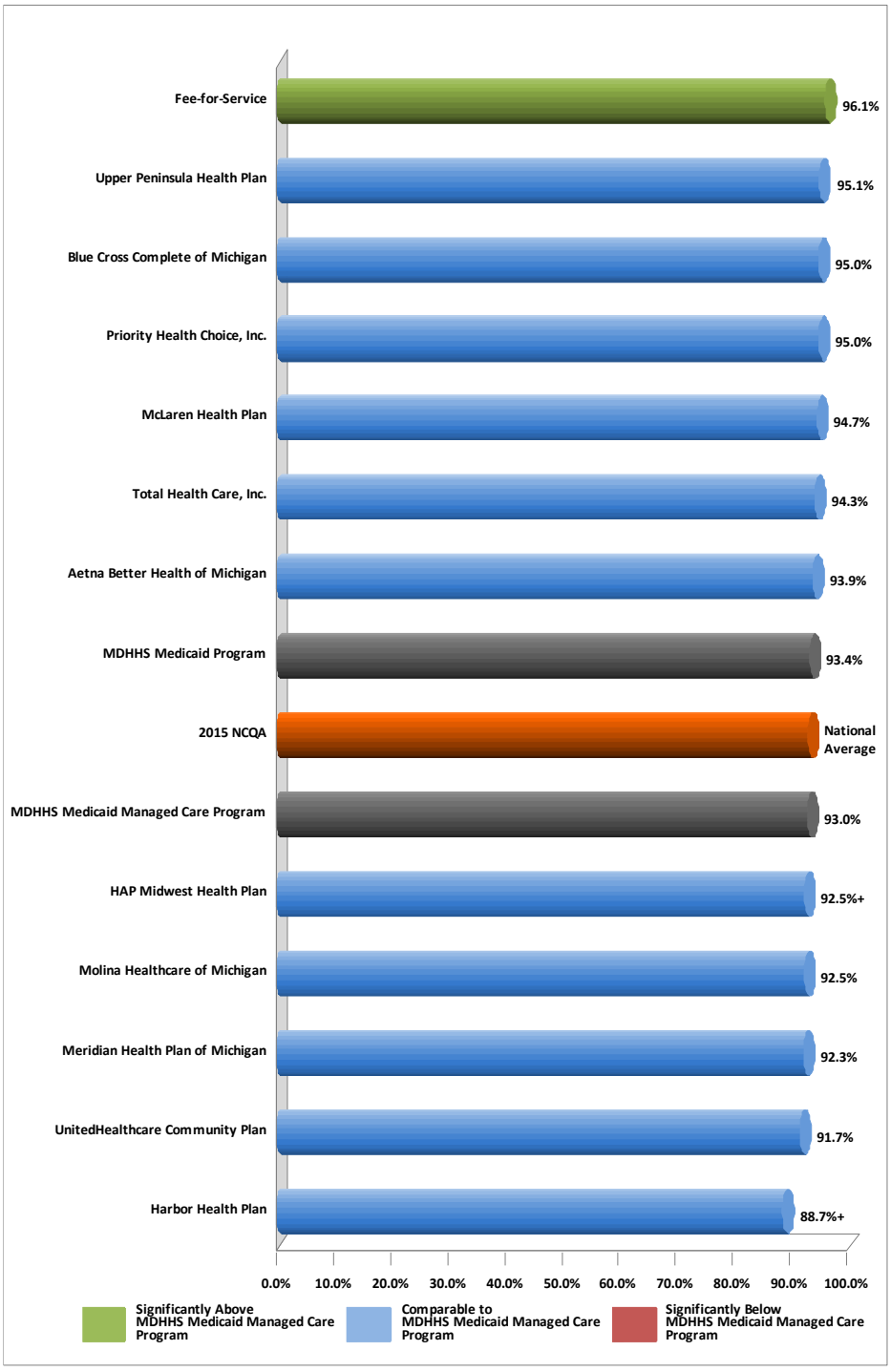
A series of four questions (Questions 17, 18, 19, and 22 in the CAHPS Child Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

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

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

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

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




*Note: + indicates fewer than 100 responses*

## Customer Service

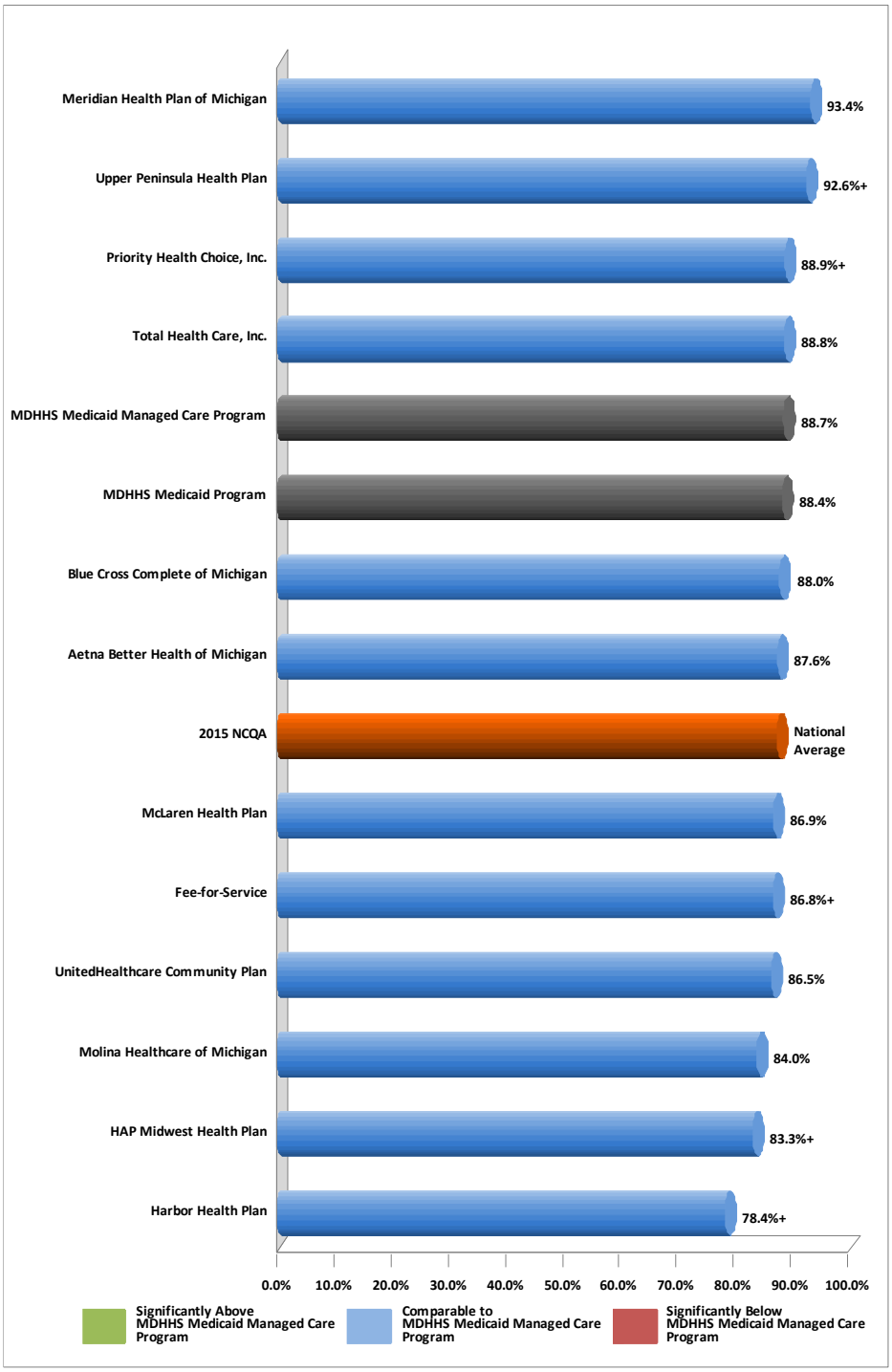
Two questions (Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often parents or caretakers were satisfied with customer service:

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

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

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

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




*Note: + indicates fewer than 100 responses*

## Shared Decision Making

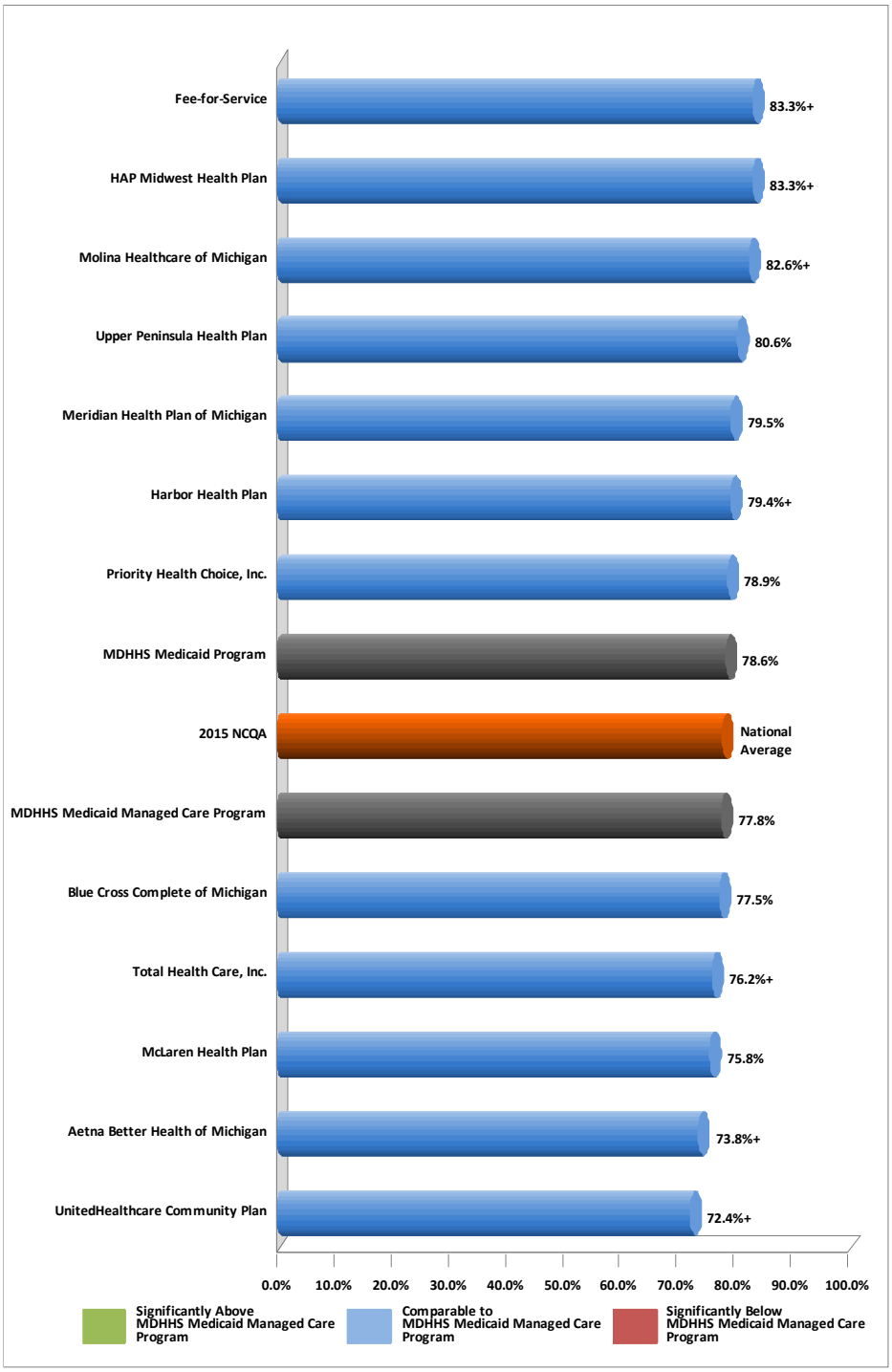
Three questions (Questions 10, 11, and 12 in the CAHPS Child Medicaid Health Plan Survey) were asked regarding the involvement of parents or caretakers in decision making when starting or stopping a prescription medicine for their child:

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

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

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

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




*Note: + indicates fewer than 100 responses*

## *Summary of Results*

Table 3-9 provides a summary of the Statewide Comparisons results for the global ratings.

**Table 3-9: Statewide Comparisons—Global Ratings**

| Plan Name | Rating of Health Plan | Rating of All Health Care | Rating of Personal Doctor | Rating of Specialist Seen Most Often |
|---|---|---|---|---|
| Fee-for-Service | ↓ | — | — | —+ |
| 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 higher than the MDHHS Medicaid Managed Care Program average
↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average
— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average

Table 3-10 provides a summary of the Statewide Comparisons results for the composite measures.

| Table 3-10: Statewide Comparisons—Composite Measures | | | | | |
|---|---|---|---|---|---|
| **Plan Name** | **Getting Needed Care** | **Getting Care Quickly** | **How Well Doctors Communicate** | **Customer Service** | **Shared Decision Making** |
| Fee-for-Service | — | — | ↑ | —+ | —+ |
| 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 higher than the MDHHS Medicaid Managed Care Program average
↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average
— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average

## Trend Analysis

The completed surveys from the 2016 and 2015 CAHPS results were used to perform the trend analysis presented in this section. The 2016 CAHPS scores were compared to the 2015 CAHPS scores to determine whether there were statistically significant differences. Statistically significant differences between 2016 scores and 2015 scores are noted with triangles. Scores that were statistically significantly higher in 2016 than in 2015 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2016 than in 2015 are noted with downward triangles (▼). Scores in 2016 that were not statistically significantly different from scores in 2015 are noted with a dash (–). Measures that did not meet the minimum number of 100 responses required by NCQA are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

## *Global Ratings*

### Rating of Health Plan

Parents or caretakers of child members were asked to rate their child's health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Table 4-1 shows the 2015 and 2016 top-box responses and the trend results for Rating of Health Plan.[4-1]

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **63.9%*** | **64.3%** | — |
| Fee-for-Service | 56.1% | 52.1% | — |
| **MDHHS Medicaid Managed Care Program** | **65.1%**** | **66.3%** | — |
| Aetna Better Health of Michigan | 61.6% | 53.0% | ▼ |
| Blue Cross Complete of Michigan | 69.8% | 67.1% | — |
| HAP Midwest Health Plan | 63.3% | 52.0%+ | — |
| Harbor Health Plan | 47.9% | 51.3% | — |
| McLaren Health Plan | 59.6% | 66.1% | ▲ |
| Meridian Health Plan of Michigan | 66.0% | 65.5% | — |
| Molina Healthcare of Michigan | 63.4% | 67.5% | — |
| Priority Health Choice, Inc. | 72.8% | 72.7% | — |
| Total Health Care, Inc. | 64.4% | 61.4% | — |
| UnitedHealthcare Community Plan | 64.4% | 67.2% | — |
| Upper Peninsula Health Plan | 69.6% | 67.0% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 63.6%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 64.9%.*

There were two statistically significant differences between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *higher* in 2016 than in 2015:

- McLaren Health Plan

The following scored statistically significantly *lower* in 2016 than in 2015:

- Aetna Better Health of Michigan

[4-1] Due to the removal of two MHPs in 2016 (HealthPlus Partners and Sparrow PHP), the 2015 MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program top-box responses presented in the 2016 Child Medicaid Health Plan CAHPS Report will be different from the top-box responses presented in the 2015 Child Medicaid Health Plan CAHPS Report.

## Rating of All Health Care

Parents or caretakers of child members were asked to rate their child's health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Table 4-2 shows the 2015 and 2016 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 | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **66.3%*** | **63.4%** | ▼ |
| Fee-for-Service | 72.6% | 62.2% | ▼ |
| **MDHHS Medicaid Managed Care Program** | **65.3%**** | **63.5%** | — |
| Aetna Better Health of Michigan | 62.5% | 57.8% | — |
| Blue Cross Complete of Michigan | 67.6% | 63.1% | — |
| HAP Midwest Health Plan | 60.7% | 54.5%+ | — |
| Harbor Health Plan | 46.2%+ | 60.8% | ▲ |
| McLaren Health Plan | 64.0% | 61.4% | — |
| Meridian Health Plan of Michigan | 68.0% | 61.2% | — |
| Molina Healthcare of Michigan | 63.9% | 68.4% | — |
| Priority Health Choice, Inc. | 71.9% | 66.4% | — |
| Total Health Care, Inc. | 65.1% | 64.7% | — |
| UnitedHealthcare Community Plan | 63.9% | 63.9% | — |
| Upper Peninsula Health Plan | 61.3% | 61.6% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 66.5%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 65.4%.*

There were three statistically significant differences between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *higher* in 2016 than in 2015:

- Harbor Health Plan

The following scored statistically significantly *lower* in 2016 than in 2015:

- MDHHS Medicaid Program
- FFS

## Rating of Personal Doctor

Parents or caretakers of child members were asked to rate their child's personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." Table 4-3 shows the 2015 and 2016 top-box responses and the trend results for Rating of Personal Doctor.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **72.6%*** | **70.9%** | **—** |
| Fee-for-Service | 74.3% | 73.2% | — |
| **MDHHS Medicaid Managed Care Program** | **72.3%**** | **70.5%** | **—** |
| Aetna Better Health of Michigan | 70.1% | 69.9% | — |
| Blue Cross Complete of Michigan | 72.6% | 71.6% | — |
| HAP Midwest Health Plan | 72.1% | 62.5%+ | — |
| Harbor Health Plan | 64.1% | 64.8% | — |
| McLaren Health Plan | 70.9% | 69.7% | — |
| Meridian Health Plan of Michigan | 74.4% | 69.1% | — |
| Molina Healthcare of Michigan | 71.4% | 72.6% | — |
| Priority Health Choice, Inc. | 79.4% | 72.9% | ▼ |
| Total Health Care, Inc. | 69.8% | 70.1% | — |
| UnitedHealthcare Community Plan | 70.3% | 70.1% | — |
| Upper Peninsula Health Plan | 73.1% | 73.0% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 72.8%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 72.5%.*

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- Priority Health Choice, Inc.

## Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate their child's specialist on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." Table 4-4 shows the 2015 and 2016 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 | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **68.3%*** | **67.4%** | **—** |
| Fee-for-Service | 66.7%+ | 66.7%+ | — |
| **MDHHS Medicaid Managed Care Program** | **68.6%**** | **67.5%** | **—** |
| Aetna Better Health of Michigan | 60.5%+ | 68.8%+ | — |
| Blue Cross Complete of Michigan | 63.7% | 65.3%+ | — |
| HAP Midwest Health Plan | 70.3%+ | 71.4%+ | — |
| Harbor Health Plan | 68.8%+ | 66.7%+ | — |
| McLaren Health Plan | 61.4% | 62.0% | — |
| Meridian Health Plan of Michigan | 74.0% | 66.9% | — |
| Molina Healthcare of Michigan | 71.0% | 72.4%+ | — |
| Priority Health Choice, Inc. | 74.4%+ | 65.1%+ | — |
| Total Health Care, Inc. | 68.3%+ | 77.1%+ | — |
| UnitedHealthcare Community Plan | 65.3%+ | 67.0%+ | — |
| Upper Peninsula Health Plan | 63.2%+ | 60.8%+ | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 68.6%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 68.9%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

## *Composite Measures*

### Getting Needed Care

Two questions (Questions 14 and 28 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care. Table 4-5 shows the 2015 and 2016 top-box responses and trend results for the Getting Needed Care composite measure.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **86.7%*** | **84.2%** | ▼ |
| Fee-for-Service | 93.6% | 86.6% | ▼ |
| **MDHHS Medicaid Managed Care Program** | **85.6%**** | **83.9%** | — |
| Aetna Better Health of Michigan | 84.8% | 86.6% | — |
| Blue Cross Complete of Michigan | 85.5% | 83.4% | — |
| HAP Midwest Health Plan | 81.4% | 76.3%+ | — |
| Harbor Health Plan | 74.0%+ | 69.4%+ | — |
| McLaren Health Plan | 85.1% | 87.5% | — |
| Meridian Health Plan of Michigan | 87.9% | 85.2% | — |
| Molina Healthcare of Michigan | 83.7% | 83.0% | — |
| Priority Health Choice, Inc. | 88.1% | 83.5% | — |
| Total Health Care, Inc. | 83.5% | 81.1% | — |
| UnitedHealthcare Community Plan | 85.0% | 80.5% | — |
| Upper Peninsula Health Plan | 86.1% | 88.1% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 86.7%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 85.5%.*

There were two statistically significant differences between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- MDHHS Medicaid Program
- FFS

## Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often child members received care quickly. Table 4-6 shows the 2015 and 2016 top-box responses and trend results for the Getting Care Quickly composite measure.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **90.8%*** | **90.2%** | **—** |
| Fee-for-Service | 95.7% | 91.3% | ▼ |
| **MDHHS Medicaid Managed Care Program** | **89.9%**** | **90.1%** | **—** |
| Aetna Better Health of Michigan | 85.2% | 89.1% | — |
| Blue Cross Complete of Michigan | 89.4% | 91.4% | — |
| HAP Midwest Health Plan | 88.5% | 88.8%+ | — |
| Harbor Health Plan | 84.9%+ | 91.8%+ | — |
| McLaren Health Plan | 90.3% | 90.5% | — |
| Meridian Health Plan of Michigan | 93.5% | 91.5% | — |
| Molina Healthcare of Michigan | 87.1% | 88.0% | — |
| Priority Health Choice, Inc. | 90.3% | 89.3% | — |
| Total Health Care, Inc. | 91.5% | 87.3% | — |
| UnitedHealthcare Community Plan | 87.0% | 89.8% | — |
| Upper Peninsula Health Plan | 93.6% | 92.8% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 90.6%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 89.7%.*

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- FFS

## How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 22 in the CAHPS Child Medicaid Health Plan Survey) was asked to assess how often doctors communicated well. Table 4-7 shows the 2015 and 2016 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 | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **94.0%*** | **93.4%** | **—** |
| Fee-for-Service | 97.1% | 96.1% | — |
| **MDHHS Medicaid Managed Care Program** | **93.5%**** | **93.0%** | **—** |
| Aetna Better Health of Michigan | 91.0% | 93.9% | — |
| Blue Cross Complete of Michigan | 93.4% | 95.0% | — |
| HAP Midwest Health Plan | 94.6% | 92.5%+ | — |
| Harbor Health Plan | 90.2%+ | 88.7%+ | — |
| McLaren Health Plan | 92.3% | 94.7% | — |
| Meridian Health Plan of Michigan | 95.1% | 92.3% | ▼ |
| Molina Healthcare of Michigan | 92.8% | 92.5% | — |
| Priority Health Choice, Inc. | 95.8% | 95.0% | — |
| Total Health Care, Inc. | 92.6% | 94.3% | — |
| UnitedHealthcare Community Plan | 92.1% | 91.7% | — |
| Upper Peninsula Health Plan | 95.1% | 95.1% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 94.1%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 93.5%.*

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- Meridian Health Plan of Michigan

## Customer Service

Two questions (Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often parents and caretakers were satisfied with customer service. Table 4-8 shows the 2015 and 2016 top-box responses and trend results for the Customer Service composite measure.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **88.0%*** | **88.4%** | **—** |
| Fee-for-Service | 85.8%+ | 86.8%+ | — |
| **MDHHS Medicaid Managed Care Program** | **88.4%**** | **88.7%** | **—** |
| Aetna Better Health of Michigan | 84.4% | 87.6% | — |
| Blue Cross Complete of Michigan | 91.5% | 88.0% | — |
| HAP Midwest Health Plan | 86.8% | 83.3%+ | — |
| Harbor Health Plan | 74.1%+ | 78.4%+ | — |
| McLaren Health Plan | 88.3%+ | 86.9% | — |
| Meridian Health Plan of Michigan | 89.6% | 93.4% | — |
| Molina Healthcare of Michigan | 89.0% | 84.0% | — |
| Priority Health Choice, Inc. | 88.3%+ | 88.9%+ | — |
| Total Health Care, Inc. | 83.5%+ | 88.8% | — |
| UnitedHealthcare Community Plan | 87.6% | 86.5% | — |
| Upper Peninsula Health Plan | 89.9%+ | 92.6%+ | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 87.9%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 88.3%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

## Shared Decision Making

Three questions (Questions 10, 11, and 12 in the CAHPS Child Medicaid Health Plan Survey) were asked regarding the involvement of parents or caretakers in decision making when starting or stopping a prescription medicine for their child. Table 4-9 shows the 2015 and 2016 top-box responses and trend results for the Shared Decision Making composite measure.

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

| Plan Name | 2015 | 2016 | Trend Results |
|---|---|---|---|
| **MDHHS Medicaid Program** | **78.5%*** | **78.6%** | **—** |
| Fee-for-Service | 84.2%+ | 83.3%+ | — |
| **MDHHS Medicaid Managed Care Program** | **77.6%**** | **77.8%** | **—** |
| Aetna Better Health of Michigan | 79.0%+ | 73.8%+ | — |
| Blue Cross Complete of Michigan | 78.8% | 77.5% | — |
| HAP Midwest Health Plan | 79.0%+ | 83.3%+ | — |
| Harbor Health Plan | 76.4%+ | 79.4%+ | — |
| McLaren Health Plan | 77.2% | 75.8% | — |
| Meridian Health Plan of Michigan | 75.8% | 79.5% | — |
| Molina Healthcare of Michigan | 79.3% | 82.6%+ | — |
| Priority Health Choice, Inc. | 81.1% | 78.9% | — |
| Total Health Care, Inc. | 76.5%+ | 76.2%+ | — |
| UnitedHealthcare Community Plan | 77.2% | 72.4%+ | — |
| Upper Peninsula Health Plan | 79.0% | 80.6% | — |

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

▲ *statistically significantly higher in 2016 than in 2015.*

▼ *statistically significantly lower in 2016 than in 2015.*

— *not statistically significantly different in 2016 than in 2015.*

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 78.7%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 77.8%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 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 Medicaid Program is performing on the survey item (i.e., question), and 2) how important the item is to overall satisfaction.

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

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

## Survey Instrument

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

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

DataStat

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

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

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

## SURVEY INSTRUCTIONS

- **Please be sure to fill the response circle <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 ⬇

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

1. **Our records show that your child is now in [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME]. Is that right?**

○ Yes ➔ ***Go to Question 3***
○ No

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

_____

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

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

**3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?**

- ○ Yes
- ○ No ➔ ***Go to Question 5***

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

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

**5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?**

- ○ Yes
- ○ No ➔ ***Go to Question 7***

**6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?**

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

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

- ○ None ➔ ***Go to Question 15***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

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

- ○ Yes
- ○ No

**9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?**

- ○ Yes
- ○ No ➔ ***Go to Question 13***

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

- ○ Yes
- ○ No

**11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?**

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

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

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

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

## YOUR CHILD'S PERSONAL DOCTOR

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

- ○ Yes
- ○ No ➔ ***Go to Question 27***

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

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

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

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

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

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

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

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 22***

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

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

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

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No ➔ ***Go to Question 26***

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

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

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

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

Worst Personal Doctor Possible — Best Personal Doctor Possible

## GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

**28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?**

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

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

- ○ None ➔ ***Go to Question 31***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

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

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

Worst Specialist Possible — Best Specialist Possible

## YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

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

Worst Health Plan Possible — Best Health Plan Possible

## ABOUT YOUR CHILD AND YOU

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

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

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

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

**39. What is your child's age?**

- ○ Less than 1 year old

☐☐ YEARS OLD (write in)

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

- ○ Male
- ○ Female

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

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

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

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

**43. What is your age?**

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

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

- ○ Male
- ○ Female

**45. What is the highest grade or level of school that you have completed?**

- ○ 8th grade or less
- ○ Some high school, but did not graduate
- ○ High school graduate or GED
- ○ Some college or 2-year degree
- ○ 4-year college graduate
- ○ More than 4-year college degree

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

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

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

- ○ Yes ➔ ***Go to Question 48***
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

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

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

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

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

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

## CD Contents

The accompanying CD includes all of the information from the Executive Summary, Reader's Guide, Results, Trend Analysis, Key Drivers of Satisfaction, and Survey Instrument sections of this report. The CD also contains electronic copies of comprehensive crosstabulations that show responses to each survey question stratified by select categories. The following content is included in the CD:

- 2016 Michigan Child Medicaid CAHPS Report
- MDHHS Child Medicaid Program Crosstabulations
- MDHHS Child Medicaid Plan-level Crosstabulations

# 2016 Michigan Department of Health and Human Services Healthy Michigan Plan CAHPS® Report

*February 2017*

# Table of Contents

# 1. Executive Summary

## 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 2016 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] The surveys were completed by adult members from August to November 2016.

## Report Overview

A sample of 1,350 adult members was selected from each HMP health plan. There were less than 1,350 adult members eligible for inclusion in the survey for HAP Midwest Health Plan; therefore, each member from HAP Midwest Health Plan's eligible population was included in the sample. 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 are reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making. Overall rates for five Effectiveness of Care measures are reported: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, Discussing Cessation Strategies, Aspirin Use, and Discussing Aspirin Risks and Benefits. HSAG presents aggregate statewide results (i.e., the MDHHS HMP Program) and compares them to national Medicaid data.

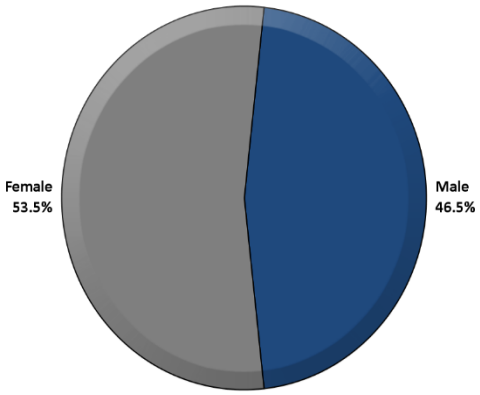
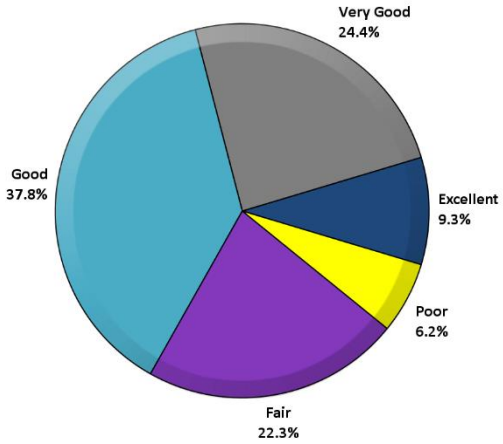
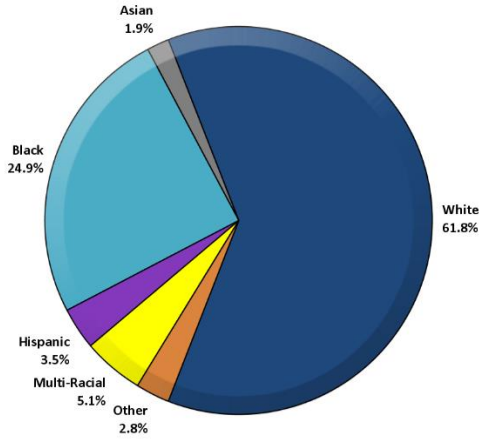
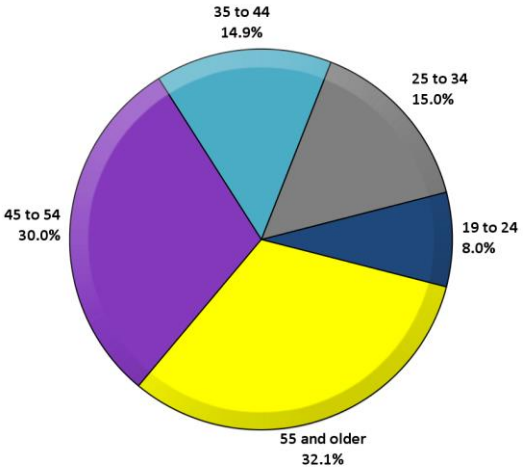
[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

# Key Findings

## *Survey Demographics and Dispositions*

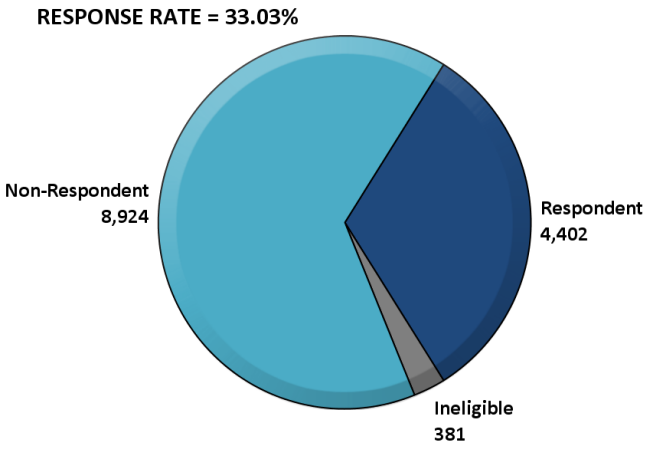
Table 1-1 provides an overview of the adult member demographics and survey dispositions for the MDHHS HMP Program.

**Table 1-1 – Survey Demographics and Dispositions**

| Gender | General Health Status |
|---|---|
|   |   |
| **Race/Ethnicity** | **Age** |
|   |   |

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

## Survey Dispositions



## *National Comparisons*

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point means scores were compared to the National Committee for Quality Assurance's (NCQA's) 2016 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] Table 1-2 provides highlights of the National Comparisons findings for the MDHHS HMP Program. The numbers presented below represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.[1-5]

**Table 1-2 – National Comparisons MDHHS HMP Program**

| Measure | National Comparisons |
|---|---|
| **Global Rating** | |
| Rating of Health Plan | ★★★ 2.43 |
| Rating of All Health Care | ★★★ 2.37 |
| Rating of Personal Doctor | ★★ 2.49 |
| Rating of Specialist Seen Most Often | ★★★ 2.52 |
| **Composite Measure** | |
| Getting Needed Care | ★★★ 2.39 |
| Getting Care Quickly | ★★ 2.40 |
| How Well Doctors Communicate | ★★★★★ 2.66 |
| Customer Service | ★★★★ 2.59 |
| Star Assignments Based on Percentiles<br>★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th | |

1-3 National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

1-4 NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure; therefore, this CAHPS measure was 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.

The National Comparisons results on the previous page indicated that the How Well Doctors Communicate composite measure scored at or above the 90th percentile. The Customer Service composite measure scored at or between the 75th and 89th percentiles. The Rating of Health Plan, Rating of All Health Care, and Rating of Specialist Seen Most Often global ratings, and the Getting Needed Care composite measure scored at or between the 50th and 74th percentiles. The Rating of Personal Doctor global rating and the Getting Care Quickly composite measure scored at or between the 25th and 49th percentiles.

## *Statewide Comparisons*

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and Effectiveness of Care measure. HSAG compared the HMP health plan results to the MDHHS HMP Program average to determine if plan results were statistically significantly different than the MDHHS HMP Program average.

Table 1-3 through 1-5 show the results of this analysis for the global ratings, composite measures, and Effectiveness of Care measures, respectively.

**Table 1-3 – Statewide Comparisons – Global Ratings**

| Plan Name | Rating of Health Plan | Rating of All Health Care | Rating of Personal Doctor | Rating of Specialist Seen Most Often |
|---|---|---|---|---|
| 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 higher than the MDHHS HMP Program average.
↓ indicates the plan's score is statistically significantly lower than 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 | —+ | —+ | —+ | —+ | NA |
| 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 higher than the MDHHS HMP Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.
NA indicates that results for this measure are not displayed because too few members responded to the questions.

**Table 1-5 – Statewide Comparisons – Effectiveness of Care Measures**

| Plan Name | Advising Smokers and Tobacco Users to Quit | Discussing Cessation Medications | Discussing Cessation Strategies | Aspirin Use | Discussing Aspirin Risks and Benefits |
|---|---|---|---|---|---|
| Aetna Better Health of Michigan | — | — | — | —+ | —+ |
| Blue Cross Complete of Michigan | — | — | — | —+ | — |
| HAP Midwest Health Plan | —+ | —+ | —+ | NA | —+ |
| 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 higher than the MDHHS HMP Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.
NA indicates that results for this measure are not displayed because too few members responded to the questions.

The following plans scored statistically significantly *higher* than the MDHHS HMP Program average on at least one measure:

**Blue Cross Complete of Michigan**

- Rating of Personal Doctor

**McLaren Health Plan**

- Rating of All Health Care
- Rating of Personal Doctor

**Priority Health Choice, Inc.**

- Rating of Health Plan

**Total Health Care, Inc.**

- Rating of All Health Care

**Upper Peninsula Health Plan**

- Rating of Personal Doctor
- Shared Decision Making

Conversely, the following plans scored statistically significantly *lower* than the MDHHS HMP Program average on at least one measure:

**Aetna Better Health of Michigan**

- Rating of Health Plan
- Rating of All Health Care
- Getting Needed Care

**HAP Midwest Health Plan**

- Rating of Personal Doctor

**Harbor Health Plan**

- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care
- Shared Decision Making

**Meridian Health Plan of Michigan**

- Rating of Specialist Seen Most Often

**Total Health Care, Inc.**

- Shared Decision Making

**UnitedHealthcare Community Plan**

- Rating of Specialist Seen Most Often

## *Key Drivers of Satisfaction*

HSAG focused the key drivers of satisfaction analysis on three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated each of these measures to determine if particular CAHPS items (i.e., questions) strongly correlated with these measures, which HSAG refers to as "key drivers." These individual survey items 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 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. |
| Respondents reported that it was often not easy to obtain appointments with specialists. |
| **Rating of All Health Care** |
| Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them. |
| 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 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. |

# 2. Reader's Guide

## 2016 CAHPS Performance Measures

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 58 core questions that yield 14 measures. These measures include four global rating questions, five composite measures, and five Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect overall satisfaction with 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 Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation and managing aspirin use for the primary prevention of cardiovascular disease.

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 | Effectiveness of Care Measures |
|---|---|---|
| Rating of Health Plan | Getting Needed Care | Advising Smokers and Tobacco Users to Quit |
| Rating of All Health Care | Getting Care Quickly | Discussing Cessation Medications |
| Rating of Personal Doctor | How Well Doctors Communicate | Discussing Cessation Strategies |
| Rating of Specialist Seen Most Often | Customer Service | Aspirin Use |
| | Shared Decision Making | Discussing Aspirin Risks and Benefits |

# How CAHPS Results Were Collected

## *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 June 30, 2016.
- Were currently enrolled in an HMP health plan.
- Had been continuously enrolled in the plan for at least five of the first six months of the measurement year (January 1, 2016 through June 30, 2016).

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 less 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.

## *Survey Protocol*

The HMP CAHPS survey process 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. HSAG tried to obtain new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system. All sampled 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]

[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.

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 5.0 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 |

# 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 form 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 random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

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

## *Demographics of Adult Members*

The demographics analysis evaluated demographic information of adult members. MDHHS should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan or program.

## *National Comparisons*

HSAG conducted an analysis of the CAHPS survey results using NCQA HEDIS Specifications for Survey Measures. Although NCQA requires a minimum of 100 responses on each item in order to report the item as a reportable CAHPS Survey result, HSAG presented results with fewer than 100 responses. Results with fewer than 11 responses are denoted as "Not Applicable." Therefore, caution should be exercised when evaluating measures' results with fewer than 100 responses, which are denoted with a cross (+).

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

**Table 2-3 – Star Ratings**

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

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

Table 2-4 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 Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis. In addition, there are no national benchmarks available for this population; therefore, national adult Medicaid data were used for comparative purposes.[2-4]

**Table 2-4 – Overall Member Satisfaction Ratings Crosswalk**

| Measure | 90th Percentile | 75th Percentile | 50th Percentile | 25th Percentile |
|---|---|---|---|---|
| Rating of Health Plan | 2.55 | 2.49 | 2.43 | 2.37 |
| Rating of All Health Care | 2.45 | 2.42 | 2.36 | 2.31 |
| 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 | 2.45 | 2.42 | 2.37 | 2.31 |
| Getting Care Quickly | 2.49 | 2.46 | 2.42 | 2.36 |
| How Well Doctors Communicate | 2.64 | 2.58 | 2.54 | 2.48 |
| Customer Service | 2.61 | 2.58 | 2.54 | 2.48 |

2-2 For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2016, Volume 3: Specifications for Survey Measures.*

2-3 National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

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.

# Global Ratings and Composite Measures

## *Statewide Comparisons*

For purposes of the Statewide Comparisons analysis, HSAG calculated question summary rates for each global rating and global proportions for each composite measure, following NCQA HEDIS Specifications for Survey Measures.[2-5] The scoring of the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings.
- "Usually" or "Always" for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites.
- "Yes" for the Shared Decision Making composite.

### 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

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 rates presented do not follow NCQA's methodology of calculating a rolling average using the current and prior year's results. HSAG calculated these rates using one year of data (i.e., baseline year data).

[2-5] National Committee for Quality Assurance. *HEDIS® 2016, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2015.

## Aspirin Use and Discussion

HSAG calculated two rates that assess different facets of managing aspirin use for the primary prevention of cardiovascular disease:

- Aspirin Use
- Discussing Aspirin Risks and Benefits

The Aspirin Use measure assesses the percentage of members at risk for cardiovascular disease who are currently taking aspirin. The Discussing Aspirin Risks and Benefits measure assesses the percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider. Responses of "Yes" were used to determine if the member qualified for inclusion in the numerator. The rates presented do not follow NCQA's methodology of calculating a rolling average using the current and prior year's results. HSAG calculated these rates using one year of data (i.e., baseline year data).

## 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. Measures with fewer than 100 responses are denoted with a cross (+). Results with fewer than 11 responses are denoted as "Not Applicable." Caution should be used when evaluating rates derived from fewer than 100 respondents.

## 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 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.

## *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 Medicaid Program is performing on the survey item and 2) how ***important*** that item is to overall satisfaction.

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a "1," and a positive experience with care (i.e., non-negative) was assigned a "0." The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

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

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

## Limitations and Cautions

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

### *Case-Mix Adjustment*

The demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting 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.

### *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.

[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.

## *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 2016 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.

# 3. Results

## Who Responded to the Survey

A total of 13,707 surveys were distributed to adult members. A total of 4,402 surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was considered complete if 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** | **13,707** | **4,402** | **381** | **33.03%** |
| Aetna Better Health of Michigan | 1,350 | 368 | 28 | 27.84% |
| Blue Cross Complete of Michigan | 1,350 | 412 | 35 | 31.33% |
| HAP Midwest Health Plan | 207 | 40 | 4 | 19.70% |
| Harbor Health Plan | 1,350 | 379 | 48 | 29.11% |
| McLaren Health Plan | 1,350 | 494 | 37 | 37.62% |
| Meridian Health Plan of Michigan | 1,350 | 437 | 40 | 33.36% |
| Molina Healthcare of Michigan | 1,350 | 435 | 44 | 33.31% |
| Priority Health Choice, Inc. | 1,350 | 475 | 28 | 35.93% |
| Total Health Care, Inc. | 1,350 | 405 | 32 | 30.73% |
| UnitedHealthcare Community Plan | 1,350 | 422 | 52 | 32.51% |
| Upper Peninsula Health Plan | 1,350 | 535 | 33 | 40.62% |

## 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** | **8.0%** | **15.0%** | **14.9%** | **30.0%** | **32.1%** |
| Aetna Better Health of Michigan | 10.6% | 16.7% | 16.7% | 30.3% | 25.8% |
| Blue Cross Complete of Michigan | 6.0% | 14.5% | 17.7% | 29.9% | 31.9% |
| HAP Midwest Health Plan | 7.7% | 17.9% | 23.1% | 20.5% | 30.8% |
| Harbor Health Plan | 4.1% | 10.6% | 13.6% | 38.5% | 33.3% |
| McLaren Health Plan | 6.9% | 15.8% | 13.4% | 29.2% | 34.7% |
| Meridian Health Plan of Michigan | 9.5% | 17.1% | 13.7% | 28.0% | 31.7% |
| Molina Healthcare of Michigan | 9.8% | 16.6% | 16.6% | 29.2% | 27.8% |
| Priority Health Choice, Inc. | 5.7% | 15.3% | 14.0% | 29.8% | 35.1% |
| Total Health Care, Inc. | 6.8% | 12.6% | 14.6% | 33.8% | 32.2% |
| UnitedHealthcare Community Plan | 13.5% | 15.9% | 15.9% | 28.3% | 26.3% |
| Upper Peninsula Health Plan | 7.2% | 14.5% | 13.4% | 26.4% | 38.6% |
| *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** | **46.5%** | **53.5%** |
| Aetna Better Health of Michigan | 47.8% | 52.2% |
| Blue Cross Complete of Michigan | 54.0% | 46.0% |
| HAP Midwest Health Plan | 60.5% | 39.5% |
| Harbor Health Plan | 61.4% | 38.6% |
| McLaren Health Plan | 45.6% | 54.4% |
| Meridian Health Plan of Michigan | 38.9% | 61.1% |
| Molina Healthcare of Michigan | 44.4% | 55.6% |
| Priority Health Choice, Inc. | 40.9% | 59.1% |
| Total Health Care, Inc. | 44.6% | 55.4% |
| UnitedHealthcare Community Plan | 45.1% | 54.9% |
| Upper Peninsula Health Plan | 44.9% | 55.1% |
| *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** | **61.8%** | **3.5%** | **24.9%** | **1.9%** | **2.8%** | **5.1%** |
| Aetna Better Health of Michigan | 43.4% | 3.1% | 47.0% | 1.1% | 0.6% | 4.8% |
| Blue Cross Complete of Michigan | 43.4% | 4.5% | 38.2% | 4.2% | 4.5% | 5.2% |
| HAP Midwest Health Plan | 79.5% | 2.6% | 10.3% | 0.0% | 0.0% | 7.7% |
| Harbor Health Plan | 16.6% | 2.7% | 72.2% | 1.6% | 1.9% | 4.9% |
| McLaren Health Plan | 79.3% | 4.5% | 7.6% | 1.8% | 2.1% | 4.7% |
| Meridian Health Plan of Michigan | 73.1% | 3.5% | 14.3% | 1.2% | 2.8% | 5.1% |
| Molina Healthcare of Michigan | 56.6% | 4.9% | 25.6% | 1.2% | 5.2% | 6.6% |
| Priority Health Choice, Inc. | 81.5% | 5.2% | 6.0% | 1.7% | 1.1% | 4.5% |
| Total Health Care, Inc. | 46.9% | 1.5% | 42.0% | 1.5% | 3.4% | 4.6% |
| UnitedHealthcare Community Plan | 60.0% | 4.2% | 19.6% | 4.2% | 4.2% | 7.8% |
| Upper Peninsula Health Plan | 92.1% | 0.9% | 0.6% | 0.6% | 3.0% | 2.8% |
| *Please note, percentages may not total 100.0% due to rounding.* | | | | | | |

Table 3-5 depicts the general health status of members who completed a CAHPS survey.

**Table 3-5 – Adult Member Demographics: General Health Status**

| Plan Name | Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|---|
| **MDHHS HMP Program** | **9.3%** | **24.4%** | **37.8%** | **22.3%** | **6.2%** |
| Aetna Better Health of Michigan | 11.1% | 22.2% | 33.5% | 27.4% | 5.8% |
| Blue Cross Complete of Michigan | 12.8% | 28.3% | 32.5% | 22.4% | 3.9% |
| HAP Midwest Health Plan | 5.0% | 27.5% | 42.5% | 20.0% | 5.0% |
| Harbor Health Plan | 7.0% | 21.0% | 38.2% | 25.8% | 8.1% |
| McLaren Health Plan | 8.6% | 23.1% | 40.6% | 21.6% | 6.1% |
| Meridian Health Plan of Michigan | 7.4% | 24.5% | 37.4% | 22.2% | 8.5% |
| Molina Healthcare of Michigan | 8.6% | 24.2% | 39.8% | 23.0% | 4.4% |
| Priority Health Choice, Inc. | 8.1% | 27.0% | 38.9% | 19.3% | 6.8% |
| Total Health Care, Inc. | 11.1% | 22.2% | 34.3% | 24.7% | 7.6% |
| UnitedHealthcare Community Plan | 11.0% | 22.2% | 41.4% | 19.4% | 6.0% |
| Upper Peninsula Health Plan | 8.3% | 27.4% | 39.4% | 19.7% | 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 HMP Program, HSAG scored the four global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and four composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) 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 3-6.

**Table 3-6 – 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 2016*. Washington, DC: NCQA; January 21, 2016.

[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 3-7 shows the overall member satisfaction ratings on each of the four global ratings.

**Table 3-7 – National Comparisons – Global Ratings**

| Plan Name | Rating of Health Plan | Rating of All Health Care | Rating of Personal Doctor | Rating of Specialist Seen Most Often |
|---|---|---|---|---|
| **MDHHS HMP Program** | ★★★ 2.43 | ★★★ 2.37 | ★★ 2.49 | ★★★ 2.52 |
| Aetna Better Health of Michigan | ★ 2.27 | ★ 2.25 | ★★ 2.43 | ★★★ 2.53 |
| Blue Cross Complete of Michigan | ★★★ 2.44 | ★★★ 2.41 | ★★★★ 2.53 | ★★★★★ 2.62 |
| HAP Midwest Health Plan | ★★+ 2.37 | ★★★★+ 2.43 | ★+ 2.22 | ★★★★★+ 2.73 |
| Harbor Health Plan | ★★ 2.37 | ★ 2.21 | ★ 2.35 | ★ 2.47 |
| McLaren Health Plan | ★★★ 2.48 | ★★★★★ 2.47 | ★★★★ 2.56 | ★★★★★ 2.63 |
| Meridian Health Plan of Michigan | ★★ 2.41 | ★★★ 2.36 | ★★ 2.43 | ★ 2.43 |
| Molina Healthcare of Michigan | ★★ 2.38 | ★★★ 2.36 | ★★ 2.47 | ★★ 2.50 |
| Priority Health Choice, Inc. | ★★★★★ 2.55 | ★★★★ 2.43 | ★★★ 2.50 | ★★★★ 2.58 |
| Total Health Care, Inc. | ★★★ 2.46 | ★★★★ 2.44 | ★★★★ 2.53 | ★★★ 2.52 |
| UnitedHealthcare Community Plan | ★★★ 2.44 | ★★ 2.31 | ★★ 2.46 | ★ 2.45 |
| Upper Peninsula Health Plan | ★★★ 2.46 | ★★★ 2.37 | ★★★★ 2.56 | ★ 2.46 |

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

The MDHHS HMP Program scored at or between the 50th and 74th percentiles for the Rating of Health Plan, Rating of All Health Care, and Rating of Specialist Seen Most Often global ratings. In addition, the MDHHS HMP Program scored at or between the 25th and 49th percentile for the Rating of Personal Doctor global rating. The MDHHS HMP Program did not score at or above the 75th percentile nor below the 25th percentile for any of the global ratings.

Table 3-8 shows the overall member satisfaction ratings on four of the composite measures.[3-3]

**Table 3-8 – National Comparisons – Composite Measures**

| Plan Name | Getting Needed Care | Getting Care Quickly | How Well Doctors Communicate | Customer Service |
|---|---|---|---|---|
| **MDHHS HMP Program** | ★★★ 2.39 | ★★ 2.40 | ★★★★★ 2.66 | ★★★★ 2.59 |
| Aetna Better Health of Michigan | ★ 2.27 | ★ 2.34 | ★★★★★ 2.64 | ★★★★★ 2.66 |
| Blue Cross Complete of Michigan | ★★★★★ 2.45 | ★★★ 2.45 | ★★★★★ 2.71 | ★★★★★ 2.68 |
| HAP Midwest Health Plan | ★★★★★+ 2.47 | ★★★+ 2.42 | ★★★+ 2.56 | ★★★★★+ 2.79 |
| Harbor Health Plan | ★ 2.28 | ★ 2.29 | ★★★★★ 2.70 | ★★★★ 2.58 |
| McLaren Health Plan | ★★★★★ 2.48 | ★★★ 2.43 | ★★★★★ 2.71 | ★★★+ 2.54 |
| Meridian Health Plan of Michigan | ★★★★ 2.43 | ★★ 2.41 | ★★★★ 2.62 | ★★★★ 2.58 |
| Molina Healthcare of Michigan | ★★★ 2.39 | ★★ 2.41 | ★★★ 2.57 | ★★ 2.52 |
| Priority Health Choice, Inc. | ★★★★★ 2.46 | ★★★ 2.42 | ★★★★★ 2.64 | ★★★★★ 2.61 |
| Total Health Care, Inc. | ★★★★ 2.42 | ★★★★★ 2.51 | ★★★★★ 2.72 | ★★★★ 2.59 |
| UnitedHealthcare Community Plan | ★ 2.27 | ★★ 2.36 | ★★★★ 2.59 | ★★ 2.51 |
| Upper Peninsula Health Plan | ★★★ 2.41 | ★★ 2.38 | ★★★★★ 2.72 | ★★★★+ 2.58 |

*+ 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, and scored at or between the 75th and 89th percentiles for the Customer Service composite measure. In addition, the MDHHS HMP Program scored at or between the 50th and 74th percentiles for the Getting Needed Care composite measure, and scored at or between the 25th and 49th percentiles for the Getting Care Quickly composite measure. The MDHHS HMP Program did not score below the 25th percentile for any of the composite measures.

[3-3] NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

## Statewide Comparisons

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

- "9" or "10" for the global ratings.
- "Usually" or "Always" for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites.
- "Yes" for the Shared Decision Making composite.

HSAG also calculated overall rates for the Effectiveness of Care measures: 1) Medical Assistance with Smoking and Tobacco Use Cessation and 2) Aspirin Use and Discussion. 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 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/program rates with fewer than 100 respondents are denoted with a cross (+). Results with fewer than 11 responses are denoted as "Not Applicable." 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 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.

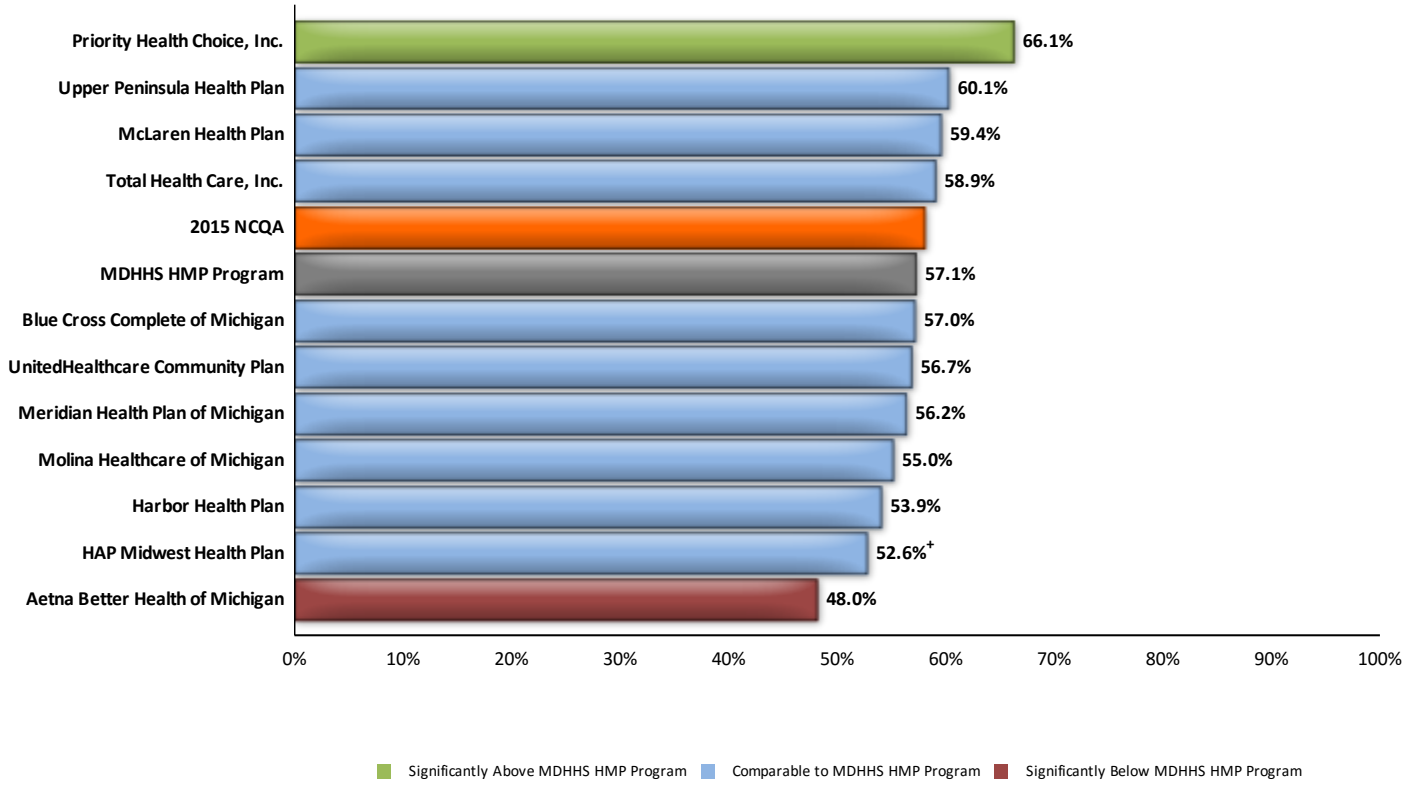
[3-5] The source for the national data contained in this publication is Quality Compass® 2015 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2015 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these 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**

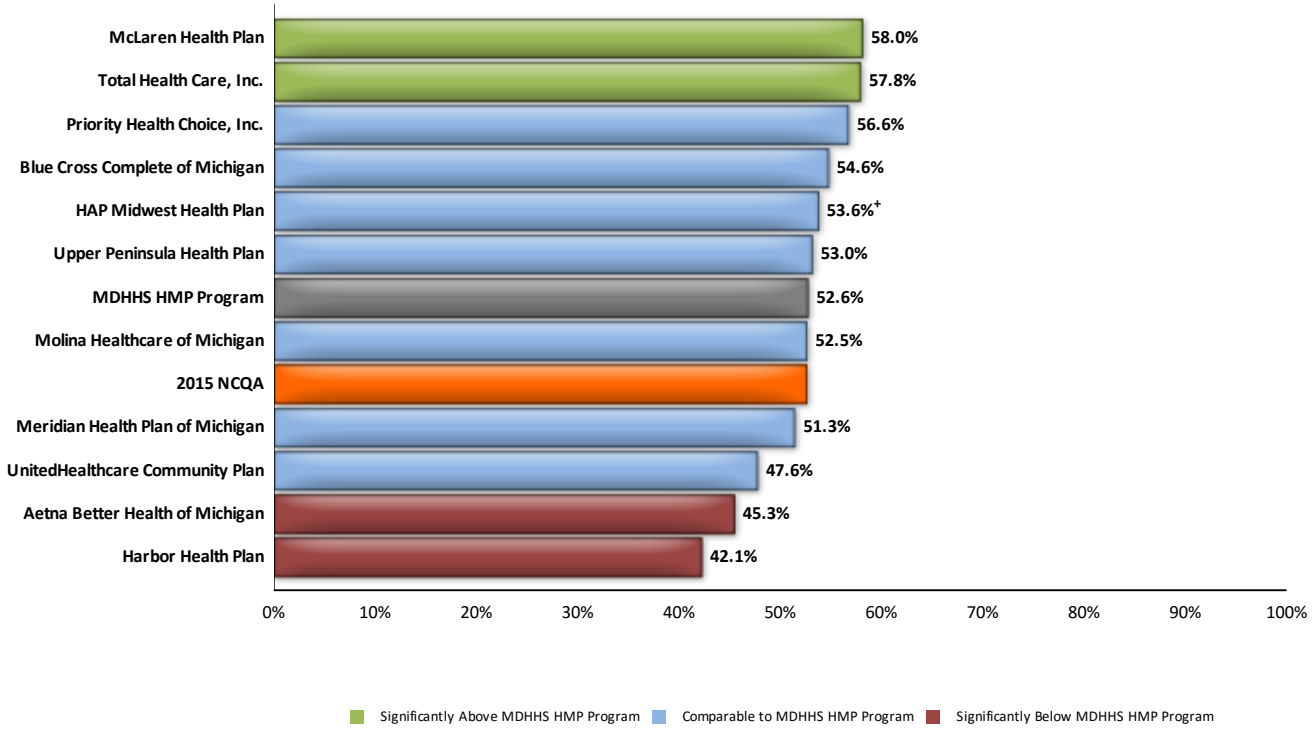



Note: + indicates fewer than 100 responses

## 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**

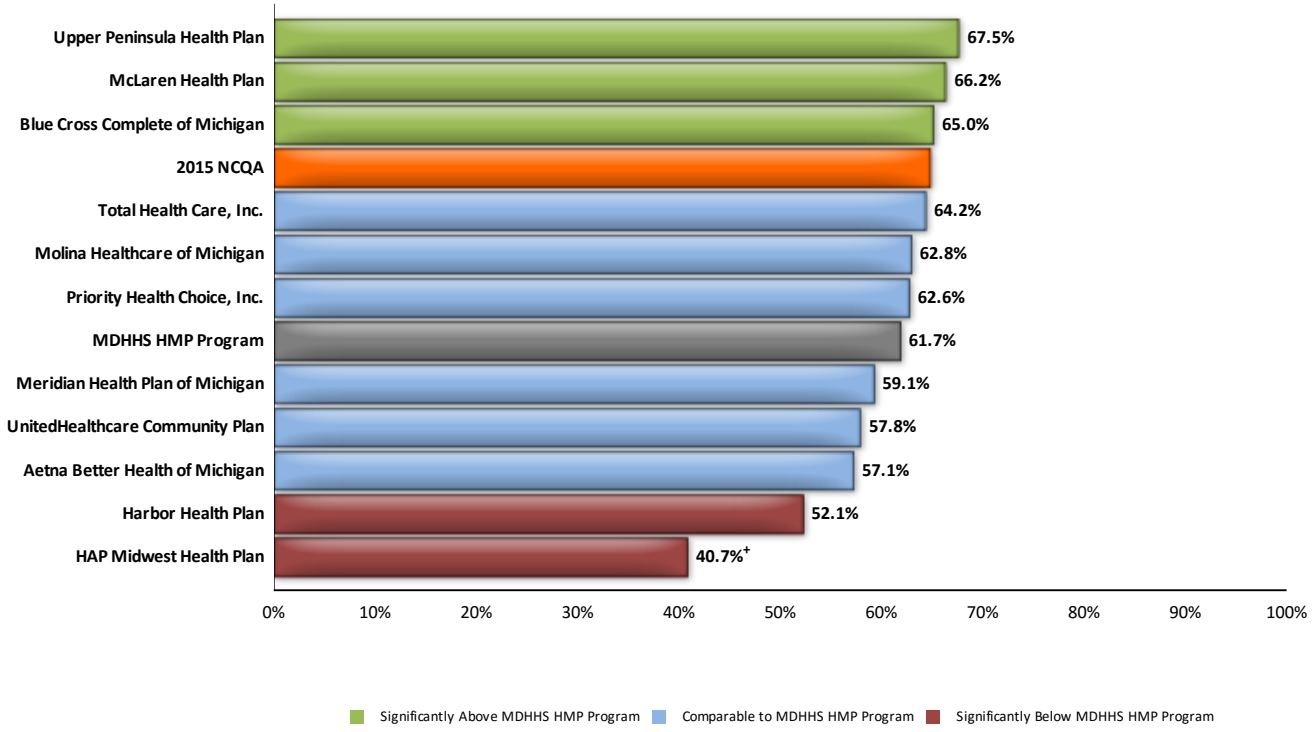



Note: + indicates fewer than 100 responses

## 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**

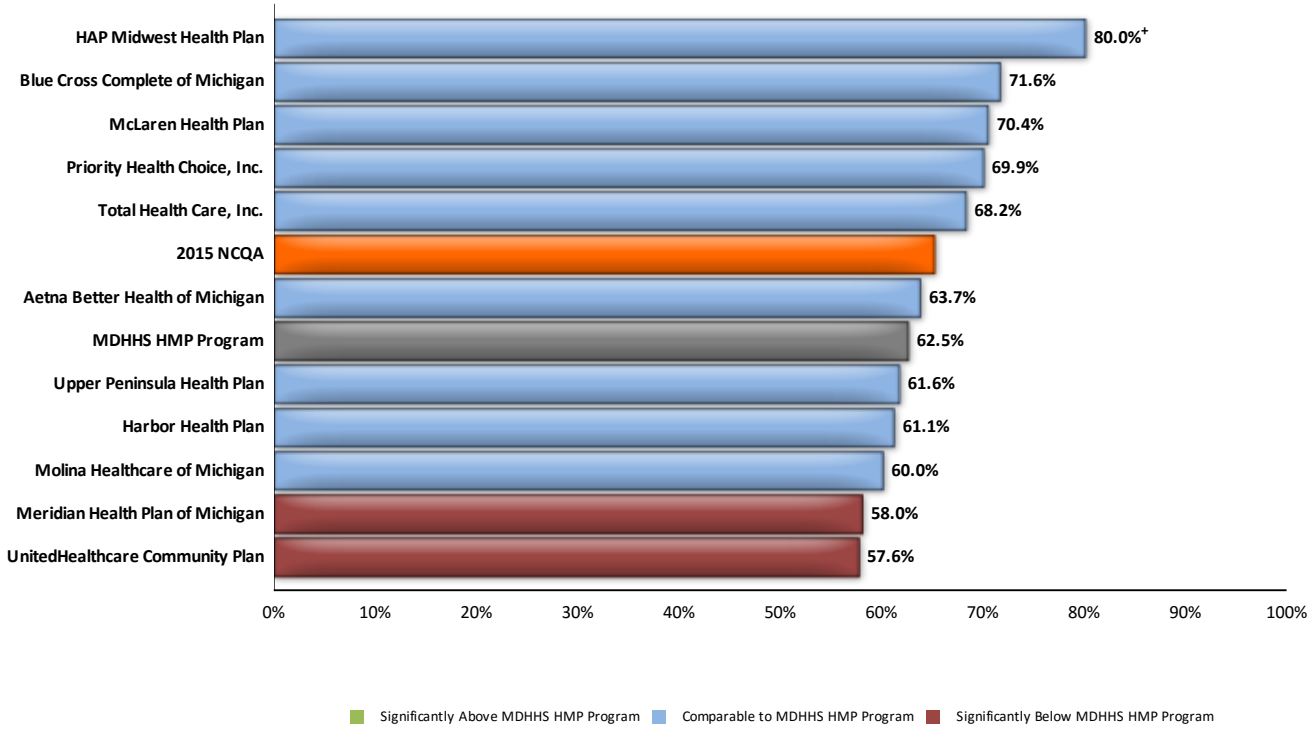



Note: + indicates fewer than 100 responses

## 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**




Note: + indicates fewer than 100 responses

## *Composite Measures*

### Getting Needed Care

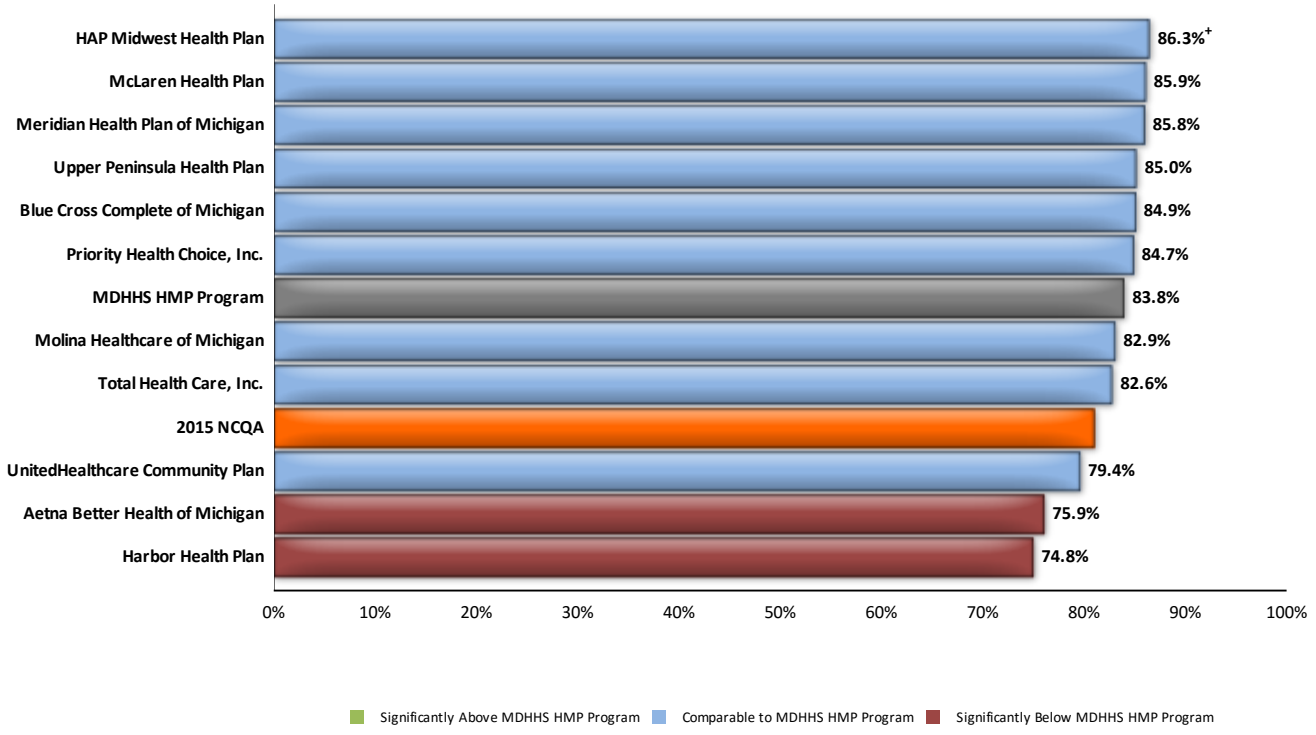
Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

- **Question 14**. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 25**. 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

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

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

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




Note: + indicates fewer than 100 responses

## Getting Care Quickly

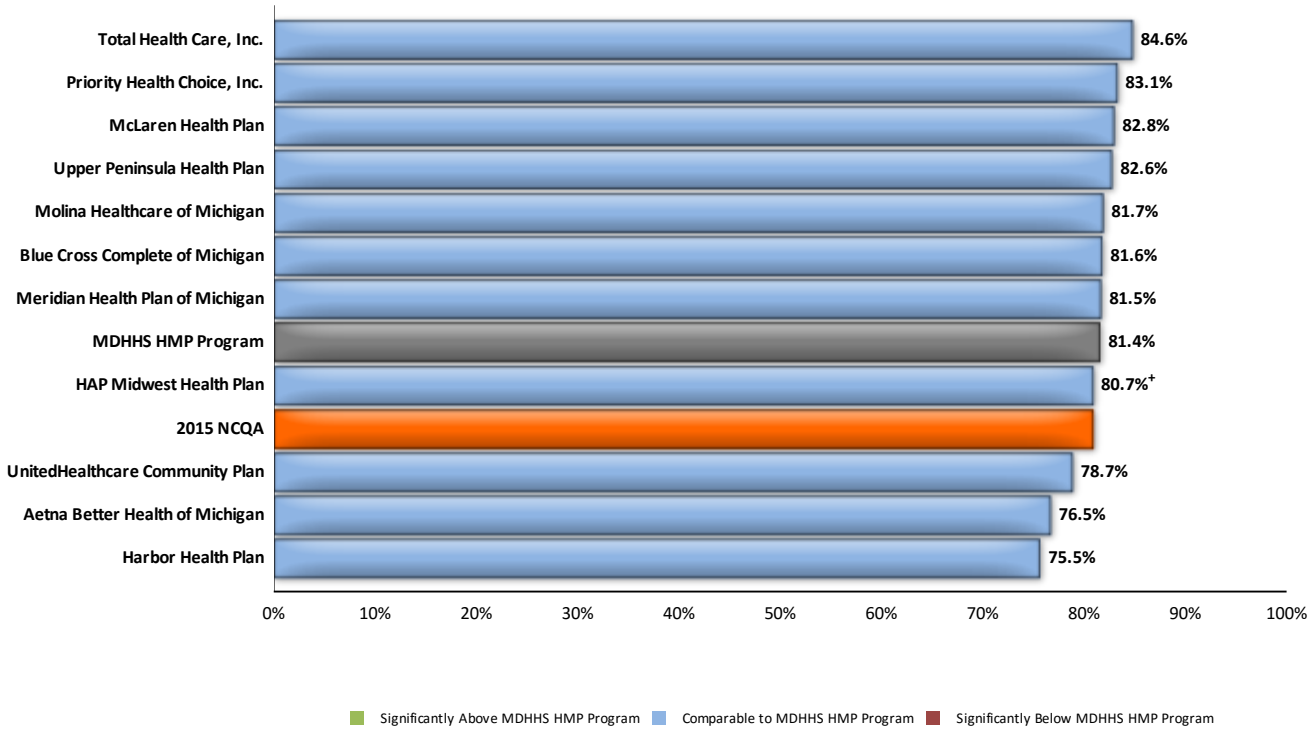
Two questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members received care quickly:

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

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

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

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




Note: + indicates fewer than 100 responses

## How Well Doctors Communicate

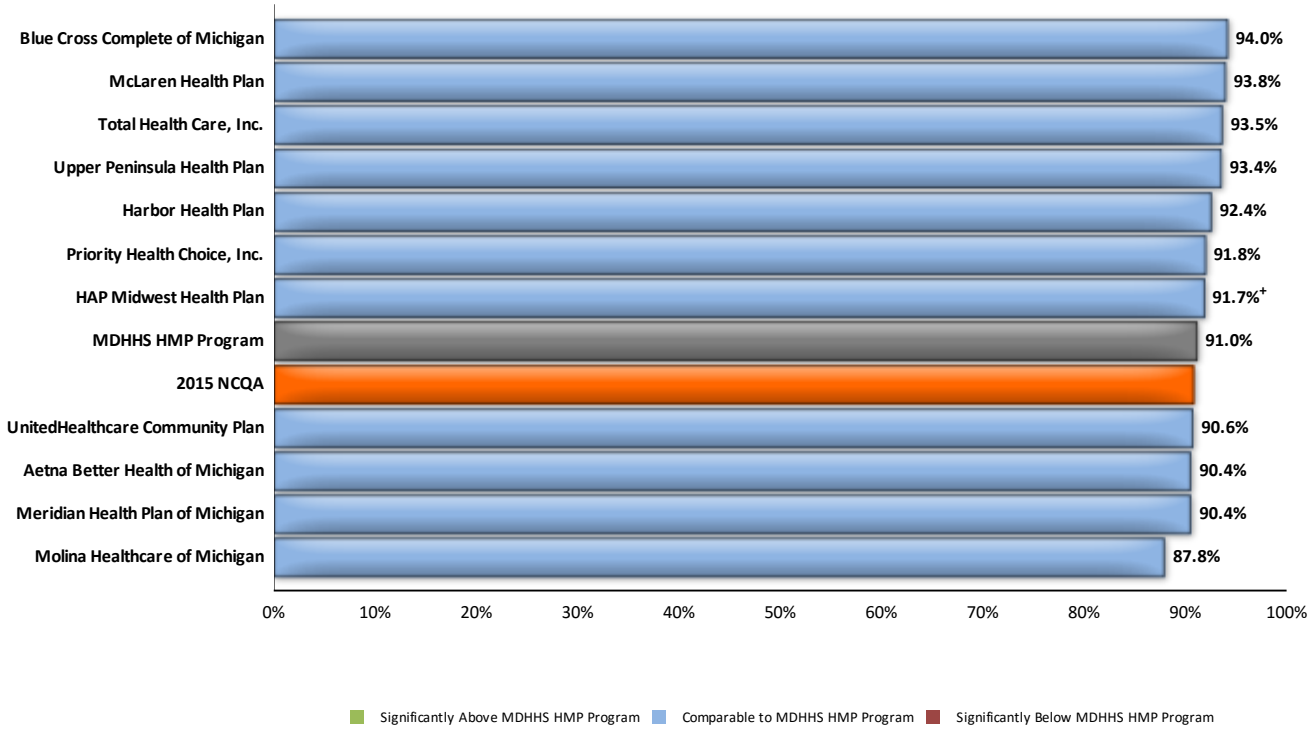
A series of four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

- **Question 17**. 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
- **Question 18**. In the last 6 months, how often did your personal doctor listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 19**. In the last 6 months, how often did your personal doctor show respect for what you had to say?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 20**. In the last 6 months, how often did your personal doctor spend enough time with you?
  - Never
  - Sometimes
  - Usually
  - Always

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

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

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




Note: + indicates fewer than 100 responses

## Customer Service

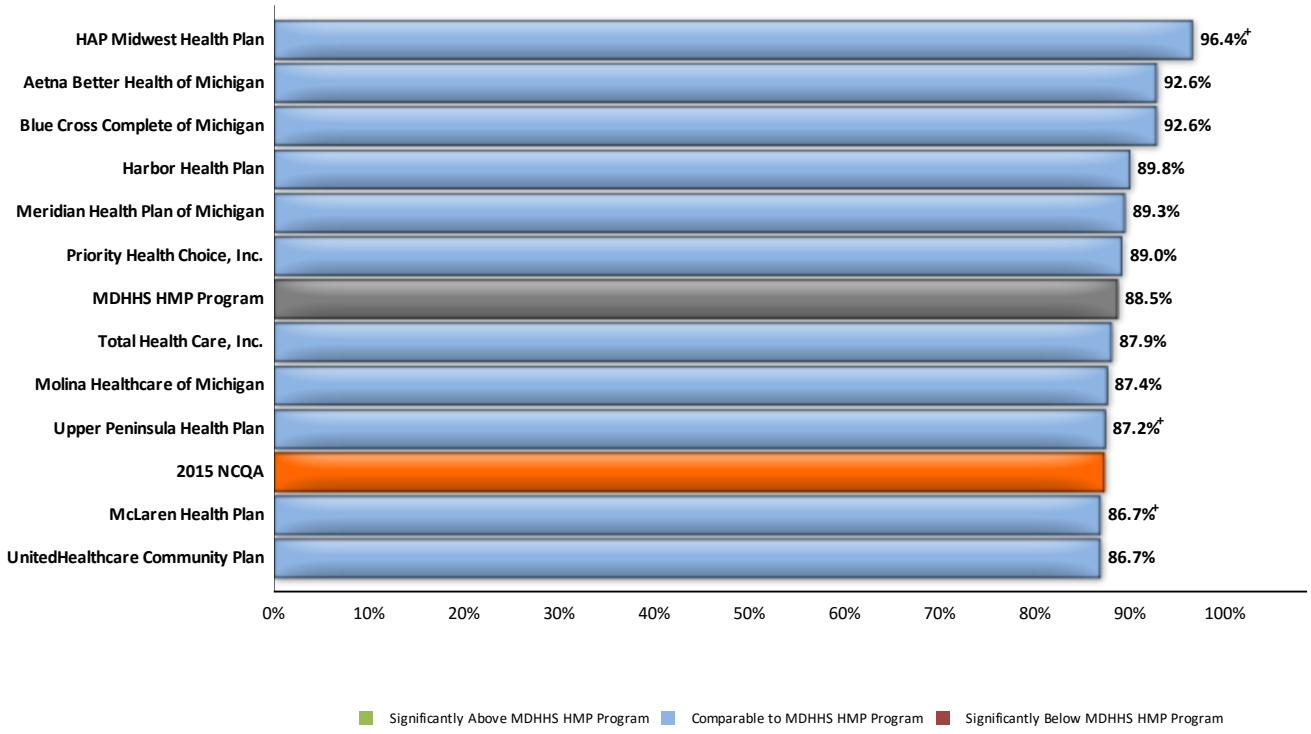
Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service:

- **Question 31**. 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
- **Question 32**. 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

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

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

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




Note: + indicates fewer than 100 responses

## Shared Decision Making

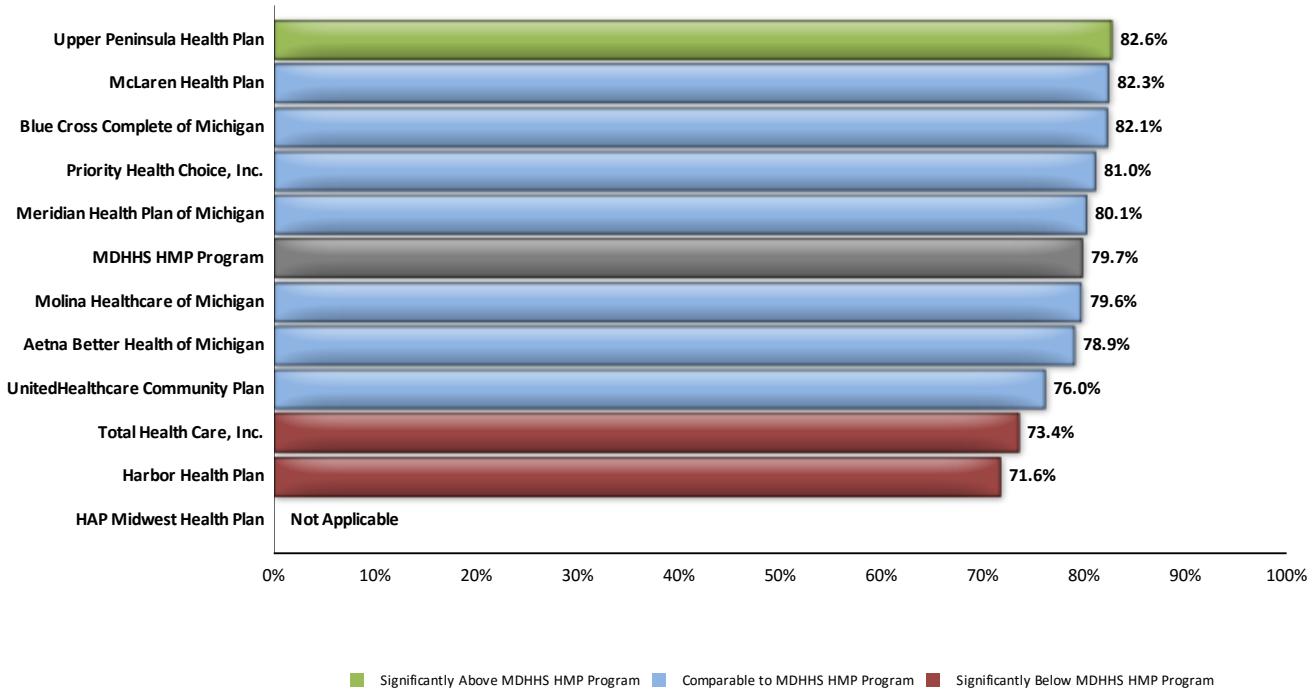
Three questions (Questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine:

- **Question 10**. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
  - Yes
  - No
- **Question 11**. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
  - Yes
  - No
- **Question 12**. 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

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

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

**Figure 3-9 – Shared Decision Making Top-Box Rates[3-6]**




3-6 In some instances, HMP health plans had fewer than 11 respondents to a survey question. HAP Midwest Health Plan had fewer than 11 respondents to the Shared Decision Making Composite Measure; therefore, a top-box rate could not be presented for this HMP health plan, which is indicated as "Not Applicable" in the figure.

## *Effectiveness of Care Measures*

### Medical Assistance with Smoking and Tobacco Use Cessation

#### *Advising Smokers and Tobacco Users to Quit*

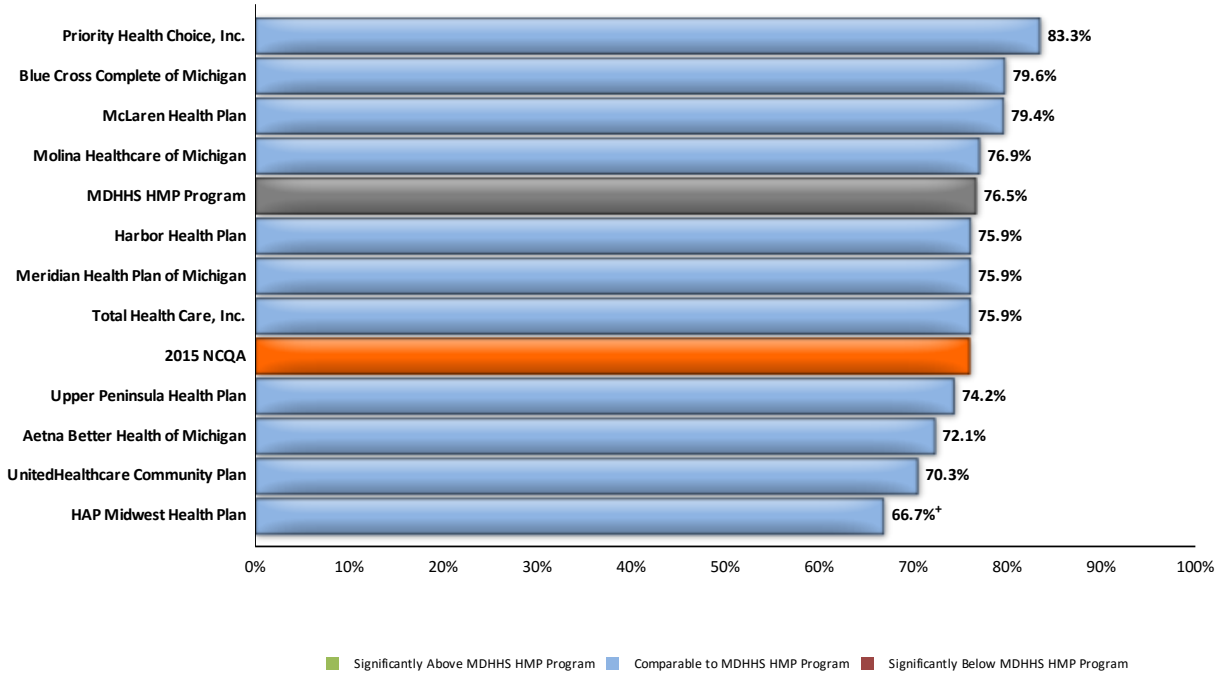
Adult members were asked how often they were advised to quit smoking or using tobacco by a doctor or other health provider (Question 40 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 40**. 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

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question.

Figure 3-10 shows the Advising Smokers and Tobacco Users to Quit rates.

**Figure 3-10 – Advising Smokers and Tobacco Users to Quit Top-Box Rates**




Note: + indicates fewer than 100 responses

### *Discussing Cessation Medications*

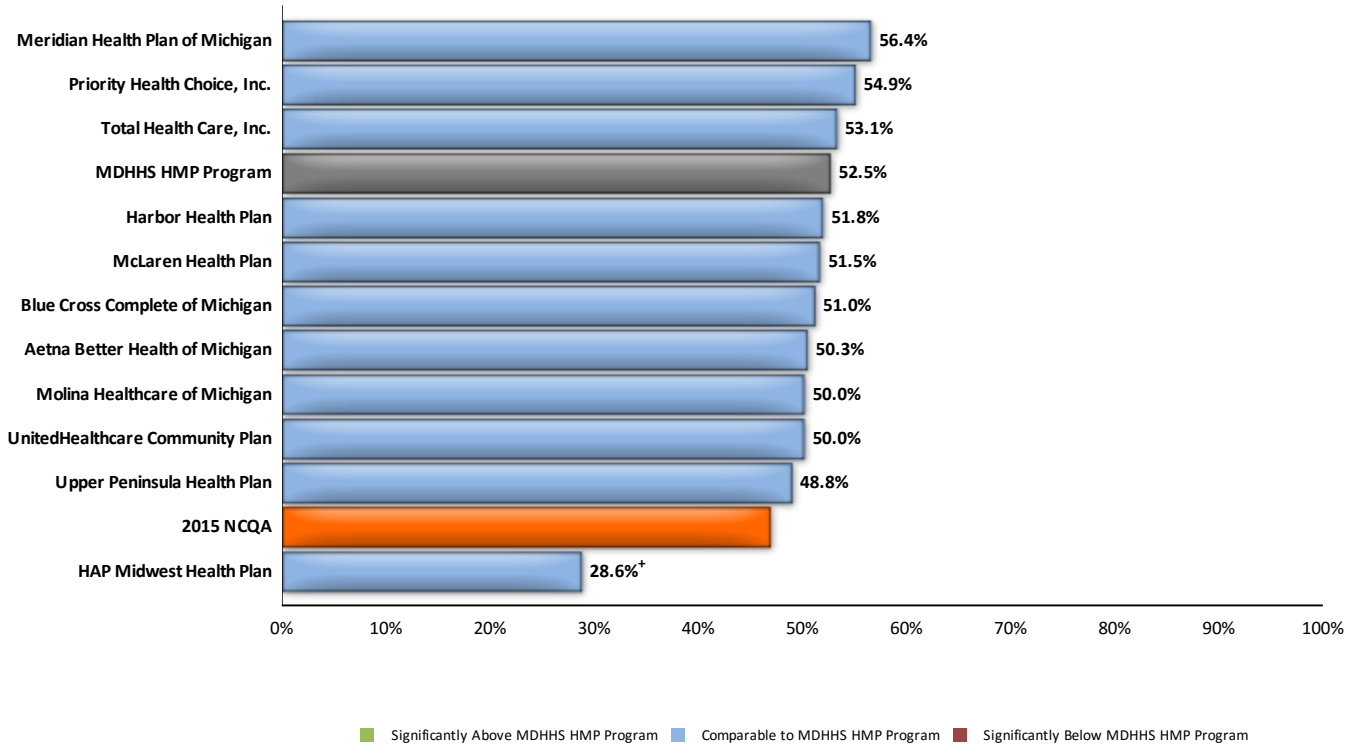
Adult members were asked how often medication was recommended or discussed by a doctor or other health provider to assist them with quitting smoking or using tobacco (Question 41 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 41**. 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

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question.

Figure 3-11 shows the Discussing Cessation Medications rates.

**Figure 3-11 – Discussing Cessation Medications Top-Box Rates**




Note: + indicates fewer than 100 responses

### *Discussing Cessation Strategies*

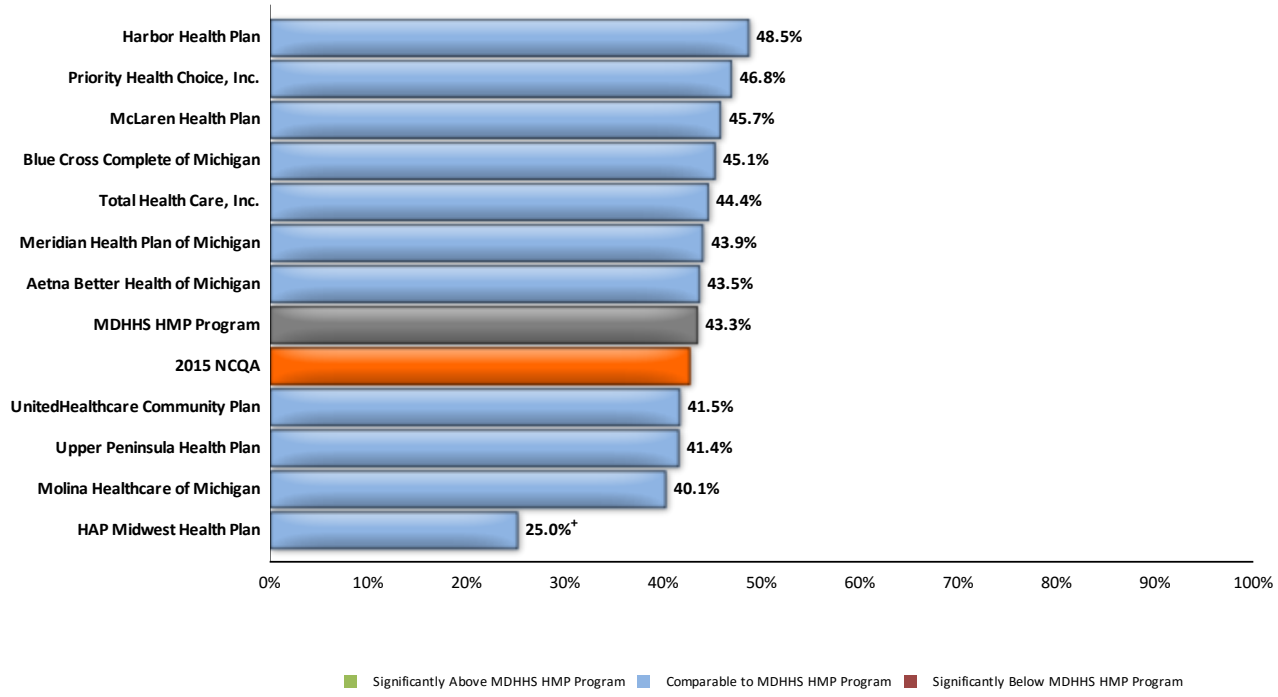
Adult members were asked how often their doctor or health provider discussed or provided methods and strategies other than medication to assist them with quitting smoking or using tobacco (Question 42 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 42**. 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

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 Discussing Cessation Strategies rates.

**Figure 3-12 – Discussing Cessation Strategies Top-Box Rates**




Note: + indicates fewer than 100 responses

## Aspirin Use and Discussion[3-7]

### *Aspirin Use*

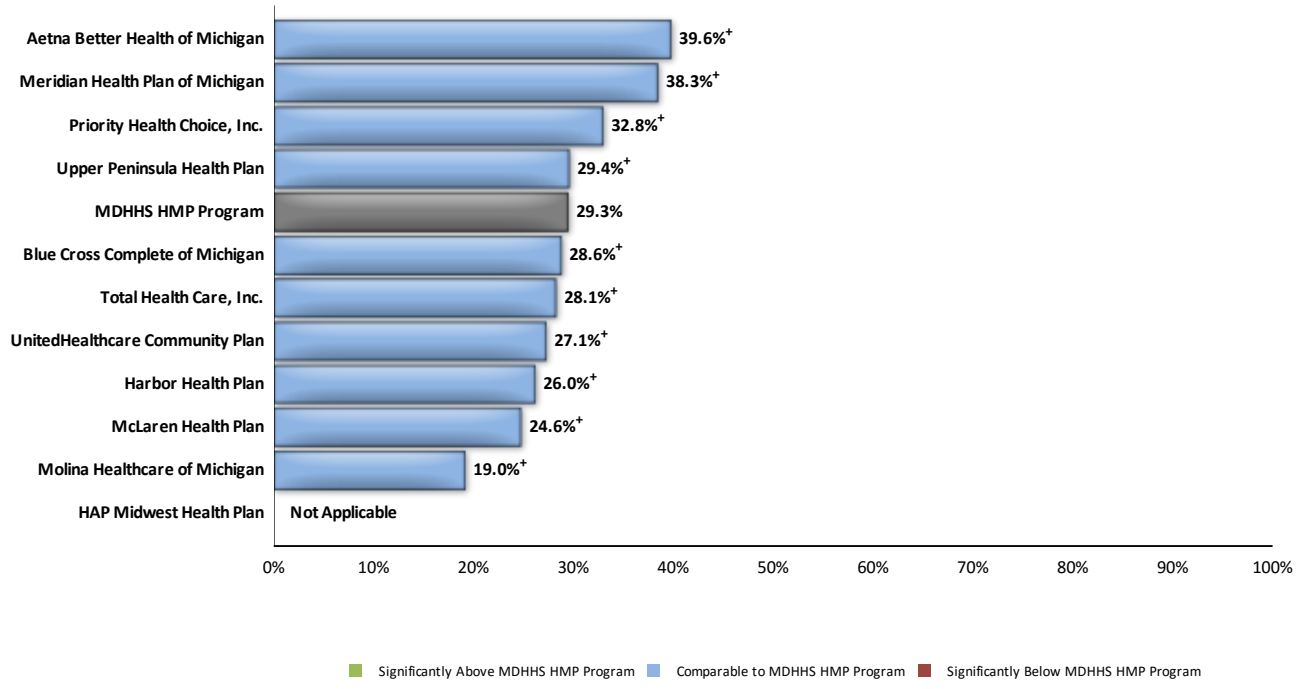
Adult members were asked if they currently take aspirin daily or every other day (Question 43 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 43.** Do you take aspirin daily or every other day?
  - Yes
  - No
  - Don't know

The results of this measure represent the percentage of respondents who answered "Yes" to this question.

Figure 3-13 shows the Aspirin Use rates.

**Figure 3-13 – Aspirin Use Top-Box Rates[3-8]**




Note: + indicates fewer than 100 responses

3-7 NCQA does not publish national averages for the Aspirin Use and Discussion measures.

3-8 In some instances, HMP health plans had fewer than 11 respondents to a survey question. HAP Midwest Health Plan had fewer than 11 respondents to the Aspirin Use Effectiveness of Care measure; therefore, a top-box rate could not be presented for this HMP health plan, which is indicated as "Not Applicable" in the figure.

### *Discussing Aspirin Risks and Benefits*

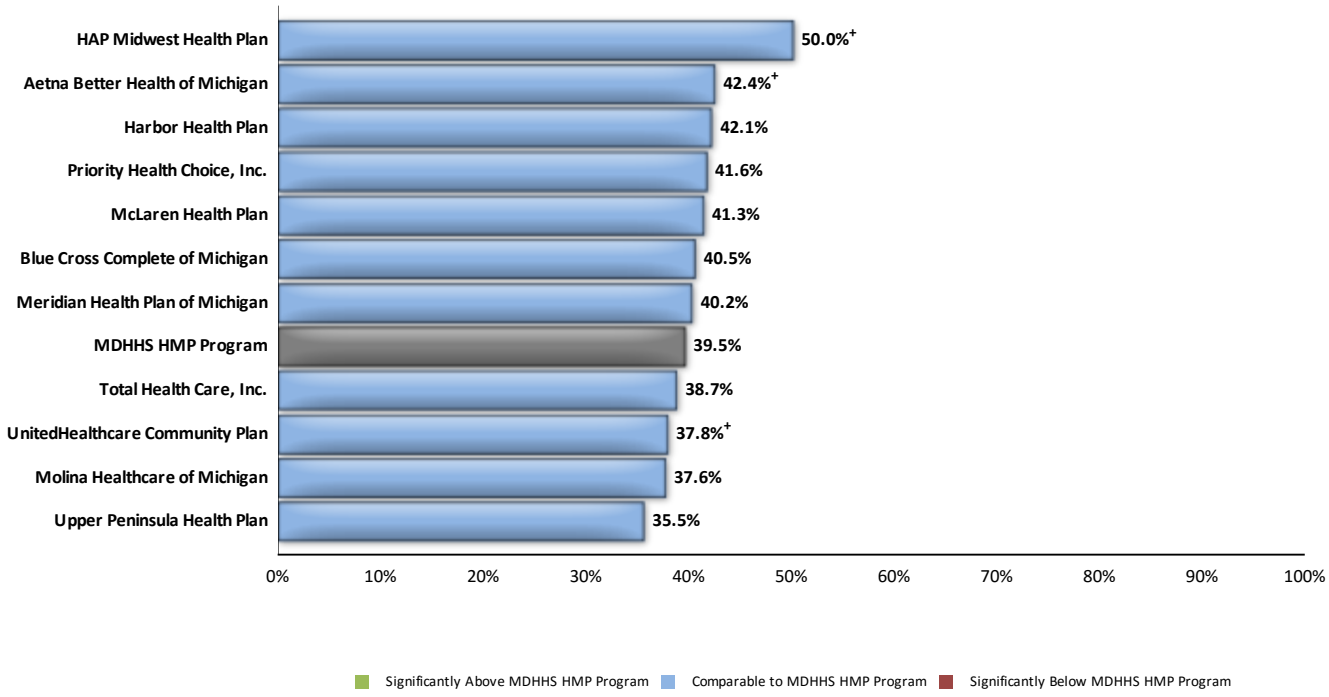
Adult members were asked if a doctor or health provider discussed with them the risks and benefits of aspirin to prevent a heart attack or stroke (Question 45 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 45**. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
  - Yes
  - No

The results of this measure represent the percentage of respondents who answered "Yes" to this question.

Figure 3-14 shows the Discussing Aspirin Risks and Benefits rates.

**Figure 3-14 – Discussing Aspirin Risks and Benefits Top-Box Rates**




Note: + indicates fewer than 100 responses

## *Summary of Results*

Table 3-9 provides a summary of the Statewide Comparisons results for the global ratings.

**Table 3-9 – Statewide Comparisons: Global Ratings**

| Plan Name | Rating of Health Plan | Rating of All Health Care | Rating of Personal Doctor | Rating of Specialist Seen Most Often |
|---|---|---|---|---|
| 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 higher than the MDHHS HMP Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.

Table 3-10 provides a summary of the Statewide Comparisons for the composite measures.

**Table 3-10 – Statewide Comparisons: Composite Measures**

| Plan Name | Getting Needed Care | Getting Care Quickly | How Well Doctors Communicate | Customer Service | Shared Decision Making |
|---|---|---|---|---|---|
| Aetna Better Health of Michigan | ↓ | — | — | — | — |
| Blue Cross Complete of Michigan | — | — | — | — | — |
| HAP Midwest Health Plan | —+ | —+ | —+ | —+ | NA |
| 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 higher than the MDHHS HMP Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.
NA indicates that results for this measure are not displayed because too few members responded to the questions.

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

**Table 3-11 – Statewide Comparisons: Effectiveness of Care Measures**

| Plan Name | Advising Smokers and Tobacco Users to Quit | Discussing Cessation Medications | Discussing Cessation Strategies | Aspirin Use | Discussing Aspirin Risks and Benefits |
|---|---|---|---|---|---|
| Aetna Better Health of Michigan | — | — | — | —+ | —+ |
| Blue Cross Complete of Michigan | — | — | — | —+ | — |
| HAP Midwest Health Plan | —+ | —+ | —+ | NA | —+ |
| 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 higher than the MDHHS HMP Program average.
↓ indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
— indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.
NA indicates that results for this measure are not displayed because too few members responded to the questions.

# 4. Key Drivers of Satisfaction

## Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The analysis provides information on: 1) how well the MDHHS 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 4-1 depicts those items identified for each of the three measures as being key drivers of satisfaction for the MDHHS HMP Program.

**Table 4-1 – 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 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. |
| Respondents reported that it was often not easy to obtain appointments with specialists. |
| **Rating of All Health Care** |
| Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them. |
| 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 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. |

# 5. Survey Instrument

## 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.

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

DataStat

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

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

**If you want to know more about this study, please call 1-800-839-3455.**

## 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 not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.**

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

- ○ Yes
- ○ No ➔ ***Go to Question 5***

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

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 7***

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

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

**7. In the last 6 months, not 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 15***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

**8. 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

**9. 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 13***

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

- ○ Yes
- ○ No

**11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?**

- ○ Yes
- ○ No

**12. 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

**13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your 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

**14. 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

**15. 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 24***

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

- ○ None ➔ ***Go to Question 23***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

**17. 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

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

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

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

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

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

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

**21. 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 23***

**22. 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

**23. 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 Personal Doctor Possible | | | | | | | | | | Best Personal Doctor 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.**

**24. 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 28***

**25. 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

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

- ○ None ➔ ***Go to Question 28***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

**27. 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 Specialist Possible | | | | | | | | | | Best Specialist Possible |

## YOUR HEALTH PLAN

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

**28. 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 30***

**29. 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

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

- ○ Yes
- ○ No ➔ ***Go to Question 33***

**31. 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

**32. 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

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

- ○ Yes
- ○ No ➔ ***Go to Question 35***

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

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

**35. 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 Health Plan Possible — Best Health Plan Possible

## ABOUT YOU

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

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

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

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

**38. Have you had either a flu shot or flu spray in the nose since July 1, 2015?**

- ○ Yes
- ○ No
- ○ Don't know

**39. 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 43***
- ○ Don't know ➔ ***Go to Question 43***

**40. 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

**41. 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

**42. 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

**43. Do you take aspirin daily or every other day?**

- ○ Yes
- ○ No
- ○ Don't know

**44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?**

- ○ Yes
- ○ No
- ○ Don't know

**45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?**

- ○ Yes
- ○ No

**46. Are you aware that you have any of the following conditions? Mark one or more.**

- ○ High cholesterol
- ○ High blood pressure
- ○ Parent or sibling with heart attack before the age of 60

**47. Has a doctor ever told you that you have any of the following conditions? Mark one or more.**

- ○ A heart attack
- ○ Angina or coronary heart disease
- ○ A stroke
- ○ Any kind of diabetes or high blood sugar

**48. 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 50***

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No ➔ ***Go to Question 52***

**51. 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

**52. 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

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

- ○ Male
- ○ Female

**54. 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

**55. Are you of Hispanic or Latino origin or descent?**

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

**56. 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

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

- ○ Yes ➔ ***Go to Question 58***
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

**58. 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**

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

# *PERFORMANCE MONITORING REPORT*

# *ANNUAL HEDIS MEASURES*

## Composite – All Plans


## January 2017

Produced by:
Quality Improvement and Program Development – Managed Care Plan Division

## Table of Contents



## HEDIS



## Appendixes



## Figures

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## Executive Summary

This Performance Monitoring Report is produced by the Quality Improvement and Program Development (QIPD) Section of the Managed Care Plan Division (MCPD) to track quality, access, and utilization in the Michigan Medicaid program to better support high quality care for beneficiaries.

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through twenty-six (26) key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include Medicaid Managed Care specific measures, Healthy Michigan Plan (HMP) measures, and HEDIS measures. **This report focuses only on the HEDIS measures**. The following HEDIS measures will be included in this report:

| **HEDIS** | | | | |
|---|---|---|---|---|
| *Timeliness of Prenatal Care* | *Postpartum Care* | *Childhood Immunizations* | *Well-Child Visits 0-15 Months* | *Well-Child Visits 3 to 6 Years* |
| *Adolescent Well Care Visits* | *Appropriate Testing for Children with Pharyngitis* | *Child Access to Care 12 to 24 Months* | *Child Access to Care 7 to 11 Years* | *Comprehensive Diabetes Care: Hemoglobin A1c Testing* |
| *Comprehensive Diabetes Care: Eye Exam* | *Breast Cancer Screening* | *Chlamydia Screening in Women (Total)* | | |

Data for these 13 HEDIS measures are represented on an annual basis. The body of the report contains a cross-plan analysis of the most current data available for each of these measures. A composite summary of plan performance for all standards is displayed in Appendix A. Appendix B contains specific three letter codes identifying each of the MHPs. Appendix C contains the one-year plan specific analysis for each measure.

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed fiscal year 2017 unless otherwise noted.

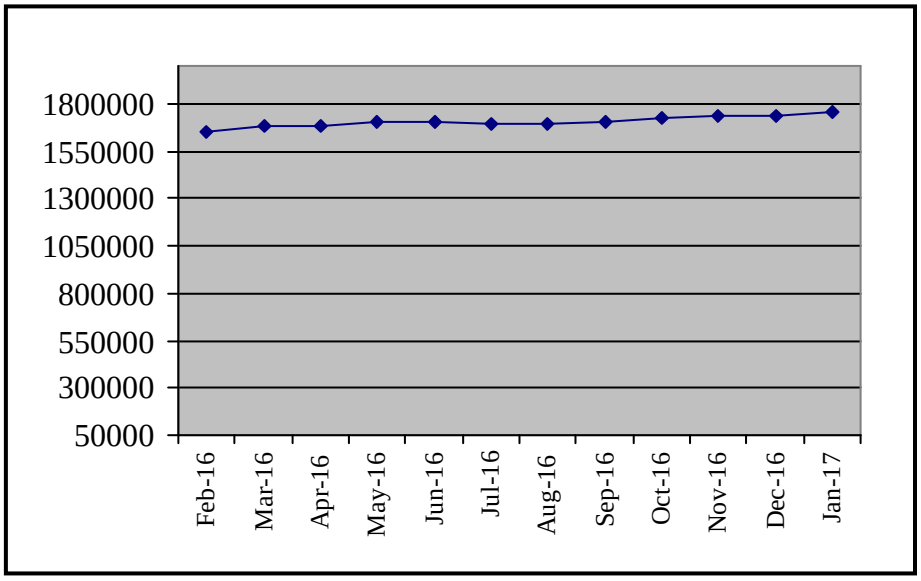
**Table 1: Fiscal Year 2017[1]**

| Annually Reported Measures | Results |
|---|---|
| Timeliness of Prenatal Care | 2/11 |
| Postpartum Care | 0/11 |
| Childhood Immunizations | 1/11 |
| Well-Child Visits 0 – 15 Months | 2/10 |
| Well-Child Visits 3 to 6 Years | 2/11 |
| Adolescent Well Care Visits | 1/11 |
| Appropriate Testing for Children with Pharyngitis | Informational Only |
| Child Access to Care 12 to 24 Months | 3/11 |
| Child Access to Care 7 to 11 Years | 2/11 |
| Comprehensive Diabetes Care: HbA1c Testing | 3/11 |
| Comprehensive Diabetes Care: Eye Exam | Informational Only |
| Breast Cancer Screening | 9/11 |
| Chlamydia Screening in Women (Total) | 8/11 |

## Managed Care Enrollment

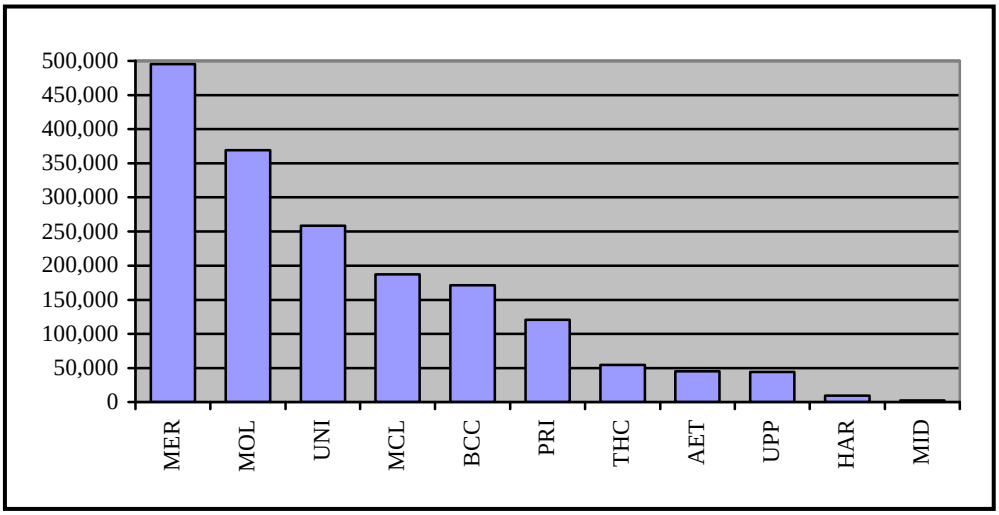
Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In January 2017, enrollment was 1,757,652, up 103,154 enrollees (6.2%) from February 2016. An increase of 16,775 enrollees (1.0%) was realized between December 2016 and January 2017.

**Figure 1: Medicaid Managed Care Enrollment, February 2016 – January 2017**




[1] Plans with a numerator under 5 or a denominator under 30 are not included in denominators less than 11 in this table.

**Figure 2: Medicaid Managed Care Enrollment by Health Plan, January 2017**




## Medicaid Health Plan News

The Performance Monitoring Report contains data for all Michigan Medicaid Health Plans, where data is available. Eleven Medicaid Health Plans are contracted with the State of Michigan to provide comprehensive health care services.

## Cross-Plan Performance Monitoring Analyses

The following section includes a cross-plan analysis for each performance measure. An analysis of the most current data available for each performance measure is included. For detailed questions regarding measurement periods or standards, see the Performance Monitoring Specifications.

## *Timeliness of Prenatal Care*

**Measure**
Percentage of pregnant women who delivered a live birth and received an initial prenatal care visit in the first trimester or within 42 days of enrollment into the health plan, according to HEDIS prenatal care specifications.

**Minimum Standard**
At or above 86%

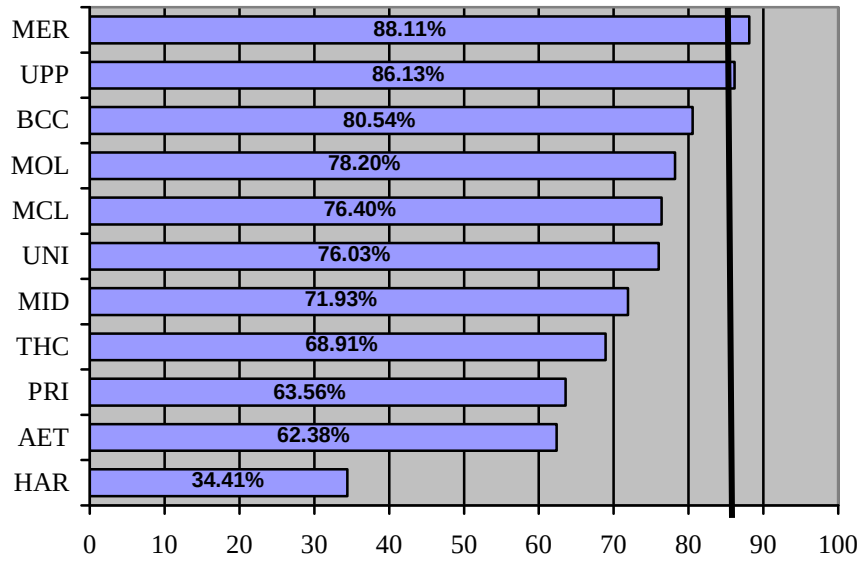
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** Two plans met or exceeded the standard, while nine plans (AET, BCC, HAR, MCL, MID, MOL, PRI, THC, and UNI) did not. Results ranged from 34.41% to 88.11%

**Figure 3: Timeliness of Prenatal Care**



## *Postpartum Care*

**Measure**
Percentage of women who delivered live births between day one and day 309 of the measurement period that had a postpartum visit on or between 21 and 56 days after delivery.

**Minimum Standard**
At or above 72%

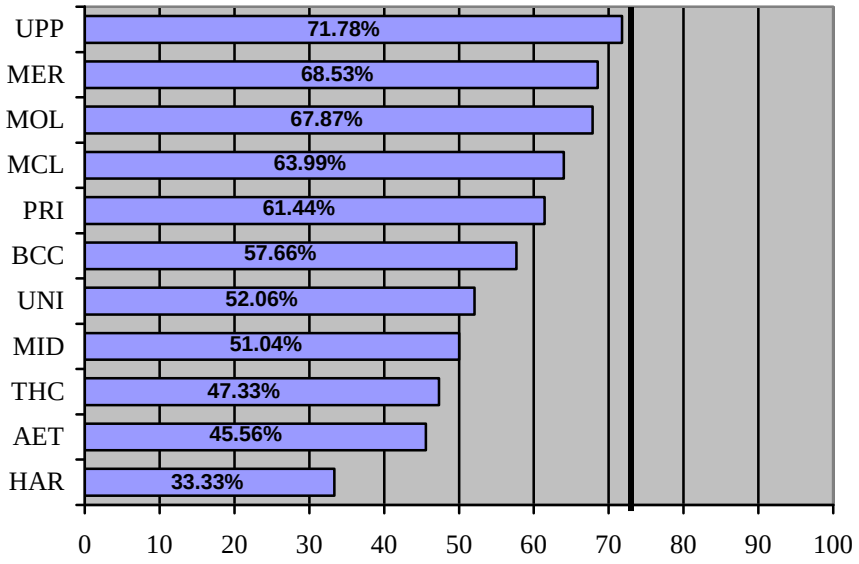
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary: Summary:** None of the plans met or exceeded the performance standard. Results ranged from 33.33% to 71.78%.

**Figure 4: Postpartum Care**




Postpartum Care Percentages

## *Childhood Immunizations*

**Measure**
Percentage of children who turned two years old during the measurement period and received the complete Combination 3 childhood immunization series. The Combination 3 immunization series consists of 4 DtaP/DT, 3 IPV, 1 MMR, 3 Hib, 3 HEPB, 1 VZV, and 4 PCV.

**Minimum Standard**
At or above 75%

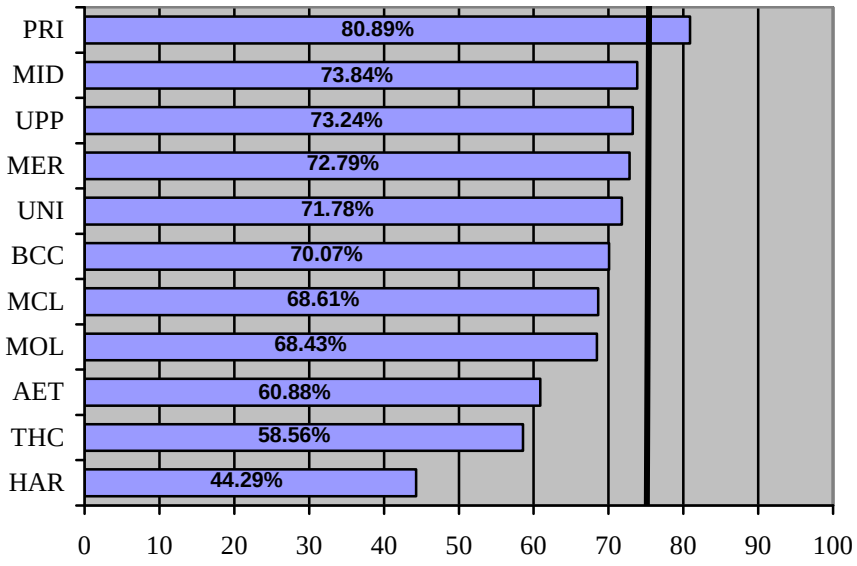
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** One plan met or exceeded the standard, while ten plans (AET, BCC, HAR, MCL, MER, MID, MOL, THC, UNI, and UPP) did not. Results ranged from 44.29% to 80.89%

**Figure 5: Childhood Immunizations**



## *Well-Child Visits First 15 Months*

**Measure**
Percentage of children who turned 15 months old during the measurement period, were continuously enrolled in the health plan from 31 days of age, and received at least six well-child visit(s) during their first 15 months of life.

**Minimum Standard**
At or above 71%

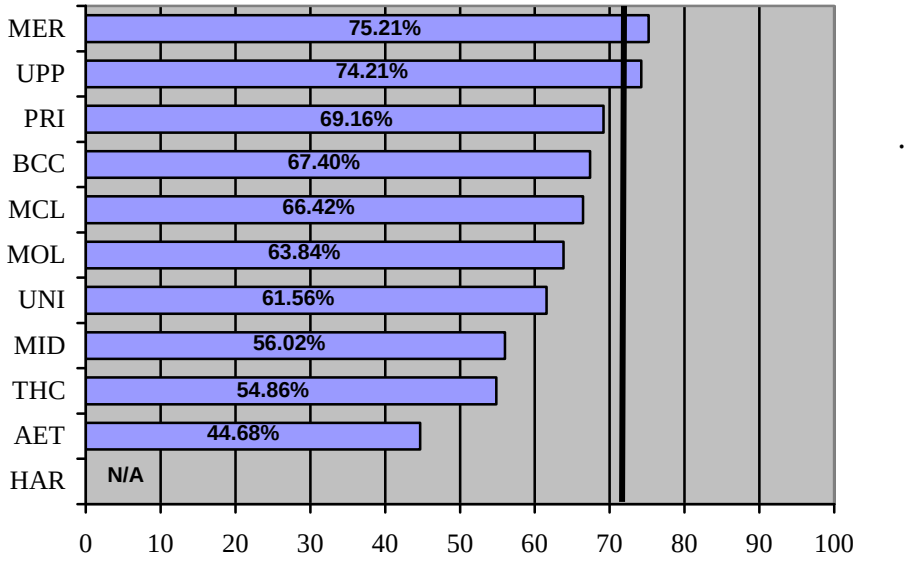
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** Two plans met or exceeded the standard, while eight plans (AET, BCC, MCL, MID, MOL, PRI, THC, and UNI) did not. Results ranged from 44.68% to 75.21%

**Figure 6: Well-Child Visits 0-15 Months[2]**




[2] A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

## *Well-Child Visits 3-6 Years Old*

**Measure**
Percentage of children who were three, four, five, or six years old, were continuously enrolled in the health plan, and received one or more well-child visit(s) during the measurement period.

**Minimum Standard**
At or above 79% (as shown on bar graph below)

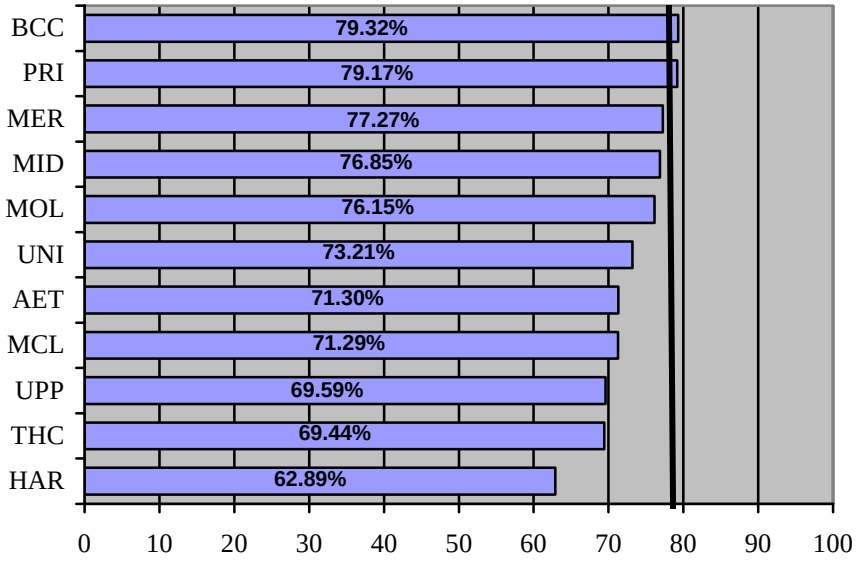
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** Two plans met or exceeded the standard, while nine plans (AET, HAR, MCL, MER, MID, MOL, THC, UNI, and UPP) did not. Results ranged from 62.89% to 79.32%

**Figure 7: Well-Child Visits 3-6 Years**



## *Adolescent Well Care Visits*

**Measure**
Percentage of members ages 12 to 21, who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

**Minimum Standard**
At or above 60% (as shown on bar graph below)

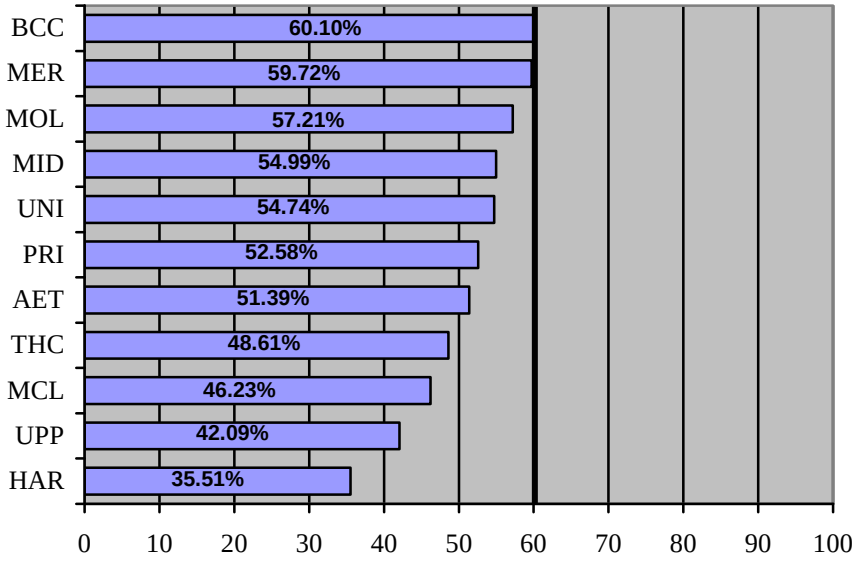
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** One plan met or exceeded the standard, while ten plans (AET, HAR, MCL, MER, MID, MOL, PRI, THC, UNI, and UPP) did not. Results ranged from 35.51% to 60.10%.

**Figure 8: Adolescent Well Care Visits**




Adolescent Well Care Visits Years Percentage

## *Appropriate Testing for Children with Pharyngitis*

**Measure**
Percentage of children ages two (2) to 18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

**Minimum Standard**
N/A –Informational Only
.

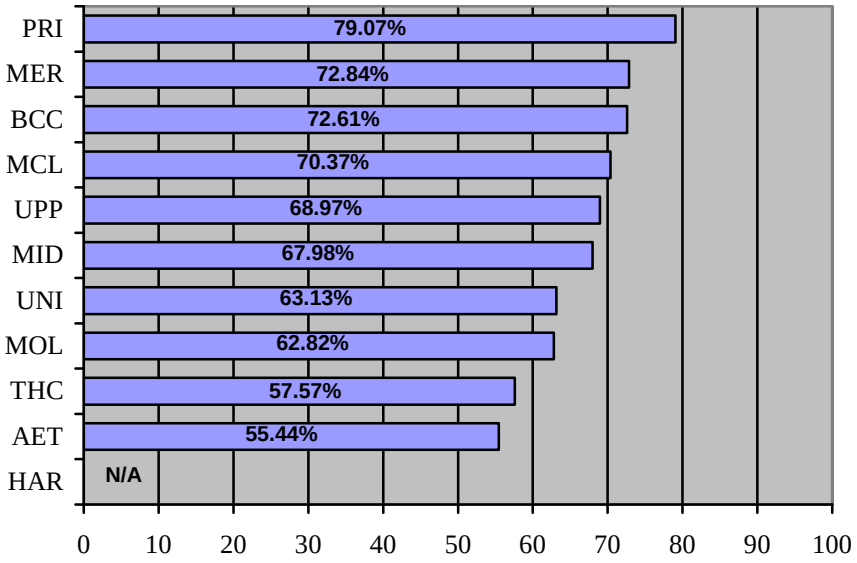
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** ***Data for this measure will not be reported this year.***

**Figure 9: Appropriate Testing for Children with Pharyngitis[3]**




Appropriate Testing for Children with Pharyngitis Percentage

[3] A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

## *Child Access to Care 12 to 24 Months*

**Measure**
Percentage of children ages 12 to 24 months, who had a visit with a PCP during the measurement year.

**Minimum Standard**
At or above 97% (as shown on bar graph below)

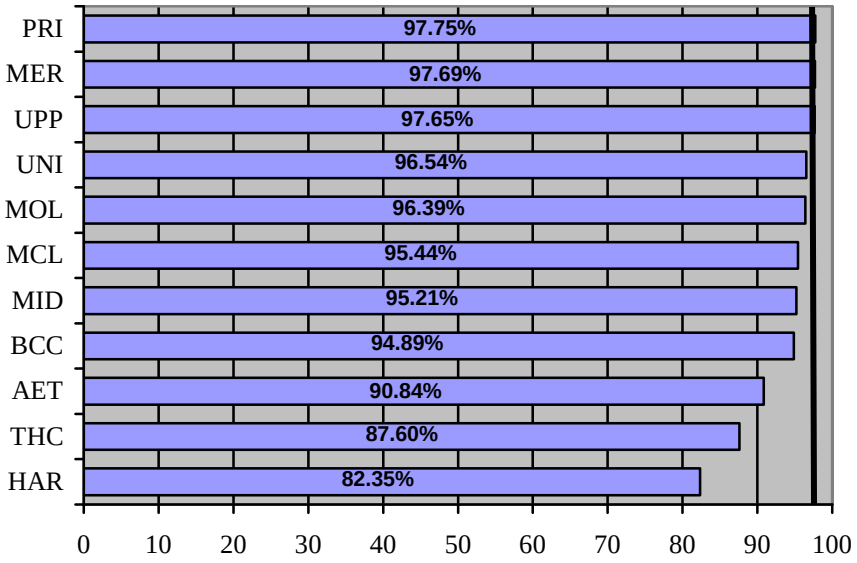
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** Three plans met or exceeded the standard, while eight plans (AET, BCC, HAR, MCL, MID, MOL, THC, and UNI) did not. Results ranged from 82.35 to 97.75%.

**Figure 10: Child Access to Care 12 to 24 Months**




Child Access to Care 12 to 24 Months Percentage

## *Child Access to Care 7 to 11 Years*

**Measure**
Percentage of children ages seven (7) to 11 years, who had a visit with a PCP during the measurement year.

**Minimum Standard**
At or above 92% (as shown on bar graph below)

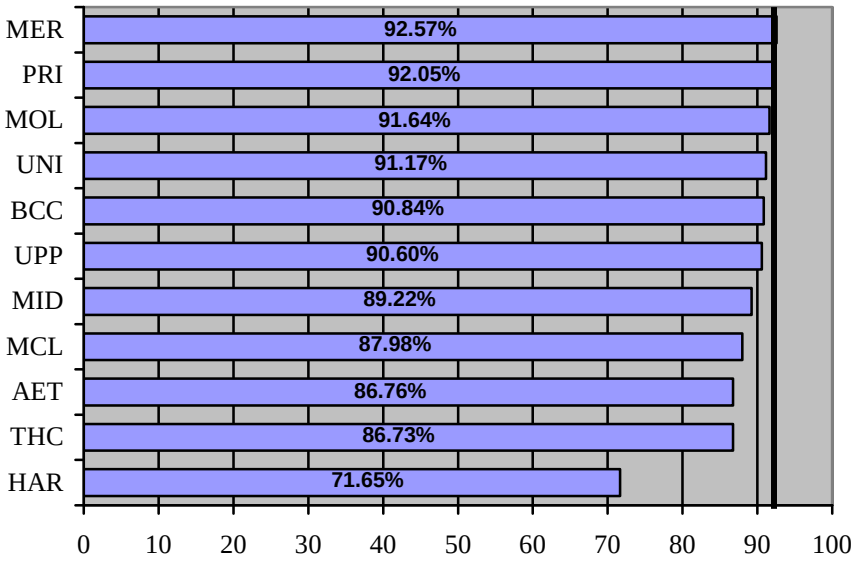
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** Two plans met or exceeded the standard, while nine plans (AET, BCC, HAR, MCL, MID, MOL, THC, UNI, and UPP) did not. Results ranged from 71.65% to 92.57%.

**Figure 11: Child Access to Care 7 to 11 Years**




Child Access to Care 7 to 11 Years Percentage

## *Comprehensive Diabetes Care: Hemoglobin A1c Testing*

**Measure**
Percentage of adults enrolled in a health plan between the ages of 18 and 75 with type 1 or type 2 diabetes who had a hemoglobin A1c (HbA1c) test during the measurement year.

**Standard**
At or above 87% (as shown on bar graph below)

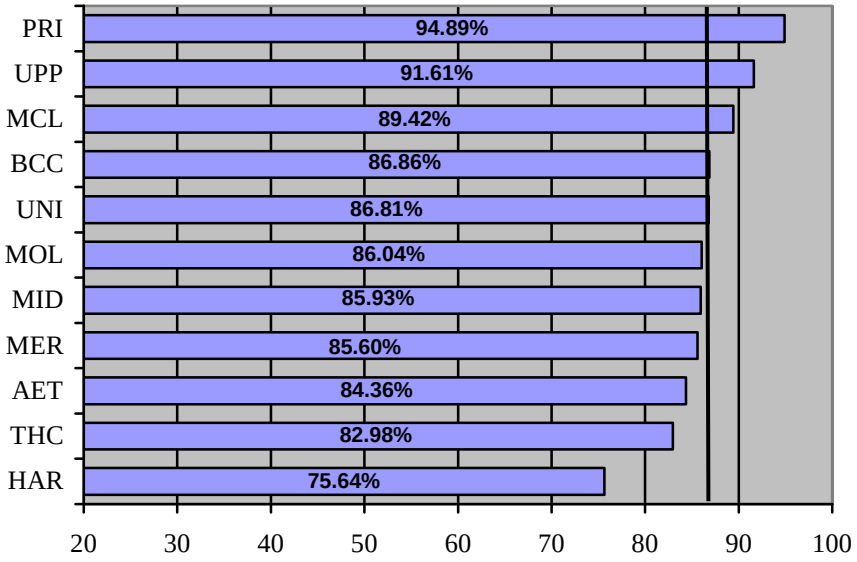
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** Three plans met or exceeded the standard, while eight plans (AET, BCC, HAR, MID, MER, MOL, THC, and UNI) did not. Results ranged from 75.64% to 94.89%.

**Figure 12: Comprehensive Diabetes Care: Hemoglobin A1c Testing**




Comprehensive Diabetes Care: Hemoglobin A1c Testing Percentages

## *Comprehensive Diabetes Care: Eye Exam*

**Measure**
Percentage of adults enrolled in a health plan between the ages of 18 and 75 with type 1 or type 2 diabetes who had a retinal eye exam performed during the measurement year.

**Standard**
N/A – Informational Only

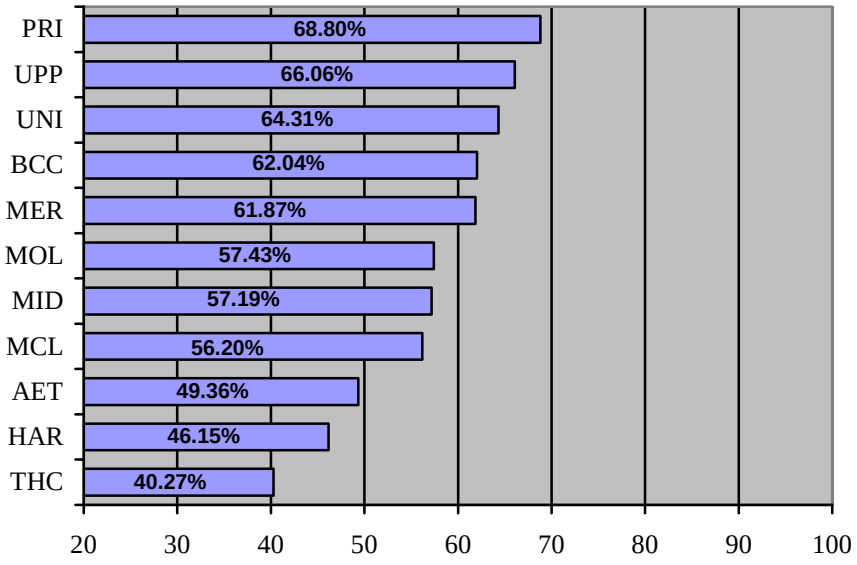
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** ***Data for this measure will not be reported this year.***

**Figure 13: Comprehensive Diabetes Care: Eye Exam**




Comprehensive Diabetes Care: Eye Exam Percentages

## *Breast Cancer Screening*

**Measure**
The percentage of women enrolled in a health plan between the ages of 50 and 74 who received a mammogram to screen for breast cancer during the measurement period or the two (2) years prior to the measurement period.

**Standard**
At or above 58% (as shown on bar graph below)

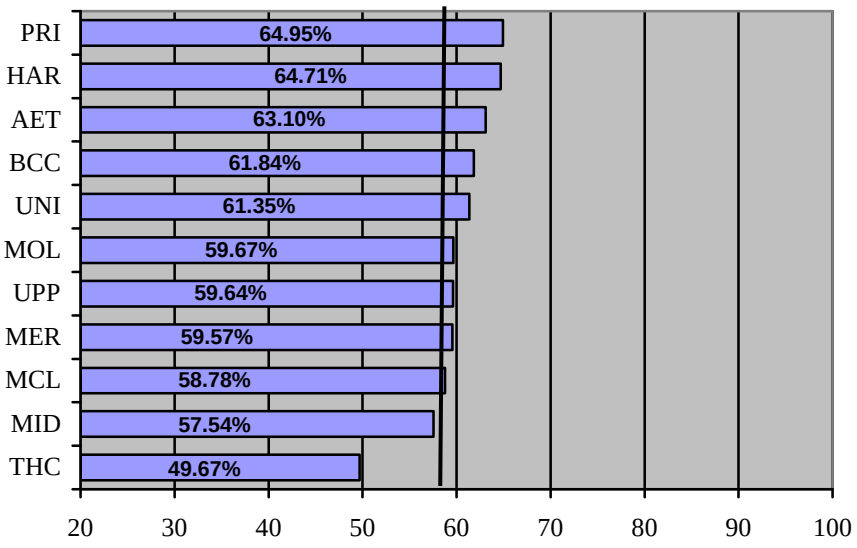
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** Nine plans met or exceeded the standard, while two plans (MID and THC) did not. Results ranged from 49.67% to 64.95%.

**Figure 14: Breast Cancer Screening**




Breast Cancer Screening Percentages

## *Chlamydia Screening in Woman - Total*

**Measure**
The percentage of women enrolled in a health plan between the ages of 16 and 24 who were identified as sexually active and who had at least one (1) test for chlamydia during the measurement period.

**Standard**
At or above 62% (as shown on bar graph below)

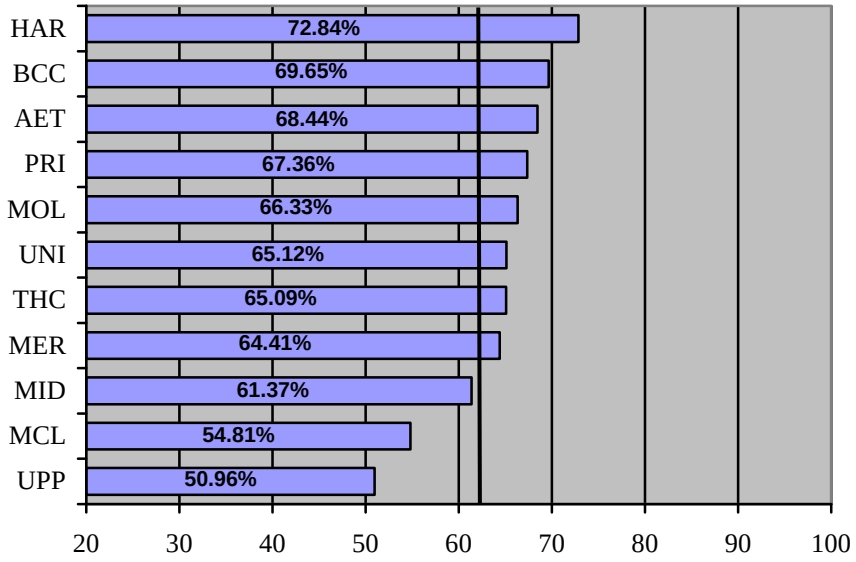
**Measurement Period**
Calendar Year 2015

**Data Source**
HEDIS 2016

**Measurement Frequency**
Annually

**Summary:** Eight plans met or exceeded the standard, while three plans (MCL, MID, and UPP) did not. Results ranged from 50.96% to 72.84%

**Figure 15: Chlamydia Screening in Women - Total**




Chlamydia Screening in Women-Total Percentages

# Appendix A: Composite Performance Monitoring Summary[4]

**January 2017**

| | AET | BCC | HAR | MCL | MER | MID | MOL | PRI | THC | UNI | UPP | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Timeliness Prenatal Care | **N** | **N** | **N** | **N** | Y | **N** | **N** | **N** | **N** | **N** | Y | **2 / 11** |
| Postpartum Care | **N** | **N** | **N** | **N** | **N** | **N** | **N** | **N** | **N** | **N** | **N** | **0 / 11** |
| Childhood Immunizations | **N** | **N** | **N** | **N** | **N** | **N** | **N** | Y | **N** | **N** | **N** | **1 / 11** |
| Well-Child 0 to 15 months | **N** | **N** | N/A | **N** | Y | **N** | **N** | **N** | **N** | **N** | Y | **2 / 10** |
| Well-Child 3 to 6 years | **N** | Y | **N** | **N** | **N** | **N** | **N** | Y | **N** | **N** | **N** | **2 / 11** |
| Adolescent Well-Care | **N** | Y | **N** | **N** | **N** | **N** | **N** | **N** | **N** | **N** | **N** | **1 / 11** |
| Pharyngitis Testing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Child-Access 12 to 24 months | **N** | **N** | **N** | **N** | Y | **N** | **N** | Y | **N** | **N** | Y | **3 / 11** |
| Child-Access 7 to11years | **N** | **N** | **N** | **N** | Y | **N** | **N** | Y | **N** | **N** | **N** | **2 / 11** |
| Comp. Diabetes Care: HbA1c | **N** | **N** | **N** | Y | **N** | **N** | **N** | Y | **N** | **N** | Y | **3 / 11** |
| Comp. Diabetes Care: Eye Exam | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Breast Cancer Screening | Y | Y | Y | Y | Y | **N** | Y | Y | **N** | Y | Y | **9 / 11** |
| Chlamydia Screening | Y | Y | Y | **N** | Y | **N** | Y | Y | Y | Y | **N** | **8 / 11** |
| **Total Standards Achieved** | **2** | **4** | **2** | **2** | **6** | **0** | **2** | **7** | **1** | **2** | **5** | |

[4] "N/A" in the Well-Child Visits 0 to 15 months row represents plans who had a denominator under 5 or a numerator under 30. "N/A" for Pharyngitis Testing and Comprehensive Diabetes Care: Eye Exam

## Appendix B: Three Letter MHP Codes

Below is a list of three letter codes established by MDHHS identifying each Medicaid Health Plan.

| | |
|---|---|
| AET | Aetna Better Health of Michigan |
| BCC | Blue Cross Complete of Michigan, Inc. |
| HAR | Harbor Health Plan, Inc. |
| MCL | McLaren Health Plan |
| MER | Meridian Health Plan |
| MID | HAP Midwest Health Plan, Inc. |
| MOL | Molina Healthcare of Michigan |
| PRI | Priority Health Choice |
| THC | Total Health Care |
| UNI | UnitedHealthcare Community Plan |
| UPP | Upper Peninsula Health Plan |

# Appendix C: One Year Plan-Specific Analysis

## Aetna Better Health of Michigan – AET

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | Calendar Year 2015 | 86% | 62.38% | No |
| Postpartum Care | Calendar Year 2015 | 72% | 45.56% | No |
| Childhood Immunization | Calendar Year 2015 | 75% | 60.88% | No |
| Well-Child 0 to 15 Months | Calendar Year 2015 | 71% | 44.68% | No |
| Well-Child 3 to 6 Years | Calendar Year 2015 | 79% | 71.30% | No |
| Adolescent Well-Care Visits | Calendar Year 2015 | 60% | 51.39% | No |
| Appropriate Testing for Children with Pharyngitis | Calendar Year 2015 | N/A | 55.44% | N/A |
| Child Access to Care 12 to 24 Months | Calendar Year 2015 | 97% | 90.84% | No |
| Child Access to Care 7 to 11 Years | Calendar Year 2015 | 92% | 86.76% | No |
| Diabetes Care: Hemoglobin A1c Testing | Calendar Year 2015 | 87% | 84.36% | No |
| Diabetes Care: Eye Exam | Calendar Year 2015 | N/A | 49.36% | NA |
| Breast Cancer Screening | Calendar Year 2015 | 58% | 63.10% | Yes |
| Chlamydia Screening | Calendar Year 2015 | 62% | 68.44% | Yes |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Blue Cross Complete of Michigan, Inc. – BCC

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | Calendar Year 2015 | 86% | 80.54% | No |
| Postpartum Care | Calendar Year 2015 | 72% | 57.66% | No |
| Childhood Immunization | Calendar Year 2015 | 75% | 70.07% | No |
| Well-Child 0 to 15 Months | Calendar Year 2015 | 71% | 67.40% | No |
| Well-Child 3 to 6 Years | Calendar Year 2015 | 79% | 79.32% | Yes |
| Adolescent Well-Care Visits | Calendar Year 2015 | 60% | 60.10% | Yes |
| Appropriate Testing for Children with Pharyngitis | Calendar Year 2015 | N/A | 72.61% | N/A |
| Child Access to Care 12 to 24 Months | Calendar Year 2015 | 97% | 94.89% | No |
| Child Access to Care 7 to 11 Years | Calendar Year 2015 | 92% | 90.84% | No |
| Diabetes Care: Hemoglobin A1c Testing | Calendar Year 2015 | 87% | 86.86% | No |
| Diabetes Care: Eye Exam | Calendar Year 2015 | N/A | 62.04% | NA |
| Breast Cancer Screening | Calendar Year 2015 | 58% | 61.84% | Yes |
| Chlamydia Screening | Calendar Year 2015 | 62% | 69.65% | Yes |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Harbor Health Plan, Inc. – HAR

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | **Calendar Year 2015** | **86%** | **34.41%** | **No** |
| Postpartum Care | **Calendar Year 2015** | **72%** | **33.33%** | **No** |
| Childhood Immunization | **Calendar Year 2015** | **75%** | **44.29%** | **No** |
| Well-Child 0 to 15 Months | **Calendar Year 2015** | **71%** | **N/A** | **N/A** |
| *****A rate was not calculated for plans with a numerator under 5 or a denominator under 30. | | | | |
| Well-Child 3 to 6 Years | **Calendar Year 2015** | **79%** | **62.89%** | **No** |
| Adolescent Well-Care Visits | **Calendar Year 2015** | **60%** | **35.51%** | **No** |
| Appropriate Testing for Children with Pharyngitis | **Calendar Year 2015** | **N/A** | **N/A** | **N/A** |
| *****A rate was not calculated for plans with a numerator under 5 or a denominator under 30. | | | | |
| Child Access to Care 12 to 24 Months | **Calendar Year 2015** | **97%** | **82.35%** | **No** |
| Child Access to Care 7 to 11 Years | **Calendar Year 2015** | **92%** | **71.65%** | **No** |
| Diabetes Care: Hemoglobin A1c Testing | **Calendar Year 2015** | **87%** | **75.64%** | **No** |
| Diabetes Care: Eye Exam | **Calendar Year 2015** | **N/A** | **46.15%** | **NA** |
| Breast Cancer Screening | **Calendar Year 2015** | **58%** | **64.71%** | **Yes** |
| Chlamydia Screening | **Calendar Year 2015** | **62%** | **72.84%** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## McLaren Health Plan – MCL

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | Calendar Year 2015 | 86% | 76.40% | No |
| Postpartum Care | Calendar Year 2015 | 72% | 63.99% | No |
| Childhood Immunization | Calendar Year 2015 | 75% | 68.61% | No |
| Well-Child 0 to 15 Months | Calendar Year 2015 | 71% | 66.42% | No |
| Well-Child 3 to 6 Years | Calendar Year 2015 | 79% | 71.29% | No |
| Adolescent Well-Care Visits | Calendar Year 2015 | 60% | 46.23% | No |
| Appropriate Testing for Children with Pharyngitis | Calendar Year 2015 | N/A | 70.37% | N/A |
| Child Access to Care 12 to 24 Months | Calendar Year 2015 | 97% | 95.44% | No |
| Child Access to Care 7 to 11 Years | Calendar Year 2015 | 92% | 87.98% | No |
| Diabetes Care: Hemoglobin A1c Testing | Calendar Year 2015 | 87% | 89.42% | Yes |
| Diabetes Care: Eye Exam | Calendar Year 2015 | N/A | 56.20% | N/A |
| Breast Cancer Screening | Calendar Year 2015 | 58% | 58.78% | Yes |
| Chlamydia Screening | Calendar Year 2015 | 62% | 54.81% | Yes |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Meridian Health Plan – MER

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | **Calendar Year 2015** | **86%** | **88.11%** | **Yes** |
| Postpartum Care | **Calendar Year 2015** | **72%** | **68.53%** | **No** |
| Childhood Immunization | **Calendar Year 2015** | **75%** | **72.79%** | **No** |
| Well-Child 0 to 15 Months | **Calendar Year 2015** | **71%** | **75.21%** | **Yes** |
| Well-Child 3 to 6 Years | **Calendar Year 2015** | **79%** | **77.27%** | **No** |
| Adolescent Well-Care Visits | **Calendar Year 2015** | **60%** | **59.72%** | **No** |
| Appropriate Testing for Children with Pharyngitis | **Calendar Year 2015** | **N/A** | **72.84%** | **N/A** |
| Child Access to Care 12 to 24 Months | **Calendar Year 2015** | **97%** | **97.69%** | **Yes** |
| Child Access to Care 7 to 11 Years | **Calendar Year 2015** | **92%** | **92.57%** | **Yes** |
| Diabetes Care: Hemoglobin A1c Testing | **Calendar Year 2015** | **87%** | **85.60%** | **No** |
| Diabetes Care: Eye Exam | **Calendar Year 2015** | **N/A** | **61.87%** | **NA** |
| Breast Cancer Screening | **Calendar Year 2015** | **58%** | **59.57%** | **Yes** |
| Chlamydia Screening | **Calendar Year 2015** | **62%** | **64.41%** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## HAP Midwest Health Plan, Inc. – MID

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | Calendar Year 2015 | 86% | 71.93% | No |
| Postpartum Care | Calendar Year 2015 | 72% | 51.04% | No |
| Childhood Immunization | Calendar Year 2015 | 75% | 73.84% | No |
| Well-Child 0 to 15 Months | Calendar Year 2015 | 71% | 56.02% | No |
| Well-Child 3 to 6 Years | Calendar Year 2015 | 79% | 76.85% | No |
| Adolescent Well-Care Visits | Calendar Year 2015 | 60% | 54.99% | No |
| Appropriate Testing for Children with Pharyngitis | Calendar Year 2015 | N/A | 67.98% | N/A |
| Child Access to Care 12 to 24 Months | Calendar Year 2015 | 97% | 95.21% | No |
| Child Access to Care 7 to 11 Years | Calendar Year 2015 | 92% | 89.22% | No |
| Diabetes Care: Hemoglobin A1c Testing | Calendar Year 2015 | 87% | 85.93% | No |
| Diabetes Care: Eye Exam | Calendar Year 2015 | N/A | 57.19% | NA |
| Breast Cancer Screening | Calendar Year 2015 | 58% | 57.54% | No |
| Chlamydia Screening | Calendar Year 2015 | 62% | 61.37% | No |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Molina Healthcare of Michigan – MOL

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | **Calendar Year 2015** | **86%** | **78.20%** | **No** |
| Postpartum Care | **Calendar Year 2015** | **72%** | **67.87%** | **No** |
| Childhood Immunization | **Calendar Year 2015** | **75%** | **68.43%** | **No** |
| Well-Child 0 to 15 Months | **Calendar Year 2015** | **71%** | **63.84%** | **No** |
| Well-Child 3 to 6 Years | **Calendar Year 2015** | **79%** | **76.15%** | **No** |
| Adolescent Well-Care Visits | **Calendar Year 2015** | **60%** | **57.21%** | **No** |
| Appropriate Testing for Children with Pharyngitis | **Calendar Year 2015** | **N/A** | **62.82%** | **N/A** |
| Child Access to Care 12 to 24 Months | **Calendar Year 2015** | **97%** | **96.39%** | **No** |
| Child Access to Care 7 to 11 Years | **Calendar Year 2015** | **92%** | **91.64%** | **No** |
| Diabetes Care: Hemoglobin A1c Testing | **Calendar Year 2015** | **87%** | **86.04%** | **No** |
| Diabetes Care: Eye Exam | **Calendar Year 2015** | **N/A** | **57.43%** | **NA** |
| Breast Cancer Screening | **Calendar Year 2015** | **58%** | **59.67%** | **Yes** |
| Chlamydia Screening | **Calendar Year 2015** | **62%** | **66.33%** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Priority Health Choice – PRI

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | Calendar Year 2015 | 86% | 63.56% | No |
| Postpartum Care | Calendar Year 2015 | 72% | 61.44% | No |
| Childhood Immunization | Calendar Year 2015 | 75% | 80.89% | Yes |
| Well-Child 0 to 15 Months | Calendar Year 2015 | 71% | 69.16% | No |
| Well-Child 3 to 6 Years | Calendar Year 2015 | 79% | 79.17% | Yes |
| Adolescent Well-Care Visits | Calendar Year 2015 | 60% | 52.58% | No |
| Appropriate Testing for Children with Pharyngitis | Calendar Year 2015 | N/A | 79.07% | N/A |
| Child Access to Care 12 to 24 Months | Calendar Year 2015 | 97% | 97.75% | Yes |
| Child Access to Care 7 to 11 Years | Calendar Year 2015 | 92% | 92.05% | Yes |
| Diabetes Care: Hemoglobin A1c Testing | Calendar Year 2015 | 87% | 94.89% | Yes |
| Diabetes Care: Eye Exam | Calendar Year 2015 | N/A | 68.80% | NA |
| Breast Cancer Screening | Calendar Year 2015 | 58% | 64.95% | Yes |
| Chlamydia Screening | Calendar Year 2015 | 62% | 67.36% | Yes |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Total Health Care – THC

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | Calendar Year 2015 | 86% | 68.91% | No |
| Postpartum Care | Calendar Year 2015 | 72% | 47.33% | No |
| Childhood Immunization | Calendar Year 2015 | 75% | 58.56% | No |
| Well-Child 0 to 15 Months | Calendar Year 2015 | 71% | 54.86% | No |
| Well-Child 3 to 6 Years | Calendar Year 2015 | 79% | 69.44% | No |
| Adolescent Well-Care Visits | Calendar Year 2015 | 60% | 48.61% | No |
| Appropriate Testing for Children with Pharyngitis | Calendar Year 2015 | N/A | 57.57% | N/A |
| Child Access to Care 12 to 24 Months | Calendar Year 2015 | 97% | 87.60% | No |
| Child Access to Care 7 to 11 Years | Calendar Year 2015 | 92% | 86.73% | No |
| Diabetes Care: Hemoglobin A1c Testing | Calendar Year 2015 | 87% | 82.98% | No |
| Diabetes Care: Eye Exam | Calendar Year 2015 | N/A | 40.27% | NA |
| Breast Cancer Screening | Calendar Year 2015 | 58% | 49.67% | No |
| Chlamydia Screening | Calendar Year 2015 | 62% | 65.09% | Yes |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## UnitedHealthcare Community Plan – UNI

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | **Calendar Year 2015** | **86%** | **76.03%** | **No** |
| Postpartum Care | **Calendar Year 2015** | **72%** | **52.06%** | **No** |
| Childhood Immunization | **Calendar Year 2015** | **75%** | **71.78%** | **No** |
| Well-Child 0 to 15 Months | **Calendar Year 2015** | **71%** | **61.56%** | **No** |
| Well-Child 3 to 6 Years | **Calendar Year 2015** | **79%** | **73.21%** | **No** |
| Adolescent Well-Care Visits | **Calendar Year 2015** | **60%** | **54.74%** | **No** |
| Appropriate Testing for Children with Pharyngitis | **Calendar Year 2015** | **N/A** | **63.13%** | **N/A** |
| Child Access to Care 12 to 24 Months | **Calendar Year 2015** | **97%** | **96.54%** | **No** |
| Child Access to Care 7 to 11 Years | **Calendar Year 2015** | **92%** | **91.17%** | **No** |
| Diabetes Care: Hemoglobin A1c Testing | **Calendar Year 2015** | **87%** | **86.81%** | **No** |
| Diabetes Care: Eye Exam | **Calendar Year 2015** | **N/A** | **64.31%** | **NA** |
| Breast Cancer Screening | **Calendar Year 2015** | **58%** | **61.35%** | **Yes** |
| Chlamydia Screening | **Calendar Year 2015** | **62%** | **65.12%** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Upper Peninsula Health Plan – UPP

***HEDIS:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Timeliness of Prenatal Care | Calendar Year 2015 | 86% | 86.13% | Yes |
| Postpartum Care | Calendar Year 2015 | 72% | 71.78% | No |
| Childhood Immunization | Calendar Year 2015 | 75% | 73.24% | No |
| Well-Child 0 to 15 Months | Calendar Year 2015 | 71% | 74.21% | Yes |
| Well-Child 3 to 6 Years | Calendar Year 2015 | 79% | 69.59% | No |
| Adolescent Well-Care Visits | Calendar Year 2015 | 60% | 42.09% | No |
| Appropriate Testing for Children with Pharyngitis | Calendar Year 2015 | N/A | 68.97% | N/A |
| Child Access to Care 12 to 24 Months | Calendar Year 2015 | 97% | 97.65% | Yes |
| Child Access to Care 7 to 11 Years | Calendar Year 2015 | 92% | 90.60% | No |
| Diabetes Care: Hemoglobin A1c Testing | Calendar Year 2015 | 87% | 91.61% | Yes |
| Diabetes Care: Eye Exam | Calendar Year 2015 | N/A | 66.06% | NA |
| Breast Cancer Screening | Calendar Year 2015 | 58% | 59.64% | Yes |
| Chlamydia Screening | Calendar Year 2015 | 62% | 50.96% | No |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

# *PERFORMANCE MONITORING REPORT*

# *HEALTHY MICHIGAN PLAN*

## Composite – All Plans



**April 2017**

Produced by:
Quality Improvement and Program Development – Managed Care Plan Division

## Table of Contents



## Healthy Michigan Plan



## Appendixes



## Figures



## Tables

## Executive Summary

This Performance Monitoring Report (PMR) is produced by the Quality Improvement and Program Development (QIPD) Section of the Managed Care Plan Division (MCPD) to track quality, access, and utilization in the Michigan Medicaid program to better support high quality care for beneficiaries.

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through twenty-six (26) key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include Medicaid Managed Care specific measures, Healthy Michigan Plan (HMP) measures, and HEDIS measures. **This report focuses only on the Healthy Michigan Plan (HMP) measures.** The following HMP measures will be included in this report:

| **Healthy Michigan Plan** | | | | |
|---|---|---|---|---|
| *Adults' Generic Drug Utilization* | *Timely Completion of HRA* | *Outreach & Engagement to Facilitate Entry to PCP* | *Plan All-Cause Acute 30-Day Readmissions* | *Adults' Access to Ambulatory Health Services* |

Data for these five measures are represented on a quarterly basis. The body of the report contains a cross-plan analysis of the most current data available for each of these measures. A composite summary of plan performance for all standards is displayed in Appendix A. Appendix B contains specific three letter codes identifying each of the MHPs. Appendix C contains the one-year plan specific analysis for each measure.

## Measurement Frequency

The data for each performance measure in this report will be run and represented on a quarterly basis. Measurement Periods may vary and are based on the specifications for that individual measure. In addition to this, Figures 3 through 7 depict only Managed Care Plan data, and not Fee-For-Service (FFS) data.

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2017 unless otherwise noted.

**Table 1: Fiscal Year 2017**

| Quarterly Reported Measures | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | 11/11 | 11/11 | | |
| Timely Completion of Initial HRA | 2/11 | 1/11 | | |
| Outreach & Engagement to Facilitate Entry to PCP | 0/11 | 0/11 | | |
| Plan All-Cause Acute 30-Day Readmissions | 2/10 | 2/10 | | |
| Adults' Access to Ambulatory Health Services | 5/11 | 5/11 | | |

## Managed Care Enrollment

The Healthy Michigan Plan (HMP-MC) enrollment has increased slightly over the past year. In April 2017. Unfortunately May 2016 HMP-MC enrollment data is unavailable. An increase of 16,923 enrollees (3.2%) was realized between March 2017 and April 2017.

**Figure 1: HMP-MC Enrollment, May 2016 – April 2017[1]**

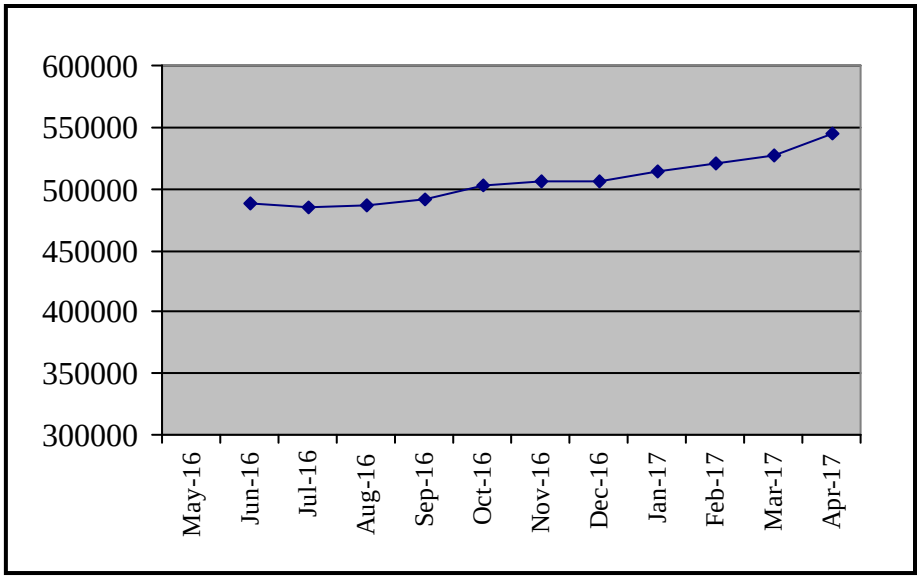
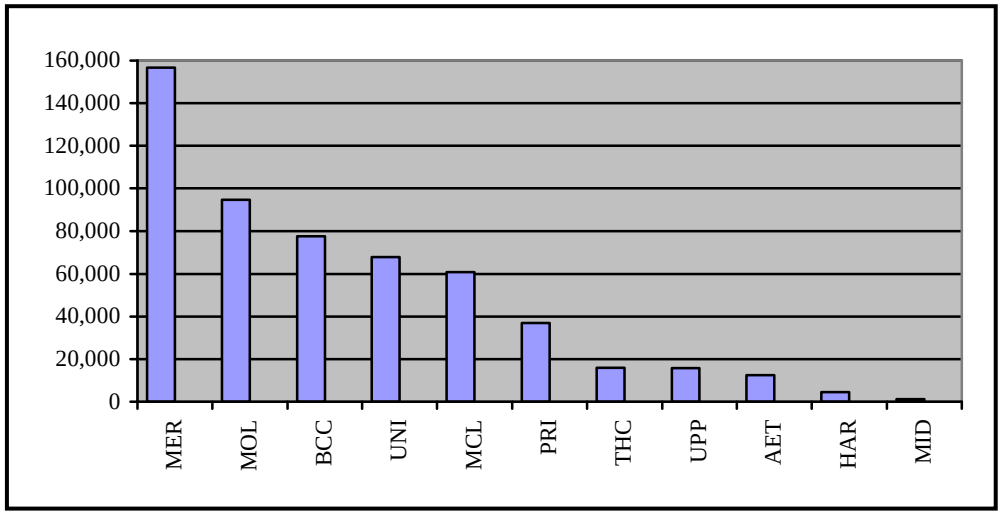



**Figure 2: HMP-MC Enrollment by Medicaid Health Plan, April 2017**




[1] Enrollment data was not available for HMP-MC Enrollment for May 2016 at the time of publication.

## Medicaid Health Plan News

The Performance Monitoring Report contains data for all Michigan Medicaid Health Plans, where data is available. Eleven Medicaid Health Plans are contracted with the State of Michigan to provide comprehensive health care services.

## Cross-Plan Performance Monitoring Analyses

The following section includes a cross-plan analysis for each performance measure. An analysis of the most current data available for each performance measure is included. For detailed questions regarding measurement periods or standards, see the Performance Monitoring Specifications.

## *Adults' Generic Drug Utilization*

**Measure**
Percentage of generic prescriptions filled for adult members of health plans during the measurement period.

**Standard**
At or above 80% (as shown on bar graph below)

**Measurement Period**
July 2016 –September 2016

**Data Source**
MDHHS Data Warehouse

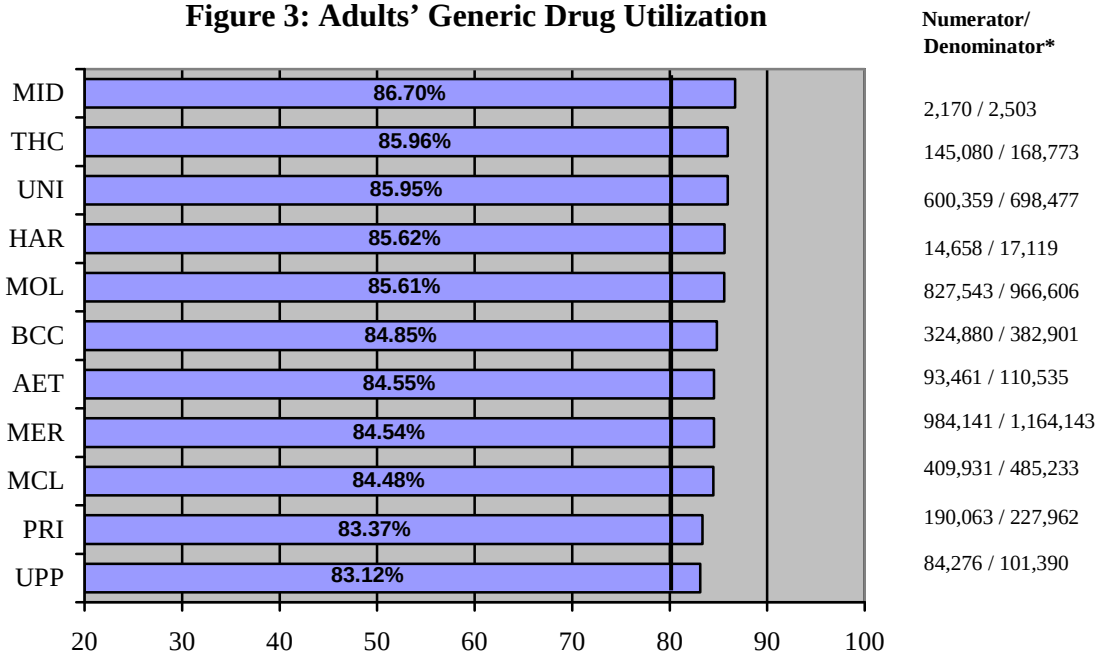
**Measurement Frequency**
Quarterly

**Summary:** All of the plans met or exceeded the standard. Results ranged from 83.12% to 86.70%.

**Table 2: Comparison across Medicaid Programs**

| Medicaid Program | Numerator | Denominator | Percentage |
|---|---|---|---|
| Michigan Medicaid All | 3,771,541 | 4,465,372 | 84.46% |
| Fee For Service (FFS) only | 22,561 | 49,488 | 45.59% |
| Managed Care only | 3,691,634 | 4,343,424 | 84.99% |
| MA-MC | 1,958,394 | 2,314,991 | 84.60% |
| HMP-MC | 1,694,296 | 1,982,902 | 85.45% |

**Figure 3: Adults' Generic Drug Utilization**




Adult's Generic Drug Utilization Percentages

*Numerator depicts the number of eligible beneficiaries who had generic prescriptions filled. Denominator depicts the total number of eligible beneficiaries.

## *Timely Completion of Initial Health Risk Assessment*

**Measure**
Percentage of Healthy Michigan Plan beneficiaries enrolled in a health plan who had a Health Risk Assessment (HRA) completed within 150 days of enrollment in a health plan.

**Standard**
At or above 15% (as shown on bar graph below)

**Enrollment Dates**
April 2016 – June 2016

**Data Source**
MDHHS Data Warehouse

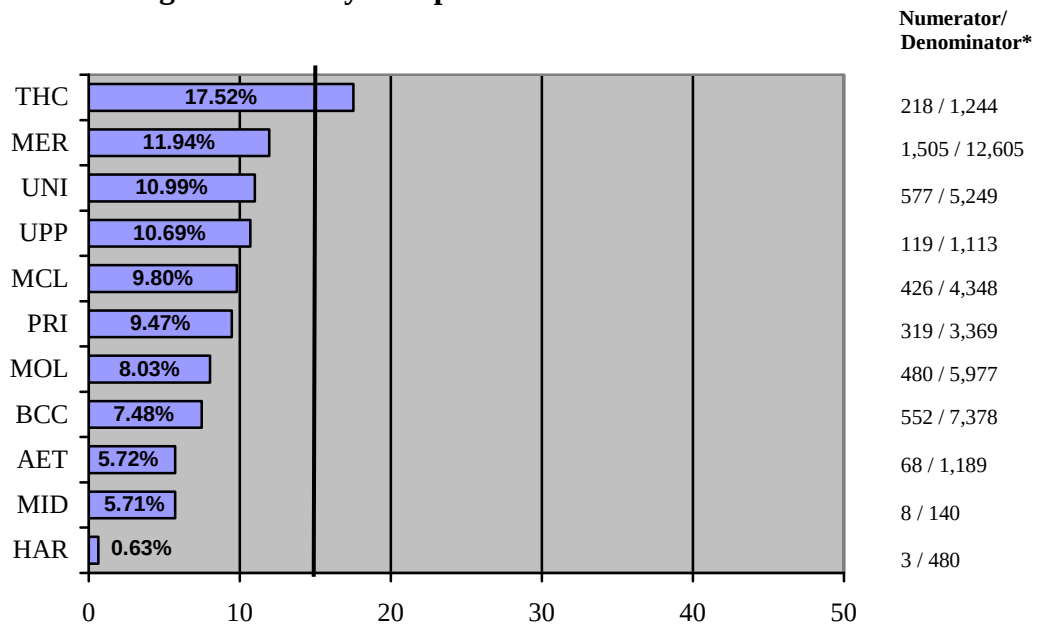
**Measurement Frequency**
Quarterly

**Summary:** One plan met or exceeded the standard, while ten plans (AET, BCC, HAR, MCL, MER, MID, MOL, PRI, UNI, and UPP). Results ranged from 0.63% to 17.52%.

**Table 3: Program Total[2]**

| Medicaid Program | Numerator | Denominator | Percentage |
|---|---|---|---|
| HMP-MC | 4,275 | 43,092 | 9.92% |

**Figure 4: Timely Completion of Initial HRA**




Timely Completion of Initial HRA Percentages

*Numerator depicts the number of eligible beneficiaries who completed an HRA within 150 days of enrollment in a health plan. Denominator depicts the total number of eligible beneficiaries.

[2] This includes HRAs completed during the HMP FFS period prior to enrollment in a Medicaid health plan.

## *Outreach and Engagement to Facilitate Entry to Primary Care*

**Measure**
Percentage of Healthy Michigan Plan health plan enrollees who have an ambulatory or preventive care visit within 150 days of enrollment into a health plan who had not previously had an ambulatory or preventive care visit since enrollment in Healthy Michigan Plan.

**Standard**
At or above 60% (as shown on bar graph below)

**Enrollment Dates**
April 2016 – June 2016

**Data Source**
MDHHS Data Warehouse

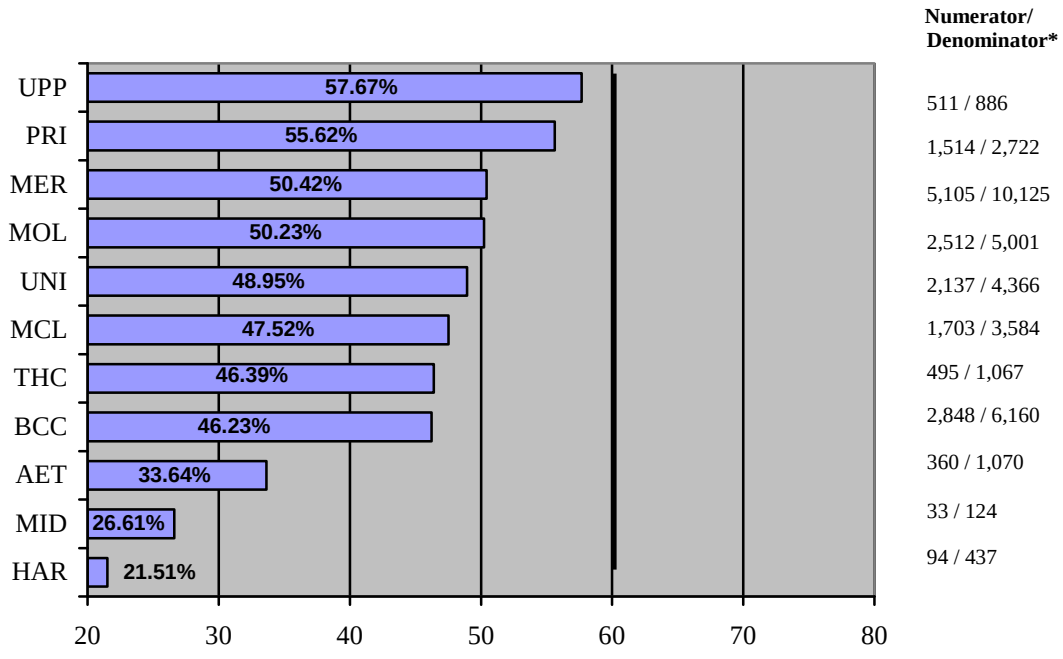
**Measurement Frequency**
Quarterly

**Summary:** None of the plans met or exceeded the standard. Results ranged from 21.51% to 57.67%.

**Table 4: Program Total[3]**

| Medicaid Program | Numerator | Denominator | Percentage |
|---|---|---|---|
| HMP-MC | 24,862 | 43,092 | 57.70% |

**Figure 5: Outreach & Engagement to Facilitate Entry to Primary Care**




Outreach & Engagement to Facilitate Entry to Primary Care Percentages

*Numerator depicts the number of eligible beneficiaries who had an ambulatory or preventive care visit within 150 days of enrollment in a health plan. Denominator depicts the total number of eligible beneficiaries.

[3] This includes visits during the HMP FFS period prior to enrollment in a Medicaid health plan.

## *Plan All-Cause Acute 30-Day Readmissions*

**Measure**
The percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.

**Standard**
At or below 16% (as shown on bar graph below)

**Enrollment Dates**
October 2015 –September 2016

**Data Source**
MDHHS Data Warehouse

**Measurement Frequency**
Quarterly

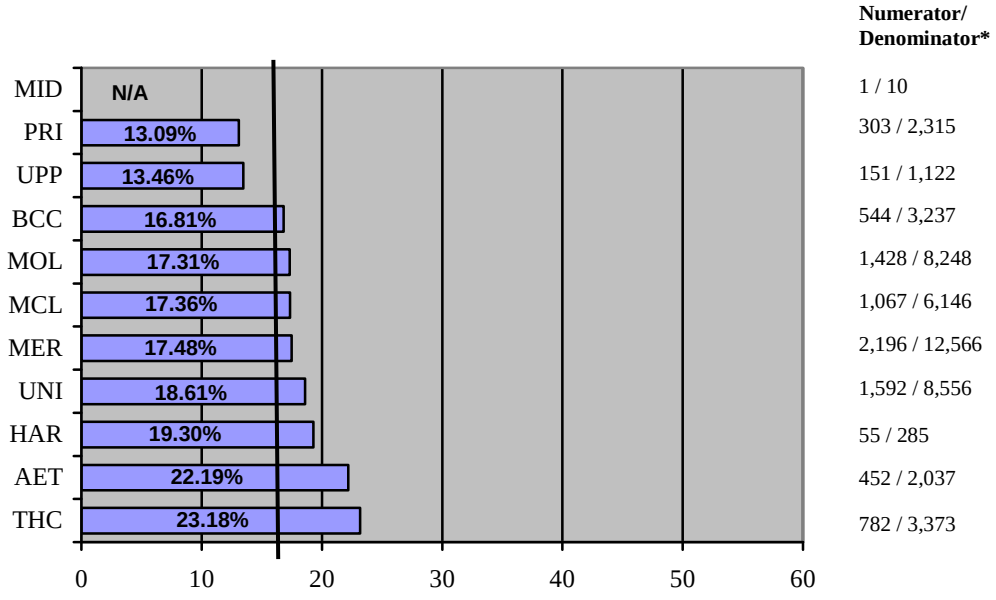
**Summary:** Two of the plans met or exceeded the standard, while eight plans (AET, BCC, HAR, MCL, MER, MOL, THC, and UNI) did not. Results ranged from 13.09% to 23.18%.

*****This is a reverse measure. A lower rate indicates better performance.***

**Table 5: Comparison across Medicaid Programs**

| Medicaid Program | Numerator | Denominator | Percentage |
|---|---|---|---|
| Michigan Medicaid All | 13,889 | 77,348 | 17.96% |
| Fee For Service (FFS) only | 631 | 2,843 | 22.19% |
| Managed Care only | 10,207 | 56,486 | 18.07% |
| MA-MC | 7,602 | 36,787 | 20.66% |
| HMP-MC | 1,998 | 15,918 | 12.55% |

**Figure 6: Plan All-Cause Acute 30-Day Readmissions[4]**




Plan All-Cause Acute 30-Day Readmissions Percentages

*Numerator depicts the number of acute readmissions for any diagnosis within 30 days of an Index Discharge Date. Denominator depicts the total number of Index Discharge dates during the measurement year, not enrollees.

[4] A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

## *Adults' Access to Ambulatory Health Services*

**Measure**
The percentage of adults 19 to 64 years old who had an ambulatory or preventive care visit during the measurement period.

**Standard**
At or above 83% (as shown on bar graph below)

**Measurement Period**
October 2015 – September 2016

**Data Source**
MDHHS Data Warehouse

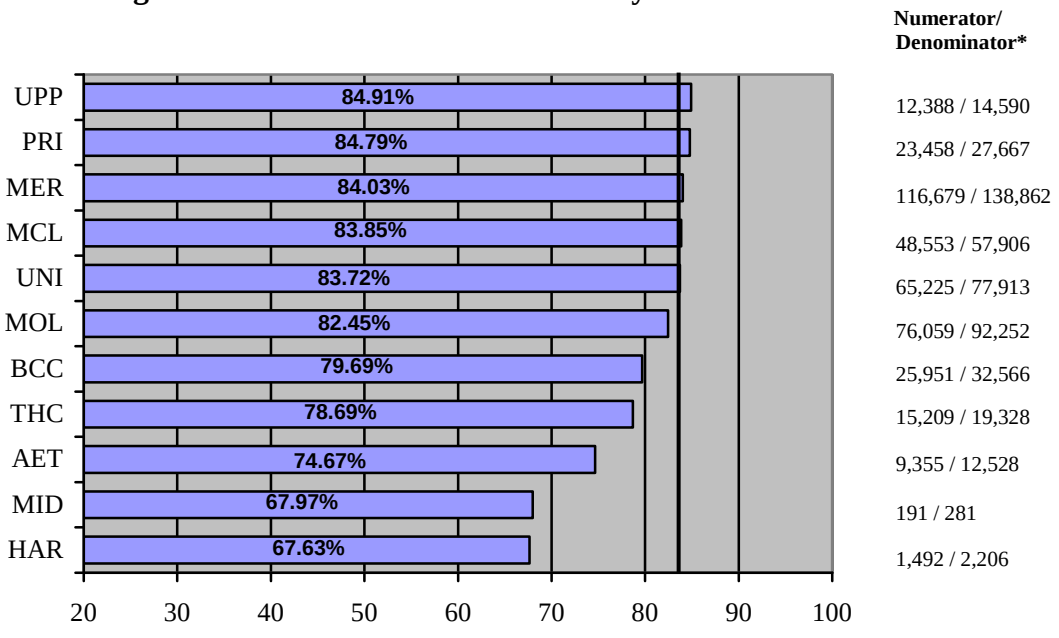
**Measurement Frequency**
Quarterly

**Summary:** Five of the plans met or exceeded the standard. While six plans (AET, BCC, HAR, MID, MOL, and THC) did not. Results ranged from 66.95% to 85.16%.

**Table 6: Comparison across Medicaid Programs**

| Medicaid Program | Numerator | Denominator | Percentage |
|---|---|---|---|
| Michigan Medicaid All | 576,031 | 708,180 | 81.34% |
| Fee For Service (FFS) only | 9,354 | 14,541 | 64.33% |
| Managed Care only | 442,967 | 533,158 | 83.08% |
| MA-MC | 215,581 | 257,970 | 83.57% |
| HMP-MC | 182,047 | 221,924 | 82.03% |

**Figure 7: Adults' Access to Ambulatory Health Services**




Adult's Access to Ambulatory Health Services Percentages

*Numerator depicts the number of eligible beneficiaries who had an ambulatory or preventive care visit. Denominator depicts the total number of eligible beneficiaries.

## Appendix A: Composite Performance Monitoring Summary[5]

**April 2017**

| Plans | Adults Generic Drug Utilization | Timely Completion of Initial HRA | Outreach & Engagement to Facilitate Entry to PCP | Plan All-Cause Acute 30-Day Readmission | Adults' Access to Ambulatory Health Services | Total Standards Achieved |
|---|---|---|---|---|---|---|
| AET | Y | **N** | **N** | **N** | **N** | **1** |
| BCC | Y | **N** | **N** | **N** | **N** | **1** |
| HAR | Y | **N** | **N** | **N** | **N** | **1** |
| MCL | Y | **N** | **N** | **N** | Y | **2** |
| MER | Y | **N** | **N** | **N** | Y | **2** |
| MID | Y | **N** | **N** | N/A | **N** | **1** |
| MOL | Y | **N** | **N** | **N** | **N** | **1** |
| PRI | Y | **N** | **N** | Y | Y | **3** |
| THC | Y | Y | **N** | **N** | **N** | **2** |
| UNI | Y | **N** | **N** | **N** | Y | **2** |
| UPP | Y | **N** | **N** | Y | Y | **3** |
| **Total** | **11/11** | **1/11** | **0/11** | **2/10** | **5/11** | |

## Appendix B: Three Letter Medicaid Health Plan Codes

Below is a list of three letter codes established by MDHHS identifying each Medicaid Health Plan.

| | |
|---|---|
| AET | Aetna Better Health of Michigan |
| BCC | Blue Cross Complete of Michigan, Inc. |
| HAR | Harbor Health Plan, Inc. |
| MCL | McLaren Health Plan |
| MER | Meridian Health Plan |
| MID | HAP Midwest Health Plan, Inc. |
| MOL | Molina Healthcare of Michigan |
| PRI | Priority Health Choice |
| THC | Total Health Care |
| UNI | UnitedHealthcare Community Plan |
| UPP | Upper Peninsula Health Plan |

[5] "N/A" in the Plan All-Cause Acute 30-Day Readmission column represents plans who had a denominator under 5 and a numerator under 30.

# Appendix C: One Year Plan-Specific Analysis

## Aetna Better Health of Michigan – AET

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 84.66% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **84.55%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 4.14% | **No** |
| | **Apr 16 – Jun 16** | **15%** | **5.72** | **No** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 35.59% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **33.64%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | 22.55% | **No** |
| | **Oct 15 – Sep 16** | **16%** | **22.19%** | **No** |
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 75.38% | **No** |
| | **Oct 15 – Sep 16** | **83%** | **74.67%** | **No** |

****This is a reverse measure. A lower rate indicates better performance.***

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Blue Cross Complete of Michigan – BCC

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 84.47% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **84.85%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 9.68% | **No** |
| | **Apr 16 – Jun 16** | **15%** | **7.48%** | **No** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 50.64% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **46.23%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | 16.68% | **No** |
| | **Oct 15 – Sep 16** | **16%** | **16.81%** | **No** |
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 79.32% | **No** |
| | **Oct 15 – Sep 16** | **83%** | **79.69%** | **No** |

***This is a reverse measure. A lower rate indicates better performance.***

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Harbor Health Plan, Inc. – HAR

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 85.37% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **85.62%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 1.12% | **No** |
| | **Apr 16 – Jun 16** | **15%** | **0.63%** | **No** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 27.18% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **21.51%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | 22.08% | **No** |
| | **Oct 15 – Sep 16** | **16%** | **19.30%** | **No** |
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 66.95% | **No** |
| | **Oct 15 – Sep 16** | **83%** | **67.63%** | **No** |

***This is a reverse measure. A lower rate indicates better performance.***

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## McLaren Health Plan – MCL

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 84.33% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **84.48%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 10.34% | **No** |
| | **Apr 16 – Jun 16** | **15%** | **9.80%** | **No** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 50.77% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **47.52%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | 16.22% | **No** |
| | **Oct 15 – Sep 16** | **16%** | **17.36%** | **No** |
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 83.86% | Yes |
| | **Oct 15 – Sep 16** | **83%** | **83.85%** | **Yes** |

***This is a reverse measure. A lower rate indicates better performance.***

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Meridian Health Plan – MER

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 83.55% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **84.54%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 14.04% | **No** |
| | **Apr 16 – Jun 16** | **15%** | **11.94%** | **No** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 54.45% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **50.42%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | 16.01% | **No** |
| | **Oct 15 – Sep 16** | **16%** | **17.48%** | **No** |
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 84.31% | Yes |
| | **Oct 15 – Sep 16** | **83%** | **84.03%** | **Yes** |

***This is a reverse measure. A lower rate indicates better performance.***

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## HAP Midwest Health Plan, Inc. – MID

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 87.76% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **86.70%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 5.60% | **No** |
| | **Apr 16 – Jun 16** | **15%** | **5.71%** | **No** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 29.46% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **26.61%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | N/A | N/A |
| | **Oct 15 – Sep 16** | **16%** | **N/A** | **N/A** |

***This is a reverse measure. A lower rate indicates better performance.***
***A rate was not calculated for plans with a numerator under 5 or a denominator under 30.***

| | | | | |
|---|---|---|---|---|
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 69.97% | **No** |
| | **Oct 15 – Sep 16** | **83%** | **67.97%** | **No** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Molina Healthcare of Michigan – MOL

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 85.75% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **85.61%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 8.75% | **No** |
| | **Apr 16 – Jun 16** | **15%** | **8.03%** | **No** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 50.52% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **50.23%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | 17.18% | **No** |
| | **Oct 15 – Sep 16** | **16%** | **17.31%** | **No** |
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 82.07% | **No** |
| | **Oct 15 – Sep 16** | **83%** | **82.45%** | **No** |

****This is a reverse measure. A lower rate indicates better performance.***

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Priority Health Choice – PRI

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 83.11% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **83.37%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 7.60% | **No** |
| | **Apr 16 – Jun 16** | **15%** | **9.47** | **No** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 55.92% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **55.62%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | 13.65% | Yes |
| | **Oct 15 – Sep 16** | **16%** | **13.09%** | **Yes** |
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 83.55% | Yes |
| | **Oct 15 – Sep 16** | **83%** | **84.79%** | **Yes** |

****This is a reverse measure. A lower rate indicates better performance.***

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Total Health Care – THC

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 86.53% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **85.96%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 15.25% | Yes |
| | **Apr 16 – Jun 16** | **15%** | **17.52%** | **Yes** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 46.74% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **46.39%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | 22.26% | **No** |
| | **Oct 15 – Sep 16** | **16%** | **23.18%** | **No** |
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 79.01% | **No** |
| | **Oct 15 – Sep 16** | **83%** | **78.69%** | **No** |

****This is a reverse measure. A lower rate indicates better performance.***

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## UnitedHealthcare Community Plan – UNI

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 84.29% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **85.95%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 15.45% | Yes |
| | **Apr 16 – Jun 16** | **15%** | **10.99%** | **No** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 50.23% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **48.95%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | 18.70% | **No** |
| | **Oct 15 – Sep 16** | **16%** | **18.61%** | **No** |
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 83.85% | Yes |
| | **Oct 15 – Sep 16** | **83%** | **83.72%** | **Yes** |

****This is a reverse measure. A lower rate indicates better performance.***

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix C: One Year Plan-Specific Analysis

## Upper Peninsula Health Plan – UPP

***HEALTHY MICHIGAN PLAN:***

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Adults' Generic Drug Utilization | Apr 16 – Jun 16 | 80% | 83.09% | Yes |
| | **Jul 16 – Sep 16** | **80%** | **83.12%** | **Yes** |
| Timely Completion of HRA | Jan 16 – Mar 16 | 15% | 12.12% | **No** |
| | **Apr 16 – Jun 16** | **15%** | **10.69%** | **No** |
| Outreach/Engagement to Facilitate Entry to Primary Care | Jan 16 – Mar 16 | 60% | 53.64% | **No** |
| | **Apr 16 – Jun 16** | **60%** | **57.67%** | **No** |
| Plan All-Cause Acute 30-Day Readmissions | Jul 15 – Jun 16 | 16% | 13.53% | Yes |
| | **Oct 15 – Sep 16** | **16%** | **13.46%** | **Yes** |
| Adults' Access to Ambulatory Health Services | Jul 15 – Jun 16 | 83% | 85.16% | Yes |
| | **Oct 15 – Sep 16** | **83%** | **84.91%** | **Yes** |

***This is a reverse measure. A lower rate indicates better performance.***

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

# *PERFORMANCE MONITORING REPORT*

## *Medicaid Managed Care*

## Composite – All Plans


**April 2017**

Produced by:
Quality Improvement and Program Development – Managed Care Plan Division

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## Medicaid Managed Care



## Appendixes



## Figures



## Tables

## Executive Summary

This Performance Monitoring Report is produced by the Quality Improvement and Program Development (QIPD) Section of the Managed Care Plan Division (MCPD) to track quality, access, and utilization in the Michigan Medicaid program to better support high quality care for beneficiaries.

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through twenty-six (26) key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include Medicaid Managed Care specific measures, Healthy Michigan Plan (HMP) measures, and HEDIS measures. **This report focuses only on the Medicaid Managed Care specific measures**. The following Medicaid Managed Care specific measures will be included in this report:

| **MEDICAID MANAGED CARE** | | | |
|---|---|---|---|
| *Blood Lead Testing for 2 Year Olds* | *Developmental Screening* | *Complaints* | *Claims Processing* |
| *Encounter Data Reporting* | *Pharmacy Encounter Data Reporting* | *NEMT Encounter Submissions* | *Provider File* |

Data for these eight measures will be represented on a quarterly basis. The body of the report contains a cross-plan analysis of the most current data available for each of these measures. Appendix A contains specific three letter codes identifying each of the MHPs. Appendix B contains the one-year plan specific analysis for each measure.

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed months for fiscal year 2017 unless otherwise noted.

**Table 1: Fiscal Year 2017[1].**

| Monthly Reported Measures | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Lead Testing | 3/11 | 3/11 | 3/11 | 8/11 | 8/11 | 8/11 | | | | | | |
| Developmental Screening First Year of Life | 9/11 | 8/11 | 8/11 | 9/11 | 9/11 | 9/11 | | | | | | |
| Developmental Screening Second Year of Life | 8/11 | 10/11 | 10/11 | 9/11 | 9/11 | 9/11 | | | | | | |
| Developmental Screening Third Year of Life | 9/11 | 10/11 | 10/11 | 9/11 | 9/11 | 9/11 | | | | | | |
| Claims Processing | 9/11 | 9/11 | 8/11 | 8/11 | 10/11 | 10/11 | | | | | | |
| Encounter Data Reporting | 11/11 | 11/11 | 11/11 | 9/11 | 9/11 | 11/11 | | | | | | |
| Pharmacy Encounter Data | 10/11 | 10/11 | 10/11 | 10/11 | 11/11 | 11/11 | | | | | | |
| NEMT Encounter | N/A | N/A | N/A | N/A | N/A | N/A | | | | | | |
| Provider File Reporting | 11/11 | 11/11 | 11/11 | 11/11 | 9/11 | 11/11 | | | | | | |

| Quarterly Reported Measures | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|---|---|---|---|---|
| Complaints | 11/11 | 11/11 | | |

[1] Measures that show "N/A" have no minimum standard set and all published data for the measure is informational only.

## Managed Care Enrollment

Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In April 2017, enrollment was 1,807,526, up 103,748 enrollees (6.1%) from May 2016. An increase of 30,286 enrollees (1.7%) was realized between March 2017 and April 2017.

**Figure 1: Medicaid Managed Care Enrollment, May 2016 – April 2017**

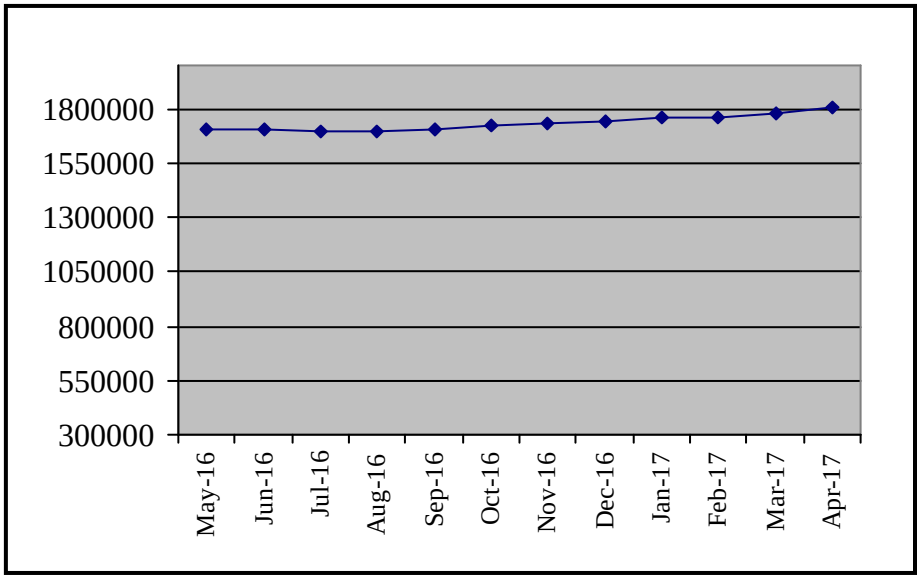
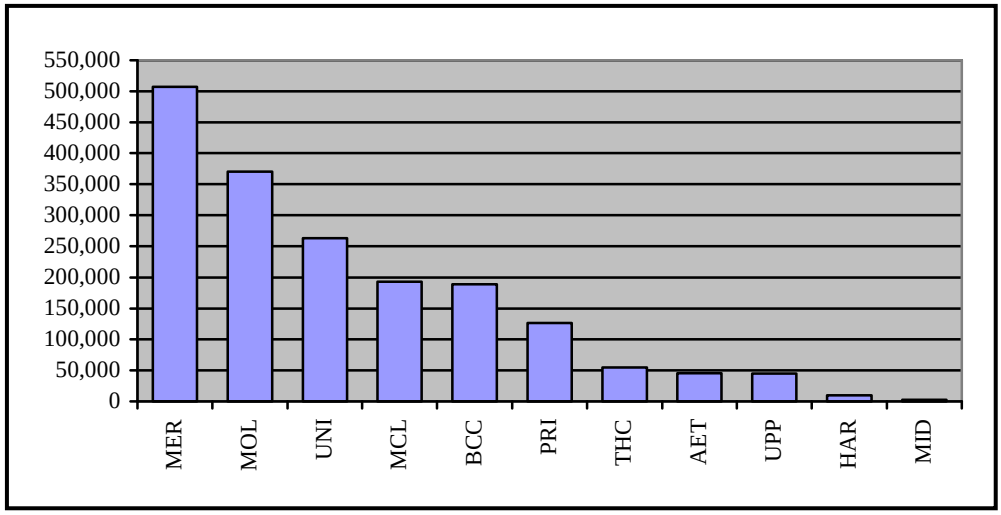



**Figure 2: Medicaid Managed Care Enrollment by Health Plan, April 2017**



## Medicaid Health Plan News

The Performance Monitoring Report contains data for all Michigan Medicaid Health Plans, where data is available. Eleven Medicaid Health Plans are contracted with the State of Michigan to provide comprehensive health care services.

## Cross-Plan Performance Monitoring Analyses

The following section includes a cross-plan analysis for each performance measure. An analysis of the most current data available for each performance measure is included. For detailed questions regarding measurement periods or standards, see the Performance Monitoring Specifications.

## *Blood Lead Testing for Two Year Olds*

**Measure**
Percentage of two year old children that have had at least one blood lead test on or before their second birthday.

**Minimum Standard**
At or above 81% for continuously enrolled children

**Measurement Period**
October 2016 –December 2016

**Data Source**
MDHHS Data Warehouse

**Measurement Frequency**
Monthly

**Summary:** Three plans met or exceeded the standard in October, November, and December, while eight plans (AET, BCC, HAR, MER, MID, MOL, THC, and UNI) did not.

**Table 2: Blood Lead Testing for Two Year Olds**

| MHP | Standard | Cont. Enrolled Result | | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|
| | | Oct | Nov | Dec | Oct | Nov | Dec |
| AET | 81% | **70%** | **70%** | **72%** | **No** | **No** | **No** |
| BCC | 81% | **71%** | **71%** | **71%** | **No** | **No** | **No** |
| HAR | 81% | **61%** | **63%** | **65%** | **No** | **No** | **No** |
| MCL | 81% | 85% | 85% | 85% | Yes | Yes | Yes |
| MER | 81% | **77%** | **77%** | **78%** | **No** | **No** | **No** |
| MID | 81% | **71%** | **78%** | **75%** | **No** | **No** | **No** |
| MOL | 81% | **71%** | **73%** | **73%** | **No** | **No** | **No** |
| PRI | 81% | 82% | 81% | 81% | Yes | Yes | Yes |
| THC | 81% | **63%** | **65%** | **64%** | **No** | **No** | **No** |
| UNI | 81% | **76%** | **75%** | **75%** | **No** | **No** | **No** |
| UPP | 81% | 84% | 85% | 84% | Yes | Yes | Yes |

## *Developmental Screening*

**Measure**
This measure includes three rates: The percentage of children less than one (1) year old who receive a developmental screening; the percentage of children between their 1st and 2nd birthday who receive a developmental screening; and the percentage of children between their 2nd and 3rd birthday who receive a developmental screening.

**Minimum Standard**
At or above 22% - First year of Life
At or above 25% - Second Year of Life
At or above 20% - Third Year of Life

**Measurement Period**
January 2017 – March 2017

**Data Source**
MDHHS Data Warehouse

**Measurement Frequency**
Monthly

**Summary:** For the ***first year of life***, nine plans met or exceeded the standard for January, February and March, while two plans (AET and UPP) did not.
For the ***second year of life***, nine plans met or exceeded the standard for January, February, and March, while two plans (HAR, and UPP) did not;
For the ***third year of life***, nine plans met or exceeded the standard for January, February, and March, while two plans (HAR, and UPP) did not;

**Table 3: Developmental Screening First Year of Life**

| MHP | Standard | Plan Result | | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|
| | | Jan | Feb | Mar | Jan | Feb | Mar |
| AET | 22% | **21.50%** | **21.30%** | **21.88%** | **No** | **No** | **No** |
| BCC | 22% | 33.36% | 31.91% | 30.12% | Yes | Yes | Yes |
| HAR | 22% | 31.43% | 30.56% | 27.40% | Yes | Yes | Yes |
| MCL | 22% | 27.02% | 27.81% | 28.29% | Yes | Yes | Yes |
| MER | 22% | 25.06% | 25.63% | 25.51% | Yes | Yes | Yes |
| MID | 22% | 30.34% | 30.23% | 55.56% | Yes | Yes | Yes |
| MOL | 22% | 27.92% | 28.31% | 28.25% | Yes | Yes | Yes |
| PRI | 22% | 23.00% | 23.27% | 23.94% | Yes | Yes | Yes |
| THC | 22% | 23.06% | 22.66% | 22.12% | Yes | Yes | Yes |
| UNI | 22% | 25.77% | 26.29% | 27.12% | Yes | Yes | Yes |
| UPP | 22% | **9.13%** | **9.02%** | **10.29%** | **No** | **No** | **No** |

## Table 4: Developmental Screening Second Year of Life

| MHP | Standard | Plan Result | | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|
| | | Jan | Feb | Mar | Jan | Feb | Mar |
| AET | 25% | 26.37% | 27.49% | 26.99% | Yes | Yes | Yes |
| BCC | 25% | 45.34% | 43.85% | 42.99% | Yes | Yes | Yes |
| HAR | 25% | **11.90%** | **11.43%** | **16.67%** | **No** | **No** | **No** |
| MCL | 25% | 33.45% | 34.96% | 35.62% | Yes | Yes | Yes |
| MER | 25% | 32.43% | 32.34% | 32.70% | Yes | Yes | Yes |
| MID | 25% | 41.90% | 42.42% | 66.67% | Yes | Yes | Yes |
| MOL | 25% | 33.30% | 34.25% | 33.96% | Yes | Yes | Yes |
| PRI | 25% | 37.53% | 37.03% | 35.27% | Yes | Yes | Yes |
| THC | 25% | 26.64% | 27.22% | 25.96% | Yes | Yes | Yes |
| UNI | 25% | 33.27% | 33.54% | 34.57% | Yes | Yes | Yes |
| UPP | 25% | **11.67%** | **11.73%** | **12.88%** | **No** | **No** | **No** |

## Table 5: Developmental Screening Third Year of Life

| MHP | Standard | Plan Result | | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|
| | | Jan | Feb | Mar | Jan | Feb | Mar |
| AET | 20% | 20.58% | 21.90% | 21.64% | Yes | Yes | Yes |
| BCC | 20% | 34.17% | 32.60% | 32.54% | Yes | Yes | Yes |
| HAR | 20% | **6.35%** | **11.48%** | **10.53%** | **No** | **No** | **No** |
| MCL | 20% | 24.10% | 24.21% | 25.43% | Yes | Yes | Yes |
| MER | 20% | 26.23% | 26.10% | 27.21% | Yes | Yes | Yes |
| MID | 20% | 30.53% | 25.89% | 25.00% | Yes | Yes | Yes |
| MOL | 20% | 25.45% | 26.31% | 25.93% | Yes | Yes | Yes |
| PRI | 20% | 33.44% | 32.71% | 32.31% | Yes | Yes | Yes |
| THC | 20% | 23.76% | 25.45% | 26.06% | Yes | Yes | Yes |
| UNI | 20% | 25.91% | 25.97% | 26.50% | Yes | Yes | Yes |
| UPP | 20% | **12.13%** | **12.80%** | **12.84%** | **No** | **No** | **No** |

## *Complaints*

**Measure**
Rate of complaints received by MDHHS during the measurement period.

**Standard**
At or below 0.15 complaints per 1,000 member months (as shown on bar graph below)

**Measurement Period**
October 2016 –December 2016

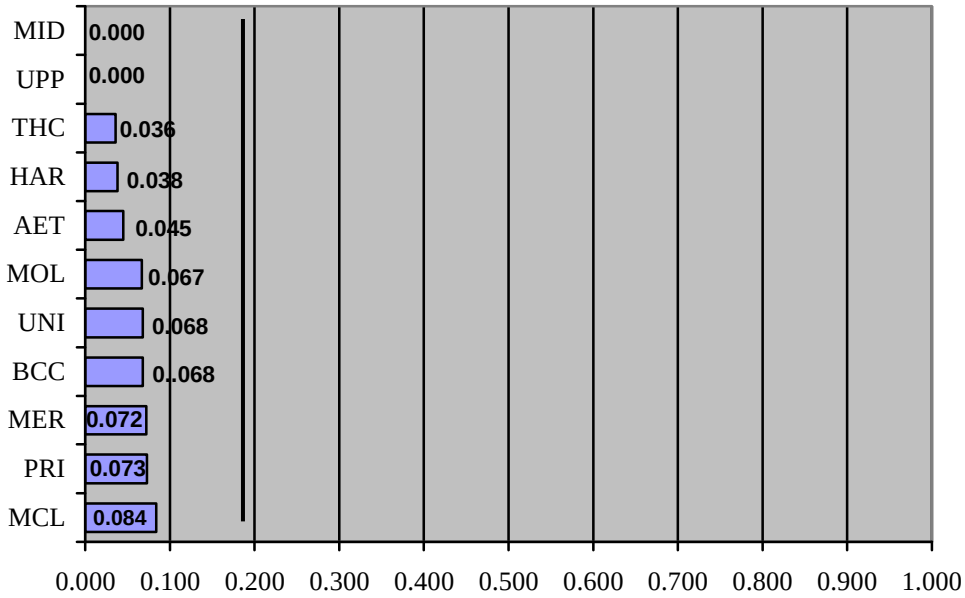
**Data Source**
Customer Relations System (CRM)

**Measurement Frequency**
Quarterly

**Summary:** All of the plans met or exceeded the standard. The results ranged from 0.000 to 0.084 complaints per 1,000 member months.

*****This is a reverse measure. A lower rate indicates better performance.***

**Figure 3: Complaints**



## *Claims Processing*

**Measure**
Rate of clean non-pharmacy claims processed within 30 days, rate of non-pharmacy claims in ending inventory greater than 45 days; percent of rejected claims.

**Standard**
Submission of accurate claims report within 30 days of the end of the report month; process ≥ 95% of clean claims within 30 days of receipt with ≤ 12% rejected claims; maintain ≤ 1% of ending inventory greater than 45 days.

**Measurement Period**
November 2016 –January 2017

**Data Source**
Claims report submitted by health plan

**Measurement Frequency**
Monthly

**Summary:** Eight plans met or exceeded the standard in November 2016, while three plans (AET, MID, and MOL) did not. Ten plans met or exceeded the standard in December 2016 and January 2017, while one plan (AET) did not.

**Table 6: Claims Processing November 2016**

| MHP | Timely | Accurate | ≥95% | ≤12% | ≤1% | Standard Achieved |
|---|---|---|---|---|---|---|
| AET | Yes | **No** | **92%** | 4% | 0.68% | **No** |
| BCC | Yes | Yes | 100% | 11% | 0.01% | Yes |
| HAR | Yes | Yes | 100% | 0% | 0.26% | Yes |
| MCL | Yes | Yes | 100% | 3% | 0.09% | Yes |
| MER | Yes | Yes | 99% | 5% | 0.00% | Yes |
| MID | Yes | **No** | 100% | **17%** | 0.00% | **No** |
| MOL | Yes | **No** | 100% | 2% | **3.21%** | **No** |
| PRI | Yes | Yes | 99% | 4% | 0.03% | Yes |
| THC | Yes | Yes | 100% | 2% | 0.00% | Yes |
| UNI | Yes | Yes | 100% | 6% | 0.02% | Yes |
| UPP | Yes | Yes | 100% | 8% | 0.00% | Yes |

## Table 7: Claims Processing December 2016

| MHP | Timely | Accurate | ≥95% | ≤12% | ≤1% | Standard Achieved |
|---|---|---|---|---|---|---|
| AET | Yes | **No** | **93%** | 4% | **1.87%** | **No** |
| BCC | Yes | Yes | 100% | 8% | 0.00% | Yes |
| HAR | Yes | Yes | 100% | 0% | 0.21% | Yes |
| MCL | Yes | Yes | 98% | 4% | 0.37% | Yes |
| MER | Yes | Yes | 96% | 9% | 0.00% | Yes |
| MID | Yes | Yes | 100% | 8% | 0.00% | Yes |
| MOL | Yes | Yes | 100% | 2% | 0.08% | Yes |
| PRI | Yes | Yes | 99% | 5% | 0.01% | Yes |
| THC | Yes | Yes | 100% | 2% | 0.00% | Yes |
| UNI | Yes | Yes | 100% | 8% | 0.11% | Yes |
| UPP | Yes | Yes | 100% | 8% | 0.00% | Yes |

## Table 8: Claims Processing January 2017

| MHP | Timely | Accurate | ≥95% | ≤12% | ≤1% | Standard Achieved |
|---|---|---|---|---|---|---|
| AET | Yes | **No** | **94%** | 9% | 0.92% | **No** |
| BCC | Yes | Yes | 100% | 9% | 0.00% | Yes |
| HAR | Yes | Yes | 96% | 0% | 0.35% | Yes |
| MCL | Yes | Yes | 100% | 4% | 0.26% | Yes |
| MER | Yes | Yes | 97% | 8% | 0.00% | Yes |
| MID | Yes | Yes | 100% | 9% | 0.00% | Yes |
| MOL | Yes | Yes | 100% | 2% | 0.14% | Yes |
| PRI | Yes | Yes | 99% | 6% | 0.01% | Yes |
| THC | Yes | Yes | 100% | 2% | 0.00% | Yes |
| UNI | Yes | Yes | 100% | 7% | 0.05% | Yes |
| UPP | Yes | Yes | 100% | 9% | 0.00% | Yes |

## *Encounter Data Reporting*

**Measure**
Timely and complete encounter data submission

**Standard**
Submission of previous months adjudicated encounters by the 15th of the measurement month; include institutional and professional record types; and meet MDHHS calculated minimum volume records accepted into the MDHHS data warehouse

**Measurement Period**
January 2017 – March 2017

**Data Source**
MDHHS Data Exchange Gateway, MDHHS Data Warehouse

**Measurement Frequency**
Monthly

**Summary:** Nine plans met the standard of submitting a minimum volume of professional and institutional encounters paid in December 2016, by the 15th of January 2017, while two plans (HAR and MER) did not.
Nine plans met the standard of submitting a minimum volume of professional and institutional encounters paid in January 2017, by the 15th of February 2017, while two plans (HAR and MER) did not.
All plans met the standard of submitting a minimum volume of professional and institutional encounters paid in February 2017, by the 15th of March 2017.

**Table 9: Encounter Data Reporting January 2017**

| MHP | Standard | Timely | Complete | | Standard Achieved |
|---|---|---|---|---|---|
| | | 15th of Month | Prof & Inst. | Min. Volume | |
| AET | Timely, Complete | Yes | Yes | Yes | Yes |
| BCC | Timely, Complete | Yes | Yes | Yes | Yes |
| HAR | Timely, Complete | Yes | **No** | **No** | **No** |
| HPP | Timely, Complete | Yes | Yes | Yes | Yes |
| MCL | Timely, Complete | Yes | Yes | Yes | Yes |
| MER | Timely, Complete | Yes | **No** | **No** | **No** |
| MID | Timely, Complete | Yes | Yes | Yes | Yes |
| MOL | Timely, Complete | Yes | Yes | Yes | Yes |
| PHP | Timely, Complete | Yes | Yes | Yes | Yes |
| PRI | Timely, Complete | Yes | Yes | Yes | Yes |
| THC | Timely, Complete | Yes | Yes | Yes | Yes |
| UNI | Timely, Complete | Yes | Yes | Yes | Yes |
| UPP | Timely, Complete | Yes | Yes | Yes | Yes |

## Table 10: Encounter Data Reporting February 2017

| MHP | Standard | Timely | Complete | | Standard Achieved |
|---|---|---|---|---|---|
| | | 15th of Month | Prof & Inst. | Min. Volume | |
| AET | Timely, Complete | Yes | Yes | Yes | Yes |
| BCC | Timely, Complete | Yes | Yes | Yes | Yes |
| HAR | Timely, Complete | Yes | **No** | **No** | **No** |
| HPP | Timely, Complete | Yes | Yes | Yes | Yes |
| MCL | Timely, Complete | Yes | Yes | Yes | Yes |
| MER | Timely, Complete | Yes | **No** | **No** | **No** |
| MID | Timely, Complete | Yes | Yes | Yes | Yes |
| MOL | Timely, Complete | Yes | Yes | Yes | Yes |
| PHP | Timely, Complete | Yes | Yes | Yes | Yes |
| PRI | Timely, Complete | Yes | Yes | Yes | Yes |
| THC | Timely, Complete | Yes | Yes | Yes | Yes |
| UNI | Timely, Complete | Yes | Yes | Yes | Yes |
| UPP | Timely, Complete | Yes | Yes | Yes | Yes |

## Table 11: Encounter Data Reporting March 2017

| MHP | Standard | Timely | Complete | | Standard Achieved |
|---|---|---|---|---|---|
| | | 15th of Month | Prof & Inst. | Min. Volume | |
| AET | Timely, Complete | Yes | Yes | Yes | Yes |
| BCC | Timely, Complete | Yes | Yes | Yes | Yes |
| HAR | Timely, Complete | Yes | Yes | Yes | Yes |
| HPP | Timely, Complete | Yes | Yes | Yes | Yes |
| MCL | Timely, Complete | Yes | Yes | Yes | Yes |
| MER | Timely, Complete | Yes | Yes | Yes | Yes |
| MID | Timely, Complete | Yes | Yes | Yes | Yes |
| MOL | Timely, Complete | Yes | Yes | Yes | Yes |
| PHP | Timely, Complete | Yes | Yes | Yes | Yes |
| PRI | Timely, Complete | Yes | Yes | Yes | Yes |
| THC | Timely, Complete | Yes | Yes | Yes | Yes |
| UNI | Timely, Complete | Yes | Yes | Yes | Yes |
| UPP | Timely, Complete | Yes | Yes | Yes | Yes |

## *Pharmacy Encounter Data Reporting*

**Measure**
Timely and complete pharmacy encounter data submission

**Standard**
Enrolled in the health plan within the designated period to the measurement month

**Measurement Period**
January 2017 – March 2017

**Data Source**
MDHHS Data Exchange Gateway, Encounter Data

**Measurement Frequency**
Monthly

**Summary:** Ten plans met the standard of submitting a minimum volume of pharmacy encounters paid in December 2016, by the 15th of January 2017, while one plan (UPP) did not.
All plans met the standard of submitting a minimum volume of pharmacy encounters paid in January 2017, by the 15th of February 2017.
All plans met the standard of submitting a minimum volume of pharmacy encounters paid in February 2017, by the 15th of March 2017.

**Table 12: Pharmacy Encounter Data Reporting January 2017**

| MHP | Standard | Timely | Complete | Standard Achieved |
|---|---|---|---|---|
| | | 15th of Month | Min. Volume | |
| AET | Timely, Complete | Yes | Yes | Yes |
| BCC | Timely, Complete | Yes | Yes | Yes |
| HAR | Timely, Complete | Yes | Yes | Yes |
| MCL | Timely, Complete | Yes | Yes | Yes |
| MER | Timely, Complete | Yes | Yes | Yes |
| MID | Timely, Complete | Yes | Yes | Yes |
| MOL | Timely, Complete | Yes | Yes | Yes |
| PRI | Timely, Complete | Yes | Yes | Yes |
| THC | Timely, Complete | Yes | Yes | Yes |
| UNI | Timely, Complete | Yes | Yes | Yes |
| UPP | Timely, Complete | **No** | **No** | **No** |

## Table 13: Pharmacy Encounter Data Reporting February 2017

| MHP | Standard | Timely | Complete | Standard |
|---|---|---|---|---|
| | | 15th of Month | Min. Volume | Achieved |
| AET | Timely, Complete | Yes | Yes | Yes |
| BCC | Timely, Complete | Yes | Yes | Yes |
| HAR | Timely, Complete | Yes | Yes | Yes |
| MCL | Timely, Complete | Yes | Yes | Yes |
| MER | Timely, Complete | Yes | Yes | Yes |
| MID | Timely, Complete | Yes | Yes | Yes |
| MOL | Timely, Complete | Yes | Yes | Yes |
| PRI | Timely, Complete | Yes | Yes | Yes |
| THC | Timely, Complete | Yes | Yes | Yes |
| UNI | Timely, Complete | Yes | Yes | Yes |
| UPP | Timely, Complete | Yes | Yes | Yes |

## Table 14: Pharmacy Encounter Data Reporting March 2017

| MHP | Standard | Timely | Complete | Standard |
|---|---|---|---|---|
| | | 15th of Month | Min. Volume | Achieved |
| AET | Timely, Complete | Yes | Yes | Yes |
| BCC | Timely, Complete | Yes | Yes | Yes |
| HAR | Timely, Complete | Yes | Yes | Yes |
| MCL | Timely, Complete | Yes | Yes | Yes |
| MER | Timely, Complete | Yes | Yes | Yes |
| MID | Timely, Complete | Yes | Yes | Yes |
| MOL | Timely, Complete | Yes | Yes | Yes |
| PRI | Timely, Complete | Yes | Yes | Yes |
| THC | Timely, Complete | Yes | Yes | Yes |
| UNI | Timely, Complete | Yes | Yes | Yes |
| UPP | Timely, Complete | Yes | Yes | Yes |

## *Non-Emergent Medical Transportation (NEMT) Encounter Submissions*

**Measure**
Data submission using appropriate NEMT codes and appropriate Provider IDs for MA-MC, HMP-MC, and CSHCS-MC.

**Standard**
N/A – Informational Only

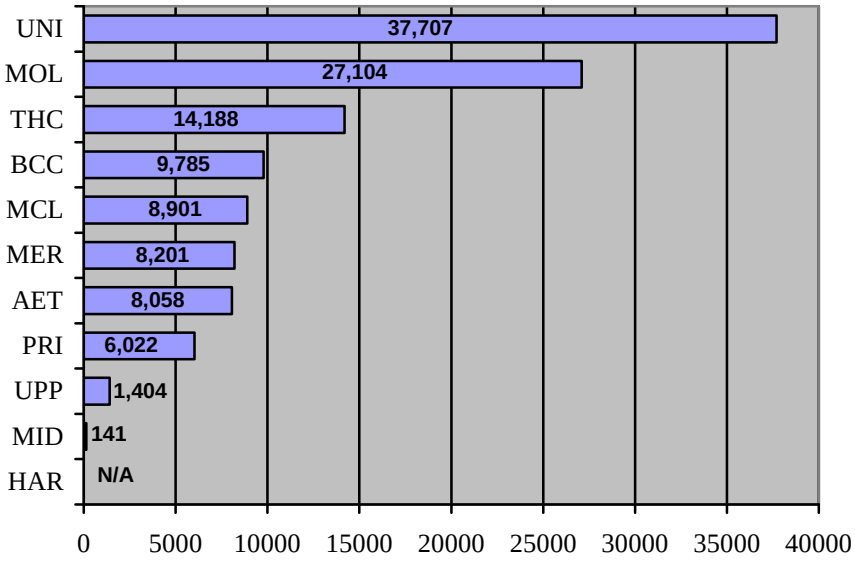
**Measurement Period**
January 2017 – March 2017

**Data Source**
MDHHS Data Exchange Gateway, Encounter Data

**Measurement Frequency**
Quarterly

**Summary:** The results shown are informational only. For MA-MC results ranged from 141 to 39,107. For HMP results ranged from 20 to 11,878. For CSHCS results ranged from 11 to 1,417.

**Figure 4: NEMT MA-MC Encounter Submissions[2]**




[2] Results showing "N/A" are for plans who did not submit transportation encounters for this measurement period.

**Figure 5: NEMT HMP-MC Encounter Submissions**

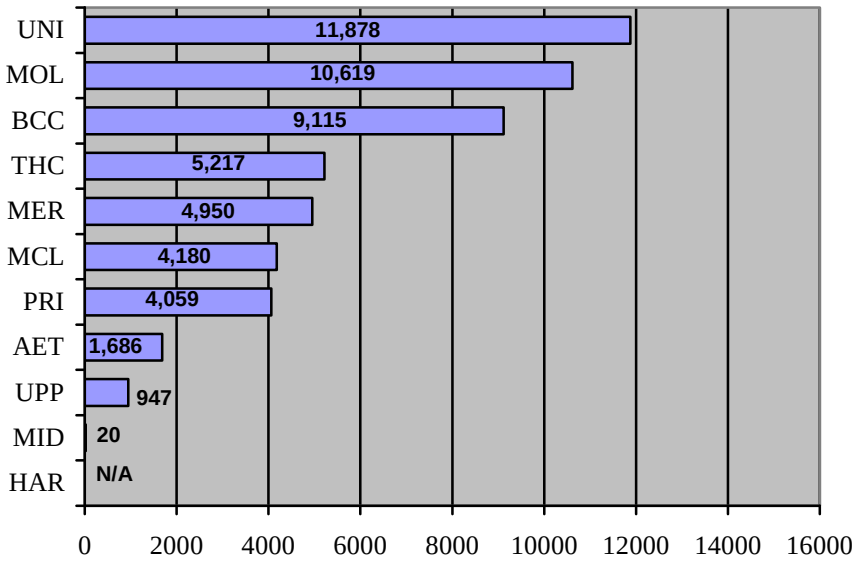
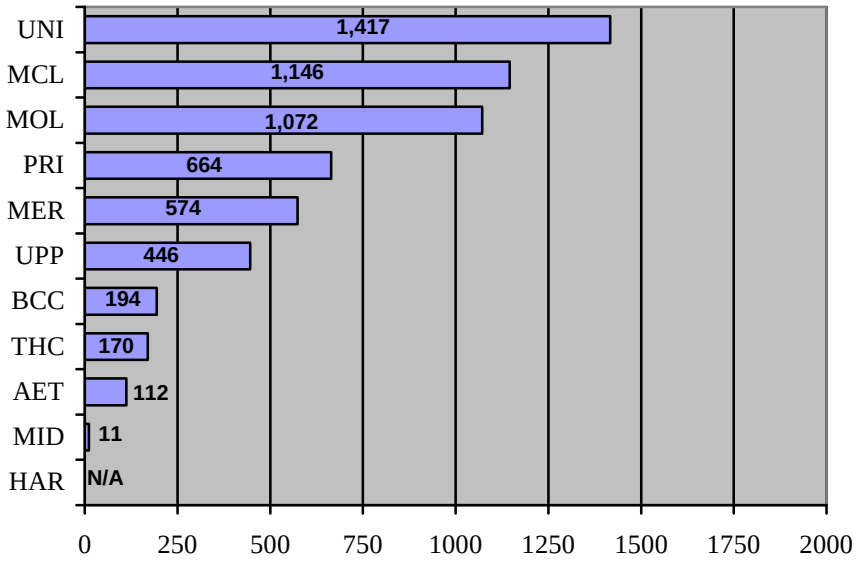



**Figure 6: NEMT CSHCS-MC Encounter Submissions**



## *Provider File Reporting*

**Measure**
Monthly provider file submission.

**Standard**
Submission of an error free file, with an accurate list of primary care, specialist, hospital, and ancillary providers contracted with and credentialed by the health plan, to Michigan ENROLLS by the last Thursday of the month.

**Measurement Period**
January 2017 – March 2017

**Data Source**
MDHHS Data Exchange Gateway, Encounter Data

**Measurement Frequency**
Monthly

**Summary:** In January and March all plans met the standard of submitting an error free provider file to Michigan ENROLLS by the last Thursday of the month.
In February nine plans met the standard of submitting an error free provider file to Michigan ENROLLS by the last Thursday of the month, while two plans (PRI and UPP) did not.

**Table 15: Provider File Reporting**

| MHP | Standard | Timely | | | Accurate | | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Jan | Feb | Mar | Jan | Feb | Mar | Jan | Feb | Mar |
| AET | Timely, Complete | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| BCC | Timely, Complete | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| HAR | Timely, Complete | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| MCL | Timely, Complete | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| MER | Timely, Complete | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| MID | Timely, Complete | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| MOL | Timely, Complete | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| PRI | Timely, Complete | Yes | **No** | Yes | Yes | **No** | Yes | Yes | **No** | Yes |
| THC | Timely, Complete | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| UNI | Timely, Complete | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| UPP | Timely, Complete | Yes | **No** | Yes | Yes | **No** | Yes | Yes | **No** | Yes |

## Appendix A: Three Letter MHP Codes

Below is a list of three letter codes established by MDHHS identifying each Medicaid Health Plan.

| | |
|---|---|
| AET | Aetna Better Health of Michigan |
| BCC | Blue Cross Complete of Michigan, Inc. |
| HAR | Harbor Health Plan, Inc. |
| MCL | McLaren Health Plan |
| MER | Meridian Health Plan |
| MID | HAP Midwest Health Plan, Inc. |
| MOL | Molina Healthcare of Michigan |
| PRI | Priority Health Choice |
| THC | Total Health Care |
| UNI | UnitedHealthcare Community Plan |
| UPP | Upper Peninsula Health Plan |

# Appendix B: One Year Plan-Specific Analysis

## Aetna Better Health of Michigan – AET

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 72% | **No** |
| | Aug 16 | 81% | 70% | **No** |
| | Sep 16 | 81% | 71% | **No** |
| | **Oct 16** | **81%** | **70%** | **No** |
| | **Nov 16** | **81%** | **70%** | **No** |
| | **Dec 16** | **81%** | **72%** | **No** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | 20.42% | **No** | 25% | 24.23% | **No** | 20% | 21.06% | Yes |
| | Nov 16 | 22% | 21.55% | **No** | 25% | 25.00% | Yes | 20% | 21.06% | Yes |
| | Dec 16 | 22% | 21.38% | **No** | 25% | 25.55% | Yes | 20% | 20.68% | Yes |
| | **Jan 17** | **22%** | **21.50%** | **No** | **25%** | **26.37%** | **Yes** | **20%** | **20.58%** | **Yes** |
| | **Feb 17** | **22%** | **21.30%** | **No** | **25%** | **27.49%** | **Yes** | **20%** | **21.90%** | **Yes** |
| | **Mar 17** | **22%** | **21.88%** | **No** | **25%** | **26.99%** | **Yes** | **20%** | **21.64%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | ≤.15/1000 MM | 0.149 | Yes |
| | **Oct 16 – Dec 16** | **≤.15/1000 MM** | **0.045** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/NA, 94%, 5%, 1.15% | **No** |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/NA, 95% 8%, 2.23% | **No** |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/NA, 90%, 5%, 1.12% | **No** |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/NA, 92%, 4%, 0.68%** | **No** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/NA, 93%, 4%, 1.87%** | **No** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/NA, 94%, 9%, 0.92%** | **No** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T, C | Yes |
| | Nov 16 | Timely, Complete | T, C | Yes |
| | Dec 16 | Timely, Complete | T, C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T, C | Yes |
| | Nov 16 | Timely, Complete | T, C | Yes |
| | Dec 16 | Timely, Complete | T, C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Aetna Better Health of Michigan – AET

| Performance Measure | Measurement | Standard | | | Plan Result | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 7,356 | N/A | N/A | 1,543 | N/A | N/A | 100 | N/A |
| | **Oct 16 – Dec 16** | **N/A** | **8,058** | **N/A** | **N/A** | **1,686** | **N/A** | **N/A** | **112** | **N/A** |

| | | | | |
|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix B: One Year Plan-Specific Analysis

## Blue Cross Complete of Michigan, Inc. – BCC

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 70% | **No** |
| | Aug 16 | 81% | 71% | **No** |
| | Sep 16 | 81% | 71% | **No** |
| | **Oct 16** | **81%** | **71%** | **No** |
| | **Nov 16** | **81%** | **71%** | **No** |
| | **Dec 16** | **81%** | **71%** | **No** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | 36.60% | Yes | 25% | 46.05% | Yes | 20% | 36.40% | Yes |
| | Nov 16 | 22% | 35.46% | Yes | 25% | 46.23% | Yes | 20% | 36.78% | Yes |
| | Dec 16 | 22% | 33.49% | Yes | 25% | 46.24% | Yes | 20% | 35.50% | Yes |
| | **Jan 17** | **22%** | **33.36%** | **Yes** | **25%** | **45.34%** | **Yes** | **20%** | **34.17%** | **Yes** |
| | **Feb 17** | **22%** | **31.91%** | **Yes** | **25%** | **43.85%** | **Yes** | **20%** | **32.60%** | **Yes** |
| | **Mar 17** | **22%** | **30.12%** | **Yes** | **25%** | **42.99%** | **Yes** | **20%** | **32.54%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | <.15/1000 MM | 0.037 | Yes |
| | **Oct 16 – Dec 16** | **<.15/1000 MM** | **0.068** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 98%, 8%, 0.01% | Yes |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 9%, 0.01% | Yes |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 10%, 0.00% | Yes |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 11%, 0.01%** | **Yes** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 8%, 0.00%** | **Yes** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 9%, 0.00%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Blue Cross Complete of Michigan, Inc. – BCC

| Performance Measure | Measurement Period | Standard | | | Plan Result | | Standard | | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 9,286 | N/A | N/A | 8,300 | N/A | N/A | 211 | N/A |
| | **Oct 16 – Dec 16** | **N/A** | **9,785** | **N/A** | **N/A** | **9,115** | **N/A** | **N/A** | **194** | **N/A** |

| | | | | |
|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix B: One Year Plan-Specific Analysis

## Harbor Health Plan, Inc. – HAR

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 67% | **No** |
| | Aug 16 | 81% | 66% | **No** |
| | Aug 16 | 81% | 65% | **No** |
| | **Oct 16** | **81%** | **61%** | **No** |
| | **Nov 16** | **81%** | **63%** | **No** |
| | **Dec 16** | **81%** | **65%** | **No** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | 27.69% | Yes | 25% | 14.89% | **No** | 20% | 5.45% | **No** |
| | Nov 16 | 22% | 21.55% | **No** | 25% | 25.00% | Yes | 20% | 21.06% | Yes |
| | Dec 16 | 22% | 21.38% | **No** | 25% | 25.55% | Yes | 20% | 20.68% | Yes |
| | **Jan 17** | **22%** | **31.43%** | **Yes** | **25%** | **11.90%** | **No** | **20%** | **6.35%** | **No** |
| | **Feb 17** | **22%** | **30.56%** | **Yes** | **25%** | **11.43%** | **No** | **20%** | **11.48%** | **No** |
| | **Mar 17** | **22%** | **27.40%** | **Yes** | **25%** | **16.67%** | **No** | **20%** | **10.53%** | **No** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | <.15/1000 MM | 0.000 | Yes |
| | **Oct 16 – Dec 16** | **<.15/1000 MM** | **0.038** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/NA, 100%, 0%, 1.44% | **No** |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 0%, 0.26% | Yes |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 0%, 0.25% | Yes |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 0%, 0.26%** | **Yes** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 0%, 0.21%** | **Yes** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 96%, 0%, 0.35%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,NC** | **No** |
| | **Feb 17** | **Timely, Complete** | **T,NC** | **No** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T,NC | **No** |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Harbor Health Plan, Inc. – HAR

| Performance Measure | Measurement Period | Standard | | | Plan Result | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | CSHCS Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 6 | N/A | N/A | 4 | N/A | N/A | 0 | N/A |
| | **Oct 16 – Dec 16** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

| | | | | |
|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix B: One Year Plan-Specific Analysis

## McLaren Health Plan – MCL

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 83% | Yes |
| | Aug 16 | 81% | 84% | Yes |
| | Aug 16 | 81% | 84% | Yes |
| | **Oct 16** | **81%** | **85%** | **Yes** |
| | **Nov 16** | **81%** | **85%** | **Yes** |
| | **Dec 16** | **81%** | **85%** | **Yes** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | 25.52% | Yes | 25% | 30.64% | Yes | 20% | 23.11% | Yes |
| | Nov 16 | 22% | 25.44% | Yes | 25% | 32.45% | Yes | 20% | 23.40% | Yes |
| | Dec 16 | 22% | 25.80% | Yes | 25% | 33.35% | Yes | 20% | 23.52% | Yes |
| | **Jan 17** | **22%** | **27.02%** | **Yes** | **25%** | **33.45%** | **Yes** | **20%** | **24.10%** | **Yes** |
| | **Feb 17** | **22%** | **27.81%** | **Yes** | **25%** | **34.96%** | **Yes** | **20%** | **24.21%** | **Yes** |
| | **Mar 17** | **22%** | **28.29%** | **Yes** | **25%** | **35.62%** | **Yes** | **20%** | **25.43%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | <.15/1000 MM | 0.032 | Yes |
| | **Oct 16 – Dec 16** | **<.15/1000 MM** | **0.084** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 3%, 0.07% | Yes |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 4%, 0.06% | Yes |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 3%, 0.09% | Yes |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 3%, 0.09%** | **Yes** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 98%, 4%, 0.37%** | **Yes** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 4%, 0.26%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# McLaren Health Plan – MCL

| Performance Measure | Measurement Period | Standard | | | Plan Result | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 8,678 | N/A | N/A | 4,492 | N/A | N/A | 705 | N/A |
| | **Oct 16 – Dec 16** | **N/A** | **8,901** | **N/A** | **N/A** | **4,180** | **N/A** | **N/A** | **1,146** | **N/A** |

| | | | | |
|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix B: One Year Plan-Specific Analysis

## Meridian Health Plan – MER

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 77% | **No** |
| | Aug 16 | 81% | 77% | **No** |
| | Aug 16 | 81% | 77% | **No** |
| | **Oct 16** | **81%** | **77%** | **No** |
| | **Nov 16** | **81%** | **77%** | **No** |
| | **Dec 16** | **81%** | **78%** | **No** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | 24.26% | Yes | 25% | 31.58% | Yes | 20% | 24.63% | Yes |
| | Nov 16 | 22% | 24.64% | Yes | 25% | 32.16% | Yes | 20% | 25.09% | Yes |
| | Dec 16 | 22% | 25.02% | Yes | 25% | 31.97% | Yes | 20% | 25.62% | Yes |
| | **Jan 17** | **22%** | **25.06%** | **Yes** | **25%** | **32.43%** | **Yes** | **20%** | **26.23%** | **Yes** |
| | **Feb 17** | **22%** | **25.63%** | **Yes** | **25%** | **32.34%** | **Yes** | **20%** | **26.10%** | **Yes** |
| | **Mar 17** | **22%** | **25.51%** | **Yes** | **25%** | **32.70%** | **Yes** | **20%** | **27.21%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | <.15/1000 MM | 0.059 | Yes |
| | **Oct 16 – Dec 16** | **<.15/1000 MM** | **0.072** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 98%, 7%, 0.00% | Yes |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 99%, 7%, 0.00% | Yes |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 6%, 0.00% | Yes |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 99%, 5%, 0.00%** | **Yes** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 96%, 9%, 0.00%** | **Yes** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 97%, 8%, 0.00%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,NC** | **No** |
| | **Feb 17** | **Timely, Complete** | **T, NC** | **No** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,NC | **No** |
| | Dec 16 | Timely, Complete | NT, NC | **No** |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Meridian Health Plan – MER

| Performance Measure | Measurement Period | Standard | | | Plan Result | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 24,077 | N/A | N/A | 15,172 | N/A | N/A | 1,643 | N/A |
| | **Oct 16 – Dec 16** | **N/A** | **8,201** | **N/A** | **N/A** | **4,950** | **N/A** | **N/A** | **574** | **N/A** |

| | | | | |
|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix B: One Year Plan-Specific Analysis

## HAP Midwest Health Plan, Inc. – MID

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 67% | **No** |
| | Aug 16 | 81% | 67% | **No** |
| | Aug 16 | 81% | 67% | **No** |
| | **Oct 16** | **81%** | **71%** | **No** |
| | **Nov 16** | **81%** | **78%** | **No** |
| | **Dec 16** | **81%** | **75%** | **No** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | 30.22% | Yes | 25% | 37.81% | Yes | 20% | 31.25% | Yes |
| | Nov 16 | 22% | 28.92% | Yes | 25% | 40.96% | Yes | 20% | 31.63% | Yes |
| | Dec 16 | 22% | 28.42% | Yes | 25% | 40.96% | Yes | 20% | 32.16% | Yes |
| | **Jan 17** | **22%** | **30.34%** | **Yes** | **25%** | **41.90%** | **Yes** | **20%** | **30.53%** | **Yes** |
| | **Feb 17** | **22%** | **30.23%** | **Yes** | **25%** | **42.42%** | **Yes** | **20%** | **25.89%** | **Yes** |
| | **Mar 17** | **22%** | **55.56%** | **Yes** | **25%** | **66.67%** | **Yes** | **20%** | **25.00%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | <.15/1000 MM | 0.000 | Yes |
| | **Oct 16 – Dec 16** | **≤.15/1000 MM** | **0.000** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 8%, 0.00% | Yes |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 12%, 0.00% | Yes |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/NA, 100%, 16%, 0.00% | **No** |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/NA, 100%, 17%, 0.00%** | **No** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 8%, 0.00%** | **Yes** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 9%, 0.00%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# HAP Midwest Health Plan, Inc. – MID

| Performance Measure | Measurement Period | Standard | | | Plan Result | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 81 | N/A | N/A | 40 | N/A | N/A | 24 | N/A |
| | **Oct 16 – Dec 16** | **N/A** | **141** | **N/A** | **N/A** | **20** | **N/A** | **N/A** | **11** | **N/A** |

| | | | | |
|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix B: One Year Plan-Specific Analysis

## Molina Healthcare of Michigan – MOL

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 70% | **No** |
| | Aug 16 | 81% | 71% | **No** |
| | Aug 16 | 81% | 71% | **No** |
| | **Oct 16** | **81%** | **71%** | **No** |
| | **Nov 16** | **81%** | **73%** | **No** |
| | **Dec 16** | **81%** | **73%** | **No** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | 26.25% | Yes | 25% | 30.89% | Yes | 20% | 23.64% | Yes |
| | Nov 16 | 22% | 26.62% | Yes | 25% | 31.89% | Yes | 20% | 24.50% | Yes |
| | Dec 16 | 22% | 27.24% | Yes | 25% | 33.13% | Yes | 20% | 24.86% | Yes |
| | **Jan 17** | **22%** | **27.92%** | **Yes** | **25%** | **33.30%** | **Yes** | **20%** | **25.45%** | **Yes** |
| | **Feb 17** | **22%** | **28.31%** | **Yes** | **25%** | **34.25%** | **Yes** | **20%** | **26.31%** | **Yes** |
| | **Mar 17** | **22%** | **28.25%** | **Yes** | **25%** | **33.96%** | **Yes** | **20%** | **25.93%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | <.15/1000 MM | 0.038 | Yes |
| | **Oct 16 – Dec 16** | **<.15/1000 MM** | **0.067** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 2%, 0.31% | Yes |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 0%, 1.44% | **No** |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 2%, 3.28% | **No** |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/NA, 100%, 2%,3.21%** | **No** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 2%, 0.08%** | **Yes** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 2%, 0.14%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Molina Healthcare of Michigan – MOL

| Performance Measure | Measurement Period | Standard | | | Plan Result | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 27,213 | N/A | N/A | 10,482 | N/A | N/A | 1392 | N/A |
| | **Oct 16 – Dec 16** | **N/A** | **27,104** | **N/A** | **N/A** | **10,619** | **N/A** | **N/A** | **1,072** | **N/A** |

| | | | | |
|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix B: One Year Plan-Specific Analysis

## Priority Health Choice – PRI

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 82% | Yes |
| | Aug 16 | 81% | 82% | Yes |
| | Aug 16 | 81% | 82% | Yes |
| | **Oct 16** | **81%** | **82%** | **Yes** |
| | **Nov 16** | **81%** | **81%** | **Yes** |
| | **Dec 16** | **81%** | **81%** | **Yes** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | 22.01% | Yes | 25% | 38.07% | Yes | 20% | 34.15% | Yes |
| | Nov 16 | 22% | 22.26% | Yes | 25% | 37.36% | Yes | 20% | 34.07% | Yes |
| | Dec 16 | 22% | 22.46% | Yes | 25% | 38.12% | Yes | 20% | 33.52% | Yes |
| | **Jan 17** | **22%** | **23.00%** | **Yes** | **25%** | **37.53%** | **Yes** | **20%** | **33.44%** | **Yes** |
| | **Feb 17** | **22%** | **23.27%** | **Yes** | **25%** | **37.03%** | **Yes** | **20%** | **32.71%** | **Yes** |
| | **Mar 17** | **22%** | **23.94%** | **Yes** | **25%** | **35.27%** | **Yes** | **20%** | **32.31%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | <.15/1000 MM | 0.035 | Yes |
| | **Oct 16 – Dec 16** | **<.15/1000 MM** | **0.073** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 99%, 6%, 0.07% | Yes |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 99%, 5%, 0.02% | Yes |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 99%, 5%, 0.09% | Yes |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 99%, 4%, 0.03%** | **Yes** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 99%, 5%, 0.01%** | **Yes** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 99%, 6%, 0.01%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Priority Health Choice – PRI

| Performance Measure | Measurement Period | Standard | | | Plan Result | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 5,569 | N/A | N/A | 3,827 | N/A | N/A | 672 | N/A |
| | **Oct 16 – Dec 16** | **N/A** | **6,022** | **N/A** | **N/A** | **4,059** | **N/A** | **N/A** | **664** | **N/A** |

| | | | | |
|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **NT, NA** | **No** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix B: One Year Plan-Specific Analysis

## Total Health Care – THC

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 66% | **No** |
| | Aug 16 | 81% | 65% | **No** |
| | Aug 16 | 81% | 64% | **No** |
| | **Oct 16** | **81%** | **63%** | **No** |
| | **Nov 16** | **81%** | **65%** | **No** |
| | **Dec 16** | **81%** | **64%** | **No** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | Yes | 22.39% | 25% | Yes | 27.22% | 20% | 21.20% | Yes |
| | Nov 16 | 22% | Yes | 23.53% | 25% | Yes | 26.72% | 20% | 22.22% | Yes |
| | Dec 16 | 22% | Yes | 22.58% | 25% | Yes | 26.41% | 20% | 23.51% | Yes |
| | **Jan 17** | **22%** | **23.06%** | **Yes** | **25%** | **26.64%** | **Yes** | **20%** | **23.76%** | **Yes** |
| | **Feb 17** | **22%** | **22.66%** | **Yes** | **25%** | **27.22%** | **Yes** | **20%** | **25.45%** | **Yes** |
| | **Mar 17** | **22%** | **22.12%** | **Yes** | **25%** | **25.96%** | **Yes** | **20%** | **26.06%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | <.15/1000 MM | 0.090 | Yes |
| | **Oct 16 – Dec 16** | **≤.15/1000 MM** | **0.036** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 3%, 0.00% | Yes |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 2%, 0.00% | Yes |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 2%, 0.00% | Yes |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 2%, 0.00%** | **Yes** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 2%, 0.00%** | **Yes** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 2%, 0.00%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Total Health Care – THC

| Performance Measure | Measurement Period | Standard | | | Plan Result | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 8,758 | N/A | N/A | 3,116 | N/A | N/A | 109 | N/A |
| | **Oct 16 – Dec 16** | **N/A** | **14,188** | **N/A** | **N/A** | **5,217** | **N/A** | **N/A** | **170** | **N/A** |

| | | | | | |
|---|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix B: One Year Plan-Specific Analysis

## UnitedHealthcare Community Plan – UNI

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 76% | **No** |
| | Aug 16 | 81% | 76% | **No** |
| | Aug 16 | 81% | 76% | **No** |
| | **Oct 16** | **81%** | **76%** | **No** |
| | **Nov 16** | **81%** | **75%** | **No** |
| | **Dec 16** | **81%** | **75%** | **No** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | 25.20% | Yes | 25% | 31.50% | Yes | 20% | 25.32% | Yes |
| | Nov 16 | 22% | 25.35% | Yes | 25% | 32.25% | Yes | 20% | 25.78% | Yes |
| | Dec 16 | 22% | 25.47% | Yes | 25% | 33.40% | Yes | 20% | 25.55% | Yes |
| | **Jan 17** | **22%** | **25.77%** | **Yes** | **25%** | **33.27%** | **Yes** | **20%** | **25.91%** | **Yes** |
| | **Feb 17** | **22%** | **26.29%** | **Yes** | **25%** | **33.54%** | **Yes** | **20%** | **25.97%** | **Yes** |
| | **Mar 17** | **22%** | **27.12%** | **Yes** | **25%** | **34.57%** | **Yes** | **20%** | **26.50%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | <.15/1000 MM | 0.143 | Yes |
| | **Oct 16 – Dec 16** | **≤.15/1000 MM** | **0.068** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 7%, 0.02% | Yes |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 7%, 0.02% | Yes |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 7%, 0.03% | Yes |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 6%, 0.02%** | **Yes** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 8%, 0.11%** | **Yes** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 7%, 0.05%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

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- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# UnitedHealthcare Community Plan – UNI

| Performance Measure | Measurement Period | Standard | | | Plan Result | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 39,107 | N/A | N/A | 12,574 | N/A | N/A | 1,827 | N/A |
| | **Oct 16 – Dec 16** | **N/A** | **37,707** | **N/A** | **N/A** | **11,878** | **N/A** | **N/A** | **1,417** | **N/A** |

| | | | | |
|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# Appendix B: One Year Plan-Specific Analysis

## Upper Peninsula Health Plan – UPP

| Performance Measure | Measurement Period | Standard | Plan Result | Standard Achieved |
|---|---|---|---|---|
| Blood Lead Testing | Jul 16 | 81% | 85% | Yes |
| | Aug 16 | 81% | 84% | Yes |
| | Aug 16 | 81% | 84% | Yes |
| | **Oct 16** | **81%** | **84%** | **Yes** |
| | **Nov 16** | **81%** | **85%** | **Yes** |
| | **Dec 16** | **81%** | **84%** | **Yes** |

| | | Year 1 | Result | Standard Achieved | Year 2 | Result | Standard Achieved | Year 3 | Result | Standard Achieved |
|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Screening | Oct 16 | 22% | 9.70% | **No** | 25% | 10.23% | **No** | 20% | 11.99% | **No** |
| | Nov 16 | 22% | 8.98% | **No** | 25% | 10.56% | **No** | 20% | 11.53% | **No** |
| | Dec 16 | 22% | 8.66% | **No** | 25% | 10.53% | **No** | 20% | 12.32% | **No** |
| | **Jan 17** | **22%** | **9.13%** | **No** | **25%** | **11.67%** | **No** | **20%** | **12.13%** | **No** |
| | **Feb 17** | **22%** | **9.02%** | **No** | **25%** | **11.73%** | **No** | **20%** | **12.80%** | **No** |
| | **Mar 17** | **22%** | **10.29%** | **No** | **25%** | **12.88%** | **No** | **20%** | **12.84%** | **No** |

| | | | | |
|---|---|---|---|---|
| Complaints | Jul 16 – Sep 16 | <.15/1000 MM | 0.031 | Yes |
| | **Oct 16 – Dec 16** | **<.15/1000 MM** | **0.000** | **Yes** |

MM = Member Months ***This is a reverse measure. A lower rate indicates better performance.***

| | | | | |
|---|---|---|---|---|
| Claims Processing | Aug 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 99%, 9%, 0.00% | Yes |
| | Sep 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 8%, 0.00% | Yes |
| | Oct 16 | T/A, ≥95%, ≤12%, ≤1.0% | T/A, 100%, 8%, 0.00% | Yes |
| | **Nov 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 8%, 0.00%** | **Yes** |
| | **Dec 16** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 8%, 0.00%** | **Yes** |
| | **Jan 17** | **T/A, ≥95%, ≤12%, ≤1.0%** | **T/A, 100%, 9%, 0.00%** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

| | | | | |
|---|---|---|---|---|
| Pharmacy Encounter Data | Oct 16 | Timely, Complete | T,C | Yes |
| | Nov 16 | Timely, Complete | T,C | Yes |
| | Dec 16 | Timely, Complete | T,C | Yes |
| | **Jan 17** | **Timely, Complete** | **NT,NC** | **No** |
| | **Feb 17** | **Timely, Complete** | **T,C** | **Yes** |
| | **Mar 17** | **Timely, Complete** | **T,C** | **Yes** |

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# Upper Peninsula Health Plan – UPP

| Performance Measure | Measurement Period | Standard | | | Plan Result | | Standard Achieved | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MA-MC Standard | MA-MC Result | Standard Achieved | HMP Standard | HMP Result | Standard Achieved | CSHCS Standard | CSHCS Result | Standard Achieved |
| NEMT Encounter Submission | Jul 16 – Sep 16 | N/A | 1,032 | N/A | N/A | 584 | N/A | N/A | 324 | N/A |
| | **Oct 16 Dec 16** | **N/A** | **1,404** | **N/A** | **N/A** | **947** | **N/A** | **N/A** | **446** | **N/A** |

| | | | | |
|---|---|---|---|---|
| Provider File Reporting | Oct 16 | Timely, Accurate | T, A | Yes |
| | Nov 16 | Timely, Accurate | T, A | Yes |
| | Dec 16 | Timely, Accurate | T, A | Yes |
| | **Jan 17** | **Timely, Accurate** | **T, A** | **Yes** |
| | **Feb 17** | **Timely, Accurate** | **NT, NA** | **No** |
| | **Mar 17** | **Timely, Accurate** | **T, A** | **Yes** |

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications


RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

# 2015–2016 External Quality Review Technical Report for Medicaid Health Plans

*April 2017*

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# Acknowledgements and Copyrights

# 1. Executive Summary

## Purpose of Report

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires states to prepare an annual technical report that describes the manner in which data from activities conducted in accordance with the Code of Federal Regulations (CFR), 42 CFR 438.358, were aggregated and analyzed. The report must describe how conclusions were drawn as to the quality and timeliness of, and access to, care furnished by the states' managed care organizations, called Medicaid Health Plans (MHPs) in Michigan. The report of results must also contain an assessment of the strengths and opportunities for improvement for the MHPs regarding healthcare quality, timeliness, and access to care. Finally, the report must assess the degree to which the MHPs addressed any previous recommendations. To meet this requirement, the State of Michigan Department of Health and Human Services (MDHHS) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to aggregate and analyze MHP data and prepare the annual technical report.

The State of Michigan contracted with the following MHPs for the provision of Medicaid services:

- **Aetna Better Health of Michigan (AET)**
- **Blue Cross Complete of Michigan (BCC)**
- **Harbor Health Plan (HAR)**
- **McLaren Health Plan (MCL)**
- **Meridian Health Plan of Michigan (MER)**
- **HAP Midwest Health Plan (MID)**
- **Molina Healthcare of Michigan (MOL)**
- **Priority Health Choice, Inc. (PRI)**
- **Total Health Care, Inc. (THC)**
- **UnitedHealthcare Community Plan (UNI)**
- **Upper Peninsula Health Plan (UPP)**

## Scope of External Quality Review (EQR) Activities Conducted

This EQR technical report analyzes and aggregates data from three mandatory EQR activities:

- **Compliance Monitoring**: MDHHS evaluated the MHPs' compliance with federal Medicaid managed care regulations using a compliance review process. HSAG examined, compiled, and analyzed the results as presented in the MHP compliance review documentation provided by MDHHS.
- **Validation of Performance Measures**: Each MHP underwent a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ conducted by an NCQA-licensed audit organization. HSAG performed an independent audit of the audit findings to determine the validity of each performance measure.
- **Validation of Performance Improvement Projects (PIPs)**: HSAG reviewed one PIP for each MHP to ensure that the projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care and giving confidence in the reported improvements.

## Summary of Findings

The following is a statewide summary of the findings drawn regarding the MHPs' general performance and compliance in 2015–2016. Appendices A–K contain detailed, MHP-specific findings, while Section 3 presents detailed statewide findings with year-to-year comparisons.

In 2015–2016, 11 Medicaid Health Plans were contracted with the State of Michigan to provide comprehensive healthcare services. As of September 1, 2015, HealthPlus Partners, Inc. (HPP) was no longer an active Medicaid Health Plan; and as of January 1, 2016, Sparrow PHP (PHP) was no longer an active Medicaid Health Plan. **Aetna Better Health of Michigan** (**AET**) acquired CoventryCares (COV); therefore, this report includes findings for **AET**.

### *Compliance Review*

MDHHS completed its assessment of the MHPs' compliance with the requirements in the six standards shown in the table below through the 2015–2016 annual compliance review process. Table 1-1 shows the statewide results for each standard.

**Table 1-1—Summary of Data From the Annual Compliance Reviews**

| Standard | Range of MHP Scores | MHPs in Full Compliance* | Statewide Compliance Score |
|---|---|---|---|
| Standard 1—*Administrative* | 90%–100% | 9 | 98% |
| Standard 2—*Providers* | 92%–100% | 9 | 99% |
| Standard 3—*Members* | 81%–100% | 6 | 95% |
| Standard 4—*Quality* | 89%–94% | 0 | 91% |
| Standard 5—*MIS* | 50%–100% | 7 | 89% |
| Standard 6—*Program Integrity* | 78%–100% | 7 | 96% |
| **Overall Score** | **86%–99%** | **0** | **96%** |

* The terms "full compliance" and "100 percent compliance" are used interchangeably in this report.

The statewide average across all standards and all 11 MHPs was 96 percent, reflecting continued strong performance.

The *Administrative* standard was a statewide strength with a statewide score of 98 percent, and nine of the 11 MHPs achieving 100 percent compliance. All MHPs had organizational charts that met contractual requirements as well as final, approved policies for the election of Board members that included the required provisions for vacancies, election procedures, and Board composition. All MHPs demonstrated compliance with the requirement to have health plan representatives present at all mandatory administrative meetings hosted by the State's Managed Care Plan Division.

Performance on the *Providers* standard was also strong, with a statewide score of 99 percent, and with most MHPs in full compliance with all requirements. All MHPs met the requirements for standard provider contract provisions, agreements with the community mental health centers, availability of covered services, primary care medical home (PCMH) expansion, communication with contracted providers, and provider appeal processes.

For the *Members* standard, with a statewide score of 95 percent and six MHPs achieving 100 percent compliance, all MHPs demonstrated compliance with the requirements for the member handbooks, member newsletters, website maintenance, and the Benefits Monitoring Program (BMP). Timely mailing of new member ID cards and handbooks continued to be an opportunity for improvement for some of the MHPs.

Performance on the *Program Integrity* standard resulted in a statewide score of 96 percent, with seven MHPs achieving 100 percent compliance. The 2015–2016 annual review identified opportunities for improvement across almost all criteria on this standard. For this year's review, the State required that MHPs report on overpayments recovered as well as on the comprehensive program integrity plan and provider enrollment and screening criteria.

Seven MHPs had compliance scores of 100 percent on the *Management Information System (MIS)* standard, resulting in a statewide average score of 89 percent. For the 2015–2016 annual review, no criterion on this standard was met by all MHPs. The results for the *MIS* standard, at 89 percent, represent the lowest statewide score when compared to all other standards.

The *Quality* standard continued to represent an opportunity for improvement, with a statewide average score of 91 percent and no MHP meeting all requirements. Opportunities for improvement were identified primarily in the MHPs' Quality Improvement Program (QIP) Evaluations and work plans and the performance measure review (PMR). All MHPs were required to implement corrective actions for failing to meet contractually required minimum standards for key performance measures. Statewide strengths on the *Quality* standard included HEDIS submissions and final audit reports as well as policies and procedures for practice guidelines, quality improvement (QI), utilization management (UM), and accreditation status.

Overall, MDHHS is maintaining and ensuring the MHPs' compliance with both State and federal provisions through a robust compliance review program. The State had developed a tool inclusive of the required elements for a comprehensive compliance review of its MHPs. Similarly, the MHPs demonstrated continued strong performance on the compliance monitoring reviews, with statewide percentages ranging in the 90s.

## *Validation of Performance Measures*

Table 1-2 displays the 2016 Michigan Medicaid statewide HEDIS averages and performance levels. The performance levels are a comparison of the 2016 Michigan Medicaid statewide average to the NCQA Quality Compass® national HEDIS 2015 Medicaid percentiles.[1-1] For all measures except those under the Utilization domain, the Michigan Medicaid weighted average (MWA) rates were used to represent Michigan Medicaid statewide performance. For measures in the Utilization domain, an unweighted statewide average rate was calculated. For most measures, a display of ★★★★★ indicates performance at or above the national Medicaid 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. A ★★★ performance level indicates performance at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. Performance levels displayed as ★★ represent performance at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. Finally, performance levels displayed as ★ indicate that the statewide performance was below the national Medicaid 25th percentile.

For certain measures, such as *Comprehensive Diabetes Care—Poor HbA1c Control,* where lower rates indicate better performance, the national Medicaid 10th percentile (rather than the national Medicaid 90th percentile) represents excellent performance and the national Medicaid 75th percentile (rather than the national Medicaid 25th percentile) represents below-average performance.

Of note, measures in the Health Plan Diversity and Utilization domains are provided within this section for information purposes only as they assess the MHPs' use of services and/or describe health plan characteristics and are not related to performance. Therefore, most of the rates within these domains were not evaluated in comparison to national benchmarks.

For the current measurement year, no issues related to HEDIS reporting were identified by the auditors and all 11 MHPs were fully compliant with six information systems (IS) standards (Medical Service Data [IS 1.0], Enrollment Data [IS 2.0], Practitioner Data [IS 3.0], Medical Record Review Process [IS 4.0], Supplemental Data [IS 5.0], and Data Integration [IS 7.0]). The IS standard related to Member Call Center Data (IS 6.0) was not applicable to the measures required to be reported by the MHPs.

[1-1] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

**Table 1-2—Overall Statewide Averages for Performance Measures**

| Measure | HEDIS 2016 | Performance Level for 2016 |
|---|---|---|
| **Child & Adolescent Care** | | |
| ***Childhood Immunization Status*** | | |
| *Combination 2* | 76.15% | ★★★ |
| *Combination 3* | 71.05% | ★★ |
| *Combination 4* | 67.50% | ★★ |
| *Combination 5* | 58.78% | ★★★ |
| *Combination 6* | 40.45% | ★★ |
| *Combination 7* | 56.15% | ★★★ |
| *Combination 8* | 39.27% | ★★ |
| *Combination 9* | 34.97% | ★★ |
| *Combination 10* | 33.92% | ★★ |
| ***Well-Child Visits in the First 15 Months of Life*** | | |
| *Six or More Visits* | 66.22% | ★★★ |
| ***Lead Screening in Children*** | | |
| *Lead Screening in Children* | 79.55% | ★★★ |
| ***Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*** | | |
| *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* | 75.11% | ★★★ |
| ***Adolescent Well-Care Visits*** | | |
| *Adolescent Well-Care Visits* | 54.74% | ★★★ |
| ***Immunizations for Adolescents*** | | |
| *Combination 1* | 86.99% | ★★★★ |
| ***Appropriate Treatment for Children With Upper Respiratory Infection*** | | |
| *Appropriate Treatment for Children With Upper Respiratory Infection* | 89.09% | ★★★ |
| ***Appropriate Testing for Children With Pharyngitis*** | | |
| *Appropriate Testing for Children With Pharyngitis* | 68.41% | ★★ |
| ***Follow-Up Care for Children Prescribed ADHD Medication*** | | |
| *Initiation Phase* | 42.58% | ★★★ |
| *Continuation and Maintenance Phase* | 53.96% | ★★★ |

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | HEDIS 2016 | Performance Level for 2016 |
|---|---|---|
| **Women—Adult Care** | | |
| ***Breast Cancer Screening*** | | |
| *Breast Cancer Screening* | 59.58% | ★★★ |
| ***Cervical Cancer Screening*** | | |
| *Cervical Cancer Screening* | 63.79% | ★★★ |
| ***Chlamydia Screening in Women*** | | |
| *Ages 16 to 20 Years* | 60.75% | ★★★★ |
| *Ages 21 to 24 Years* | 67.85% | ★★★★ |
| *Total* | 63.86% | ★★★★ |
| **Access to Care** | | |
| ***Children and Adolescents' Access to Primary Care Practitioners*** | | |
| *Ages 12 to 24 Months* | 96.20% | ★★ |
| *Ages 25 Months to 6 Years* | 88.79% | ★★★ |
| *Ages 7 to 11 Years* | 90.85% | ★★ |
| *Ages 12 to 19 Years* | 89.86% | ★★ |
| ***Adults' Access to Preventive/Ambulatory Health Services*** | | |
| *Ages 20 to 44 Years* | 82.76% | ★★★ |
| *Ages 45 to 64 Years* | 89.81% | ★★★ |
| *Ages 65+ Years* | 91.15% | ★★★★ |
| *Total* | 85.62% | ★★★ |
| ***Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*** | | |
| *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* | 26.94% | ★★★ |
| **Obesity** | | |
| ***Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*** | | |
| *BMI Percentile—Total* | 74.93% | ★★★ |
| *Counseling for Nutrition—Total* | 65.77% | ★★★ |
| *Counseling for Physical Activity—Total*[†] | 57.88% | ★★★ |
| ***Adult BMI Assessment*** | | |
| *Adult BMI Assessment* | 89.92% | ★★★★ |

[†] Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | HEDIS 2016 | Performance Level for 2016 |
|---|---|---|
| **Pregnancy Care** | | |
| ***Prenatal and Postpartum Care*** | | |
| *Timeliness of Prenatal Care* | 78.63% | ★★ |
| *Postpartum Care* | 61.73% | ★★ |
| ***Frequency of Ongoing Prenatal Care*** | | |
| *≥81 Percent of Expected Visits* | 56.40% | ★★ |
| ***Weeks of Pregnancy at Time of Enrollment*** | | |
| *Prior to 0 Weeks* | 32.63% | — |
| *1–12 Weeks* | 11.40% | — |
| *13–27 Weeks* | 31.45% | — |
| *28 or More Weeks* | 20.82% | — |
| *Unknown* | 3.70% | — |
| **Living With Illness** | | |
| ***Comprehensive Diabetes Care***† | | |
| *Hemoglobin A1c (HbA1c) Testing* | 86.89% | ★★★ |
| *HbA1c Poor Control (>9.0%)** | 39.30% | ★★★ |
| *HbA1c Control (<8.0%)* | 50.91% | ★★★ |
| *Eye Exam (Retinal) Performed* | 59.61% | ★★★ |
| *Medical Attention for Nephropathy* | 91.28% | ★★★★★ |
| *Blood Pressure Control (<140/90 mm Hg)* | 59.38% | ★★ |
| ***Medication Management for People With Asthma*** | | |
| *Medication Compliance 50%—Total* | 67.13% | ★★★★ |
| *Medication Compliance 75%—Total* | 43.79% | ★★★★★ |
| ***Asthma Medication Ratio*** | | |
| *Total* | 62.18% | ★★★ |
| ***Controlling High Blood Pressure*** | | |
| *Controlling High Blood Pressure* | 55.54% | ★★ |

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

* For this indicator, a lower rate indicates better performance.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | HEDIS 2016 | Performance Level for 2016 |
|---|---|---|
| **Living With Illness (continued)** | | |
| ***Medical Assistance With Smoking and Tobacco Use Cessation***^ | | |
| *Advising Smokers and Tobacco Users to Quit* | 79.75% | ★★★★ |
| *Discussing Cessation Medications* | 55.04% | ★★★★ |
| *Discussing Cessation Strategies* | 45.20% | ★★★ |
| ***Antidepressant Medication Management*** | | |
| *Effective Acute Phase Treatment* | 60.36% | ★★★★ |
| *Effective Continuation Phase Treatment* | 42.21% | ★★★★ |
| ***Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*** | | |
| *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* | 82.61% | ★★★ |
| ***Diabetes Monitoring for People With Diabetes and Schizophrenia*** | | |
| *Diabetes Monitoring for People With Diabetes and Schizophrenia* | 69.98% | ★★★ |
| ***Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*** | | |
| *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* | 74.46% | ★★ |
| ***Adherence to Antipsychotic Medications for Individuals With Schizophrenia***† | | |
| *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* | 58.76% | ★★ |
| ***Annual Monitoring for Patients on Persistent Medications*** | | |
| *ACE Inhibitors or ARBs* | 87.20% | ★★ |
| *Digoxin* | 52.47% | ★★ |
| *Diuretics* | 86.88% | ★★ |
| *Total* | 86.84% | ★★ |

^ The weighted averages for this measure were based on the eligible population for the survey rather than only the number of people who responded to the survey as being smokers.

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | HEDIS 2016 | Performance Level for 2016 |
|---|---|---|
| **Health Plan Diversity** | | |
| ***Race/Ethnicity Diversity of Membership*** | | |
| *Total—White* | 54.01% | — |
| *Total—Black or African American* | 28.00% | — |
| *Total—American-Indian and Alaska Native* | 0.49% | — |
| *Total—Asian* | 1.09% | — |
| *Total—Native Hawaiian and Other Pacific Islander* | 0.05% | — |
| *Total—Some Other Race* | 1.23% | — |
| *Total—Two or More Races* | 0.00% | — |
| *Total—Unknown* | 12.23% | — |
| *Total—Declined* | 2.89% | — |
| ***Language Diversity of Membership*** | | |
| *Spoken Language Preferred for Health Care—English* | 88.26% | — |
| *Spoken Language Preferred for Health Care—Non-English* | 1.11% | — |
| *Spoken Language Preferred for Health Care—Unknown* | 10.63% | — |
| *Spoken Language Preferred for Health Care—Declined* | 0.00% | — |
| *Preferred Language for Written Materials—English* | 70.13% | — |
| *Preferred Language for Written Materials—Non-English* | 1.08% | — |
| *Preferred Language for Written Materials—Unknown* | 28.79% | — |
| *Preferred Language for Written Materials—Declined* | 0.00% | — |
| *Other Language Needs—English* | 52.71% | — |
| *Other Language Needs—Non-English* | 0.51% | — |
| *Other Language Needs—Unknown* | 46.78% | — |
| *Other Language Needs—Declined* | 0.00% | — |

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | HEDIS 2016 | Performance Level for 2016 |
|---|---|---|
| **Utilization** | | |
| ***Ambulatory Care—Total (Per 1,000 Member Months)*** | | |
| *ED Visits—Total*‡,* | 74.00 | ★ |
| *Outpatient Visits—Total* | 373.49 | — |
| ***Inpatient Utilization—General Hospital/Acute Care—Total*** | | |
| *Total Inpatient—Discharges per 1,000 Member Months—Total* | 8.27 | — |
| *Total Inpatient—Average Length of Stay—Total* | 3.98 | — |
| *Maternity—Discharges per 1,000 Member Months—Total* | 2.59 | — |
| *Maternity—Average Length of Stay—Total* | 2.63 | — |
| *Surgery—Discharges per 1,000 Member Months—Total* | 1.83 | — |
| *Surgery—Average Length of Stay—Total* | 6.18 | — |
| *Medicine—Discharges per 1,000 Member Months—Total* | 4.52 | — |
| *Medicine—Average Length of Stay—Total* | 3.64 | — |

‡ Performance levels provided for this measure are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Of the 63 measure rates with national benchmarks available and appropriate for comparison, 41 statewide rates performed at or above the national Medicaid 50th percentile, with 11 rates performing at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Further, two rates (*Comprehensive Diabetes Care—Medical Attention for Nephropathy* and *Medication Management for People With Asthma—Medication Compliance 75%—Total*) met or exceeded the national Medicaid 90th percentile, demonstrating a strength statewide. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results.

Statewide performance at or above the national Medicaid 75th percentile but below the national Medicaid 90th spanned multiple domains including Child & Adolescent Care (*Immunizations for Adolescents—Combination 1*), Women—Adult Care (all three *Chlamydia Screening in Women* indicators), Access to Care (*Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*), Obesity (*Adult BMI Assessment*), and Living With Illness (*Medication Management for People With Asthma—Medication Compliance 50%—Total*, two of the three *Medical Assistance With Smoking and Tobacco Use Cessation* indicators, and both *Antidepressant Medication Management* indicators).

Conversely, 22 statewide rates fell below the national Medicaid 50th percentile, with one rate (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) falling below the national Medicaid 25th percentile. Opportunities for statewide improvement spanned multiple domains including Child & Adolescent Care (six of nine *Childhood Immunization Status* indicators and *Appropriate Testing for Children With Pharyngitis*), Access to Care (three of four *Children and Adolescents' Access to Primary Care Practitioners* indicators), Pregnancy Care (both *Prenatal and Postpartum Care* indicators and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]*, *Controlling High Blood Pressure*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, and all four *Annual Monitoring for Patients on Persistent Medications* indicators).

## *Performance Improvement Projects (PIPs)*

For the 2015–2016 validation cycle, the MHPs provided third-year submissions on PIPs that focused on special groups or unique subpopulations of enrollees. With the implementation of the outcomes-focused scoring methodology, MHPs were required to achieve statistically significant improvement over the baseline rate across all study indicators to receive an overall *Met* validation status. Of the 11 MHPs, five received a validation status of *Met* for their PIPs and six had a validation status of *Not Met*, as shown in Table 1-3.

**Table 1-3—MHPs' 2015–2016 PIP Validation Status**

| Validation Status | Number of MHPs |
|---|---|
| *Met* | 5 |
| *Partially Met* | 0 |
| *Not Met* | 6 |

Table 1-4 presents a summary of the statewide 2015–2016 results for the activities of the protocol for validating PIPs.

**Table 1-4—Summary of Results From the 2015–2016 Validation of PIPs**

| Review Activities | | Number of PIPs Meeting All Evaluation Elements/ Number Reviewed | Number of PIPs Meeting All Critical Elements/ Number Reviewed |
|---|---|---|---|
| I. | Select the Study Topic | 11/11 | 11/11 |
| II. | Define the Study Question(s) | 11/11 | 11/11 |
| III. | Use a Representative and Generalizable Study Population | 11/11 | 11/11 |
| IV. | Select the Study Indicator(s) | 11/11 | 11/11 |
| V. | Use Sound Sampling Techniques* | 3/3 | 3/3 |
| VI. | Reliably Collect Data | 11/11 | 11/11 |
| VII. | Analyze Data and Interpret Study Results | 7/11 | 11/11 |
| VIII. | Implement Interventions and Improvement Strategies | 9/11 | 11/11 |
| IX. | Assess for Real Improvement | 4/11 | 5/11 |
| X. | Assess for Sustained Improvement** | 3/4 | 3/4 |

* This activity is assessed only for PIPs that conduct sampling.

** This activity was assessed only for PIPs that achieved statistically significant improvement in the 2014–2015 cycle.

HSAG validated Activities I through IX for all 2015–2016 PIP submissions and Activity X for four PIPs that achieved statistically significant improvement in 2014–2015. The MHPs demonstrated both strong performance related to the quality of their PIPs and thorough application of the requirements for Activities I through VI of the Centers for Medicare & Medicaid Services (CMS) protocol for conducting PIPs.

All PIPs completed the Design (Activities I through VI) and Implementation and Evaluation (Activities VII and VIII) phases of the study and progressed to the Outcomes (Activities IX and X) phase.

All 11 PIPs received *Met* scores for all applicable evaluation elements in Activities I through VI and all critical elements in Activities VII and VIII. Only five of the 11 PIPs met the critical element in Activity IX regarding achieving a statistically significant improvement over baseline. Three of the four PIPs achieved sustained improvement and each received a *Met* score for the evaluation element in Activity X.

The PIPs submitted for the 2015–2016 validation reflected statewide strength in the Design and the Implementation and Evaluation phases of the study and opportunities for improvement in the Outcomes phase. Each MHP provided its third-year submission on a previously selected topic, advanced to the Outcomes phase of the study, and reported Remeasurement 2 data from calendar year (CY) 2015. The

MHPs conducted appropriate causal/barrier analyses and implemented interventions with the potential to impact healthcare outcomes. While eight MHPs documented improvement in the outcomes of care, only five of those eight MHPs demonstrated statistically significant improvement over the baseline rates. Additionally, three MHPs documented a statistically significant improvement over baseline for two consecutive years and hence demonstrated a sustained improvement in their study indicator rates.

To address the lack of statistically significant improvement in the study indicator rates—or, in some cases, a decline in the rate—the MHPs should use quality improvement tools such as process mapping or failure modes and effects analysis to determine barriers and weaknesses within processes that may prevent them from achieving desired outcomes. The MHPs should continue to evaluate the effectiveness of each implemented intervention and use the findings from this analysis to make decisions regarding continuing, revising, or abandoning interventions.

## *Quality, Timeliness, and Access*

The annual compliance review of the MHPs showed continued strong performance across the areas of **quality**, **timeliness**, and **access**. Combined, the areas with the highest level of compliance—the *Administrative* and *Providers* standards—addressed the **quality** and **timeliness** of, as well as **access** to, services provided to beneficiaries. The compliance reviews identified opportunities for improvement primarily in the **quality** and **access** areas.

Results for the validated performance measures reflected statewide strengths across the areas of **quality**, **timeliness**, and **access**. Statewide rates for 63 of the 98 performance measure indicators were compared to the available national HEDIS 2015 Medicaid percentiles. Forty-one rates demonstrated average to above-average performance and ranked at or above the national Medicaid 50th percentile, with 11 of these rates ranking above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Two rates ranked above the national Medicaid 90th percentile. The 22 rates that fell below the national Medicaid 50th percentile represented opportunities for improvement.

The validation of the MHPs' PIPs reflected strong performance in the studies that addressed the **quality**, **timeliness**, and **access** areas. All projects reflected a thorough application of the PIP Design and Implementation and Evaluation phases. The MHPs should continue to implement, evaluate, and, if necessary, revise or replace interventions to achieve desired outcomes.

Table 1-5 shows HSAG's assignment of the compliance review standards, performance measures, and PIPs into the areas of **quality**, **timeliness**, and **access**.

**Table 1-5—Assignment of Activities to Performance Areas**

| Compliance Review Standards | Quality | Timeliness | Access |
|---|---|---|---|
| Standard 1—*Administrative* | ✓ | | |
| Standard 2—*Providers* | ✓ | ✓ | ✓ |
| Standard 3—*Members* | ✓ | ✓ | ✓ |
| Standard 4—*Quality* | ✓ | | ✓ |
| Standard 5—*MIS* | ✓ | ✓ | |
| Standard 6—*Program Integrity* | ✓ | ✓ | ✓ |
| **Performance Measures[1-2]** | **Quality** | **Timeliness** | **Access** |
| *Childhood Immunization Status—Combinations 2–10* | ✓ | ✓ | |
| *Well-Child Visits in the First 15 Months of Life—Six or More Visits* | ✓ | | |
| *Lead Screening in Children* | ✓ | ✓ | |
| *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* | ✓ | | |
| *Adolescent Well-Care Visits* | ✓ | | |
| *Immunizations for Adolescents—Combination 1* | ✓ | ✓ | |
| *Appropriate Treatment for Children With Upper Respiratory Infection* | ✓ | | |
| *Appropriate Testing for Children With Pharyngitis* | ✓ | | |
| *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* | ✓ | ✓ | ✓ |
| *Breast Cancer Screening* | ✓ | | |
| *Cervical Cancer Screening* | ✓ | | |
| *Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years,* and *Total* | ✓ | | |
| *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years,* and *Ages 12 to 19 Years* | | | ✓ |
| *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65 Years and Older,* and *Total* | | | ✓ |
| *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* | ✓ | | |

[1-2] *Race/Ethnicity Diversity of Membership, Language Diversity of Membership, Weeks of Pregnancy at Time of Enrollment, Ambulatory Care—Total (Per 1,000 Member Months)—Outpatient Visits—Total* and *Inpatient Utilization* were not included in Table 1-5 because they cannot be categorized into any performance areas.

| Performance Measures | Quality | Timeliness | Access |
|---|---|---|---|
| *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*, *Counseling for Nutrition—Total*, and *Counseling for Physical Activity—Total* | ✓ | | |
| *Adult BMI Assessment* | ✓ | | |
| *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* | | ✓ | ✓ |
| *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* | ✓ | | ✓ |
| *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing*, *HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *Eye Exam (Retinal) Performed*, *Medical Attention for Nephropathy*, and *Blood Pressure Control (<140/90 mm Hg)* | ✓ | | |
| *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total* | ✓ | | |
| *Asthma Medication Ratio—Total* | ✓ | | |
| *Controlling High Blood Pressure* | ✓ | | |
| *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies* | ✓ | | |
| *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* | ✓ | | |
| *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* | ✓ | | |
| *Diabetes Monitoring for People With Diabetes and Schizophrenia* | ✓ | | |
| *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* | ✓ | | |
| *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* | ✓ | | |
| *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs*, *Digoxin*, *Diuretics*, and *Total* | ✓ | | |
| *Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits—Total* | | | ✓ |
| **PIPs** | **Quality** | **Timeliness** | **Access** |
| One PIP for each MHP | ✓ | ✓ | ✓ |

# 2. External Quality Review Activities

## Introduction

This section of the report describes the manner in which data from the activities conducted in accordance with 42 CFR 438.358 were aggregated and analyzed.

## Compliance Monitoring

### *Objectives*

According to 42 CFR 438.358, a state or its EQRO must conduct a review within a three-year period to determine the Medicaid managed care organizations' compliance with standards established by the state for access to care, structure and operations, and quality measurement and improvement. To meet this requirement, MDHHS performed annual compliance reviews of its contracted MHPs.

The objectives of conducting compliance reviews are to ensure performance and adherence to contractual provisions as well as compliance with federal Medicaid managed care regulations. The reviews also aid in identifying areas of noncompliance and assist MHPs in developing corrective actions to achieve compliance with State and federal requirements.

### *Technical Methods of Data Collection*

MDHHS is responsible for conducting compliance activities that assess MHPs' conformity with State requirements and federal Medicaid managed care regulations. This technical report presents the results of the compliance reviews performed during the 2015–2016 contract year. MDHHS conducted a compliance review of six standards as listed below:

1. *Administrative* (5 criteria)
2. *Providers* (11 criteria)
3. *Members* (8 criteria)
4. *Quality* (9 criteria)
5. *MIS* (3 criteria)
6. *Program Integrity* (16 criteria)

## *Description of Data Obtained*

To assess the MHPs' compliance with federal and State requirements, MDHHS obtained information from a wide range of written documents produced by the MHPs, including the following:

- Policies and procedures
- Quality assessment and performance improvement (QAPI) programs
- Minutes of meetings of the governing body, QI committee, compliance committee, UM committee, credentialing committee, and peer review committee
- QI work plans, utilization reports, provider and member profiling reports, and QI effectiveness reports
- Internal auditing/monitoring plans, auditing/monitoring findings, and accreditation status
- Claims review reports, prior-authorization reports, complaint logs, grievance logs, telephone contact logs, disenrollment logs, MDHHS hearing requests, and medical record review reports
- Provider service and delegation agreements and contracts
- Provider files, disclosure statements, and current sanctioned/suspended provider lists
- Organizational charts
- Program integrity forms and reports
- Employee handbooks, fliers, employee newsletters, provider manuals, provider newsletters, websites, educational/training materials, and sign-in sheets
- Member materials, including welcome letters, member handbooks, member newsletters, provider directories, and certificates of coverage

For the 2015–2016 compliance reviews, MDHHS continued using the review tool and process from the previous review cycle. Two factors may affect the comparability of findings from the 2014–2015 and 2015–2016 review cycles:

- The number of contracted MHPs changed from 13 to 11.
- While the standards reviewed remained the same, MDHHS added criteria to the *Administrative*, *Providers*, *Members*, and *Program Integrity* standards, increasing the total number of criteria assessed from 48 in the prior year to 53 in the 2015–2016 review cycle.

For the *Quality* standard, MDHHS reviewed MHPs' reported rates for 12 of the performance measures (*Childhood Immunizations, Elective Delivery, Postpartum Care, Blood Lead Testing for 2 Year Olds, Developmental Screening, Well-Child Visits 0–15 Months, Well-Child Visits 3–6 Years, Complaints, Claims Processing, Encounter Data Reporting, Pharmacy Encounter Data Reporting,* and *Provider File Reporting).*[2-1]

[2-1] Medical Services Administration Bureau of Medicaid Care Management and Quality Assurance—Performance Monitoring Report—Medicaid Managed Care Healthy Michigan Plan, Revised November 7, 2016. These measures were taken from this report verbatim.

Throughout the fiscal year, MHPs submitted documentation of their compliance with a specified subset of the criteria in the review tool. The assessment of compliance with the standards was spread over multiple months or repeated at multiple points during the fiscal year. Following each month's submissions, MDHHS determined the MHPs' levels of compliance with the criteria assessed and provided feedback to the MHPs about their performance. For criteria with less than full compliance, MDHHS also specified its findings and requirements for a corrective action plan. MHPs then detailed the proposed corrective action, which was reviewed and—when acceptable—approved by MDHHS prior to implementation. MDHHS conducted an annual site visit with each MHP.

## *Data Aggregation, Analysis, and How Conclusions Were Drawn*

MDHHS reviewers used the compliance review tool for each MHP to document their findings and to identify, when applicable, specific action(s) required of the MHP to address any areas of noncompliance with contractual requirements.

For each criterion reviewed, MDHHS assigned one of the following scores:

- *Pass*—The MHP demonstrated full compliance with the requirement(s).
- *Incomplete*—The MHP demonstrated partial compliance with the requirement(s).
- *Fail*—The MHP failed to demonstrate compliance with the requirement(s).
- *Not Applicable (N/A)*—The requirement was not applicable to the MHP.

HSAG calculated a total compliance score for each standard, reflecting the degree of compliance with contractual requirements related to that area, and an overall score for each MHP across all six standards. The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), *Fail* (0 points), or *N/A* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

*To draw* conclusions *and make overall assessments about the* **quality** *and* **timeliness** *of, and* **access** *to, care provided by the MHPs using findings from the compliance reviews, the standards were categorized to evaluate each of these three* areas. Using this framework, Table 1-5 (page 1-15) shows HSAG's assignment of standards to the three areas of performance.

# Validation of Performance Measures

## *Objectives*

As set forth in 42 CFR 438.358, validation of performance measures is one of the mandatory EQR activities. The primary objectives of the performance measure validation process are to:

- Evaluate the accuracy of the performance measure data collected by the MHP.
- Determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure.

To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess each MHP's support system available to report accurate HEDIS measures.

## *Technical Methods of Data Collection and Analysis*

MDHHS required each MHP to collect and report a set of Medicaid HEDIS measures. Developed and maintained by NCQA, HEDIS is a set of performance measures broadly accepted in the managed care environment as an industry standard.

Each MHP underwent an NCQA HEDIS Compliance Audit conducted by an NCQA-licensed audit organization. The NCQA HEDIS Compliance Audit followed NCQA audit methodology as set out in NCQA's 2016 *Volume 5, HEDIS Compliance Audit™: Standards, Policies and Procedures.*[2-2] The NCQA HEDIS Compliance Audit encompasses an in-depth examination of the health plans' processes consistent with CMS' protocols for validation of performance measures. To complete the validation of performance measures process according to the CMS protocols, HSAG performed an independent evaluation of the audit results and findings to determine the validity of each performance measure.

Each NCQA HEDIS Compliance Audit was conducted by a licensed audit organization and included the following activities:

**Pre-review Activities**: Each MHP was required to complete the NCQA Record of Administration, Data Management, and Processes (Roadmap), which is comparable to the Information Systems Capabilities Assessment Tool, Appendix V of the CMS protocols. Pre-on-site conference calls were held to follow up on any outstanding questions. The audit team conducted a thorough review of the Roadmap and supporting documentation, including an evaluation of processes used for collecting, storing, validating, and reporting the performance measure data.

[2-2] National Committee for Quality Assurance. *Volume 5, HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C; 2016.

**On-site Review:** The on-site reviews, which typically lasted one to two day(s), included:

- An evaluation of system compliance, focusing on the processing of claims and encounters.
- An overview of data integration and control procedures, including discussion and observation.
- A review of how all data sources were combined and the method used to produce the performance measures.
- Interviews with MHP staff members involved with any aspect of performance measure reporting.
- A closing conference at which the audit team summarized preliminary findings and recommendations.

**Post-on-site Review Activities:** For each performance measure calculated and reported by the MHPs, the audit teams aggregated the findings from the pre-on-site and on-site activities to determine whether the reported measures were valid, based on an allowable bias. The audit teams assigned each measure one of seven audit findings: (1) *Reportable* (the MHP followed the specifications and produced a reportable rate or result for the measure), (2) *Not Applicable* (the MHP followed the specifications, but the denominator was too small [<30] to report a valid rate), (3) *No Benefit* (the MHP did not offer the health benefits required by the measure), (4) *Not Reportable* (the MHP chose not to report the measure), (5) *Not Required* (the MHP was not required to report the measure), (6) *Biased Rate* (the calculated rate was materially biased), or (7) *Un-Audited* (the MHP chose to report a measure not required to be audited).

## *Description of Data Obtained*

As identified in the CMS protocol, the following key types of data were obtained and reviewed as part of the validation of performance measures. Table 2-1 shows the data sources used in the validation of performance measures and the time period to which the data applied.

**Table 2-1—Description of Data Sources**

| Data Obtained | Time Period to Which the Data Applied |
|---|---|
| NCQA HEDIS Compliance Audit reports were obtained for each MHP, which included a description of the audit process, the results of the information systems findings, and the final audit designations for each performance measure. | Calendar Year (CY) 2015 (HEDIS 2016) |
| Performance measure reports, submitted by the MHPs using NCQA's Interactive Data Submission System (IDSS), were analyzed and subsequently validated by HSAG. | CY 2015 (HEDIS 2016) |
| Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates. | CY 2014 (HEDIS 2015) |

## *Data Aggregation, Analysis, and How Conclusions Were Drawn*

HSAG performed a comprehensive review and analysis of the MHPs' IDSS results, data submission tools, and MHP-specific NCQA HEDIS Compliance Audit reports and performance measure reports.

HSAG ensured that the following criteria were met prior to accepting any validation results:

- An NCQA-licensed audit organization completed the audit.
- An NCQA-certified HEDIS compliance auditor led the audit.
- The audit scope included all MDHHS-selected HEDIS measures.
- The audit scope focused on the Medicaid product line.
- Data were submitted via an auditor-locked NCQA IDSS.
- A final audit opinion, signed by the lead auditor and responsible officer within the licensed organization, was produced.

To draw conclusions and make overall assessments about the **quality**, **timeliness** of, and **access** to care provided by the MHPs using findings from the validation of performance measures, measures were categorized to evaluate one or more of the three areas. Table 1-5 shows HSAG's assignment of performance measures to these areas of performance.

Several measures did not fit into these areas since they are collected and reported as health plan descriptive measures or because the measure results could not be tied to any of the dimensions. These measures included *Weeks of Pregnancy at Time of Enrollment, Race/Ethnicity Diversity of Membership, Language Diversity of Membership, Ambulatory Care—Total (Per 1,000 Member Months)—Outpatient Visits—Total,* and *Inpatient Utilization*. Additionally, while national benchmarks were available for these measures, they were not included in the report as it was not appropriate to use them for benchmarking the MHPs' performance. Rates for these measures were not linked to performance as lower or higher rates did not necessarily indicate better or worse performance. Further, the first three measures are considered health plan descriptive measures; therefore, performance on these measures cannot be directly impacted by improvement efforts. The last two measures cannot be assigned to performance areas due to the inability to directly correlate measure performance to **quality**, **timeliness**, or **access** to care. For these reasons, these measures were not included in Table 1-5.

# Validation of Performance Improvement Projects (PIPs)

## *Objectives*

As part of its quality assessment and performance improvement (QAPI) program, each MHP is required by MDHHS to conduct PIPs in accordance with 42 CFR 438.240. MDHHS contracted with HSAG, as its EQRO, to assess the PIPs conducted by MHPs. MDHHS requires that the MHP conduct and submit PIPs annually to meet the requirements of the BBA, Public Law 105-33. According to the BBA, the quality of healthcare delivered to Medicaid enrollees in MHPs must be tracked, analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that an MHP serves. By assessing PIPs, HSAG assesses each MHP's "strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients," according to 42 CFR 438.364(a)(2).

The purpose of the PIPs is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas. The primary objective of PIP validation is to determine the MHP's compliance with the requirements of 42 CFR 438.240(b)(1). HSAG's evaluation of the PIP includes two key components of the quality improvement process:

1. HSAG evaluates the technical structure of the PIP to ensure that the MHP designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether or not the PIP design (e.g., study question, population, indicator[s], sampling techniques, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluates the implementation of the PIP. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, identification of causes and barriers, and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the MHP improves its rates through implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results).

The goal of HSAG's PIP validation is to ensure that MDHHS and key stakeholders can have confidence that any reported improvement is related and can be directly linked to the quality improvement strategies and activities conducted by the MHP during the life of the PIP.

MDHHS required that each MHP conduct one PIP subject to validation by HSAG. For the 2015–2016 validation cycle, each MHP continued with its study topic that focused on a special group or unique subpopulation of enrollees for the third-year submission.

## Technical Methods of Data Collection and Analysis

The HSAG PIP Review Team consisted of, at a minimum, an analyst with expertise in statistics and study design and a clinician with expertise in performance improvement processes. The methodology used to validate PIPs was based on the CMS guidelines as outlined in *EQR Protocol 3: Validating Performance Improvement Projects (PI Ps): A Mandatory Protocol for External Quality Review (EQR),* Version 2.0, September 2012.[2-3] Using this protocol, HSAG, in collaboration with MDHHS, developed the PIP Summary Form. Each MHP completed this form and submitted it to HSAG for review. The PIP Summary Form standardized the process for submitting information regarding the PIPs and ensured that all CMS PIP protocol requirements were addressed.

HSAG, with MDHHS' input and approval, developed a PIP Validation Tool to ensure uniform validation of PIPs. Using this tool, HSAG evaluated each of the PIPs according to the CMS protocols. The CMS protocols identify ten activities that should be validated for each PIP, although in some cases the PIP may not have progressed to the point at which all of the activities can be validated.

These activities are:

- Activity I. Appropriate Study Topic
- Activity II. Clearly Defined, Answerable Study Question(s)
- Activity III. Correctly Identified Study Population
- Activity IV. Clearly Defined Study Indicator(s)
- Activity V. Valid Sampling Techniques (if sampling was used)
- Activity VI. Accurate/Complete Data Collection
- Activity VII. Sufficient Data Analysis and Interpretation
- Activity VIII. Appropriate Improvement Strategies
- Activity IX. Real Improvement Achieved
- Activity X. Sustained Improvement Achieved

## Description of Data Obtained

HSAG obtained the data needed to conduct the PIP validations from the MHPs' PIP Summary Form. This form provided detailed information about each MHP's PIP as it related to the ten activities reviewed and evaluated for the 2015–2016 validation cycle.

[2-3] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR),* Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-3.pdf Accessed on: Jan 31, 2017.

## *Data Aggregation, Analysis, and How Conclusions Were Drawn*

HSAG used the following methodology to evaluate PIPs conducted by the MHPs to determine whether or not a PIP was valid and the percentage of compliance with CMS' protocol for conducting PIPs.

Each required activity is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall validation rating for the PIP of *Not Met*. The MHP is assigned a *Partially Met* score if 60 percent to 79 percent of all evaluation elements are *Met* or one or more critical elements are *Partially Met*. HSAG provides a *Point of Clarification* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*) HSAG assigns the PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculates the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

HSAG assessed the implications of the study's findings on the likely validity and reliability of the results as follows:

- *Met*: High confidence/confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 to 100 percent of all evaluation elements were *Met* across all activities.
- *Partially Met*: Low confidence in reported PIP results. All critical evaluation elements were *Met*, and 60 to 79 percent of all evaluation elements were *Met* across all activities; or one or more critical evaluation elements were *Partially Met*.
- *Not Met*: All critical evaluation elements were *Met*, and less than 60 percent of all evaluation elements were *Met* across all activities; or one or more critical evaluation elements were *Not Met*.

The MHPs had an opportunity to resubmit revised PIP Summary Forms and additional information in response to any *Partially Met* or *Not Met* evaluation scores, regardless of whether the evaluation element was critical or noncritical. HSAG re-reviewed the resubmitted documents and rescored each PIP before determining a final validation score and status. With MDHHS' approval, HSAG offered technical guidance to any MHP that requested an opportunity to review the scoring of the evaluation elements prior to a resubmission. Four MHPs requested and received technical assistance from HSAG. HSAG conducted conference calls or responded to emails to answer questions regarding the MHPs' PIPs or to discuss areas of deficiency. HSAG encouraged MHPs to use the PIP Summary Form Completion Instructions as they completed their PIPs. These instructions outlined each evaluation element and provided documentation resources to support CMS PIP protocol requirements.

HSAG followed the preceding methodology for validating the PIPs for all MHPs to assess the degree to which the MHPs designed, conducted, and reported their projects in a methodologically sound manner.

After completing the validation review, HSAG prepared a report of its findings and recommendations for each validated PIP. These reports, which complied with 42 CFR 438.364, were forwarded to MDHHS and the appropriate MHPs.

The EQR activities related to PIPs were designed to evaluate the validity and reliability of the MHP's processes in conducting the PIPs and to draw conclusions about the MHP's performance in the areas of quality, timeliness of, and access to care and services. With the MDHHS requirement that each MHP's PIP topic be targeted to a special group or unique subpopulation of enrollees, the topics varied across the MHPs, covering all three areas of **quality** and **timeliness** of—and **access** to—care, as illustrated in Table 1-5.

# 3. Statewide Findings

The following section presents findings for the two reporting periods of 2014–2015 and 2015–2016 from the annual compliance reviews, the validation of performance measures, and the validation of PIPs. Appendices A–K present additional details about the 2015–2016 MHP-specific results of the activities.

## Annual Compliance Review

MDHHS conducted annual compliance reviews of the MHPs, assessing their compliance with State and federal requirements on six standards: *Administrative*, *Providers*, *Members*, *Quality*, *MIS*, and *Program Integrity*. MDHHS completed the full review of all standards over the course of the 2015–2016 State fiscal year. Due to changes to the compliance monitoring tool, as described in Section 2 of this report, results from the 2015–2016 review cycle are not fully comparable to previous results.

Table 3-1 presents—for each standard and overall across all standards—the statewide compliance score, the number of corrective actions required, and the number and percentage of MHPs that achieved 100 percent compliance for the 2014–2015 and 2015–2016 compliance reviews.

**Table 3-1—Comparison of Results From the Compliance Reviews: Previous Results for 2014–2015 (P) and Current Results for 2015–2016 (C)**

| | | Statewide Compliance Score | | Number of Corrective Actions Required | | MHPs in Full Compliance (Number) | | MHPs in Full Compliance (Percentage) | |
|---|---|---|---|---|---|---|---|---|---|
| | | P | C | P | C | P | C | P | C |
| 1 | *Administrative* | 99% | 98% | 1 | 2 | 12 | 9 | 92% | 82% |
| 2 | *Providers* | 98% | 99% | 4 | 3 | 9 | 9 | 69% | 82% |
| 3 | *Members* | 95% | 95% | 9 | 8 | 7 | 6 | 54% | 55% |
| 4 | *Quality* | 92% | 91% | 19 | 18 | 1 | 0 | 8% | 0% |
| 5 | *MIS* | 94% | 89% | 5 | 7 | 8 | 7 | 62% | 64% |
| 6 | *Program Integrity* | 96% | 96% | 15 | 13 | 6 | 7 | 46% | 64% |
| **Overall Score/Total** | | **96%** | **96%** | **53** | **51** | **0** | **0** | **0%** | **0%** |

Please note that the total number of contracted MHPs changed from 13 in 2014–2015 to 11 in 2015–2016.

Overall, the MHPs demonstrated continued strong performance related to compliance with State and federal requirements assessed during the annual compliance reviews. The current-year statewide overall compliance score across all standards and all MHPs was 96 percent, the same as the prior-year score. While no MHP achieved a 100 percent overall compliance score, three of the MHPs each received a 99 percent overall score across all standards. The total number of CAPs across all standards and MHPs

decreased from 53 to 51, and the percentage of MHPs in full compliance with all requirements increased for most standards, most markedly for the *Program Integrity* and *Providers* standards.

The *Administrative* standard continued to be a statewide strength. However, this standard saw a small decrease in in the statewide score—from 99 percent in the prior year to 98 percent in the current review cycle—and in the percentage of MHPs in full compliance.

The *Providers* standard was the area of strongest performance for this review period, with a 2015–2016 statewide score of 99 percent and nine of the 11 MHPs demonstrating full compliance with all requirements in this area. Compared to the 2014–2015 review cycle, performance on this standard reflected improvement, with fewer corrective actions required and an increase in the percentage of MHPs meeting all requirements.

Performance on the *Members* standard resulted in a statewide score of 95 percent, remaining the same as achieved in the previous year's review. All MHPs demonstrated full compliance with the new requirement related to the Benefits Monitoring Program (BMP). The total number of corrective actions required for this standard decreased to eight CAPs. The most frequent recommendation on this standard, given to three MHPs, was related to requirements for tobacco cessation programs.

For the *Quality* standard, the statewide average score decreased by 1 percentage point to 91 percent. The number of MHPs that demonstrated full compliance on this standard remained the lowest among all standards, with no MHPs achieving a score of 100 percent. For this review period, 18 CAPs were required compared to the 19 CAPs required in the previous year. The highest scores were obtained by four MHPs, each with a 94 percent compliance score, resulting in only one CAP per MHP. The seven remaining MHPs all obtained scores of 89 percent, resulting in two CAPS each. The criterion that requires an annual evaluation of the quality improvement (QI) program and work plan was the second-highest noncompliant element, resulting in four CAPs. Compliance with MDHHS-specified minimum standards for performance measures remains a statewide opportunity for improvement, with CAPs required for all MHPs.

Statewide performance on the *MIS* standard was lower than in the previous cycle as the statewide average score declined from 94 percent to 89 percent. The number of corrective actions increased by two. Three CAPs were necessary for the requirement that MHPs maintain information systems that collect, analyze, integrate, and report data as required by MDHHS.

Performance on the *Program Integrity* standard reflected improvement over the prior-year results. While the statewide compliance score for this standard remained at 96 percent, the percentage of MHPs found to be in compliance with all elements reviewed showed a marked increase and the number of required CAPs decreased. The compliance review findings reflected continued challenges for some MHPs to provide complete and accurate reports on their activities related to the identification and reporting of fraud, waste, and abuse to the MDHHS Office of Inspector General (OIG).

## Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process were to evaluate the accuracy of the performance measure data collected by the MHPs and determine the extent to which the specific performance measures calculated by the MHPs (or on behalf of the MHPs) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a thorough information system evaluation was performed to assess the ability of each MHP's data system to report accurate HEDIS measures and a measure-specific review of all reported measures was conducted.

Results from the validation of performance measures activities showed that all 11 MHPs received findings of *Reportable* (i.e., appropriate processes, procedures, and corresponding documentation) for all assessed performance measures. The performance measure data were collected accurately from a wide variety of sources statewide. All MHPs demonstrated the ability to calculate and accurately report performance measures that complied with HEDIS specifications. These findings suggest that the information systems for reporting HEDIS measures were strengths statewide.

Table 3-2 displays the Michigan Medicaid 2016 HEDIS weighted averages and performance levels.[3-6] The performance levels compare the 2016 Michigan Medicaid weighted average and the NCQA Quality Compass national Medicaid HMO percentiles for HEDIS 2015.[3-7] For most measures, a display of ★★★★★ indicates performance at or above the national Medicaid 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. A ★★★ performance level indicates performance at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. Performance levels displayed as ★★ represent performance at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. Finally, performance levels displayed as ★ indicate that the weighted average performance was below the national Medicaid 25th percentile.

For certain measures such as *Comprehensive Diabetes Care—Poor HbA1c Control*, where lower rates indicate better performance, the national Medicaid 10th percentile (rather than the national Medicaid 90th percentile) represents excellent performance and the national Medicaid 75th percentile (rather than the national Medicaid 25th percentile) represents below-average performance.

Of note, measures in the Health Plan Diversity and Utilization domains are provided within this section for information purposes only as they assess the MHPs' use of services and/or describe health plan characteristics and are not related to performance. Therefore, most of these rates were not evaluated in comparison to national benchmarks and were not analyzed for statistical significance.

[3-6] Weighted averages were calculated and compared from HEDIS 2015 to HEDIS 2016, and comparisons were based on a Chi-square test of statistical significance with a $p$ value of <0.01 due to large denominators. Of note, 2015–2016 comparison values are based on comparisons of the exact HEDIS 2015 and HEDIS 2016 statewide weighted averages rather than on rounded values.

[3-7] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

**Table 3-2—Overall Statewide Averages for Performance Measures**

| Measure | HEDIS 2015 | HEDIS 2016 | 2015–2016 Comparison | Performance Level for 2016 |
|---|---|---|---|---|
| **Child & Adolescent Care** | | | | |
| ***Childhood Immunization Status*** | | | | |
| *Combination 2* | 77.16% | 76.15% | **-1.01$^{++}$** | ★★★ |
| *Combination 3* | 72.90% | 71.05% | **-1.85$^{++}$** | ★★ |
| *Combination 4* | 67.78% | 67.50% | -0.27 | ★★ |
| *Combination 5* | 60.52% | 58.78% | **-1.74$^{++}$** | ★★★ |
| *Combination 6* | 44.76% | 40.45% | **-4.31$^{++}$** | ★★ |
| *Combination 7* | 56.97% | 56.15% | -0.82 | ★★★ |
| *Combination 8* | 42.69% | 39.27% | **-3.42$^{++}$** | ★★ |
| *Combination 9* | 38.43% | 34.97% | **-3.47$^{++}$** | ★★ |
| *Combination 10* | 36.92% | 33.92% | **-3.00$^{++}$** | ★★ |
| ***Well-Child Visits in the First 15 Months of Life*** | | | | |
| *Six or More Visits* | 64.76% | 66.22% | **+1.45$^{+}$** | ★★★ |
| ***Lead Screening in Children*** | | | | |
| *Lead Screening in Children* | 80.37% | 79.55% | -0.82 | ★★★ |
| ***Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*** | | | | |
| *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* | 75.76% | 75.11% | **-0.65$^{++}$** | ★★★ |
| ***Adolescent Well-Care Visits*** | | | | |
| *Adolescent Well-Care Visits* | 54.02% | 54.74% | **+0.72$^{+}$** | ★★★ |
| ***Immunizations for Adolescents*** | | | | |
| *Combination 1* | 88.94% | 86.99% | **-1.95$^{++}$** | ★★★★ |

**Green Shading$^{+}$** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading$^{++}$** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | HEDIS 2015 | HEDIS 2016 | 2015–2016 Comparison | Performance Level for 2016 |
|---|---|---|---|---|
| **Child & Adolescent Care (continued)** | | | | |
| ***Appropriate Treatment for Children With Upper Respiratory Infection*** | | | | |
| *Appropriate Treatment for Children With Upper Respiratory Infection* | 88.00% | 89.09% | **+1.09⁺** | ★★★ |
| ***Appropriate Testing for Children With Pharyngitis*** | | | | |
| *Appropriate Testing for Children With Pharyngitis* | 67.25% | 68.41% | **+1.15⁺** | ★★ |
| ***Follow-Up Care for Children Prescribed ADHD Medication*** | | | | |
| *Initiation Phase* | 38.87% | 42.58% | **+3.71⁺** | ★★★ |
| *Continuation and Maintenance Phase* | 44.35% | 53.96% | **+9.61⁺** | ★★★ |
| **Women—Adult Care** | | | | |
| ***Breast Cancer Screening*** | | | | |
| *Breast Cancer Screening* | 59.65% | 59.58% | -0.06 | ★★★ |
| ***Cervical Cancer Screening*** | | | | |
| *Cervical Cancer Screening* | 68.46% | 63.79% | **-4.67⁺⁺** | ★★★ |
| ***Chlamydia Screening in Women*** | | | | |
| *Ages 16 to 20 Years* | 59.08% | 60.75% | **+1.67⁺** | ★★★★ |
| *Ages 21 to 24 Years* | 67.58% | 67.85% | +0.28 | ★★★★ |
| *Total* | 62.20% | 63.86% | **+1.65⁺** | ★★★★ |
| **Access to Care** | | | | |
| ***Children and Adolescents' Access to Primary Care Practitioners*** | | | | |
| *Ages 12 to 24 Months* | 96.32% | 96.20% | -0.12 | ★★ |
| *Ages 25 Months to 6 Years* | 88.73% | 88.79% | +0.06 | ★★★ |
| *Ages 7 to 11 Years* | 91.14% | 90.85% | -0.29 | ★★ |
| *Ages 12 to 19 Years* | 90.21% | 89.86% | **-0.35⁺⁺** | ★★ |
| ***Adults' Access to Preventive/Ambulatory Health Services*** | | | | |
| *Ages 20 to 44 Years* | 83.42% | 82.76% | **-0.65⁺⁺** | ★★★ |
| *Ages 45 to 64 Years* | 90.77% | 89.81% | **-0.96⁺⁺** | ★★★ |
| *Ages 65+ Years* | 88.60% | 91.15% | **+2.55⁺** | ★★★★ |
| *Total* | 86.11% | 85.62% | **-0.49⁺⁺** | ★★★ |

**Green Shading⁺** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading⁺⁺** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | HEDIS 2015 | HEDIS 2016 | 2015–2016 Comparison | Performance Level for 2016 |
|---|---|---|---|---|
| **Access to Care (continued)** | | | | |
| ***Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*** | | | | |
| *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* | — | 26.94% | — | ★★★ |
| **Obesity** | | | | |
| ***Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*** | | | | |
| *BMI Percentile—Total* | 78.34% | 74.93% | **-3.41**$^{++}$ | ★★★ |
| *Counseling for Nutrition—Total* | 67.95% | 65.77% | **-2.19**$^{++}$ | ★★★ |
| *Counseling for Physical Activity—Total*$^{\dagger}$ | 58.07% | 57.88% | -0.19 | ★★★ |
| ***Adult BMI Assessment*** | | | | |
| *Adult BMI Assessment* | 90.31% | 89.92% | **-0.39**$^{++}$ | ★★★★ |
| **Pregnancy Care** | | | | |
| ***Prenatal and Postpartum Care*** | | | | |
| *Timeliness of Prenatal Care* | 84.45% | 78.63% | **-5.81**$^{++}$ | ★★ |
| *Postpartum Care* | 66.69% | 61.73% | **-4.96**$^{++}$ | ★★ |
| ***Frequency of Ongoing Prenatal Care*** | | | | |
| *≥81 Percent of Expected Visits* | 63.43% | 56.40% | **-7.03**$^{++}$ | ★★ |
| ***Weeks of Pregnancy at Time of Enrollment***[1] | | | | |
| *Prior to 0 Weeks* | 30.34% | 32.63% | +2.29 | — |
| *1–12 Weeks* | 9.55% | 11.40% | +1.85 | — |
| *13–27 Weeks* | 39.34% | 31.45% | -7.89 | — |
| *28 or More Weeks* | 17.35% | 20.82% | +3.47 | — |
| *Unknown* | 3.42% | 3.70% | +0.28 | — |

**Green Shading**$^{+}$ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading**$^{++}$ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

$^{\dagger}$ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[1] Significance testing was not performed for utilization-based measure indicator rates or any performance levels for 2016 or 2015–2016. Comparisons provided for these measures are for information purposes only.

— indicates that the measure indicator was not presented in the HEDIS 2015 deliverables; therefore, the HEDIS 2015 rate and 2015–2016 comparison values are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | HEDIS 2015 | HEDIS 2016 | 2015–2016 Comparison | Performance Level for 2016 |
|---|---|---|---|---|
| **Living With Illness** | | | | |
| ***Comprehensive Diabetes Care***† | | | | |
| *Hemoglobin A1c (HbA1c) Testing* | 85.99% | 86.89% | **+0.90**+ | ★★★ |
| *HbA1c Poor Control (>9.0%)** | 35.83% | 39.30% | **3.48**++ | ★★★ |
| *HbA1c Control (<8.0%)* | 53.78% | 50.91% | **-2.87**++ | ★★★ |
| *Eye Exam (Retinal) Performed* | 59.48% | 59.61% | +0.13 | ★★★ |
| *Medical Attention for Nephropathy* | 83.73% | 91.28% | **+7.55**+ | ★★★★★ |
| *Blood Pressure Control (<140/90 mm Hg)* | 65.90% | 59.38% | **-6.52**++ | ★★ |
| ***Medication Management for People With Asthma*** | | | | |
| *Medication Compliance 50%—Total* | — | 67.13% | — | ★★★★ |
| *Medication Compliance 75%—Total* | — | 43.79% | — | ★★★★★ |
| ***Asthma Medication Ratio*** | | | | |
| *Total* | — | 62.18% | — | ★★★ |
| ***Controlling High Blood Pressure*** | | | | |
| *Controlling High Blood Pressure* | 62.06% | 55.54% | **-6.53**++ | ★★ |
| ***Medical Assistance With Smoking and Tobacco Use Cessation***^ | | | | |
| *Advising Smokers and Tobacco Users to Quit* | 79.90% | 79.75% | **-0.15**++ | ★★★★ |
| *Discussing Cessation Medications* | 54.26% | 55.04% | **+0.79**+ | ★★★★ |
| *Discussing Cessation Strategies* | 45.73% | 45.20% | **-0.53**++ | ★★★ |
| ***Antidepressant Medication Management*** | | | | |
| *Effective Acute Phase Treatment* | — | 60.36% | — | ★★★★ |
| *Effective Continuation Phase Treatment* | — | 42.21% | — | ★★★★ |

**Green Shading**+ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading**++ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

† Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

^ The weighted averages for this measure were based on the eligible population for the survey rather than only the number of people who responded to the survey as being smokers.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure indicator was not presented in the HEDIS 2015 deliverables; therefore, the HEDIS 2015 rate and 2015–2016 comparison values are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | HEDIS 2015 | HEDIS 2016 | 2015–2016 Comparison | Performance Level for 2016 |
|---|---|---|---|---|
| **Living With Illness (continued)** | | | | |
| ***Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*** | | | | |
| *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* | 83.75% | 82.61% | -1.14 | ★★★ |
| ***Diabetes Monitoring for People With Diabetes and Schizophrenia*** | | | | |
| *Diabetes Monitoring for People With Diabetes and Schizophrenia* | 72.73% | 69.98% | -2.74 | ★★★ |
| ***Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*** | | | | |
| *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* | 60.10% | 74.46% | **+14.36⁺** | ★★ |
| ***Adherence to Antipsychotic Medications for Individuals With Schizophrenia†*** | | | | |
| *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* | 59.22% | 58.76% | -0.46 | ★★ |
| ***Annual Monitoring for Patients on Persistent Medications*** | | | | |
| *ACE Inhibitors or ARBs* | — | 87.20% | — | ★★ |
| *Digoxin* | — | 52.47% | — | ★★ |
| *Diuretics* | — | 86.88% | — | ★★ |
| *Total* | — | 86.84% | — | ★★ |

**Green Shading⁺** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading⁺⁺** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

† Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure indicator was not presented in the HEDIS 2015 deliverables; therefore, the HEDIS 2015 rate and 2015–2016 comparison values are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | HEDIS 2015 | HEDIS 2016 | 2015–2016 Comparison | Performance Level for 2016 |
|---|---|---|---|---|
| **Health Plan Diversity**‡ | | | | |
| ***Race/Ethnicity Diversity of Membership*** | | | | |
| *Total—White* | 53.44% | 54.01% | 0.57% | — |
| *Total—Black or African American* | 29.35% | 28.00% | -1.35% | — |
| *Total—American-Indian and Alaska Native* | 0.33% | 0.49% | 0.16% | — |
| *Total—Asian* | 1.24% | 1.09% | -0.15% | — |
| *Total—Native Hawaiian and Other Pacific Islander* | 0.06% | 0.05% | -0.01% | — |
| *Total—Some Other Race* | 0.44% | 1.23% | 0.79% | — |
| *Total—Two or More Races* | 0.00% | 0.00% | 0.00% | — |
| *Total—Unknown* | 12.40% | 12.23% | -0.17% | — |
| *Total—Declined* | 2.74% | 2.89% | 0.15% | — |
| ***Language Diversity of Membership*** | | | | |
| *Spoken Language Preferred for Health Care—English* | 92.88% | 88.26% | -4.62% | — |
| *Spoken Language Preferred for Health Care—Non-English* | 1.34% | 1.11% | -0.23% | — |
| *Spoken Language Preferred for Health Care—Unknown* | 5.71% | 10.63% | 4.92% | — |
| *Spoken Language Preferred for Health Care—Declined* | 0.07% | 0.00% | -0.07% | — |
| *Preferred Language for Written Materials—English* | 70.40% | 70.13% | -0.27% | — |
| *Preferred Language for Written Materials—Non-English* | 1.27% | 1.08% | -0.19% | — |
| *Preferred Language for Written Materials—Unknown* | 28.34% | 28.79% | 0.45% | — |
| *Preferred Language for Written Materials—Declined* | 0.00% | 0.00% | 0.00% | — |
| *Other Language Needs—English* | 42.69% | 52.71% | 10.02% | — |
| *Other Language Needs—Non-English* | 0.51% | 0.51% | 0.00% | — |
| *Other Language Needs—Unknown* | 56.80% | 46.78% | -10.02% | — |
| *Other Language Needs—Declined* | 0.00% | 0.00% | 0.00% | — |

‡ Significance testing was not performed for health plan characteristics measure indicator rates or any performance levels for 2016 or 2015–2016. Comparisons provided for these measures are for information purposes only.

— indicates that the measure indicator was not presented in the HEDIS 2015 deliverables; therefore, the HEDIS 2015 rate and 2015–2016 comparison values are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

| Measure | HEDIS 2015 | HEDIS 2016 | 2015–2016 Comparison | Performance Level for 2016 |
|---|---|---|---|---|
| **Utilization‡** | | | | |
| ***Ambulatory Care—Total (Per 1,000 Member Months)*** | | | | |
| *ED Visits—Total** | 70.20 | 74.00 | +3.80 | ★ |
| *Outpatient Visits—Total* | 340.77 | 373.49 | +32.72 | — |
| ***Inpatient Utilization—General Hospital/Acute Care—Total*** | | | | |
| *Total Inpatient—Discharges per 1,000 Member Months—Total* | 8.02 | 8.27 | +0.25 | — |
| *Total Inpatient—Average Length of Stay—Total* | 3.99 | 3.98 | -0.01 | — |
| *Maternity—Discharges per 1,000 Member Months—Total* | 3.62 | 2.59 | -1.03 | — |
| *Maternity—Average Length of Stay—Total* | 2.65 | 2.63 | -0.02 | — |
| *Surgery—Discharges per 1,000 Member Months—Total* | 1.62 | 1.83 | +0.21 | — |
| *Surgery—Average Length of Stay—Total* | 6.50 | 6.18 | -0.32 | — |
| *Medicine—Discharges per 1,000 Member Months—Total* | 4.02 | 4.52 | +0.50 | — |
| *Medicine—Average Length of Stay—Total* | 3.77 | 3.64 | -0.13 | — |

‡ Significance testing was not performed for utilization-based measure indicator rates and any performance levels for 2016 or 2015–2016. Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure indicator was not presented in the HEDIS 2015 deliverables; therefore, the HEDIS 2015 rate and 2015–2016 comparison values are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

2016 performance levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Overall, 41 statewide rates performed at or above the national Medicaid 50th percentile, with 11 rates performing at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Further, two rates (*Comprehensive Diabetes Care—Medical Attention for Nephropathy* and *Medication Management for People With Asthma—Medication Compliance 75%—Total*) met or exceeded the national Medicaid 90th percentile, demonstrating a strength statewide. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results.

Statewide performance at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile spanned multiple domains including Child & Adolescent Care (*Immunizations*

*for Adolescents—Combination 1*), Women—Adult Care (all three *Chlamydia Screening in Women* indicators), Access to Care (*Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*), Obesity (*Adult BMI Assessment*), and Living With Illness (*Medication Management for People With Asthma—Medication Compliance 50%—Total*, two of the three *Medical Assistance With Smoking and Tobacco Use Cessation* indicators, and both *Antidepressant Medication Management* indicators).

Conversely, 22 statewide rates fell below the national Medicaid 50th percentile, with one rate (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) falling below the national Medicaid 25th percentile. Opportunities for statewide improvement spanned multiple domains including Child & Adolescent Care (six of nine *Childhood Immunization Status* indicators and *Appropriate Testing for Children With Pharyngitis*), Access to Care (three of four *Children and Adolescents' Access to Primary Care Practitioners* indicators), Pregnancy Care (both *Prenatal and Postpartum Care* indicators and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]*, *Controlling High Blood Pressure*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, and all four *Annual Monitoring for Patients on Persistent Medications* indicators).

Table 3-3 presents, by measure, the number of MHPs that performed at each performance level. The counts include only measures with a valid, reportable rate that could be compared to national Medicaid benchmarks. Therefore, not all rows will add up to all 11 MHPs.

**Table 3-3—Count of MHPs by Performance Level**

| Measure | Number of Stars | | | | |
|---|---|---|---|---|---|
| | ★ | ★★ | ★★★ | ★★★★ | ★★★★★ |
| **Child & Adolescent Care** | | | | | |
| ***Childhood Immunization Status*** | | | | | |
| *Combination 2* | 3 | 2 | 4 | 1 | 1 |
| *Combination 3* | 3 | 3 | 4 | 1 | 0 |
| *Combination 4* | 3 | 4 | 3 | 0 | 1 |
| *Combination 5* | 3 | 3 | 4 | 0 | 1 |
| *Combination 6* | 3 | 7 | 0 | 1 | 0 |
| *Combination 7* | 3 | 3 | 4 | 0 | 1 |
| *Combination 8* | 3 | 6 | 1 | 0 | 1 |
| *Combination 9* | 3 | 5 | 2 | 0 | 1 |
| *Combination 10* | 3 | 5 | 2 | 0 | 1 |

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | Number of Stars | | | | |
|---|---|---|---|---|---|
| | ★ | ★★ | ★★★ | ★★★★ | ★★★★★ |
| **Child & Adolescent Care (continued)** | | | | | |
| ***Well-Child Visits in the First 15 Months of Life*** | | | | | |
| *Six or More Visits* | 1 | 2 | 2 | 4 | 1 |
| ***Lead Screening in Children*** | | | | | |
| *Lead Screening in Children* | 0 | 1 | 6 | 2 | 2 |
| ***Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*** | | | | | |
| *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* | 1 | 4 | 4 | 2 | 0 |
| ***Adolescent Well-Care Visits*** | | | | | |
| *Adolescent Well-Care Visits* | 1 | 3 | 6 | 1 | 0 |
| ***Immunizations for Adolescents*** | | | | | |
| *Combination 1* | 1 | 0 | 0 | 6 | 4 |
| ***Appropriate Treatment for Children With Upper Respiratory Infection*** | | | | | |
| *Appropriate Treatment for Children With Upper Respiratory Infection* | 0 | 3 | 5 | 2 | 1 |
| ***Appropriate Testing for Children With Pharyngitis*** | | | | | |
| *Appropriate Testing for Children With Pharyngitis* | 3 | 4 | 3 | 0 | 0 |
| ***Follow-Up Care for Children Prescribed ADHD Medication*** | | | | | |
| *Initiation Phase* | 2 | 3 | 3 | 2 | 0 |
| *Continuation and Maintenance Phase* | 1 | 3 | 4 | 1 | 1 |
| **Women—Adult Care** | | | | | |
| ***Breast Cancer Screening*** | | | | | |
| *Breast Cancer Screening* | 1 | 1 | 9 | 0 | 0 |
| ***Cervical Cancer Screening*** | | | | | |
| *Cervical Cancer Screening* | 1 | 2 | 8 | 0 | 0 |
| ***Chlamydia Screening in Women*** | | | | | |
| *Ages 16 to 20 Years* | 0 | 1 | 1 | 6 | 3 |
| *Ages 21 to 24 Years* | 0 | 2 | 1 | 6 | 2 |
| *Total* | 0 | 1 | 2 | 6 | 2 |

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | Number of Stars | | | | |
|---|---|---|---|---|---|
| | ★ | ★★ | ★★★ | ★★★★ | ★★★★★ |
| **Access to Care** | | | | | |
| ***Children and Adolescents' Access to Primary Care Practitioners*** | | | | | |
| *Ages 12 to 24 Months* | 3 | 3 | 2 | 3 | 0 |
| *Ages 25 Months to 6 Years* | 3 | 3 | 4 | 1 | 0 |
| *Ages 7 to 11 Years* | 4 | 4 | 3 | 0 | 0 |
| *Ages 12 to 19 Years* | 4 | 2 | 4 | 1 | 0 |
| ***Adults' Access to Preventive/Ambulatory Health Services*** | | | | | |
| *Ages 20 to 44 Years* | 1 | 4 | 3 | 3 | 0 |
| *Ages 45 to 64 Years* | 1 | 3 | 4 | 3 | 0 |
| *Ages 65+ Years* | 2 | 1 | 2 | 2 | 2 |
| *Total* | 1 | 4 | 3 | 3 | 0 |
| ***Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*** | | | | | |
| *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* | 0 | 3 | 3 | 4 | 1 |
| **Obesity** | | | | | |
| ***Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*** | | | | | |
| *BMI Percentile—Total* | 0 | 1 | 7 | 1 | 2 |
| *Counseling for Nutrition—Total* | 1 | 1 | 8 | 1 | 0 |
| *Counseling for Physical Activity—Total* | 0 | 1 | 9 | 1 | 0 |
| ***Adult BMI Assessment*** | | | | | |
| *Adult BMI Assessment* | 1 | 1 | 4 | 3 | 2 |
| **Pregnancy Care** | | | | | |
| ***Prenatal and Postpartum Care*** | | | | | |
| *Timeliness of Prenatal Care* | 7 | 2 | 2 | 0 | 0 |
| *Postpartum Care* | 5 | 2 | 3 | 1 | 0 |
| ***Frequency of Ongoing Prenatal Care*** | | | | | |
| *≥81 Percent of Expected Visits* | 8 | 1 | 0 | 1 | 1 |

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | Number of Stars | | | | |
|---|---|---|---|---|---|
| | ★ | ★★ | ★★★ | ★★★★ | ★★★★★ |
| **Living With Illness** | | | | | |
| ***Comprehensive Diabetes Care*** | | | | | |
| *Hemoglobin A1c (HbA1c) Testing* | 2 | 4 | 3 | 1 | 1 |
| *HbA1c Poor Control (>9.0%)** | 2 | 2 | 4 | 1 | 2 |
| *HbA1c Control (<8.0%)* | 2 | 2 | 4 | 2 | 1 |
| *Eye Exam (Retinal) Performed* | 2 | 1 | 5 | 2 | 1 |
| *Medical Attention for Nephropathy* | 0 | 0 | 0 | 0 | 11 |
| *Blood Pressure Control (<140/90 mm Hg)* | 6 | 2 | 2 | 1 | 0 |
| ***Medication Management for People With Asthma*** | | | | | |
| *Medication Compliance 50%—Total* | 0 | 1 | 1 | 3 | 5 |
| *Medication Compliance 75%—Total* | 1 | 0 | 1 | 3 | 5 |
| ***Asthma Medication Ratio*** | | | | | |
| *Total* | 3 | 1 | 3 | 2 | 1 |
| ***Controlling High Blood Pressure*** | | | | | |
| *Controlling High Blood Pressure* | 4 | 5 | 1 | 1 | 0 |
| ***Medical Assistance With Smoking and Tobacco Use Cessation*** | | | | | |
| *Advising Smokers and Tobacco Users to Quit* | 0 | 0 | 6 | 4 | 1 |
| *Discussing Cessation Medications* | 0 | 0 | 3 | 7 | 1 |
| *Discussing Cessation Strategies* | 0 | 2 | 8 | 1 | 0 |
| ***Antidepressant Medication Management*** | | | | | |
| *Effective Acute Phase Treatment* | 2 | 1 | 1 | 3 | 3 |
| *Effective Continuation Phase Treatment* | 2 | 1 | 3 | 1 | 3 |
| ***Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*** | | | | | |
| *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* | 0 | 1 | 3 | 4 | 2 |

* For this indicator, a lower rate indicates better performance.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

| Measure | Number of Stars | | | | |
|---|---|---|---|---|---|
| | ★ | ★★ | ★★★ | ★★★★ | ★★★★★ |
| **Living With Illness (continued)** | | | | | |
| ***Diabetes Monitoring for People With Diabetes and Schizophrenia*** | | | | | |
| *Diabetes Monitoring for People With Diabetes and Schizophrenia* | 3 | 3 | 3 | 0 | 0 |
| ***Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*** | | | | | |
| *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* | 1 | 0 | 2 | 0 | 0 |
| ***Adherence to Antipsychotic Medications for Individuals With Schizophrenia*** | | | | | |
| *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* | 3 | 4 | 3 | 0 | 0 |
| ***Annual Monitoring for Patients on Persistent Medications*** | | | | | |
| *ACE Inhibitors or ARBs* | 1 | 8 | 2 | 0 | 0 |
| *Digoxin* | 1 | 2 | 4 | 0 | 0 |
| *Diuretics* | 1 | 6 | 4 | 0 | 0 |
| *Total* | 1 | 6 | 4 | 0 | 0 |
| **Utilization** | | | | | |
| ***Ambulatory Care—Total (Per 1,000 Member Months)*** | | | | | |
| *ED Visits—Total*‡,* | 7 | 4 | 0 | 0 | 0 |
| ***Total*** | **124** | **160** | **209** | **105** | **68** |

‡ Performance levels provided for this measure are for information purposes only.

* For this indicator, a lower rate indicates better performance.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Table 3-3 shows that 31.38 percent of all performance measure rates (209 of 666) reported by the MHPs fell into the average (★★★) range relative to national Medicaid results. While 25.98 percent of all performance measure rates (173 of 666) ranked at or above the national Medicaid 75th percentile (★★★★), 42.64 percent of all performance measure rates (284 of 666) fell below the national Medicaid 50th percentile, suggesting opportunities for improvement.

## Performance Improvement Projects (PIPs)

Table 3-4 presents a summary of the MHPs' PIP validation status results. For the 2015–2016 validation, the MHPs provided their third-year submissions on a PIP topic they had previously selected to focus on a specific group or unique subpopulation of enrollees. With the implementation of the outcome-focused scoring methodology, there were fewer MHPs with an overall *Met* validation status, as this scoring methodology requires the MHPs to achieve statistically significant improvement over the baseline rate across all study indicators to receive an overall *Met* validation status. The percentage of PIPs receiving a validation status of *Met* improved for the third-year submissions to 45 percent.

**Table 3-4—MHPs' PIP Validation Status**

| Validation Status | Percentage of PIPs | |
|---|---|---|
| | 2014–2015 | 2015–2016 |
| *Met* | 31% | 45% |
| *Partially Met* | 0% | 0% |
| *Not Met* | 69% | 55% |

The following presents a summary of the validation results for the MHPs for the activities from the CMS PIP protocol. For the 2015–2016 cycle, HSAG validated all third-year PIP submissions for Activity I—Select the Study Topic through Activity IX—Assess for Real Improvement. Only those PIPs that had demonstrated significant improvement in the 2014–2015 cycle were assessed on Activity X—Assess for Sustained Improvement.

Table 3-5 shows the percentage of MHPs that met all applicable evaluation or critical elements within each of the ten activities.

**Table 3-5—Summary of Data From Validation of Performance Improvement Projects**

| Review Activities | | Percentage Meeting All Elements/ Percentage Meeting All Critical Elements | |
|---|---|---|---|
| | | 2014–2015 | 2015–2016 |
| I. | Select the Study Topic | 100%/100% | 100%/100% |
| II. | Define the Study Question(s) | 100%/100% | 100%/100% |
| III. | Use a Representative and Generalizable Study Population | 100%/100% | 100%/100% |
| IV. | Select the Study Indicator(s) | 100%/100% | 100%/100% |
| V. | Use Sound Sampling Techniques* | 67%/67% | 100%/100% |
| VI. | Reliably Collect Data | 85%/100% | 100%/100% |
| VII. | Analyze Data and Interpret Study Results | 92%/92% | 64%/100% |

| Review Activities | | Percentage Meeting All Elements/ Percentage Meeting All Critical Elements | |
|---|---|---|---|
| | | 2014–2015 | 2015–2016 |
| VIII. | Implement Interventions and Improvement Strategies | 77%/92% | 82%/100% |
| IX. | Assess for Real Improvement | 31%/31% | 45%/36% |
| X. | Assess for Sustained Improvement** | Not Assessed | 75%/75% |

* This activity is assessed only for PIPs that conduct sampling.

** This activity was assessed only for PIPs that demonstrated significant improvement in the 2014–2015 cycle.

The results from the 2015–2016 validation continued to reflect strong performance in the Design phase (Activities I through VI) of the PIPs. All 11 MHPs received scores of *Met* for each applicable evaluation element in Activities I through VI. The MHPs designed scientifically sound projects supported by the use of key research principles. The PIP topics included improving rates of well-child visits; adolescent well-care visits; childhood immunizations; prenatal and postpartum care; access to care; and prevention or management of chronic health conditions for members living in certain areas of the State, members of specific age groups or race/ethnicity, or members having specific medical diagnoses.

Validation of Activities VII through X resulted in the following number of MHPs achieving *Met* scores for all applicable evaluation elements in each activity: seven MHPs for Activity VII, nine MHPs for Activity VIII, four MHPs for Activity IX, and three MHPs for Activity X. The MHPs collected, reported, and interpreted second remeasurement data accurately; used appropriate quality improvement tools to conduct causal/barrier analyses; and implemented interventions that had the potential to have a positive impact on the study indicator outcomes.

Activity IX—Assess for Real Improvement represented the largest opportunity for improvement, with recommendations identified for seven MHPs. All MHPs reflected compliance with the requirement to apply the same measurement methodology to the remeasurement data as was used for the baseline data. While eight MHPs documented improvement in the outcomes of care, only five MHPs demonstrated a statistically significant improvement over the respective baseline rates in the second remeasurement. Additionally, three MHPs documented statistically significant improvement over baseline for two consecutive years, hence demonstrating sustained improvement in study indicator rates.

As the PIPs progress, MHPs should revisit causal/barrier analyses at least annually to assess whether or not the barriers identified continue to be barriers and to determine whether any new barriers exist that require the development of interventions. Additionally, MHPs should continue to evaluate the effectiveness of each implemented intervention and make decisions about continuing, revising, or abandoning interventions to achieve the desired outcomes.

## Conclusions/Summary

The review of the MHPs showed both strengths and opportunities for improvement statewide.

Results of the 2015–2016 annual compliance reviews conducted by MDHHS reflected continued strong performance by the MHPs, which—with statewide compliance score percentages ranging in the 90s—demonstrated high levels of compliance with State and federal requirements in all areas assessed. The *Administrative* and *Providers* standards represented statewide strengths. Compliance with MDHHS-specified minimum performance standards—assessed in the *Quality* standard—remained a statewide opportunity for improvement.

Michigan's statewide HEDIS 2016 performance showed both strengths and opportunities for improvement. Of the 83 comparable measure rates, 32 measure rates (38.55 percent) reflected improved performance from 2015–2016, with statistically significant improvements observed related to 13 of these measure indicators. Statistically significant improvements were concentrated in the Child & Adolescent Care and Living With Illness domains. One statewide weighted average rate, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, demonstrated statistically significant improvement, with an increase of 14.36 percentage points; however, the rate continued to fall below the national Medicaid 50th percentile. Despite these improvements, more rates declined than last year. Overall, 52 measure rates showed performance declines from the prior year, 26 (31.33 percent) of which were statistically significant declines. The most significant declines were concentrated in the Pregnancy Care and Living With Illness domains.

The 2015–2016 validation of the PIPs reflected high levels of compliance with the requirements for Activities I–VI of the CMS PIP protocol and the critical evaluation elements in Activities VII and VIII. The MHPs provided their third-year submission of the PIP on improving quality outcomes—specifically, the quality, timeliness, and accessibility of care and services for a selected subpopulation of enrollees. The MHPs designed methodologically sound projects with a foundation on which to progress to subsequent PIP activities; implemented interventions logically linked to identified barriers; and collected, reported, and analyzed their second remeasurement data. However, most PIPs received a *Not Met* validation status due to lack of statistically significant improvement in the study indicator rates. While eight MHPs documented improvement in outcomes of care, only five of those demonstrated statistically significant improvement over the baseline rates. Three MHPs documented statistically significant improvement over baseline for two consecutive years, hence demonstrating sustained improvement in study indicator rates. To strengthen improvement efforts, the MHPs should continue using performance improvement tools to evaluate the effectiveness of the implemented interventions and make needed changes to overcome barriers that prevent them from achieving the desired outcomes.