2019 Children's Special Health Care Services Program Member Experience Report

Michigan Department of Health and Human Services

October 2019

HSAG HEALTH SERVICES ADVISORY GROUP

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

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

This report presents the 2019 CSHCS Survey results of child members enrolled in the CSHCS Fee-for-Service (FFS) program and the Medicaid Health Plans (MHPs). The survey instrument selected was a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set and the Children with Chronic Conditions (CCC) measurement set.[1-1,1-2] The surveys were completed by parents or caregivers of child members from May to August 2019.

Report Overview

Results presented in this report include:

- Five global ratings:
  - Rating of Health Plan
  - Rating of Specialist Seen Most Often
  - Rating of Health Care
  - Rating of Children's Multi-Disciplinary Specialty (CMDS) Clinic
  - Rating of Beneficiary Help Line
- Five composite measures:
  - Customer Service
  - How Well Doctors Communicate
  - Access to Specialized Services
  - Transportation
  - CSHCS Family Center

[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).

- Five individual item measures:
  - Health Promotion and Education
  - Access to Prescription Medicines
  - CMDS Clinics
  - Local Health Department Services
  - Beneficiary Help Line

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

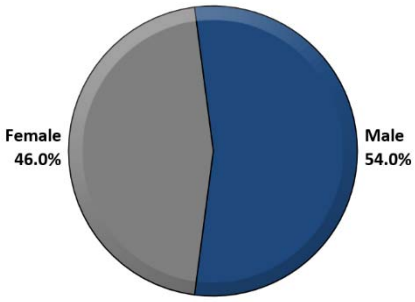
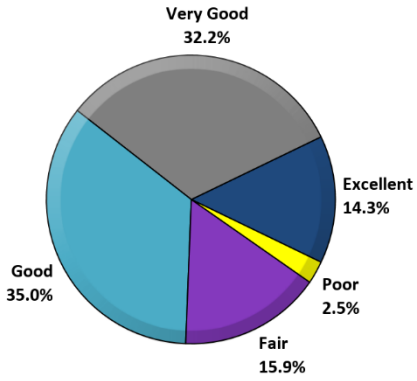
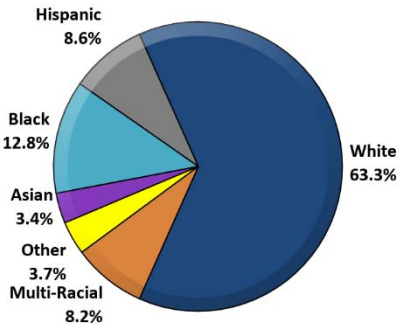
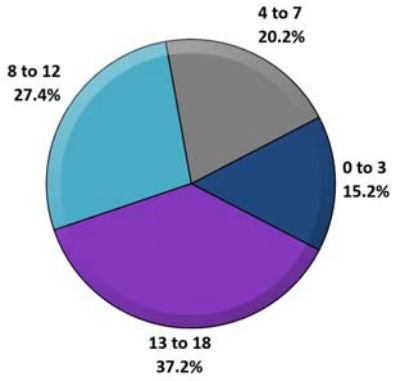
- MDHHS CSHCS Program—Combined results for the FFS subgroups (Medicaid and non-Medicaid) and the MHPs.
- MDHHS CSHCS Managed Care Program—Combined results for the MHPs.
- MDHHS CSHCS FFS Program—Combined results for the FFS Medicaid and FFS non-Medicaid subgroups.

Key Findings

Survey Demographics and Dispositions

Table 1-1, on the following page, provides an overview of the child member demographics for the MDHHS CSHCS Program.

Table 1-1—Child Member Survey Demographics

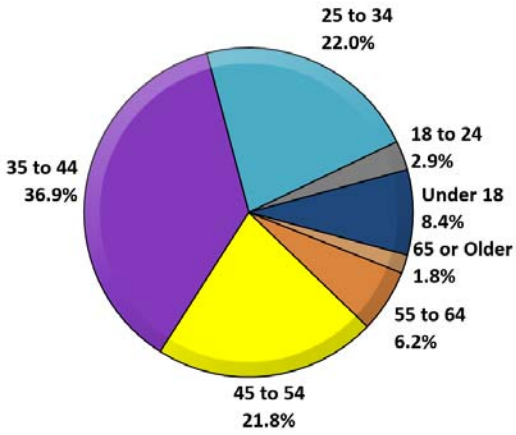
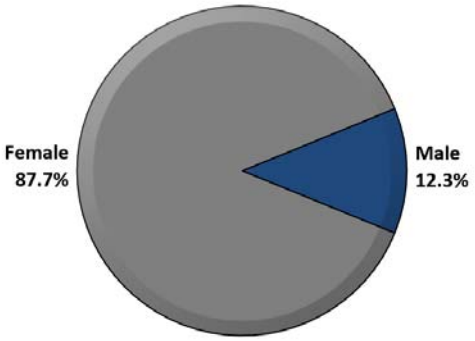
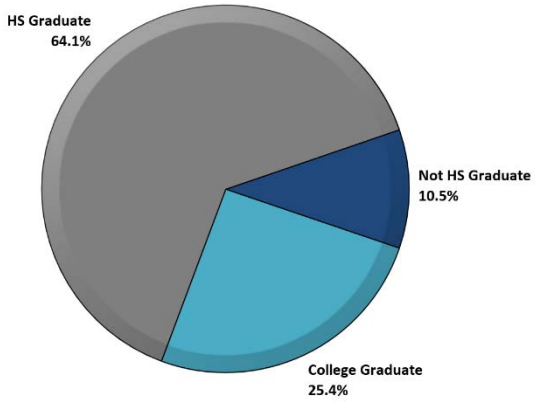
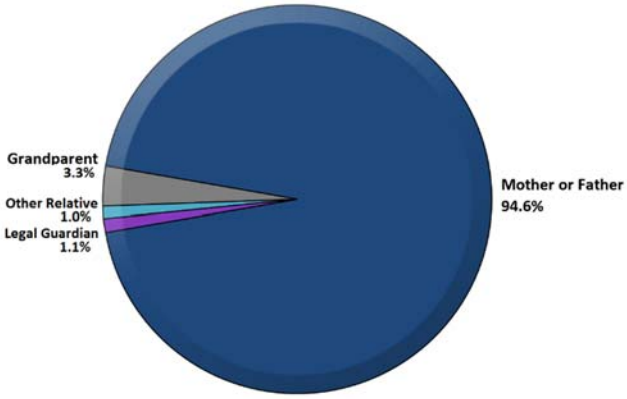
Child Gender	Child General Health Status
	
Child Race/Ethnicity	**Child Age[1-3]**
	

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

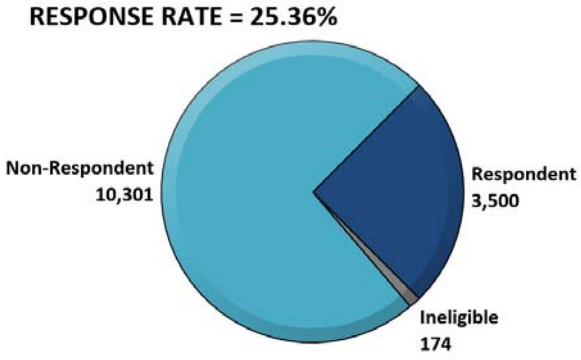
[1-3] Children are eligible for inclusion in CAHPS if they are age 17 or younger as of February 28, 2019. Some children eligible for the CAHPS Survey turned age 18 between March 1, 2019, and the time of survey administration.

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

Table 1-2—Respondent Demographics and Survey Dispositions

Respondent Age	Respondent Gender
	
Respondent Education	**Relationship to Child**
	

Survey Dispositions



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

Trend Analysis

A trend analysis was performed that compared the 2019 CAHPS results to their corresponding 2017 and 2018 CAHPS results. Table 1-3 provides highlights of the trend analysis findings for the MDHHS CSHCS Program.

Table 1-3—Trend Analysis Comparison for the MDHHS CSHCS Program

Measure	Trend Results (2019 to 2017)	Trend Results (2019 to 2018)
Global Ratings		
Rating of Health Plan	—	—
Rating of Specialist Seen Most Often	—	—
Rating of Health Care	—	▲
Rating of CMDS Clinic	—	—
Rating of Beneficiary Help Line	—	—
Composite Measures		
Customer Service	—	—
How Well Doctors Communicate	—	▼
Access to Specialized Services	—	—
Transportation	—	—
CSHCS Family Center	—	—
Individual Item Measures		
Health Promotion and Education	—	—
Access to Prescription Medicines	—	—
CMDS Clinics	—	—
Local Health Department Services	—	—
Beneficiary Help Line	—	—

▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*

Results from the trend analysis showed that the MDHHS CSHCS Program scored statistically significantly *higher* in 2019 than in 2018 on one measure:

- Rating of Health Care

Conversely, results from the trend analysis showed that the MDHHS CSHCS Program scored statistically significantly *lower* in 2019 than in 2018 on one measure:

- How Well Doctors Communicate

Managed Care Statewide Comparisons

HSAG calculated top-box scores (i.e., rates of experience) for each measure. HSAG compared the MHP and FFS results to the MDHHS CSHCS Managed Care Program average to determine if plan or program results were statistically significantly different than the MDHHS CSHCS Managed Care Program average.

Table 1-4 through Table 1-6 show the results of this analysis for the global ratings, composite measures, and individual item measures. Please note, HSAG did not present results for measures with fewer than 11 responses, which are indicated as "Not Applicable (NA)" within the tables.

Table 1-4—Managed Care Statewide Comparisons: Global Ratings

	Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often	Rating of CMDS Clinic	Rating of Beneficiary Help Line
MDHHS CSHCS FFS Program	↓	↑	↑	—	—+
FFS Medicaid Subgroup	↓	—	—	—+	—+
Aetna Better Health of Michigan	—+	—+	—+	NA	NA
Blue Cross Complete of Michigan	—	—	—	—+	—+
McLaren Health Plan	—	—	—	—+	—+
Meridian Health Plan of Michigan	—	↑	—	—+	—+
Molina Healthcare of Michigan	—	—	—	—+	—+
Priority Health Choice, Inc.	—	↑	—	—+	—+
Total Health Care, Inc.	—+	—+	—+	NA	NA
UnitedHealthcare Community Plan	—	—	—	—+	—+
Upper Peninsula Health Plan	—+	↓+	—+	NA	NA

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

Table 1-5—Managed Care Statewide Comparisons: Composite Measures

	Customer Service	How Well Doctors Communicate	Access to Specialized Services	Transportation	CSHCS Family Center
MDHHS CSHCS FFS Program	—	↑	—	↑+	—+
FFS Medicaid Subgroup	—+	—	—	—+	—+
Aetna Better Health of Michigan	NA	NA	NA	NA	NA
Blue Cross Complete of Michigan	—+	—	—+	—+	—+
McLaren Health Plan	—+	—	—+	—+	—+
Meridian Health Plan of Michigan	—	—	—	—+	—+
Molina Healthcare of Michigan	—+	—	—+	—+	↑+
Priority Health Choice, Inc.	—+	—	—+	—+	↓+
Total Health Care, Inc.	NA	NA	NA	NA	NA
UnitedHealthcare Community Plan	↓+	—	—+	—+	—+
Upper Peninsula Health Plan	↑+	—+	—+	—+	NA

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

Table 1-6—Managed Care Statewide Comparisons: Individual Item Measures

	Health Promotion and Education	Access to Prescription Medicines	CMDS Clinics	Local Health Department Services	Beneficiary Help Line
MDHHS CSHCS FFS Program	—	—	—	↑	—+
FFS Medicaid Subgroup	—	—	—+	—	—+
Aetna Better Health of Michigan	NA	—+	NA	NA	NA
Blue Cross Complete of Michigan	—	—	—+	—+	—+
McLaren Health Plan	—	—	—+	—+	—+
Meridian Health Plan of Michigan	—	—	—+	—	—+
Molina Healthcare of Michigan	—	—	—+	—+	—+
Priority Health Choice, Inc.	—	—	↑+	—+	—+
Total Health Care, Inc.	NA	—+	NA	—+	NA
UnitedHealthcare Community Plan	—	—	—+	—+	—+
Upper Peninsula Health Plan	—+	—+	NA	—+	NA

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

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

- MDHHS CSHCS FFS Program

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

- Priority Health Choice, Inc.

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

- Meridian Health Plan of Michigan
- Molina Healthcare of Michigan
- Upper Peninsula Health Plan

Conversely, the following plans/programs had one measure that was statistically significantly *lower* than the MDHHS CSHCS Managed Care Program average:

- MDHHS CSHCS FFS Program
- FFS Medicaid Subgroup
- Priority Health Choice, Inc.
- UnitedHealthcare Community Plan
- Upper Peninsula Health Plan

FFS Statewide Comparisons

HSAG calculated top-box scores for each measure. HSAG compared the FFS Medicaid and FFS non-Medicaid subgroups' results to determine if the results were statistically significantly different from each other. The FFS Medicaid subgroup did not score statistically significantly higher or lower than the FFS non-Medicaid subgroup on any of the global ratings, composite measures, or individual item measures.

Key Drivers of Member Experience Analysis

HSAG focused the key drivers of member experience analysis on the following three global ratings: Rating of Health Plan, Rating of Specialist Seen Most Often, and Rating of Health Care. HSAG evaluated these global ratings to determine if particular survey items (i.e., questions) are strongly correlated with one or more of these measures. These individual items, which HSAG refers to as "key drivers," are driving levels of experience with each of the three measures. Table 1-7 provides a summary of the key drivers identified for the MDHHS CSHCS Program.

Table 1-7—MDHHS CSHCS Program Key Drivers of Member Experience

Key Drivers	Rating of Health Plan	Rating of Specialist Seen Most Often	Rating of Health Care
Respondents reported that forms from their child's health plan were often not easy to fill out.	✓		
Respondents reported that it was not always easy to get special medical equipment for their child.	✓		✓
Respondents reported that it was not always easy to get special therapies for their child.	✓		✓
Respondents reported that their child's doctors or health providers did not always explain things in a way their child could understand.	✓	✓	✓
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 they did not always get an appointment for their child in a CMDS Clinic as soon as their child needed.		✓	
Respondents reported that they did not always get help with transportation related to their child's CSHCS condition.	✓		✓

2. Reader's Guide

2019 CSHCS Survey Performance Measures

The CSHCS Survey administered to the MHPs and the FFS population includes 73 survey questions that yield 15 measures of experience. These measures include five global rating questions, five composite measures, and five individual item measures. The global measures (also referred to as global ratings) reflect respondents' overall experience with the health plan, health care, specialists, CMDS clinics, and beneficiary help line. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "Customer Service," "How Well Doctors Communicate"). The individual item measures are individual questions that look at a specific area of care (e.g., "Health Promotion and Education," "Access to Prescription Medicines").

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

Table 2-1—CSHCS Survey Measures

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

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

Table 2-2—Global Ratings Question Language

Survey Language		Response Options
Rating of Specialist Seen Most Often		
6.	We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
Rating of Health Care		
19.	We want to know your rating of health care for your child's CSHCS condition in the last 6 months from all doctors and other health providers. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0–10 Scale
Rating of Health Plan		
37.	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0–10 Scale
Rating of CMDS Clinic		
44.	We want to know your rating for the services that your child received in a CMDS Clinic in the last 6 months. Using any number from 0 to 10, where 0 is not useful at all and 10 is the most useful in helping your child, what number would you use to rate that CMDS Clinic?	0–10 Scale
Rating of Beneficiary Help Line		
61.	We want to know your rating of all your experience with the Beneficiary Help Line. Using any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible, what number would you use to rate the Beneficiary Help Line in the last 6 months?	0–10 Scale

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

Table 2-3—Composite Measures Question Language

Survey Language		Response Options
How Well Doctors Communicate		
12.	In the last 6 months, how often did your child's doctor or other health providers explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
13.	In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?	Never, Sometimes, Usually, Always
14.	In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?	Never, Sometimes, Usually, Always
16.	In the last 6 months, how often did doctors or other health providers spend enough time with your child?	Never, Sometimes, Usually, Always
Access to Specialized Services		
24.	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
27.	In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
Transportation		
30.	In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?	Never, Sometimes, Usually, Always
31.	In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?	Never, Sometimes, Usually, Always
Customer Service		
33.	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
34.	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
CSHCS Family Center		
51.	In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS Family Center?	Never, Sometimes, Usually, Always
55.	In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS Family Phone Line?	Never, Sometimes, Usually, Always

Table 2-4 presents the survey language and response options for the individual item measures.

Table 2-4—Individual Item Measures Question Language

Survey Language		Response Options
Health Promotion and Education		
10.	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
Access to Prescription Medicines		
21.	In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
CMDS Clinic		
39.	In the last 6 months, how often did you get an appointment as soon as your child needed in a CMDS Clinic?	Never, Sometimes, Usually, Always
Local Health Department Services		
48.	Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.	Extremely Dissatisfied, Somewhat Dissatisfied, Neither Satisfied Nor Dissatisfied, Somewhat Satisfied, Extremely Satisfied
Beneficiary Help Line		
57.	In the last 6 months, how often was it easy to get the help you needed when you called the Beneficiary Help Line?	Never, Sometimes, Usually, Always

How CSHCS Results Were Collected

Sampling Procedures

MDHHS provided HSAG with a list of all eligible child members in the CSHCS Program (i.e., FFS Medicaid subgroup, FFS non-Medicaid subgroup, and each MHP) for the sampling frame. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. HSAG sampled child members who met the following criteria:

- Were 17 years of age or younger as of February 28, 2019.
- Were currently enrolled in a CSHCS plan/program.
- Had been continuously enrolled in the plan/program for at least five of the last six months (i.e., September 1, 2018, through February 28, 2019).

No more than one member per household was selected as part of the survey samples. A sample of 1,650 child members was selected from both the CSHCS FFS Medicaid and CSHCS FFS non-Medicaid subgroups for a total of 3,300 child members. A sample of up to 1,650 child members was selected from each MHP. Some MHPs did not have 1,650 eligible child members for inclusion in the CSHCS Survey; therefore, each member from the MHP's eligible population was included in the sample following deduplication. HSAG tried to obtain new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system.

Survey Protocol

The survey administration protocol employed was a mixed-mode methodology, which allowed for two methods by which parents or caregivers of child members could complete a survey. The first phase, or mail phase, consisted of sampled members receiving a survey via mail. All sampled members received an English version of the survey, with the option of completing the survey in Spanish. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of parents or caregivers of child members who did not mail in a completed survey. A maximum of three CATI calls to each non-respondent was 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 2-5 shows the mixed-mode (i.e., mail followed by telephone follow-up) timeline used in the administration of the CSHCS Survey.

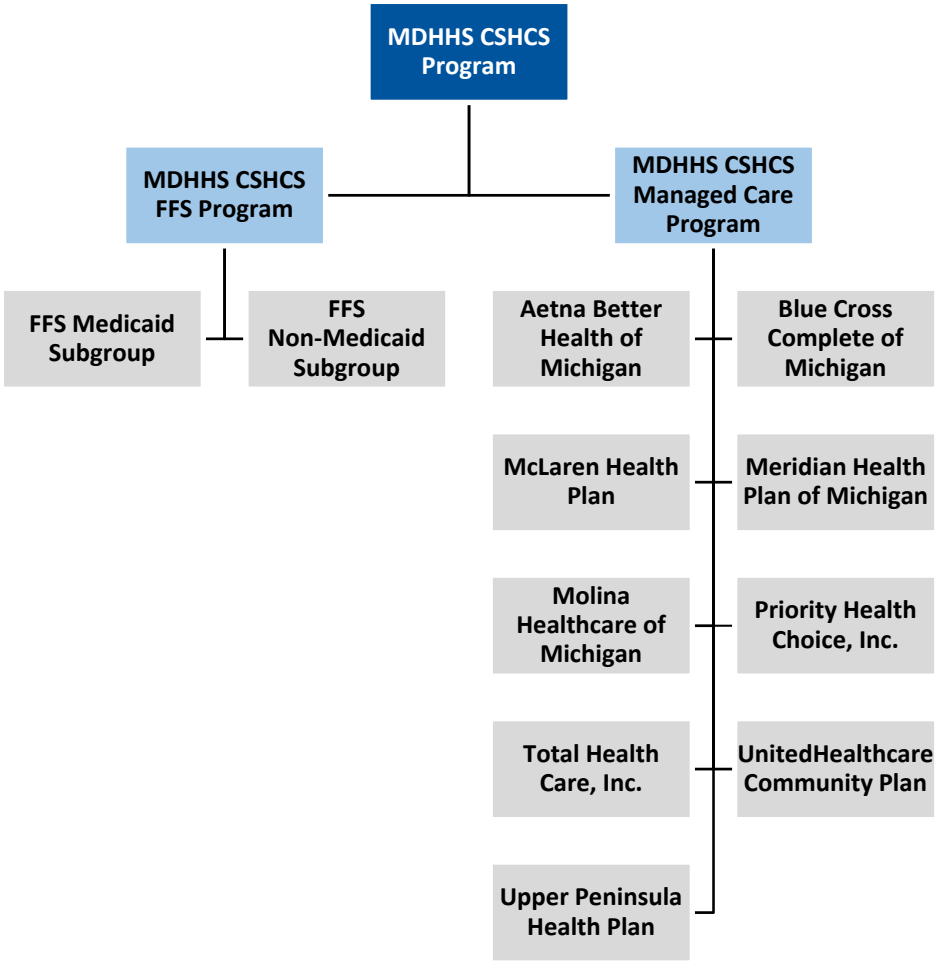
Table 2-5—CSHCS Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the parent or caregiver of child member.	0 days
Send a postcard reminder to non-respondents seven days after mailing the first questionnaire.	7 days
Send a second questionnaire (and letter) to non-respondents 28 days after mailing the first questionnaire.	28 days
Send a second postcard reminder to non-respondents seven days after mailing the second questionnaire.	35 days
Initiate CATI interviews for non-respondents 28 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that up to three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56–84 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) 28 days after initiation.	84 days

How CSHCS Results Were Calculated and Displayed

HSAG developed a scoring approach, based in part on scoring standards devised by the Agency for Healthcare Research and Quality (AHRQ), the developers of CAHPS, to comprehensively assess the experience of parents or caregivers of child members. In addition to individual plan results, HSAG calculated an MDHHS CSHCS Program average, an MDHHS CSHCS Managed Care Program average, and an MDHHS CSHCS FFS Program average. Figure 2-1 depicts how results were combined to calculate each program average. This section provides an overview of each analysis.

Figure 2-1—CSHCS Programs



Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible child members of the sample. HSAG considered a survey completed if at least one question was answered. Eligible child members included the entire sample minus ineligible child members. Ineligible child members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier other than Spanish (the CSHCS Survey was made available in both English and Spanish).

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

Demographics of Child Members and Respondents

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

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box scores for each measure, following National Committee for Quality Assurance (NCQA) HEDIS Specifications for Survey Measures.[2-2] The scoring involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings;
- "Usually" or "Always" for the Customer Service, How Well Doctors Communicate, Access to Specialized Services, Transportation, and CSHCS Family Center composite measures;
- "Usually" or "Always" for the Access to Prescription Medicines, CMDS Clinic, and Beneficiary Help Line individual item measures;
- "Yes" for the Health Promotion and Education individual item measure;
- "Somewhat satisfied" or "Extremely satisfied" for the Local Health Department Services individual item measure.

[2-2] National Committee for Quality Assurance. *HEDIS*® 2019, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2018.

Weighting

A weighted MDHHS CSHCS Program rate, a weighted MDHHS CSHCS Managed Care Program rate, and a weighted MDHHS CSHCS FFS Program rate were calculated. Results were weighted based on the total eligible population for each plan's or program's child population. For the Statewide Comparisons, HSAG did not present results for measures with fewer than 11 responses, which are indicated as "Not Applicable" within the figures. Measures with fewer than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Managed Care Statewide Comparisons

The results of the MHPs, the CSHCS FFS Medicaid subgroup, and the MDHHS CSHCS FFS Program were compared to the MDHHS CSHCS Managed Care Program average.

For the MHP comparisons, two types of hypothesis tests were applied to these results. First, a global *F* test was performed to determine whether the difference between the MHPs' results were statistically significant. If the *F* test demonstrated statistically significant differences (i.e., p value < 0.05), then a *t* test was performed for each MHP. The *t* test determined whether each MHP's results were statistically significantly different from the MDHHS CSHCS Managed Care Program average.

A global *F* test was not performed in order to compare the CSHCS FFS Medicaid subgroup or the MDHHS CSHCS FFS Program to the MDHHS CSHCS Managed Care Program average because only two populations were being compared. Instead, a *t* test was performed to determine if the CSHCS FFS Medicaid subgroup and the MDHHS CSHCS FFS Program average were statistically significantly different from the MDHHS CSHCS Managed Care Program average. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant performance differences.

FFS Statewide Comparisons

The results of the CSHCS FFS Medicaid and CSHCS FFS non-Medicaid subgroups were compared to each other. A *t* test was performed to determine whether the CSHCS FFS Medicaid subgroup's results were statistically significantly different from the CSHCS FFS non-Medicaid subgroup's results. A difference was considered statistically significant if the two-sided p value of the *t* test was less than 0.05. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant performance differences.

Trend Analysis

A trend analysis was performed that compared the 2019 results to the corresponding 2017 and 2018 results to determine whether there were statistically significant differences. A *t* test was performed to determine whether results in 2019 were statistically significantly different from results in previous years. A difference was considered statistically significant if the two-sided p value of the *t* test was less than 0.05. The two-sided p value of the *t* test is the probability of observing a test statistic as extreme as, or more extreme than the one actually observed.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following three global ratings: Rating of Health Plan, Rating of Specialist Seen Most Often, and Rating of Health Care. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how ***well*** the CSHCS Program is performing on the survey item and 2) how ***important*** that item is to parents'/caregivers' overall experience. Table 2-6 depicts the survey items that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓).

Table 2-6—Correlation Matrix

	Rating of Health Plan	Rating of Specialist Seen Most Often	Rating of Health Care
Q4. Seeing a Specialist	✓	✓	✓
Q8. Child Got Care As Soon As Needed	✓	✓	✓
Q10. Doctor Talk About Specific Things to Prevent Illness	✓	✓	
Q12. Doctor Explained Things in Way They Could Understand	✓	✓	✓
Q13. Doctor Listen Carefully	✓	✓	✓
Q14. Doctor Show Respect	✓	✓	✓
Q15. Doctor Explained Things in a Way Their Child Could Understand	✓	✓	✓
Q16. Doctor Spent Enough Time with Child	✓	✓	✓
Q18. Coordination of Care Among Providers or Services	✓	✓	
Q21. Getting Prescription Medicine	✓	✓	✓
Q24. Getting Special Medical Equipment	✓	✓	✓
Q27. Getting Special Therapies	✓	✓	✓
Q30. Help with Transportation Related to CSHCS Condition	✓	✓	
Q33. Getting Information or Help Needed from Customer Service	✓	✓	
Q34. Health Plan Customer Service Treated with Courtesy and Respect	✓	✓	
Q36. Forms from Health Plan Easy to Fill Out	✓	✓	
Q39. Receiving Appointment in a CMDS Clinic as Soon as Needed	✓	✓	✓

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 parent's/caregiver's experience with the aspect of service measured by that question. The problem score could range from 0 to 1.

Table 2-7 depicts the problem score assignments for the different response categories.

Table 2-7—Assignment of Problem Scores

Never/Sometimes/Usually/Always Format		
Response Category	***Classification***	***Code***
Never	Problem	1
Sometimes	Problem	1
Usually	Not a problem	0
Always	Not a problem	0
No Answer	Not classified	Missing
No/Yes Format		
Response Category	***Classification***	***Code***
No	Problem	1
Yes	Not a problem	0
No Answer	Not classified	Missing

For each item evaluated, HSAG calculated the relationship between the item's problem score and performance on each of the three measures using a Polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their overall problem score and their correlation to each measure.

The correlation can range from -1 to 1, with negative values indicating an inverse relationship between a respondent's overall experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of r is used in the analysis, and the range for r is 0 to 1. An r of zero indicates no relationship between the response to a question and the respondent's experience. As r increases, the importance of the question to the respondent's overall experience increases.

A problem score at or above the median problem score is considered to be "high." A correlation at or above the median correlation is considered to be "high." Key drivers are those items for which the problem score and correlation are both at or above their respective medians. The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have disproportionate influence in prioritizing individual questions.

Limitations and Cautions

The findings presented in this CSHCS 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 experience; therefore, differences in the demographics of the response group may impact CSHCS Survey results. NCQA does not recommend case-mix adjusting Medicaid CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these results.[2-3]

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 CSHCS Survey results.

Causal Inferences

Although this report examines whether respondents report differences in experience with various aspects of their child's health care experiences, these differences may not be completely attributable to an 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.

[2-3] 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 some of the survey measures, it is important to keep in mind that differences may exist between the CSHCS population and the CCC Medicaid population; therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

CSHCS Survey Instrument

For purposes of the 2019 CSHCS Survey administration, the standardized CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set was modified, such that additional questions specific to the CSHCS program were added and standard CAHPS survey question language was changed. Given the modifications to the standardized CAHPS survey, caution should be exercised when interpreting the results presented in this report.

3. Results

Who Responded to the Survey

A total of 13,975 CSHCS Surveys were mailed to parents or caregivers of child members. A total of 3,500 surveys were completed. The CSHCS Survey response rate is the total number of completed surveys divided by all eligible child members of the sample. HSAG considered a survey completed if at least one question was answered. Eligible child members included the entire sample minus ineligible child members. Ineligible child members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier other than Spanish (the CSHCS Survey was made available in both English and Spanish).

Table 3-1 shows the total number of child members sampled, the number of surveys completed, the number of ineligible child members, and the response rates. Aetna Better Health of Michigan, Total Health Care, Inc., and Upper Peninsula Health Plan did not meet the minimum required sample size of 1,650; therefore, each member from the MHPs' eligible populations were included in the sample following deduplication. Two health plans, Trusted Health Plan Michigan, Inc. and HAP Empowered, were not included due to minimal CSHCS enrollment.[3-1,3-2]

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

	Sample Size	Completes	Ineligibles	Response Rates
MDHHS CSHCS Program	**13,975**	**3,500**	**174**	**25.36%**
MDHHS CSHCS FFS Program	**3,300**	**1,129**	**30**	**34.53%**
FFS Medicaid Subgroup	1,650	521	18	31.92%
FFS Non-Medicaid Subgroup	1,650	608	12	37.12%
MDHHS CSHCS Managed Care Program	**10,675**	**2,371**	**144**	**22.51%**
Aetna Better Health of Michigan	153	27	0	17.65%
Blue Cross Complete of Michigan	1,650	371	23	22.80%
McLaren Health Plan	1,650	355	18	21.75%
Meridian Health Plan of Michigan	1,650	409	18	25.06%
Molina Healthcare of Michigan	1,650	366	38	22.70%
Priority Health Choice, Inc.	1,650	342	16	20.93%
Total Health Care, Inc.	191	40	0	20.94%
UnitedHealthcare Community Plan	1,650	361	28	22.26%
Upper Peninsula Health Plan	431	100	3	23.36%

[3-1] Effective April 2019, Harbor Health Plan changed its name to Trusted Health Plan Michigan, Inc.
[3-2] Effective January 2019, HAP Midwest changed its name to HAP Empowered.

Demographics of Child Members

Table 3-2 through Table 3-5 depict the age, gender, race and ethnicity, and general health status of children for whom a parent or caregiver completed a survey.

Table 3-2—Child Member Demographics: Age

Plan Name	0 to 3	4 to 7	8 to 12	13 to 18*
MDHHS CSHCS Program	**15.2%**	**20.2%**	**27.4%**	**37.2%**
MDHHS CSHCS FFS Program	**13.7%**	**19.6%**	**28.9%**	**37.8%**
FFS Medicaid Subgroup	17.9%	18.4%	28.7%	35.1%
FFS Non-Medicaid Subgroup	10.3%	20.5%	29.1%	40.1%
MDHHS CSHCS Managed Care Program	**15.9%**	**20.5%**	**26.7%**	**36.9%**
Aetna Better Health of Michigan	8.3%	16.7%	29.2%	45.8%
Blue Cross Complete of Michigan	17.8%	22.1%	26.0%	34.1%
McLaren Health Plan	12.5%	20.2%	25.9%	41.4%
Meridian Health Plan of Michigan	15.9%	22.9%	31.0%	30.2%
Molina Healthcare of Michigan	15.2%	17.3%	26.6%	40.9%
Priority Health Choice, Inc.	24.6%	23.7%	19.2%	32.5%
Total Health Care, Inc.	7.7%	12.8%	33.3%	46.2%
UnitedHealthcare Community Plan	11.6%	15.4%	30.2%	42.8%
Upper Peninsula Health Plan	14.7%	27.4%	25.3%	32.6%

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 February 28, 2019. Some children eligible for the CAHPS Survey turned age 18 between March 1, 2019, and the time of survey administration.*

Table 3-3—Child Member Demographics: Gender

	Male	Female
MDHHS CSHCS Program	**54.0%**	**46.0%**
MDHHS CSHCS FFS Program	**52.9%**	**47.1%**
FFS Medicaid Subgroup	53.5%	46.5%
FFS Non-Medicaid Subgroup	52.4%	47.6%
MDHHS CSHCS Managed Care Program	**54.6%**	**45.4%**
Aetna Better Health of Michigan	41.7%	58.3%
Blue Cross Complete of Michigan	57.3%	42.7%
McLaren Health Plan	51.4%	48.6%
Meridian Health Plan of Michigan	54.2%	45.8%
Molina Healthcare of Michigan	54.4%	45.6%
Priority Health Choice, Inc.	56.2%	43.8%
Total Health Care, Inc.	53.8%	46.2%
UnitedHealthcare Community Plan	53.9%	46.1%
Upper Peninsula Health Plan	58.3%	41.7%

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

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

	White	Hispanic	Black	Asian	Other	Multi-Racial
MDHHS CSHCS Program	**63.3%**	**8.6%**	**12.8%**	**3.4%**	**3.7%**	**8.2%**
MDHHS CSHCS FFS Program	**78.0%**	**4.7%**	**5.5%**	**3.9%**	**1.8%**	**6.2%**
FFS Medicaid Subgroup	72.6%	5.3%	8.0%	2.7%	2.1%	9.3%
FFS Non-Medicaid Subgroup	82.4%	4.1%	3.4%	4.9%	1.5%	3.6%
MDHHS CSHCS Managed Care Program	**56.0%**	**10.6%**	**16.4%**	**3.1%**	**4.7%**	**9.2%**
Aetna Better Health of Michigan	36.0%	0.0%	52.0%	4.0%	0.0%	8.0%
Blue Cross Complete of Michigan	45.6%	10.6%	24.3%	4.6%	6.4%	8.5%
McLaren Health Plan	70.8%	7.1%	7.8%	3.1%	1.6%	9.6%
Meridian Health Plan of Michigan	64.2%	10.7%	9.9%	1.6%	3.2%	10.4%
Molina Healthcare of Michigan	46.3%	12.3%	23.5%	2.8%	6.8%	8.3%
Priority Health Choice, Inc.	56.4%	17.2%	9.2%	3.2%	1.6%	12.4%
Total Health Care, Inc.	30.0%	2.5%	47.5%	2.5%	7.5%	10.0%
UnitedHealthcare Community Plan	47.9%	10.4%	22.7%	4.7%	8.2%	6.0%
Upper Peninsula Health Plan	84.4%	0.0%	0.0%	0.0%	6.3%	9.4%
Please note, percentages may not total 100.0% due to rounding.						

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

	Excellent	Very Good	Good	Fair	Poor
MDHHS CSHCS Program	**14.3%**	**32.2%**	**35.0%**	**15.9%**	**2.5%**
MDHHS CSHCS FFS Program	**14.8%**	**36.4%**	**32.1%**	**14.2%**	**2.4%**
FFS Medicaid Subgroup	12.0%	30.1%	34.6%	19.8%	3.5%
FFS Non-Medicaid Subgroup	17.2%	41.6%	30.0%	9.6%	1.5%
MDHHS CSHCS Managed Care Program	**14.1%**	**30.1%**	**36.5%**	**16.8%**	**2.6%**
Aetna Better Health of Michigan	4.2%	16.7%	50.0%	29.2%	0.0%
Blue Cross Complete of Michigan	17.7%	31.1%	35.3%	14.7%	1.2%
McLaren Health Plan	11.1%	27.1%	40.4%	19.1%	2.2%
Meridian Health Plan of Michigan	11.0%	30.8%	39.3%	16.5%	2.5%
Molina Healthcare of Michigan	15.9%	28.1%	32.2%	19.1%	4.7%
Priority Health Choice, Inc.	18.3%	33.0%	34.3%	12.2%	2.2%
Total Health Care, Inc.	15.4%	23.1%	43.6%	17.9%	0.0%
UnitedHealthcare Community Plan	11.2%	25.6%	39.4%	20.5%	3.2%
Upper Peninsula Health Plan	14.0%	52.7%	21.5%	9.7%	2.2%
Please note, percentages may not total 100.0% due to rounding.					

Table 3-6 depicts the age, gender, race and ethnicity, and general health status of children for whom a parent or caregiver completed a survey in 2018 and 2019 for the MDHHS CSHCS Program.

Table 3-6—Child Member Demographics: MDHHS CSHCS Program

Category	2018	2019
Age		
0 to 3	16.3%	15.2%
4 to 7	20.6%	20.2%
8 to 12	28.3%	27.4%
13 to 18*	34.9%	37.2%
Gender		
Male	54.5%	54.0%
Female	45.5%	46.0%
Race/Ethnicity		
White	63.8%	63.3%
Hispanic	8.7%	8.6%
Black	12.5%	12.8%
Asian	3.0%	3.4%
Other	3.2%	3.7%
Multi-Racial	8.8%	8.2%
General Health Status		
Excellent	14.0%	14.3%
Very Good	30.0%	32.2%
Good	36.1%	35.0%
Fair	17.2%	15.9%
Poor	2.7%	2.5%

Please note, percentages may not total 100% due to rounding.
**For the 2019 survey, children are eligible for inclusion in CAHPS if they are age 17 or younger as of February 28, 2019. Some children eligible for the CAHPS Survey turned age 18 between March 1, 2019 and the time of survey administration.*

Demographics of Respondents

Table 3-7 through Table 3-10 depict the age, gender, education, and relationship to child of parents or caregivers who completed the survey.

Table 3-7—Respondent Demographics: Age

	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or Older
MDHHS CSHCS Program	**8.4%**	**2.9%**	**22.0%**	**36.9%**	**21.8%**	**6.2%**	**1.8%**
MDHHS CSHCS FFS Program	**5.7%**	**0.8%**	**18.4%**	**43.9%**	**26.8%**	**3.9%**	**0.4%**
FFS Medicaid Subgroup	4.8%	1.3%	20.5%	42.3%	26.6%	3.9%	0.7%
FFS Non-Medicaid Subgroup	6.5%	0.4%	16.7%	45.3%	27.0%	4.0%	0.2%
MDHHS CSHCS Managed Care Program	**9.7%**	**4.0%**	**23.8%**	**33.4%**	**19.3%**	**7.3%**	**2.6%**
Aetna Better Health of Michigan	4.0%	8.0%	8.0%	24.0%	28.0%	24.0%	4.0%
Blue Cross Complete of Michigan	9.9%	2.9%	22.0%	35.4%	22.6%	4.8%	2.5%
McLaren Health Plan	8.5%	2.3%	24.2%	32.4%	21.9%	8.5%	2.3%
Meridian Health Plan of Michigan	10.2%	3.7%	28.0%	32.2%	17.8%	6.2%	2.0%
Molina Healthcare of Michigan	11.1%	4.6%	19.5%	35.8%	19.2%	7.5%	2.3%
Priority Health Choice, Inc.	6.4%	7.7%	25.2%	31.2%	16.1%	9.4%	4.0%
Total Health Care, Inc.	18.4%	0.0%	28.9%	26.3%	23.7%	0.0%	2.6%
UnitedHealthcare Community Plan	12.2%	3.3%	21.8%	35.3%	18.5%	6.6%	2.3%
Upper Peninsula Health Plan	6.7%	3.4%	31.5%	32.6%	14.6%	9.0%	2.2%

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

Table 3-8—Respondent Demographics: Gender

	Male	Female
MDHHS CSHCS Program	**12.3%**	**87.7%**
MDHHS CSHCS FFS Program	**10.5%**	**89.5%**
FFS Medicaid Subgroup	8.7%	91.3%
FFS Non-Medicaid Subgroup	12.1%	87.9%
MDHHS CSHCS Managed Care Program	**13.1%**	**86.9%**
Aetna Better Health of Michigan	12.0%	88.0%
Blue Cross Complete of Michigan	16.7%	83.3%
McLaren Health Plan	11.9%	88.1%
Meridian Health Plan of Michigan	8.4%	91.6%
Molina Healthcare of Michigan	13.9%	86.1%
Priority Health Choice, Inc.	10.9%	89.1%
Total Health Care, Inc.	10.0%	90.0%
UnitedHealthcare Community Plan	20.6%	79.4%
Upper Peninsula Health Plan	5.2%	94.8%

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

Table 3-9—Respondent Demographics: Education

	Not a High School Graduate	High School Graduate	College Graduate
MDHHS CSHCS Program	**10.5%**	**64.1%**	**25.4%**
MDHHS CSHCS FFS Program	**3.5%**	**51.2%**	**45.4%**
FFS Medicaid Subgroup	5.4%	61.7%	32.9%
FFS Non-Medicaid Subgroup	1.9%	42.5%	55.6%
MDHHS CSHCS Managed Care Program	**14.1%**	**70.7%**	**15.2%**
Aetna Better Health of Michigan	8.3%	87.5%	4.2%
Blue Cross Complete of Michigan	12.8%	67.5%	19.8%
McLaren Health Plan	9.6%	73.0%	17.4%
Meridian Health Plan of Michigan	12.8%	73.6%	13.6%
Molina Healthcare of Michigan	18.3%	70.4%	11.3%
Priority Health Choice, Inc.	11.4%	71.1%	17.5%
Total Health Care, Inc.	30.0%	60.0%	10.0%
UnitedHealthcare Community Plan	21.8%	65.3%	12.9%
Upper Peninsula Health Plan	3.2%	80.9%	16.0%
Please note, percentages may not total 100.0% due to rounding.			

Table 3-10—Respondent Demographics: Relationship to Child

	Mother or Father	Grandparent	Other Relative	Legal Guardian
MDHHS CSHCS Program	**94.6%**	**3.3%**	**1.0%**	**1.1%**
MDHHS CSHCS FFS Program	**98.4%**	**1.0%**	**0.3%**	**0.3%**
FFS Medicaid Subgroup	97.1%	2.3%	0.4%	0.2%
FFS Non-Medicaid Subgroup	99.5%	0.0%	0.2%	0.3%
MDHHS CSHCS Managed Care Program	**92.6%**	**4.5%**	**1.4%**	**1.6%**
Aetna Better Health of Michigan	87.0%	13.0%	0.0%	0.0%
Blue Cross Complete of Michigan	95.0%	3.1%	0.9%	0.9%
McLaren Health Plan	92.5%	4.2%	1.0%	2.3%
Meridian Health Plan of Michigan	94.0%	4.1%	0.8%	1.1%
Molina Healthcare of Michigan	91.7%	4.8%	2.2%	1.3%
Priority Health Choice, Inc.	88.0%	5.2%	3.2%	3.6%
Total Health Care, Inc.	100.0%	0.0%	0.0%	0.0%
UnitedHealthcare Community Plan	93.6%	4.8%	1.0%	0.6%
Upper Peninsula Health Plan	91.4%	6.5%	0.0%	2.2%
Please note, percentages may not total 100.0% due to rounding.				

Table 3-11 depicts the age, gender, education, and relationship to child of parents or caregivers who completed the survey in 2018 and 2019 for the MDHHS CSHCS Program.

Table 3-11—Respondent Demographics: MDHHS CSHCS Program

Category	2018	2019
Respondent Age		
Under 18	6.6%	8.4%
18 to 24	3.5%	2.9%
25 to 34	24.3%	22.0%
35 to 44	38.3%	36.9%
45 to 54	19.9%	21.8%
55 to 64	5.4%	6.2%
65 or Older	1.9%	1.8%
Respondent Gender		
Male	12.3%	12.3%
Female	87.7%	87.7%
Respondent Education		
Not a High School Graduate	11.5%	10.5%
High School Graduate	65.8%	64.1%
College Graduate	22.7%	25.4%
Relationship to Child		
Mother or Father	95.4%	94.6%
Grandparent	2.8%	3.3%
Other Relative	0.9%	1.0%
Legal Guardian	0.9%	1.1%
Please note, percentages may not total 100% due to rounding.		

Managed Care Statewide Comparisons

For purposes of the Managed Care Statewide Comparisons, HSAG calculated top-box scores for each measure. The MDHHS CSHCS Program, MDHHS CSHCS Managed Care Program, and MDHHS CSHCS FFS Program results were weighted based on the eligible population for each child population (i.e., CSHCS FFS Medicaid subgroup, CSHCS FFS non-Medicaid subgroup, and MHPs).

Managed Care Comparisons

HSAG compared the MHP, MDHHS CSHCS FFS Medicaid subgroup, and MDHHS CSHCS FFS Program results to the MDHHS CSHCS Managed Care Program average to determine if the results were statistically significantly different. The NCQA Medicaid national averages for the CCC population are presented for comparison, where appropriate.[3-3,3-4] Colors in the figures note statistically significant differences. Green indicates a top-box score that was statistically significantly higher than the MDHHS CSHCS Managed Care Program average. Conversely, red indicates a top-box score that was statistically significantly lower than the MDHHS CSHCS Managed Care Program average. Blue represents top-box scores that were not statistically significantly different from the MDHHS CSHCS Managed Care Program average. Populations 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 scores presented for two populations were similar, but one was statistically different from the MDHHS CSHCS Managed Care Program average and the other was not. In these instances, it was the difference in the number of respondents between the two populations that explains the different statistical results. It is more likely that a statistically significant result will be found in a population with a larger number of respondents. In addition, HSAG did not present top-box scores for measures with fewer than 11 responses for an MHP, which are indicated as "Not Applicable" in the following figures.

[3-3] The source for data contained in this publication is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2018 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the AHRQ.

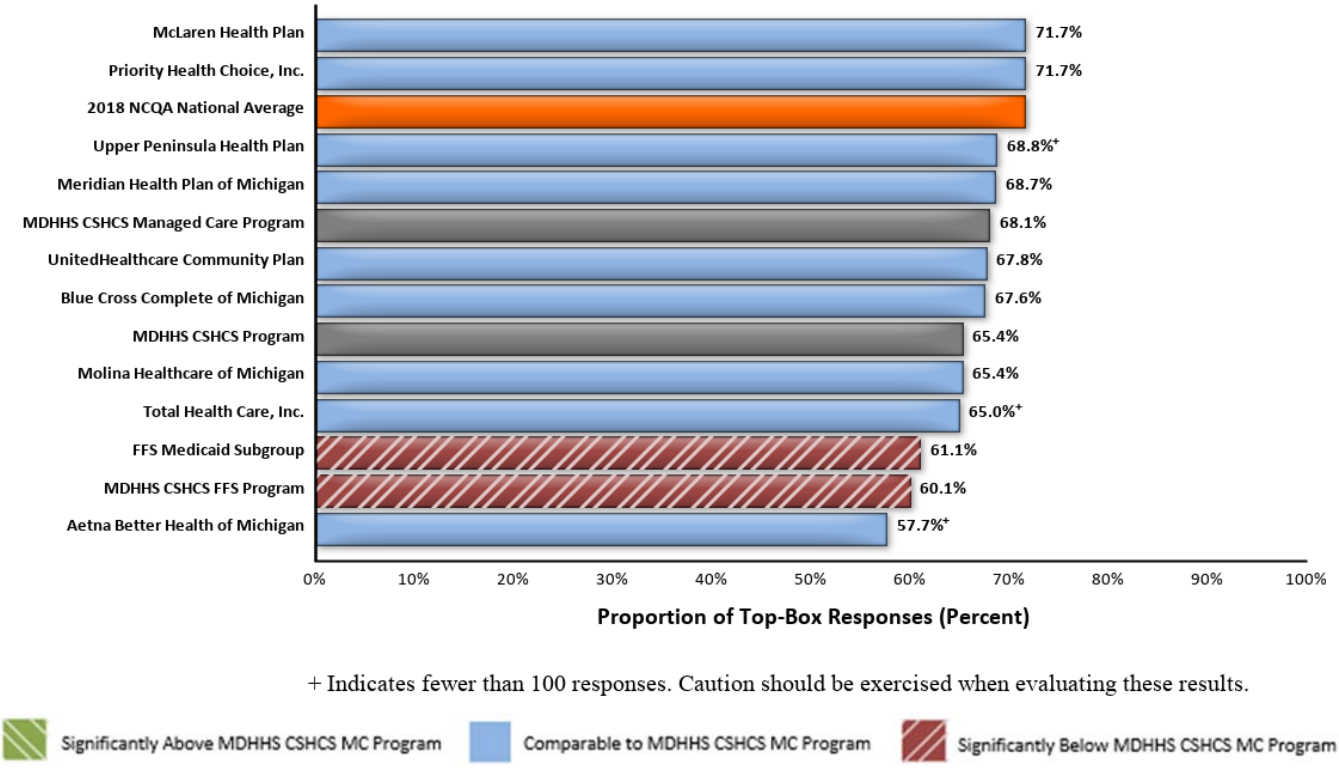
[3-4] NCQA national averages for the child with CCC Medicaid population are presented for comparative purposes. Given the potential differences in demographic make-up of the CSHCS and child Medicaid with CCC populations, caution should be exercised when interpreting the comparisons to NCQA national averages.

Global Ratings

Rating of Health Plan

Parents or caregivers 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 scores (i.e., responses of "9" or "10").

Figure 3-1—Rating of Health Plan Top-Box Scores



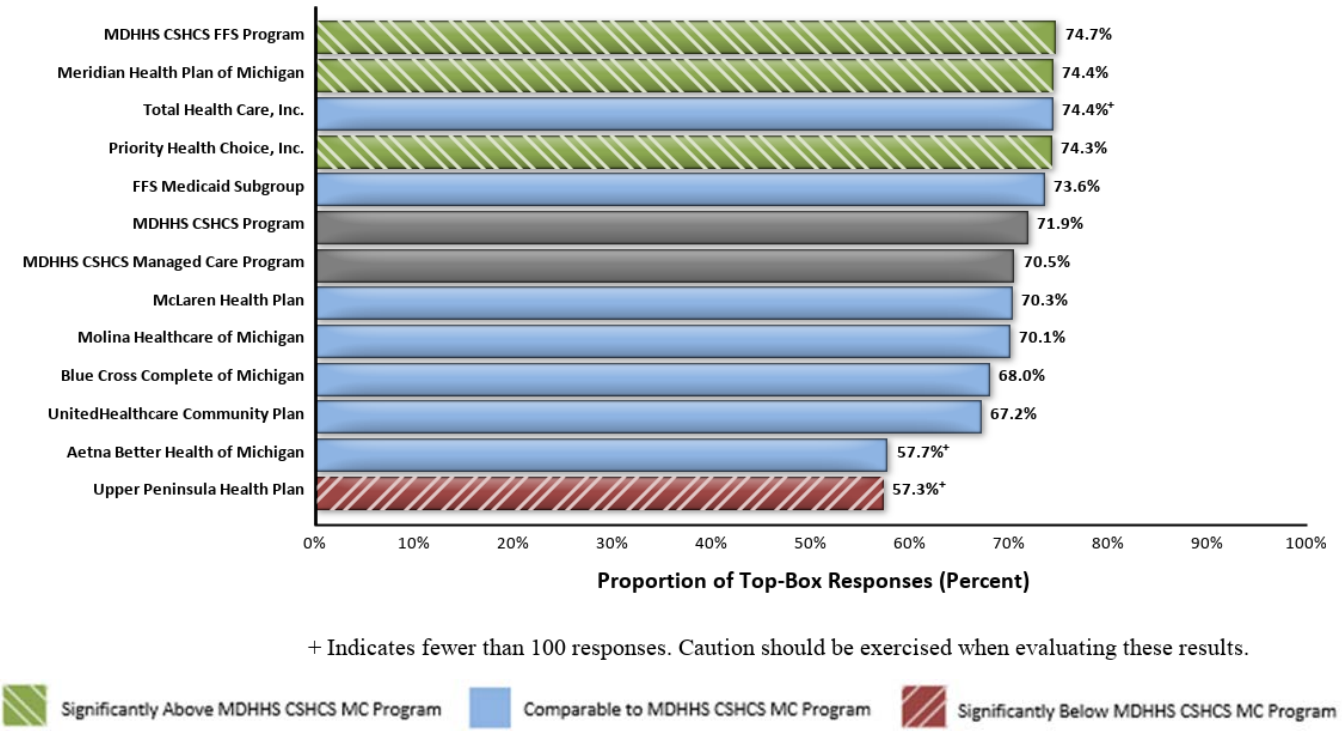
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Significantly Above MDHHS CSHCS MC Program | Comparable to MDHHS CSHCS MC Program | Significantly Below MDHHS CSHCS MC Program

Rating of Health Care

Parents or caregivers of child members were asked to rate their child's health care for their child's CSHCS condition on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Figure 3-2 shows the Rating of Health Care top-box scores (i.e., responses of "9" or "10").

Figure 3-2—Rating of Health Care Top-Box Scores[3-5]

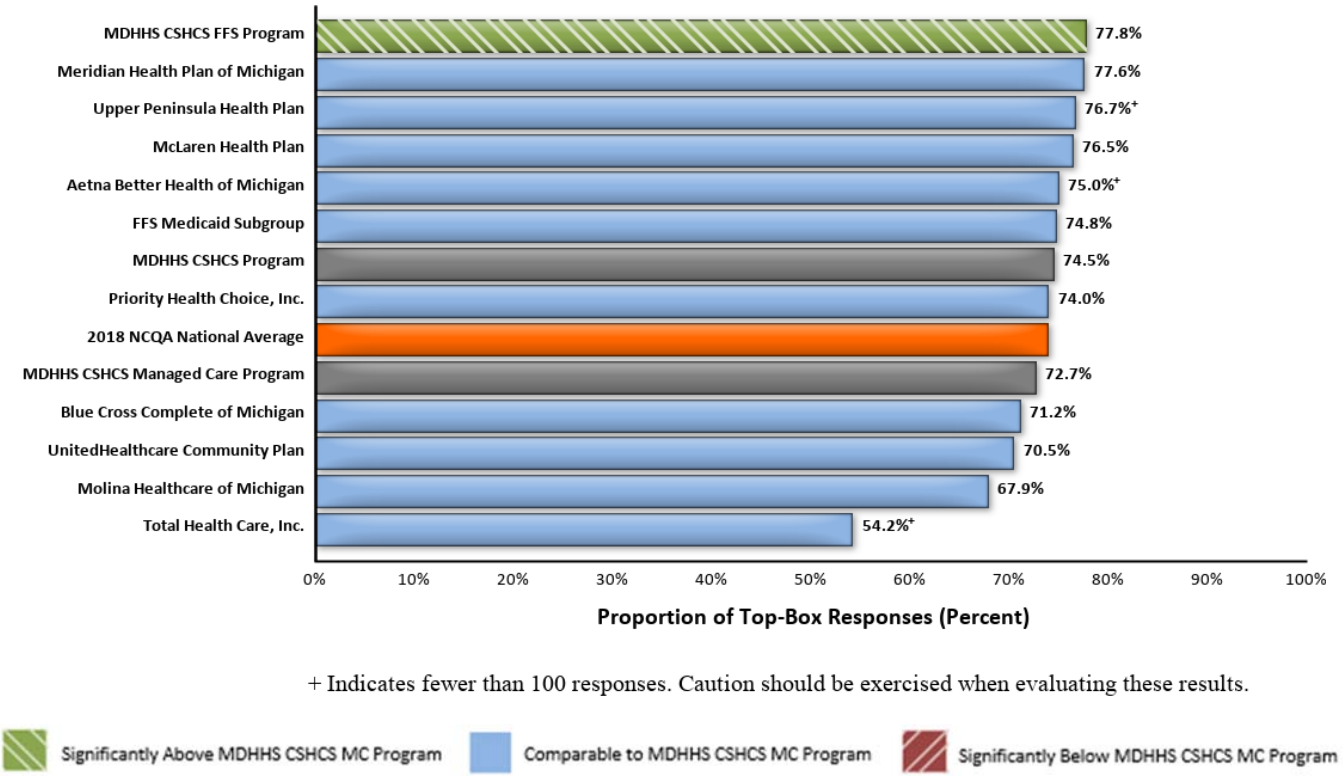


[3-5] Language for the Rating of Health Care global rating question in the CSHCS Survey was modified from the standard question in the CAHPS 5.0 Child Medicaid Health Plan Survey. Given that the results for this global rating are not comparable to the NCQA national average, the 2018 NCQA national average is not displayed.

Rating of Specialist Seen Most Often

Parents or caregivers 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 3-3 shows the Rating of Specialist Seen Most Often top-box scores (i.e., responses of "9" or "10").

Figure 3-3—Rating of Specialist Seen Most Often Top-Box Scores



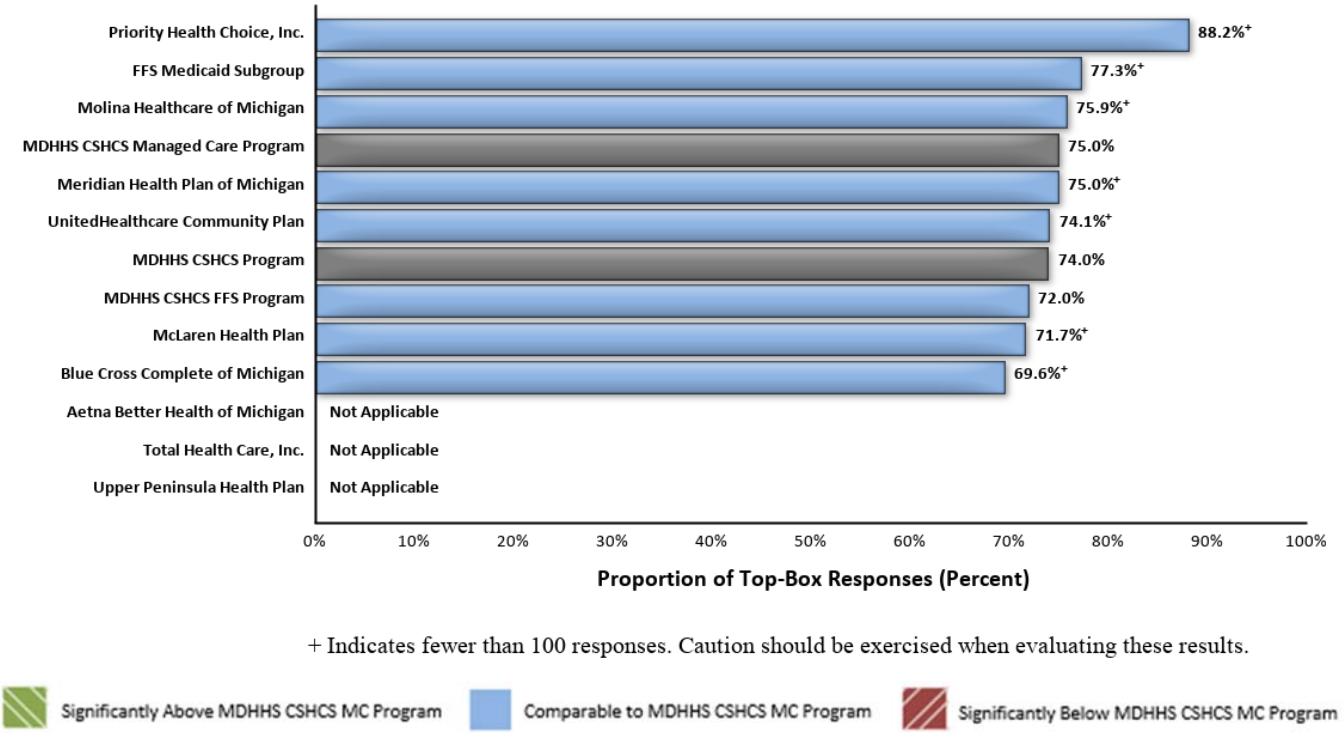
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Significantly Above MDHHS CSHCS MC Program | Comparable to MDHHS CSHCS MC Program | Significantly Below MDHHS CSHCS MC Program

Rating of CMDS Clinic

Parents or caregivers of child members were asked to rate the services their child received in a CMDS Clinic on a scale of 0 to 10, with 0 being "not useful at all in helping my child" and 10 being "most useful in helping my child." Figure 3-4 shows the Rating of CMDS Clinic top-box scores (i.e., responses of "9" or "10").

Figure 3-4—Rating of CMDS Clinic Top-Box Scores[3-6,3-7]



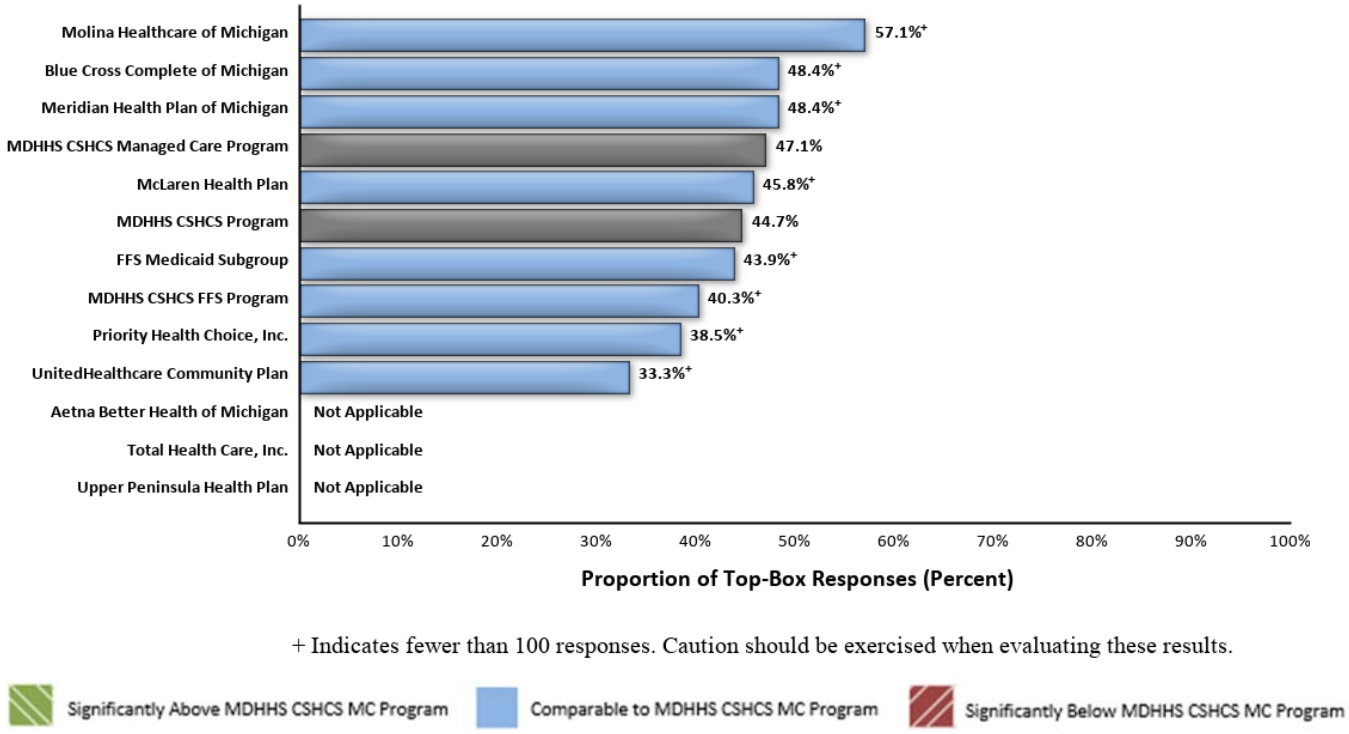
3-6 The Rating of CMDS Clinic global rating question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

3-7 Aetna Better Health of Michigan, Total Health Care, Inc., and Upper Peninsula Health Plan had fewer than 11 respondents to the Rating of CMDS Clinic global rating; therefore, top-box scores could not be presented for these MHPs, which is indicated as "Not Applicable" in the figure.

Rating of Beneficiary Help Line

Parents or caregivers of child members were asked to rate their experience with the Beneficiary Help Line on a scale of 0 to 10, with 0 being the "worst experience possible" and 10 being the "best experience possible." Figure 3-5 shows the Rating of Beneficiary Help Line top-box scores (i.e., responses of "9" or "10").

Figure 3-5—Rating of Beneficiary Help Line Top-Box Scores[3-8,3-9]



3-8 The Rating of Beneficiary Help Line global rating question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

3-9 Aetna Better Health of Michigan, Total Health Care, Inc., and Upper Peninsula Health Plan had fewer than 11 respondents to the Rating of Beneficiary Help Line global rating; therefore, top-box scores could not be presented for these MHPs, which is indicated as "Not Applicable" in the figure.

Composite Measures

Customer Service

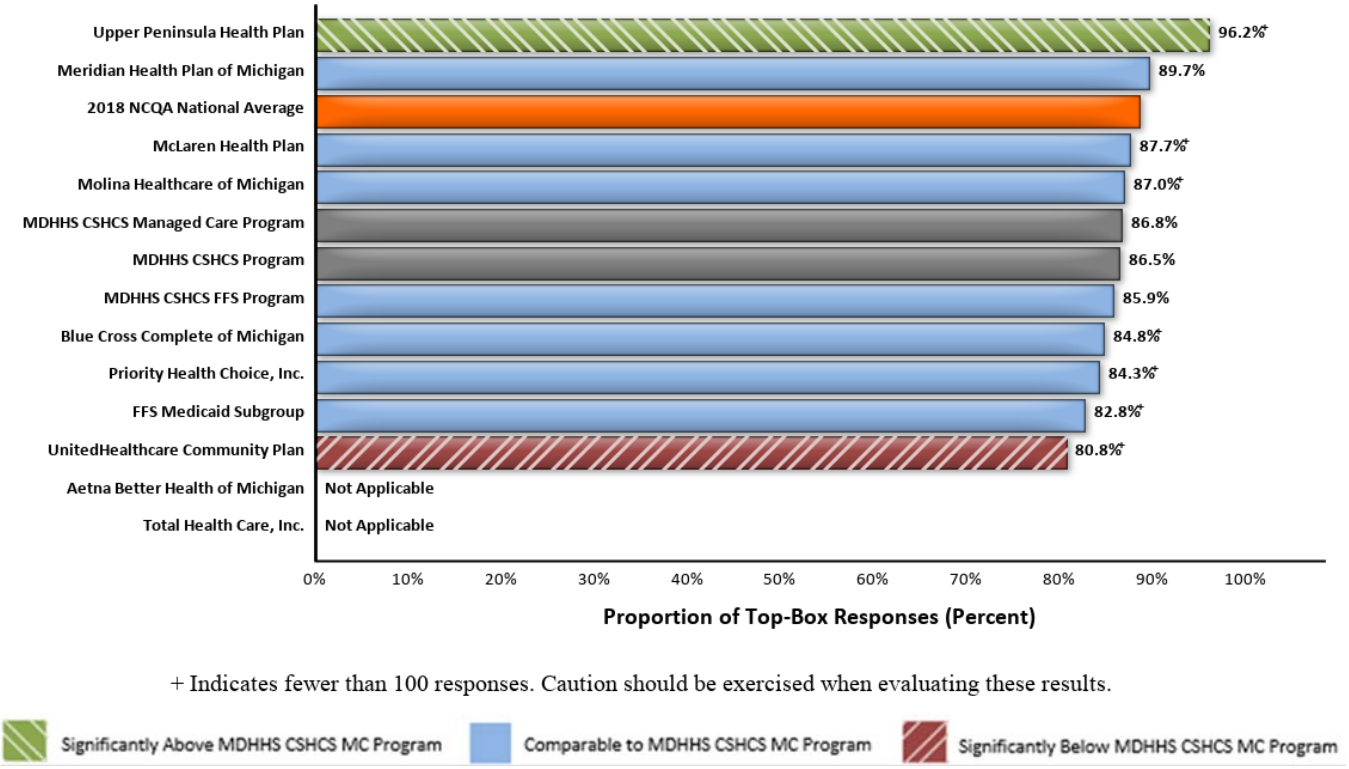
Two questions were asked to assess how often parents or caregivers were satisfied with customer service:

- **Question 33**. 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 34**. 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

Responses of "Usually" or "Always" were used to calculate top-box scores for the Customer Service composite measure.

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

Figure 3-6—Customer Service Top-Box Scores[3-10]



[3-10] Aetna Better Health of Michigan and Total Health Care, Inc. had fewer than 11 respondents to the Customer Service composite measure; therefore, top-box scores could not be presented for these MHPs, which is indicated as "Not Applicable" in the figure.

How Well Doctors Communicate

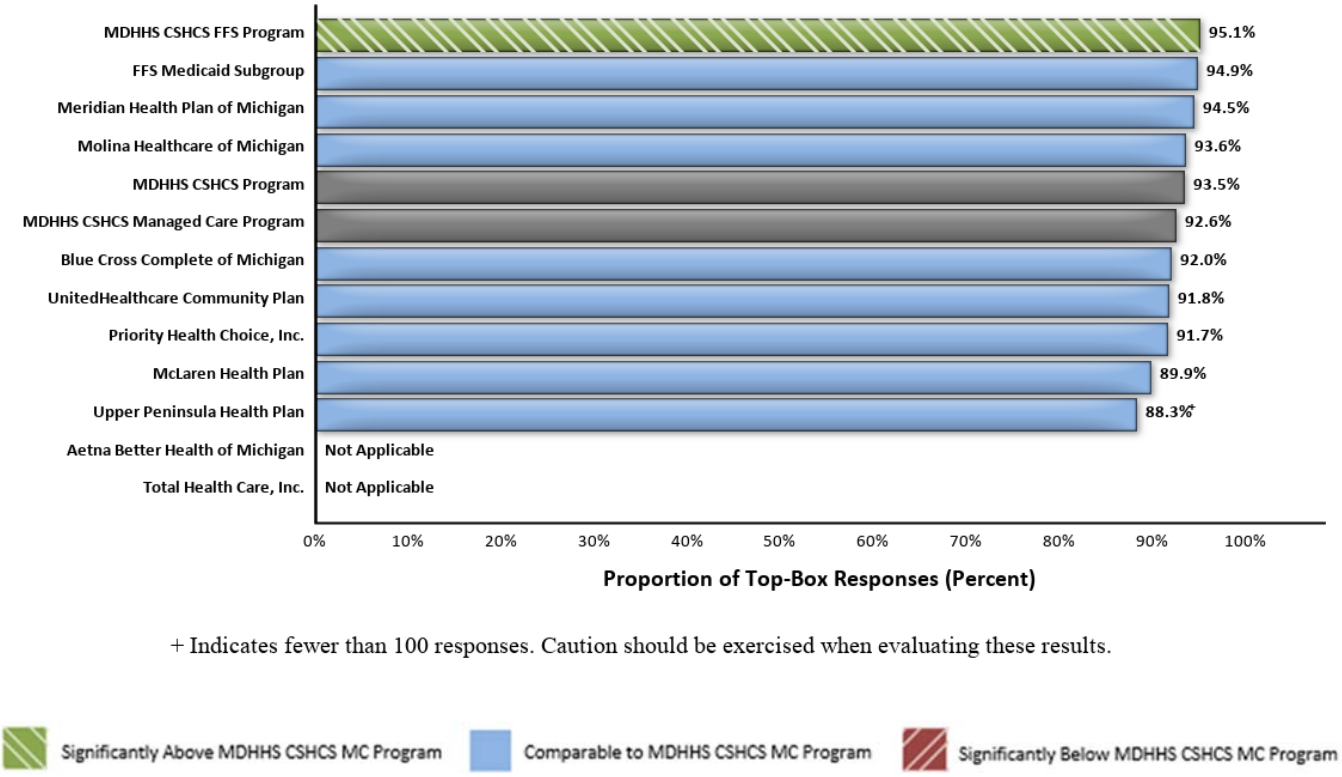
A series of four questions was asked to assess how often doctors communicated well:

- **Question 12**. In the last 6 months, how often did your child's doctor or other health providers explain things about your child's health in a way that was easy to understand?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 13**. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 14**. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 16**. In the last 6 months, how often did your child's doctors or other health providers spend enough time with your child?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the How Well Doctors Communicate composite measure.

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

Figure 3-7—How Well Doctors Communicate Top-Box Scores[3-11,3-12]



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

Significantly Above MDHHS CSHCS MC Program | Comparable to MDHHS CSHCS MC Program | Significantly Below MDHHS CSHCS MC Program

[3-11] The survey questions that comprise the How Well Doctors Communicate composite measure in the CAHPS 5.0 Child Medicaid Health Plan Survey were modified for inclusion in the CSHCS Survey. Given that the results for this composite measure are not comparable to the NCQA national average, the 2018 NCQA national average is not displayed.

[3-12] Aetna Better Health of Michigan and Total Health Care, Inc. had fewer than 11 respondents to the How Well Doctors Communicate composite measure; therefore, top-box scores could not be presented for these MHPs, which is indicated as "Not Applicable" in the figure.

Access to Specialized Services

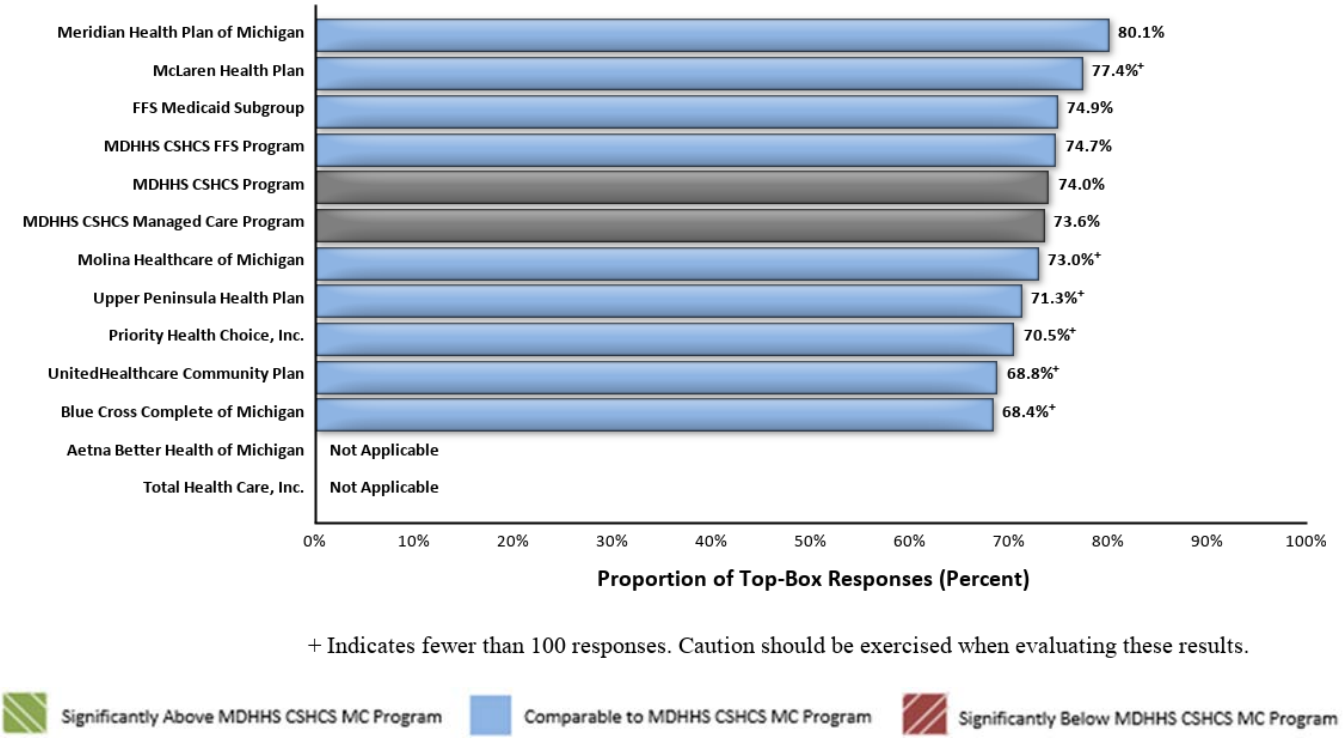
Two questions were asked to assess how often parents or caregivers were satisfied with access to specialized services:

- **Question 24**. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 27**. In the last 6 months, how often was it easy to get this therapy for your child?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the Access to Specialized Services composite measure.

Figure 3-8 shows the Access to Specialized Services top-box scores.

Figure 3-8—Access to Specialized Services Top-Box Scores[3-13,3-14]



[3-13] The survey questions that comprise the Access to Specialized Services composite measure in the CSHCS Survey differed from the CAHPS 5.0 Child Medicaid Health Plan Survey (i.e., one question was removed from the composite). Given that the results are not comparable to the NCQA national average, the 2018 NCQA national average is not displayed.

[3-14] Aetna Better Health of Michigan and Total Health Care, Inc. had fewer than 11 respondents to the Access to Specialized Services composite measure; therefore, top-box scores could not be presented for these MHPs, which is indicated as "Not Applicable" in the figure.

Transportation

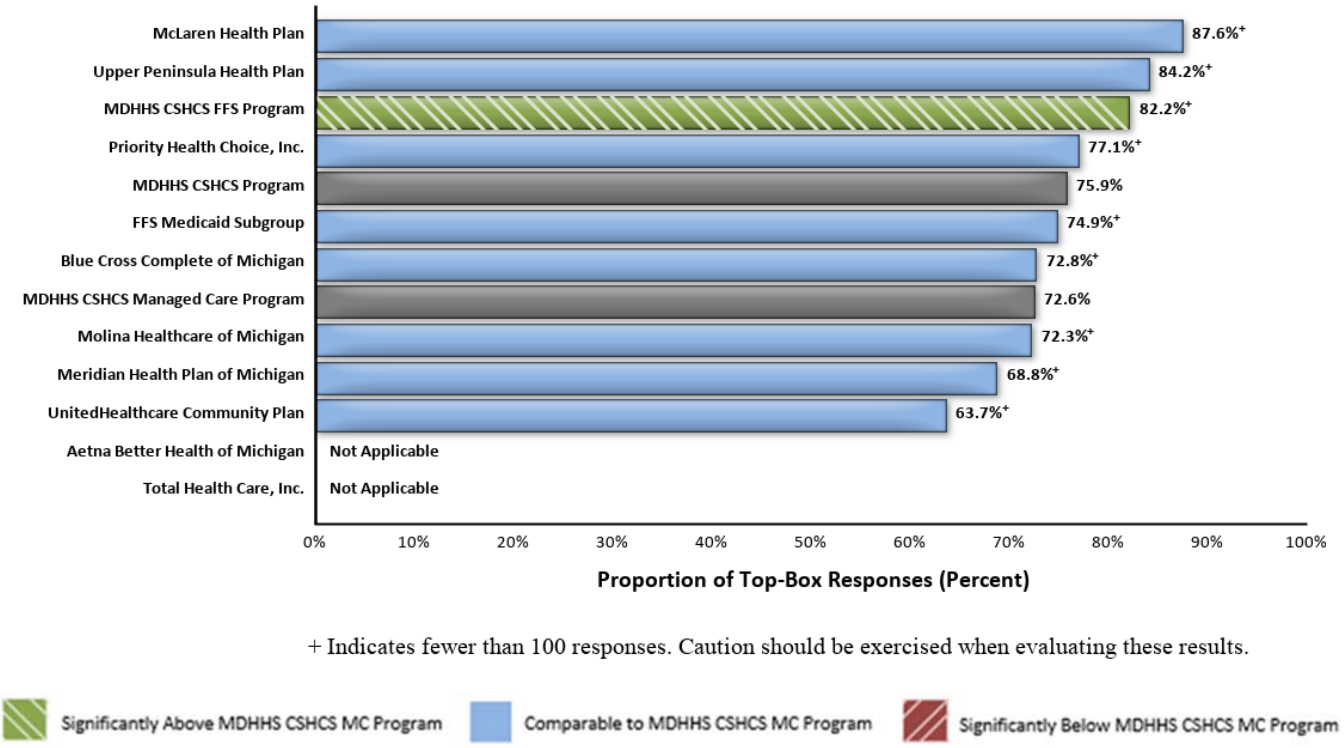
Two questions were asked to assess how often parents or caregivers were satisfied with transportation:

- **Question 30**. In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 31**. In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the Transportation composite measure.

Figure 3-9 shows the Transportation top-box scores.

Figure 3-9—Transportation Top-Box Scores[3-15,3-16]



[3-15] The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and are specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

[3-16] Aetna Better Health of Michigan and Total Health Care, Inc. had fewer than 11 respondents to the Transportation composite measure; therefore, top-box scores could not be presented for these MHPs, which is indicated as "Not Applicable" in the figure.

CSHCS Family Center

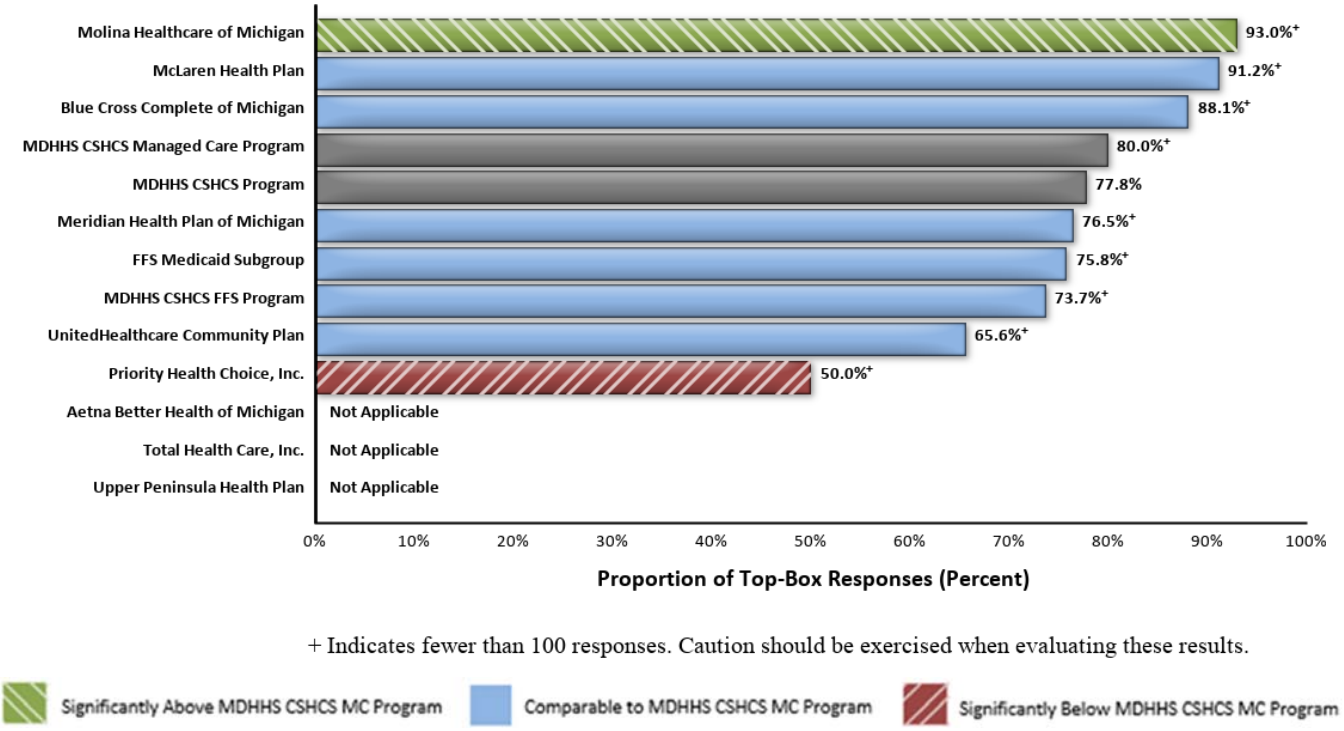
Two questions were asked to assess how often parents or caregivers were satisfied with the CSHCS Family Center:

- **Question 51**. In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS Family Center?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 55**. In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS Family Phone Line?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the CSHCS Family Center composite measure.

Figure 3-10 shows the CSHCS Family Center top-box scores.

Figure 3-10—CSHCS Family Center Top-Box Scores[3-17,3-18]



[3-17] The CSHCS Family Center composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and are specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

[3-18] Aetna Better Health of Michigan, Total Health Care, Inc., and Upper Peninsula Health Plan had fewer than 11 respondents to the CSHCS Family Center composite measure; therefore, top-box scores could not be presented for these MHPs, which is indicated as "Not Applicable" in the figure.

Individual Item Measures

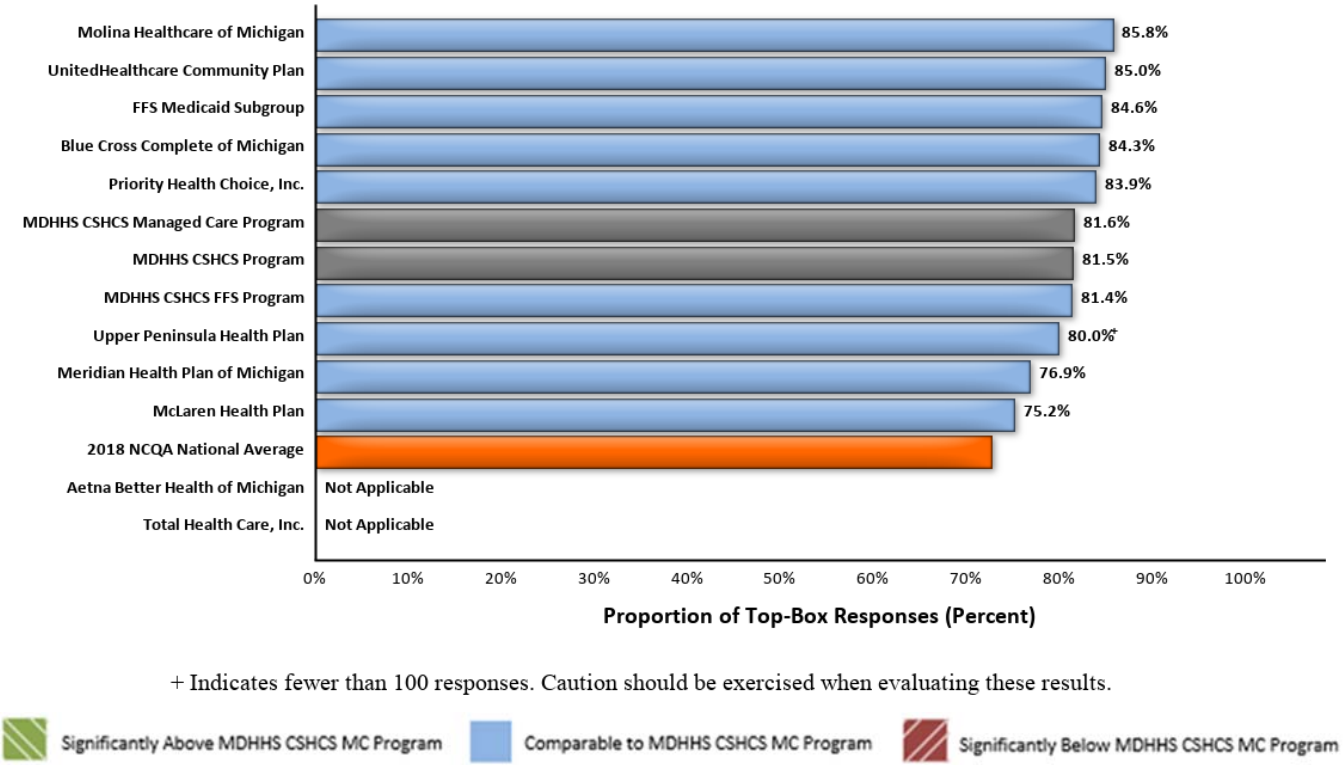
Health Promotion and Education

One question was asked to assess if parents or caregivers talked with their child's doctor or other health provider about things they could do to prevent illness in their child:

- **Question 10**. 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

Responses of "Yes" were used to calculate top-box scores for the Health Promotion and Education individual item measure. Figure 3-11 shows the Health Promotion and Education top-box scores.

Figure 3-11—Health Promotion and Education Top-Box Scores[3-19]



[3-19] Aetna Better Health of Michigan and Total Health Care, Inc. had fewer than 11 respondents to the Health Promotion and Education individual item measure; therefore, top-box scores could not be presented for these MHPs, which is indicated as "Not Applicable" in the figure.

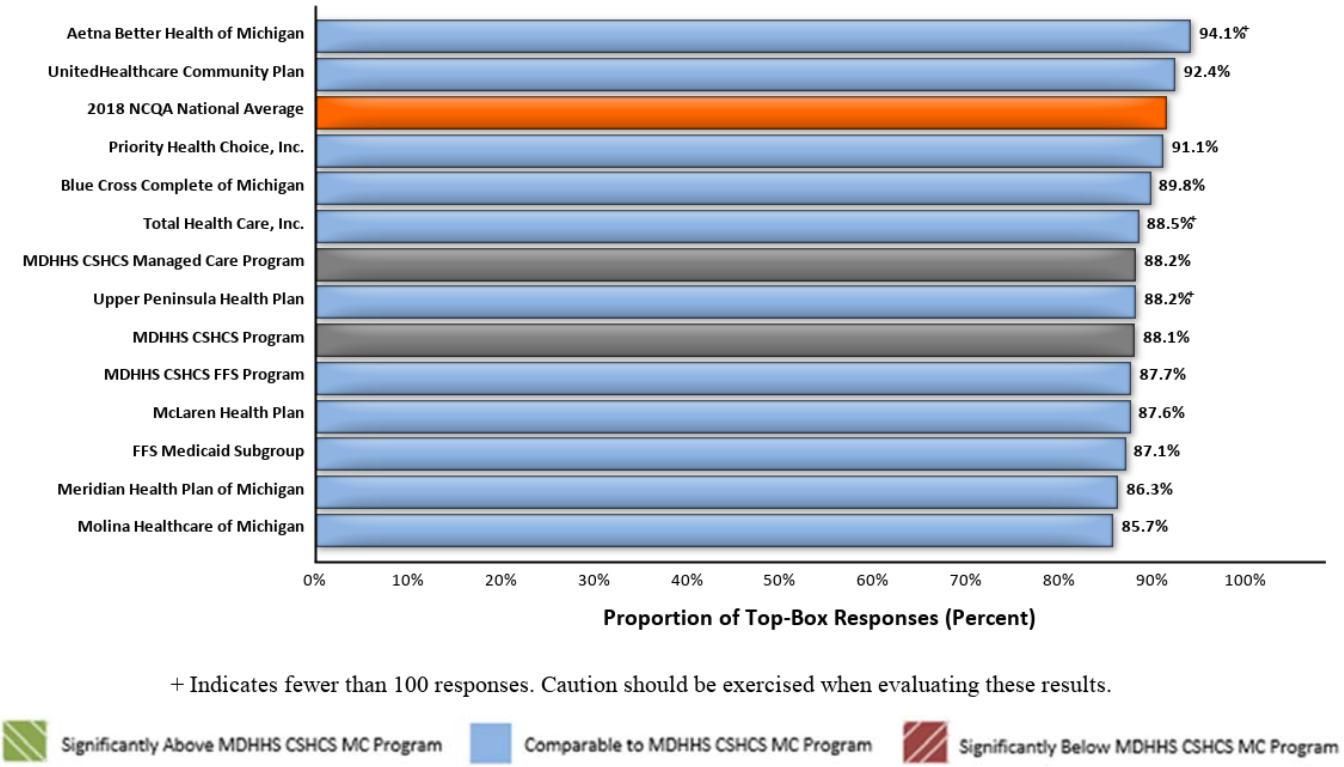
Access to Prescription Medicines

One question was asked to assess how often it was easy for parents or caregivers to get access to prescription medicines:

- **Question 21**. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the Access to Prescription Medicines individual item measure. Figure 3-12 shows the Access to Prescription Medicines top-box scores.

Figure 3-12—Access to Prescription Medicines Top-Box Scores



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

Significantly Above MDHHS CSHCS MC Program | Comparable to MDHHS CSHCS MC Program | Significantly Below MDHHS CSHCS MC Program

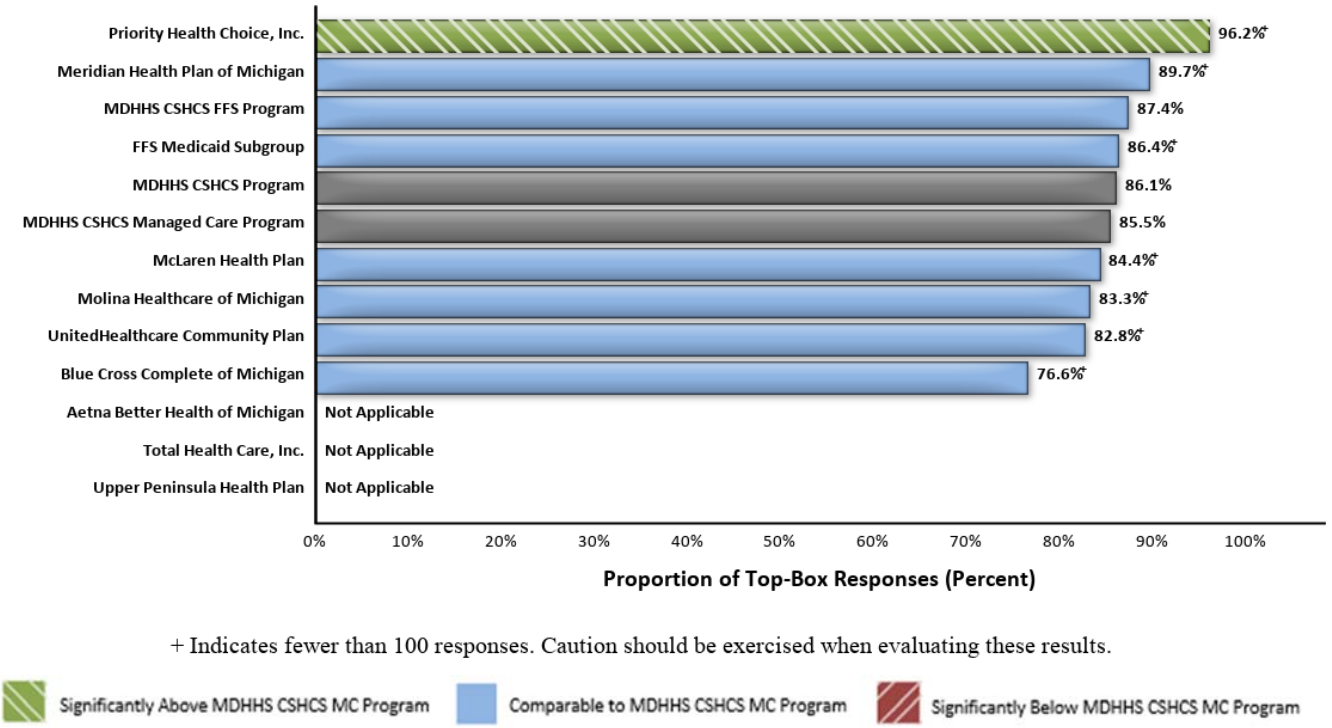
CMDS Clinic

One question was asked to assess how often parents or caregivers were able to get an appointment as soon as their child needed in a CMDS Clinic:

- **Question 39**. In the last 6 months, how often did you get an appointment as soon as your child needed in a CMDS Clinic?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the CMDS Clinic individual item measure. Figure 3-13 shows the CMDS Clinic top-box scores.

Figure 3-13—CMDS Clinic Top-Box Scores[3-20,3-21]



[3-20] The CMDS Clinic individual item measure survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

[3-21] Aetna Better Health of Michigan, Total Health Care, Inc., and Upper Peninsula Health Plan had fewer than 11 respondents to the CMDS Clinic individual item measure; therefore, top-box scores could not be presented for these MHPs, which is indicated as "Not Applicable" in the figure.

Local Health Department Services

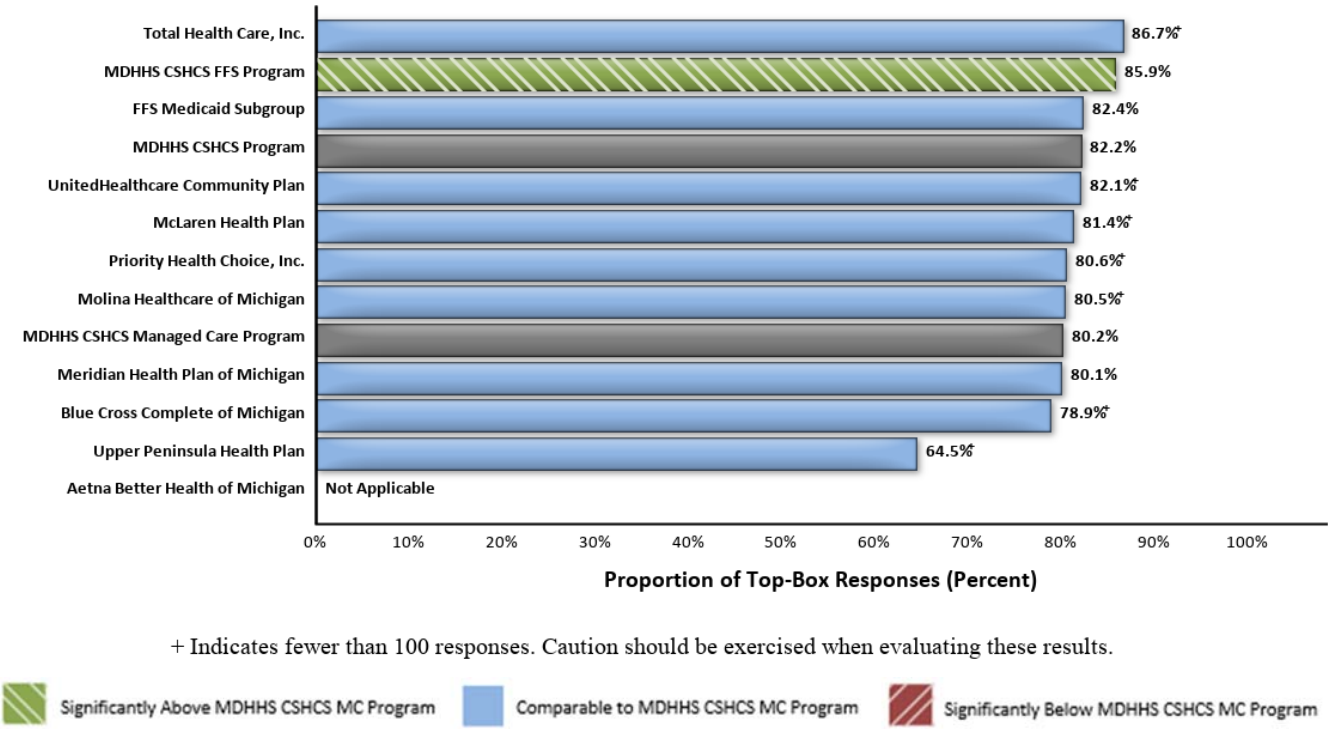
One question was asked to assess how satisfied parents or caregivers were with local health department services:

- **Question 48**. Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.
    - Extremely Dissatisfied
    - Somewhat Dissatisfied
    - Neither Satisfied nor Dissatisfied
    - Somewhat Satisfied
    - Extremely Satisfied

Responses of "Somewhat Satisfied" or "Extremely Satisfied" were used to calculate top-box scores for the Local Health Department Services individual item measure.

Figure 3-14 shows the Local Health Department Services top-box scores.

Figure 3-14—Local Health Department Services Top-Box Scores[3-22,3-23]



[3-22] The Local Health Department Services individual item measure survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

[3-23] Aetna Better Health of Michigan had fewer than 11 respondents to the Local Health Department Services individual item measure; therefore, a top-box score could not be presented for this MHP, which is indicated as "Not Applicable" in the figure.

Beneficiary Help Line

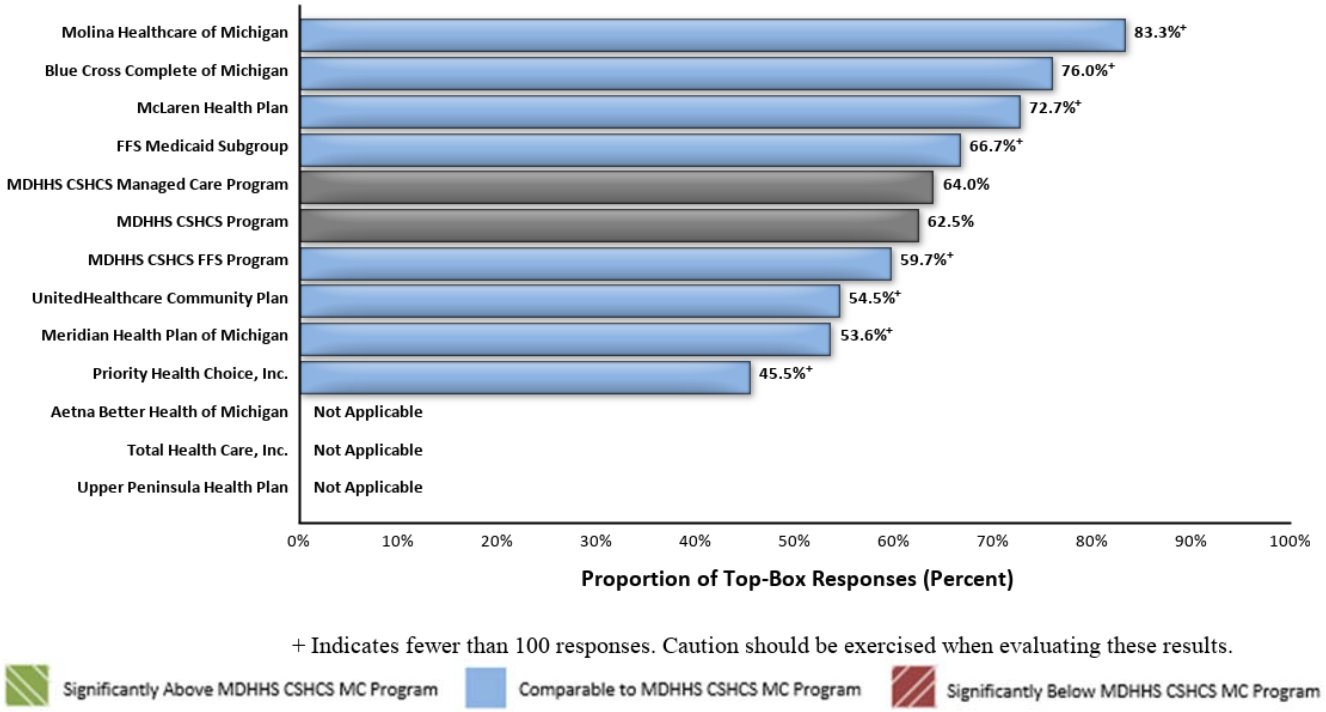
One question was asked to assess how often it was easy for parents or caregivers to get the help they needed from the Beneficiary Help Line:

- **Question 57.** In the last 6 months, how often was it easy to get the help you needed when you called the Beneficiary Help Line?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the Beneficiary Help Line individual item measure.

Figure 3-15 shows the Beneficiary Help Line top-box scores.

Figure 3-15—Beneficiary Help Line Top-Box Scores[3-24,3-25]



[3-24] The Beneficiary Help Line individual item measure survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

[3-25] Aetna Better Health of Michigan, Total Health Care, Inc., and Upper Peninsula Health Plan had fewer than 11 respondents to the Beneficiary Help Line individual item measure; therefore, top-box scores could not be presented for these MHPs, which is indicated as "Not Applicable" in the figure.

Summary of Results

Table 3-12 provides a summary of the Managed Care Statewide Comparisons results for the global ratings.

Table 3-12—Managed Care Statewide Comparisons: Global Ratings

	Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often	Rating of CMDS Clinic	Rating of Beneficiary Help Line
MDHHS CSHCS FFS Program	↓	↑	↑	—	—+
FFS Medicaid Subgroup	↓	—	—	—+	—+
Aetna Better Health of Michigan	—+	—+	—+	NA	NA
Blue Cross Complete of Michigan	—	—	—	—+	—+
McLaren Health Plan	—	—	—	—+	—+
Meridian Health Plan of Michigan	—	↑	—	—+	—+
Molina Healthcare of Michigan	—	—	—	—+	—+
Priority Health Choice, Inc.	—	↑	—	—+	—+
Total Health Care, Inc.	—+	—+	—+	NA	NA
UnitedHealthcare Community Plan	—	—	—	—+	—+
Upper Peninsula Health Plan	—+	↓+	—+	NA	NA

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

Table 3-13 provides a summary of the Managed Care Statewide Comparisons results for the composite measures.

Table 3-13—Managed Care Statewide Comparisons: Composite Measures

	Customer Service	How Well Doctors Communicate	Access to Specialized Services	Transportation	CSHCS Family Center
MDHHS CSHCS FFS Program	—	↑	—	↑+	—+
FFS Medicaid Subgroup	—+	—	—	—+	—+
Aetna Better Health of Michigan	NA	NA	NA	NA	NA
Blue Cross Complete of Michigan	—+	—	—+	—+	—+
McLaren Health Plan	—+	—	—+	—+	—+
Meridian Health Plan of Michigan	—	—	—	—+	—+
Molina Healthcare of Michigan	—+	—	—+	—+	↑+
Priority Health Choice, Inc.	—+	—	—+	—+	↓+
Total Health Care, Inc.	NA	NA	NA	NA	NA
UnitedHealthcare Community Plan	↓+	—	—+	—+	—+
Upper Peninsula Health Plan	↑+	—+	—+	—+	NA

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

Table 3-14 provides a summary of the Managed Care Statewide Comparisons results for the individual item measures.

Table 3-14—Managed Care Statewide Comparisons: Individual Item Measures

	Health Promotion and Education	Access to Prescription Medicines	CMDS Clinics	Local Health Department Services	Beneficiary Help Line
MDHHS CSHCS FFS Program	—	—	—	↑	—+
FFS Medicaid Subgroup	—	—	—+	—	—+
Aetna Better Health of Michigan	NA	—+	NA	NA	NA
Blue Cross Complete of Michigan	—	—	—+	—+	—+
McLaren Health Plan	—	—	—+	—+	—+
Meridian Health Plan of Michigan	—	—	—+	—	—+
Molina Healthcare of Michigan	—	—	—+	—+	—+
Priority Health Choice, Inc.	—	—	↑+	—+	—+
Total Health Care, Inc.	NA	—+	NA	—+	NA
UnitedHealthcare Community Plan	—	—	—+	—+	—+
Upper Peninsula Health Plan	—+	—+	NA	—+	NA

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

FFS Statewide Comparisons

For purposes of the FFS Statewide Comparisons analysis, HSAG calculated top-box scores for each measure. The MDHHS CSHCS FFS Program results were weighted based on the eligible population for each child population (i.e., CSHCS FFS Medicaid subgroup and CSHCS FFS non-Medicaid subgroup). The weighted MDHHS CSHCS Program and MDHHS CSHCS Managed Care Program results are displayed in the figures for reference only and were not compared to the MDHHS CSHCS FFS Program.

FFS Comparisons

HSAG compared the CSHCS FFS Medicaid subgroup and FFS non-Medicaid subgroup results to each other to determine if the results were statistically significantly different. The NCQA Medicaid national averages for the CCC population are presented for comparison, where appropriate.[3-26,3-27] Colors in the figures note statistically significant differences. Green indicates a population's top-box score that was statistically significantly higher than the other population's rate. Conversely, red indicates a population's top-box score that was statistically significantly lower than the other population's rate. Blue indicates that the top-box scores for the populations were not statistically significantly different from each other. Results based on fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

[3-26] The source for data contained in this publication is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2018 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the AHRQ.

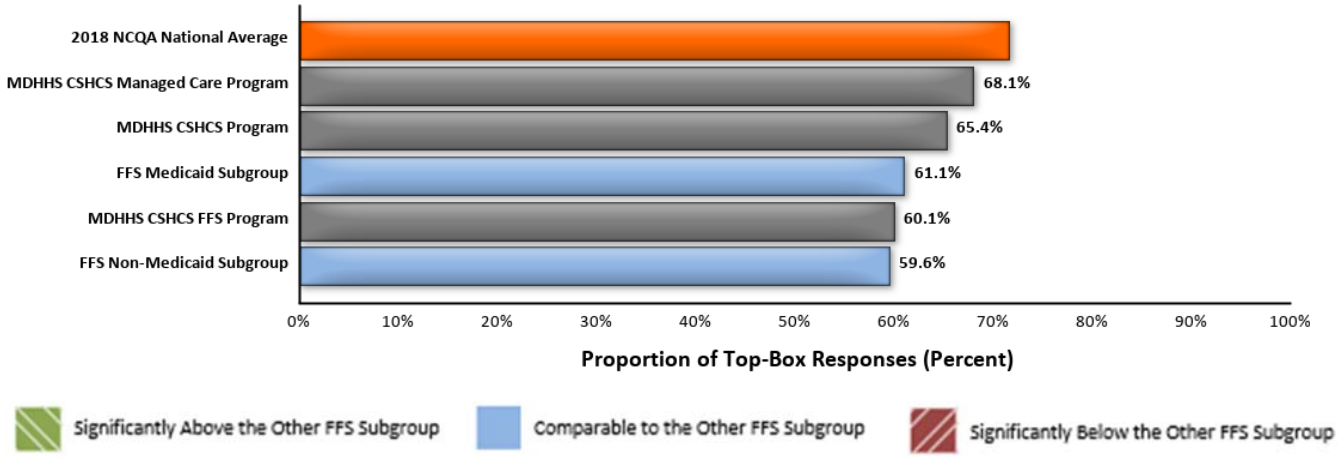
[3-27] NCQA national averages for the child with CCC Medicaid population are presented for comparative purposes. Given the potential differences in demographic make-up of the CSHCS and child Medicaid with CCC populations, caution should be exercised when interpreting the comparisons to NCQA national averages.

Global Ratings

Rating of Health Plan

Parents or caregivers 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 3-16 shows the Rating of Health Plan top-box scores (i.e., responses of "9" or "10").

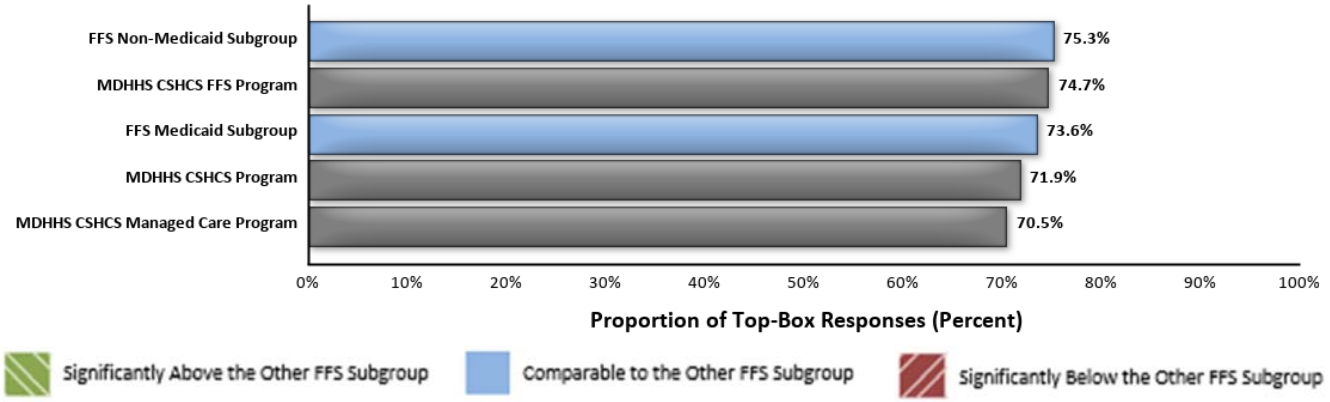
Figure 3-16—Rating of Health Plan Top-Box Scores



Rating of Health Care

Parents or caregivers of child members were asked to rate their child's health care for their child's CSHCS condition on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Figure 3-17 shows the Rating of Health Care top-box scores (i.e., responses of "9" or "10").

Figure 3-17—Rating of Health Care Top-Box Scores[3-28]

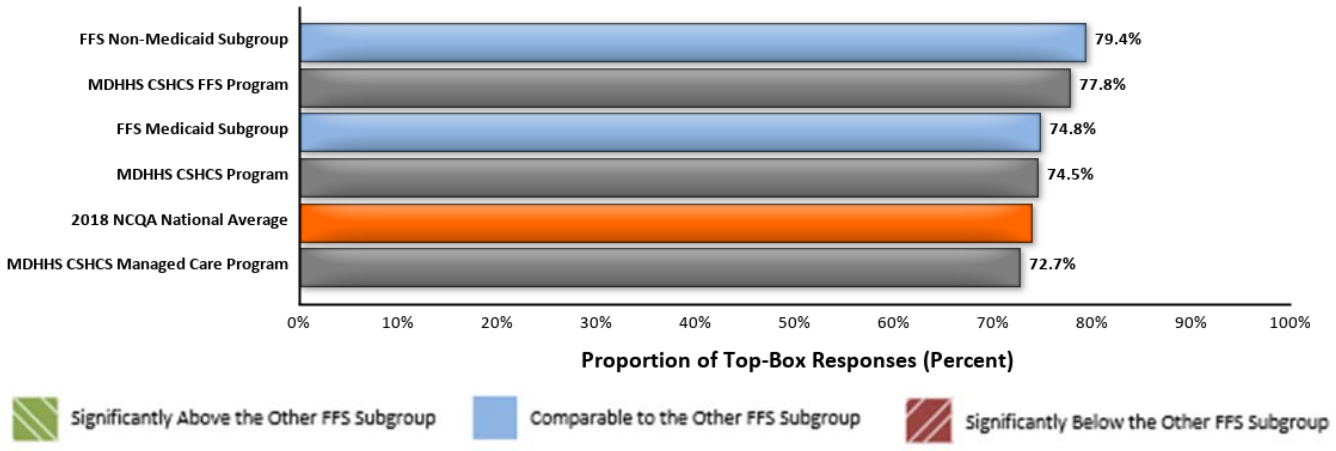


[3-28] Language for the Rating of Health Care global rating question in the CSHCS Survey was modified from the standard question CAHPS 5.0 Child Medicaid Health Plan Survey. Given that the results for this global rating are not comparable to the NCQA national average, the NCQA national average is not displayed.

Rating of Specialist Seen Most Often

Parents or caregivers 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 3-18 shows the Rating of Specialist Seen Most Often top-box scores (i.e., responses of "9" or "10").

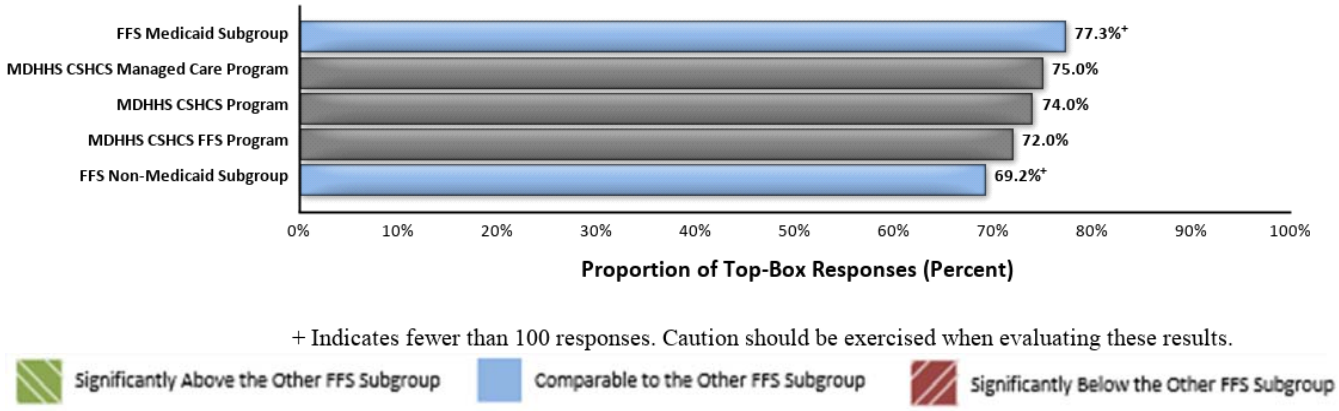
Figure 3-18—Rating of Specialist Seen Most Often Top-Box Scores



Rating of CMDS Clinic

Parents or caregivers of child members were asked to rate the services their child received in a CMDS Clinic on a scale of 0 to 10, with 0 being "not useful at all in helping my child" and 10 being "most useful in helping my child." Figure 3-19 shows the Rating of CMDS Clinic top-box scores (i.e., responses of "9" or "10").

Figure 3-19—Rating of CMDS Clinic Top-Box Scores[3-29]

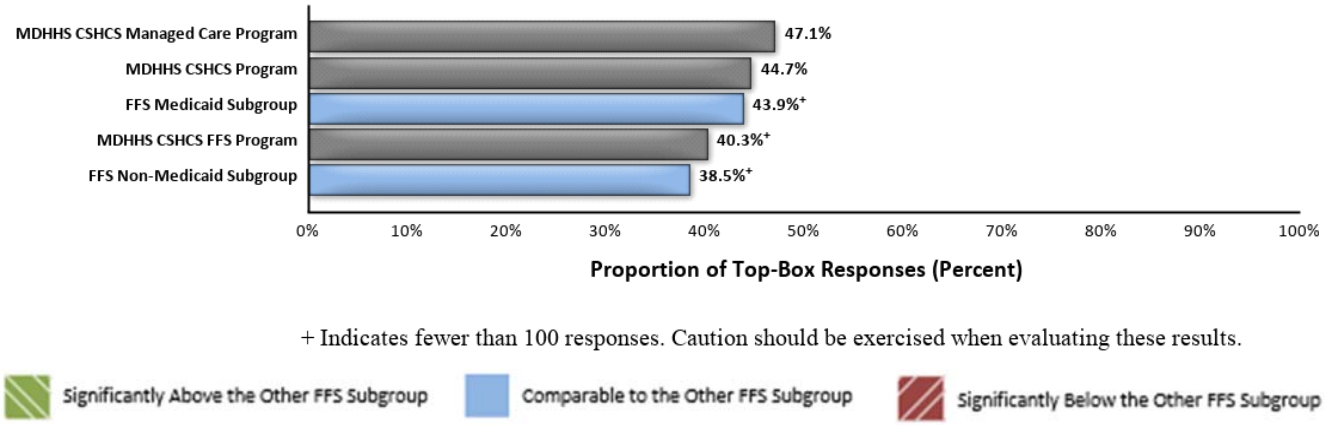


[3-29] The Rating of CMDS Clinic global rating question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

Rating of Beneficiary Help Line

Parents or caregivers of child members were asked to rate their experience with the Beneficiary Help Line on a scale of 0 to 10, with 0 being the "worst experience possible" and 10 being the "best experience possible." Figure 3-20 shows the Rating of Beneficiary Help Line top-box scores (i.e., responses of "9" or "10").

Figure 3-20—Rating of Beneficiary Help Line Top-Box Scores[3-30]



[3-30] The Rating of Beneficiary Help Line global rating question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

Composite Measures

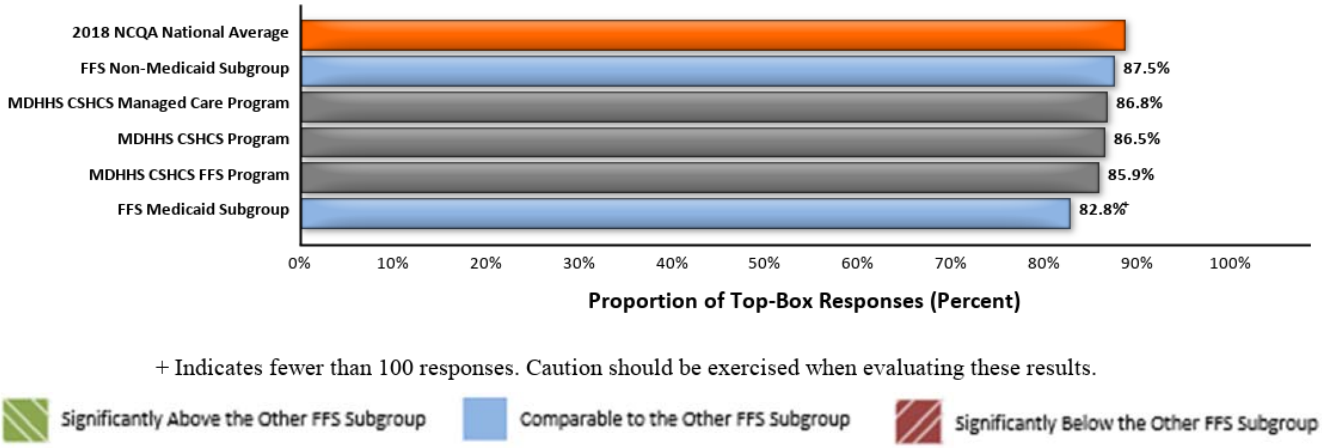
Customer Service

Two questions were asked to assess how often parents or caregivers were satisfied with customer service:

- **Question 33**. 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 34**. 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

Responses of "Usually" or "Always" were used to calculate top-box scores for the Customer Service composite measure. Figure 3-21 shows the Customer Service top-box scores.

Figure 3-21—Customer Service Top-Box Scores



How Well Doctors Communicate

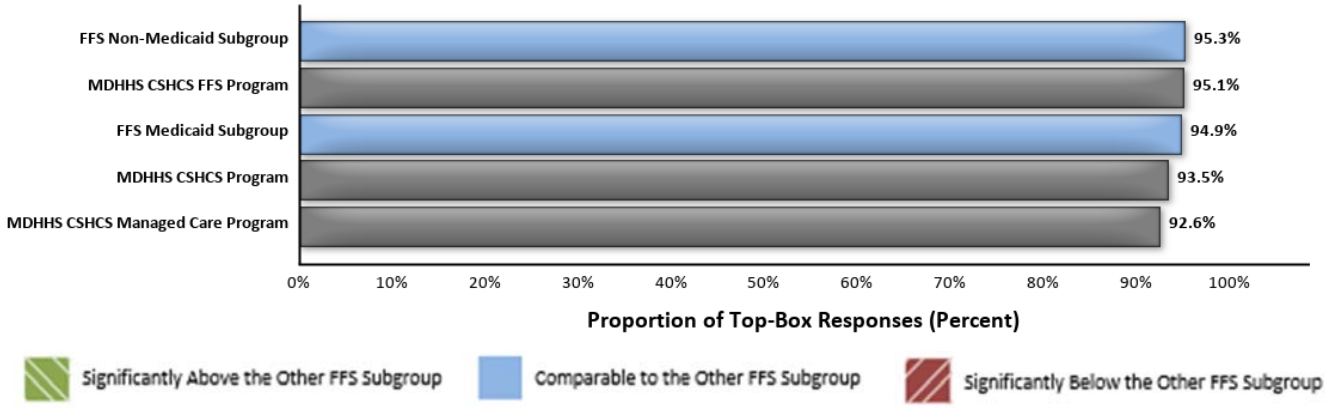
A series of four questions was asked to assess how often doctors communicated well:

- **Question 12**. In the last 6 months, how often did your child's doctor or other health providers explain things about your child's health in a way that was easy to understand?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 13**. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 14**. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 16**. In the last 6 months, how often did your child's doctors or other health providers spend enough time with your child?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the How Well Doctors Communicate composite measure.

Figure 3-22 shows the How Well Doctors Communicate top-box scores.

Figure 3-22—How Well Doctors Communicate Top-Box Scores[3-31]



[3-31] The survey questions that comprise the How Well Doctors Communicate composite measure in the CAHPS 5.0 Child Medicaid Health Plan Survey were modified for inclusion in the CSHCS Survey. Given that the results for this composite measure are not comparable to the NCQA national average, the 2018 NCQA national average is not displayed.

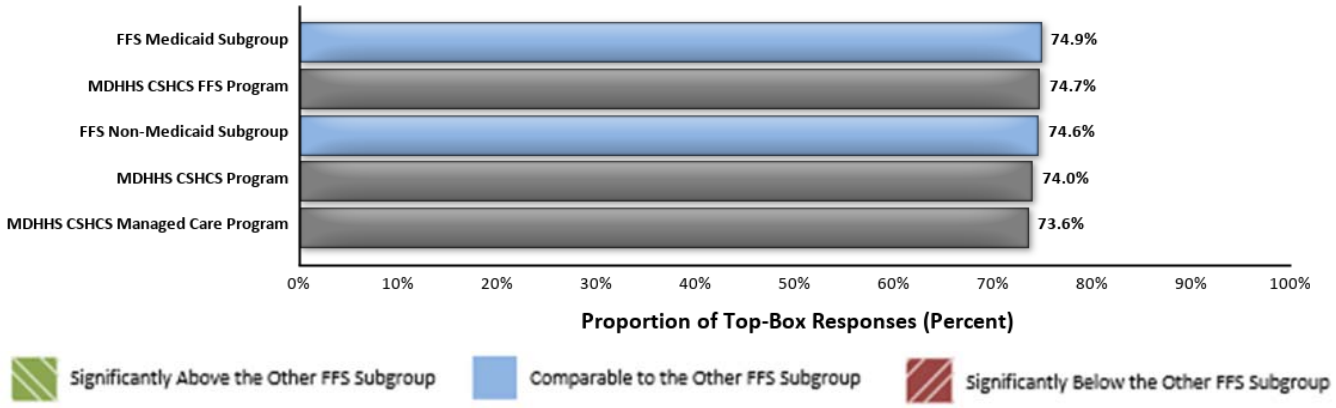
Access to Specialized Services

Two questions were asked to assess how often parents or caregivers were satisfied with access to specialized services:

- **Question 24**. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 27**. In the last 6 months, how often was it easy to get this therapy for your child?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the Access to Specialized Services composite measure. Figure 3-23 shows the Access to Specialized Services top-box scores.

Figure 3-23—Access to Specialized Services Top-Box Scores[3-32]



[3-32] The survey questions that comprise the Access to Specialized Services composite measure in the CSHCS Survey differed from the CAHPS 5.0 Child Medicaid Health Plan Survey (i.e., one question was removed from the composite). Given that the results are not comparable to the NCQA national average, the 2018 NCQA national average is not displayed.

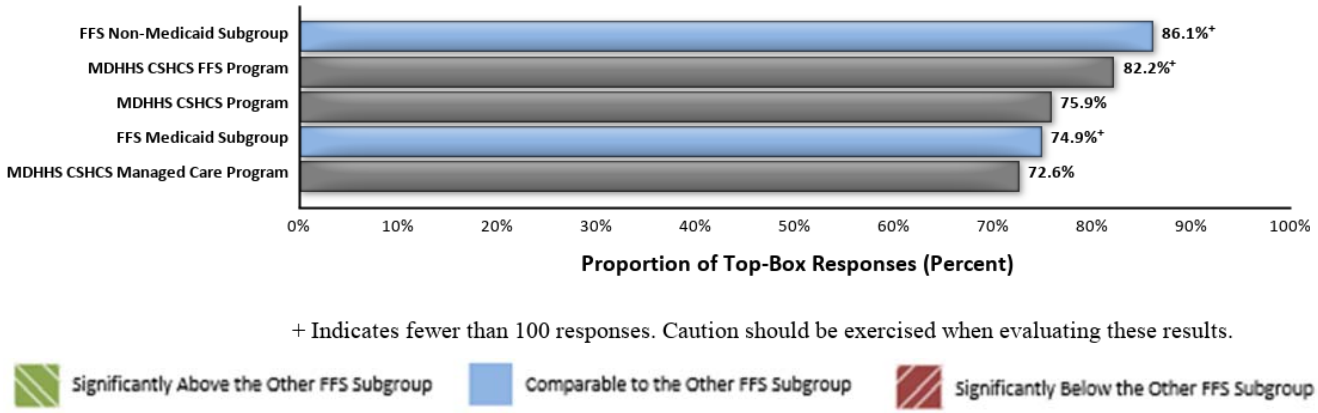
Transportation

Two questions were asked to assess how often parents or caregivers were satisfied with transportation:

- **Question 30**. In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 31**. In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the Transportation composite measure. Figure 3-24 shows the Transportation top-box scores.

Figure 3-24—Transportation Top-Box Scores[3-33]



[3-33] The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and are specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

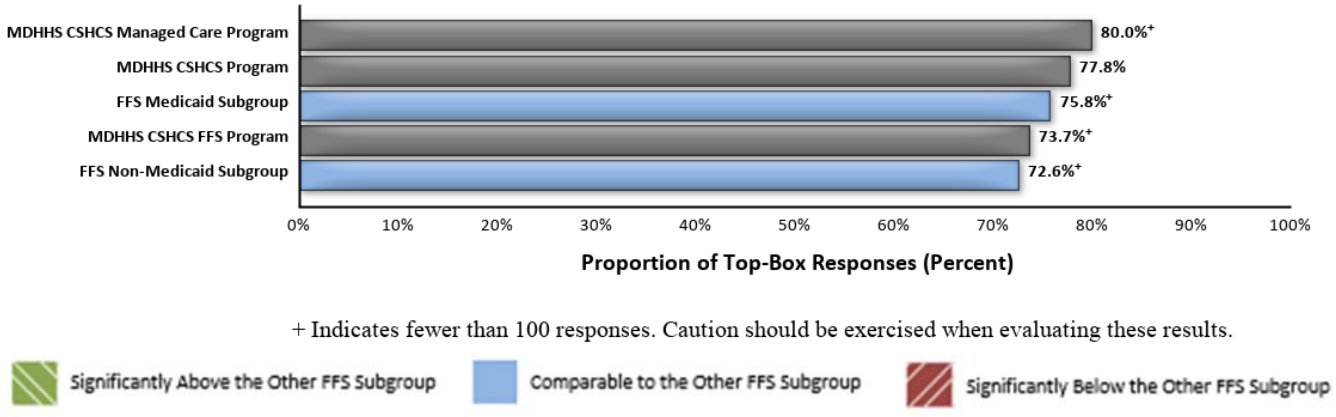
CSHCS Family Center

Two questions were asked to assess how often parents or caregivers were satisfied with the CSHCS Family Center:

- **Question 51**. In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS Family Center?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 55**. In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS Family Phone Line?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the CSHCS Family Center composite measure. Figure 3-25 shows the CSHCS Family Center top-box scores.

Figure 3-25—CSHCS Family Center Top-Box Scores[3-34]



[3-34] The CSHCS Family Center composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and are specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

Individual Item Measures

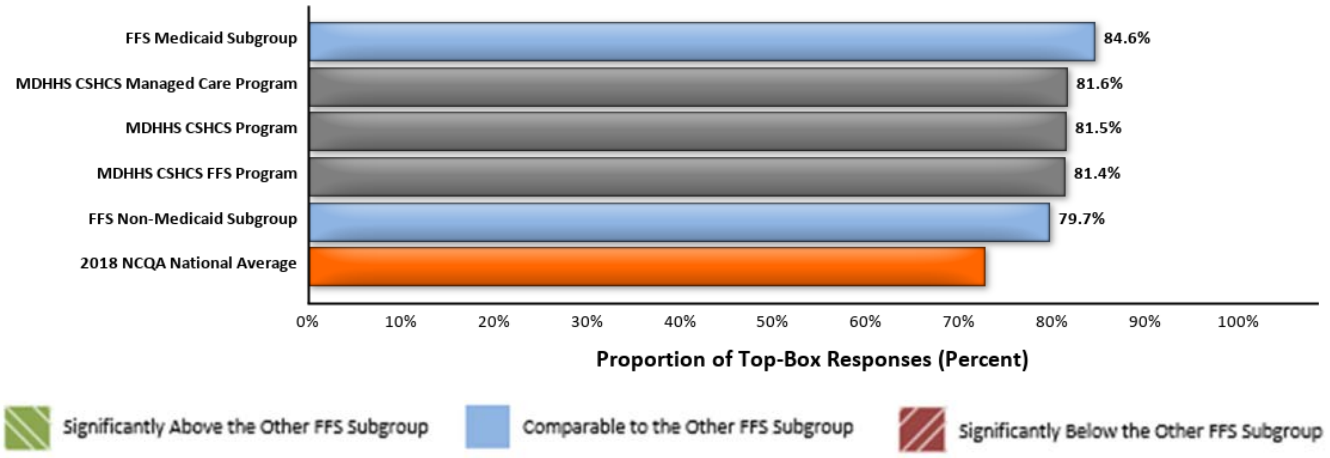
Health Promotion and Education

One question was asked to assess if parents or caregivers talked with their child's doctor or other health provider about things they could do to prevent illness in their child:

- **Question 10**. 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

Responses of "Yes" were used to calculate top-box scores for the Health Promotion and Education individual item measure. Figure 3-26 shows the Health Promotion and Education top-box scores.

Figure 3-26—Health Promotion and Education Top-Box Scores



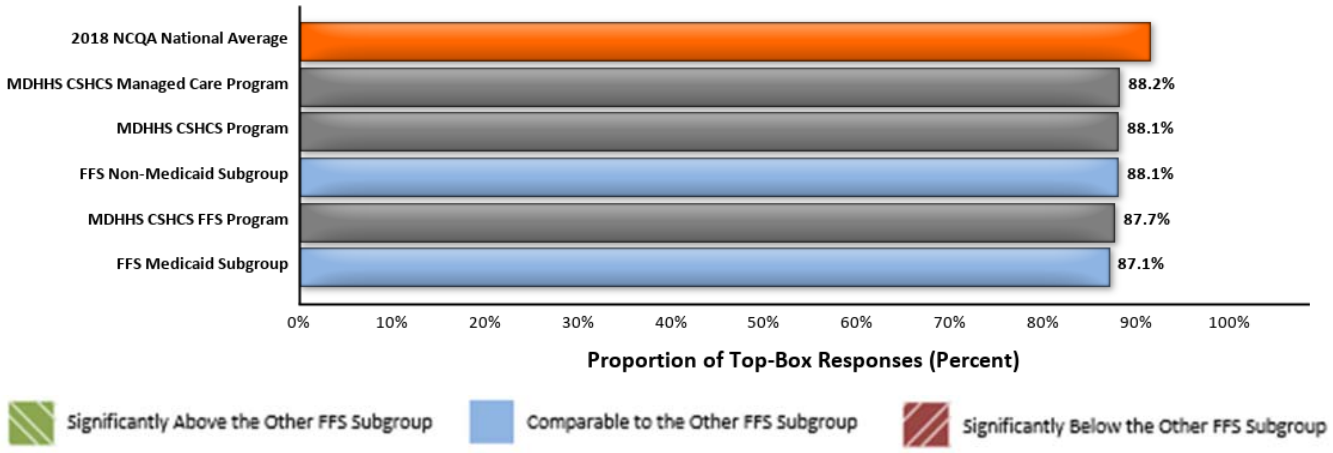
Access to Prescription Medicines

One question was asked to assess how often it was easy for parents or caregivers to get access to prescription medicines:

- **Question 21**. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the Access to Prescription Medicines individual item measure. Figure 3-27 shows the Access to Prescription Medicines top-box scores.

Figure 3-27—Access to Prescription Medicines Top-Box Scores



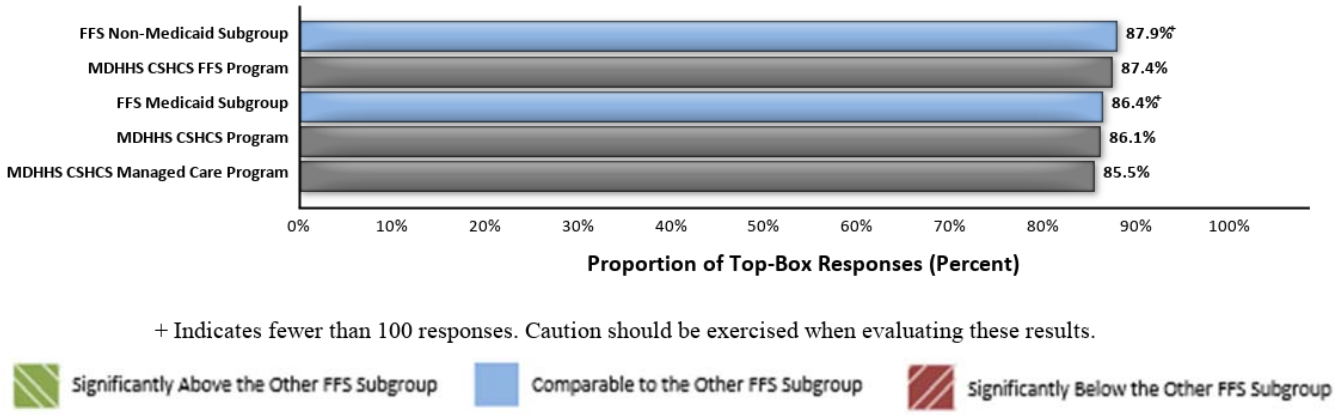
CMDS Clinic

One question was asked to assess how often parents or caregivers were able to get an appointment as soon as their child needed in a CMDS Clinic:

- **Question 39**. In the last 6 months, how often did you get an appointment as soon as your child needed in a CMDS Clinic?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the CMDS Clinic individual item measure. Figure 3-28 shows the CMDS Clinic top-box scores.

Figure 3-28—CMDS Clinic Top-Box Scores[3-35]



[3-35] The CMDS Clinic individual item measure survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

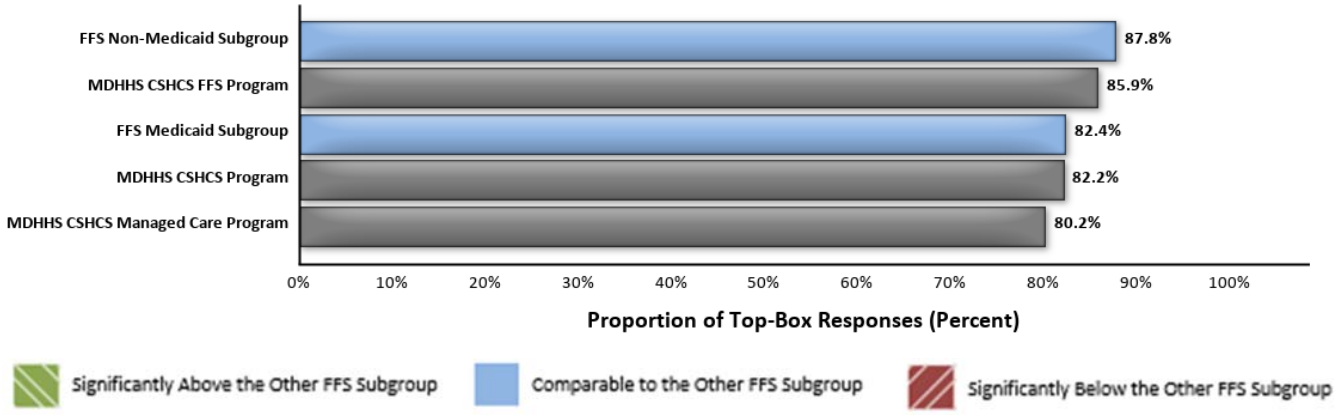
Local Health Department Services

One question was asked to assess how satisfied parents or caregivers were with local health department services:

- **Question 48**. Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.
  - Extremely Dissatisfied
  - Somewhat Dissatisfied
  - Neither Satisfied nor Dissatisfied
  - Somewhat Satisfied
  - Extremely Satisfied

Responses of "Somewhat Satisfied" or "Extremely Satisfied" were used to calculate top-box scores for the Local Health Department Services individual item measure. Figure 3-29 shows the Local Health Department Services top-box scores.

Figure 3-29—Local Health Department Services Top-Box Scores[3-36]



[3-36] The Local Health Department Services individual item measure survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

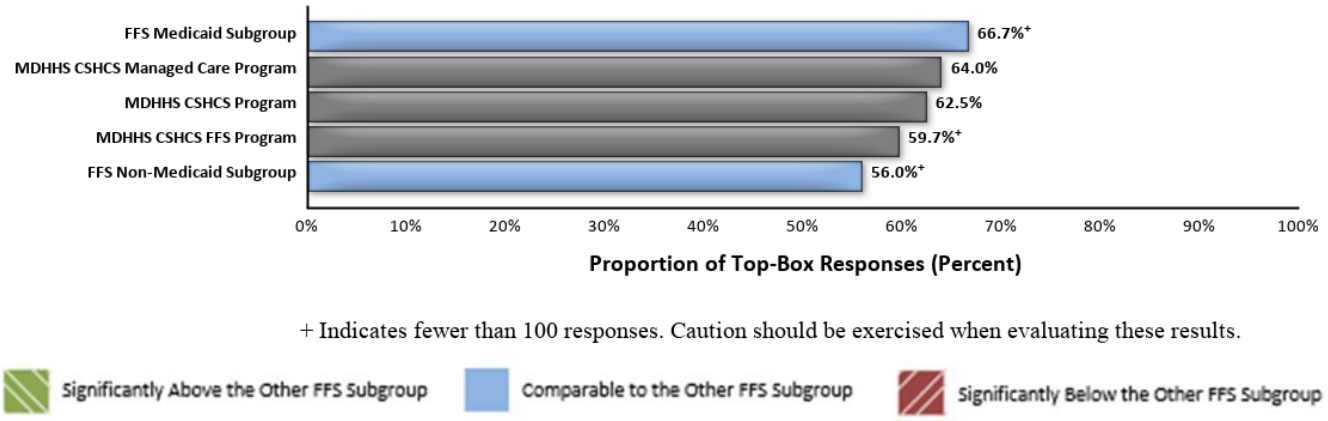
Beneficiary Help Line

One question was asked to assess how often it was easy for parents or caregivers to get the help they needed from the Beneficiary Help Line:

- **Question 57.** In the last 6 months, how often was it easy to get the help you needed when you called the Beneficiary Help Line?
  - Never
  - Sometimes
  - Usually
  - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the Beneficiary Help Line individual item measure. Figure 3-30 shows the Beneficiary Help Line top-box scores.

Figure 3-30—Beneficiary Help Line Top-Box Scores[3-37]



Summary of Results

The FFS Medicaid subgroup did not score statistically significantly higher or lower than the FFS non-Medicaid subgroup on any of the global ratings, composite measures, or individual item measures.

[3-37] The Beneficiary Help Line individual item measure survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2018 NCQA national average is not available for this measure.

4. Trend Analysis

The completed surveys from the 2017, 2018, and 2019 CAHPS results were used to perform the trend analysis. The 2019 CAHPS scores were compared to the 2017 and 2018 CAHPS scores to determine whether there were statistically significant differences. Statistically significant differences between 2019 scores and previous years' scores are noted with triangles. Scores that were statistically significantly higher in 2019 than in previous years are noted with upward triangles (▲). Scores that were statistically significantly lower in 2019 than in previous years are noted with downward triangles (▼). Scores in 2019 that were not statistically significantly different from scores in previous years are noted with a dash (—). HSAG did not present results for measures with fewer than 11 responses, which are indicated as "Not Applicable (NA)" within the tables. Measures with fewer than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents. HSAG did not present results for measures that were not trendable, which are indicated as "Not Trendable (NT)" within the tables. Statistical significance is impacted by the size of the respondent population; therefore, while there might be differences that are important, they are not statistically significant due to small denominators.

Global Ratings

Rating of Health Plan

Parents or caregivers of child members were asked to rate their child's health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Table 4-1 shows the 2017, 2018, and 2019 top-box scores and trend results for Rating of Health Plan.

Table 4-1—Rating of Health Plan Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**63.1%**	**65.1%**	**65.4%**	**—**	**—**
MDHHS CSHCS FFS Program	**57.8%**	**61.7%**	**60.1%**	**—**	**—**
FFS Medicaid Subgroup	57.8%	57.3%	61.1%	—	—
FFS Non-Medicaid Subgroup	57.8%	64.1%	59.6%	—	—
MDHHS CSHCS Managed Care Program	**66.4%**	**67.1%**	**68.1%**	**—**	**—**
Aetna Better Health of Michigan	60.5%+	58.6%+	57.7%+	—	—
Blue Cross Complete of Michigan	68.4%	63.1%	67.6%	—	—
McLaren Health Plan	66.3%	68.3%	71.7%	—	—
Meridian Health Plan of Michigan	65.6%	68.7%	68.7%	—	—
Molina Healthcare of Michigan	64.5%	64.8%	65.4%	—	—
Priority Health Choice, Inc.	73.9%	71.0%	71.7%	—	—
Total Health Care, Inc.	63.4%+	57.8%+	65.0%+	—	—
UnitedHealthcare Community Plan	66.4%	68.0%	67.8%	—	—
Upper Peninsula Health Plan	67.3%	73.1%	68.8%+	—	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*

There were no statistically significant differences between scores in 2019 and scores in 2017 or 2018 for this measure.

Rating of Health Care

Parents or caregivers of child members were asked to rate their child's health care for their child's CSHCS condition on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Table 4-2 shows the 2017, 2018, and 2019 top-box scores and the trend results for Rating of Health Care.

Table 4-2—Rating of Health Care Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**70.1%**	**69.0%**	**71.9%**	—	▲
MDHHS CSHCS FFS Program	**71.1%**	**70.3%**	**74.7%**	—	▲
FFS Medicaid Subgroup	68.3%	66.4%	73.6%	▲	▲
FFS Non-Medicaid Subgroup	72.8%	72.5%	75.3%	—	—
MDHHS CSHCS Managed Care Program	**69.4%**	**68.3%**	**70.5%**	—	—
Aetna Better Health of Michigan	69.8%+	64.3%+	57.7%+	—	—
Blue Cross Complete of Michigan	70.4%	69.7%	68.0%	—	—
McLaren Health Plan	66.3%	68.8%	70.3%	—	—
Meridian Health Plan of Michigan	71.0%	69.9%	74.4%	—	—
Molina Healthcare of Michigan	68.6%	67.0%	70.1%	—	—
Priority Health Choice, Inc.	72.1%	70.7%	74.3%	—	—
Total Health Care, Inc.	62.7%+	64.2%+	74.4%+	—	—
UnitedHealthcare Community Plan	69.1%	65.7%	67.2%	—	—
Upper Peninsula Health Plan	65.8%	65.0%	57.3%+	—	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*

There were four statistically significant differences between scores in 2019 and scores in 2017 and 2018 for this measure.

- MDHHS CSHCS Program scored statistically significantly *higher* in 2019 than in 2018.
- MDHHS CSHCS FFS Program scored statistically significantly *higher* in 2019 than in 2018.
- FFS Medicaid Subgroup scored statistically significantly *higher* in 2019 than in 2017 and 2018.

Rating of Specialist Seen Most Often

Parents or caregivers 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 4-3 shows the 2017, 2018, and 2019 top-box scores and trend results for Rating of Specialist Seen Most Often.

Table 4-3—Rating of Specialist Seen Most Often Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**75.1%**	**73.3%**	**74.5%**	**—**	**—**
MDHHS CSHCS FFS Program	**76.4%**	**75.5%**	**77.8%**	**—**	**—**
FFS Medicaid Subgroup	73.8%	73.7%	74.8%	—	—
FFS Non-Medicaid Subgroup	77.9%	76.5%	79.4%	—	—
MDHHS CSHCS Managed Care Program	**74.3%**	**72.1%**	**72.7%**	**—**	**—**
Aetna Better Health of Michigan	66.7%+	68.2%+	75.0%+	—	—
Blue Cross Complete of Michigan	71.7%	73.9%	71.2%	—	—
McLaren Health Plan	74.9%	75.9%	76.5%	—	—
Meridian Health Plan of Michigan	75.9%	72.2%	77.6%	—	—
Molina Healthcare of Michigan	74.7%	72.9%	67.9%	—	—
Priority Health Choice, Inc.	74.0%	74.8%	74.0%	—	—
Total Health Care, Inc.	71.4%+	75.6%+	54.2%+	—	—
UnitedHealthcare Community Plan	72.5%	65.3%	70.5%	—	—
Upper Peninsula Health Plan	77.2%+	70.4%+	76.7%+	—	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*

There were no statistically significant differences between scores in 2019 and scores in 2017 or 2018 for this measure.

Rating of CMDS Clinic

Parents or caregivers of child members were asked to rate the services their child received in a CMDS Clinic on a scale of 0 to 10, with 0 being "not useful at all in helping my child" and 10 being "most useful in helping my child." Table 4-4 shows the 2017, 2018, and 2019 top-box scores and the trend results for Rating of CMDS Clinic.

Table 4-4—Rating of CMDS Clinic Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**73.6%**	**72.6%**	**74.0%**	**—**	**—**
MDHHS CSHCS FFS Program	**73.1%**	**72.0%**	**72.0%**	**—**	**—**
FFS Medicaid Subgroup	67.6%	64.4%	77.3%+	—	▲
FFS Non-Medicaid Subgroup	76.3%+	76.1%+	69.2%+	—	—
MDHHS CSHCS Managed Care Program	**73.8%**	**72.9%**	**75.0%**	**—**	**—**
Aetna Better Health of Michigan	80.0%+	NA	NA	NT	NT
Blue Cross Complete of Michigan	68.2%+	59.6%+	69.6%+	—	—
McLaren Health Plan	71.4%+	74.1%+	71.7%+	—	—
Meridian Health Plan of Michigan	74.2%+	74.4%+	75.0%+	—	—
Molina Healthcare of Michigan	73.6%	77.9%+	75.9%+	—	—
Priority Health Choice, Inc.	68.9%+	80.0%+	88.2%+	▲	—
Total Health Care, Inc.	70.0%+	64.3%+	NA	NT	NT
UnitedHealthcare Community Plan	77.5%	67.0%+	74.1%+	—	—
Upper Peninsula Health Plan	88.9%+	81.8%+	NA	NT	NT

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There were two statistically significant differences between scores in 2019 and scores in 2017 and 2018 for this measure.

- FFS Medicaid Subgroup scored statistically significantly *higher* in 2019 than in 2018.
- Priority Health Choice, Inc. scored statistically significantly *higher* in 2019 than in 2017.

Rating of Beneficiary Help Line

Parents or caregivers of child members were asked to rate their experience with the Beneficiary Help Line on a scale of 0 to 10, with 0 being the "worst experience possible" and 10 being the "best experience possible." Table 4-5 shows the 2017, 2018, and 2019 top-box scores and the trend results for Rating of Beneficiary Help Line.

Table 4-5—Rating of Beneficiary Help Line Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**40.4%**	**46.1%**	**44.7%**	**—**	**—**
MDHHS CSHCS FFS Program	**36.7%**	**47.3%+**	**40.3%+**	**—**	**—**
FFS Medicaid Subgroup	29.4%+	37.0%+	43.9%+	—	—
FFS Non-Medicaid Subgroup	40.8%+	52.9%+	38.5%+	—	—
MDHHS CSHCS Managed Care Program	**42.6%**	**45.4%**	**47.1%**	**—**	**—**
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	35.3%+	37.9%+	48.4%+	—	—
McLaren Health Plan	33.3%+	25.0%+	45.8%+	—	—
Meridian Health Plan of Michigan	50.9%+	58.1%+	48.4%+	—	—
Molina Healthcare of Michigan	41.2%+	44.1%+	57.1%+	—	—
Priority Health Choice, Inc.	37.5%+	45.0%+	38.5%+	—	—
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	47.9%+	37.5%+	33.3%+	—	—
Upper Peninsula Health Plan	NA	NA	NA	NT	NT

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There were no statistically significant differences between scores in 2019 and scores in 2017 or 2018 for this measure.

Composite Measures

Customer Service

Two questions (Questions 33 and 34) were asked to assess how often parents or caregivers were satisfied with customer service. Table 4-6 shows the 2017, 2018, and 2019 top-box scores and trend results for the Customer Service composite measure.

Table 4-6—Customer Service Composite Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**87.9%**	**87.6%**	**86.5%**	—	—
MDHHS CSHCS FFS Program	**87.6%**	**90.2%**	**85.9%**	—	▼
FFS Medicaid Subgroup	83.0%	85.7%	82.8%+	—	—
FFS Non-Medicaid Subgroup	90.2%	92.6%	87.5%	—	▼
MDHHS CSHCS Managed Care Program	**88.0%**	**86.1%**	**86.8%**	—	—
Aetna Better Health of Michigan	81.8%+	NA	NA	NT	NT
Blue Cross Complete of Michigan	89.1%+	84.7%+	84.8%+	—	—
McLaren Health Plan	87.5%+	85.1%+	87.7%+	—	—
Meridian Health Plan of Michigan	90.4%	88.8%	89.7%	—	—
Molina Healthcare of Michigan	87.1%	80.2%	87.0%+	—	—
Priority Health Choice, Inc.	89.5%+	91.4%+	84.3%+	—	—
Total Health Care, Inc.	88.0%+	97.8%+	NA	NT	NT
UnitedHealthcare Community Plan	84.0%	88.3%	80.8%+	—	—
Upper Peninsula Health Plan	92.5%+	82.8%+	96.2%+	—	▲

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There were three statistically significant differences between scores in 2019 and scores in 2018 for this measure.

- Upper Peninsula Health Plan scored statistically significantly *higher* in 2019 than in 2018.
- MDHHS CSHCS FFS Program scored statistically significantly *lower* in 2019 than in 2018.
- FFS Non-Medicaid Subgroup scored statistically significantly *lower* in 2019 than in 2018.

How Well Doctors Communicate

A series of four questions (Questions 12, 13, 14, and 16) was asked to assess how often doctors communicated well. Table 4-7 shows the 2017, 2018, and 2019 top-box scores and trend results for the How Well Doctors Communicate composite measure.

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

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**94.9%**	**95.3%**	**93.5%**	—	▼
MDHHS CSHCS FFS Program	**97.4%**	**97.4%**	**95.1%**	▼	—
FFS Medicaid Subgroup	95.8%	95.9%	94.9%	—	—
FFS Non-Medicaid Subgroup	98.3%	98.2%	95.3%	—	—
MDHHS CSHCS Managed Care Program	**93.3%**	**94.2%**	**92.6%**	—	—
Aetna Better Health of Michigan	94.4%+	NA	NA	NT	NT
Blue Cross Complete of Michigan	95.7%+	93.7%	92.0%	—	—
McLaren Health Plan	93.0%	95.2%	89.9%	—	▼
Meridian Health Plan of Michigan	94.3%	96.9%	94.5%	—	—
Molina Healthcare of Michigan	92.8%	91.5%	93.6%	—	—
Priority Health Choice, Inc.	94.2%	96.8%	91.7%	—	▼
Total Health Care, Inc.	90.2%+	93.8%+	NA	NT	NT
UnitedHealthcare Community Plan	91.8%	92.1%	91.8%	—	—
Upper Peninsula Health Plan	92.0%+	94.7%+	88.3%+	—	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There were four statistically significant differences between scores in 2019 and scores in 2017 and 2018 for this measure.

- MDHHS CSHCS Program scored statistically significantly *lower* in 2019 than in 2018.
- MDHHS CSHCS FFS Program scored statistically significantly *lower* in 2019 than in 2017.
- McLaren Health Plan scored statistically significantly *lower* in 2019 than in 2018.
- Priority Health Choice, Inc. scored statistically significantly lower in 2019 than in 2018.

Access to Specialized Services

Two questions (Questions 24 and 27) were asked to assess how often parents or caregivers were satisfied with access to specialized services. Table 4-8 shows the 2017, 2018, and 2019 top-box scores and trend results for the Access to Specialized Services composite measure.

Table 4-8—Access to Specialized Services Composite Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**74.1%**	**75.9%**	**74.0%**	**—**	**—**
MDHHS CSHCS FFS Program	**70.9%**	**75.1%**	**74.7%**	**—**	**—**
FFS Medicaid Subgroup	70.9%	73.2%	74.9%	—	—
FFS Non-Medicaid Subgroup	70.8%	76.1%	74.6%	—	—
MDHHS CSHCS Managed Care Program	**76.1%**	**76.4%**	**73.6%**	**—**	**—**
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	72.7%+	73.3%+	68.4%+	—	—
McLaren Health Plan	79.8%	78.1%	77.4%+	—	—
Meridian Health Plan of Michigan	80.1%	80.0%	80.1%	—	—
Molina Healthcare of Michigan	74.7%	75.1%+	73.0%+	—	—
Priority Health Choice, Inc.	69.7%+	73.3%+	70.5%+	—	—
Total Health Care, Inc.	62.4%+	72.5%+	NA	NT	NT
UnitedHealthcare Community Plan	77.0%	76.9%	68.8%+	—	—
Upper Peninsula Health Plan	74.6%+	77.0%+	71.3%+	—	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There were no statistically significant differences between scores in 2019 and scores in 2017 or 2018 for this measure.

Transportation

Two questions (Questions 30 and 31) were asked to assess how often parents or caregivers were satisfied with transportation. Table 4-9 shows the 2017, 2018, and 2019 top-box scores and trend results for the Transportation composite measure.

Table 4-9—Transportation Composite Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**76.7%**	**80.7%**	**75.9%**	—	—
MDHHS CSHCS FFS Program	**79.5%**	**82.6%+**	**82.2%+**	—	—
FFS Medicaid Subgroup	63.8%+	68.2%+	74.9%+	—	—
FFS Non-Medicaid Subgroup	88.3%+	90.4%+	86.1%+	—	—
MDHHS CSHCS Managed Care Program	**75.1%**	**79.6%**	**72.6%**	—	▼
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	83.3%+	67.6%+	72.8%+	—	—
McLaren Health Plan	90.7%+	81.4%+	87.6%+	—	—
Meridian Health Plan of Michigan	77.6%+	80.9%+	68.8%+	—	—
Molina Healthcare of Michigan	61.9%+	85.4%+	72.3%+	—	—
Priority Health Choice, Inc.	84.3%+	86.5%+	77.1%+	—	—
Total Health Care, Inc.	64.2%+	NA	NA	NT	NT
UnitedHealthcare Community Plan	73.6%+	72.3%+	63.7%+	—	—
Upper Peninsula Health Plan	80.2%+	82.4%+	84.2%+	—	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There was one statistically significant difference between scores in 2019 and scores in 2018 for this measure.

- MDHHS CSHCS Managed Care Program scored statistically significantly *lower* in 2019 than in 2018.

CSHCS Family Center

Two questions (Questions 51 and 55) were asked to assess how often parents or caregivers were satisfied with the CSHCS Family Center. Table 4-10 shows the 2017, 2018, and 2019 top-box scores and trend results for the CSHCS Family Center composite measure.

Table 4-10—CSHCS Family Center Composite Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**70.1%**	**81.6%**	**77.8%**	**—**	**—**
MDHHS CSHCS FFS Program	**65.7%+**	**83.4%+**	**73.7%+**	**—**	**—**
FFS Medicaid Subgroup	72.5%+	76.9%+	75.8%+	—	—
FFS Non-Medicaid Subgroup	61.8%+	86.9%+	72.6%+	—	—
MDHHS CSHCS Managed Care Program	**72.8%**	**80.6%**	**79.9%+**	**—**	**—**
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	68.3%+	68.5%+	88.1%+	—	—
McLaren Health Plan	74.0%+	63.1%+	91.2%+	—	▲
Meridian Health Plan of Michigan	80.7%+	82.8%+	76.5%+	—	—
Molina Healthcare of Michigan	73.7%+	81.2%+	93.0%+	▲	—
Priority Health Choice, Inc.	54.8%+	80.0%+	50.0%+	—	—
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	72.0%+	88.4%+	65.6%+	—	—
Upper Peninsula Health Plan	NA	NA	NA	NT	NT

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There were two statistically significant differences between scores in 2019 and scores in 2017 and 2018 for this measure.

- McLaren Health Plan scored statistically significantly *higher* in 2019 than in 2018.
- Molina Healthcare of Michigan scored statistically significantly *higher* in 2019 than in 2017.

Individual Item Measures

Health Promotion and Education

One question (Question 10) was asked to assess if parents or caregivers talked with their child's doctors or other health providers about things they could do to prevent illness in their child. Table 4-11 shows the 2017, 2018, and 2019 top-box scores and trend results for the Health Promotion and Education individual item measure.

Table 4-11—Health Promotion and Education Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**79.2%**	**82.6%**	**81.5%**	**—**	**—**
MDHHS CSHCS FFS Program	**78.2%**	**80.8%**	**81.4%**	**—**	**—**
FFS Medicaid Subgroup	78.0%	81.7%	84.6%	—	—
FFS Non-Medicaid Subgroup	78.2%	80.3%	79.7%	—	—
MDHHS CSHCS Managed Care Program	**79.9%**	**83.7%**	**81.6%**	**—**	**—**
Aetna Better Health of Michigan	72.2%+	NA	NA	NT	NT
Blue Cross Complete of Michigan	80.9%+	83.2%	84.3%	—	—
McLaren Health Plan	78.3%	89.1%	75.2%	—	▼
Meridian Health Plan of Michigan	81.2%	84.3%	76.9%	—	—
Molina Healthcare of Michigan	78.5%	82.8%	85.8%	—	—
Priority Health Choice, Inc.	85.9%	80.8%	83.9%	—	—
Total Health Care, Inc.	81.8%+	100.0%+	NA	NT	NT
UnitedHealthcare Community Plan	79.1%	83.0%	85.0%	—	—
Upper Peninsula Health Plan	70.7%+	72.9%+	80.0%+	—	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There was one statistically significant difference between scores in 2019 and scores in 2018 for this measure.

- McLaren Health Plan scored statistically significantly *lower* in 2019 than in 2018.

Access to Prescription Medicines

One question (Question 21) was asked to assess how often parents or caregivers were satisfied with access to prescription medicines. Table 4-12 shows the 2017, 2018, and 2019 top-box scores and trend results for the Access to Prescription Medicines individual item measure.

Table 4-12—Access to Prescription Medicines Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**89.1%**	**88.5%**	**88.1%**	**—**	**—**
MDHHS CSHCS FFS Program	**88.6%**	**88.7%**	**87.7%**	**—**	**—**
FFS Medicaid Subgroup	87.7%	87.0%	87.1%	—	—
FFS Non-Medicaid Subgroup	89.1%	89.7%	88.1%	—	—
MDHHS CSHCS Managed Care Program	**89.4%**	**88.4%**	**88.2%**	**—**	**—**
Aetna Better Health of Michigan	88.5%+	94.1%+	94.1%+	—	—
Blue Cross Complete of Michigan	90.7%	88.1%	89.8%	—	—
McLaren Health Plan	89.9%	87.6%	87.6%	—	—
Meridian Health Plan of Michigan	88.4%	87.9%	86.3%	—	—
Molina Healthcare of Michigan	89.4%	87.6%	85.7%	—	—
Priority Health Choice, Inc.	89.7%	90.0%	91.1%	—	—
Total Health Care, Inc.	82.5%+	93.5%+	88.5%+	—	—
UnitedHealthcare Community Plan	90.7%	89.0%	92.4%	—	—
Upper Peninsula Health Plan	92.9%+	90.6%+	88.2%+	—	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*

There were no statistically significant differences between scores in 2019 and scores in 2017 or 2018 for this measure.

CMDS Clinic

One question (Question 39) was asked to assess how often parents or caregivers were able to get an appointment as soon as their child needed in a CMDS Clinic. Table 4-13 shows the 2017, 2018, and 2019 top-box scores and trend results for the CMDS Clinic individual item measure.

Table 4-13—CMDS Clinic Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**89.8%**	**88.7%**	**86.1%**	**—**	**—**
MDHHS CSHCS FFS Program	**90.0%**	**87.9%**	**87.4%**	**—**	**—**
FFS Medicaid Subgroup	85.7%	86.4%	86.4%+	—	—
FFS Non-Medicaid Subgroup	92.5%+	88.8%+	87.9%+	—	—
MDHHS CSHCS Managed Care Program	**89.6%**	**89.1%**	**85.5%**	**—**	**—**
Aetna Better Health of Michigan	75.0%+	NA	NA	NT	NT
Blue Cross Complete of Michigan	91.1%+	84.2%+	76.6%+	—	—
McLaren Health Plan	93.8%+	88.3%+	84.4%+	—	—
Meridian Health Plan of Michigan	92.3%	90.4%+	89.7%+	—	—
Molina Healthcare of Michigan	88.6%	88.3%+	83.3%+	—	—
Priority Health Choice, Inc.	83.6%+	98.2%+	96.2%+	▲	—
Total Health Care, Inc.	85.0%+	87.5%+	NA	NT	NT
UnitedHealthcare Community Plan	87.2%	87.6%+	82.8%+	—	—
Upper Peninsula Health Plan	100.0%+	87.5%+	NA	NT	NT

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There was one statistically significant difference between scores in 2019 and scores in 2017 for this measure.

- Priority Health Choice, Inc. scored statistically significantly *higher* in 2019 than in 2017.

Local Health Department Services

One question (Question 48) was asked to assess how satisfied parents or caregivers were with local health department services. Table 4-14 shows the 2017, 2018, and 2019 top-box scores and trend results for the Local Health Department Services individual item measure.

Table 4-14—Local Health Department Services Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**81.9%**	**84.4%**	**82.2%**	**—**	**—**
MDHHS CSHCS FFS Program	**83.1%**	**84.9%**	**85.9%**	**—**	**—**
FFS Medicaid Subgroup	81.3%	78.8%	82.4%	—	—
FFS Non-Medicaid Subgroup	84.1%	88.2%	87.8%	—	—
MDHHS CSHCS Managed Care Program	**81.1%**	**84.1%**	**80.2%**	**—**	**—**
Aetna Better Health of Michigan	94.7%+	NA	NA	NT	NT
Blue Cross Complete of Michigan	78.5%+	82.8%+	78.9%+	—	—
McLaren Health Plan	81.4%	88.0%	81.4%+	—	—
Meridian Health Plan of Michigan	79.5%	82.9%	80.1%	—	—
Molina Healthcare of Michigan	82.1%	84.5%+	80.5%+	—	—
Priority Health Choice, Inc.	77.6%	78.8%+	80.6%+	—	—
Total Health Care, Inc.	84.6%+	89.5%+	86.7%+	—	—
UnitedHealthcare Community Plan	82.5%	86.9%	82.1%+	—	—
Upper Peninsula Health Plan	87.8%+	76.6%+	64.5%+	▼	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There was one statistically significant difference between scores in 2019 and scores in 2017 for this measure.

- Upper Peninsula Health Plan scored statistically significantly *lower* in 2019 than in 2017.

Beneficiary Help Line

One question (Question 57) was asked to assess how often parents or caregivers were satisfied with the Beneficiary Help Line. Table 4-15 shows the 2017, 2018, and 2019 top-box scores and trend results for the Beneficiary Help Line individual item measure.

Table 4-15—Beneficiary Help Line Trend Analysis

	2017	2018	2019	Trend Results (2019-2017)	Trend Results (2019-2018)
MDHHS CSHCS Program	**61.8%**	**67.5%**	**62.5%**	**—**	**—**
MDHHS CSHCS FFS Program	**58.1%+**	**64.3%+**	**59.7%+**	**—**	**—**
FFS Medicaid Subgroup	55.6%+	47.4%+	66.7%+	—	—
FFS Non-Medicaid Subgroup	59.6%+	73.5%+	56.0%+	—	—
MDHHS CSHCS Managed Care Program	**64.1%**	**69.4%**	**64.0%**	**—**	**—**
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	60.0%+	62.1%+	76.0%+	—	—
McLaren Health Plan	52.0%+	47.6%+	72.7%+	—	—
Meridian Health Plan of Michigan	68.5%+	73.0%+	53.6%+	—	—
Molina Healthcare of Michigan	58.3%+	80.8%+	83.3%+	▲	—
Priority Health Choice, Inc.	71.4%+	50.0%+	45.5%+	—	—
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	67.6%+	73.5%+	54.5%+	—	—
Upper Peninsula Health Plan	NA	NA	NA	NT	NT

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in previous years.*
▼ *Statistically significantly lower in 2019 than in previous years.*
— *Not statistically significantly different in 2019 than in previous years.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure are not trendable.*

There was one statistically significant difference between scores in 2019 and scores in 2017 for this measure.

- Molina Healthcare of Michigan scored statistically significantly *higher* in 2019 than in 2017.

5. Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: Rating of Health Plan, Rating of Specialist Seen Most Often, and Rating of Health Care.

Key drivers of member experience 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 as being key drivers of member experience for the MDHHS CSHCS Program.

Table 5-1—MDHHS CSHCS Program Key Drivers of Member Experience

Key Drivers	Rating of Health Plan	Rating of Specialist Seen Most Often	Rating of Health Care
Respondents reported that forms from their child's health plan were often not easy to fill out.	✓		
Respondents reported that it was not always easy to get special medical equipment for their child.	✓		✓
Respondents reported that it was not always easy to get special therapies for their child.	✓		✓
Respondents reported that their child's doctors or health providers did not always explain things in a way their child could understand.	✓	✓	✓
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 they did not always get an appointment for their child in a CMDS Clinic as soon as their child needed.		✓	
Respondents reported that they did not always get help with transportation related to their child's CSHCS condition.	✓		✓

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

- Respondents reported that their child's doctors or health providers did not always explain things in a way their child could understand.

Additionally, the following key drivers were identified for the Rating of Health Plan and Rating of Health Care global ratings:

- Respondents reported that they did not always get help with transportation related to their child's CSHCS condition.
- Respondents reported that it was not always easy to get special medical equipment for their child.
- Respondents reported that it was not always easy to get special therapies for their child.

Recommendations for Quality Improvement

The CSHCS Survey was developed to meet the needs of MDHHS for usable, relevant information on the quality of health care services provided to CSHCS child members. However, the survey also plays an important role as a QI tool for the MDHHS CSHCS Program, which can use the survey data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time.[6-1] The recommendations presented in this section should be viewed as potential QI suggestions.

Perform Root Cause Analyses

The health plans could conduct root cause analyses of study indicators that have been identified as areas of low performance, such as the ease of getting special medical equipment. This type of analysis is typically conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. If used to study deficiencies in care or services provided to members, root cause analyses would enable the health plans to better understand the nature and scope of problems, identify causes and their interrelationships, identify specific populations for targeted interventions, and establish potential performance improvement strategies and solutions. Methods commonly used to conduct root cause analyses include process flow mapping, which is used to define and analyze processes and identify opportunities for process improvement, and the four-stage Plan-Do-Study-Act (PDSA) problem-solving model used for continuous process improvement.[6-2]

Conduct Frequent Assessments of Targeted Interventions

Continuous quality improvement (CQI) is a cyclical, data-driven process in which small-scale, incremental changes are identified, implemented, and measured to improve a process or system, similar to the PDSA problem-solving model. Changes that demonstrate improvement can then be standardized and implemented on a broader scale. To support continuous, cyclical improvement, the health plans should frequently measure and monitor targeted interventions. Key data should be collected and reviewed regularly to provide timely, ongoing feedback regarding the effectiveness of interventions in achieving desired results. A variety of methods can be used for CQI data collection and analysis, including surveys, interviews, focus groups, "round table" sessions, document reviews, and benchmarking.

[6-1] Agency for Healthcare Research and Quality. *CAHPS Ambulatory Care Improvement Guide: Practical Strategies for Improving Patient Experience.* Available at: http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html. Accessed on: September 13, 2019.

[6-2] Plan-Do-Study-Act (PDSA) Worksheet. *Institute for Healthcare Improvement.* Available at: http://www.ihi.org/knowledge/Pages/Tools/PlanDoStudyActWorksheet.aspx. Accessed on: September 13, 2019.

Targeted Focused Study

MDHHS and HSAG could conduct a thorough review of the results from the crosstabulations to identify the population(s) of children (e.g., children 0 to 7 years of age, children whose race is Black) that have disparate survey results. If variations in results are found, HSAG could then perform a targeted focused study with the parents/caregivers of this specific group of child members, which would require additional funding from MDHHS. This type of data mining activity could provide MDHHS with more information from the parents or caregivers that are reporting lower levels of experiences with their child's health plan and assist MDHHS with understanding where to focus improvement efforts. If MDHHS is interested in this type of study, HSAG can put together a proposal and budget to perform this work.

Health Disparity Analysis

To assess and improve health disparities, HSAG can conduct a health disparities analysis using the CAHPS measures collected in the survey instrument. HSAG could stratify scores by individual characteristics such as race, age, gender, or geographic location and perform statistical testing on the results to determine if health disparities are identified for the characteristics evaluated. HSAG could incorporate these findings in future reports or develop a separate deliverable for MDHHS that will provide MDHHS with information on health disparities occurring within the MDHHS CSHCS Program. If MDHHS is interested in this type of analysis, HSAG can put together a proposal and budget to perform this work.

Survey Instrument

The survey instrument selected was a modified version of the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. This section provides a copy of the CSHCS Survey instrument administered to the FFS subgroups and MHPs. The first question in the survey asked the parent or caregiver to confirm their child's enrollment. For sampled members in an MHP, the MHP name was included in the first survey question. For sampled members in the FFS Medicaid subgroup, the parent or caregiver was asked if their child was enrolled in Children's Special Health Care Services and Michigan Medicaid. For sampled members in the FFS non-Medicaid subgroup, the parent or caregiver was asked if their child was enrolled in Children's Special Health Care Services.

Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-877-455-7158.

SURVEY INSTRUCTIONS

- **Please be sure to fill the response circle <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 [<u>STATE MEDICAID PROGRAM/HEALTH PLAN NAME</u>]. Is that right?**

   ○ Yes ➔ ***Go to Question 3***
   ○ No

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

   _____

HEALTH CARE FROM A SPECIALIST

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

3. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?

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

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

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

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

- ○ None ➔ ***Go to Question 7***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

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

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

HEALTH CARE FOR CSHCS CONDITION

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

- ○ Yes
- ○ No ➔ ***Go to Question 17***

8. In the last 6 months, when your child <u>needed care right away</u>, how often did your child get care as soon as he or she needed?

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

9. In the last 6 months, <u>not</u> 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 17***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

10. 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

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

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

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

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

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

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

14. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

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

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

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

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

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 19***

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

- ○ Yes
- ○ No

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

PRESCRIPTIONS

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 23***

21. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

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

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

- ○ Yes
- ○ No

SUPPLIES AND EQUIPMENT

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

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

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

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

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

- ○ Yes
- ○ No

SPECIAL THERAPIES

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

- ○ Yes
- ○ No ➔ ***Go to Question 29***

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

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

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

- ○ Yes
- ○ No

TRANSPORTATION

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

- ○ Yes
- ○ No ➔ ***Go to Question 32***

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

- ○ Never ➔ ***Go to Question 32***
- ○ Sometimes
- ○ Usually
- ○ Always

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

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

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan. If your child is not in a Medicaid health plan, please answer these questions with regard to your child's Medicaid and/or CSHCS program experience.

32. 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 35***

33. 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

34. 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

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

- ○ Yes
- ○ No ➔ ***Go to Question 37***

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

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

37. 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

CHILDREN'S MULTIDISCIPLINARY SPECIALTY (CMDS) CLINICS

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 45***
- ○ I don't know ➔ ***Go to Question 45***

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

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

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

- ○ Yes
- ○ No

41. What is the diagnosis category that best describes the condition that is the main reason your child goes to a CMDS Clinic? (Please select only one.)

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

42. Did your CMDS Clinic develop a plan of care for your child?

- ○ Yes
- ○ No
- ○ I don't know

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

- ○ Yes
- ○ No
- ○ I don't know

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

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

Not useful at all in helping my child — Most useful in helping my child

LOCAL HEALTH DEPARTMENT SERVICES

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 49***
- ○ I don't know ➔ ***Go to Question 49***

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

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

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

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

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

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

FAMILY CENTER

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

- ○ Yes
- ○ No
- ○ I don't know

49a. Would you like more information about the CSHCS Family Center?

- ○ Yes
- ○ No

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

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

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

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

52. Did you know that there is a Parent-to-Parent Support Network available to support families of children with special needs?

- ○ Yes
- ○ No

52a. Would you like more information about a Parent-to-Parent Support Network that supports families of children with special needs?

- ○ Yes
- ○ No

53. Are you aware of the toll free CSHCS Family Phone Line (1-800-359-3722)?

- ○ Yes
- ○ No

53a. Would you like more information about the toll free CSHCS Family Phone Line?

- ○ Yes
- ○ No

If you answered "No" at Question 53, then go to Question 56.

54. In the last 6 months, did you call the toll free CSHCS Family Phone Line to get information or help for your child?

- ○ Yes
- ○ No ➔ ***Go to Question 56***

55. In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS Family Phone Line?

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

BENEFICIARY HELP LINE

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

- ○ Yes
- ○ No ➔ ***Go to Question 58***

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

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

58. In the last 6 months, have you called the Beneficiary Help Line with a <u>complaint or problem</u>?

- ○ Yes
- ○ No ➔ ***Go to Question 61***

59. How long did it take the Beneficiary Help Line to <u>resolve</u> your complaint?

- ○ Same day
- ○ 2-7 days
- ○ 8-14 days
- ○ 15-21 days
- ○ More than 21 days
- ○ I am still waiting for it to be settled ➔ ***Go to Question 61***

60. Was your complaint or problem <u>settled</u> to your <u>satisfaction</u>?

- ○ Yes
- ○ No

If Question 56 and Question 58 were both answered "No", please skip Question 61 and go to Question 62.

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

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

ABOUT YOUR CHILD AND YOU

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

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

63. What is <u>your child's</u> age?

- ○ Less than 1 year old

☐☐ YEARS OLD (write in)

64. Is your child male or female?

- ○ Male
- ○ Female

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

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

66. 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

67. What is <u>your</u> age?

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

68. Are you male or female?

- ○ Male
- ○ Female

69. 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

70. How are you related to the child?

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

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

- ○ Yes
- ○ No

72. Did someone help you complete this survey?

- ○ Yes ➔ ***If Yes, Go to Question 73***
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

73. 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