

2016 Michigan Department of Health and Human Services, Children's Special Health Care Services Program Satisfaction Report

April 2017



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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 overall member satisfaction.

This report presents the 2016 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 August to October 2016.

Report Overview

A sample of 1,650 child members was selected from both the CSHCS FFS Medicaid and Non-Medicaid Subgroups for a total of 3,300 child members. For the MHPs, a sample of up to 1,650 child members was selected from each MHP. Some MHPs were unable to identify 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. Table 3-1, on page 3-1, provides an overview of the sample sizes for each plan and program.

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) Clinics, and Rating of Beneficiary Help Line. Additionally, five composite measures and five individual measures are reported.

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 FFS Subgroups (Medicaid and Non-Medicaid) and the MHPs.
- MDHHS CSHCS Managed Care Program – Combined results for the MHPs.

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

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

- MDHHS CSHCS FFS Program – Combined results for the FFS Medicaid and FFS Non-Medicaid Subgroups.

Key Findings

Survey Demographics and Dispositions

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

Table 1-1 – Child Survey Demographics

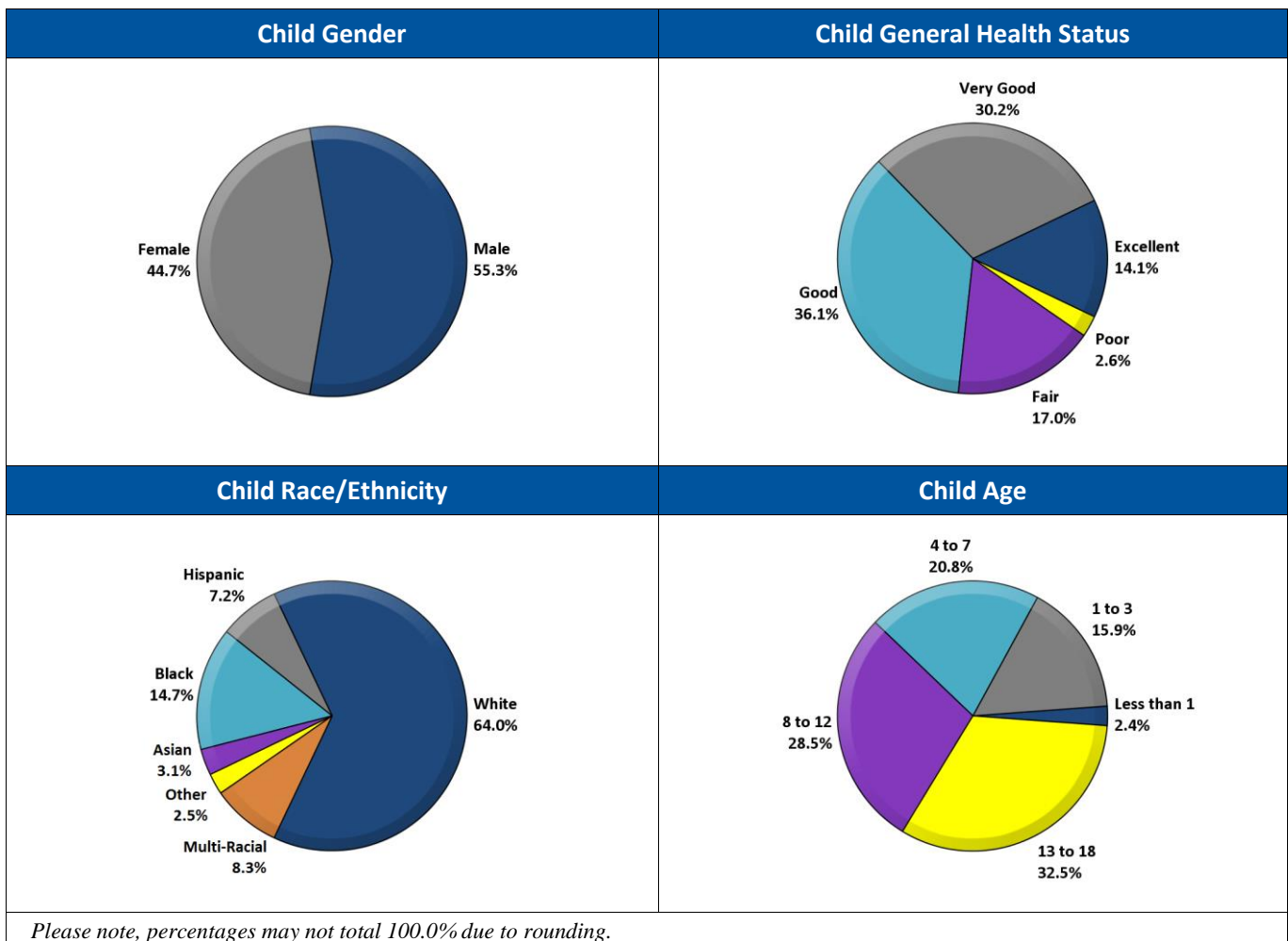
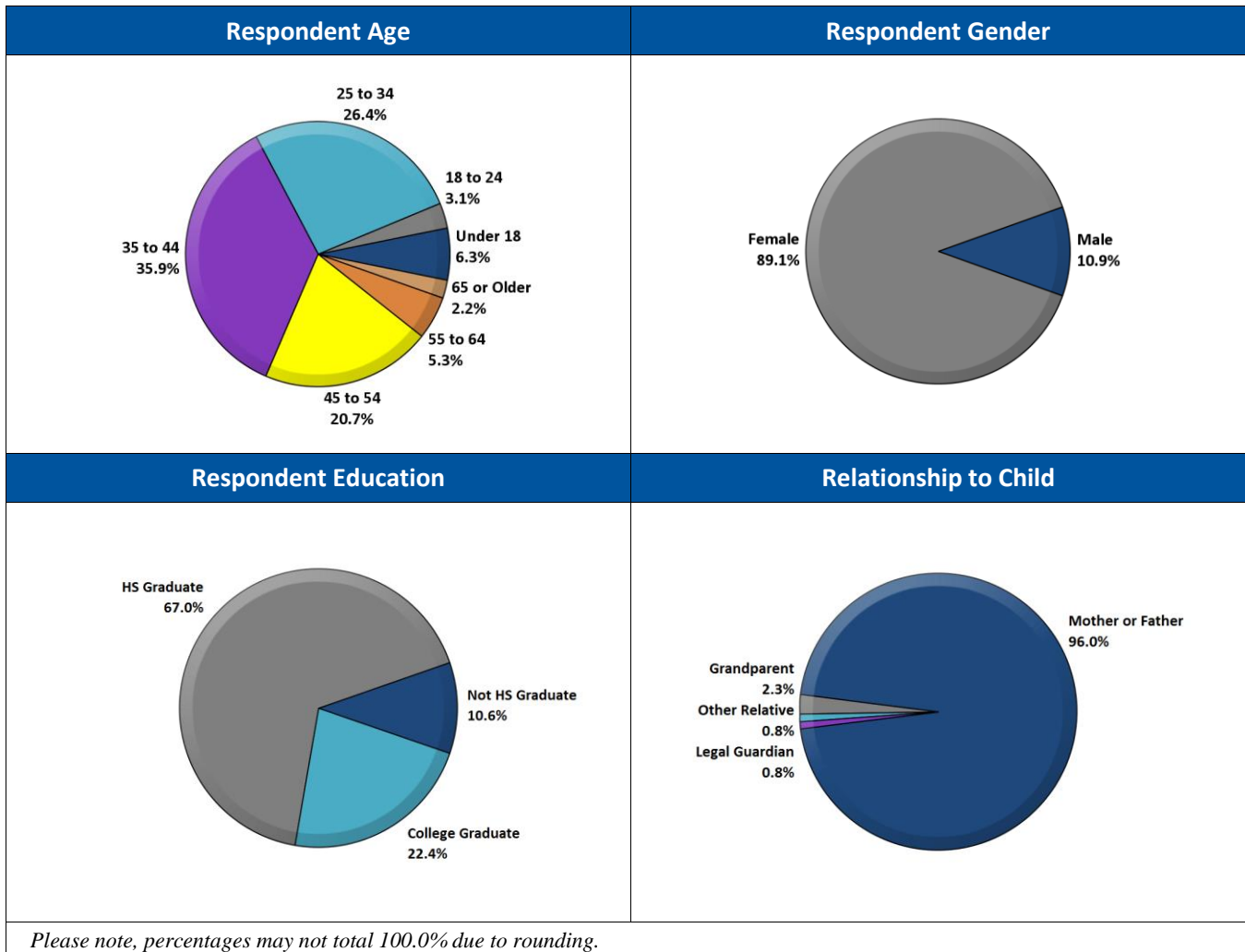


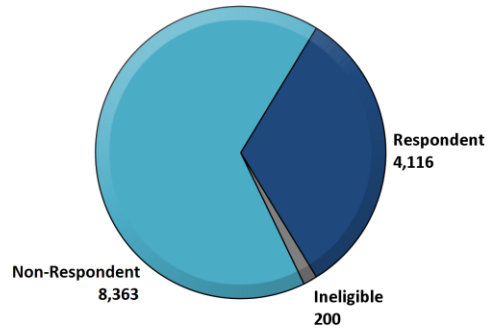
Table 1-2 provides an overview of the demographics of parents or caregivers who completed a CSHCS Survey for the MDHHS CSHCS Program.

Table 1-2 – Respondent Demographics and Disposition



Survey Dispositions

RESPONSE RATE = 32.98%



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

Trend Analysis

A trend analysis was performed that compared the 2016 CAHPS results to their corresponding 2014 CAHPS results. Table 1-3 provides highlights of the Trend Analysis findings for the MDHHS CSHCS Managed Care Program. Please note, a trend analysis was not performed for the MDHHS CSHCS Program and MDHHS CSHCS FFS Program. The sampling approach changed in 2016 for the CSHCS FFS Program. In 2014, the CSHCS FFS Program sample included both the CSHCS FFS Medicaid and CSHCS FFS Non-Medicaid Subgroups; however, in 2016, the CSHCS FFS Medicaid and CSHCS FFS Non-Medicaid Subgroups were sampled separately. Therefore, the 2016 and 2014 results for the MDHHS CSHCS Program and MDHHS CSHCS FFS program are not comparable.

Table 1-3 – Trend Analysis for CSHCS Managed Care Program

| Measure | Trend Analysis |
|---|----------------|
| Global Rating | |
| Rating of Health Plan | ▲ |
| Rating of Specialist Seen Most Often | ▼ |
| Rating of Health Care | — |
| Rating of CMDS Clinic | — |
| Rating of Beneficiary Help Line | — |
| Composite Measure | |
| Customer Service | ▲ |
| How Well Doctors Communicate | — |
| Access to Specialized Services | — |
| Transportation | — |
| CSHCS Family Center | — |
| Individual Measure | |
| Health Promotion and Education | ▲ |
| Access to Prescription Medicines | — |
| CMDS Clinics | — |
| Local Health Department Services | — |
| Beneficiary Help Line | — |
| ▲ statistically significantly higher in 2016 than in 2014. ▼ statistically significantly lower in 2016 than in 2014. — indicates the 2016 score is not statistically significantly different than the 2014 score. | |

Results from the trend analysis showed that the CSHCS Managed Care Program scored statistically significantly *higher* on the Rating of Health Plan, Customer Service, and Health Promotion and Education measures. Additionally, results from the trend analysis showed that the CSHCS Managed Care Program scored statistically significantly *lower* on one measure, Rating of Specialist Seen Most Often.

Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual 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 measures, respectively. Please note, HSAG did not present results for measures with fewer than 11 responses and are indicated as “Not Applicable (NA)” within the tables.

Table 1-4 – Statewide Comparisons: Global Ratings

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

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan’s score is statistically significantly higher than the MDHHS CSHCS Managed Care Program average.
 ↓ indicates the plan’s score is statistically significantly lower than the MDHHS CSHCS Managed Care Program average.
 — indicates the plan’s 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 members responded to the questions.

Table 1-5 – Statewide Comparisons: Composite Measures

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

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan’s score is statistically significantly higher than the MDHHS CSHCS Managed Care Program average.
 ↓ indicates the plan’s score is statistically significantly lower than the MDHHS CSHCS Managed Care Program average.
 — indicates the plan’s 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 members responded to the questions.

Table 1-6 – Statewide Comparisons: Individual Measures

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

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan’s score is statistically significantly higher than the MDHHS CSHCS Managed Care Program average.
 ↓ indicates the plan’s score is statistically significantly lower than the MDHHS CSHCS Managed Care Program average.
 — indicates the plan’s 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 members responded to the questions.

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

- CSHCS FFS Program
- Aetna Better Health of Michigan
- McLaren Health Plan
- Priority Health Choice, Inc.
- Upper Peninsula Health Plan

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

- CSHCS FFS Program
- FFS Medicaid Subgroup
- Meridian Health Plan of Michigan
- UnitedHealthcare Community Plan

FFS Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual measure. HSAG compared the CSHCS FFS Medicaid and FFS Non-Medicaid Subgroups’ results to each other to determine if the subgroups’ results were statistically significantly different.

Table 1-7 through Table 1-9 show the results of this analysis for the global ratings, composite measures, and individual measures, respectively.

Table 1-7 – Statewide Comparisons: Global Ratings

| Program Name | Rating of Health Plan | Rating of Health Care | Rating of Specialist Seen Most Often | Rating of CMDS Clinic | Rating of Beneficiary Help Line |
|---------------------------------------|-----------------------|-----------------------|--------------------------------------|-----------------------|---------------------------------|
| Fee-for-Service Medicaid Subgroup | — | ↓ | — | — | — ⁺ |
| Fee-for-Service Non-Medicaid Subgroup | — | ↑ | — | — ⁺ | — ⁺ |

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the population’s score is statistically significantly higher than the other population.
 ↓ indicates the population’s score is statistically significantly lower than the other population.
 — indicates the population’s score is not statistically significantly different than the MDHHS CSHCS FFS Program average.

Table 1-8 – Statewide Comparisons: Composite Measures

| Program Name | Customer Service | How Well Doctors Communicate | Access to Specialized Services | Transportation | CSHCS Family Center |
|---------------------------------------|------------------|------------------------------|--------------------------------|----------------|---------------------|
| Fee-for-Service Medicaid Subgroup | ↓ | — | — | ↓ ⁺ | — ⁺ |
| Fee-for-Service Non-Medicaid Subgroup | ↑ | — | — | ↑ ⁺ | — ⁺ |

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the population’s score is statistically significantly higher than the other population.
 ↓ indicates the population’s score is statistically significantly lower than the other population.
 — indicates the population’s score is not statistically significantly different than the MDHHS CSHCS FFS Program average.

Table 1-9 – Statewide Comparisons: Individual Measures

| Program Name | Health Promotion and Education | Access to Prescription Medicines | CMDS Clinics | Local Health Department Services | Beneficiary Help Line |
|---------------------------------------|--------------------------------|----------------------------------|----------------|----------------------------------|-----------------------|
| Fee-for-Service Medicaid Subgroup | — | — | — | ↓ | — ⁺ |
| Fee-for-Service Non-Medicaid Subgroup | — | — | — ⁺ | ↑ | — ⁺ |

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the population’s score is statistically significantly higher than the other population.
 ↓ indicates the population’s score is statistically significantly lower than the other population.
 — indicates the population’s score is not statistically significantly different than the MDHHS CSHCS FFS Program average.

The CSHCS FFS Non-Medicaid Subgroup scored statistically significantly *higher* than the CSHCS FFS Medicaid Subgroup on the following measures:

- Rating of Health Care
- Customer Service
- Transportation
- Local Health Department Services

Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on three measures: Rating of Health Plan, Rating of Specialist Seen Most Often, and Rating of Health Care. HSAG evaluated each of these measures to determine if particular CSHCS Survey items (i.e., questions) strongly correlated with these measures, which HSAG refers to as “key drivers.” These individual survey items are driving levels of satisfaction with each of the three measures.

Table 1-10 provides a summary of the key drivers identified for the MDHHS CSHCS Program.

Table 1-10 – MDHHS CSHCS Program Key Drivers of Satisfaction

| Rating of Health Plan |
|--|
| Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed. |
| Respondents reported that 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 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 therapies for their child. |
| Rating of Specialist Seen Most Often |
| Respondents reported that their child’s doctors or health providers did not always explain things understandably to their child. |
| Respondents reported that it was a problem for their child to see a specialist. |
| Rating of Health Care |
| Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed. |
| Respondents reported that their child’s doctors or health providers did not always explain things understandably to their child. |
| 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. |

2016 CSHCS Survey Performance Measures

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

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

Table 2-1 – CSHCS Survey Measures

| Global Ratings | Composite Measures | Individual Measures |
|--------------------------------------|--------------------------------|----------------------------------|
| Rating of Health Plan | Customer Service | Health Promotion and Education |
| Rating of Specialist Seen Most Often | How Well Doctors Communicate | Access to Prescription Medicines |
| Rating of Health Care | 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

| Global Ratings | | Response Categories |
|---|--|---------------------|
| 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 the 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 and individual measures.

Table 2-3 – Composite and Individual Measures Question Language

| Measures | | Response Categories |
|---|--|-----------------------------------|
| 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 |
| 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 |
| 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 |
| 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 |

| Measures | | Response Categories |
|---|---|--|
| 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 June 30, 2016.
- Were currently enrolled in CSHCS.
- Had been continuously enrolled in the plan/program for at least five of the first six months (January through June) of 2016.

A simple random sample of child members was selected for inclusion in the survey for the FFS Medicaid Subgroup, FFS Non-Medicaid Subgroup, and each MHP. No more than one member per household was selected as part of the random 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 were unable to identify 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.

Survey Protocol

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

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of parents or caregivers of child members who did not mail in a completed survey. At least three CATI calls to each non-respondent were attempted. It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a plan's population.²⁻¹

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 2-4 shows the mixed-mode (i.e., mail followed by telephone follow-up) timeline used in the administration of the CSHCS Survey.

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

How CSHCS Results Were Calculated and Displayed

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

Who Responded to the Survey

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

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

Demographics of Child Members and Respondents

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

Statewide Comparisons

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

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

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. The MDHHS CSHCS Program average includes results from both the MHPs and the CSHCS FFS Subgroups. The MDHHS CSHCS Managed Care Program average is limited to the results of the MHPs (i.e., the CSHCS FFS Subgroups are not included). The MDHHS CSHCS FFS Program average includes results from both the CSHCS FFS Medicaid and CSHCS FFS Non-Medicaid Subgroups. For the Statewide Comparisons, HSAG did not present results for measures with fewer than 11 responses and 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 Plans Comparisons

The results of the MHPs, the CSHCS FFS Medicaid Subgroup, and the CSHCS FFS Program were compared to the MDHHS CSHCS Managed Care Program average. Two types of hypothesis tests were applied to these results. First, a global *F* test was performed to determine whether the difference between MHP means was significant. For MHPs, if the *F* test demonstrated 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 mean was 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 CSHCS FFS Program to the MDHHS CSHCS Managed Care Program average because only two populations are being compared; instead, a *t* test was performed to determine if the CSHCS FFS

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

Medicaid Subgroup or CSHCS FFS Program average was significantly different from the MDHHS CSHCS Managed Care Program average. This analytic approach follows AHRQ's recommended methodology for identifying significant plan-level performance differences.

Fee-for-Service Comparisons

The results of the CSHCS FFS Medicaid and CSHCS FFS Non-Medicaid Subgroups were compared to the MDHHS CSHCS FFS Program average. A *t* test was performed to determine whether each FFS Subgroups' mean was significantly different from the MDHHS CSHCS FFS Program average. A difference was considered 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 significant population-level performance differences.

Trend Analysis

A trend analysis was performed of the MDHHS CSHCS Managed Care Program average and the MHPs that compared the 2016 CAHPS scores to the corresponding 2014 CAHPS scores to determine whether there were significant differences. A *t* test was performed to determine whether results in 2014 were significantly different from results in 2016. A difference was considered significant if the two-sided *p* value of the *t* test was less than 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. For the Trend Analysis section, HSAG did not present results for measures with fewer than 11 responses and are indicated as "Not Applicable" 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 perform a trend analysis to the CSHCS FFS Subgroups due to changes in the sampling methodology.

Key Drivers of Satisfaction Analysis

HSAG performed an analysis of key drivers of satisfaction for the following measures: Rating of Health Plan, Rating of Specialist Seen Most Often, and Rating of Health Care. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how *well* the CSHCS Program is performing on the survey item and 2) how *important* that item is to overall satisfaction.

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

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

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

Limitations and Cautions

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

Case-Mix Adjustment

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

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by plan or program. Therefore, 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 satisfaction 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.

National Data for Comparisons

While comparisons to national data were performed for some of the survey measures, it is important to keep in mind that the survey instrument utilized for the 2016 CSHCS Survey administration was a modified version of the standard CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. Differences may exist between the CSHCS MHPs' and FFS Subgroups', and the CCC Medicaid population; therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

Who Responded to the Survey

A total of 12,679 CSHCS Surveys were mailed to parents or caregivers of child members. A total of 4,116 surveys were completed. The CSHCS Survey response rate is the total number of completed surveys divided by all eligible child members of the sample. A survey was considered complete if at least one question was answered on the survey, and the respondent met the eligible population criteria. Eligible child members included the entire random sample minus ineligible child members. Ineligible child members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier other than Spanish (the CSHCS Survey was made available in both English and Spanish).

Table 3-1 shows the total number of child members sampled, the number of surveys completed, the number of ineligible child members, and the response rate. Aetna Better Health of Michigan, Blue Cross Complete of Michigan, McLaren Health Plan, Priority Health Choice, Inc., 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 MHP’s eligible population was included in the sample.

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

| Plan Name | Sample Size | Completes | Ineligibles | Response Rates |
|---|---------------|--------------|-------------|----------------|
| MDHHS CSHCS Program | 12,679 | 4,116 | 200 | 32.98% |
| MDHHS CSHCS FFS Program | 3,300 | 1,271 | 41 | 39.00% |
| Fee-for-Service Medicaid Subgroup | 1,650 | 646 | 18 | 39.58% |
| Fee-for-Service Non-Medicaid Subgroup | 1,650 | 625 | 23 | 38.41% |
| MDHHS CSHCS Managed Care Program | 9,379 | 2,845 | 159 | 30.86% |
| Aetna Better Health of Michigan | 250 | 64 | 5 | 26.12% |
| Blue Cross Complete of Michigan | 802 | 224 | 17 | 28.54% |
| McLaren Health Plan | 1,460 | 441 | 18 | 30.58% |
| Meridian Health Plan of Michigan | 1,650 | 545 | 26 | 33.56% |
| Molina Healthcare of Michigan | 1,650 | 486 | 36 | 30.11% |
| Priority Health Choice, Inc. | 1,255 | 360 | 15 | 29.03% |
| Total Health Care, Inc. | 325 | 99 | 2 | 30.65% |
| UnitedHealthcare Community Plan | 1,650 | 505 | 37 | 31.31% |
| Upper Peninsula Health Plan | 337 | 121 | 3 | 36.23% |

Demographics of Child Members

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

Table 3-2 – Child Member Demographics: Age

| Plan Name | Less than 1 | 1 to 3 | 4 to 7 | 8 to 12 | 13 to 18* |
|---|-------------|--------------|--------------|--------------|--------------|
| MDHHS CSHCS Program | 2.4% | 15.9% | 20.8% | 28.5% | 32.5% |
| MDHHS CSHCS FFS Program | 2.7% | 15.3% | 19.0% | 28.5% | 34.5% |
| Fee-for-Service Medicaid Subgroup | 4.0% | 17.3% | 21.0% | 26.1% | 31.6% |
| Fee-for-Service Non-Medicaid Subgroup | 1.5% | 13.4% | 17.0% | 30.8% | 37.3% |
| MDHHS CSHCS Managed Care Program | 2.2% | 16.1% | 21.6% | 28.4% | 31.6% |
| Aetna Better Health of Michigan | 5.5% | 18.2% | 14.5% | 23.6% | 38.2% |
| Blue Cross Complete of Michigan | 3.6% | 14.9% | 19.1% | 28.9% | 33.5% |
| McLaren Health Plan | 2.1% | 16.2% | 21.2% | 26.7% | 33.7% |
| Meridian Health Plan of Michigan | 2.8% | 16.9% | 23.2% | 27.8% | 29.2% |
| Molina Healthcare of Michigan | 0.9% | 16.9% | 18.9% | 31.2% | 32.1% |
| Priority Health Choice, Inc. | 4.2% | 16.4% | 23.3% | 28.4% | 27.8% |
| Total Health Care, Inc. | 1.1% | 16.8% | 30.5% | 23.2% | 28.4% |
| UnitedHealthcare Community Plan | 0.9% | 14.0% | 22.6% | 29.5% | 33.0% |
| Upper Peninsula Health Plan | 0.9% | 17.7% | 17.7% | 29.2% | 34.5% |

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 June 30, 2016. Some children eligible for the CAHPS Survey turned age 18 between July 1, 2016, and the time of survey administration.*

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

Table 3-3 – Child Member Demographics: Gender

| Plan Name | Male | Female |
|---|--------------|--------------|
| MDHHS CSHCS Program | 55.3% | 44.7% |
| MDHHS CSHCS FFS Program | 55.9% | 44.1% |
| Fee-for-Service Medicaid Subgroup | 56.3% | 43.7% |
| Fee-for-Service Non-Medicaid Subgroup | 55.4% | 44.6% |
| MDHHS CSHCS Managed Care Program | 55.0% | 45.0% |
| Aetna Better Health of Michigan | 57.4% | 42.6% |
| Blue Cross Complete of Michigan | 48.7% | 51.3% |
| McLaren Health Plan | 53.7% | 46.3% |
| Meridian Health Plan of Michigan | 59.8% | 40.2% |
| Molina Healthcare of Michigan | 51.2% | 48.8% |
| Priority Health Choice, Inc. | 60.2% | 39.8% |
| Total Health Care, Inc. | 51.6% | 48.4% |
| UnitedHealthcare Community Plan | 52.6% | 47.4% |
| Upper Peninsula Health Plan | 59.3% | 40.7% |

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

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

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

| Plan Name | White | Hispanic | Black | Asian | Other | Multi-Racial |
|---|--------------|-------------|--------------|-------------|-------------|--------------|
| MDHHS CSHCS Program | 64.0% | 7.2% | 14.7% | 3.1% | 2.5% | 8.3% |
| MDHHS CSHCS FFS Program | 75.7% | 4.3% | 6.8% | 4.9% | 2.2% | 6.2% |
| Fee-for-Service Medicaid Subgroup | 70.4% | 5.0% | 10.5% | 3.5% | 2.5% | 8.2% |
| Fee-for-Service Non-Medicaid Subgroup | 80.9% | 3.6% | 3.1% | 6.3% | 1.8% | 4.3% |
| MDHHS CSHCS Managed Care Program | 58.5% | 8.6% | 18.5% | 2.3% | 2.7% | 9.3% |
| Aetna Better Health of Michigan | 27.8% | 0.0% | 61.1% | 1.9% | 0.0% | 9.3% |
| Blue Cross Complete of Michigan | 46.4% | 10.9% | 21.9% | 5.2% | 6.3% | 9.4% |
| McLaren Health Plan | 72.2% | 6.3% | 8.7% | 2.4% | 1.4% | 8.9% |
| Meridian Health Plan of Michigan | 65.2% | 6.3% | 15.0% | 2.6% | 1.8% | 9.1% |
| Molina Healthcare of Michigan | 48.6% | 11.6% | 25.8% | 2.8% | 2.1% | 9.1% |
| Priority Health Choice, Inc. | 63.3% | 13.9% | 8.1% | 1.8% | 1.8% | 11.1% |
| Total Health Care, Inc. | 35.5% | 5.4% | 48.4% | 2.2% | 1.1% | 7.5% |
| UnitedHealthcare Community Plan | 53.2% | 8.7% | 23.6% | 1.1% | 5.6% | 7.8% |
| Upper Peninsula Health Plan | 78.8% | 3.5% | 0.9% | 0.0% | 1.8% | 15.0% |

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

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

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

| Plan Name | Excellent | Very Good | Good | Fair | Poor |
|---|--------------|--------------|--------------|--------------|-------------|
| MDHHS CSHCS Program | 14.1% | 30.2% | 36.1% | 17.0% | 2.6% |
| MDHHS CSHCS FFS Program | 15.6% | 33.0% | 35.0% | 14.4% | 2.0% |
| Fee-for-Service Medicaid Subgroup | 13.1% | 27.5% | 37.5% | 18.8% | 3.2% |
| Fee-for-Service Non-Medicaid Subgroup | 18.0% | 38.5% | 32.6% | 10.1% | 0.8% |
| MDHHS CSHCS Managed Care Program | 13.5% | 28.9% | 36.6% | 18.3% | 2.8% |
| Aetna Better Health of Michigan | 12.7% | 16.4% | 38.2% | 27.3% | 5.5% |
| Blue Cross Complete of Michigan | 14.9% | 30.9% | 37.1% | 12.9% | 4.1% |
| McLaren Health Plan | 11.1% | 32.4% | 36.0% | 18.6% | 1.9% |
| Meridian Health Plan of Michigan | 12.1% | 30.8% | 34.2% | 20.9% | 2.0% |
| Molina Healthcare of Michigan | 15.9% | 25.2% | 38.1% | 18.2% | 2.5% |
| Priority Health Choice, Inc. | 16.2% | 34.4% | 33.5% | 14.1% | 1.8% |
| Total Health Care, Inc. | 15.8% | 20.0% | 40.0% | 21.1% | 3.2% |
| UnitedHealthcare Community Plan | 12.1% | 23.5% | 40.0% | 19.5% | 4.9% |
| Upper Peninsula Health Plan | 11.6% | 36.6% | 33.9% | 16.1% | 1.8% |

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

Demographics of Respondents

Table 3-6 through Table 3-9 depict the age, gender, education, and relationship to child of parents or caregivers who completed the CSHCS Survey in 2016.

Table 3-6 – Respondent Demographics: Age

| Plan Name | Under 18 | 18 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65 or Older |
|---|-------------|-------------|--------------|--------------|--------------|-------------|-------------|
| MDHHS CSHCS Program | 6.3% | 3.1% | 26.4% | 35.9% | 20.7% | 5.3% | 2.2% |
| MDHHS CSHCS FFS Program | 4.4% | 1.1% | 22.3% | 41.6% | 25.5% | 4.3% | 0.8% |
| Fee-for-Service Medicaid Subgroup | 5.0% | 1.7% | 26.9% | 38.1% | 21.6% | 5.4% | 1.3% |
| Fee-for-Service Non-Medicaid Subgroup | 3.8% | 0.5% | 17.7% | 45.0% | 29.4% | 3.3% | 0.3% |
| MDHHS CSHCS Managed Care Program | 7.2% | 4.1% | 28.4% | 33.2% | 18.5% | 5.7% | 2.9% |
| Aetna Better Health of Michigan | 1.9% | 9.3% | 16.7% | 37.0% | 14.8% | 14.8% | 5.6% |
| Blue Cross Complete of Michigan | 4.7% | 2.1% | 28.5% | 42.0% | 16.1% | 4.7% | 2.1% |
| McLaren Health Plan | 7.4% | 4.6% | 26.9% | 32.6% | 20.4% | 5.5% | 2.6% |
| Meridian Health Plan of Michigan | 7.3% | 5.3% | 28.3% | 30.9% | 18.2% | 7.3% | 2.8% |
| Molina Healthcare of Michigan | 8.1% | 3.9% | 29.9% | 33.6% | 16.7% | 5.6% | 2.1% |
| Priority Health Choice, Inc. | 6.0% | 3.6% | 31.7% | 29.9% | 18.6% | 6.6% | 3.6% |
| Total Health Care, Inc. | 7.4% | 1.1% | 38.9% | 30.5% | 15.8% | 4.2% | 2.1% |
| UnitedHealthcare Community Plan | 9.6% | 3.6% | 25.1% | 33.8% | 20.9% | 3.6% | 3.6% |
| Upper Peninsula Health Plan | 3.6% | 4.5% | 27.7% | 37.5% | 18.8% | 5.4% | 2.7% |

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

Table 3-7 – Respondent Demographics: Gender

| Plan Name | Male | Female |
|---|--------------|--------------|
| MDHHS CSHCS Program | 10.9% | 89.1% |
| MDHHS CSHCS FFS Program | 11.8% | 88.2% |
| Fee-for-Service Medicaid Subgroup | 10.3% | 89.7% |
| Fee-for-Service Non-Medicaid Subgroup | 13.2% | 86.8% |
| MDHHS CSHCS Managed Care Program | 10.5% | 89.5% |
| Aetna Better Health of Michigan | 11.3% | 88.7% |
| Blue Cross Complete of Michigan | 15.5% | 84.5% |
| McLaren Health Plan | 8.2% | 91.8% |
| Meridian Health Plan of Michigan | 10.7% | 89.3% |
| Molina Healthcare of Michigan | 8.8% | 91.2% |
| Priority Health Choice, Inc. | 7.2% | 92.8% |
| Total Health Care, Inc. | 12.9% | 87.1% |
| UnitedHealthcare Community Plan | 14.2% | 85.8% |
| Upper Peninsula Health Plan | 9.7% | 90.3% |
| <i>Please note, percentages may not total 100.0% due to rounding.</i> | | |

Table 3-8 – Respondent Demographics: Education

| Plan Name | Not a High School Graduate | High School Graduate | College Graduate |
|---|----------------------------|----------------------|------------------|
| MDHHS CSHCS Program | 10.6% | 67.0% | 22.4% |
| MDHHS CSHCS FFS Program | 4.1% | 55.9% | 40.0% |
| Fee-for-Service Medicaid Subgroup | 5.7% | 63.0% | 31.3% |
| Fee-for-Service Non-Medicaid Subgroup | 2.5% | 48.9% | 48.6% |
| MDHHS CSHCS Managed Care Program | 13.6% | 72.2% | 14.1% |
| Aetna Better Health of Michigan | 18.9% | 73.6% | 7.5% |
| Blue Cross Complete of Michigan | 10.6% | 72.0% | 17.5% |
| McLaren Health Plan | 11.1% | 73.1% | 15.7% |
| Meridian Health Plan of Michigan | 13.8% | 71.5% | 14.7% |
| Molina Healthcare of Michigan | 16.9% | 71.0% | 12.2% |
| Priority Health Choice, Inc. | 9.8% | 75.3% | 14.9% |
| Total Health Care, Inc. | 16.0% | 76.6% | 7.4% |
| UnitedHealthcare Community Plan | 17.6% | 69.1% | 13.3% |
| Upper Peninsula Health Plan | 6.2% | 76.1% | 17.7% |
| <i>Please note, percentages may not total 100.0% due to rounding.</i> | | | |

Table 3-9 – Respondent Demographics: Relationship to Child

| Plan Name | Mother or Father | Grandparent | Other Relative | Legal Guardian |
|---|------------------|-------------|----------------|----------------|
| MDHHS CSHCS Program | 96.0% | 2.3% | 0.8% | 0.8% |
| MDHHS CSHCS FFS Program | 97.7% | 0.8% | 0.7% | 0.8% |
| Fee-for-Service Medicaid Subgroup | 96.3% | 1.4% | 0.9% | 1.5% |
| Fee-for-Service Non-Medicaid Subgroup | 99.2% | 0.2% | 0.5% | 0.2% |
| MDHHS CSHCS Managed Care Program | 95.2% | 3.0% | 0.9% | 0.8% |
| Aetna Better Health of Michigan | 90.4% | 7.7% | 0.0% | 1.9% |
| Blue Cross Complete of Michigan | 96.3% | 1.6% | 1.6% | 0.5% |
| McLaren Health Plan | 95.2% | 3.0% | 1.3% | 0.5% |
| Meridian Health Plan of Michigan | 93.6% | 4.0% | 0.8% | 1.7% |
| Molina Healthcare of Michigan | 94.0% | 3.6% | 1.4% | 1.0% |
| Priority Health Choice, Inc. | 96.9% | 2.2% | 0.3% | 0.6% |
| Total Health Care, Inc. | 96.8% | 1.1% | 1.1% | 1.1% |
| UnitedHealthcare Community Plan | 96.1% | 2.8% | 0.7% | 0.5% |
| Upper Peninsula Health Plan | 97.3% | 2.7% | 0.0% | 0.0% |

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

Managed Care Statewide Comparisons

For purposes of the Managed Care Statewide Comparisons, HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual measure. 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 composites;
- “Usually” or “Always” for the Access to Prescription Medicines, CMDS Clinic, and Beneficiary Help Line individual measures;
- “Yes” for the Health Promotion and Education individual measure;
- “Somewhat satisfied” or “Extremely satisfied” for the Local Health Department Services individual 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 than the MDHHS CSHCS Managed Care Program average. The NCQA Medicaid national averages for the CCC population are presented for comparison, where appropriate.^{3-1,3-2} Colors in the figures note significant differences. Green indicates a top-box rate that was statistically significantly higher than the MDHHS CSHCS Managed Care Program average. Conversely, red indicates a top-box rate that was statistically significantly lower than the MDHHS CSHCS Managed Care Program average. Blue represents top-box rates 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.

³⁻¹ The source for data contained in this publication is Quality Compass[®] 2015 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2015 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS[®] is a registered trademark of the AHRQ.

³⁻² NCQA national averages for the child with CCC Medicaid population are presented for comparative purposes. Given the potential differences in demographic make-up of the CSHCS and child Medicaid with CCC populations, caution should be exercised when interpreting the comparisons to NCQA national averages.

In some instances, the top-box rates presented for two 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 significant result will be found in a population with a larger number of respondents. In addition, HSAG did not present top-box rates for measures with fewer than 11 responses for an MHP and are indicated as “Not Applicable” in the following figures.

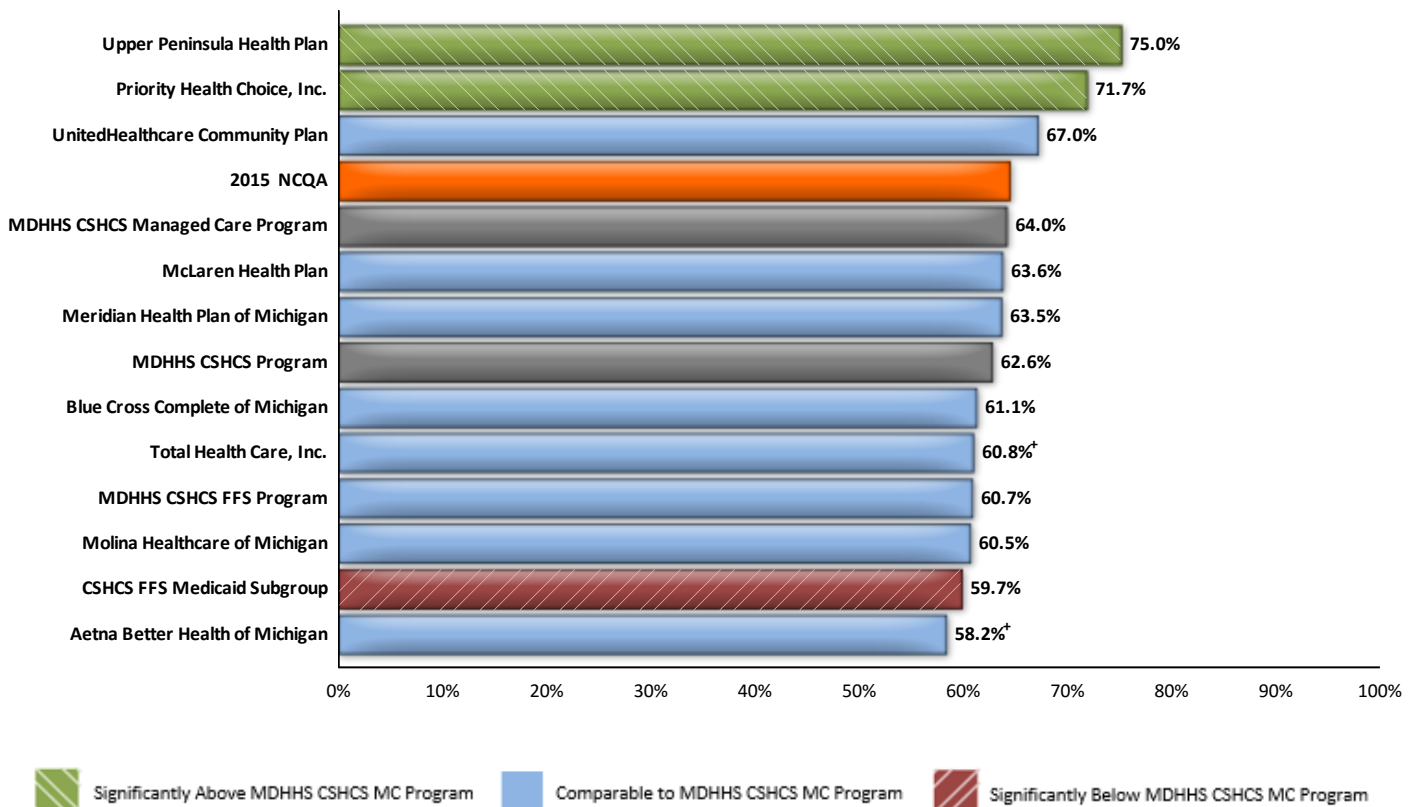
Global Ratings

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 rates (i.e., responses of “9” or “10”).

Figure 3-1 – Rating of Health Plan Top-Box Rates



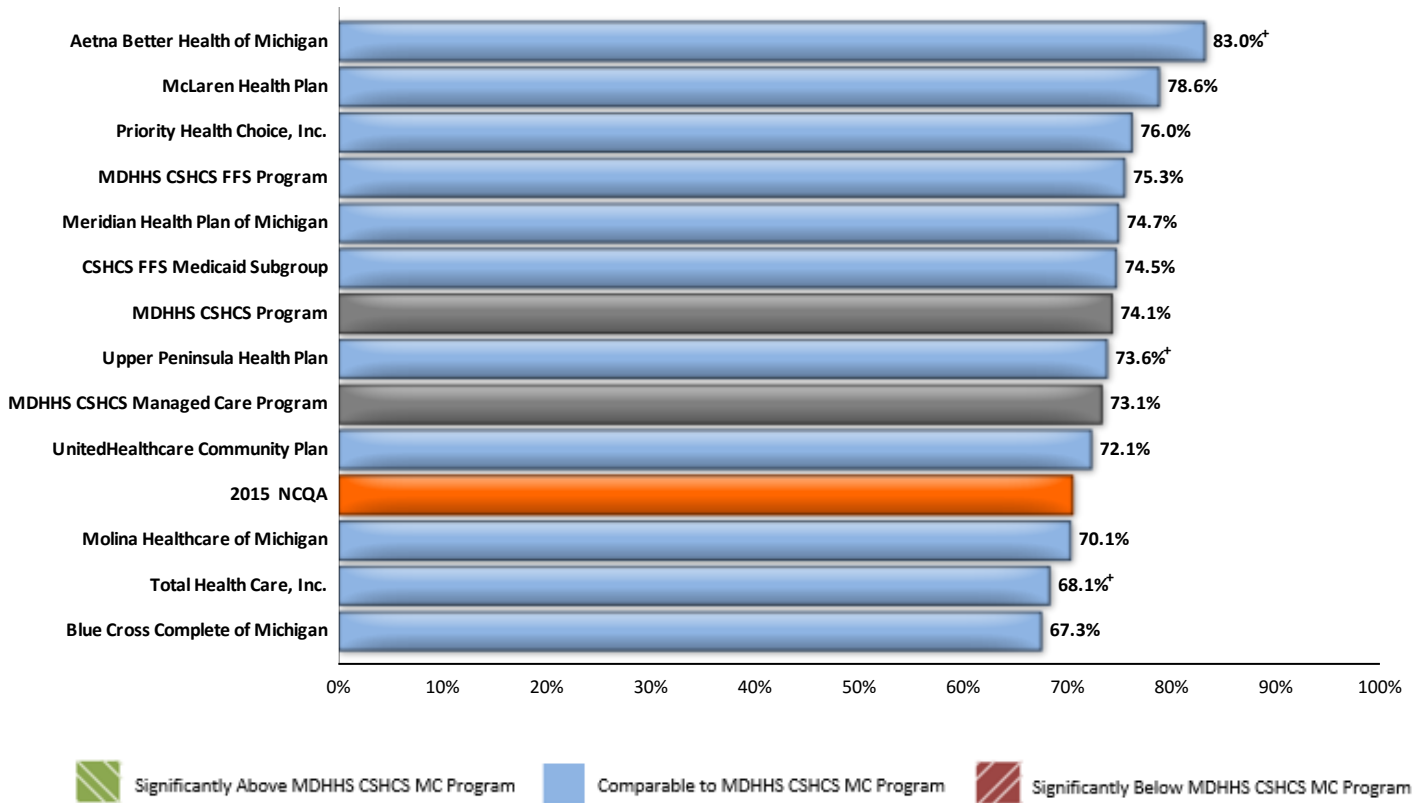
Note: + indicates fewer than 100 responses

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 3-2 shows the Rating of Specialist Seen Most Often top-box rates (i.e., responses of “9” or “10”).

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

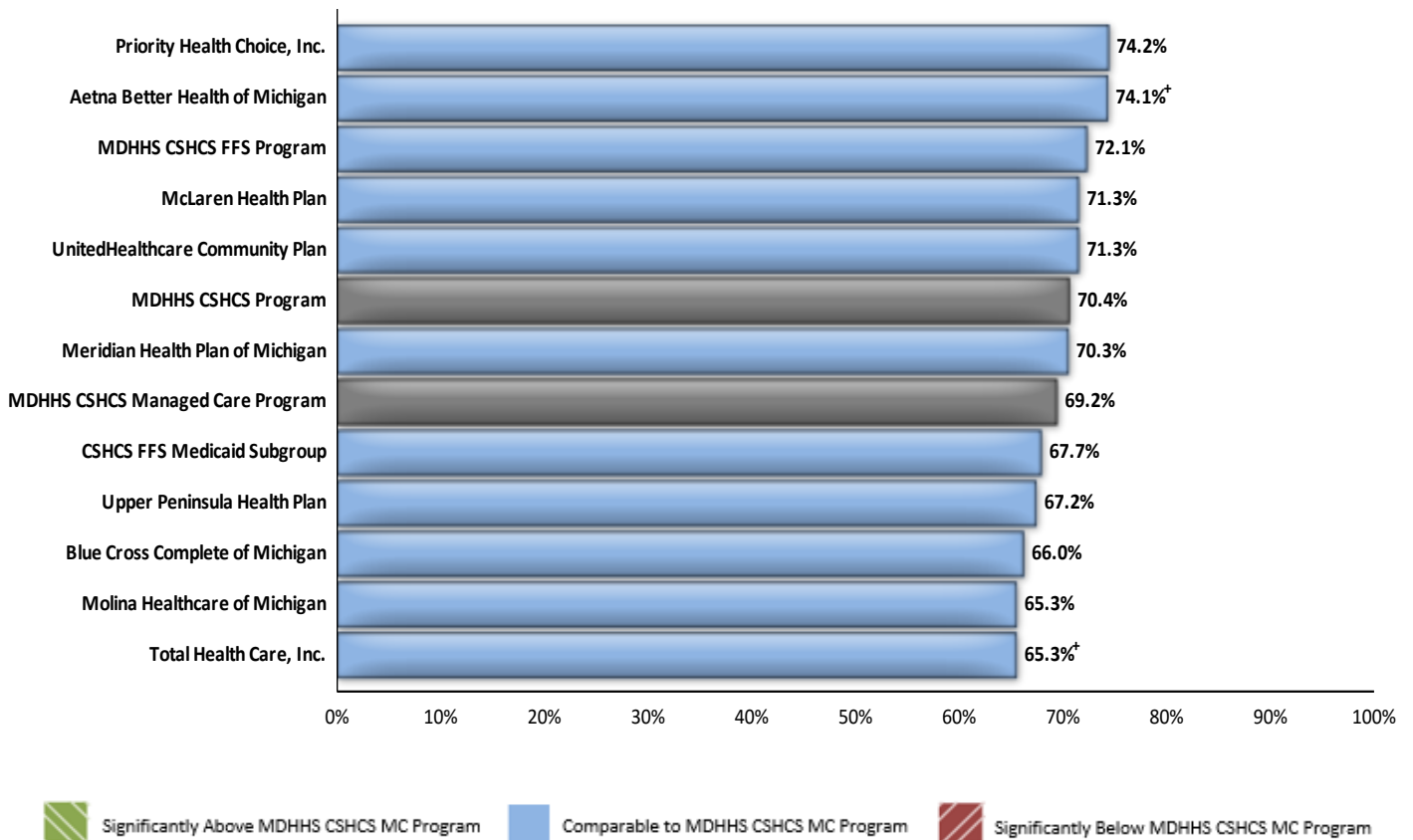


Rating of Health Care

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 3-3 shows the Rating of Health Care top-box rates (i.e., responses of “9” or “10”).

Figure 3-3 – Rating of Health Care Top-Box Rates³⁻³



Note: + indicates fewer than 100 responses

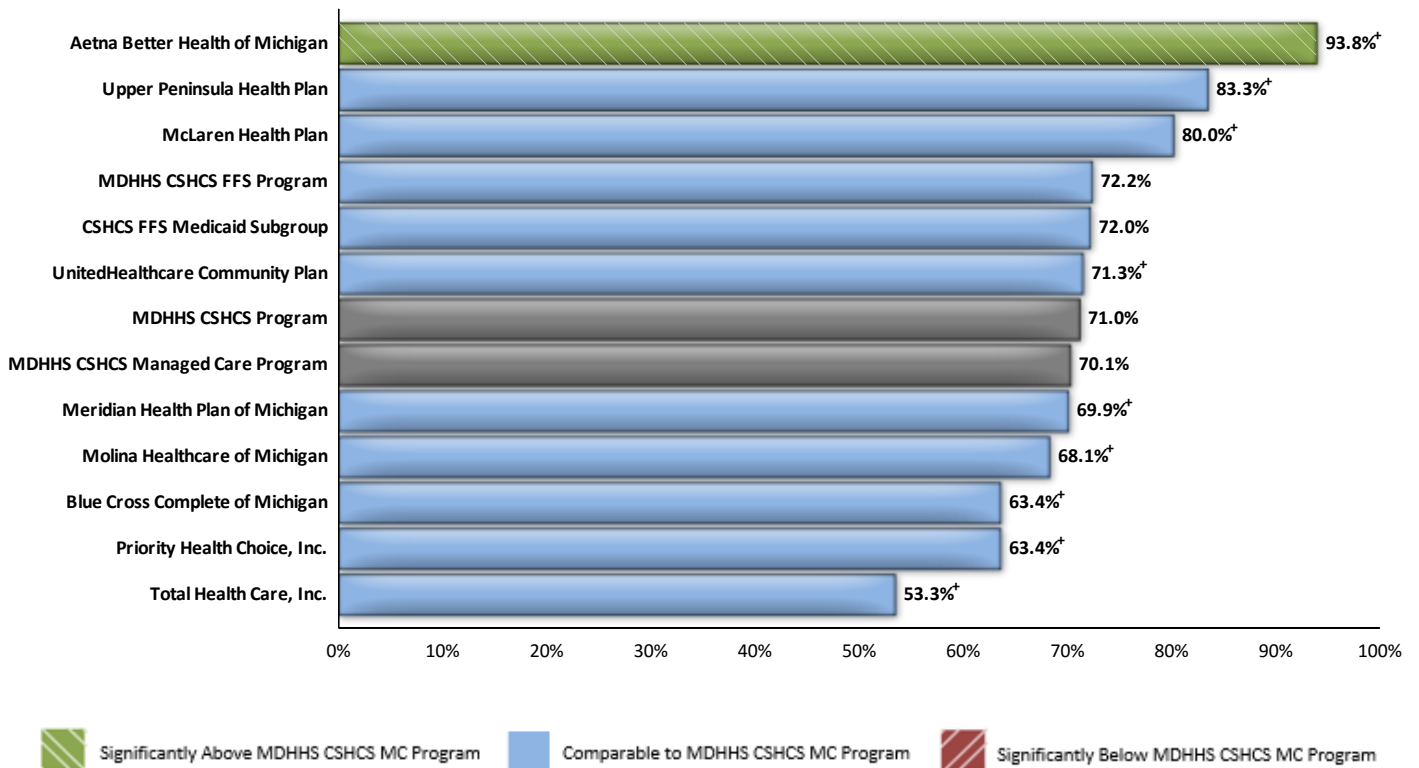
³⁻³ The Rating of Health Care global rating question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, 2015 NCQA national averages are not available for this measure.

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.”

Figure 3-4 shows the Rating of CMDS Clinic top-box rates (i.e., responses of “9” or “10”).

Figure 3-4 – Rating of CMDS Clinic Top-Box Rates³⁻⁴



Note: + indicates fewer than 100 responses

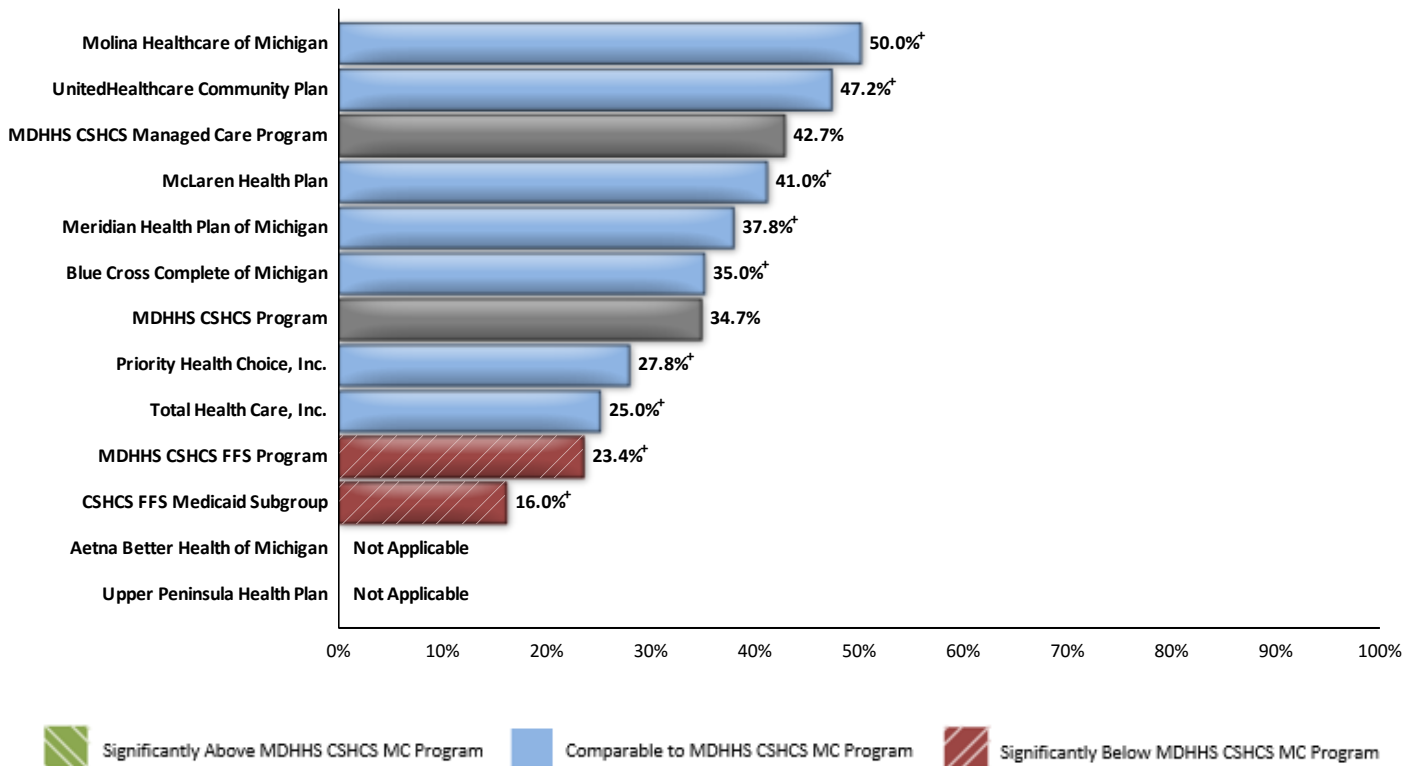
³⁻⁴ The Rating of CMDS Clinic global rating question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, 2015 NCQA national averages are not available for this measure.

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 3-5 shows the Rating of Beneficiary Help Line top-box rates (i.e., responses of “9” or “10”).

Figure 3-5 – Rating of Beneficiary Help Line Top-Box Rates^{3-5,3-6}



Note: + indicates fewer than 100 responses

³⁻⁵ As previously mentioned, in some instances MHPs had fewer than 11 respondents to a survey question. Aetna Better Health of Michigan and Upper Peninsula Health Plan had fewer than 11 respondents to the Rating of Beneficiary Help Line global rating; therefore, a top-box rate could not be presented for these MHPs, which is indicated as “Not Applicable” in the figure.

³⁻⁶ 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, 2015 NCQA national averages are not available for this measure.



Composite Measures

Customer Service

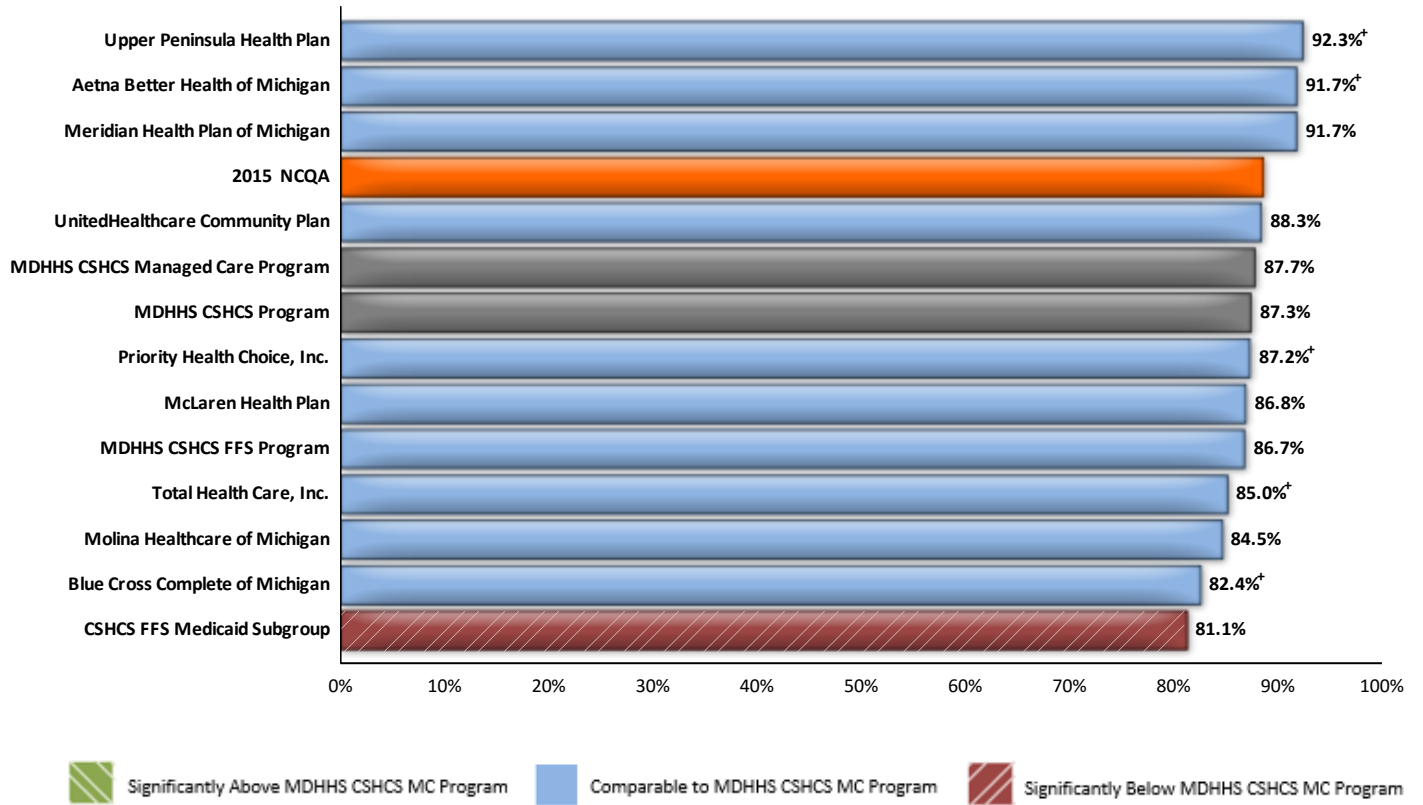
Two questions were asked to assess how often parents or caregivers were satisfied with customer service:

- **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

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

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

Figure 3-6: Customer Service Top-Box Rates



Note: + indicates fewer than 100 responses

How Well Doctors Communicate

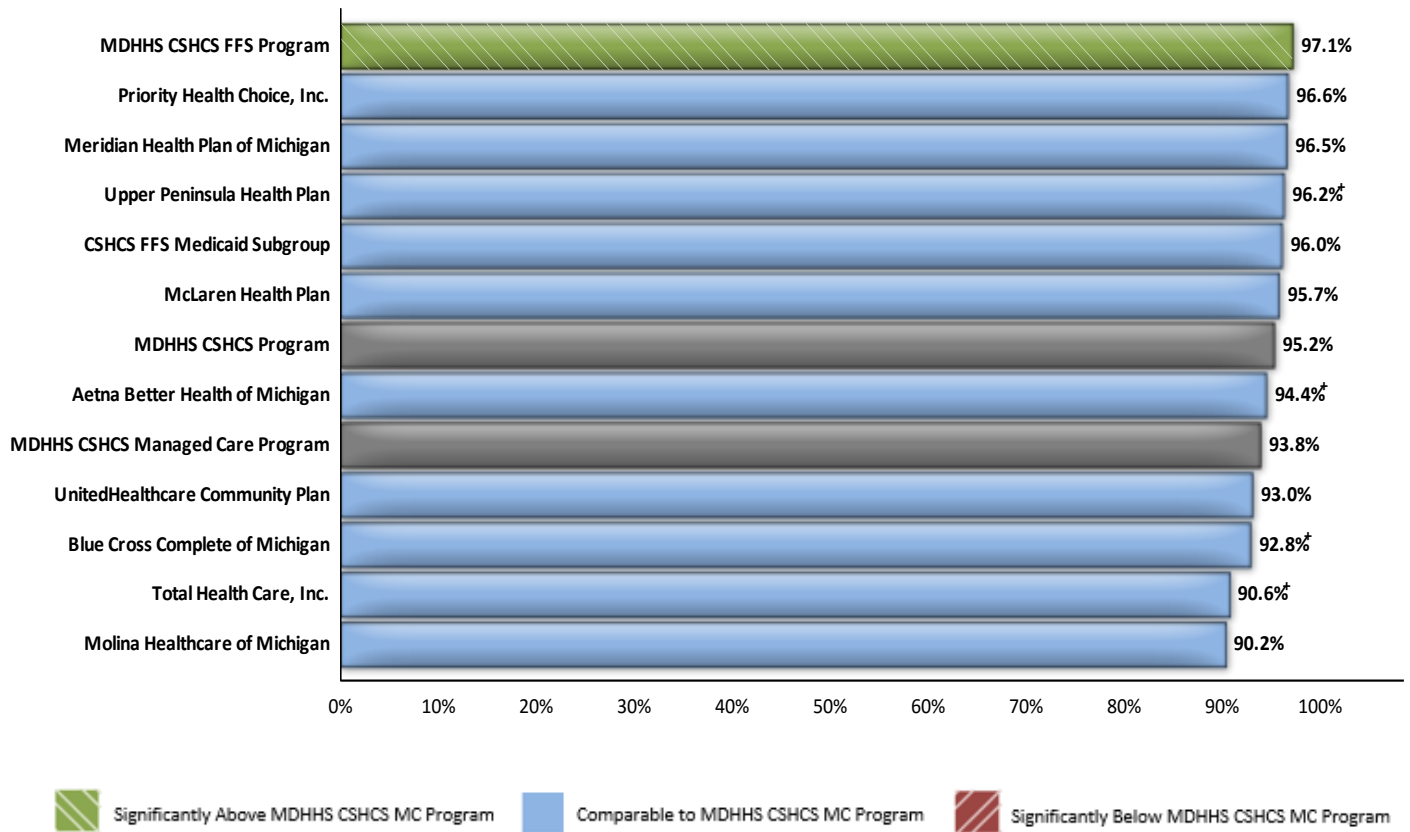
A series of four questions were asked to assess how often doctors communicated well:

- **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

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

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

Figure 3-7: How Well Doctors Communicate Top-Box Rates³⁻⁷



Note: + indicates fewer than 100 responses

³⁻⁷ The survey questions that comprise the How Well Doctors Communicate composite measure in the CAHPS 5.0 Child Medicaid Health Plan Survey were modified for inclusion in the CSHCS Survey. Given the revisions to the survey questions, the results for this composite measure are not comparable to the NCQA national average.

Access to Specialized Services

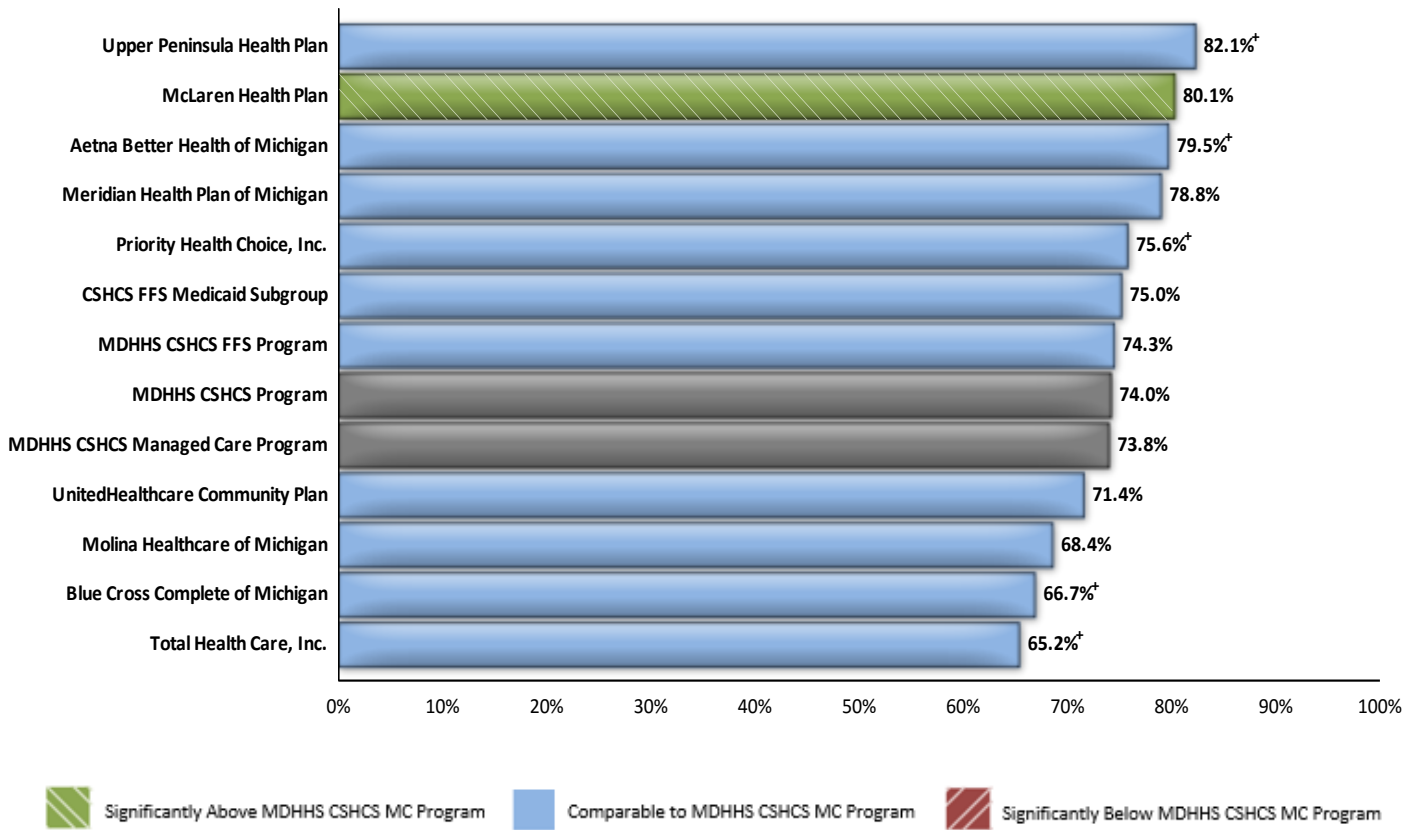
Two questions were asked to assess how often parents or caregivers were satisfied with access to specialized services:

- **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

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

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

Figure 3-8: Access to Specialized Services Top-Box Rates³⁻⁸



Note: + indicates fewer than 100 responses

³⁻⁸ 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 the changes to this composite measure, the results are not comparable to the NCQA national average.

Transportation

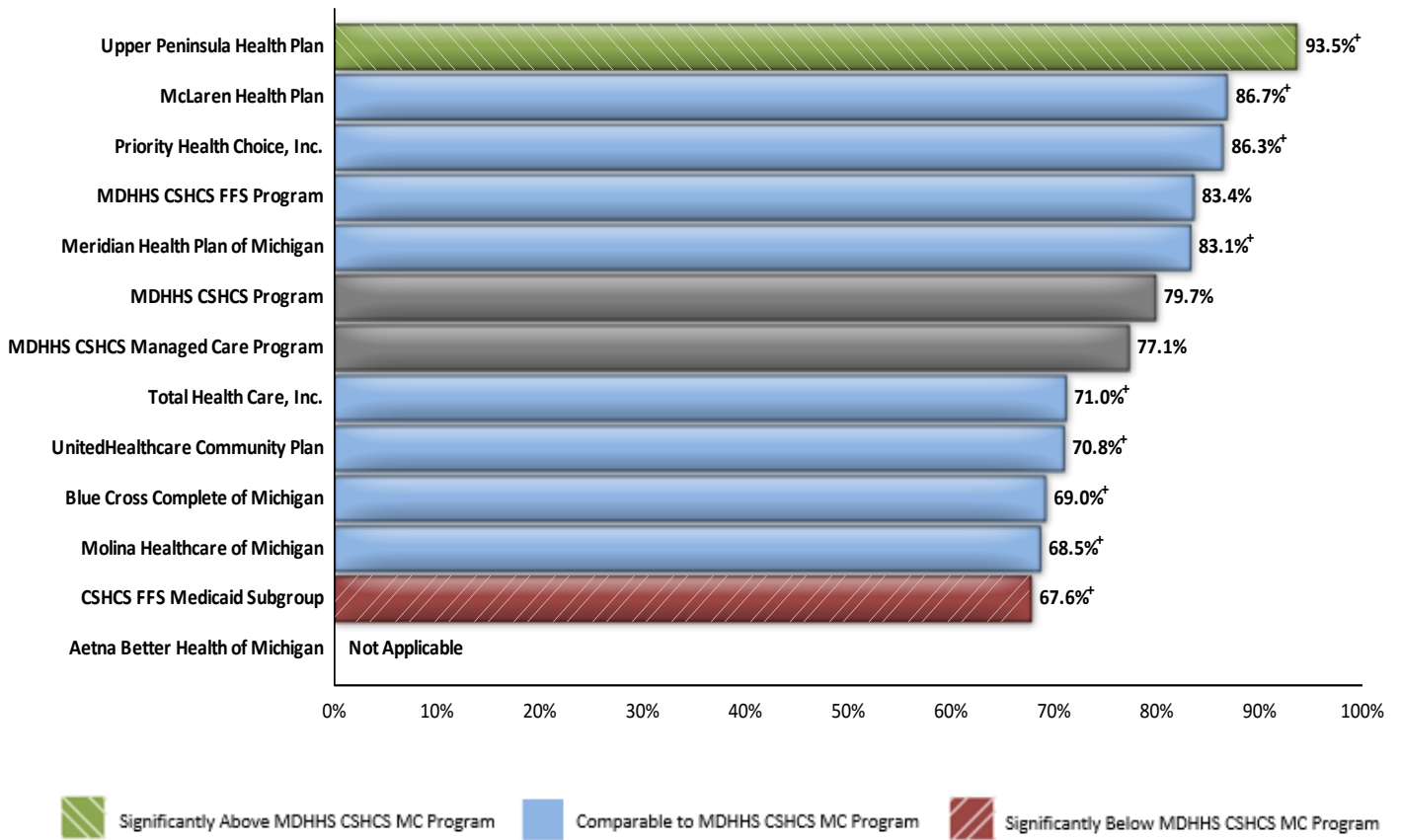
Two questions were asked to assess how often parents or caregivers were satisfied with transportation:

- **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

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

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

Figure 3-9: Transportation Top-Box Rates^{3-9,3-10}



Note: + indicates fewer than 100 responses

³⁻⁹ As previously mentioned, in some instances MHPs had less than 11 respondents to a survey question. Aetna Better Health of Michigan had fewer than 11 respondents to the Transportation composite measure; therefore, a top-box rate could not be presented for this MHP, which is indicated as “Not Applicable” in the figure.

³⁻¹⁰ 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, 2015 NCQA national averages are not available for this measure.

CSHCS Family Center

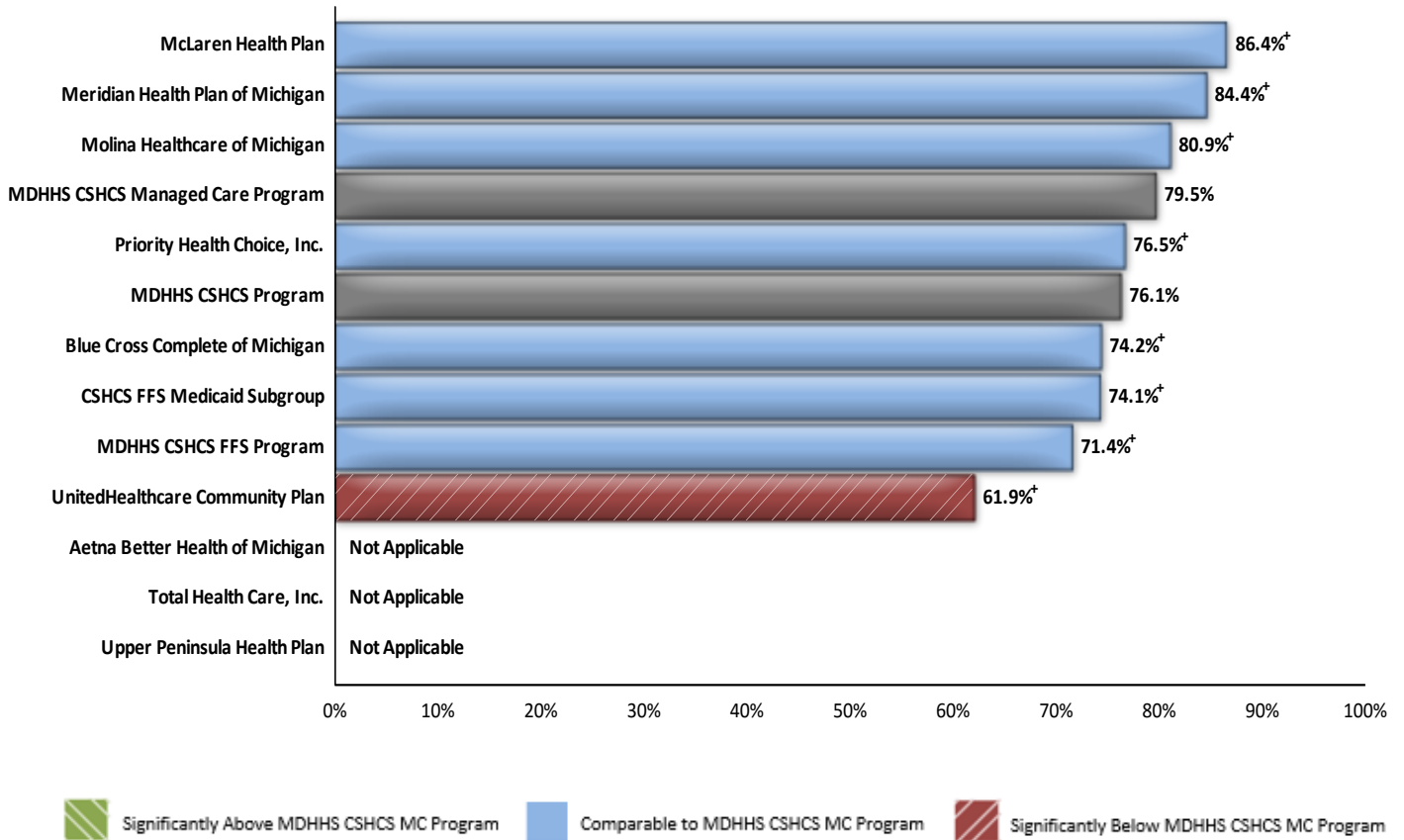
Two questions were asked to assess how often parents or caregivers were satisfied with the CSHCS Family Center:

- **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

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

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

Figure 3-10: CSHCS Family Center Top-Box Rates^{3-11,3-12}



Note: + indicates fewer than 100 responses

³⁻¹¹ As previously mentioned, in some instances MHPs had less than 11 respondents to a survey question. 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, a top-box rate could not be presented for these MHPs, which is indicated as “Not Applicable” in the figure.

³⁻¹² The CSHCS Family Center composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and are specific to the CSHCS Survey. Therefore, 2015 NCQA national averages are not available for this measure.

Individual Measures

Health Promotion and Education

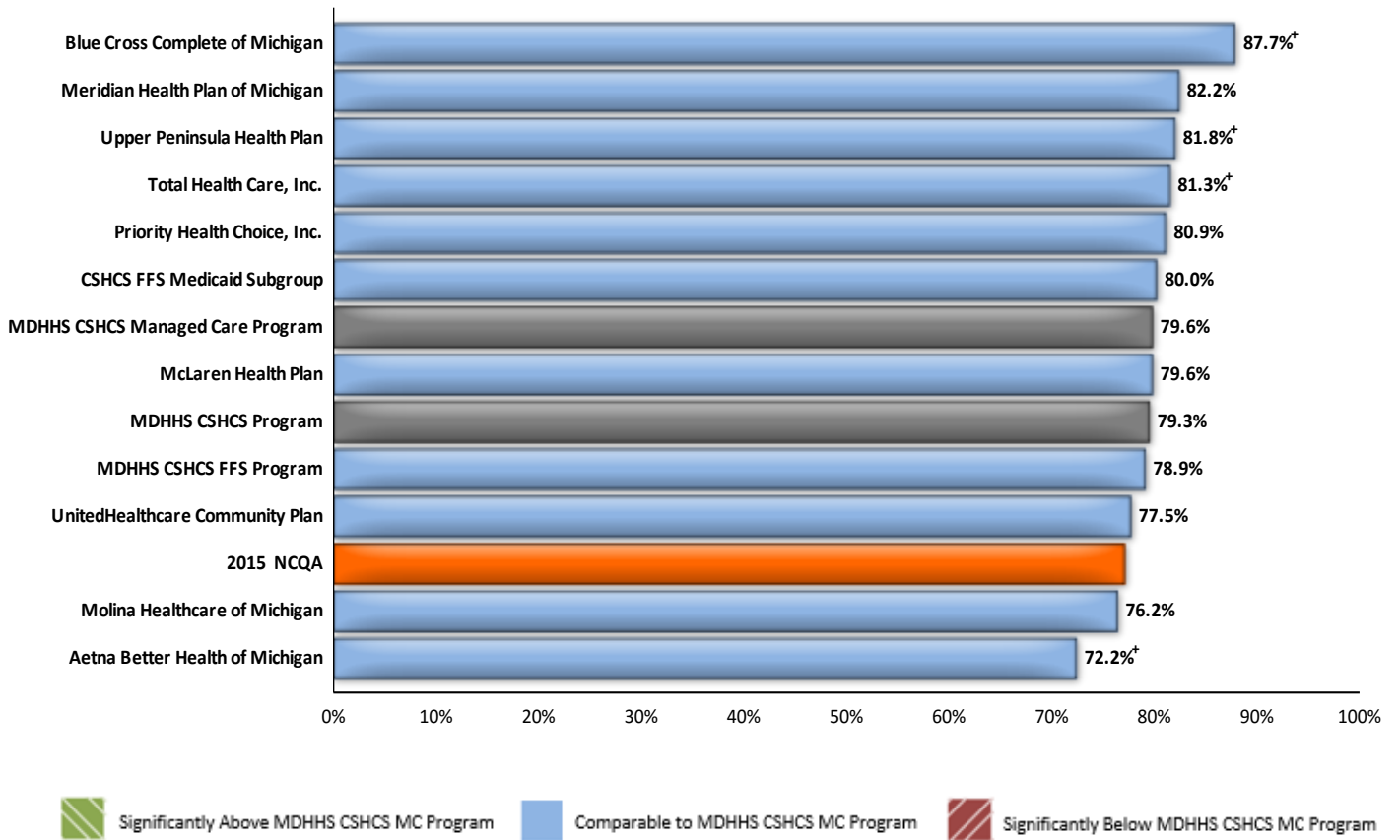
One question was asked to assess if parents or caregivers talked with their child’s doctor or other health provider about things they could do to prevent illness in their child:

- **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

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

Figure 3-11 shows the Health Promotion and Education top-box rates.

Figure 3-11: Health Promotion and Education Top-Box Rates



Note: + indicates fewer than 100 responses

Access to Prescription Medicines

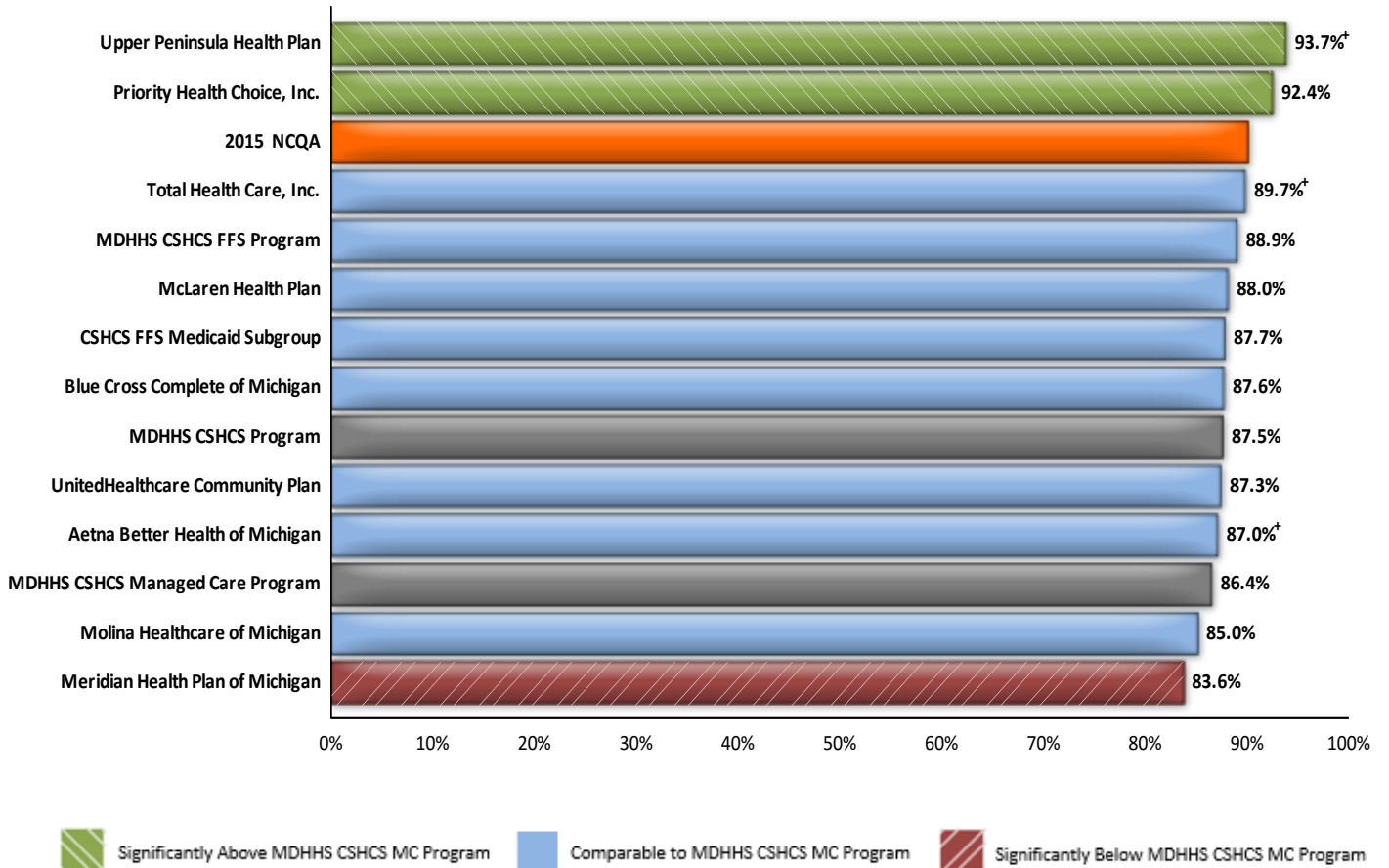
One question was asked to assess how often parents or caregivers were satisfied with access to prescription medicines:

- **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

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

Figure 3-12 shows the Access to Prescription Medicines top-box rates.

Figure 3-12: Access to Prescription Medicines Top-Box Rates



Note: + indicates fewer than 100 responses



CMDS Clinic

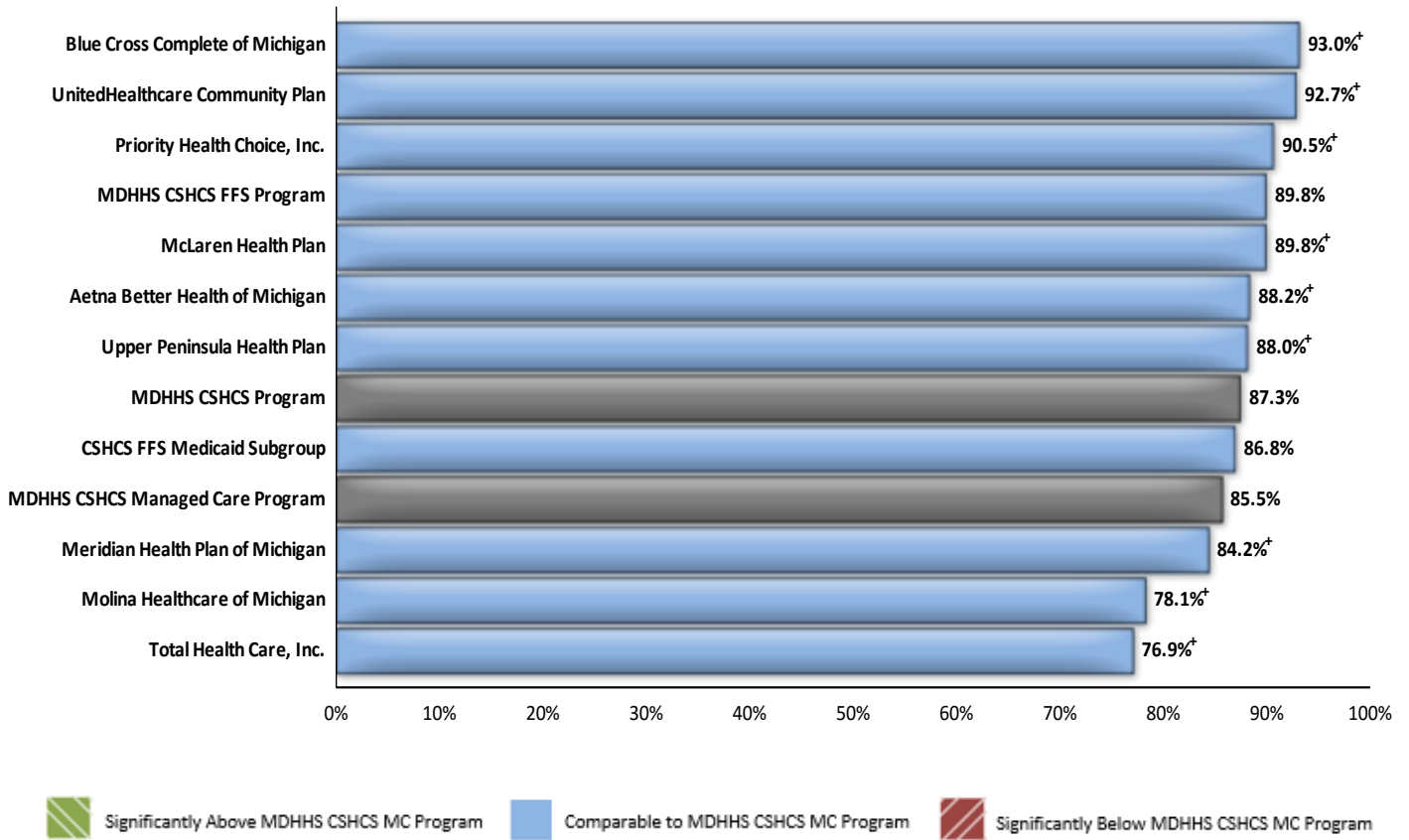
One question was asked to assess how often parents or caregivers were able to get an appointment as soon as their child needed in a CMDS Clinic:

- **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

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

Figure 3-13 shows the CMDS Clinic top-box rates.

Figure 3-13: CMDS Clinic Top-Box Rates³⁻¹³



Note: + indicates fewer than 100 responses

³⁻¹³ 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, 2015 NCQA national averages are not available for this measure.

Local Health Department Services

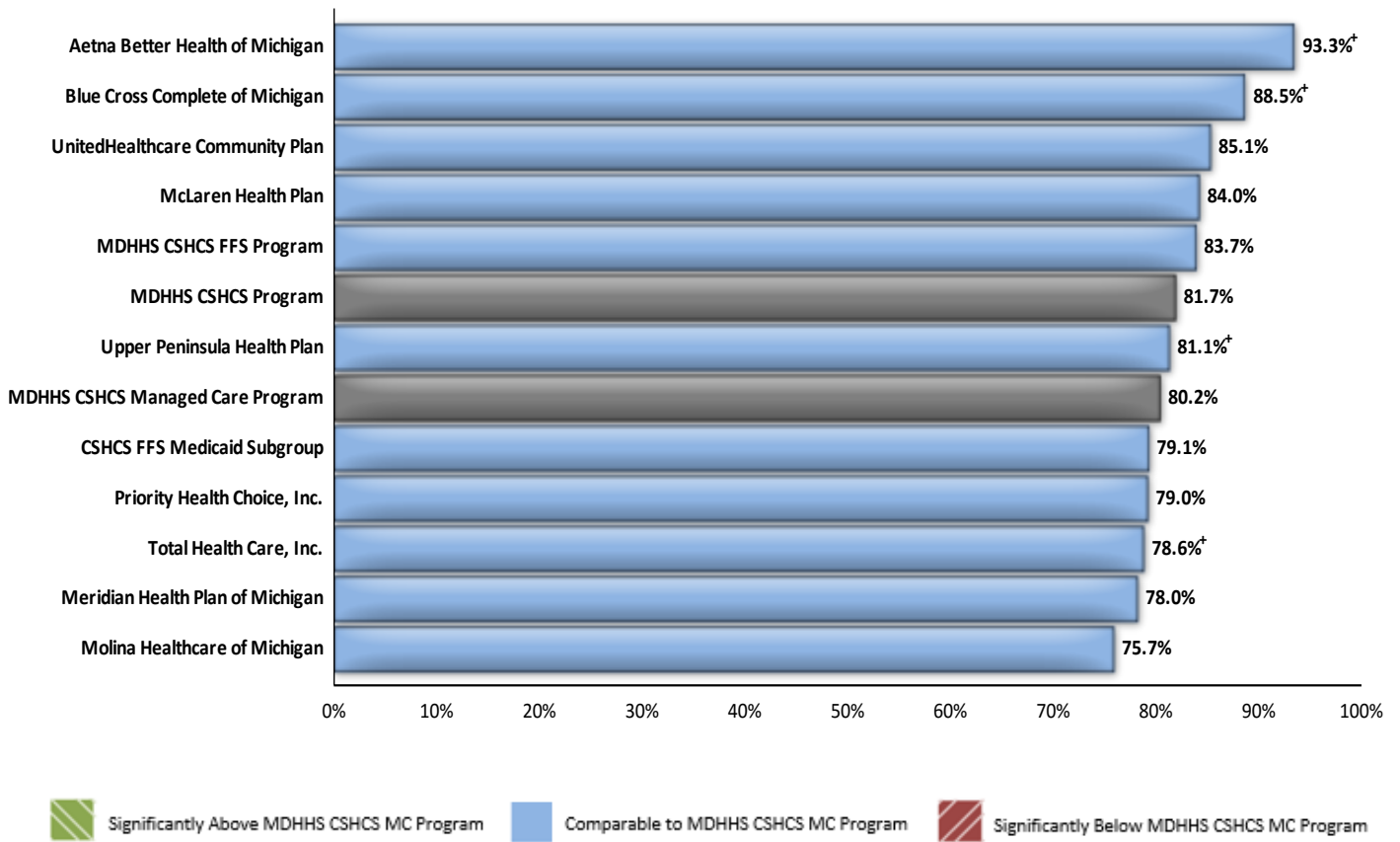
One question was asked to assess how satisfied parents or caregivers were with local health department services:

- **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

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

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

Figure 3-14: Local Health Department Services Top-Box Rates³⁻¹⁴



Note: + indicates fewer than 100 responses

³⁻¹⁴ 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, 2015 NCQA national averages are not available for this measure.

Beneficiary Help Line

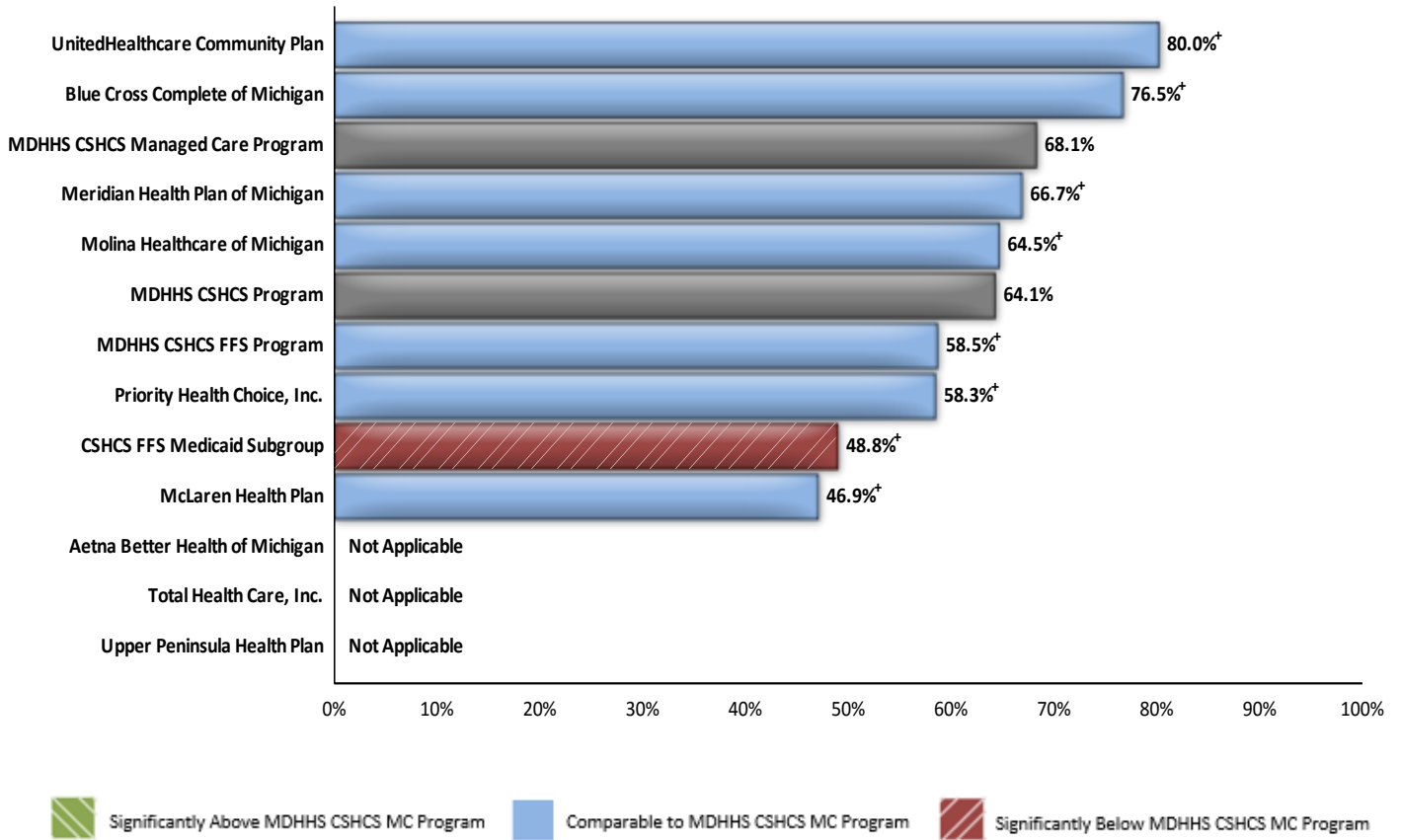
One question was asked to assess how often parents or caregivers were satisfied with the Beneficiary Help Line:

- **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

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

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

Figure 3-15: Beneficiary Help Line Top-Box Rates^{3-15,3-16}



Note: + indicates fewer than 100 responses

³⁻¹⁵ As previously mentioned, in some instances MHPs had less than 11 respondents to a survey question. 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, a top-box rate could not be presented for these MHPs, which is indicated as “Not Applicable” in the figure.

³⁻¹⁶ The Beneficiary Help Line individual item measure survey question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, 2015 NCQA national averages are not available for this measure.

Summary of Results

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

Table 3-10 – Statewide Comparisons: Global Ratings

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

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDHHS CSHCS Managed Care Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDHHS CSHCS Managed Care Program average.
 — indicates the plan's 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 members responded to the questions.

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

Table 3-11 – Statewide Comparisons: Composite Measures

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

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan’s score is statistically significantly higher than the MDHHS CSHCS Managed Care Program average.
 ↓ indicates the plan’s score is statistically significantly lower than the MDHHS CSHCS Managed Care Program average.
 — indicates the plan’s 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 members responded to the questions.

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

Table 3-12 – Statewide Comparisons: Individual Measures

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

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan’s score is statistically significantly higher than the MDHHS CSHCS Managed Care Program average.
 ↓ indicates the plan’s score is statistically significantly lower than the MDHHS CSHCS Managed Care Program average.
 — indicates the plan’s 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 members responded to the questions.

FFS Statewide Comparisons

For purposes of the FFS Statewide Comparisons analysis, HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual measure. 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 composites;
- “Usually” or “Always” for the Access to Prescription Medicines, CMDS Clinic, and Beneficiary Help Line individual measures;
- “Yes” for the Health Promotion and Education individual measure;
- “Somewhat satisfied” or “Extremely satisfied” for the Local Health Department Services individual 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 below 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.^{3-17,3-18} Colors in the figures note significant differences. Green indicates a population’s top-box rate that was statistically significantly higher than the other population’s. Conversely, red indicates a population’s top-box rate that was statistically significantly lower than the other population. Blue represents top-box rates that were not statistically significantly different from the MDHHS CSHCS FFS Program average. A CSHCS FFS Subgroup with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

³⁻¹⁷ The source for data contained in this publication is Quality Compass[®] 2015 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2015 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS[®] is a registered trademark of the AHRQ.

³⁻¹⁸ 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.

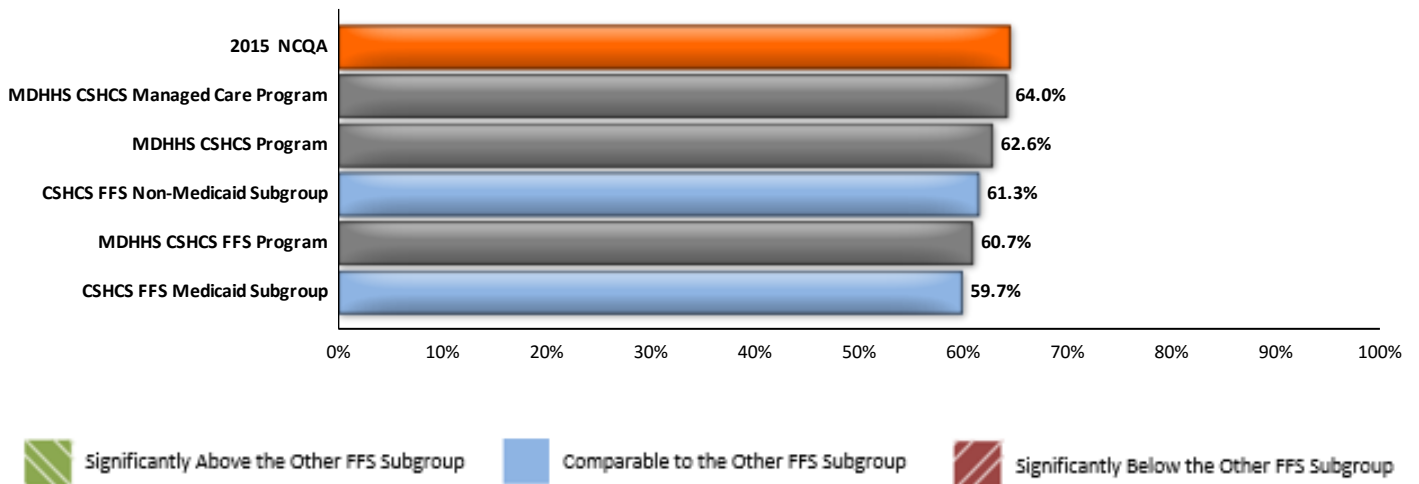
Global Ratings

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.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-16 shows the Rating of Health Plan top-box rates (i.e., responses of “9” or “10”).

Figure 3-16 – Rating of Health Plan Top-Box Rates

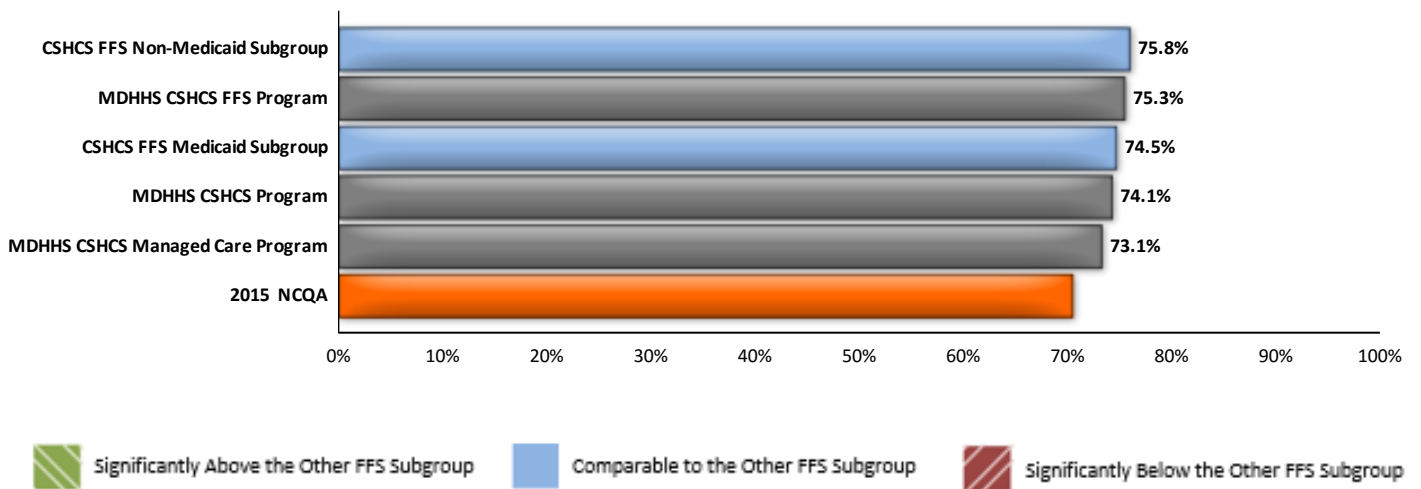


Rating of Specialist Seen Most Often

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.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-17 shows the Rating of Specialist Seen Most Often top-box rates (i.e., responses of “9” or “10”).

Figure 3-17 – Rating of Specialist Seen Most Often Top-Box Rates

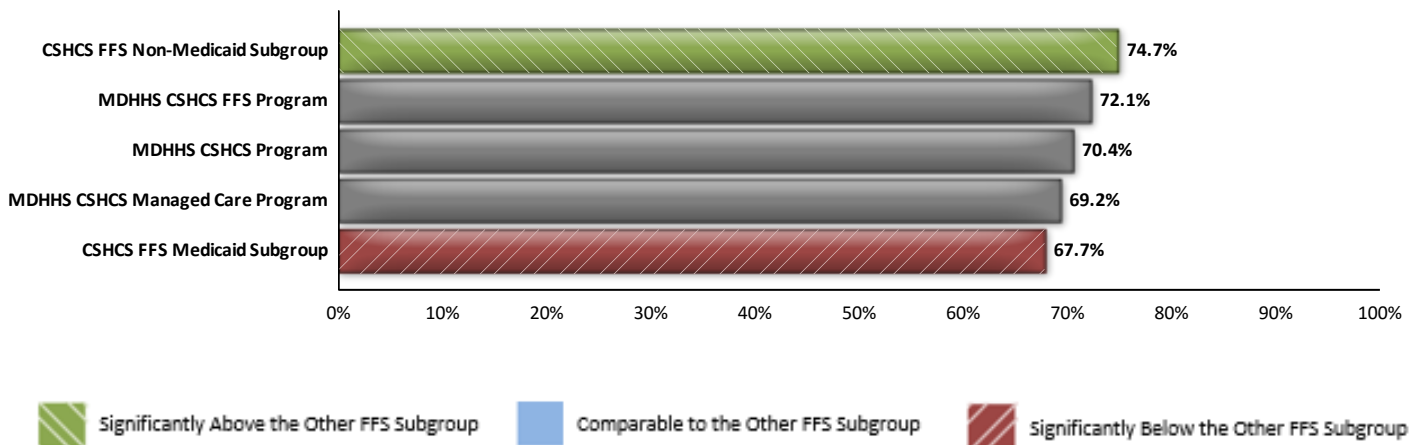


Rating of Health Care

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.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-18 shows the Rating of Health Care top-box rates (i.e., responses of “9” or “10”).

Figure 3-18 – Rating of Health Care Top-Box Rates³⁻¹⁹



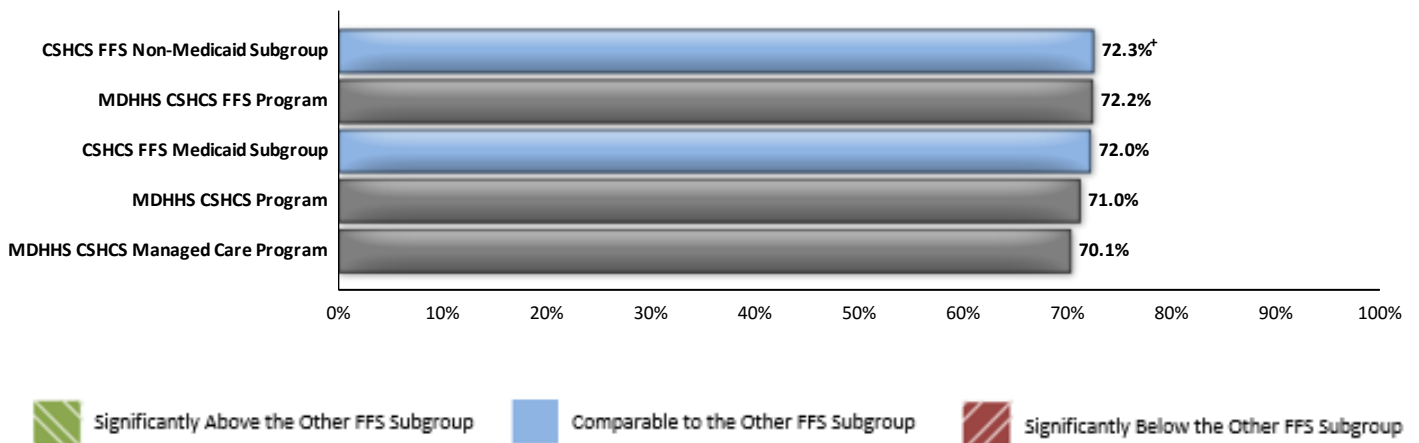
³⁻¹⁹ The Rating of Health Care global rating question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and was modified in the CSHCS Survey. Therefore, 2015 NCQA national averages are not available for this measure.

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.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-19 shows the Rating of CMDS Clinic top-box rates (i.e., responses of “9” or “10”).

Figure 3-19 – Rating of CMDS Clinic Top-Box Rates³⁻²⁰



Note: + indicates fewer than 100 responses

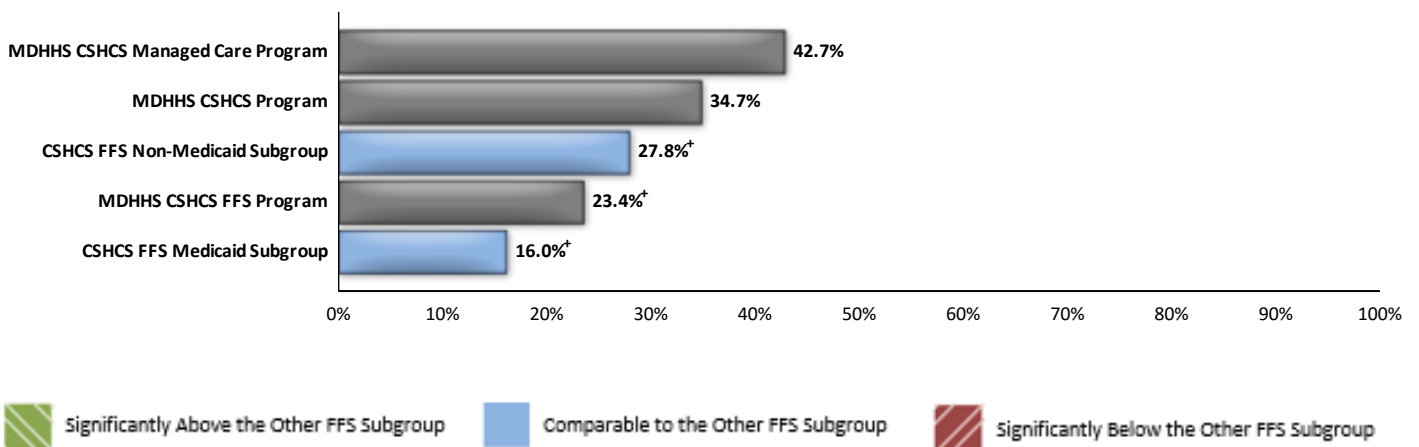
³⁻²⁰ The Rating of CMDS Clinic global rating question is not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, 2015 NCQA national averages are not available for this measure.

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.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-20 shows the Rating of Beneficiary Help Line top-box rates (i.e., responses of “9” or “10”).

Figure 3-20 – Rating of Beneficiary Help Line Top-Box Rates³⁻²¹



Note: + indicates fewer than 100 responses

³⁻²¹ 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, 2015 NCQA national averages are not available for this measure.

Composite Measures

Customer Service

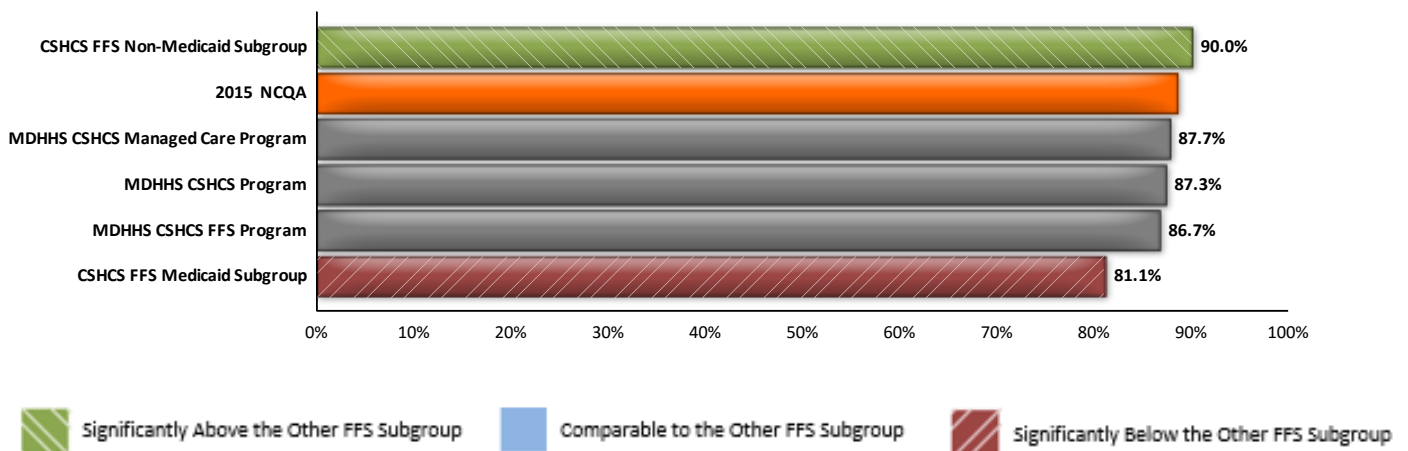
Two questions were asked to assess how often parents or caregivers were satisfied with customer service:

- **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

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Customer Service composite measure, which was defined as a response of “Usually” or “Always.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-21 shows the Customer Service top-box rates.

Figure 3-21: Customer Service Top-Box Rates



How Well Doctors Communicate

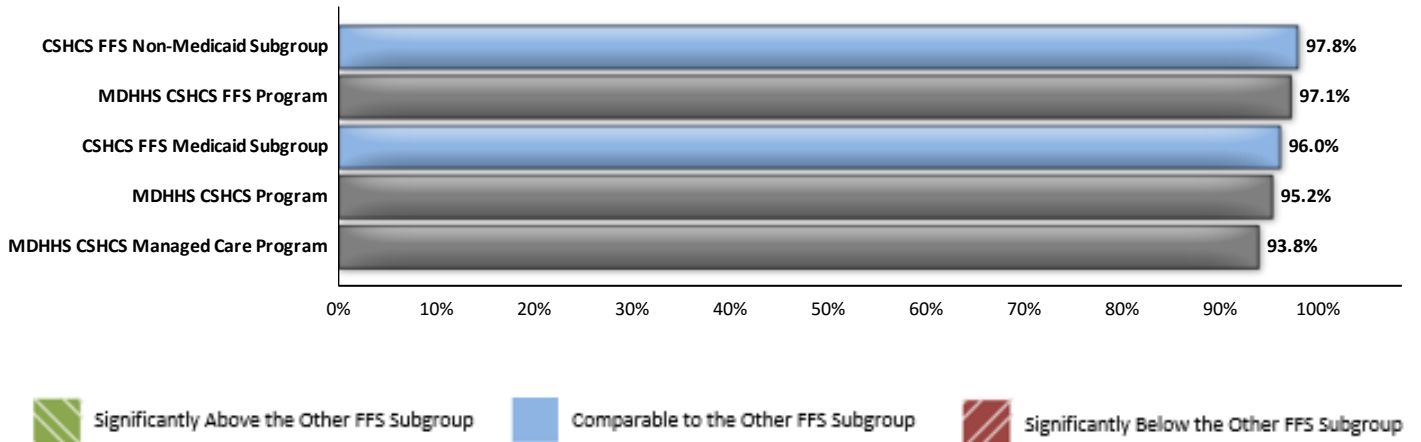
A series of four questions were asked to assess how often doctors communicated well:

- **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

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the How Well Doctors Communicate composite measure, which was defined as a response of “Usually” or “Always.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

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

Figure 3-22: How Well Doctors Communicate Top-Box Rates³⁻²²



³⁻²² The survey questions that comprise the How Well Doctors Communicate composite measure in the CAHPS 5.0 Child Medicaid Health Plan Survey were modified for inclusion in the CSHCS Survey. Given the revisions to the survey questions, the results for this composite measure are not comparable to the NCQA national average.

Access to Specialized Services

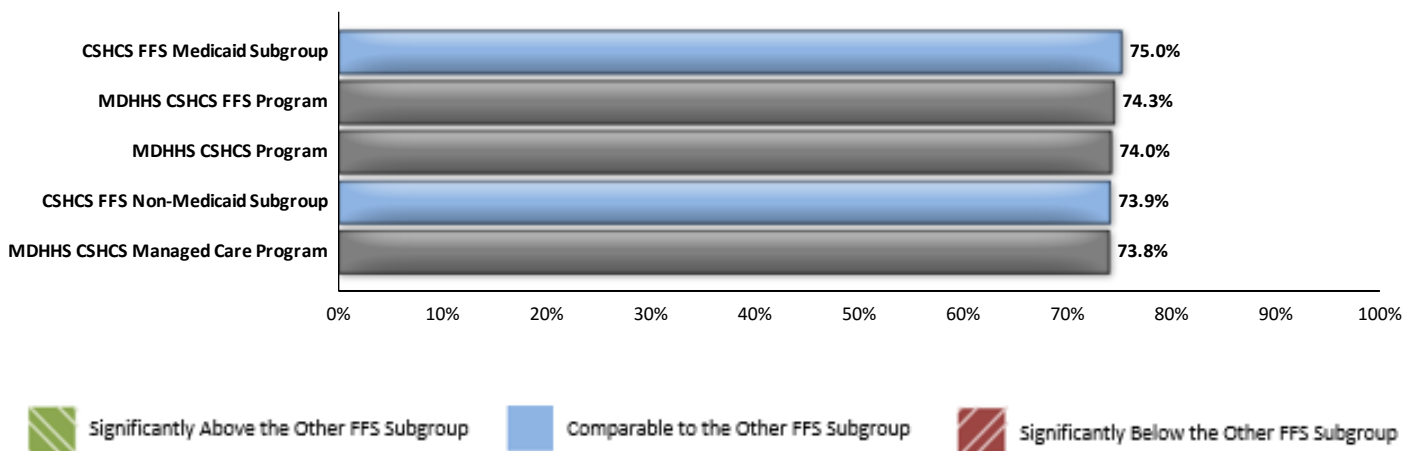
Two questions were asked to assess how often parents or caregivers were satisfied with access to specialized services:

- **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

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Access to Specialized Services composite measure, which was defined as a response of “Usually” or “Always.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-23 shows the Access to Specialized Services top-box rates.

Figure 3-23: Access to Specialized Services Top-Box Rates³⁻²³



³⁻²³ 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 the changes to this composite measure, the results are not comparable to the NCQA national average.

Transportation

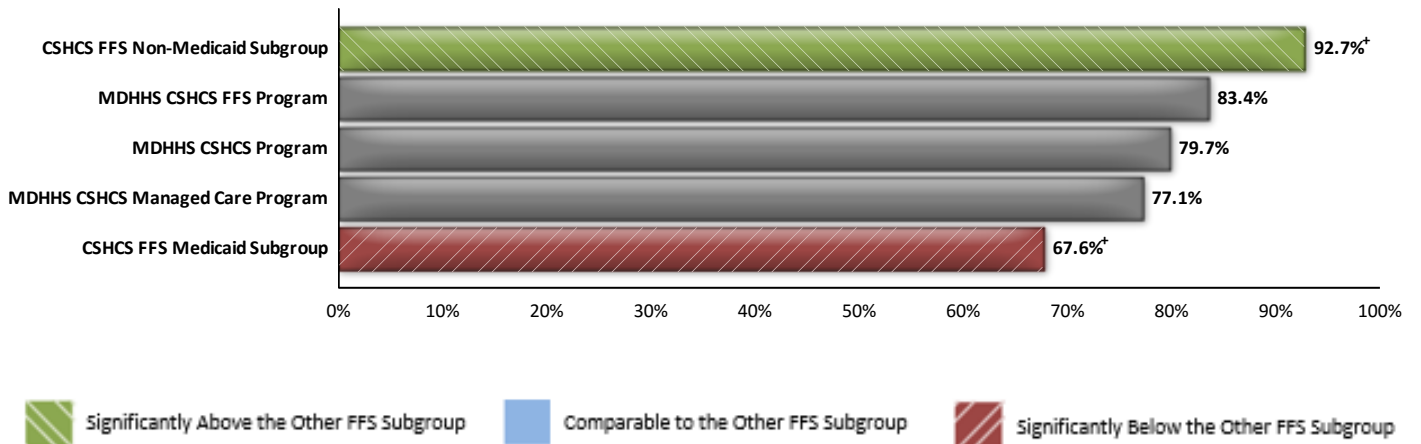
Two questions were asked to assess how often parents or caregivers were satisfied with transportation:

- **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

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Transportation composite measure, which was defined as a response of “Usually” or “Always.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-24 shows the Transportation top-box rates.

Figure 3-24: Transportation Top-Box Rates³⁻²⁴



Note: + indicates fewer than 100 responses

³⁻²⁴ 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, 2015 NCQA national averages are not available for this measure.

CSHCS Family Center

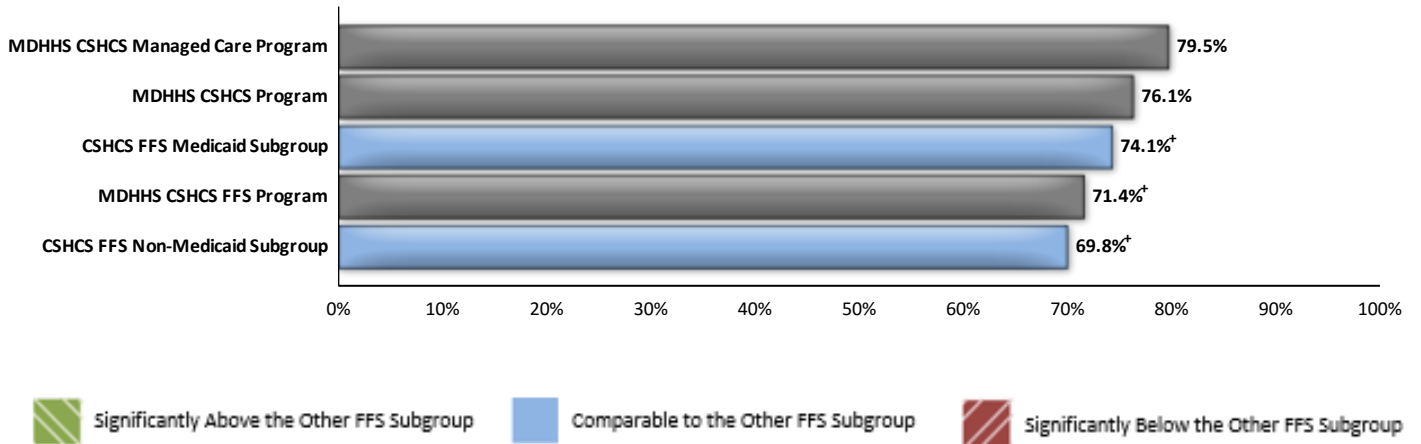
Two questions were asked to assess how often parents or caregivers were satisfied with the CSHCS Family Center:

- **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

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the CSHCS Family Center composite measure, which was defined as a response of “Usually” or “Always.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-25 shows the CSHCS Family Center top-box rates.

Figure 3-25: CSHCS Family Center Top-Box Rates³⁻²⁵



Note: + indicates fewer than 100 responses

³⁻²⁵ 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, 2015 NCQA national averages are not available for this measure.

Individual Measures

Health Promotion and Education

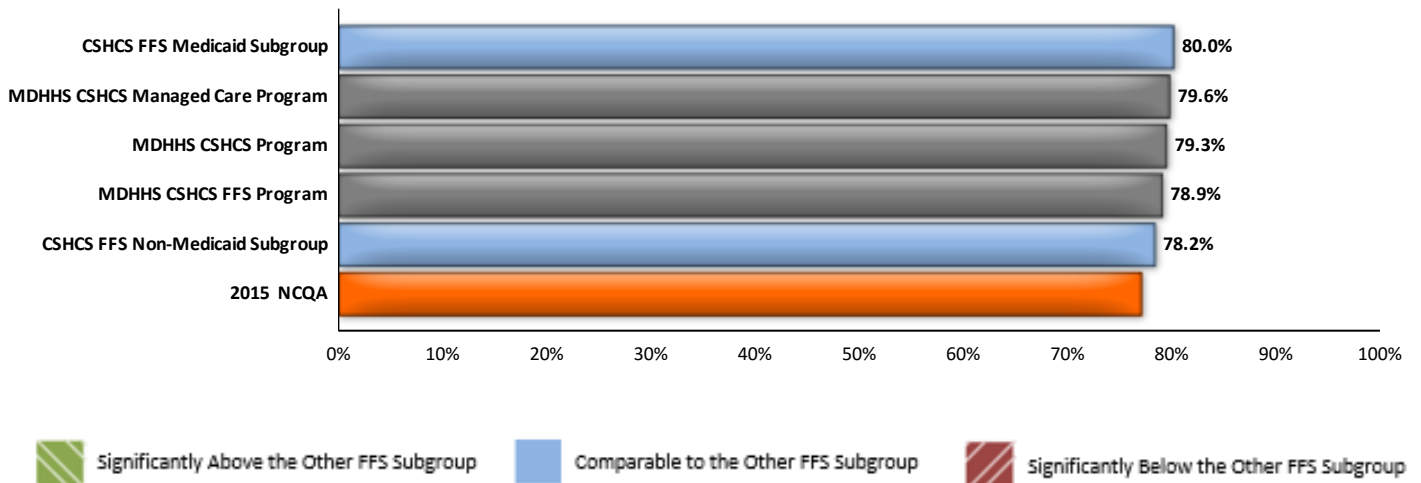
One question was asked to assess if parents or caregivers talked with their child’s doctor or other health provider about things they could do to prevent illness in their child:

- **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

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Health Promotion and Education individual measure, which was defined as a response of “Yes.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-26 shows the Health Promotion and Education top-box rates.

Figure 3-26: Health Promotion and Education Top-Box Rates



Access to Prescription Medicines

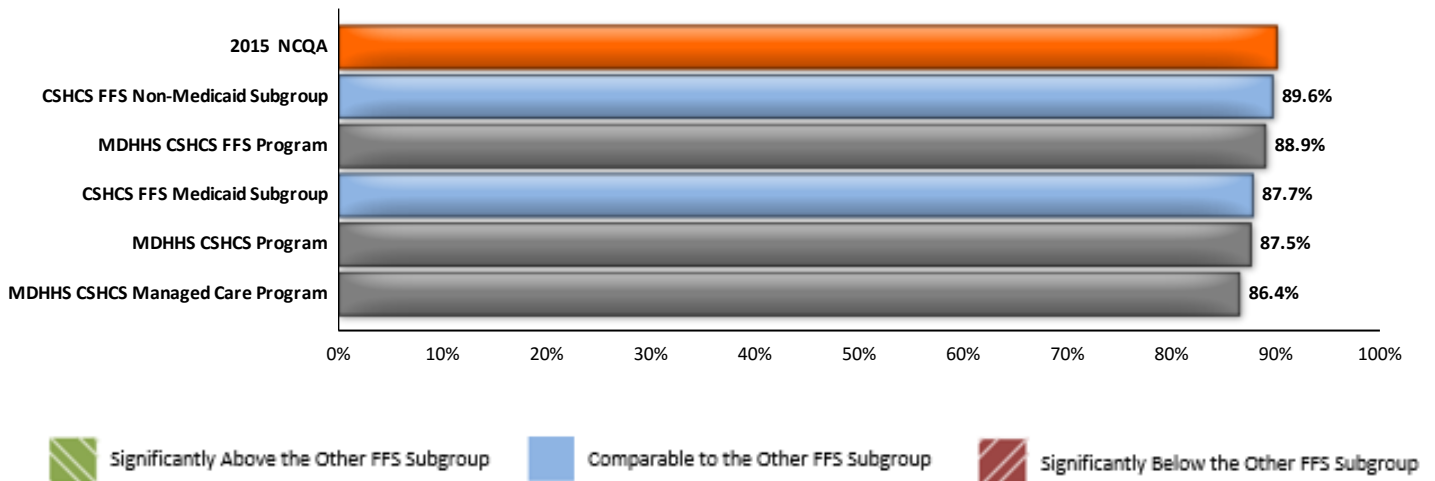
One question was asked to assess how often parents or caregivers were satisfied with access to prescription medicines:

- **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

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Access to Prescription Medicines individual measure, which was defined as a response of “Usually” or “Always.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-27 shows the Access to Prescription Medicines top-box rates.

Figure 3-27: Access to Prescription Medicines Top-Box Rates



CMDS Clinic

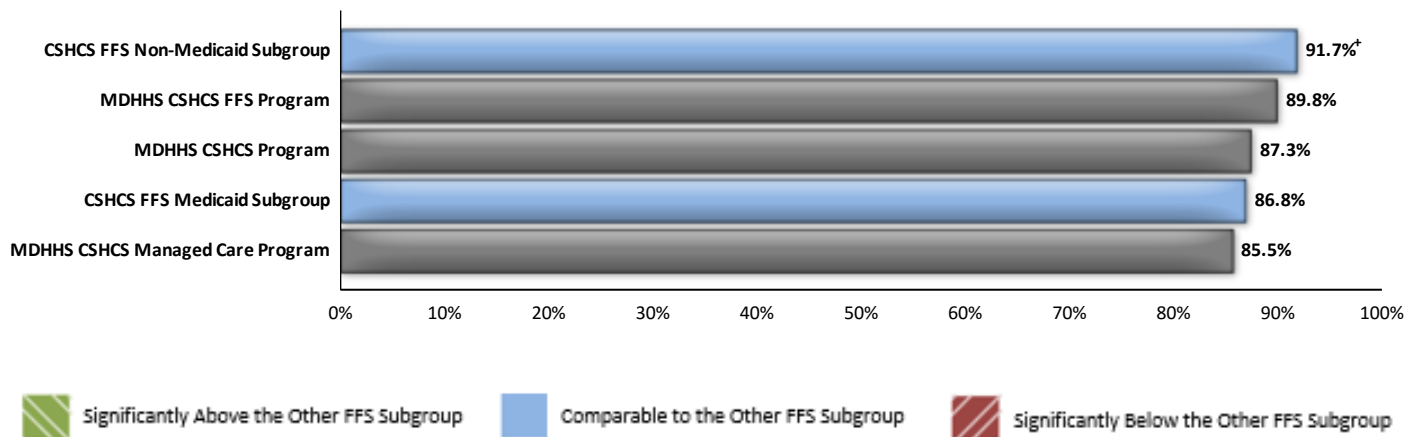
One question was asked to assess how often parents or caregivers were able to get an appointment as soon as their child needed in a CMDS Clinic:

- **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

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the CMDS Clinic individual measure, which was defined as a response of “Usually” or “Always.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-28 shows the CMDS Clinic top-box rates.

Figure 3-28: CMDS Clinic Top-Box Rates³⁻²⁶



Note: + indicates fewer than 100 responses

³⁻²⁶ The CMDS Clinic individual 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, 2015 NCQA national averages are not available for this measure.

Local Health Department Services

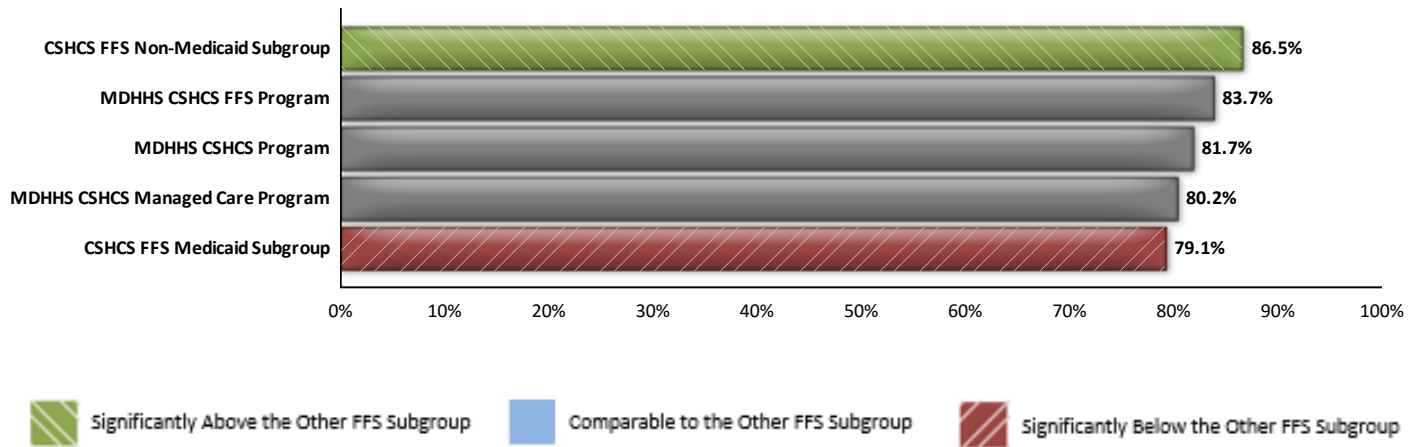
One question was asked to assess how satisfied parents or caregivers were with local health department services:

- **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

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Local Health Department Services individual measure, which was defined as a response of “Somewhat Satisfied” or “Extremely Satisfied.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-29 shows the Local Health Department Services top-box rates.

Figure 3-29: Local Health Department Services Top-Box Rates³⁻²⁷



³⁻²⁷ The Local Health Department Services individual 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, 2015 NCQA national averages are not available for this measure.

Beneficiary Help Line

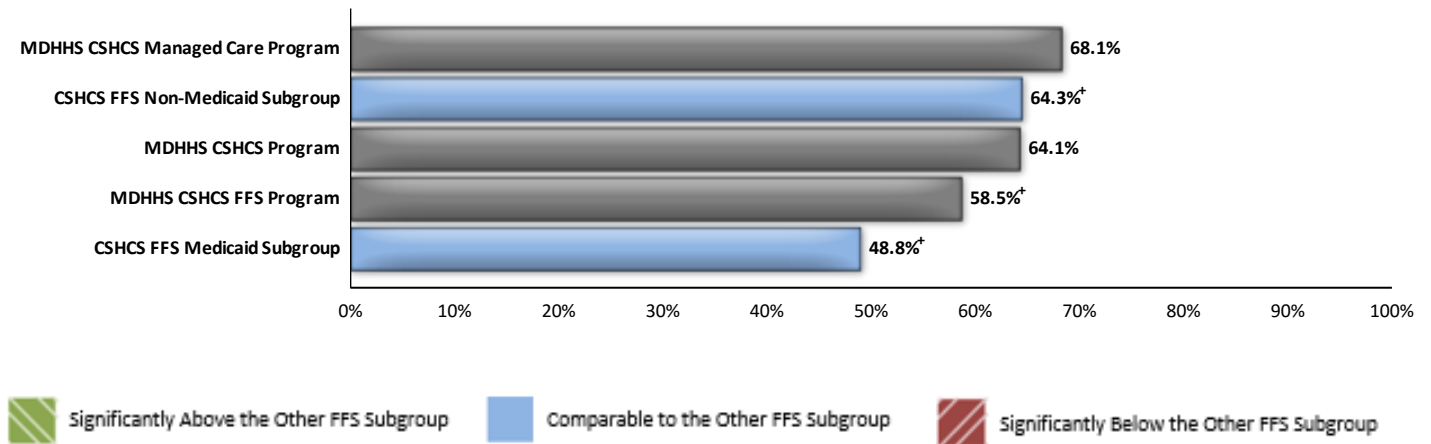
One question was asked to assess how often parents or caregivers were satisfied with the Beneficiary Help Line:

- **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

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Beneficiary Help Line individual measure, which was defined as a response of “Usually” or “Always.” The CSHCS FFS Medicaid Subgroup and CSHCS FFS Non-Medicaid Subgroup results were compared to each other to determine if differences in the rates were statistically significant.

Figure 3-30 shows the Beneficiary Help Line top-box rates.

Figure 3-30: Beneficiary Help Line Top-Box Rates³⁻²⁸



Note: + indicates fewer than 100 responses

³⁻²⁸ The Beneficiary Help Line individual 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, 2015 NCQA national averages are not available for this measure.

Summary of Results

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

Table 3-13 – Statewide Comparisons: Global Ratings

| Plan Name | Rating of Health Plan | Rating of Health Care | Rating of Specialist Seen Most Often | Rating of CMDS Clinic | Rating of Beneficiary Help Line |
|---------------------------------------|-----------------------|-----------------------|--------------------------------------|-----------------------|---------------------------------|
| Fee-for-Service Medicaid Subgroup | — | ↓ | — | — | — ⁺ |
| Fee-for-Service Non-Medicaid Subgroup | — | ↑ | — | — ⁺ | — ⁺ |

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the population’s score is statistically significantly higher than the other population.
 ↓ indicates the population’s score is statistically significantly lower than the other population.
 — indicates the population’s score is not statistically significantly different than the MDHHS CSHCS FFS Program average.

Table 3-14 provides a summary of the FFS Statewide Comparisons results for the composite measures.

Table 3-14 – Statewide Comparisons: Composite Measures

| Plan Name | Customer Service | How Well Doctors Communicate | Access to Specialized Services | Transportation | CSHCS Family Center |
|---------------------------------------|------------------|------------------------------|--------------------------------|----------------|---------------------|
| Fee-for-Service Medicaid Subgroup | ↓ | — | — | ↓ ⁺ | — ⁺ |
| Fee-for-Service Non-Medicaid Subgroup | ↑ | — | — | ↑ ⁺ | — ⁺ |

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the population’s score is statistically significantly higher than the other population.
 ↓ indicates the population’s score is statistically significantly lower than the other population.
 — indicates the population’s score is not statistically significantly different than the MDHHS CSHCS FFS Program average.

Table 3-15 provides a summary of the FFS Statewide Comparisons results for the individual measures.

Table 3-15 – Statewide Comparisons: Individual Measures

| Plan Name | Health Promotion and Education | Access to Prescription Medicines | CMDS Clinics | Local Health Department Services | Beneficiary Help Line |
|---|--------------------------------|----------------------------------|----------------|----------------------------------|-----------------------|
| Fee-for-Service Medicaid Subgroup | — | — | — | ↓ | — ⁺ |
| Fee-for-Service Non-Medicaid Subgroup | — | — | — ⁺ | ↑ | — ⁺ |
| <p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ indicates the population’s score is statistically significantly higher than the other population. ↓ indicates the population’s score is statistically significantly lower than the other population. — indicates the population’s score is not statistically significantly different than the MDHHS CSHCS FFS Program average.</p> | | | | | |

Trend Analysis

The completed surveys from the 2016 and 2014 CAHPS results were used to perform the trend analysis of the MDHHS CSHCS Managed Care Program average and the MHPs presented in this section. The 2016 CAHPS scores were compared to the 2014 CAHPS scores to determine whether there were statistically significant differences.⁴⁻¹ Statistically significant differences between 2016 scores and 2014 scores are noted with triangles. Scores that were statistically significantly higher in 2016 than in 2014 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2016 than in 2014 are noted with downward triangles (▼). Scores in 2016 that were not statistically significantly different from scores in 2014 are noted with a dash (—). HSAG did not present results for measures with fewer than 11 responses and are indicated as “Not Applicable” 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 perform a trend analysis to the CSHCS FFS Subgroups due to changes in the sampling methodology.

⁴⁻¹ Please note, HSAG did not present results for the Getting Needed Care and Getting Care Quickly composite measures in the Trend Analysis section of the 2016 CSHCS report due to changes to the 2016 survey instrument.

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 2014 and 2016 top-box responses and the trend results for Rating of Health Plan.

Table 4-1 – Rating of Health Plan Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 52.6%* | 64.0% | ▲ |
| Aetna Better Health of Michigan | 47.8% ⁺ | 58.2% ⁺ | — |
| Blue Cross Complete of Michigan | 57.8% | 61.1% | — |
| McLaren Health Plan | 56.4% | 63.6% | — |
| Meridian Health Plan of Michigan | 52.3% | 63.5% | ▲ |
| Molina Healthcare of Michigan | 43.7% | 60.5% | ▲ |
| Priority Health Choice, Inc. | 63.9% | 71.7% | — |
| Total Health Care, Inc. | 42.9% ⁺ | 60.8% ⁺ | ▲ |
| UnitedHealthcare Community Plan | 55.8% | 67.0% | ▲ |
| Upper Peninsula Health Plan | 58.6% | 75.0% | ▲ |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.

There were six statistically significant differences between scores in 2016 and scores in 2014 for this measure. The following scored statistically significantly *higher* in 2016 than in 2014:

- MDHHS CSHCS Managed Care Program
- Meridian Health Plan of Michigan
- Molina Healthcare of Michigan
- Total Health Care, Inc.
- UnitedHealthcare Community Plan
- Upper Peninsula Health Plan

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 4-2 shows the 2014 and 2016 top-box responses and trend results for Rating of Specialist Seen Most Often.

Table 4-2 – Rating of Specialist Seen Most Often Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 77.0%* | 73.1% | ▼ |
| Aetna Better Health of Michigan | 68.6% ⁺ | 83.0% ⁺ | — |
| Blue Cross Complete of Michigan | 81.3% ⁺ | 67.3% | ▼ |
| McLaren Health Plan | 82.1% | 78.6% | — |
| Meridian Health Plan of Michigan | 76.8% | 74.7% | — |
| Molina Healthcare of Michigan | 76.2% | 70.1% | — |
| Priority Health Choice, Inc. | 75.7% | 76.0% | — |
| Total Health Care, Inc. | 82.5% ⁺ | 68.1% ⁺ | — |
| UnitedHealthcare Community Plan | 73.9% | 72.1% | — |
| Upper Peninsula Health Plan | 85.1% ⁺ | 73.6% ⁺ | — |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.

There were two statistically significant differences between scores in 2016 and scores in 2014 for this measure. The following scored statistically significantly *lower* in 2016 than in 2014:

- MDHHS CSHCS Managed Care Program
- Blue Cross Complete of Michigan

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 4-3 shows the 2014 and 2016 top-box responses and the trend results for Rating of Health Care.

Table 4-3 – Rating of Health Care Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 68.9%* | 69.2% | — |
| Aetna Better Health of Michigan | 66.7% ⁺ | 74.1% ⁺ | — |
| Blue Cross Complete of Michigan | 68.0% | 66.0% | — |
| McLaren Health Plan | 67.6% | 71.3% | — |
| Meridian Health Plan of Michigan | 70.4% | 70.3% | — |
| Molina Healthcare of Michigan | 64.9% | 65.3% | — |
| Priority Health Choice, Inc. | 72.4% | 74.2% | — |
| Total Health Care, Inc. | 65.6% ⁺ | 65.3% ⁺ | — |
| UnitedHealthcare Community Plan | 68.6% | 71.3% | — |
| Upper Peninsula Health Plan | 72.3% | 67.2% | — |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.

There were no statistically significant differences between scores in 2016 and scores in 2014 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 2014 and 2016 top-box responses and the trend results for Rating of CMDS Clinic.

Table 4-4 – Rating of CMDS Clinic Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 69.9%* | 70.1% | — |
| Aetna Better Health of Michigan | 80.0% ⁺ | 93.8% ⁺ | — |
| Blue Cross Complete of Michigan | 46.2% ⁺ | 63.4% ⁺ | — |
| McLaren Health Plan | 79.2% ⁺ | 80.0% ⁺ | — |
| Meridian Health Plan of Michigan | 69.5% ⁺ | 69.9% ⁺ | — |
| Molina Healthcare of Michigan | 64.1% ⁺ | 68.1% ⁺ | — |
| Priority Health Choice, Inc. | 65.2% ⁺ | 63.4% ⁺ | — |
| Total Health Care, Inc. | 75.0% ⁺ | 53.3% ⁺ | — |
| UnitedHealthcare Community Plan | 75.0% ⁺ | 71.3% ⁺ | — |
| Upper Peninsula Health Plan | 87.0% ⁺ | 83.3% ⁺ | — |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.

There were no statistically significant differences between scores in 2016 and scores in 2014 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.”

Table 4-5 shows the 2014 and 2016 top-box responses and the trend results for Rating of Beneficiary Help Line.

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

| Plan Name | 2014 | 2016 | Trend Results |
|--|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 37.1%* | 42.7% | — |
| Aetna Better Health of Michigan | 54.5% ⁺ | NA | NA |
| Blue Cross Complete of Michigan | 25.0% ⁺ | 35.0% ⁺ | — |
| McLaren Health Plan | 32.0% | 41.0% ⁺ | — |
| Meridian Health Plan of Michigan | 40.0% | 37.8% ⁺ | — |
| Molina Healthcare of Michigan | 36.4% | 50.0% ⁺ | — |
| Priority Health Choice, Inc. | 39.2% | 27.8% ⁺ | — |
| Total Health Care, Inc. | 37.7% ⁺ | 25.0% ⁺ | — |
| UnitedHealthcare Community Plan | 36.9% | 47.2% ⁺ | — |
| Upper Peninsula Health Plan | 29.7% ⁺ | NA | NA |
| <p>⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>▲ statistically significantly higher in 2016 than in 2014.</p> <p>▼ statistically significantly lower in 2016 than in 2014.</p> <p>— not statistically significantly different in 2016 than in 2014.</p> <p>* The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.</p> <p>NA indicates that results for this measure are not displayed because too few members responded to the questions.</p> | | | |

There were no statistically significant differences between scores in 2016 and scores in 2014 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 2014 and 2016 top-box responses and trend results for the Customer Service composite measure.

Table 4-6 – Customer Service Composite Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 83.0%* | 87.7% | ▲ |
| Aetna Better Health of Michigan | 90.7% ⁺ | 91.7% ⁺ | — |
| Blue Cross Complete of Michigan | 83.3% ⁺ | 82.4% ⁺ | — |
| McLaren Health Plan | 83.9% ⁺ | 86.8% | — |
| Meridian Health Plan of Michigan | 84.3% | 91.7% | ▲ |
| Molina Healthcare of Michigan | 76.9% ⁺ | 84.5% | — |
| Priority Health Choice, Inc. | 85.8% ⁺ | 87.2% ⁺ | — |
| Total Health Care, Inc. | 80.7% ⁺ | 85.0% ⁺ | — |
| UnitedHealthcare Community Plan | 82.3% ⁺ | 88.3% | — |
| Upper Peninsula Health Plan | 90.3% ⁺ | 92.3% ⁺ | — |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.

There were two statistically significant differences between scores in 2016 and scores in 2014 for this measure. The following scored statistically significantly *higher* in 2016 than in 2014:

- MDHHS CSHCS Managed Care Program
- Meridian Health Plan of Michigan

How Well Doctors Communicate

A series of four questions (Questions 12, 13, 14, and 16) were asked to assess how often doctors communicated well.

Table 4-7 shows the 2014 and 2016 top-box responses for the How Well Doctors Communicate composite measure.

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

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 92.6%* | 93.8% | — |
| Aetna Better Health of Michigan | 90.2% ⁺ | 94.4% ⁺ | — |
| Blue Cross Complete of Michigan | 93.7% ⁺ | 92.8% ⁺ | — |
| McLaren Health Plan | 95.1% | 95.7% | — |
| Meridian Health Plan of Michigan | 93.4% | 96.5% | ▲ |
| Molina Healthcare of Michigan | 91.7% | 90.2% | — |
| Priority Health Choice, Inc. | 91.9% | 96.6% | ▲ |
| Total Health Care, Inc. | 91.4% ⁺ | 90.6% ⁺ | — |
| UnitedHealthcare Community Plan | 91.3% | 93.0% | — |
| Upper Peninsula Health Plan | 97.1% ⁺ | 96.2% ⁺ | — |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.

There were two statistically significant differences between scores in 2016 and scores in 2014 for this measure. The following scored statistically significantly *higher* in 2016 than in 2014:

- Meridian Health Plan of Michigan
- Priority Health Choice, Inc.

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 2014 and 2016 top-box responses for the Access to Specialized Services composite measure.

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

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 72.3%* | 73.8% | — |
| Aetna Better Health of Michigan | 47.9% ⁺ | 79.5% ⁺ | ▲ |
| Blue Cross Complete of Michigan | 75.8% ⁺ | 66.7% ⁺ | — |
| McLaren Health Plan | 72.9% ⁺ | 80.1% | — |
| Meridian Health Plan of Michigan | 70.0% ⁺ | 78.8% | — |
| Molina Healthcare of Michigan | 71.0% ⁺ | 68.4% | — |
| Priority Health Choice, Inc. | 71.6% ⁺ | 75.6% ⁺ | — |
| Total Health Care, Inc. | 69.8% ⁺ | 65.2% ⁺ | — |
| UnitedHealthcare Community Plan | 78.6% ⁺ | 71.4% | — |
| Upper Peninsula Health Plan | 73.3% ⁺ | 82.1% ⁺ | — |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.

There was one statistically significant difference between scores in 2016 and scores in 2014 for this measure. The following scored statistically significantly *higher* in 2016 than in 2014:

- Aetna Better Health of Michigan

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 2014 and 2016 top-box responses for the Transportation composite measure.

Table 4-9 – Transportation Composite Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|--|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 72.6%* | 77.1% | — |
| Aetna Better Health of Michigan | 79.5% ⁺ | NA | NA |
| Blue Cross Complete of Michigan | NA | 69.0% ⁺ | NA |
| McLaren Health Plan | 84.0% ⁺ | 86.7% ⁺ | — |
| Meridian Health Plan of Michigan | 71.3% ⁺ | 83.1% ⁺ | — |
| Molina Healthcare of Michigan | 63.4% ⁺ | 68.5% ⁺ | — |
| Priority Health Choice, Inc. | 72.9% ⁺ | 86.3% ⁺ | — |
| Total Health Care, Inc. | 63.6% ⁺ | 71.0% ⁺ | — |
| UnitedHealthcare Community Plan | 71.8% ⁺ | 70.8% ⁺ | — |
| Upper Peninsula Health Plan | 83.0% ⁺ | 93.5% ⁺ | — |
| <p>⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>▲ statistically significantly higher in 2016 than in 2014.</p> <p>▼ statistically significantly lower in 2016 than in 2014.</p> <p>— not statistically significantly different in 2016 than in 2014.</p> <p>* The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.</p> <p>NA indicates that results for this measure are not displayed because too few members responded to the questions.</p> | | | |

There were no statistically significant differences between scores in 2016 and scores in 2014 for this measure.

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 2014 and 2016 top-box responses for the CSHCS Family Center composite measure.

Table 4-10 – CSHCS Family Center Composite Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 80.0%* | 79.5% | — |
| Aetna Better Health of Michigan | NA | NA | NA |
| Blue Cross Complete of Michigan | NA | 74.2% ⁺ | NA |
| McLaren Health Plan | 83.0% ⁺ | 86.4% ⁺ | — |
| Meridian Health Plan of Michigan | 86.7% ⁺ | 84.4% ⁺ | — |
| Molina Healthcare of Michigan | 79.4% ⁺ | 80.9% ⁺ | — |
| Priority Health Choice, Inc. | NA | 76.5% ⁺ | NA |
| Total Health Care, Inc. | NA | NA | NA |
| UnitedHealthcare Community Plan | 84.6% ⁺ | 61.9% ⁺ | ▼ |
| Upper Peninsula Health Plan | NA | NA | NA |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.
 NA indicates that results for this measure are not displayed because too few members responded to the questions.

There was one statistically significant difference between scores in 2016 and scores in 2014 for this measure. The following scored statistically significantly lower in 2016 than in 2014:

- UnitedHealthcare Community Plan

Individual 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 2014 and 2016 top-box responses for the Health Promotion and Education individual measure.

Table 4-11 – Health Promotion and Education Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 74.3%* | 79.6% | ▲ |
| Aetna Better Health of Michigan | 77.4% ⁺ | 72.2% ⁺ | — |
| Blue Cross Complete of Michigan | 76.1% ⁺ | 87.7% ⁺ | — |
| McLaren Health Plan | 75.9% | 79.6% | — |
| Meridian Health Plan of Michigan | 80.4% | 82.2% | — |
| Molina Healthcare of Michigan | 74.2% | 76.2% | — |
| Priority Health Choice, Inc. | 64.8% | 80.9% | ▲ |
| Total Health Care, Inc. | 71.2% ⁺ | 81.3% ⁺ | — |
| UnitedHealthcare Community Plan | 71.4% | 77.5% | — |
| Upper Peninsula Health Plan | 74.5% ⁺ | 81.8% ⁺ | — |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.

There were two statistically significant differences between scores in 2016 and scores in 2014 for this measure. The following scored statistically significantly *higher* in 2016 than in 2014:

- MDHHS CSHCS Managed Care Program
- Priority Health Choice, Inc.

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 2014 and 2016 top-box responses for the Access to Prescription Medicines individual measure.

Table 4-12 – Access to Prescription Medicines Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 86.6%* | 86.4% | — |
| Aetna Better Health of Michigan | 80.4% ⁺ | 87.0% ⁺ | — |
| Blue Cross Complete of Michigan | 91.4% ⁺ | 87.6% | — |
| McLaren Health Plan | 93.5% | 88.0% | ▼ |
| Meridian Health Plan of Michigan | 84.2% | 83.6% | — |
| Molina Healthcare of Michigan | 85.4% | 85.0% | — |
| Priority Health Choice, Inc. | 89.1% | 92.4% | — |
| Total Health Care, Inc. | 87.9% ⁺ | 89.7% ⁺ | — |
| UnitedHealthcare Community Plan | 83.4% | 87.3% | — |
| Upper Peninsula Health Plan | 93.5% ⁺ | 93.7% ⁺ | — |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.

There was one statistically significant difference between scores in 2016 and scores in 2014 for this measure. The following scored statistically significantly *lower* in 2016 than in 2014:

- McLaren Health Plan

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 2014 and 2016 top-box responses for the CMDS Clinic individual measure.

Table 4-13 – CMDS Clinic Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|---------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 85.0%* | 85.5% | — |
| Aetna Better Health of Michigan | 94.4% ⁺ | 88.2% ⁺ | — |
| Blue Cross Complete of Michigan | 84.6% ⁺ | 93.0% ⁺ | — |
| McLaren Health Plan | 80.9% ⁺ | 89.8% ⁺ | — |
| Meridian Health Plan of Michigan | 88.3% ⁺ | 84.2% ⁺ | — |
| Molina Healthcare of Michigan | 76.9% ⁺ | 78.1% ⁺ | — |
| Priority Health Choice, Inc. | 66.7% ⁺ | 90.5% ⁺ | ▲ |
| Total Health Care, Inc. | NA | 76.9% ⁺ | NA |
| UnitedHealthcare Community Plan | 91.7% ⁺ | 92.7% ⁺ | — |
| Upper Peninsula Health Plan | 100.0% ⁺ | 88.0% ⁺ | — |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.
 NA indicates that results for this measure are not displayed because too few members responded to the questions.

There was one statistically significant difference between scores in 2016 and scores in 2014 for this measure. The following scored statistically significantly *higher* in 2016 than in 2014:

- Priority Health Choice, Inc.

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 2014 and 2016 top-box responses for the Local Health Department Services individual measure.

Table 4-14 – Local Health Department Services Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 82.3%* | 80.2% | — |
| Aetna Better Health of Michigan | 82.4% ⁺ | 93.3% ⁺ | — |
| Blue Cross Complete of Michigan | 82.4% ⁺ | 88.5% ⁺ | — |
| McLaren Health Plan | 82.1% | 84.0% | — |
| Meridian Health Plan of Michigan | 80.5% | 78.0% | — |
| Molina Healthcare of Michigan | 81.6% ⁺ | 75.7% | — |
| Priority Health Choice, Inc. | 79.7% ⁺ | 79.0% | — |
| Total Health Care, Inc. | 85.2% ⁺ | 78.6% ⁺ | — |
| UnitedHealthcare Community Plan | 88.9% ⁺ | 85.1% | — |
| Upper Peninsula Health Plan | 67.4% ⁺ | 81.1% ⁺ | — |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.

There were no statistically significant differences between scores in 2016 and scores in 2014 for this measure.

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 2014 and 2016 top-box responses for the Beneficiary Help Line individual measure.

Table 4-15 – Beneficiary Help Line Trend Analysis

| Plan Name | 2014 | 2016 | Trend Results |
|---|--------------------|--------------------|---------------|
| MDHHS CSHCS Managed Care Program | 66.4%* | 68.1% | — |
| Aetna Better Health of Michigan | NA | NA | NA |
| Blue Cross Complete of Michigan | NA | 76.5% ⁺ | NA |
| McLaren Health Plan | 66.7% ⁺ | 46.9% ⁺ | — |
| Meridian Health Plan of Michigan | 64.7% ⁺ | 66.7% ⁺ | — |
| Molina Healthcare of Michigan | 85.7% ⁺ | 64.5% ⁺ | — |
| Priority Health Choice, Inc. | 45.5% ⁺ | 58.3% ⁺ | — |
| Total Health Care, Inc. | NA | NA | NA |
| UnitedHealthcare Community Plan | 57.1% ⁺ | 80.0% ⁺ | — |
| Upper Peninsula Health Plan | NA | NA | NA |

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2014.
 ▼ statistically significantly lower in 2016 than in 2014.
 — not statistically significantly different in 2016 than in 2014.
 * The MDHHS CSHCS Managed Care Program 2014 average includes 3 MHPs that were not active in 2016. There is no plan specific trend analysis for these three MHPs.
 NA indicates that results for this measure are not displayed because too few members responded to the questions.

There were no statistically significant differences between scores in 2016 and scores in 2014 for this measure.

5. Key Drivers of Satisfaction

Key Drivers of Satisfaction

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

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader’s Guide section.

Table 5-1 depicts those items identified as being key drivers of satisfaction for the MDHHS CSHCS Program.

Table 5-1 – MDHHS CSHCS Program Key Drivers of Satisfaction

| Rating of Health Plan |
|--|
| Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed. |
| Respondents reported that 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 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 therapies for their child. |
| Rating of Specialist Seen Most Often |
| Respondents reported that their child’s doctors or health providers did not always explain things understandably to their child. |
| Respondents reported that it was a problem for their child to see a specialist. |
| Rating of Health Care |
| Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed. |
| Respondents reported that their child’s doctors or health providers did not always explain things understandably to their child. |
| 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 Below are general QI recommendations based on the most up-to-date information in the CAHPS literature. For additional information, refer to the QI references beginning on page 6-5.

Rating of Health Plan

In order to improve the overall Rating of Health Plan, health plans and CSHCS program could explore QI activities that target alternatives to one-on-one visits, promoting QI initiatives, and coordination of health services.

Alternatives to One-on-One Visits

Organizations should engage in efforts that assist providers in examining and improving their systems' abilities to manage member demand. As an example, staff can test alternatives to traditional one-on-one visits, such as telephone consultations, telemedicine, or group visits for certain types of health care services and appointments to increase specialty care provider availability. Additionally, for members who need a follow-up appointment, a system could be developed and tested where a nurse or physician assistant contacts the member by phone two weeks prior to when the follow-up visit is to occur to determine whether the member's current status and condition warrants an in-person visit, and if so, schedule the appointment at that time. Otherwise, an additional status follow-up contact could be made by phone in lieu of an in-person office visit. By finding alternatives to traditional one-on-one in-office visits, organizations can assist in improving specialty care provider availability and ensuring members receive immediate medical care and services. As an example, improvement teams can be implemented to focus on specific topics such as: service quality; rewards and recognition; and beneficiary, provider and employee satisfaction surveys.

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: December 15, 2016.

Promote QI Initiatives

Implementation of organization-wide QI initiatives are most successful when staff at every level are involved; therefore, creating an environment that promotes QI in all aspects of care can encourage organization-wide participation in QI efforts. Methods for achieving this can include aligning QI goals to the organizations' missions and goals, establishing performance measures, clearly defining and communicating collected measures to providers and staff, and offering provider-level support and assistance in implementing QI initiatives. Furthermore, by monitoring and reporting the progress of QI efforts internally, staff within the organization can assess whether QI initiatives have been effective in improving the quality of care delivered to members.

Specific QI initiatives aimed at engaging employees can include quarterly employee forums, an annual all-staff assembly, topic-specific improvement teams, leadership development courses, and employee awards. As an example, improvement teams can be implemented to focus on specific topics such as service quality; rewards and recognition; and beneficiary, specialty care provider, and employee satisfaction surveys.

Coordination of Health Services

Organizations should develop a structured approach to coordinating care for children with complex needs. This includes developing strategies for meeting the behavioral health, learning, and/or attention needs of children. Research has identified a planning approach that can be used to provide a coordinated care system that addresses the medical, behavioral, and social needs of children with chronic conditions.

The planning approach focuses on the developing aspect of providing care management services to children and their families. Some of the key elements involved in the planning process include a member- and family-centered system of care that focuses on community-based services that are built on a system of care values (e.g., team-based, individualized, outcomes-based). Research has shown that efforts that focus on moving the child towards community-based services (i.e., informal support) like home-based therapy, mentoring services, and community support groups can promote better outcomes. However, in order for informal support to be effective, families or caregivers must be actively involved in the planning, decision making, and care of their children.

Rating of Specialist Seen Most Often

Planned Visit Management

Organizations should work with providers to encourage the implementation of systems that enhance the efficiency and effectiveness of specialist care. For example, by identifying patients with chronic conditions that have routine appointments, a reminder system could be implemented to ensure that these patients are receiving the appropriate attention at the appropriate time. This triggering system could be used by staff to prompt general follow-up contact or specific interaction with patients to ensure they have necessary tests completed before an appointment or various other prescribed reasons. For example, after a planned visit, follow-up contact with patients could be scheduled within the reminder system to

ensure patients understood all information provided to them and/or to address any questions they may have.

Skills Training for Specialists

Organizations can create specialized workshops or seminars that focus on training specialists in the skills they need to effectively communicate with patients to improve physician-patient communication. Training seminars can include sessions for improving communication skills with different cultures and handling challenging patient encounters. In addition, workshops can use case studies to illustrate the importance of communicating with patients and offer insight into specialists' roles as both managers of care and educators of patients. According to a 2009 review of more than 100 studies published in the journal *Medical Care*, patients' adherence to recommended treatments and management of chronic conditions is 12 percent higher when providers receive training in communication skills. By establishing skills training for specialists, organizations can not only improve the quality of care delivered to its members but also their potential health outcomes.

Telemedicine

Organizations may want to explore the option of telemedicine with their provider networks to address issues with provider access in certain geographic areas. Telemedicine models allow for the use of electronic communication and information technologies to provide specialty services to patients in varying locations. Telemedicine such as live, interactive videoconferencing allows providers to offer care from a remote location. Physician specialists located in urban settings can diagnose and treat patients in communities where there is a shortage of specialists. Telemedicine consultation models allow for the local provider to both present the patient at the beginning of the consult and to participate in a case conference with the specialist at the end of the teleconference visit. Furthermore, the local provider is more involved in the consultation process and more informed about the care the patient is receiving.

Rating of Health Care

Access to Care

Organizations should identify potential barriers for patients receiving appropriate access to care. Access to care issues include obtaining the care that the patient and/or physician deemed necessary, obtaining timely urgent care, locating a personal doctor, or receiving adequate assistance when calling a physician office. Staff within the organizations should attempt to reduce any hindrances a patient might encounter while seeking care. Standard practices and established protocols can assist in this process by ensuring access to care issues are handled consistently across all practices. For example, health plans and the CSHCS program can develop standardized protocols and scripts for common occurrences within the provider office setting, such as late patients. With proactive policies and scripts in place, the late patient can be notified the provider has moved onto the next patient and will work the late patient into the rotation as time permits. This type of structure allows the late patient to still receive care without causing delay in the appointments of other patients. Additionally, having a well-written script prepared in the

event of an uncommon but expected situation, allows staff to work quickly in providing timely access to care while following protocol.

Patient and Family Engagement Advisory Councils

Since both patients and families have the direct experience of an illness or health care system, their perspectives can provide significant insight when performing an evaluation of health care processes. Therefore, organizations should consider creating opportunities and functional roles that include the patients and families who represent the populations they serve. Patient and family members could serve as advisory council members providing new perspectives and serving as a resource to health care processes. Patient interviews on services received and family inclusion in care planning can be an effective strategy for involving members in the design of care and obtaining their input and feedback on how to improve the delivery of care. Further, involvement in advisory councils can provide a structure and process for ongoing dialogue and creative problem-solving between the organization and its members. The councils' roles within an organization can vary and responsibilities may include input into or involvement in: program development, implementation, and evaluation; marketing of health care services; and design of new materials or tools that support the provider-patient relationship.

Quality Improvement References

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

Backer LA. Strategies for better patient flow and cycle time. *Family Practice Management*. 2002; 9(6): 45-50. Available at: <http://www.aafp.org/fpm/20020600/45stra.html>. Accessed on: December 14, 2016.

Berwick DM. A user's manual for the IOM's 'Quality Chasm' report. *Health Affairs*. 2002; 21(3): 80-90.

Bonomi AE, Wagner EH, Glasgow RE, et al. Assessment of chronic illness care (ACIC): a practical tool to measure quality improvement. *Health Services Research*. 2002; 37(3): 791-820.

Camp R, Tweet AG. Benchmarking applied to health care. *Joint Commission Journal on Quality Improvement*. 1994; 20: 229-238.

Dingley C, Daugherty K, Derieg MK, Persing R. Improving patient safety through provider communication strategy enhancements. *Advances in Patient Safety: New Directions and Alternative Approaches*. Rockville, MD: Agency for Healthcare Research and Quality; 2008.

Edgman-Levitan S, Shaller D, McInnes K, et al. *The CAHPS® Improvement Guide: Practical Strategies for Improving the Patient Care Experience*. Department of Health Care Policy Harvard Medical School, October 2003.

Flores G. Language barriers to health care in the United States. *The New England Journal of Medicine*. 2006; 355(3): 229-31.

Fong Ha J, Longnecker N. Doctor-patient communication: a review. *The Ochsner Journal*. 2010; 10(1): 38-43. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/pdf/i1524-5012-10-1-38.pdf>. Accessed on: December 14, 2016.

Fottler MD, Ford RC, Heaton CP. *Achieving Service Excellence: Strategies for Healthcare (Second Edition)*. Chicago, IL: Health Administration Press; 2010.

Fraenkel L, McGraw S. What are the Essential Elements to Enable Patient Participation in Decision Making? *Society of General Internal Medicine*. 2007; 22: 614-619.

Garwick AW, Kohrman C, Wolman C, et al. Families' recommendations for improving services for children with chronic conditions. *Archives of Pediatric and Adolescent Medicine*. 1998; 152(5): 440-8.

Gerteis M, Edgman-Levitan S, Daley J. *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*. San Francisco, CA: Jossey-Bass; 1993.

Grumbach K, Selby JV, Damberg C, et al. Resolving the gatekeeper conundrum: what patients value in primary care and referrals to specialists. *Journal of the American Medical Association*. 1999; 282(3): 261-6.

Houck S. *What Works: Effective Tools & Case Studies to Improve Clinical Office Practice*. Boulder, CO: HealthPress Publishing; 2004.

Institute for Healthcare Improvement Web site. *Decrease Demand for Appointments*. Available at: <http://www.ihl.org/knowledge/Pages/Changes/DecreaseDemandforAppointments.aspx>. Accessed on: December 14, 2016.

Institute for Healthcare Improvement Web site. *Office Visit Cycle Time*. Available at: <http://www.ihl.org/knowledge/Pages/Measures/OfficeVisitCycleTime.aspx>. Accessed on: December 14, 2016.

Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001.

Keating NL, Green DC, Kao AC, et al. How are patients' specific ambulatory care experiences related to trust, satisfaction, and considering changing physicians? *Journal of General Internal Medicine*. 2002; 17(1): 29-39.

Korsch BM, Harding C. *The Intelligent Patient's Guide to the Doctor-Patient Relationship: Learning How to Talk So Your Doctor Will Listen*. New York, NY: Oxford University Press; 1998.

Landro L. The Talking Cure for Health Care. *The Wall Street Journal*. 2013. Available at: <http://online.wsj.com/article/SB10001424127887323628804578346223960774296.html>. Accessed on: December 14, 2016.

Langley GJ, Nolan KM, Norman CL, et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. San Francisco, CA: Jossey-Bass; 1996.

Leebov W, Scott G. *Service Quality Improvement: The Customer Satisfaction Strategy for Health Care*. Chicago, IL: American Hospital Publishing, Inc.; 1994.

Leebov W, Scott G, Olson L. *Achieving Impressive Customer Service: 7 Strategies for the Health Care Manager*. San Francisco, CA: Jossey-Bass; 1998.

Maly RC, Bourque LB, Engelhardt RF. A randomized controlled trial of facilitating information given to patients with chronic medical conditions: Effects on outcomes of care. *Journal of Family Practice*. 1999; 48(5): 356-63.

Molnar C. Addressing challenges, creating opportunities: fostering consumer participation in Medicaid and Children's Health Insurance managed care programs. *Journal of Ambulatory Care Management*. 2001; 24(3): 61-7.

Murray M. Reducing waits and delays in the referral process. *Family Practice Management*. 2002; 9(3): 39-42. Available at: <http://www.aafp.org/fpm/2002/0300/p39.html>. Accessed on: December 14, 2016.

Murray M, Berwick DM. Advanced access: reducing waiting and delays in primary care. *Journal of the American Medical Association*. 2003; 289(8): 1035-40.

Nelson AM, Brown SW. *Improving Patient Satisfaction Now: How to Earn Patient and Payer Loyalty*. New York, NY: Aspen Publishers, Inc.; 1997.

Quigley D, Wiseman S, Farley D. Improving Performance For Health Plan Customer Service: A Case Study of a Successful CAHPS Quality Improvement Intervention. Rand Health Working Paper; 2007. Available at: http://www.rand.org/pubs/working_papers/WR517. Accessed on: December 14, 2016.

Reinertsen JL, Bisognano M, Pugh MD. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care (Second Edition)*. Cambridge, MA: Institute for Healthcare Improvement; 2008.

Schaefer J, Miller D, Goldstein M, et al. *Partnering in Self-Management Support: A Toolkit for Clinicians*. Cambridge, MA: Institute for Healthcare Improvement; 2009. Available at: http://www.improvingchroniccare.org/downloads/selfmanagement_support_toolkit_for_clinicians_2012_update.pdf. Accessed on: December 14, 2016.

Spicer J. Making patient care easier under multiple managed care plans. *Family Practice Management*. 1998; 5(2): 38-42, 45-8, 53.

Stevenson A, Barry C, Britten N, et al. Doctor-patient communication about drugs: the evidence for shared decision making. *Social Science & Medicine*. 2000; 50: 829-840.

Wasson JH, Godfrey MM, Nelson EC, et al. Microsystems in health care: Part 4. Planning patient-centered care. *Joint Commission Journal on Quality and Safety*. 2003; 29(5): 227-237. Available at: <http://howyourhealth.com/html/CARE.pdf>. Accessed on: December 14, 2016.

Survey Instrument

The survey instrument selected was a modified version of the CAHPS 5.0 Child Medicaid Health Plan Survey with HEDIS supplemental item set and Children with Chronic Conditions (CCC) measurement set. This section provides a copy of the CSHCS Survey instrument administered to the FFS Subgroups and MHPs. The first question in the survey asked the parent or caregiver to confirm their child is enrolled in an MHP, FFS Medicaid Subgroup, or FFS Non-Medicaid Subgroup. 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.

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

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

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

SURVEY INSTRUCTIONS

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

Correct Mark 

Incorrect Marks 



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

- Yes → *Go to Question 1*
- No

↓ START HERE ↓

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

1. Our records show that your child is now in [STATE MEDICAID PROGRAM/HEALTH PLAN NAME]. Is that right?
 - Yes → *Go to Question 3*
 - No
2. What is the name of your child's health plan? (Please print)



HEALTH CARE FROM A SPECIALIST

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

3. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?
- Yes
 No → *Go to Question 5*
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?

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

HEALTH CARE FOR CSHCS CONDITION

7. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
- Yes
 No → *Go to Question 17*
8. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- Never
 Sometimes
 Usually
 Always
9. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
- None → *Go to Question 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 your child 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 care 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 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?

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

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*



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
 - I would like more information

- 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
 - I would like more information

- 53. Are you aware of the toll free CSHCS Family Phone Line (1-800-359-3722)?
 - Yes
 - No → **Go to Question 56**
 - I would like more information

- 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



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

