

2022 Children's Special Health Care Services Program Member Experience Report

*Michigan Department of Health and Human
Services*

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Table of Contents

1. Executive Summary	1-1
Introduction	1-1
Survey Administration Overview	1-2
Key Findings	1-3
Demographics	1-3
Trend Analysis	1-5
Managed Care Statewide Comparisons	1-6
FFS Statewide Comparisons	1-7
Medically Complex Comparisons	1-7
Key Drivers of Member Experience Analysis	1-8
2. Reader's Guide	2-1
2022 CSHCS Survey Performance Measures	2-1
How Results Were Collected	2-4
Sampling Procedures	2-4
Survey Protocol	2-4
How CAHPS Results Were Calculated and Displayed	2-6
Who Responded to the Survey	2-7
Demographics of Child Members and Respondents	2-7
Respondent Analysis	2-7
Scoring Calculations	2-8
Statewide Comparisons	2-8
Trend Analysis	2-11
Key Drivers of Member Experience Analysis	2-11
Limitations and Cautions	2-14
Case-Mix Adjustment	2-14
National Data for Comparisons	2-14
CSHCS Survey Instrument	2-14
Non-Response Bias	2-15
3. Results	3-1
Who Responded to the Survey	3-1
Respondent Analysis	3-1
Demographics of Child Members	3-6
Demographics of Respondents	3-11
Statewide Comparisons	3-15
Managed Care Comparisons	3-15
FFS Comparisons	3-16
Medically Complex Comparisons	3-16
Global Ratings	3-17
Composite Measures	3-25
Individual Item Measures	3-35
4. Trend Analysis	4-1

Global Ratings.....	4-2
Rating of Health Plan	4-2
Rating of Health Care.....	4-3
Rating of Specialist Seen Most Often	4-4
Rating of CMDS Clinic	4-5
Composite Measures	4-6
Customer Service	4-6
How Well Doctors Communicate	4-7
Access to Specialized Services.....	4-8
Transportation	4-9
CSHCS Family Center	4-10
Individual Item Measures	4-11
Access to Prescription Medicines.....	4-11
CMDS Clinic.....	4-12
Local Health Department Services.....	4-13
5. Key Drivers of Member Experience Analysis.....	5-1
6. Survey Instrument.....	6-1
Survey Instrument	6-1

1. Executive Summary

Introduction

The Michigan Department of Health and Human Services (MDHHS) 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 results of the CSHCS Survey. The goal of the CSHCS Survey is to provide performance feedback that is actionable and that will aid in improving members' overall experiences.

This report presents the 2022 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®) 5.1 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 June to August 2022.

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

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

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).





Survey Administration Overview

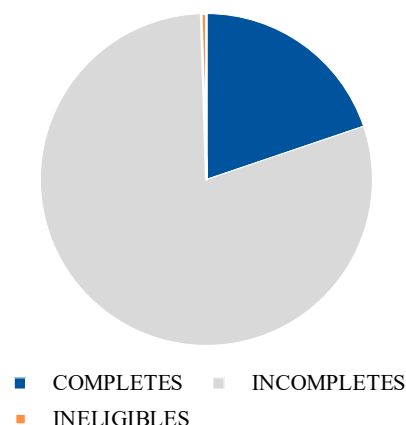
Figure 1-1 shows the distribution of survey dispositions and response rates for the CSHCS Program. More detailed results of the distribution of surveys and response rates are found in the Results section beginning on page 3-1.

Figure 1-1—Survey Administration Overview: CSHCS Program

Survey Administration

START SURVEY:	FINISH SURVEY:
06.02.22	08.31.22
TOTAL SAMPLE SIZE	13,965
RESPONSE RATE	19.90%

 COMPLETES	2,765
 INCOMPLETES	11,130
 UNDELIVERABLES	940
 INELIGIBLES	70



DETAILS

	Mail 1	Mail 2	Mail 3	Phone
COMPLETES	1,387	860	512	6
	Not Enrolled	Deceased	Language Barrier	
INELIGIBLES	66	4	0	

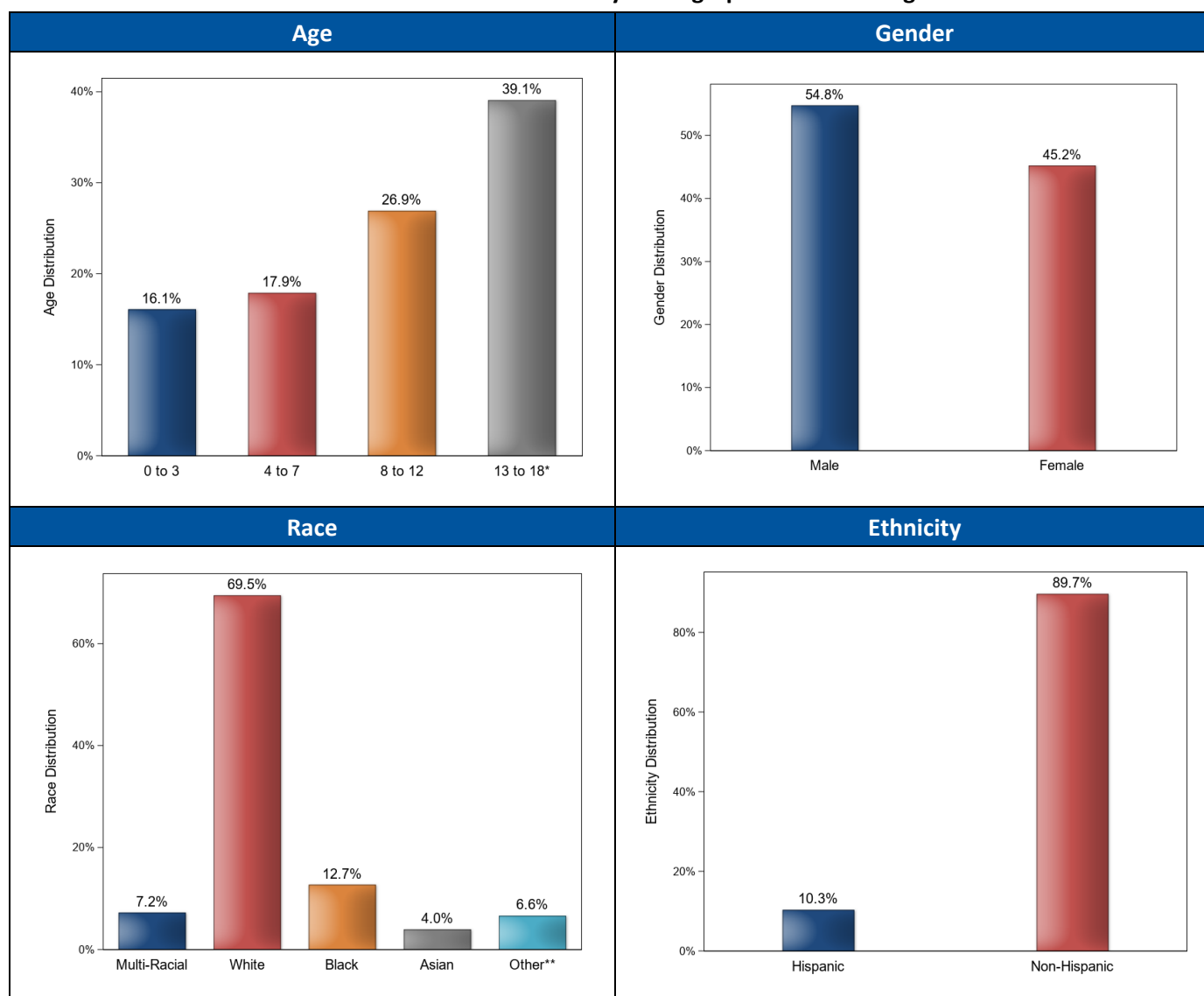
Note: There were six surveys completed in Spanish over the telephone.

Key Findings

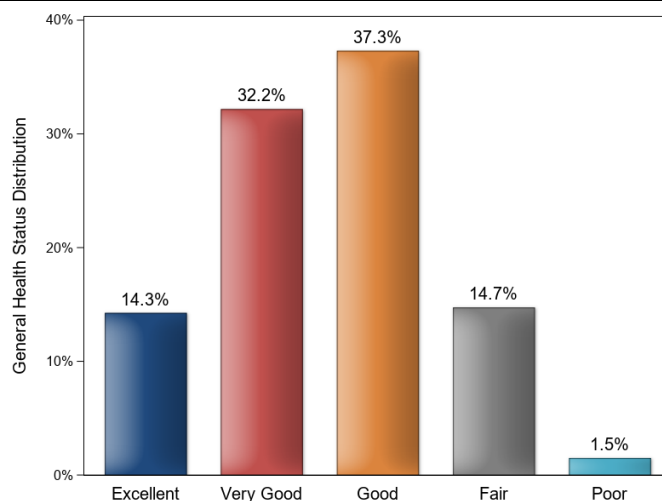
Demographics

Table 1-1 provides an overview of the child member demographics for the CSHCS Program. Please note, some percentages displayed in the table may not total 100 percent due to rounding. The detailed results are found in the Results section beginning on page 3-6.

Table 1-1—Child Member Survey Demographics: CSHCS Program



General Health Status

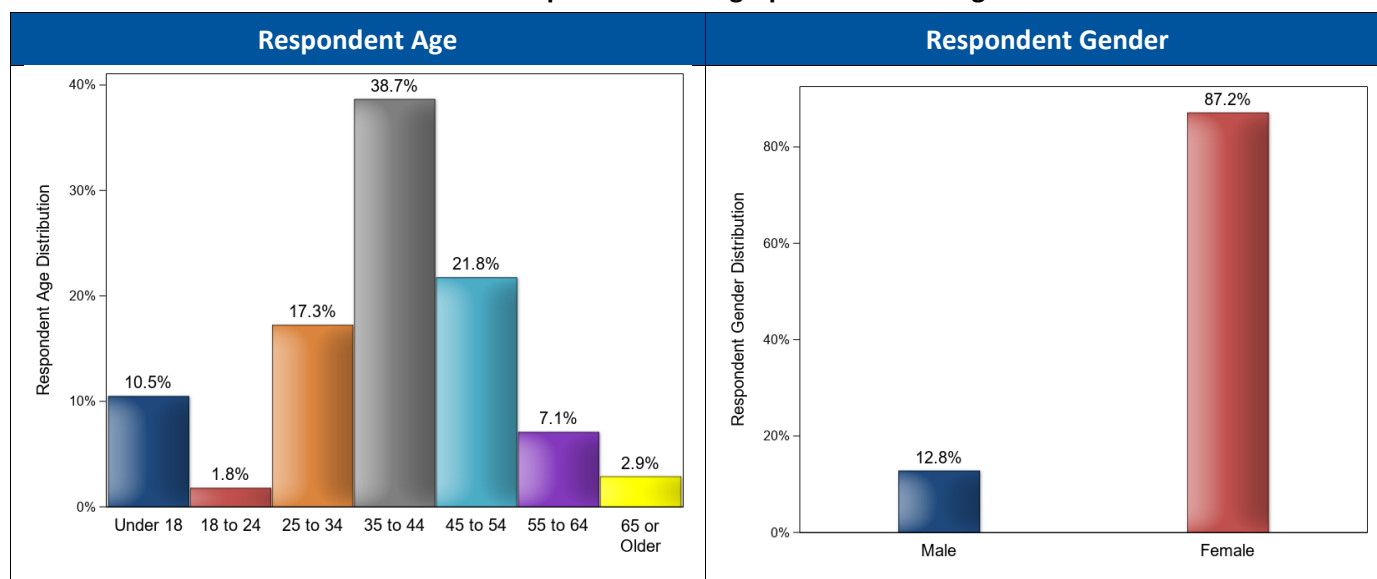


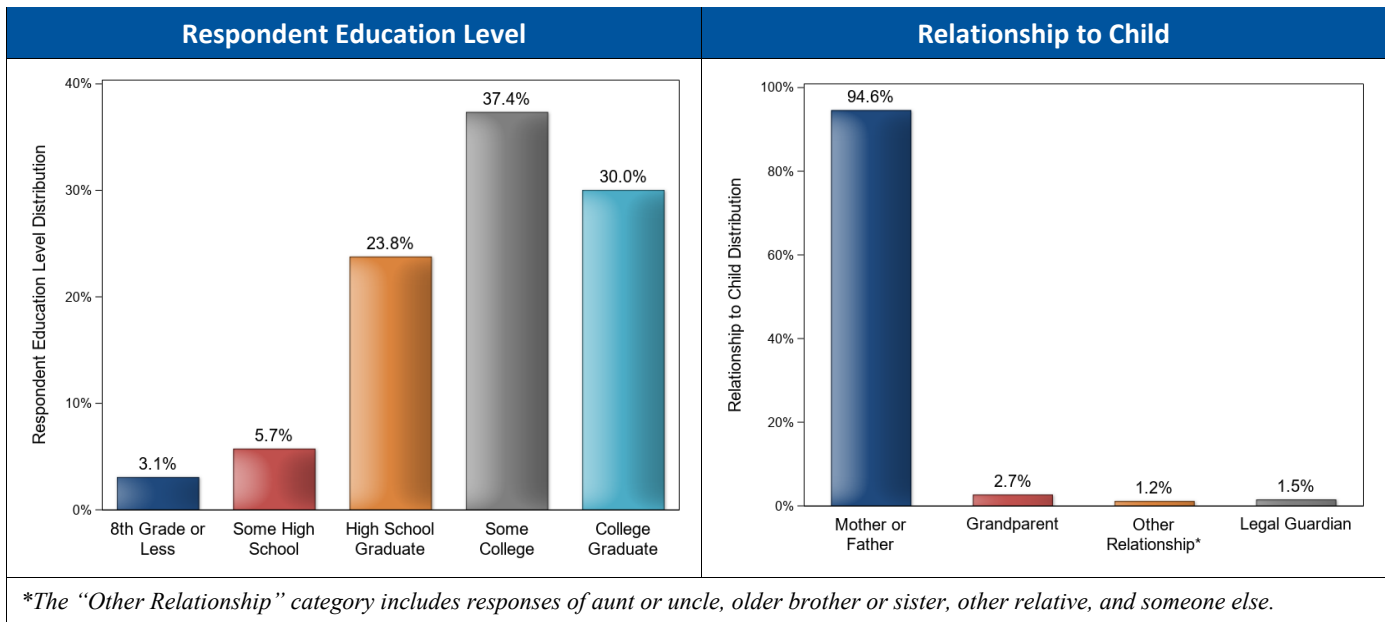
* Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of February 28, 2022. Some children eligible for the CAHPS Survey turned 18 between March 1, 2022, and the time of survey administration.

** The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.

Table 1-2 provides an overview of the demographics of parents or caregivers who completed a CSHCS Survey for the MDHHS CSHCS Program. The detailed results are found in the Results section beginning on page 3-11.

Table 1-2—Respondent Demographics: CSHCS Program





Trend Analysis

HSAG compared the 2022 results to their corresponding 2021 and 2020 results to determine if the results were statistically significantly different. The detailed results are found in the Trend Analysis section beginning on page 4-1. Table 1-3 provides the statistically significant results of the trend analysis findings for the CSHCS Program.

Table 1-3—Trend Analysis Comparison: CSHCS Program

Measure	Trend Results (2021 to 2022)	Trend Results (2020 to 2022)
Global Ratings		
<i>Rating of Specialist Seen Most Often</i>	—	▼
Composite Measures		
<i>How Well Doctors Communicate</i>	▲	—
<i>CSHCS Family Center</i>	▲	—
Individual Item Measures		
<i>Access to Prescription Medicines</i>	—	▼
▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years.		

Managed Care Statewide Comparisons

HSAG compared the MHP and FFS results to the CSHCS Managed Care Program to determine if the results were statistically significantly different than the CSHCS Managed Care Program. The detailed results are found in the Results section beginning on page 3-15. Table 1-4 shows the statistically significant results of this analysis.

Table 1-4—Managed Care Statewide Comparisons: Statistically Significant Results

Measure	CSHCS FFS Program	FFS Medicaid Subgroup	Blue Cross Complete of Michigan	HAP Empowered	Meridian Health Plan of Michigan	Priority Health Choice, Inc.	Upper Peninsula Health Plan
Global Ratings							
Rating of Health Plan	↓	↓					
Rating of CMDS Clinic	↓	↓ ⁺					
Composite Measures							
Customer Service						↑ ⁺	↑ ⁺
How Well Doctors Communicate	↑						
Transportation	↑ ⁺		↓ ⁺				↑ ⁺
Individual Item Measures							
Access to Prescription Medicines	↓	↓					
Local Health Department Services	↑						
Not Felt Treated Unfairly: Race and Ethnicity	↑	↑		↑ ⁺	↑		
Not Felt Treated Unfairly: Health Insurance Type	↑	↑					
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [↑] Indicates the score is statistically significantly higher than the CSHCS Managed Care Program average. [↓] Indicates the score is statistically significantly lower than the CSHCS Managed Care Program average.							

FFS Statewide Comparisons

HSAG compared the FFS Medicaid and FFS non-Medicaid subgroups' results to determine if the results were statistically significantly different from each other. The detailed results are found in the Results section beginning on page 3-16. Table 1-5 shows the statistically significant results of this analysis.

Table 1-5—FFS Statewide Comparisons: CSHCS Program
Statistically Significant Results

	Local Health Department Services	Transportation
FFS Medicaid Subgroup	↓	↓ ⁺
FFS Non-Medicaid Subgroup	↑	↑ ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [↑] Indicates the score is statistically significantly higher than the other FFS Subgroup. [↓] Indicates the score is statistically significantly lower than the other FFS Subgroup.		

Medically Complex Comparisons

HSAG compared the results of those children who were less medically complex to those that were more medically complex to determine if the results were statistically significantly different from each other.¹⁻³ The detailed results are found in the Results section beginning on page 3-16. Table 1-6 shows the statistically significant results of this analysis for the CSHCS Program.

Table 1-6—Medically Complex Comparisons: CSHCS Program
Statistically Significant Results

	Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often	How Well Doctors Communicate	Access to Specialized Services
More Medically Complex Subgroup	↓	↓	↓	↓	↓
Less Medically Complex Subgroup	↑	↑	↑	↑	↑ ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [↑] Indicates the score is statistically significantly higher than the other medically complex Subgroup. [↓] Indicates the score is statistically significantly lower than the other medically complex Subgroup.					

¹⁻³ Screener questions within the survey instrument were used to group children as being less or more medically complex.

Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement (QI) efforts, HSAG conducted a key drivers analysis. HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of Health Care*, and *Rating of Specialist Seen Most Often*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as “key drivers” since these items are driving members’ levels of experience with each of the three measures. The detailed results of this analysis are found in the Key Drivers of Member Experience Analysis section beginning on page 5-1. Table 1-7, on the following page, provides a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the CSHCS Program.

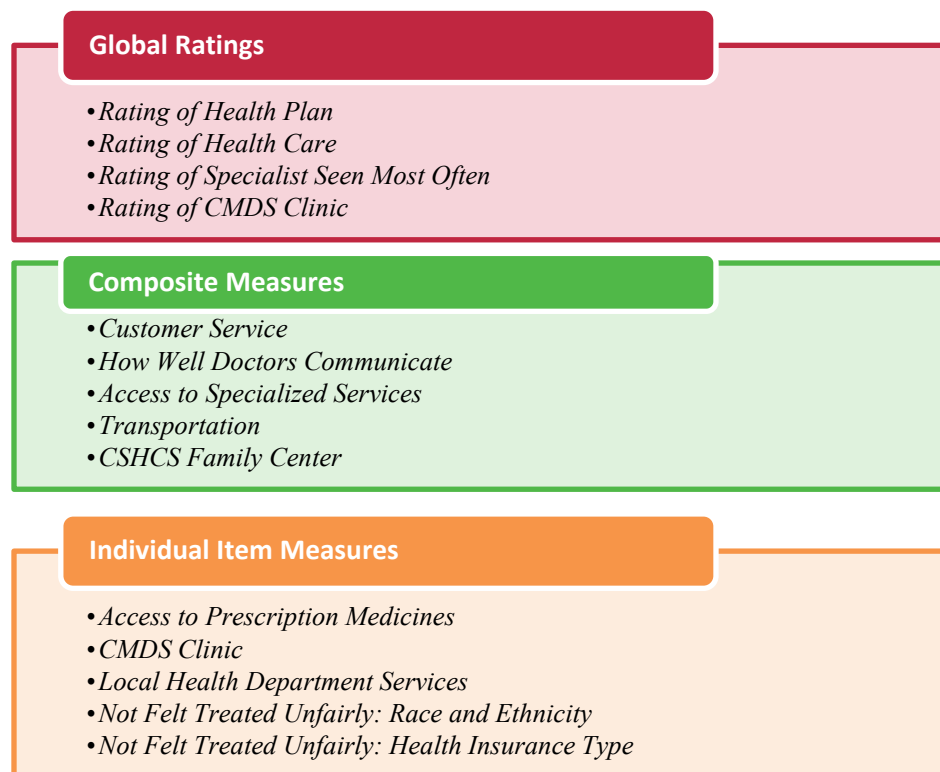
Table 1-7—Key Drivers of Member Experience: CSHCS Program

Key Drivers	Response Options	Odds Ratio Estimates		
		Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often
Q11. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker.	Never + Sometimes vs. Always	NS	✓	NS
	Usually vs. Always	✓	✓	✓
Q12. Child's personal doctor listened carefully to the parent/caretaker.	Never + Sometimes vs. Always	✓	✓	✓
	Usually vs. Always	NS	✓	✓
Q14. Child's personal doctor explained things in an understandable way for the child.	Never + Sometimes vs. Always	NS	✓	✓
	Usually vs. Always	NS	NS	✓
Q15. Child's personal doctor spent enough time with the child.	Never + Sometimes vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	✓
Q25. Ease of getting prescription medicines the child needed.	Never + Sometimes vs. Always	✓	NS	NS
	Usually vs. Always	✓	NS	NS
Q28. Ease of getting special medical equipment or devices the child needed.	Never + Sometimes vs. Always	✓	NS	NS
Q40. Child's health plan's customer service gave the parent/caretaker the information or help needed.	Never + Sometimes vs. Always	✓	NS	NA
Q41. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff.	Never + Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	NS	✓	NA
Q43. Ease of filling out forms from the child's health plan.	Never + Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q46. Child received appointment in a CMDs Clinic as soon as needed.	Never + Sometimes vs. Always	NS	✓	NS
	Usually vs. Always	NS	✓	NS
<p>NA indicates that this question was not evaluated for this measure.</p> <p>NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses does not significantly affect their rating.</p>				

2022 CSHCS Survey Performance Measures

The CSHCS Survey administered to the MHPs and the FFS population includes 80 survey questions that yield 13 measures of experience. These measures include four global rating questions, five composite measures, and five individual item measures. The global measures (also referred to as global ratings) reflect overall respondents' experience with the health plan, health care, specialists, and CMDS clinics. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Customer Service*, *How Well Doctors Communicate*). The individual item measures are individual questions that look at specific areas of care (e.g., *Access to Prescription Medicines*). Figure 2-1 lists the measures included in the CSHCS survey.²⁻¹

Figure 2-1—CSHCS Survey Measures



²⁻¹ HSAG did not modify the survey instrument to refer to the Rating of FFS Program instead of Rating of Health Plan, since the same survey instrument was used to capture responses from parents or caretakers of child members enrolled in the MHPs and the FFS program.

Table 2-1 presents the survey language and response options for each measure.

Table 2-1—Question Language and Response Options

Question Language		Response Options
Global Ratings		
<i>Rating of Specialist Seen Most Often</i>		
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
<i>Rating of Health Care</i>		
20.	We want to know your rating of health care for your child's CSHCS condition in the last 6 months from <u>all doctors and other health providers</u> . Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0–10 Scale
<i>Rating of Health Plan</i>		
44.	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
<i>Rating of CMDS Clinic</i>		
51.	We want to know your rating for the services that your child received in a CMDS Clinic in the last 6 months. Using any number from 0 to 10, where 0 is not useful at all and 10 is the most useful in helping your child, what number would you use to rate that CMDS Clinic?	0–10 Scale
Composite Measures		
<i>How Well Doctors Communicate</i>		
11.	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
12.	In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?	Never, Sometimes, Usually, Always
13.	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 doctors or other health providers spend enough time with your child?	Never, Sometimes, Usually, Always
<i>Access to Specialized Services</i>		
28.	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
34.	In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
<i>Transportation</i>		
37.	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 Language		Response Options
38.	In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?	Never, Sometimes, Usually, Always
Customer Service		
40.	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
41.	In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
CSHCS Family Center		
58.	In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS <u>Family Center</u> ?	Never, Sometimes, Usually, Always
62.	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
Individual Item Measures		
Not Felt Treated Unfairly: Race and Ethnicity		
16.	In the last 6 months, how often did your child's doctor or other health provider treat your child unfairly because of his or her race or ethnicity?	Never, Sometimes, Usually, Always
Not Felt Treated Unfairly: Health Insurance Type		
17.	In the last 6 months, how often did your child's doctor or other health provider treat your child unfairly because of the type of health insurance your child has?	Never, Sometimes, Usually, Always
Access to Prescription Medicines		
25.	In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
CMDS Clinic		
46.	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		
55.	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

How Results Were Collected

Sampling Procedures

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

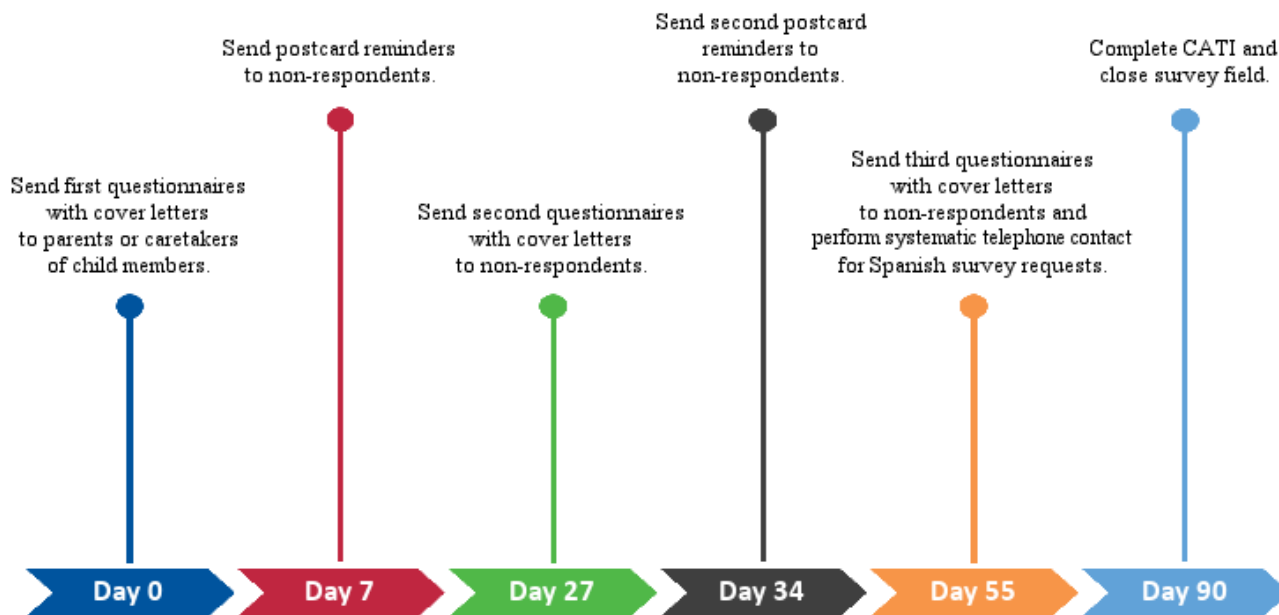
- Were 17 years of age or younger as of February 28, 2022.
- Were currently enrolled in a CSHCS plan/program.
- Had been continuously enrolled in the plan or program for at least six months of the measurement period (i.e., September 1, 2021, through February 28, 2022) with no more than one gap of enrollment of up to 45 days.

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

Survey Protocol

The survey administration protocol employed was a mail-only methodology, except for the parents or caretakers of sampled child members who completed the survey in Spanish via Computer Assisted Telephone Interviewing (CATI). All sampled members received an English version of the survey, with the option of completing the survey in Spanish. The cover letter provided with the English version of the survey questionnaire included additional text informing parents or caretakers of sampled child members that they could call a toll-free number to request to complete the survey in Spanish via CATI. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder, and a third survey mailing. Figure 2-2, on the following page, shows the timeline used for the survey administration.

Figure 2-2—Survey Timeline

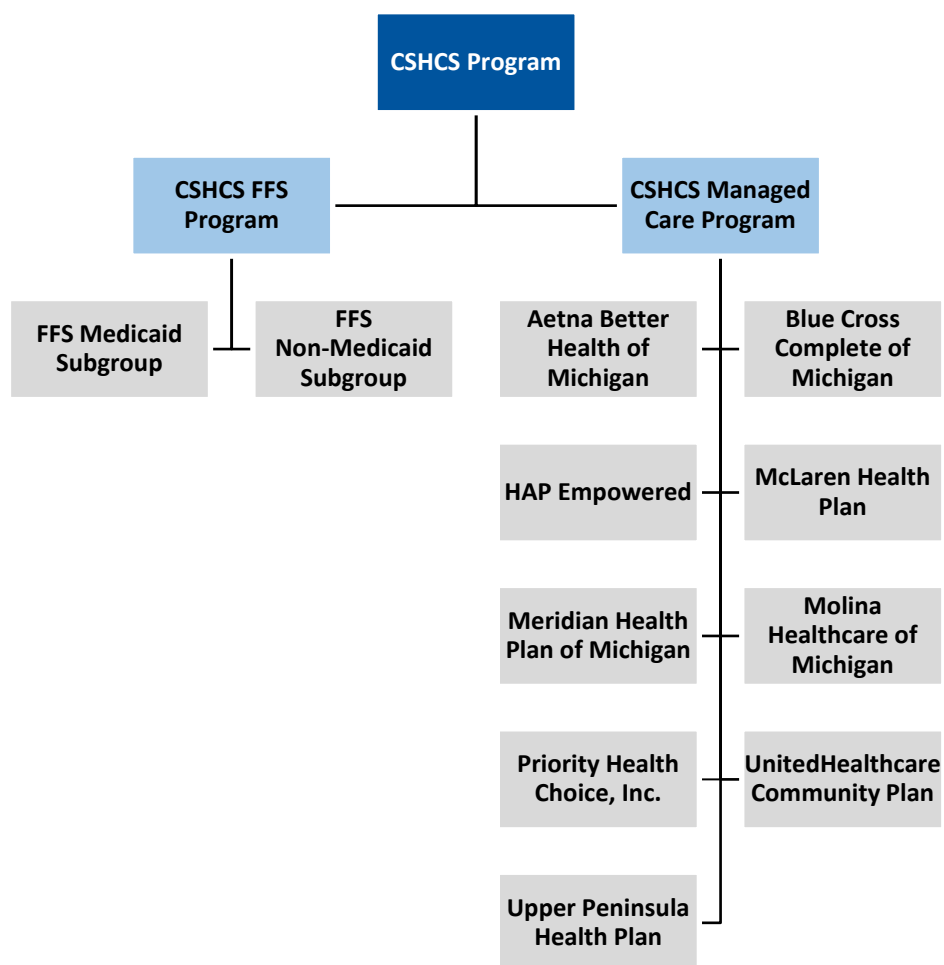


Note: There were six surveys completed in Spanish over the telephone during telephone follow-up.

How CAHPS Results Were Calculated and Displayed

HSAG developed a scoring approach, based in part on scoring standards devised by the Agency for Healthcare Research and Quality (AHRQ), the developers of CAHPS, to comprehensively assess the experience of parents and caregivers of child members. In addition to individual plan results, HSAG calculated scores for the CSHCS Program, CSHCS Managed Care Program, and CSHCS FFS Program. Figure 2-3 depicts how results were combined to calculate each program average. This section provides an overview of each analysis.

Figure 2-3—CSHCS Programs



Who Responded to the Survey

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

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

Demographics of Child Members and Respondents

The demographics analysis evaluated demographic information of child members and respondents based on parents' or caregivers' responses to the survey. The demographic characteristics of children included age, gender, race, ethnicity, and general health status. Self-reported parent or caregiver demographic information included age, gender, education level, and relationship to the child.

Respondent Analysis

HSAG performed a *t* test to determine whether the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows in the tables. If the respondent population differs significantly from the actual population of the plan or program, then caution must be exercised when extrapolating the survey results to the entire population.

Scoring Calculations

For purposes of the Statewide Comparisons and Trend analyses, HSAG calculated top-box scores for each measure, following the National Committee for Quality Assurance (NCQA) HEDIS Specifications for Survey Measures.²⁻² Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable survey result, HSAG presented results with fewer than 100 responses. Therefore, caution should be exercised when evaluating measures' results with fewer than 100 responses, which are denoted with a cross (+). Additionally, a threshold of 11 responses was required for results to be reported; therefore, results based on fewer than 11 respondents were suppressed and are noted as "Not Applicable" in the figures.

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated top-box scores by assigning top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings;
- "Usually" or "Always" for the *Customer Service, How Well Doctors Communicate, Access to Specialized Services, Transportation, and CSHCS Family Center* composite measures;
- "Never" for the *Not Felt Treated Unfairly: Race and Ethnicity* and *Not Felt Treated Unfairly: Health Insurance Type* individual item measures;
- "Usually" or "Always" for the *Access to Prescription Medicines* and *CMDS Clinic* individual item measures;
- "Somewhat satisfied" or "Extremely satisfied" for the *Local Health Department Services* individual item measure.

Statewide Comparisons

Weighting

HSAG calculated a weighted rate for the CSHCS Program, CSHCS Managed Care Program, and CSHCS FFS Program based on the total eligible population for each plan's or program's child population.

t Test

A *t* test was used to determine statistically significant differences between plans, subgroups, and over time. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less

²⁻² National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2021.

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.

Managed Care Statewide Comparisons

The results of the MHPs, the CSHCS FFS Medicaid subgroup, and the CSHCS FFS Program were compared to the CSHCS Managed Care Program to determine if the results were statistically significantly different. Colors in the figures note statistically significant differences. Green indicates a top-box score that was statistically significantly higher the CSHCS Managed Care Program. Conversely, red indicates a top-box score that was statistically significantly lower the CSHCS Managed Care Program. Blue represents top-box scores that were not statistically significantly different from the CSHCS Managed Care Program.

For the MHP comparisons, two types of hypothesis tests were applied to these results. First, a global F test was performed to determine whether the difference between the MHPs' results were statistically significant. If the F test demonstrated statistically significant differences (i.e., p value < 0.05), then a t test was performed for each MHP.

A global F test was not performed in order to compare the CSHCS FFS Medicaid subgroup or the CSHCS FFS Program to the CSHCS Managed Care Program because only two populations were being compared. Instead, a t test was performed to determine if the CSHCS FFS Medicaid subgroup and the CSHCS FFS Program were statistically significantly different from the CSHCS Managed Care Program.

FFS Statewide Comparisons

A t test was performed to determine whether the CSHCS FFS Medicaid subgroup's results were statistically significantly different from the CSHCS FFS non-Medicaid subgroup's results. Green indicates a population's top-box score that was statistically significantly higher the other population's rate. Conversely, red indicates a population's top-box score that was statistically significantly lower the other population's rate. Blue indicates that the top-box scores for the populations were not statistically significantly different from each other.

Medically Complex Comparisons

A series of questions included in the survey was used to identify the medical complexity of child members. This series contains the following five categories of survey questions that focus on specific health care needs and conditions:

- Child needed or used prescription medicine.
- Child needed or used more medical care, mental health services, or educational services than other children of the same age need or use.
- Child had limitations in the ability to do what other children of the same age do.
- Child needed or used special therapy.
- Child needed or used mental health treatment or therapy.

Table 2-2 presents the survey language and response options for each of the above categories.

Table 2-2—Question Language and Response Options

Question Language		Response Options
Use of or Need for Prescription Medicines		
21.	Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?	Yes/No
22.	Is this because of any medical, behavioral, or other health condition?	Yes/No
23.	Is this a condition that has lasted or is expected to last for at least 12 months?	Yes/No
Above Average Use or Need for Medical, Mental Health, or Education Services		
64.	Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?	Yes/No
65.	Is this because of any medical, behavioral, or other health condition?	Yes/No
66.	Is this a condition that has lasted or is expected to last for at least 12 months?	Yes/No
Functional Limitations Compared with Others of Same Age		
67.	Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?	Yes/No
68.	Is this because of any medical, behavioral, or other health condition?	Yes/No
69.	Is this a condition that has lasted or is expected to last for at least 12 months?	Yes/No
Use of or Need for Specialized Therapies		
30.	Does your child need or get special therapy such as physical, occupational, or speech therapy?	Yes/No
31.	Is this because of any medical, behavioral, or other health condition?	Yes/No
32.	Is this a condition that has lasted or is expected to last for at least 12 months?	Yes/No
Treatment or Counseling for Emotional or Developmental Problems		
70.	Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?	Yes/No
71.	Has this problem lasted or is it expected to last for at least 12 months?	Yes/No

Child members with affirmative responses to all the questions in the “Use of or Need for Prescription Medicines” category and all the questions in at least one of the other four categories were considered to be more medically complex. Child members with affirmative responses to all the questions in the “Use of or Need for Prescription Medicines” category and without affirmative responses to all the questions in any of the other four categories were considered to be less medically complex.

A *t* test was performed to determine whether the less medically complex subgroup’s results were statistically significantly different from the more medically complex subgroup’s results. Green indicates a subgroup’s top-box score that was statistically significantly higher the other subgroup rate. Conversely, red indicates a subgroup top-box score that was statistically significantly lower the other subgroup’s rate. Blue indicates that the top-box scores for the less medically complex and more medically complex subgroups were not statistically significantly different from each other.

Trend Analysis

HSAG compared the 2022 results to the corresponding 2021 and 2020 results to determine whether there were statistically significant differences, as applicable. A *t* test was performed to determine whether results in 2022 were statistically significantly different from results in previous years.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following three global ratings: *Rating of Health Plan*, *Rating of Health Care*, and *Rating of Specialist Seen Most Often*. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement activities.

Table 2-3 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation.

Table 2-3—Potential Key Drivers

Question Number	Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often	Baseline Response
Q4. Child received appointment with specialist as soon as needed	✓	✓	✓	Always
Q8. Child received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q11. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	✓	✓	✓	Always
Q12. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓	Always
Q13. Child's personal doctor showed respect for what the parent/caretaker said	✓	✓	✓	Always
Q14. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓	Always
Q15. Child's personal doctor spent enough time with the child	✓	✓	✓	Always
Q19. Child's health plan, doctor's office, or clinic helped coordinate child's care among different providers or services	✓	✓		Yes

Question Number	Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often	Baseline Response
Q25. Ease of getting prescription medicines the child needed	✓	✓	✓	Always
Q28. Ease of getting special medical equipment or devices the child needed	✓	✓	✓	Always
Q34. Ease of getting special therapy the child needed	✓	✓	✓	Always
Q37. Parent/caretaker received help with transportation for their child's related CSHCS condition	✓	✓		Always
Q40. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓		Always
Q41. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓		Always
Q43. Ease of filling out forms from the child's health plan	✓	✓		Always
Q46. Child received appointment in a CMDS Clinic as soon as needed	✓	✓	✓	Always

HSAG measured each global rating's performance by assigning the responses into a three-point scale as follows:

- 0 to 6 = 1 (Dissatisfied)
- 7 to 8 = 2 (Neutral)
- 9 to 10 = 3 (Satisfied)

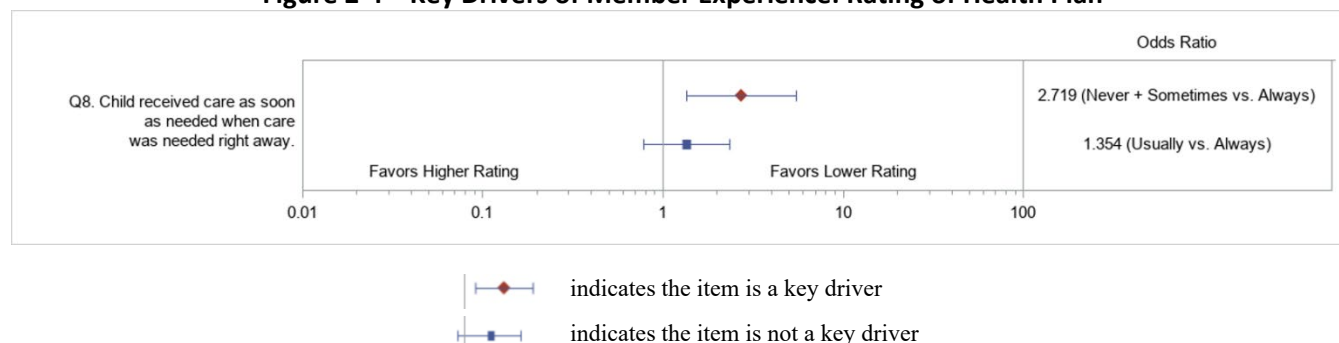
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal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

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

After prioritizing items based on their correlation to each measure, HSAG estimated the odds ratio, which is used to quantify respondents' tendency to choose a lower rating over a higher rating based on their responses to the evaluated items. The odds ratio can range from 0 to infinity. Key drivers are those items for which the odds ratio is statistically significantly greater than 1. If a response to an item has an odds ratio value that is statistically significantly greater than 1, then a respondent who provides a response other than the baseline (i.e., "Always" or "Yes") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provided a non-baseline response to choose a lower rating increases.

In Figure 2-4 below, the results indicate that respondents who answered "Never" and "Sometimes" or "Usually" to Question 8 are 2.719 or 1.354 times, respectively, more likely to provide a lower rating for their child's health plan than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

Figure 2-4—Key Drivers of Member Experience: Rating of Health Plan



Limitations and Cautions

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

Case-Mix Adjustment

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

Causal Inferences

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

National Data for Comparisons

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

CSHCS Survey Instrument

For purposes of the 2022 CSHCS Survey administration, the standardized CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set was modified, such that additional questions specific to the CSHCS program were added and standard CAHPS survey question language was changed. Given the modifications to the standardized CAHPS survey, caution should be exercised when interpreting the results presented in this report.

²⁻³ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their child's health care services and may vary by plan or program. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.²⁻⁴ To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Results indicate that early respondents are statistically significantly more likely to provide a higher top-box response for one measure, *Rating of Health Care*. Therefore, MDHHS should consider that potential non-response bias does exist when interpreting the survey results for these measures.

²⁻⁴ Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." *European journal of epidemiology* 17.11 (2001): 991-999.

3. Results

Who Responded to the Survey

Table 3-1 shows the total number of child members sampled, the number of surveys completed, the number of ineligible child members, and the response rates. Aetna Better Health of Michigan, HAP Empowered, and Upper Peninsula Health Plan did not meet the minimum required sample size of 1,650; therefore, each member from the MHPs' eligible populations were included in the sample following deduplication.

Table 3-1—Distribution of Surveys and Response Rates

Program/Plan Name	Sample Size	Completes	Ineligibles	Response Rates
CSHCS Program	13,965	2,765	70	19.90%
CSHCS FFS Program	3,300	996	25	30.41%
FFS Medicaid Subgroup	1,650	403	10	24.57%
FFS Non-Medicaid Subgroup	1,650	593	15	36.27%
CSHCS Managed Care Program	10,665	1,769	45	16.66%
Aetna Better Health of Michigan	151	13	0	8.61%
Blue Cross Complete of Michigan	1,650	256	8	15.59%
HAP Empowered	87	14	0	16.09%
McLaren Health Plan	1,650	249	7	15.16%
Meridian Health Plan of Michigan	1,650	332	6	20.19%
Molina Healthcare of Michigan	1,650	277	5	16.84%
Priority Health Choice, Inc.	1,650	240	10	14.63%
UnitedHealthcare Community Plan	1,650	291	5	17.69%
Upper Peninsula Health Plan	527	97	4	18.55%

Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey to the demographic characteristics of all members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. Table 3-2 through Table 3-5 present the results of the respondent analysis. Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 3-2—Respondent Analysis: Age

Program/Plan Name		0 to 3	4 to 7	8 to 12	13 to 17
CSHCS Program	R	17.1%↓	17.5%↓	28.0%	37.4%↑
	SF	19.8%	20.7%	28.1%	31.4%
CSHCS FFS Program	R	18.9%	17.4%↓	27.3%	36.4%
	SF	17.4%	20.0%	29.2%	33.5%
FFS Medicaid Subgroup	R	25.8%	17.4%	25.8%	31.0%
	SF	24.7%	20.1%	26.1%	29.0%
FFS Non-Medicaid Subgroup	R	14.2%	17.4%	28.3%	40.1%
	SF	12.6%	19.9%	31.1%	36.4%
CSHCS Managed Care Program	R	16.1%↓	17.6%↓	28.4%	37.9%↑
	SF	20.8%	21.0%	27.6%	30.5%
Aetna Better Health of Michigan	R	46.2%	7.7%	38.5%	7.7%↓
	SF	30.5%	18.1%	26.0%	25.4%
Blue Cross Complete of Michigan	R	22.7%	23.8%	23.8%	29.7%
	SF	25.7%	24.0%	25.1%	25.2%
HAP Empowered	R	50.0%	21.4%	0.0%↓	28.6%
	SF	25.2%	23.0%	23.7%	28.1%
McLaren Health Plan	R	14.1%	15.3%↓	30.5%	40.2%↑
	SF	17.9%	22.4%	28.5%	31.2%
Meridian Health Plan of Michigan	R	11.4%↓	16.9%↓	35.5%↑	36.1%↑
	SF	18.6%	22.6%	28.5%	30.3%
Molina Healthcare of Michigan	R	12.3%↓	14.1%	27.4%	46.2%↑
	SF	17.2%	15.1%	30.5%	37.2%
Priority Health Choice, Inc.	R	18.8%↓	24.6%	23.3%	33.3%↑
	SF	25.0%	24.4%	23.9%	26.7%
UnitedHealthcare Community Plan	R	13.4%↓	13.4%↓	29.9%	43.3%↑
	SF	19.7%	18.7%	29.3%	32.4%
Upper Peninsula Health Plan	R	22.7%	16.5%↓	23.7%	37.1%↑
	SF	24.1%	24.4%	25.0%	26.5%

An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.
 ↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
 ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.
 Percentages may not total 100 percent due to rounding.

Table 3-3—Respondent Analysis: Gender

Program/Plan Name		Male	Female
CSHCS Program	R	54.8%	45.2%
	SF	54.3%	45.7%
CSHCS FFS Program	R	56.1%	43.9%
	SF	54.4%	45.6%
FFS Medicaid Subgroup	R	56.1%	43.9%
	SF	55.2%	44.8%
FFS Non-Medicaid Subgroup	R	56.2%	43.8%
	SF	54.0%	46.0%
CSHCS Managed Care Program	R	54.1%	45.9%
	SF	54.2%	45.8%
Aetna Better Health of Michigan	R	76.9%	23.1%
	SF	55.4%	44.6%
Blue Cross Complete of Michigan	R	54.7%	45.3%
	SF	53.9%	46.1%
HAP Empowered	R	57.1%	42.9%
	SF	55.6%	44.4%
McLaren Health Plan	R	55.8%	44.2%
	SF	53.3%	46.7%
Meridian Health Plan of Michigan	R	52.7%	47.3%
	SF	53.6%	46.4%
Molina Healthcare of Michigan	R	46.6%↓	53.4%↑
	SF	53.1%	46.9%
Priority Health Choice, Inc.	R	57.1%	42.9%
	SF	56.0%	44.0%
UnitedHealthcare Community Plan	R	56.7%	43.3%
	SF	55.0%	45.0%
Upper Peninsula Health Plan	R	55.7%	44.3%
	SF	58.4%	41.6%
<p>An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.</p> <p>↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.</p> <p>↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.</p> <p>Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.</p> <p>Percentages may not total 100 percent due to rounding.</p>			

Table 3-4—Respondent Analysis: Race

Program/Plan Name		White	Black	Other
CSHCS Program	R SF	70.5%↑ 64.8%	13.6%↓ 21.9%	15.9%↑ 13.3%
CSHCS FFS Program	R SF	76.0%↑ 73.3%	5.6%↓ 8.5%	18.4% 18.2%
FFS Medicaid Subgroup	R SF	66.5% 65.2%	9.9%↓ 14.7%	23.6% 20.1%
FFS Non-Medicaid Subgroup	R SF	82.5%↑ 78.6%	2.7%↓ 4.5%	14.8% 16.9%
CSHCS Managed Care Program	R SF	67.4%↑ 61.1%	18.1%↓ 27.7%	14.5%↑ 11.2%
Aetna Better Health of Michigan	R SF	23.1% 26.0%	61.5% 63.8%	15.4% 10.2%
Blue Cross Complete of Michigan	R SF	60.9%↑ 54.1%	22.3%↓ 33.5%	16.8% 12.3%
HAP Empowered	R SF	50.0% 34.1%	35.7% 57.0%	14.3% 8.9%
McLaren Health Plan	R SF	67.9% 69.4%	16.9%↓ 21.5%	15.3%↑ 9.1%
Meridian Health Plan of Michigan	R SF	71.7%↑ 66.7%	16.6%↓ 22.8%	11.7% 10.5%
Molina Healthcare of Michigan	R SF	65.3%↑ 54.1%	22.4%↓ 35.0%	12.3% 10.9%
Priority Health Choice, Inc.	R SF	71.3% 67.9%	11.3%↓ 21.2%	17.5%↑ 10.8%
UnitedHealthcare Community Plan	R SF	64.3%↑ 56.2%	21.0%↓ 31.3%	14.8% 12.5%
Upper Peninsula Health Plan	R SF	83.5% 84.7%	3.1% 1.9%	13.4% 13.4%
<p>An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage. ↑ Indicates the respondent percentage is significantly higher than the sample frame percentage. ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage. Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows. Percentages may not total 100 percent due to rounding.</p>				

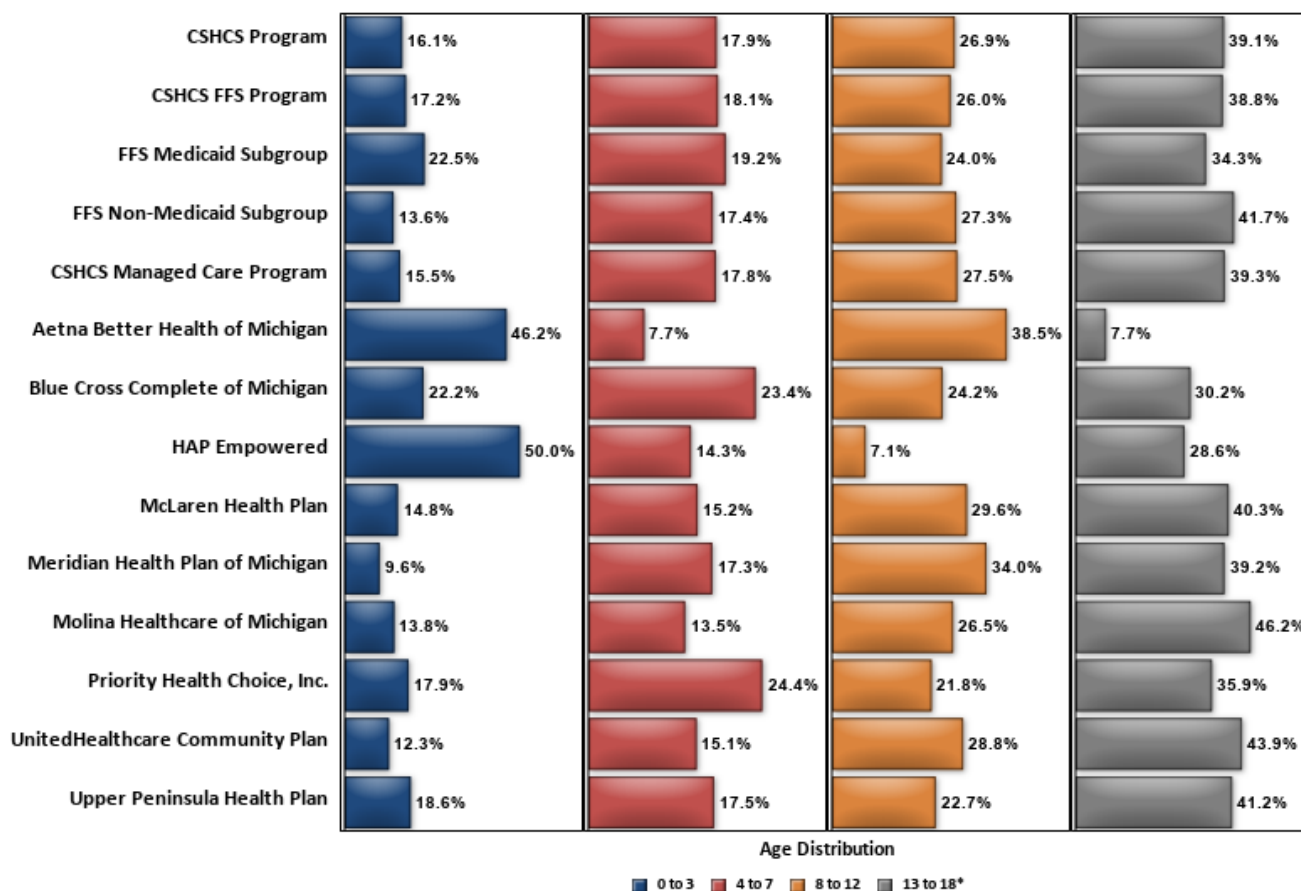
Table 3-5—Respondent Analysis: Ethnicity

Program/Plan Name		Hispanic	Non-Hispanic
CSHCS Program	R	5.5%	94.5%
	SF	6.0%	94.0%
CSHCS FFS Program	R	3.6%	96.4%
	SF	4.1%	95.9%
FFS Medicaid Subgroup	R	2.5%	97.5%
	SF	3.9%	96.1%
FFS Non-Medicaid Subgroup	R	5.1%	94.9%
	SF	4.4%	95.6%
CSHCS Managed Care Program	R	6.2%	93.8%
	SF	6.5%	93.5%
Aetna Better Health of Michigan	R	0.0%↓	100.0%↑
	SF	4.0%	96.0%
Blue Cross Complete of Michigan	R	9.4%	90.6%
	SF	7.3%	92.7%
HAP Empowered	R	0.0%↓	100.0%↑
	SF	4.4%	95.6%
McLaren Health Plan	R	2.8%	97.2%
	SF	4.0%	96.0%
Meridian Health Plan of Michigan	R	5.7%	94.3%
	SF	5.1%	94.9%
Molina Healthcare of Michigan	R	8.7%	91.3%
	SF	7.1%	92.9%
Priority Health Choice, Inc.	R	9.2%	90.8%
	SF	11.1%	88.9%
UnitedHealthcare Community Plan	R	4.8%	95.2%
	SF	5.3%	94.7%
Upper Peninsula Health Plan	R	0.0%↓	100.0%↑
	SF	1.8%	98.2%
<p>An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.</p> <p>↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.</p> <p>↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.</p> <p>Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.</p> <p>Percentages may not total 100 percent due to rounding.</p>			

Demographics of Child Members

Figure 3-1 through Figure 3-5 depict the age, gender, race, ethnicity, and general health status of children for whom a parent or caregiver completed a survey.

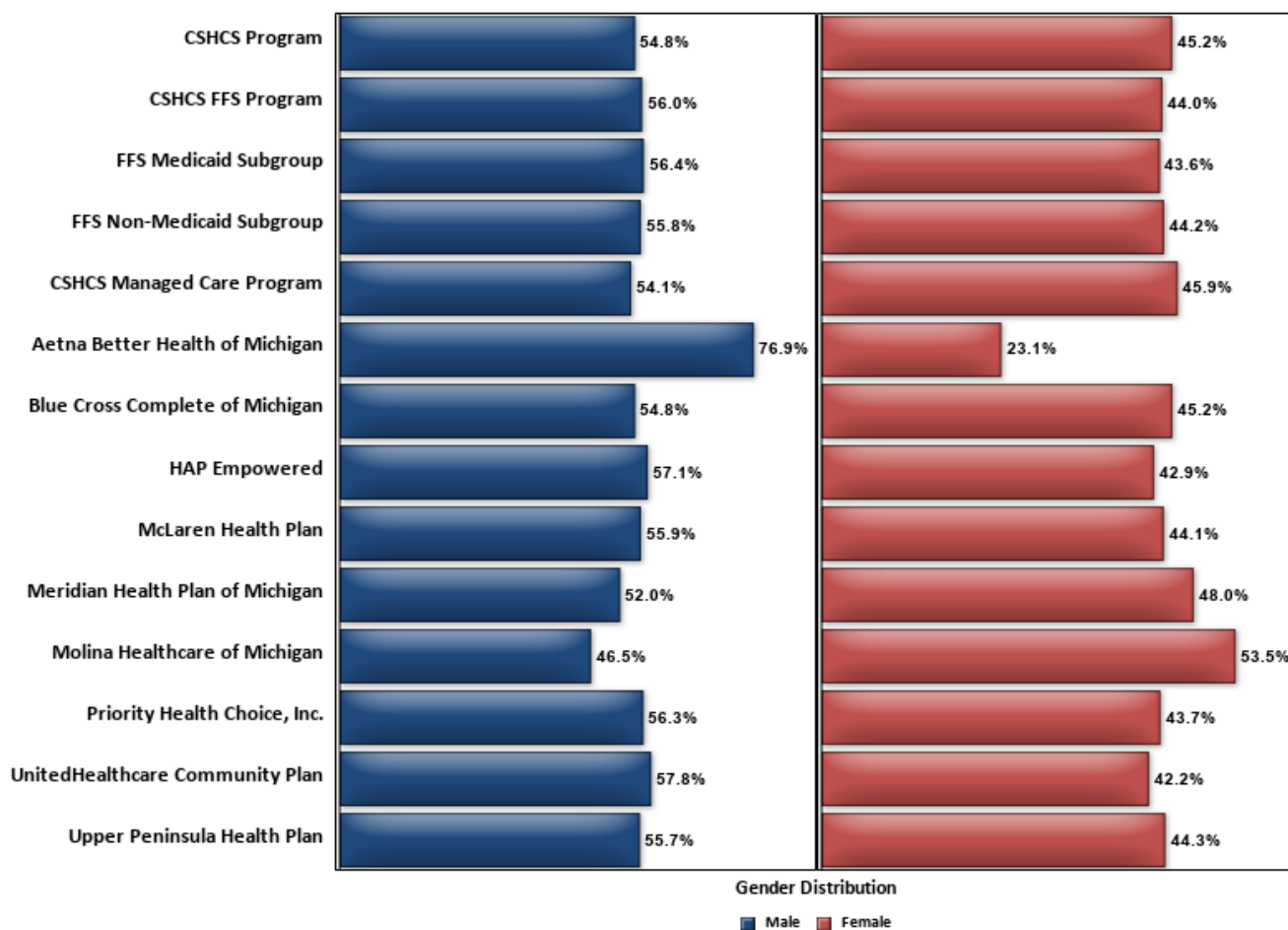
Figure 3-1—Child Member Demographics: Age



Please note, some percentages may not total 100 percent due to rounding.

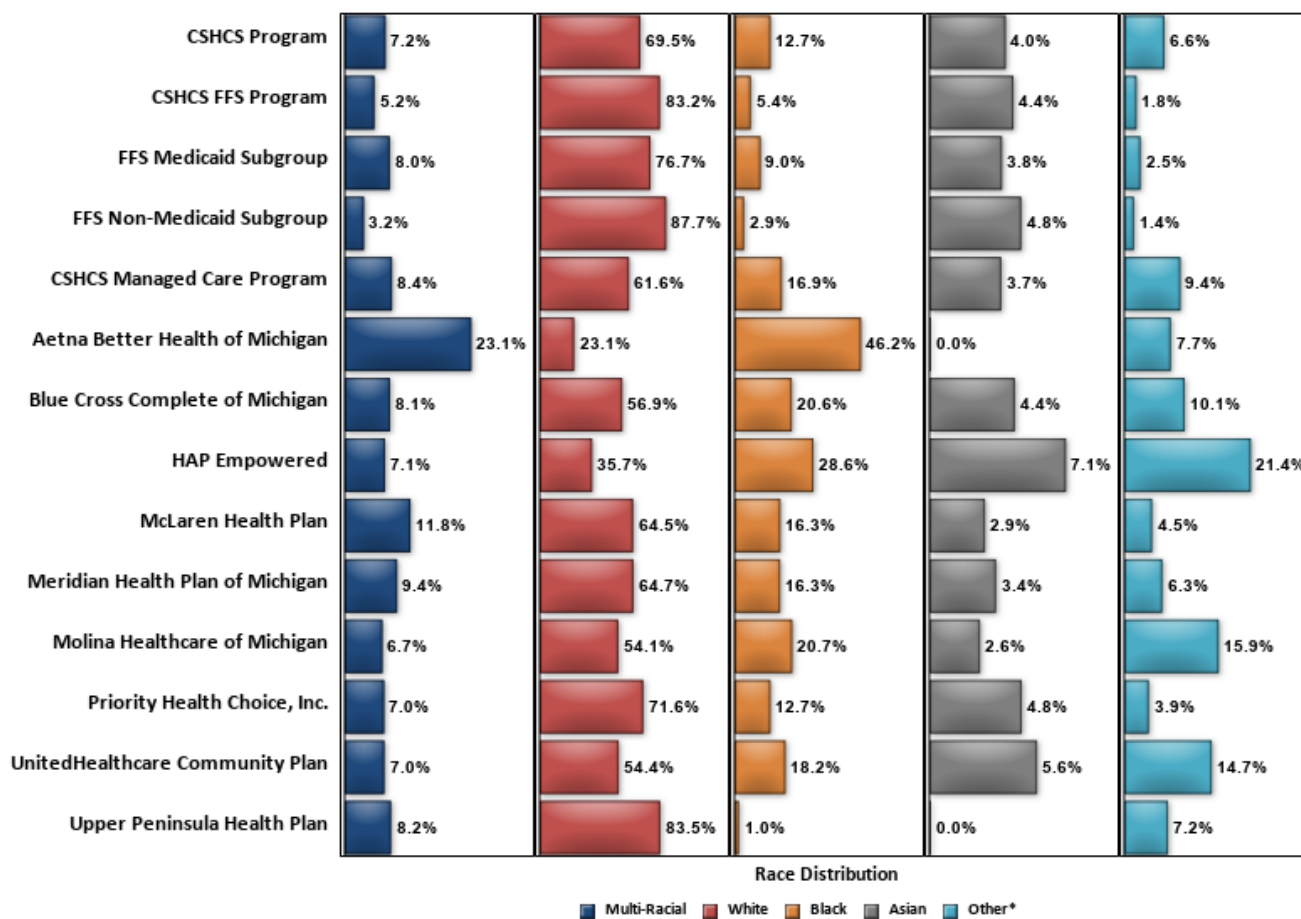
*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of February 28, 2022. Some children eligible for the CAHPS Survey turned 18 between March 1, 2022, and the time of survey administration.

Figure 3-2—Child Member Demographics: Gender



Please note, some percentages may not total 100 percent due to rounding.

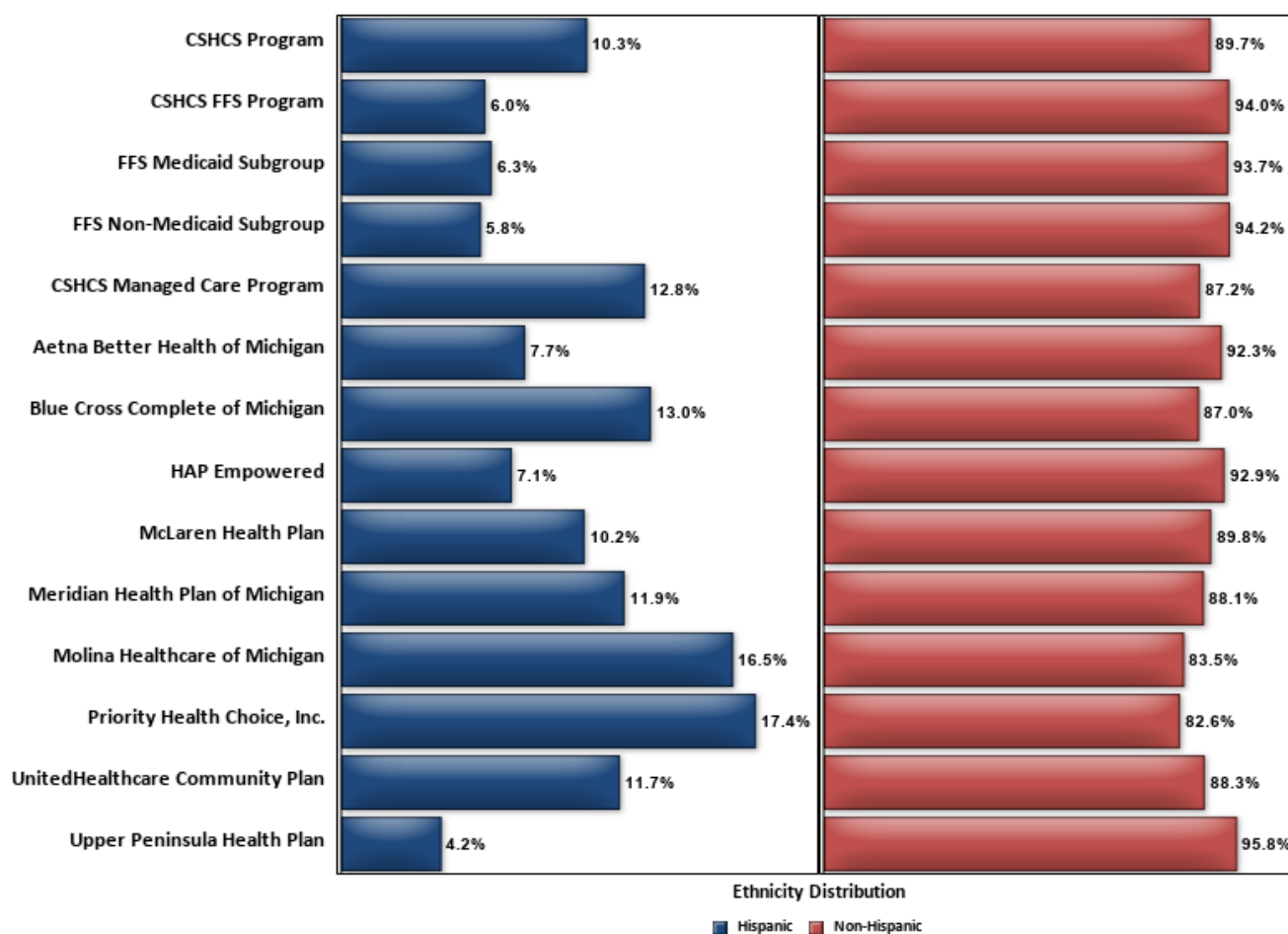
Figure 3-3—Child Member Demographics: Race



Please note, some percentages may not total 100 percent due to rounding.

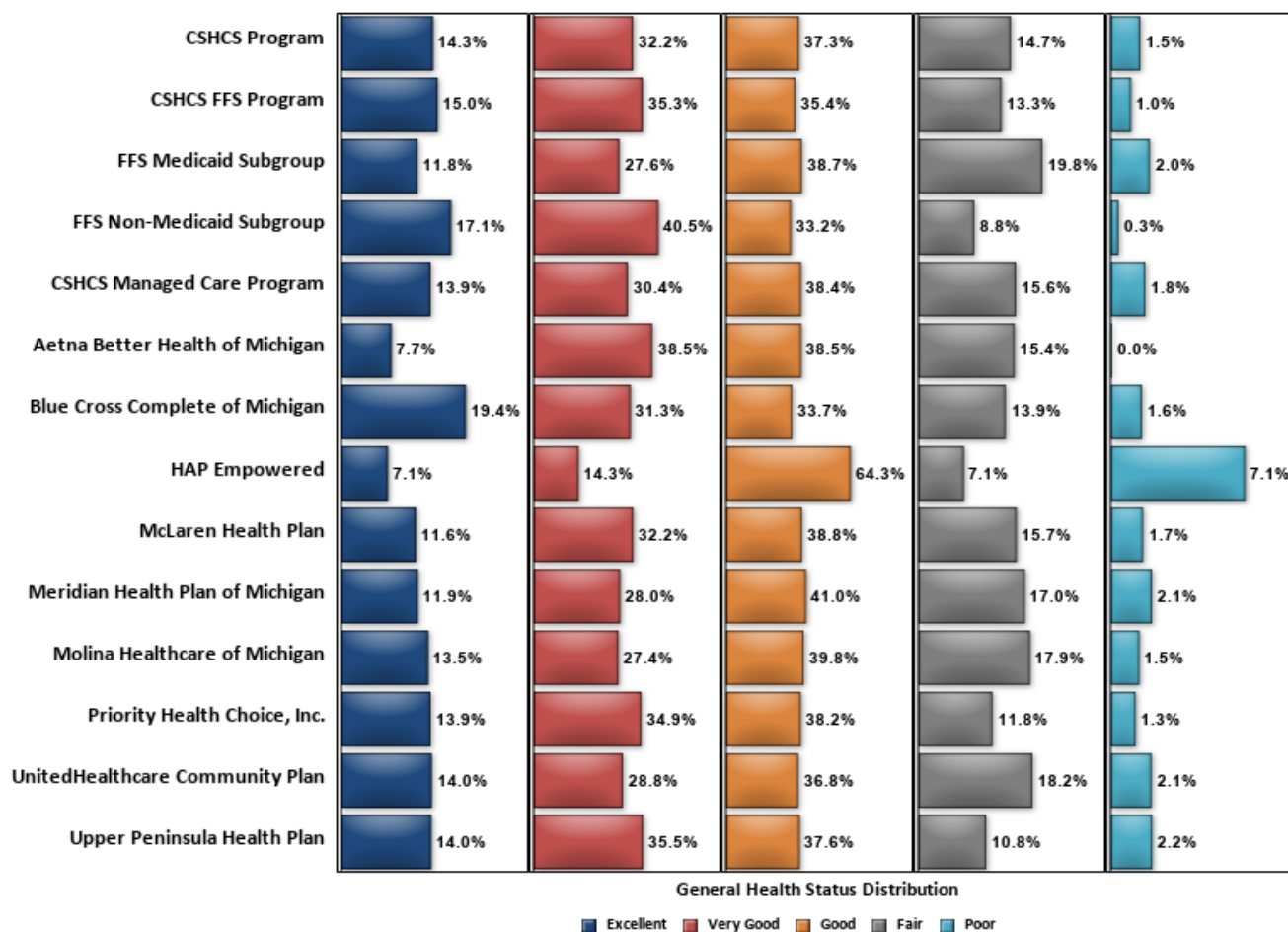
*The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.

Figure 3-4—Child Member Demographics: Ethnicity



Please note, some percentages may not total 100 percent due to rounding.

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

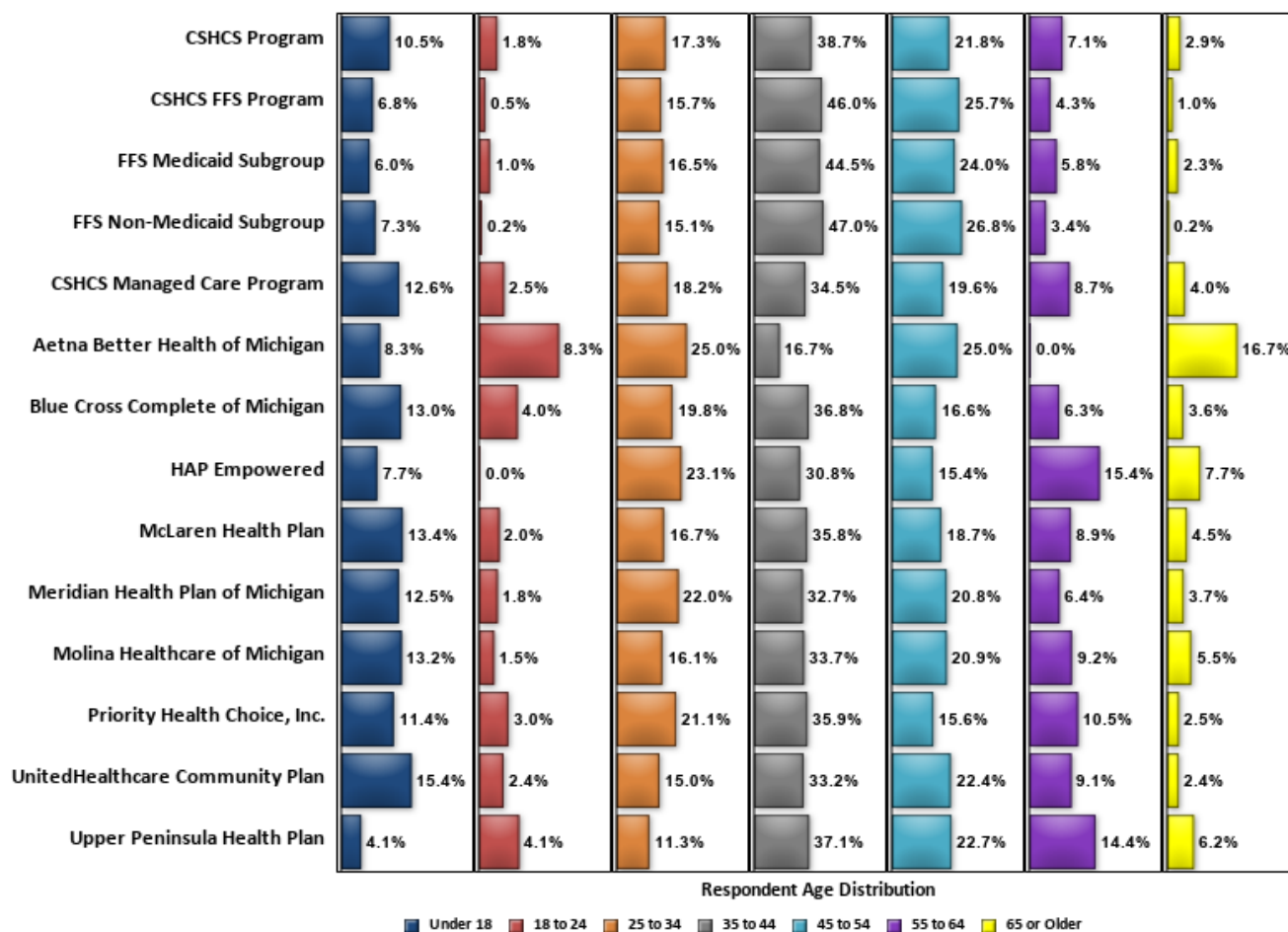


Please note, some percentages may not total 100 percent due to rounding.

Demographics of Respondents

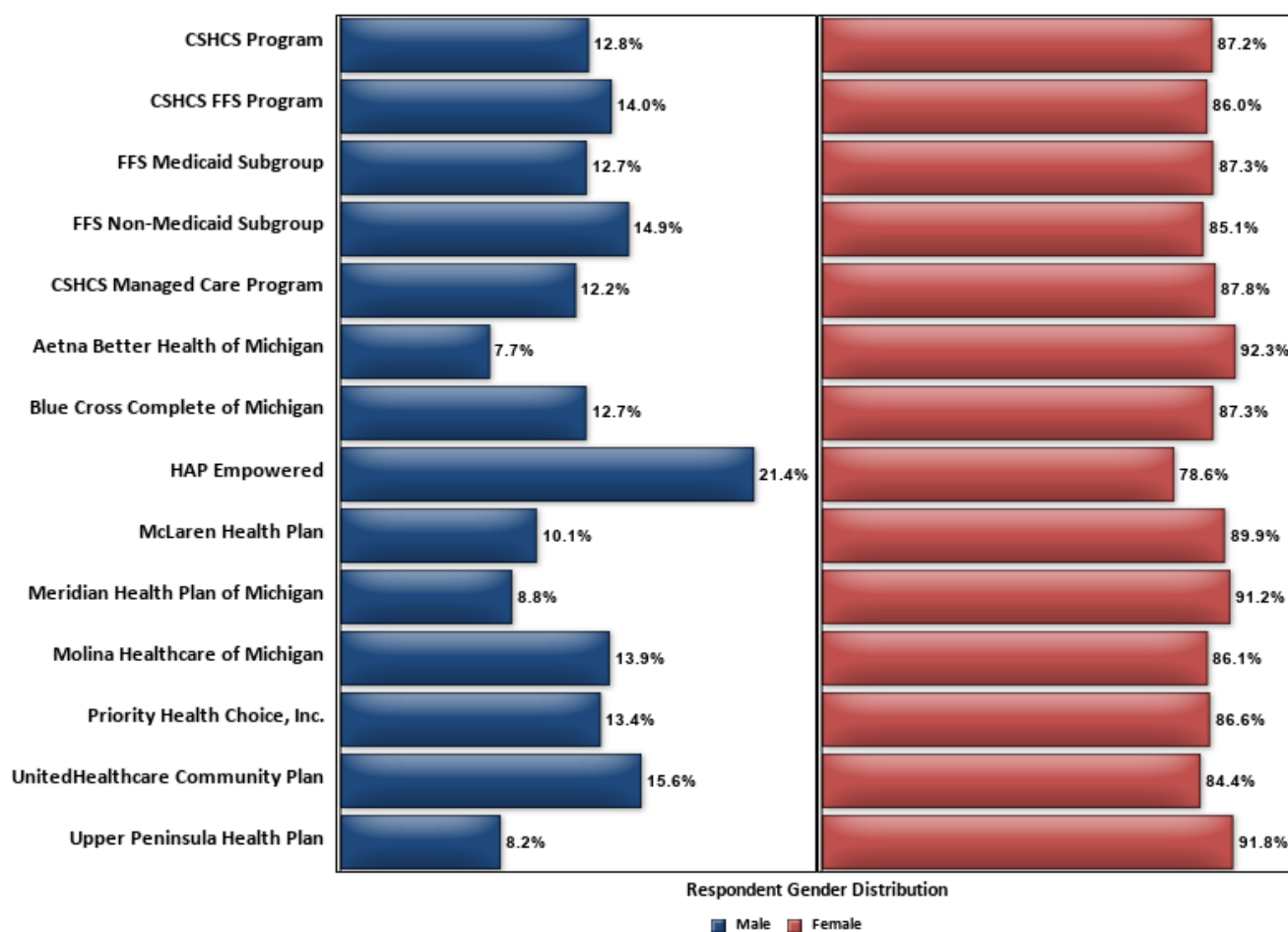
Figure 3-6 through Figure 3-9 depict the age, gender, education level, and relationship to child of parents or caregivers who completed the survey.

Figure 3-6—Respondent Demographics: Age



Please note, some percentages may not total 100 percent due to rounding.

Figure 3-7—Respondent Demographics: Gender



Please note, some percentages may not total 100 percent due to rounding.

Figure 3-8—Respondent Demographics: Education Level

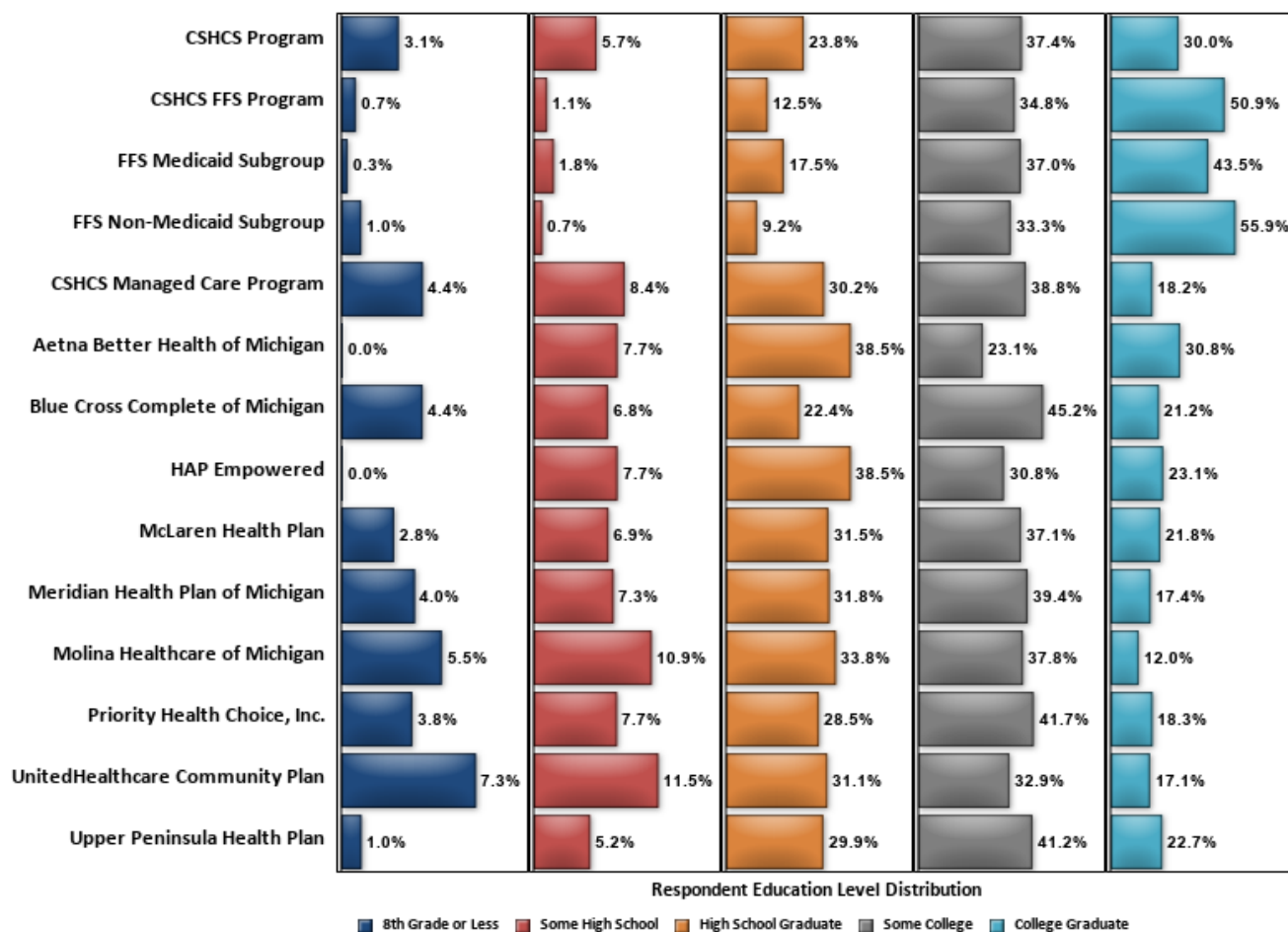
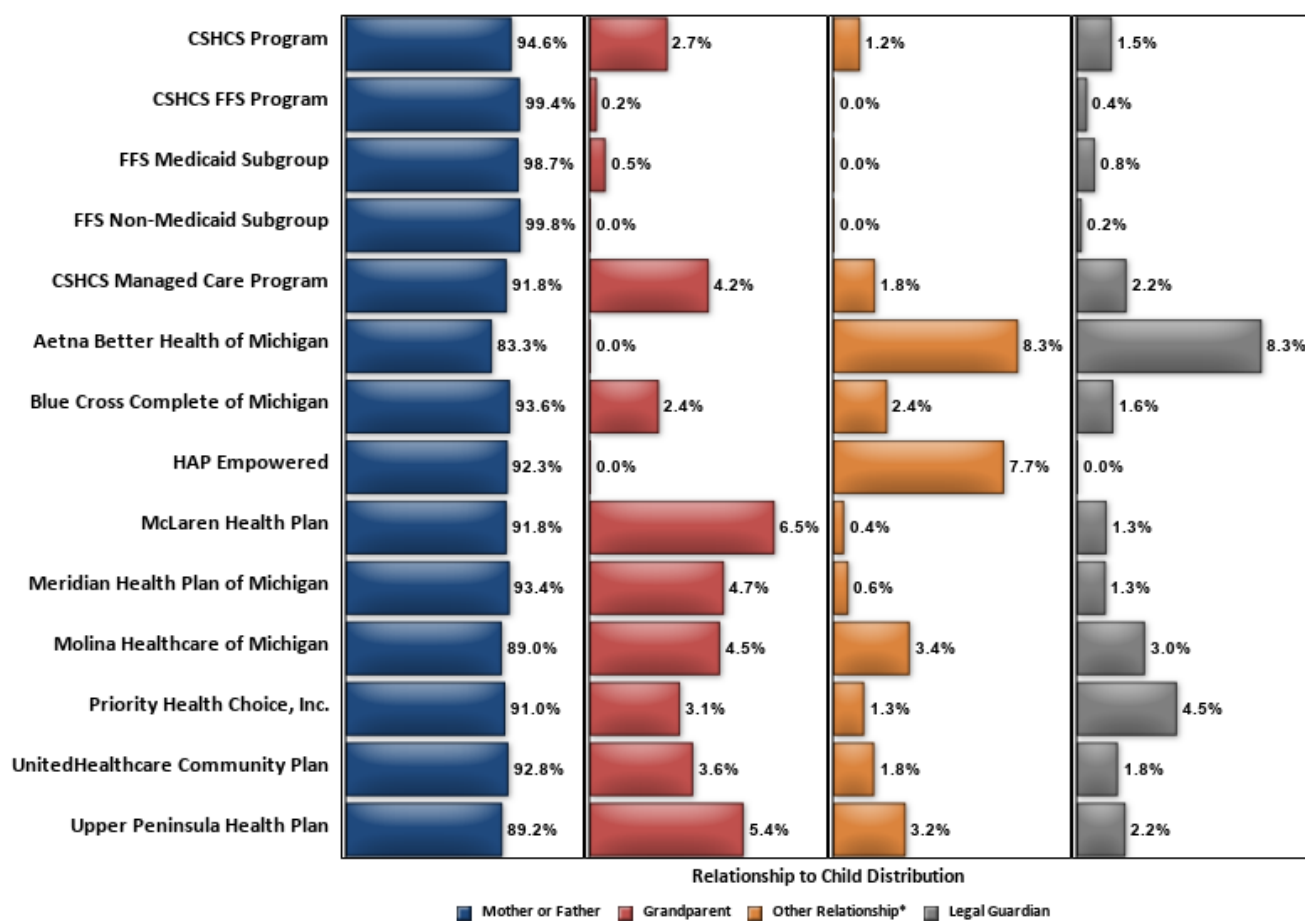


Figure 3-9—Respondent Demographics: Relationship to Child



Please note, some percentages may not total 100 percent due to rounding.

*The "Other Relationship" category includes responses of aunt or uncle, older brother or sister, other relative, or someone else.

Statewide Comparisons

HSAG calculated top-box scores for each measure. For additional information on the calculation of top-box scores and weighting, please refer to the Reader's Guide beginning on page 2-7. For additional information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 2-2. Colors in the figures note statistically significant differences. The NCQA Medicaid national averages for the CCC population are presented for comparison, where appropriate.^{3-1,3-2} Populations with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents. In addition, HSAG did not present top-box scores for measures with fewer than 11 responses, which are indicated as "Not Applicable" in the following figures.

Managed Care Comparisons

The CSHCS Program, CSHCS Managed Care Program, and 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). HSAG compared the MHP, FFS Medicaid subgroup, and CSHCS FFS Program results to the CSHCS Managed Care Program to determine if the results were statistically significantly different.³⁻³

In some instances, the top-box scores presented for two populations were similar, but one was statistically different from the CSHCS Managed Care Program, and the other was not. In these instances, it was the difference in the number of respondents between the two populations that explains the different statistical results. It is more likely that a statistically significant result will be found in a population with a larger number of respondents. For additional information on the managed care comparisons, please refer to the Reader's Guide beginning on page 2-9.

³⁻¹ The source for data contained in this publication is Quality Compass® 2021 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2021 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 CCC Medicaid population are presented for comparative purposes. Given the potential differences in demographic make-up of the CSHCS and CCC Medicaid populations, caution should be exercised when interpreting the comparisons to NCQA national averages.

³⁻³ The CSHCS Managed Care Program is displayed as "CSHCS MC Program" in the legend under the figures.

FFS Comparisons

The CSHCS FFS Program results were weighted based on the eligible population for each FFS population (i.e., CSHCS FFS Medicaid subgroup and CSHCS FFS non-Medicaid subgroup). The weighted CSHCS Program and CSHCS Managed Care Program results are displayed in the figures for reference only and were not compared to the CSHCS FFS Program. 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. For additional information on the FFS comparisons, please refer to the Reader's Guide beginning on page 2-9.

Medically Complex Comparisons

The CSHCS Program had a total of 1,457 completed surveys categorized as more medically complex and a total of 342 completed surveys categorized as less medically complex. These counts are based on parents'/caretakers' responses to the medically complex screener questions. The number of completed surveys based on medical complexity will not add up to the total number of completed surveys, as only child members with affirmative answers to the medically complex screener questions are included in the medically complex results. For additional information on the medically complex comparisons, please refer to the Reader's Guide beginning on page 2-9.

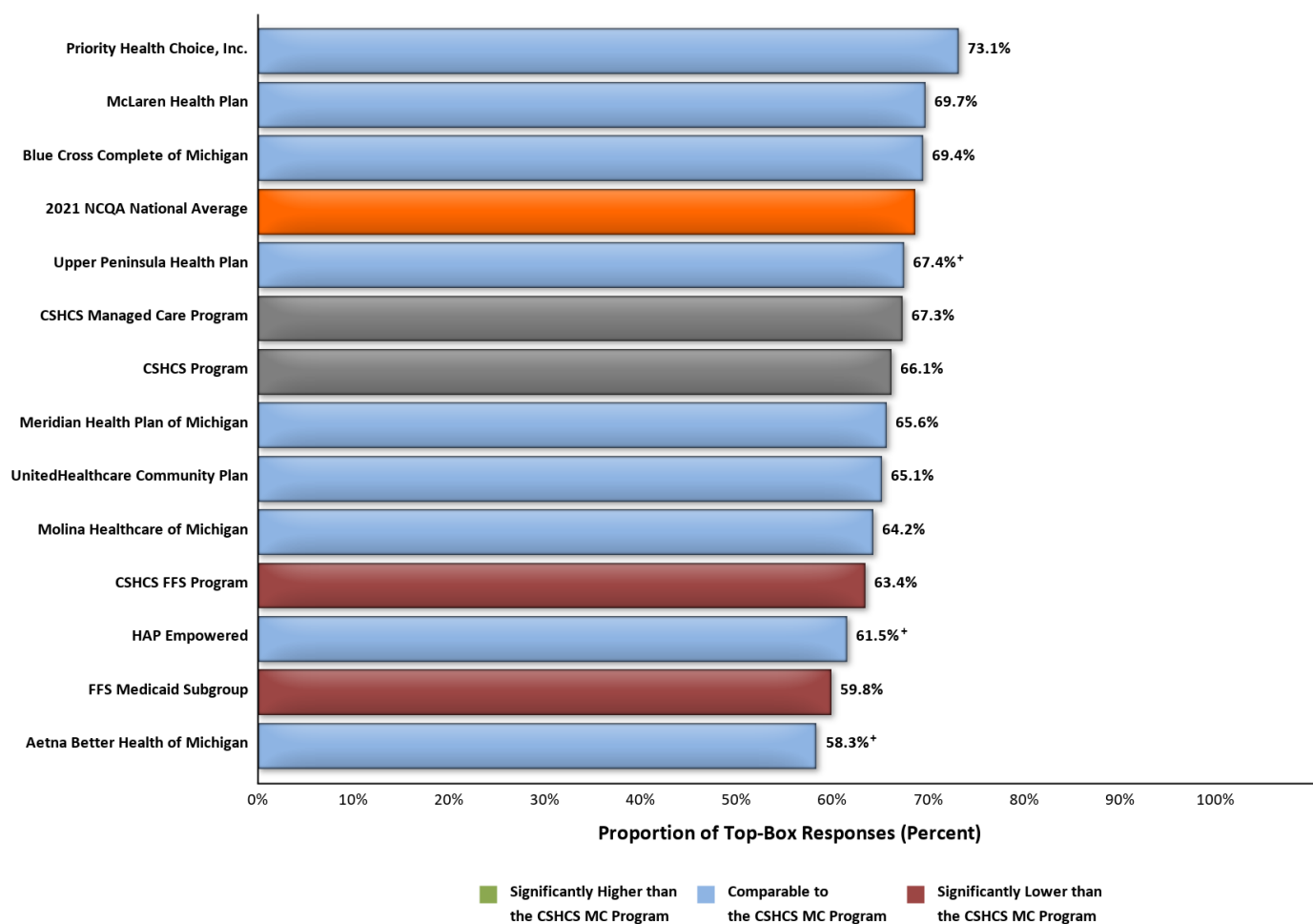
Global Ratings

Rating of Health Plan

Figure 3-10 through Figure 3-12 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Rating of Health Plan* measure.

Managed Care Comparisons

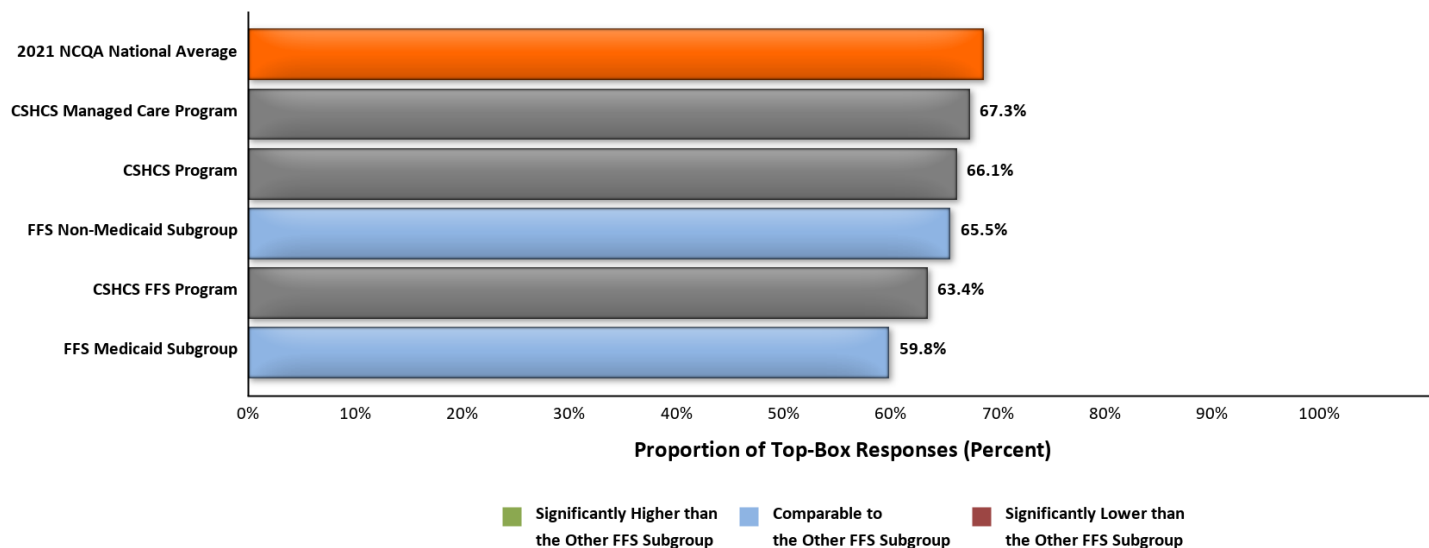
**Figure 3-10—Managed Care Comparisons
Rating of Health Plan Top-Box Scores**



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

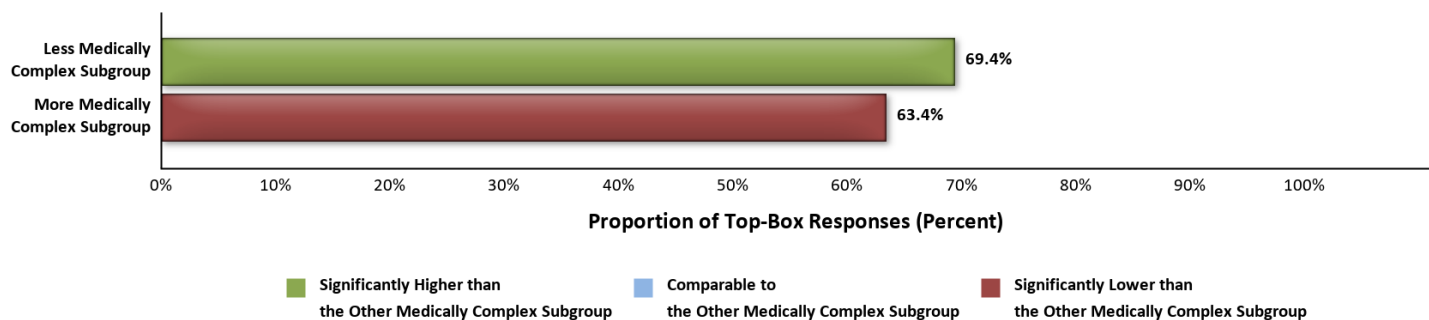
FFS Comparisons

**Figure 3-11—FFS Comparisons
Rating of Health Plan Top-Box Scores**



Medically Complex Comparisons

**Figure 3-12—Medically Complex Comparisons: CSHCS Program
Rating of Health Plan Top-Box Scores**

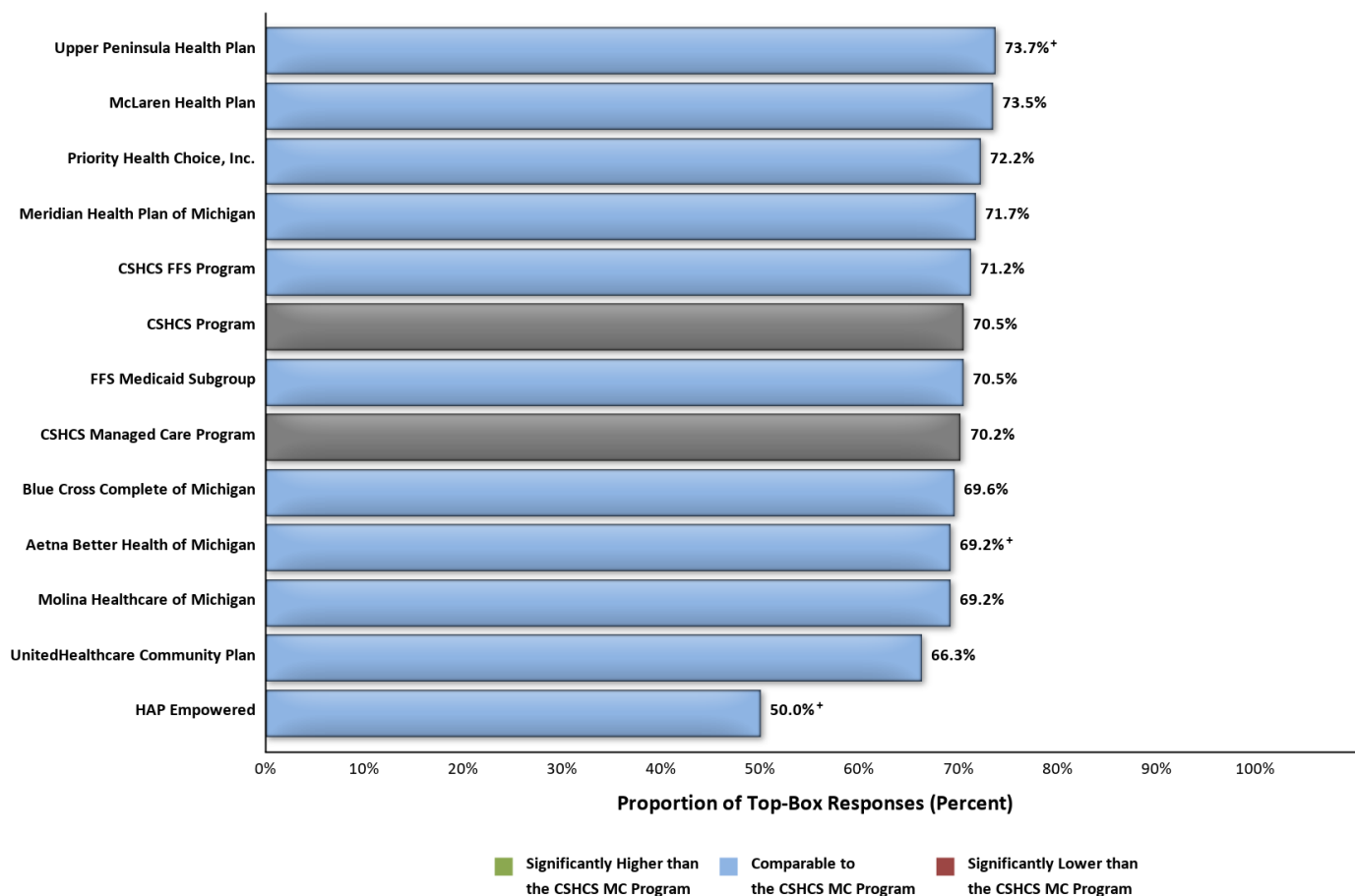


Rating of Health Care

Figure 3-13 through Figure 3-15 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Rating of Health Care* measure.³⁻⁴

Managed Care Comparisons

**Figure 3-13—Managed Care Comparisons
Rating of Health Care Top-Box Scores**

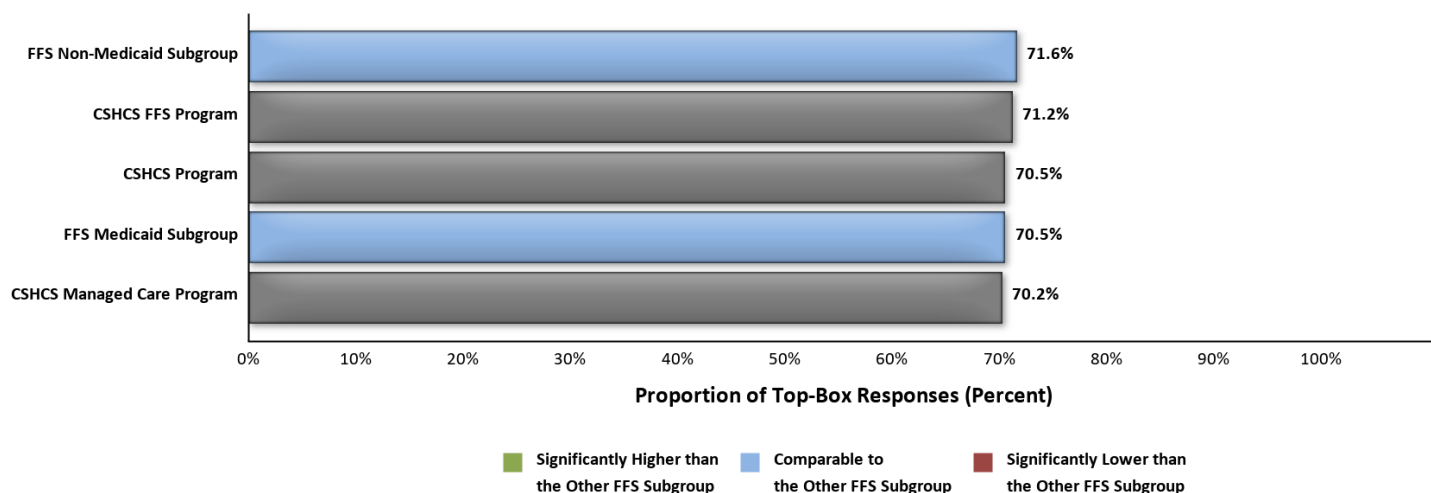


⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

³⁻⁴ Language for the *Rating of Health Care* global rating question in the CSHCS Survey was modified from the standard question in the CAHPS 5.1 Child Medicaid Health Plan Survey. Given that the results are not comparable to the NCQA national average, the 2021 NCQA national average is not displayed.

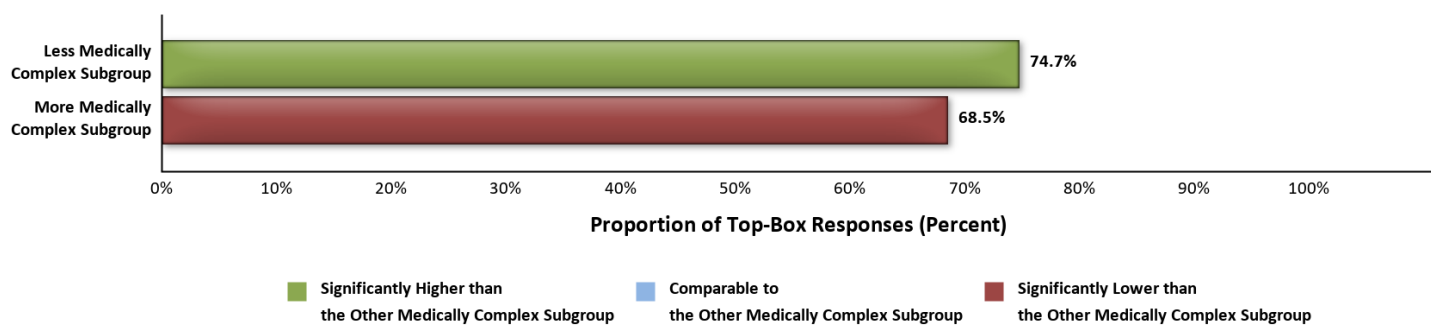
FFS Comparisons

**Figure 3-14—FFS Comparisons
Rating of Health Care Top-Box Scores**



Medically Complex Comparisons

**Figure 3-15—Medically Complex Comparisons: CSHCS Program
Rating of Health Care Top-Box Scores**

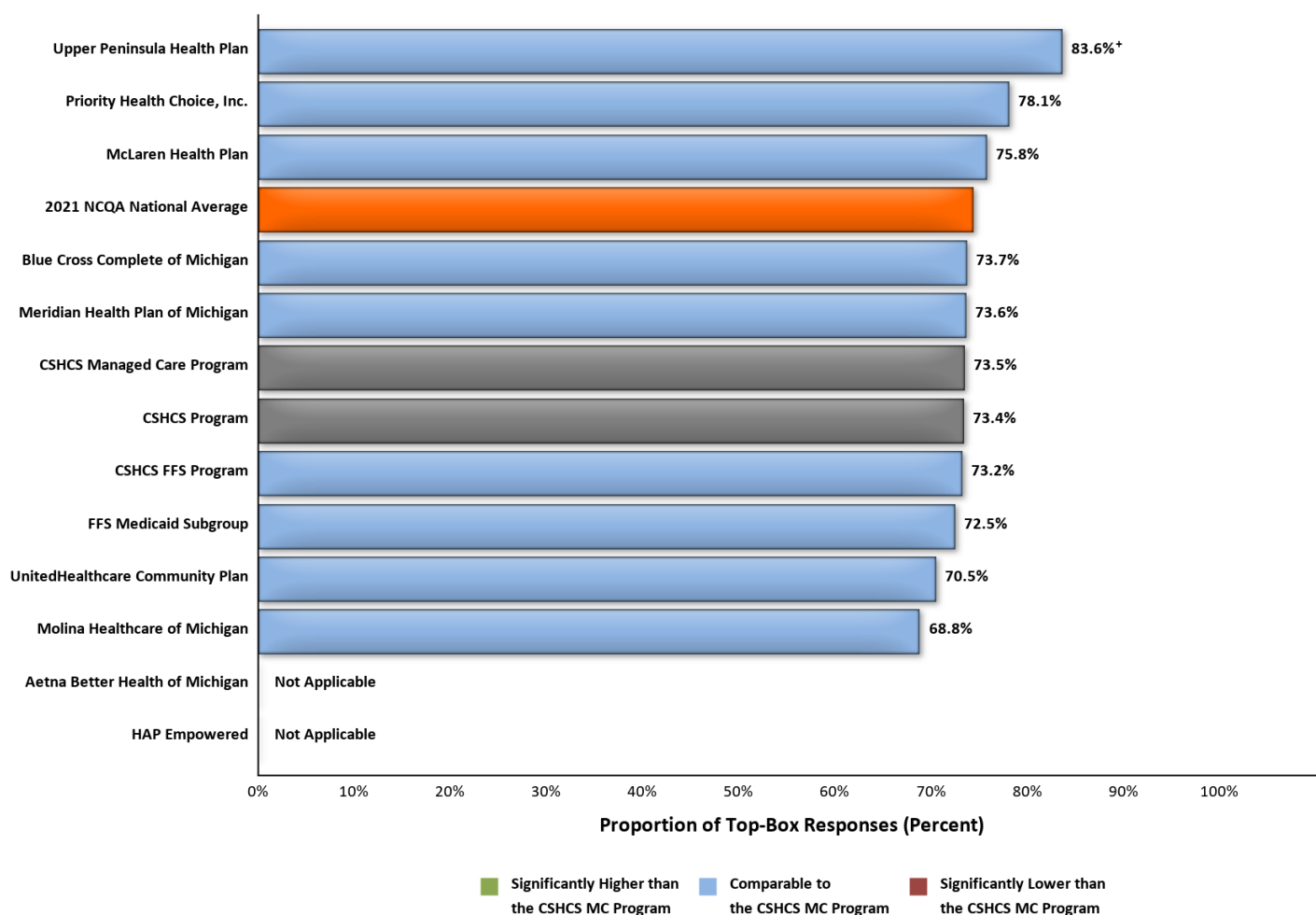


Rating of Specialist Seen Most Often

Figure 3-16 through Figure 3-18 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Rating of Specialist Seen Most Often* measure.

Managed Care Comparisons

Figure 3-16—Managed Care Comparisons
Rating of Specialist Seen Most Often Top-Box Scores

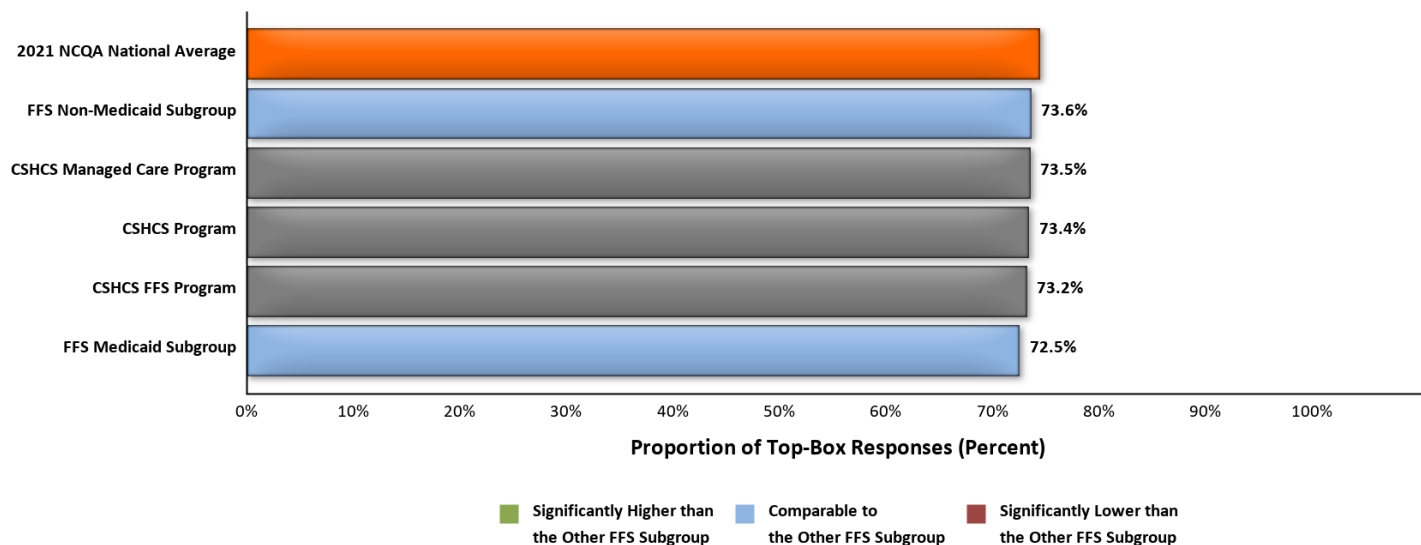


⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

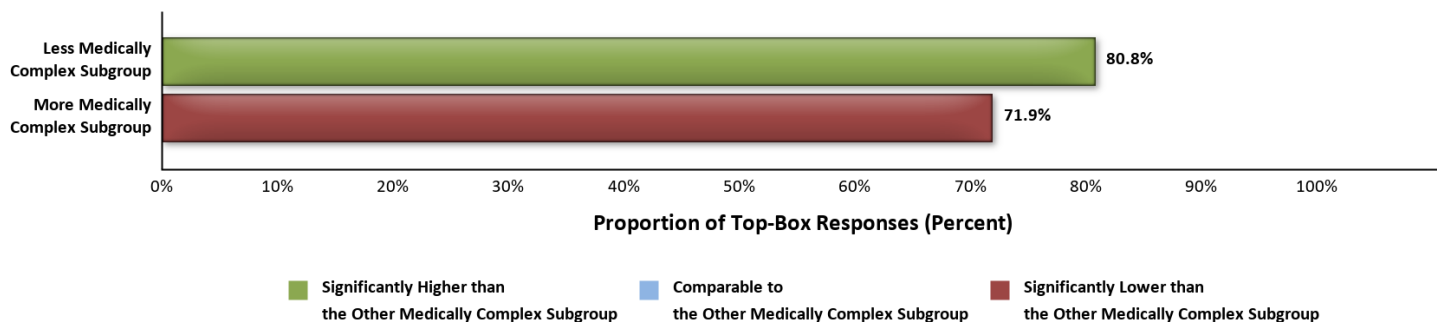
FFS Comparisons

Figure 3-17—FFS Comparisons
Rating of Specialist Seen Most Often Top-Box Scores



Medically Complex Comparisons

Figure 3-18—Medically Complex Comparisons: CSHCS Program
Rating of Specialist Seen Most Often Top-Box Scores

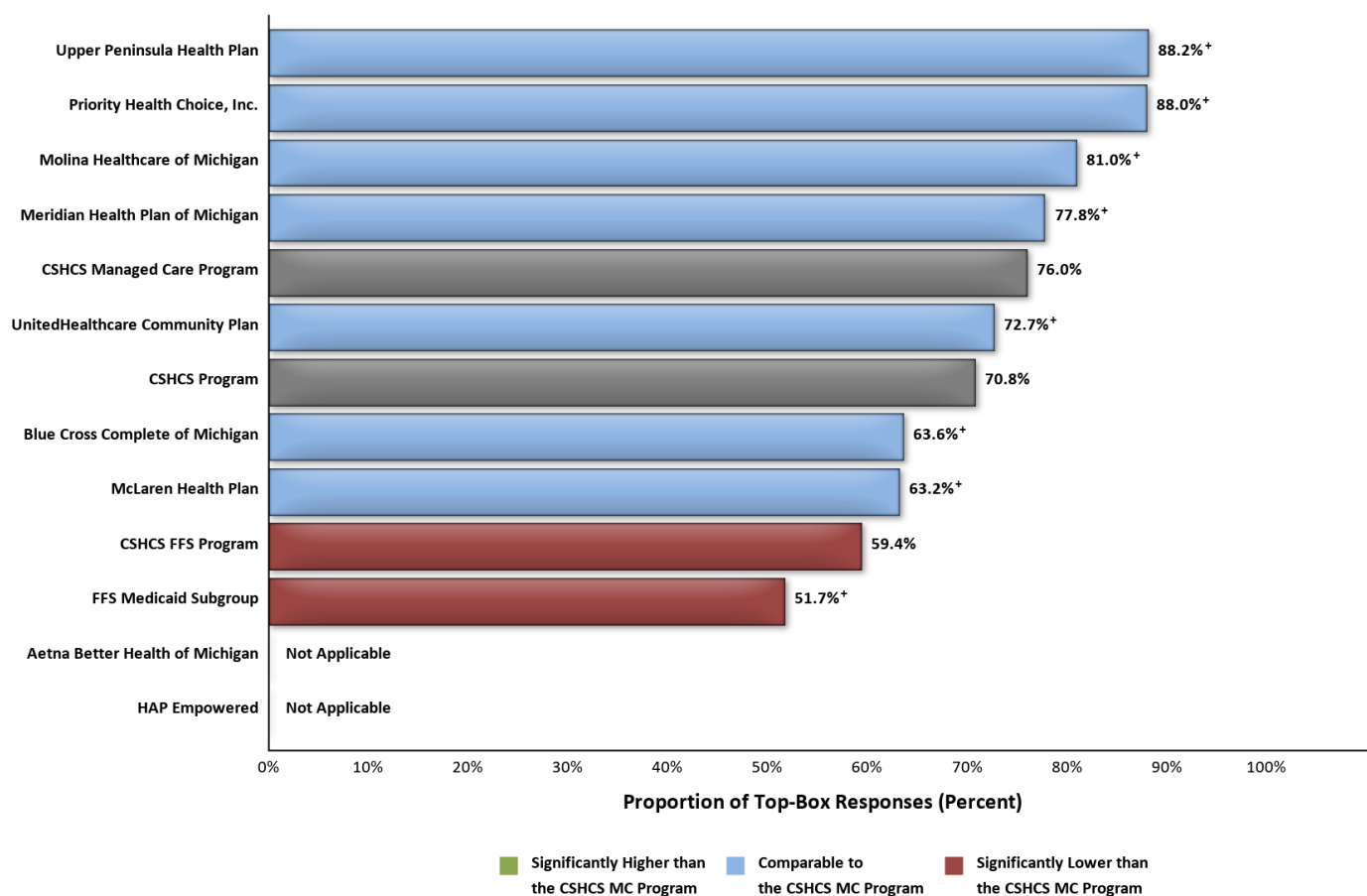


Rating of CMDS Clinic

Figure 3-19 through Figure 3-21 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Rating of CMDS Clinic* measure.³⁻⁵

Managed Care Comparisons

**Figure 3-19—Managed Care Comparisons
Rating of CMDS Clinic Top-Box Scores**

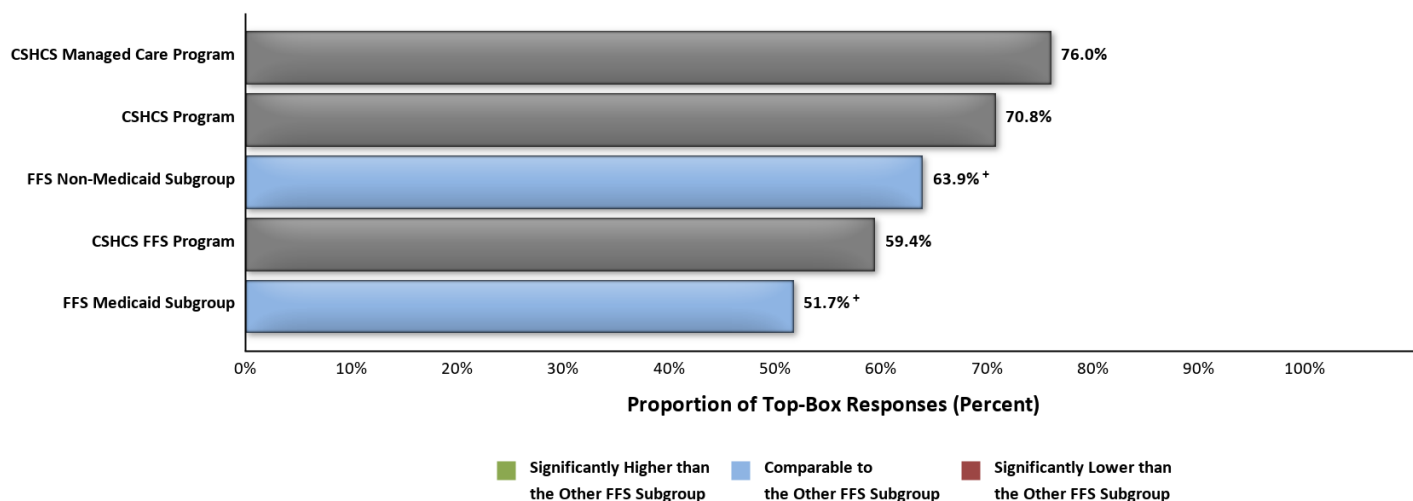


⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻⁵ The *Rating of CMDS Clinic* global rating question is not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2021 NCQA national average is not available for this measure.

FFS Comparisons

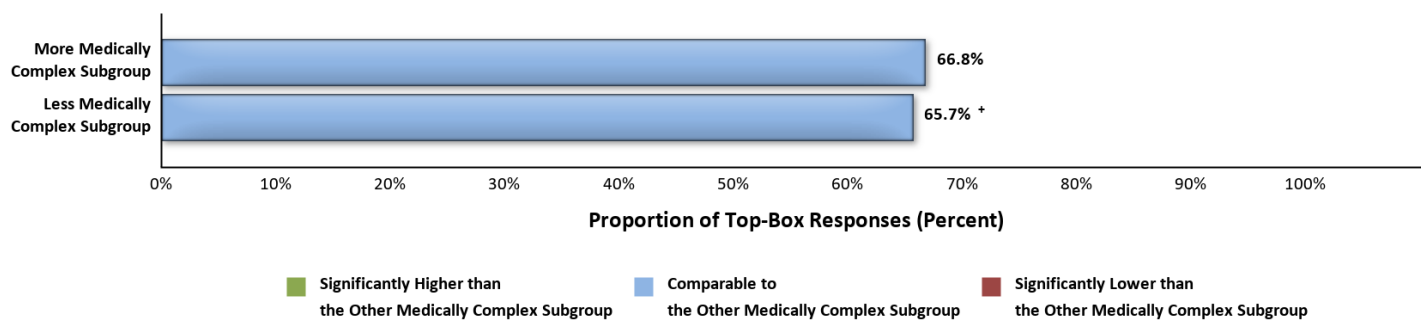
**Figure 3-20—FFS Comparisons
Rating of CMDS Clinic Top-Box Scores**



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

Medically Complex Comparisons

**Figure 3-21—Medically Complex Comparisons: CSHCS Program
Rating of CMDS Clinic Top-Box Scores**



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

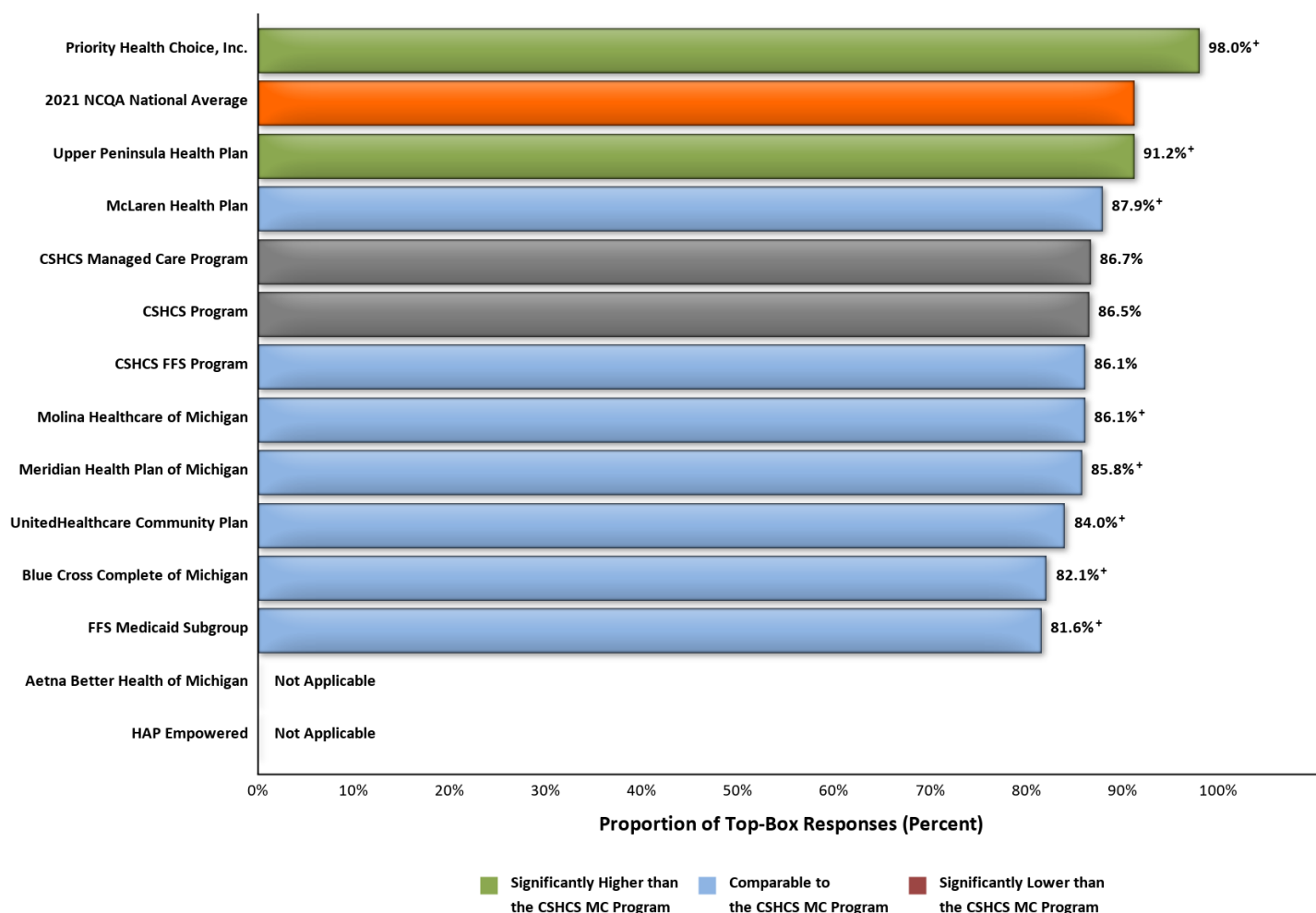
Composite Measures

Customer Service

Figure 3-22 through Figure 3-24 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Customer Service* measure.

Managed Care Comparisons

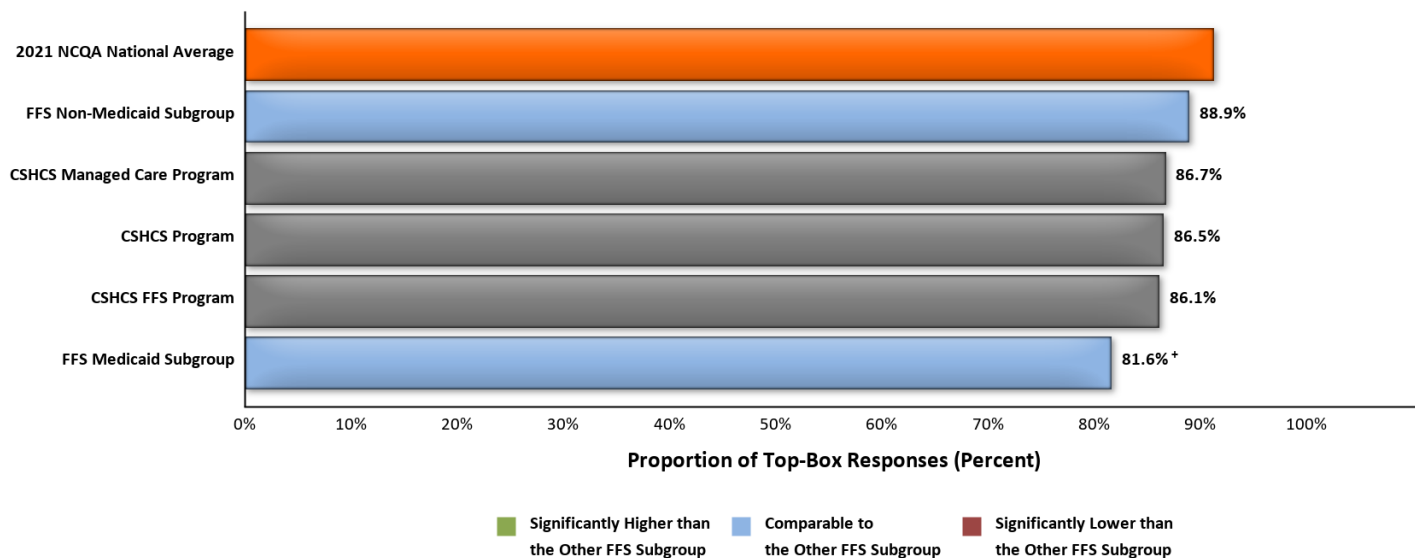
**Figure 3-22—Managed Care Comparisons
Customer Service Top-Box Scores**



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

FFS Comparisons

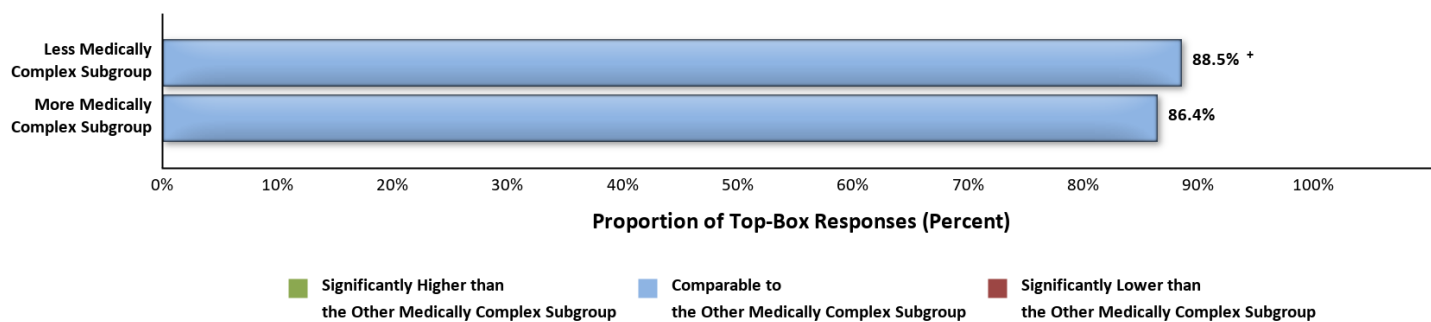
**Figure 3-23—FFS Comparisons
Customer Service Top-Box Scores**



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

Medically Complex Comparisons

**Figure 3-24—Medically Complex Comparisons: CSHCS Program
Customer Service Top-Box Scores**



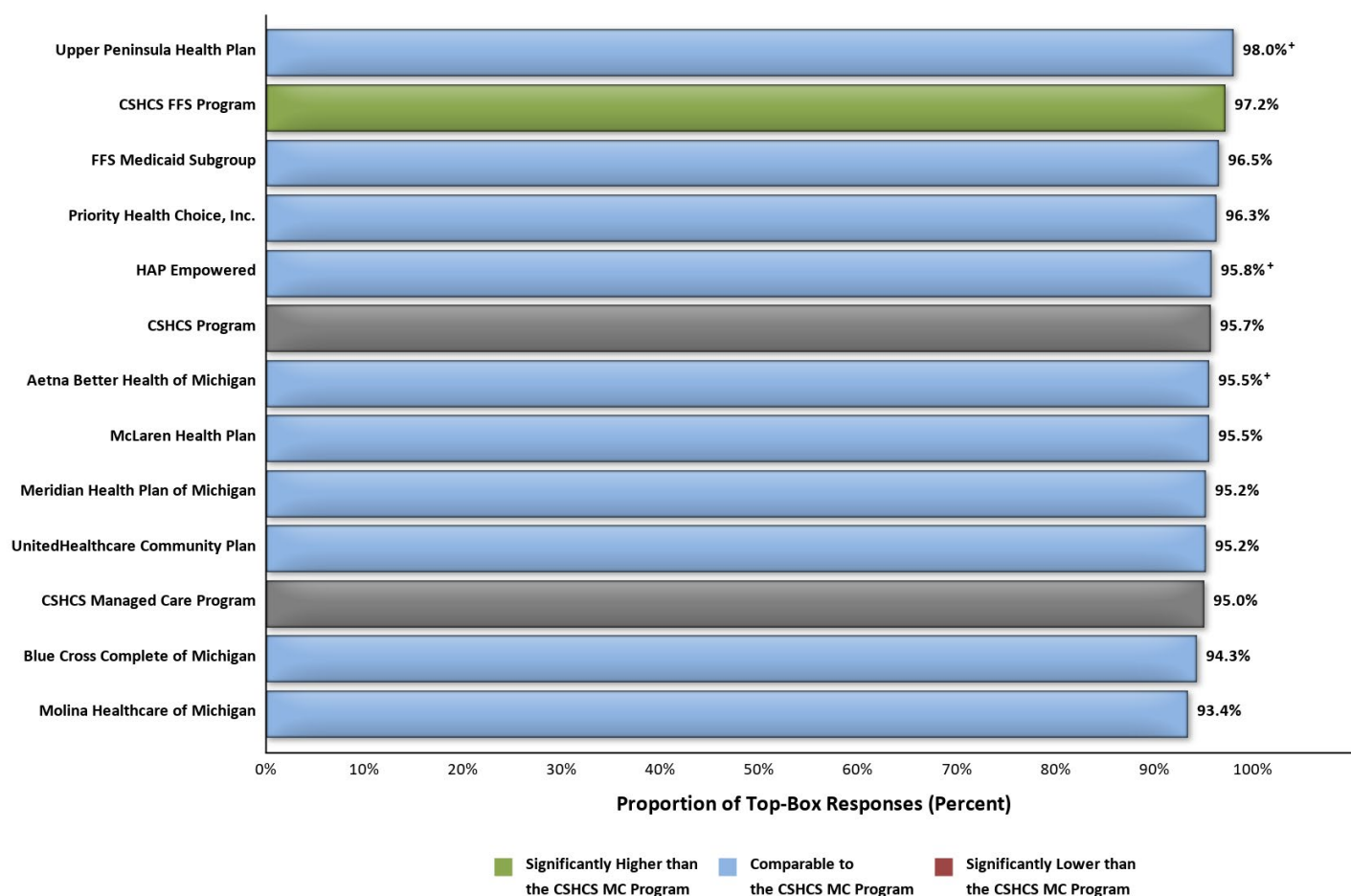
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

Figure 3-25 through Figure 3-27 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *How Well Doctors Communicate* measure.³⁻⁶

Managed Care Comparisons

**Figure 3-25—Managed Care Comparisons
How Well Doctors Communicate Top-Box Scores**

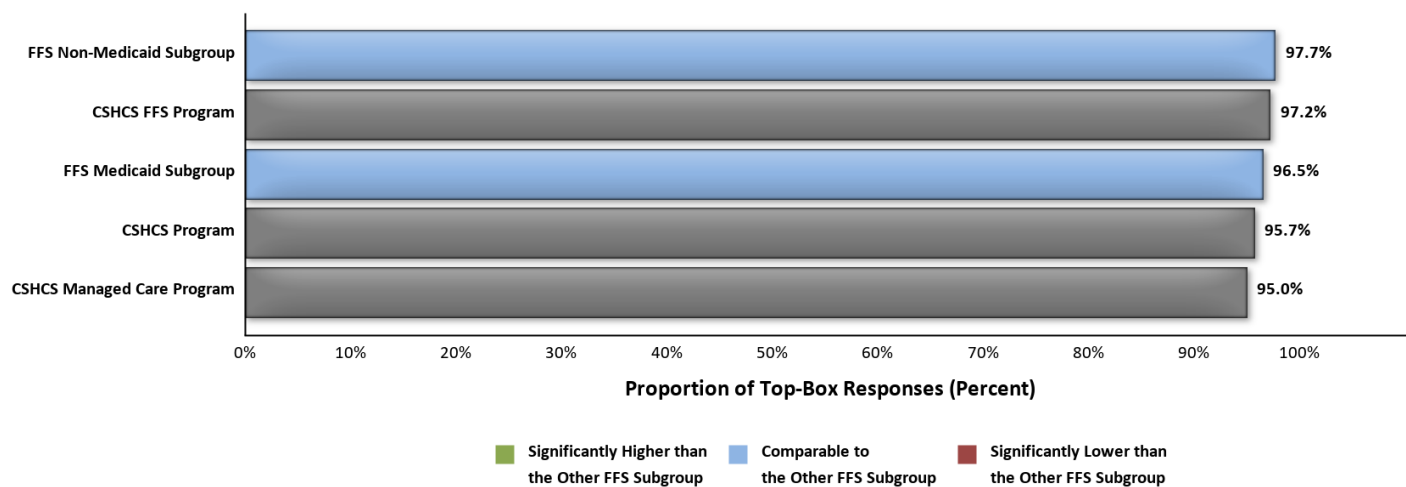


⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

³⁻⁶ The survey questions that comprise the *How Well Doctors Communicate* composite measure in the CAHPS 5.1 Child Medicaid Health Plan Survey were modified for inclusion in the CSHCS Survey. Given that the results are not comparable to the NCQA national average, the 2021 NCQA national average is not displayed.

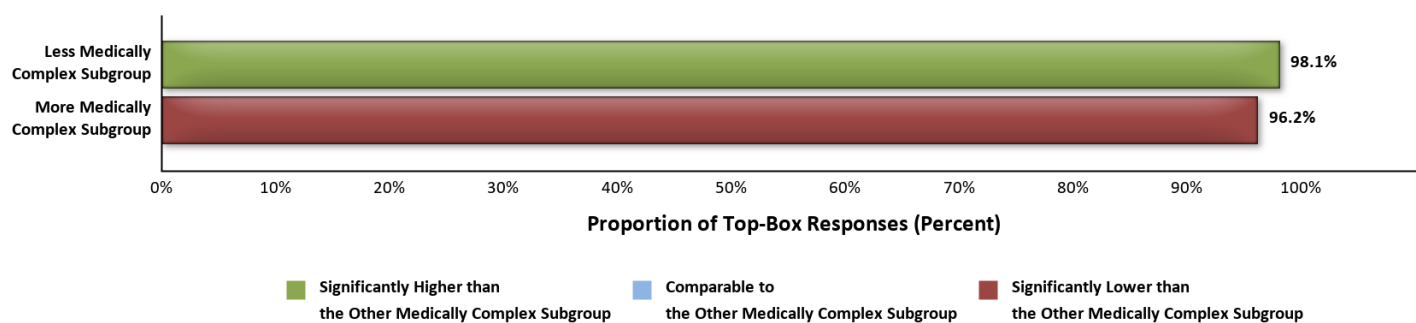
FFS Comparisons

Figure 3-26—FFS Comparisons
How Well Doctors Communicate Top-Box Scores



Medically Complex Comparisons

Figure 3-27—Medically Complex Comparisons: CSHCS Program
How Well Doctors Communicate Top-Box Scores

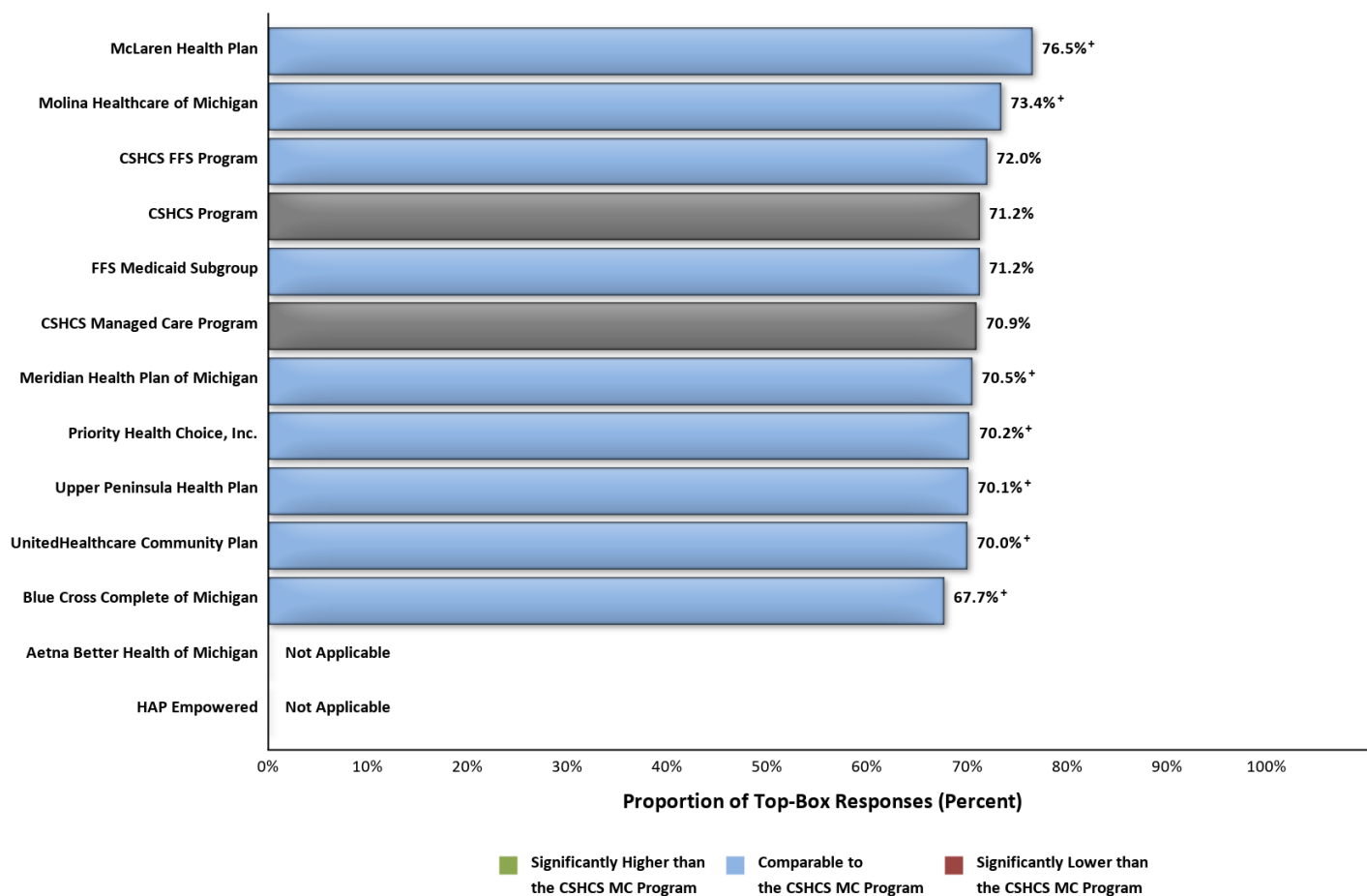


Access to Specialized Services

Figure 3-28 through Figure 3-30 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Access to Specialized Services* measure.³⁻⁷

Managed Care Comparisons

**Figure 3-28—Managed Care Comparisons
Access to Specialized Services Top-Box Scores**

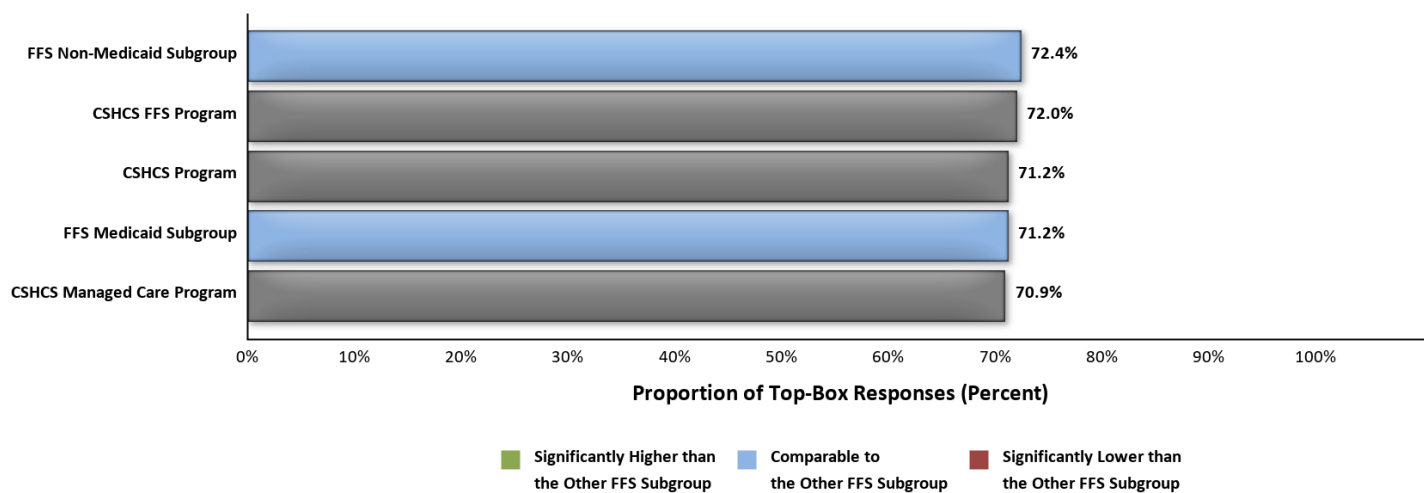


⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻⁷ The survey questions that comprise the *Access to Specialized Services* composite measure in the CSHCS Survey differed from the CAHPS 5.1 Child Medicaid Health Plan Survey (i.e., one question was removed from the composite). Given that the results are not comparable to the NCQA national average, the 2021 NCQA national average is not displayed.

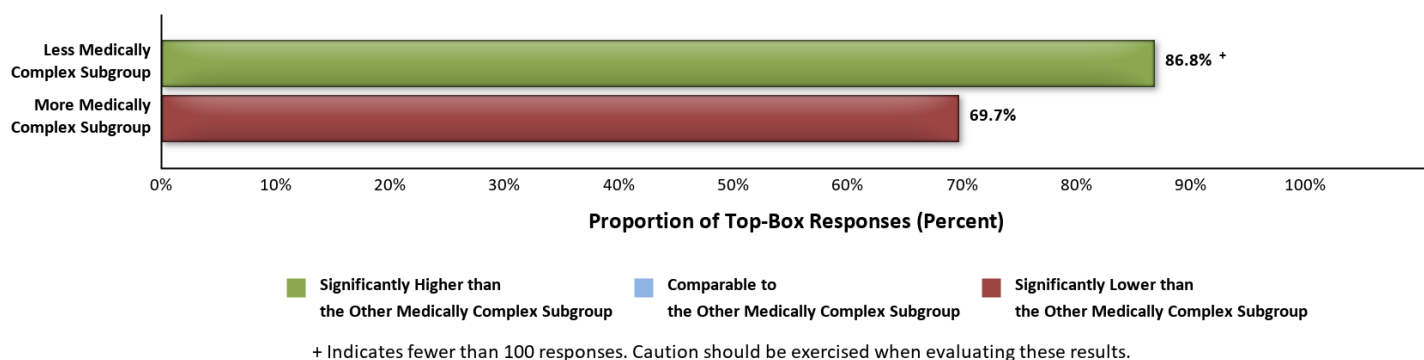
FFS Comparisons

**Figure 3-29—FFS Comparisons
Access to Specialized Services Top-Box Scores**



Medically Complex Comparisons

**Figure 3-30—Medically Complex Comparisons: CSHCS Program
Access to Specialized Services Top-Box Scores**

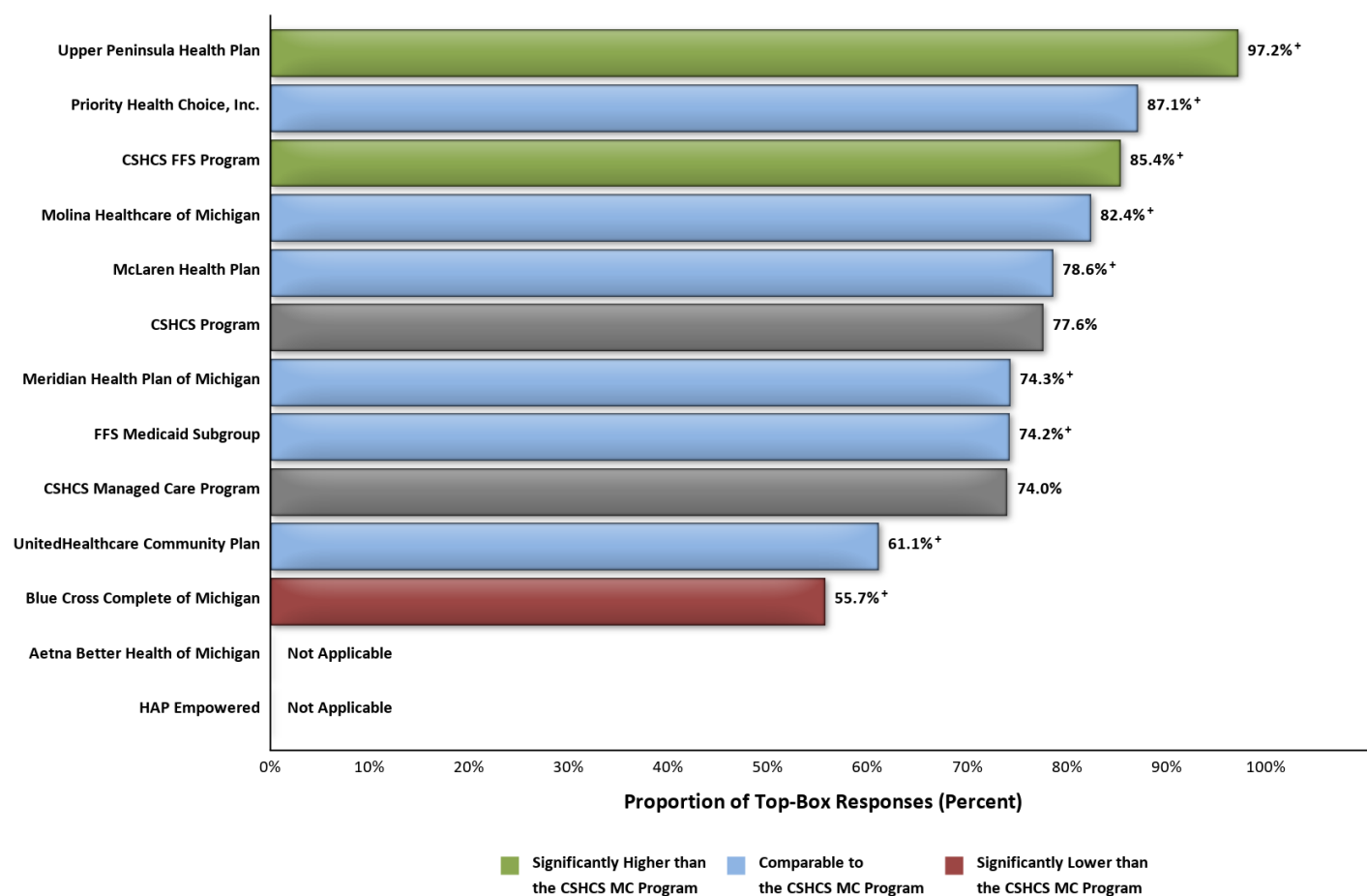


Transportation

Figure 3-31 through Figure 3-33 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Transportation* top-box scores.³⁻⁸

Managed Care Comparisons

**Figure 3-31—Managed Care Comparisons
Transportation Top-Box Scores**

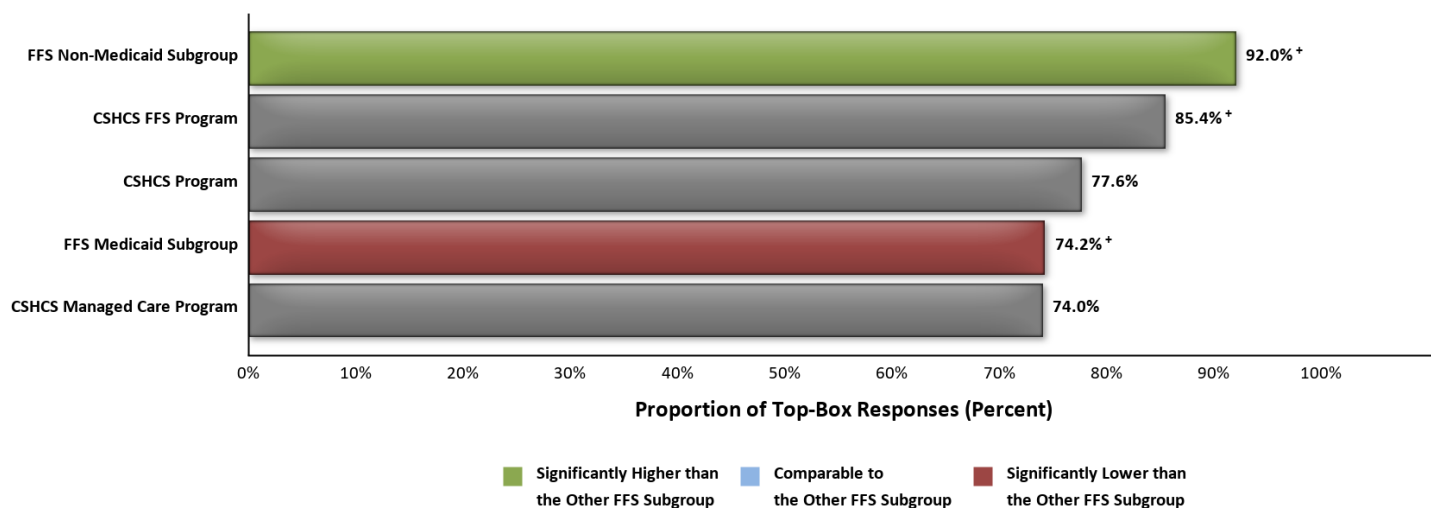


⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻⁸ The *Transportation* composite measure survey questions are not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and are specific to the CSHCS Survey. Therefore, a 2021 NCQA national average is not available for this measure.

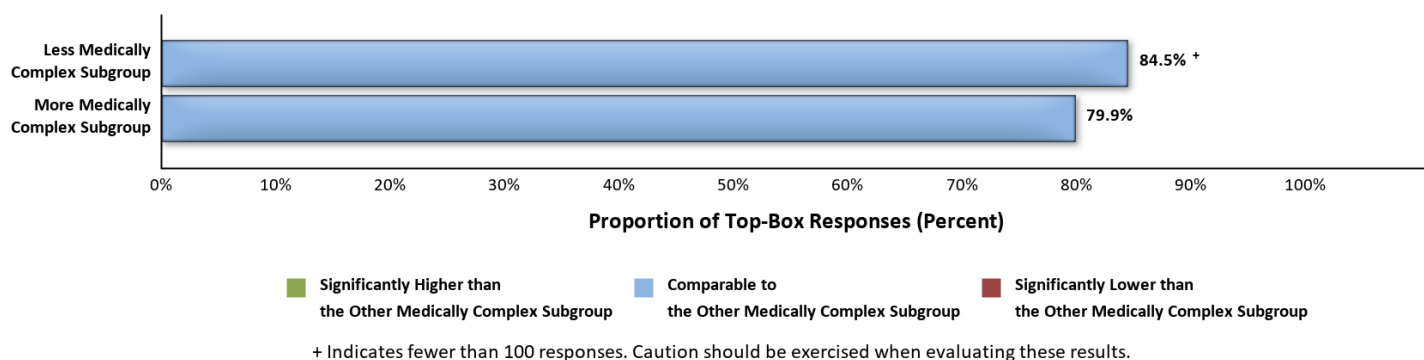
FFS Comparisons

**Figure 3-32—FFS Comparisons
Transportation Top-Box Scores**



Medically Complex Comparisons

**Figure 3-33—Medically Complex Comparisons: CSHCS Program
Transportation Top-Box Scores**

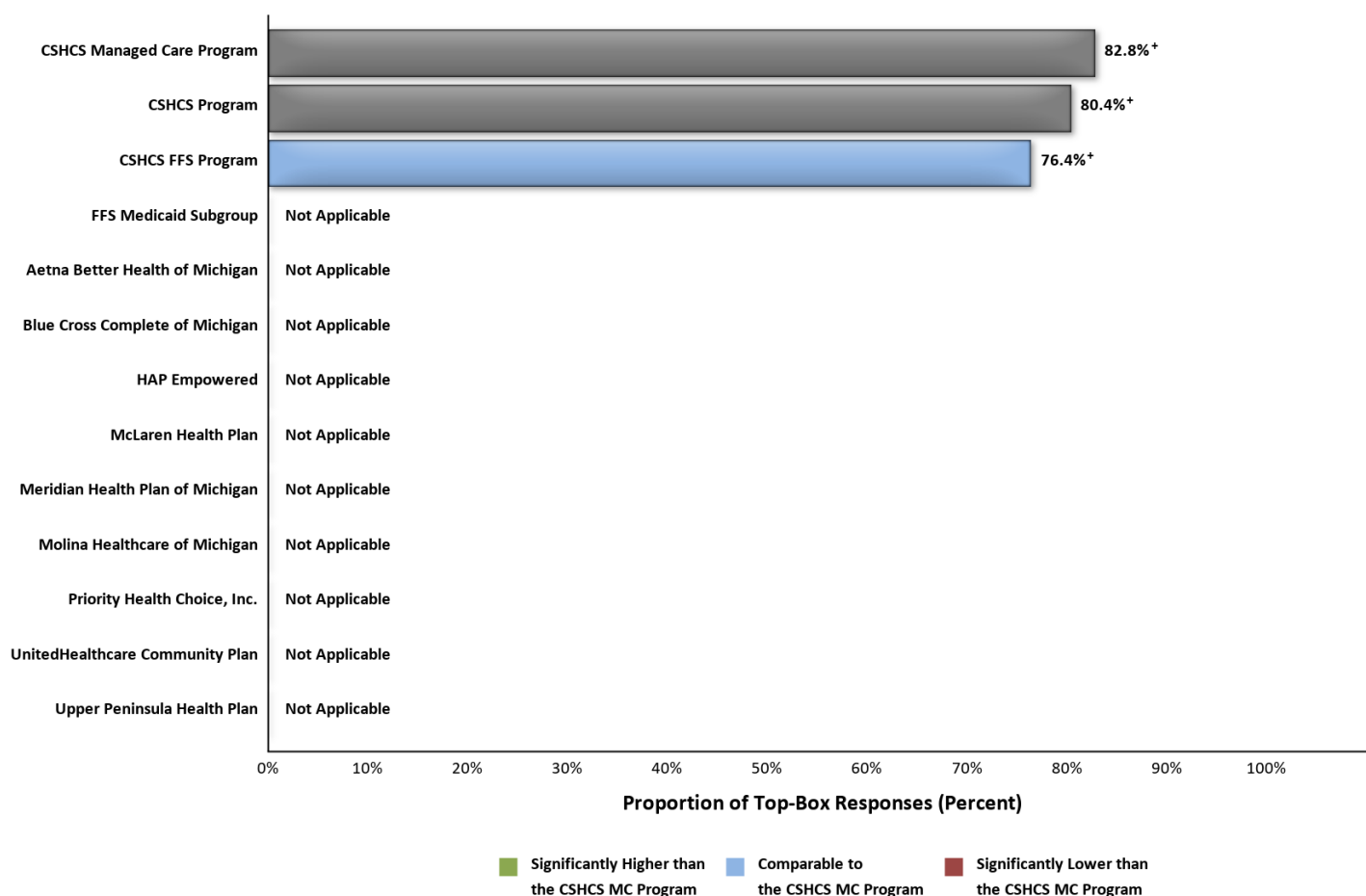


CSHCS Family Center

Figure 3-34 through Figure 3-36 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *CSHCS Family Center* measure.³⁻⁹

Managed Care Comparisons

**Figure 3-34—Managed Care Comparisons
CSHCS Family Center Top-Box Scores**

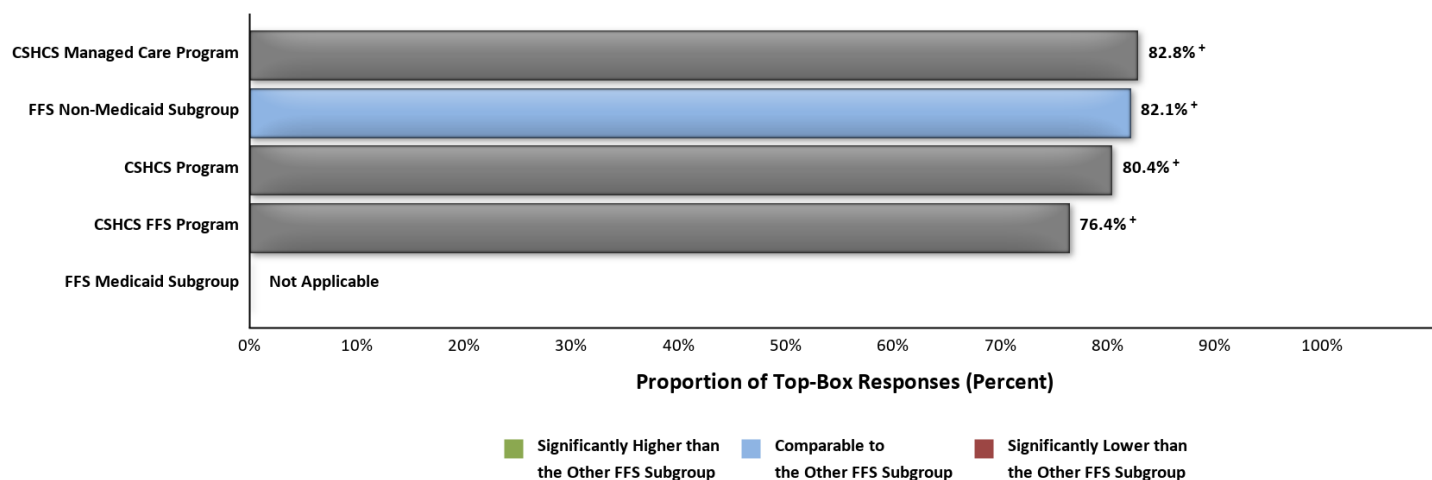


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻⁹ The *CSHCS Family Center* composite measure survey questions are not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and are specific to the CSHCS Survey. Therefore, a 2021 NCQA national average is not available for this measure.

FFS Comparisons

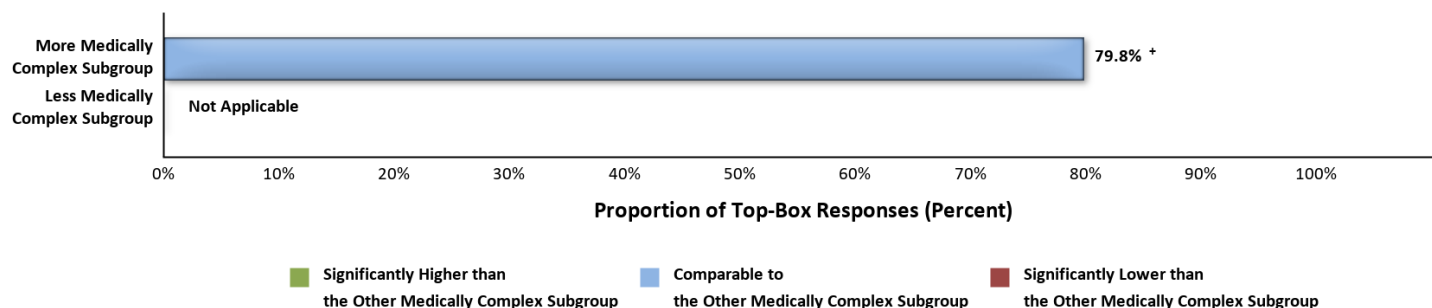
**Figure 3-35—FFS Comparisons
CSHCS Family Center Top-Box Scores**



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

Medically Complex Comparisons

**Figure 3-36—Medically Complex Comparisons: CSHCS Program
CSHCS Family Center Top-Box Scores**



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

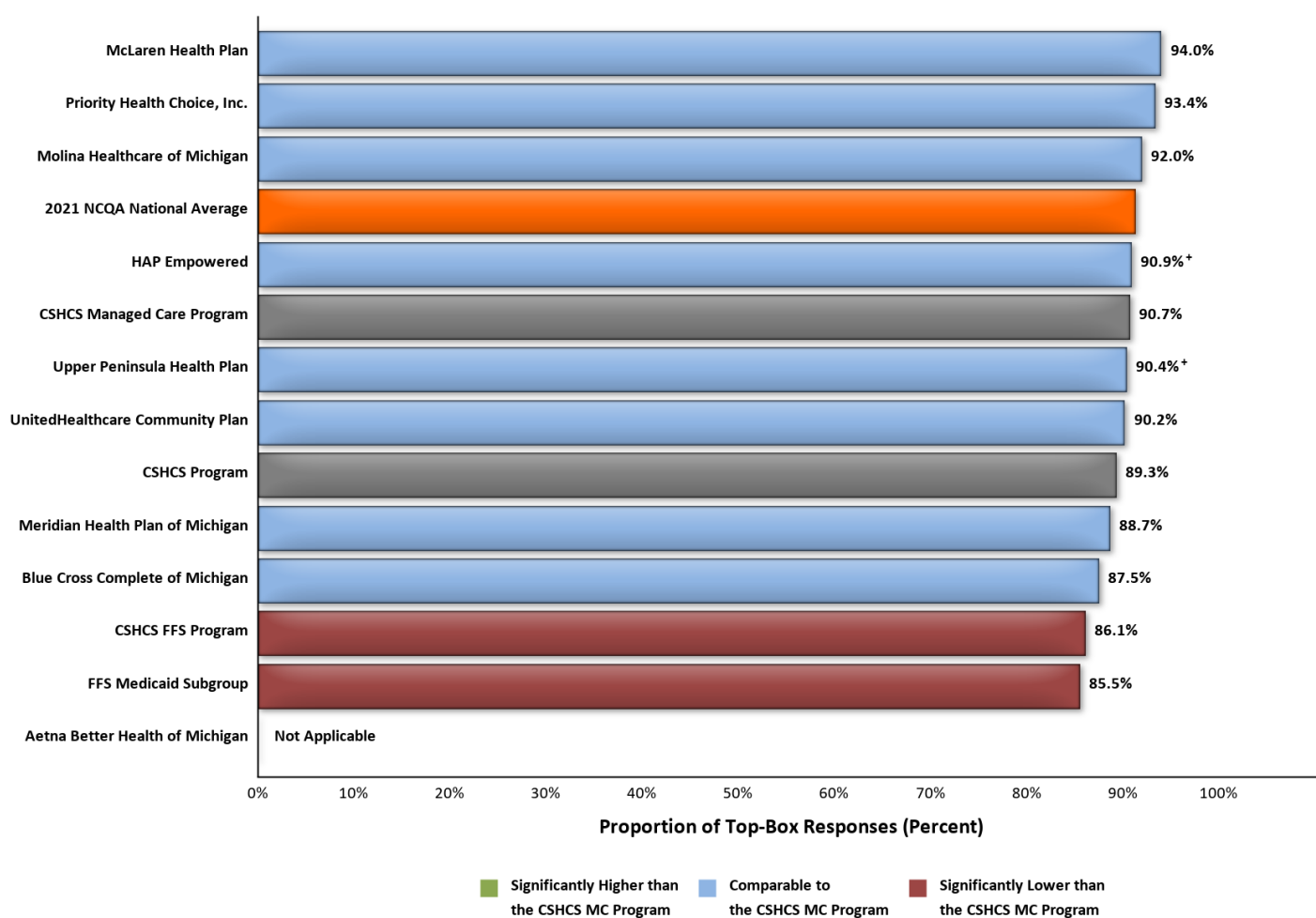
Individual Item Measures

Access to Prescription Medicines

Figure 3-37 through Figure 3-39 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Access to Prescription Medicines* measure.

Managed Care Comparisons

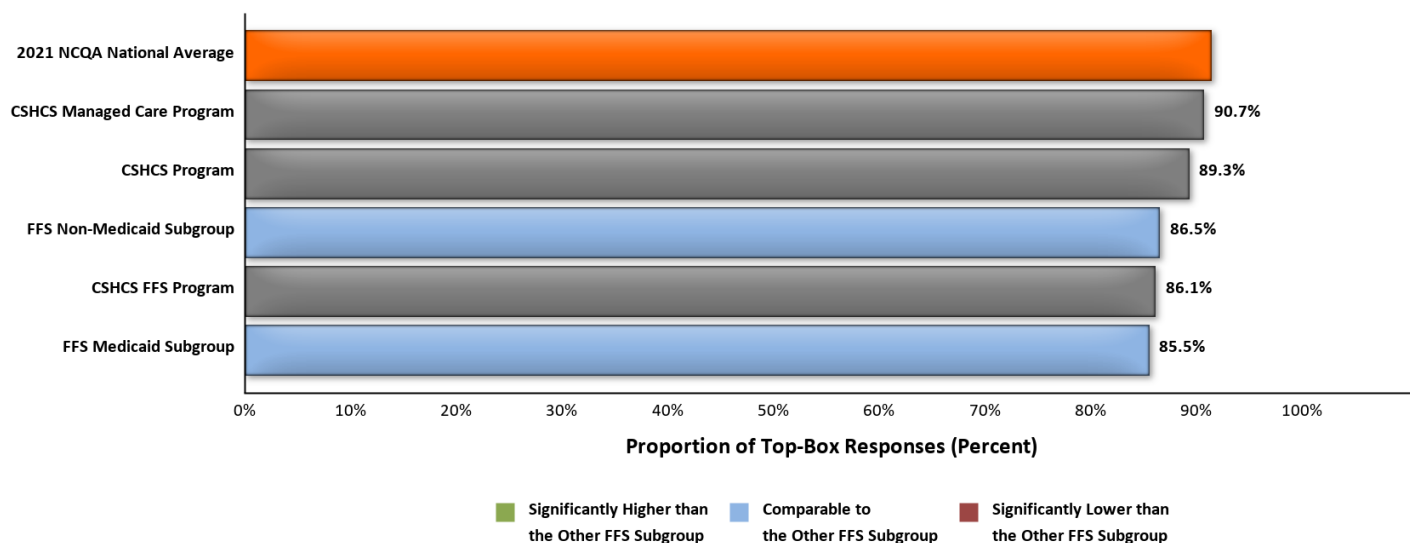
**Figure 3-37—Managed Care Comparisons
Access to Prescription Medicines Top-Box Scores**



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

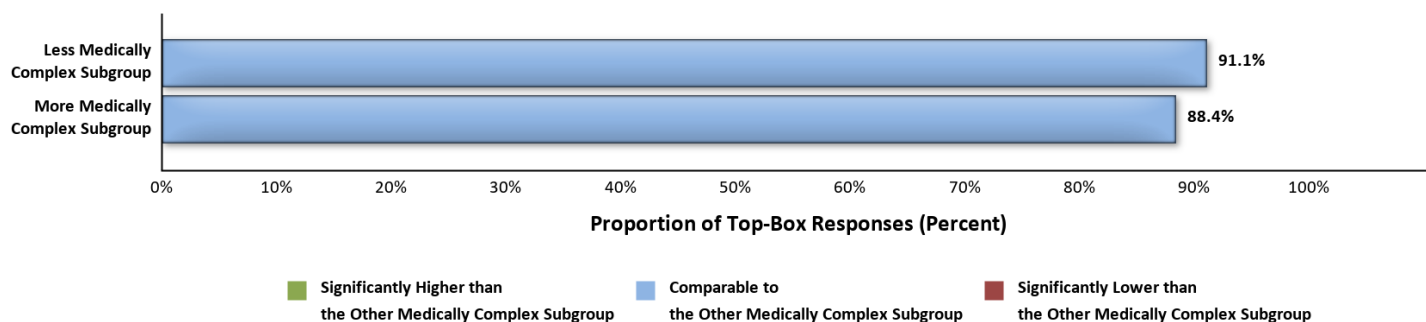
FFS Comparisons

**Figure 3-38—FFS Comparisons
Access to Prescription Medicines Top-Box Scores**



Medically Complex Comparisons.

**Figure 3-39—Medically Complex Comparisons: CSHCS Program
Access to Prescription Medicines Top-Box Scores**

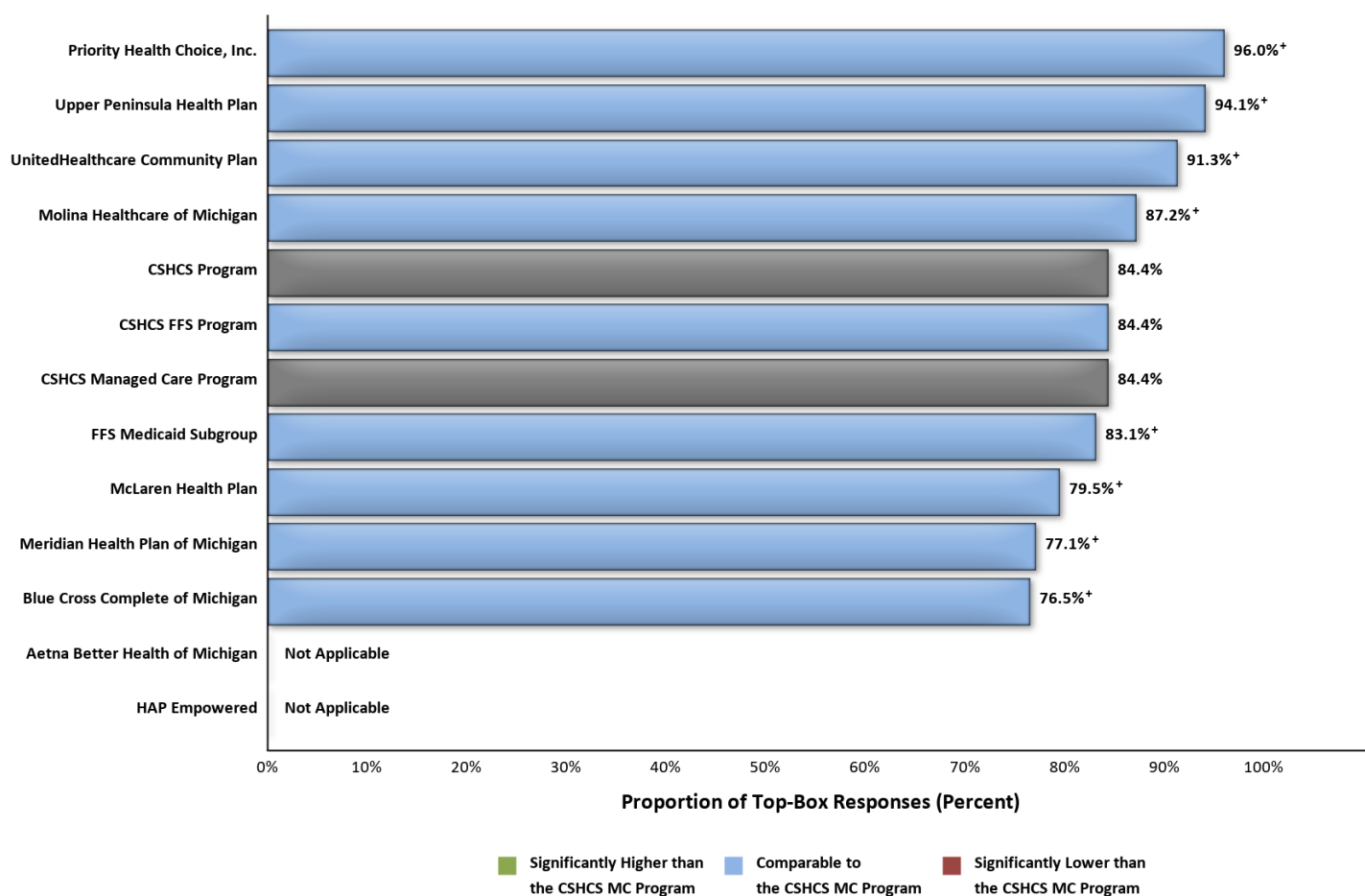


CMDS Clinic

Figure 3-40 through Figure 3-42 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *CMDS Clinic* measure.³⁻¹⁰

Managed Care Comparisons

**Figure 3-40—Managed Care Comparisons
CMDS Clinic Top-Box Scores**

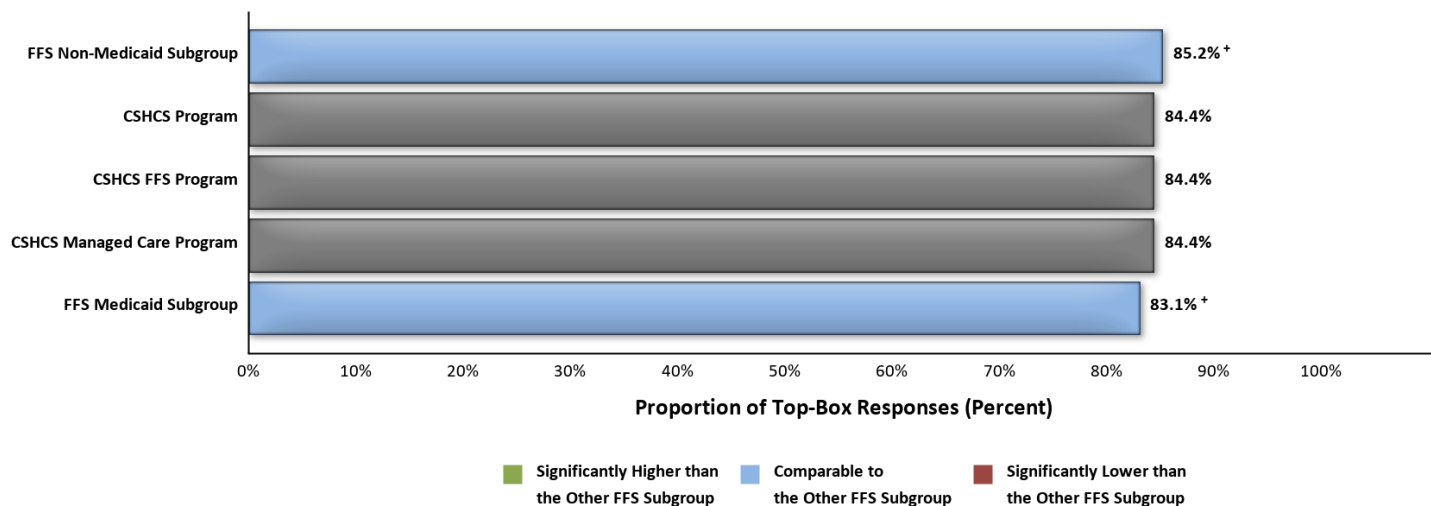


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻¹⁰ The *CMDS Clinic* individual item measure survey question is not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2021 NCQA national average is not available for this measure.

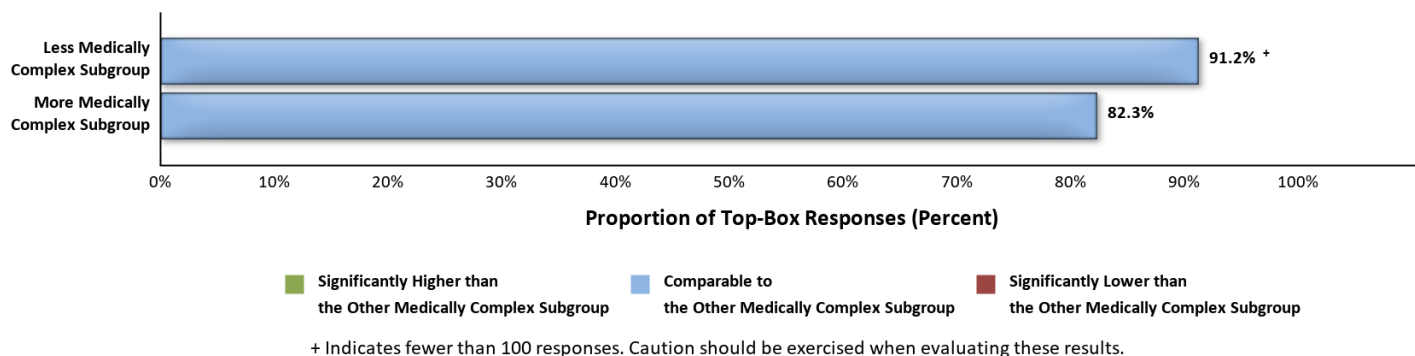
FFS Comparisons

**Figure 3-41—FFS Comparisons
CMD5 Clinic Top-Box Scores**



Medically Complex Comparisons

**Figure 3-42—Medically Complex Comparisons: CSHCS Program
CMD5 Clinic Top-Box Scores**

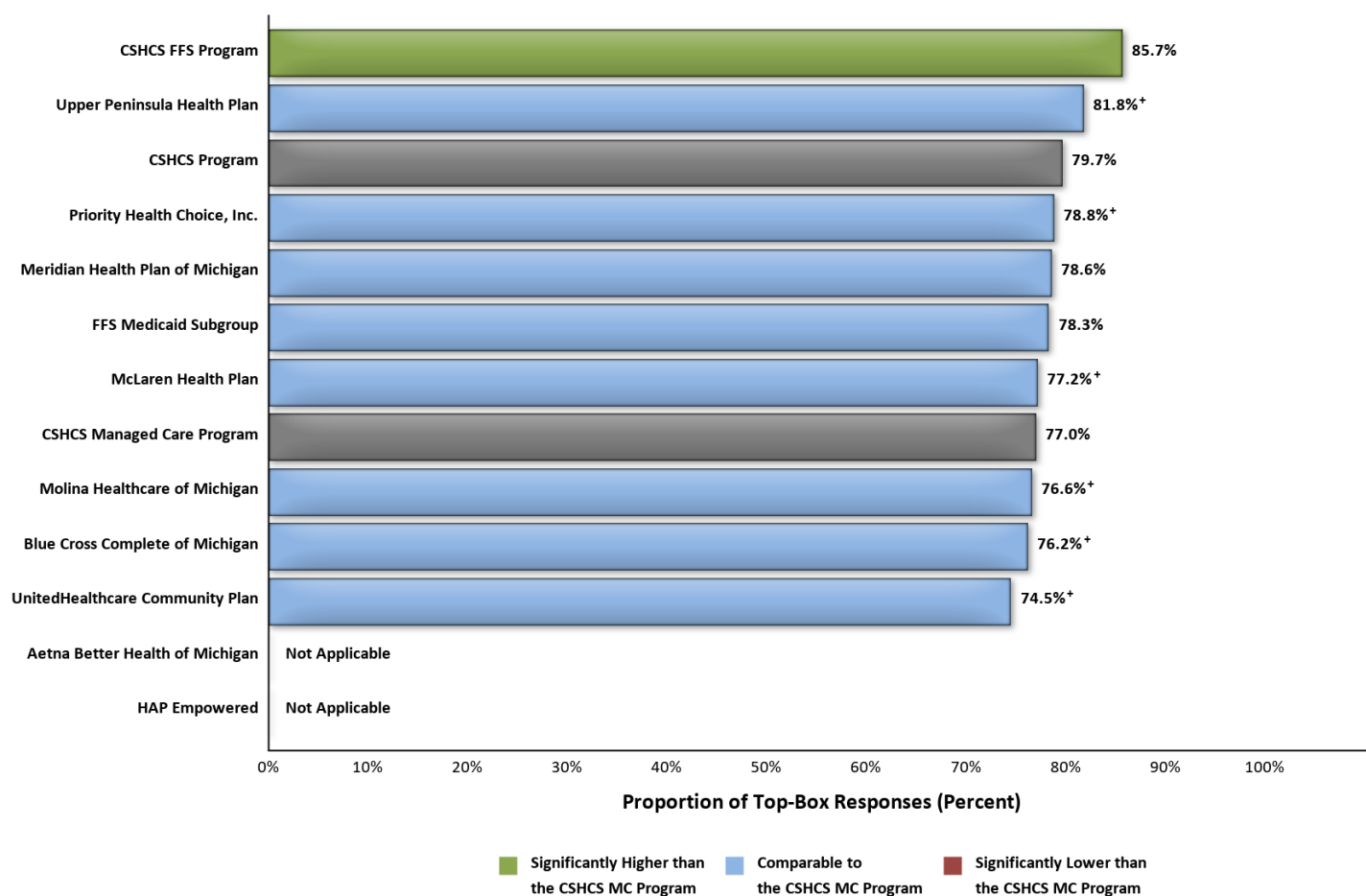


Local Health Department Services

Figure 3-43 through Figure 3-45 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Local Health Department Services* measure.³⁻¹¹

Managed Care Comparisons

**Figure 3-43—Managed Care Comparisons
Local Health Department Services Top-Box Scores**

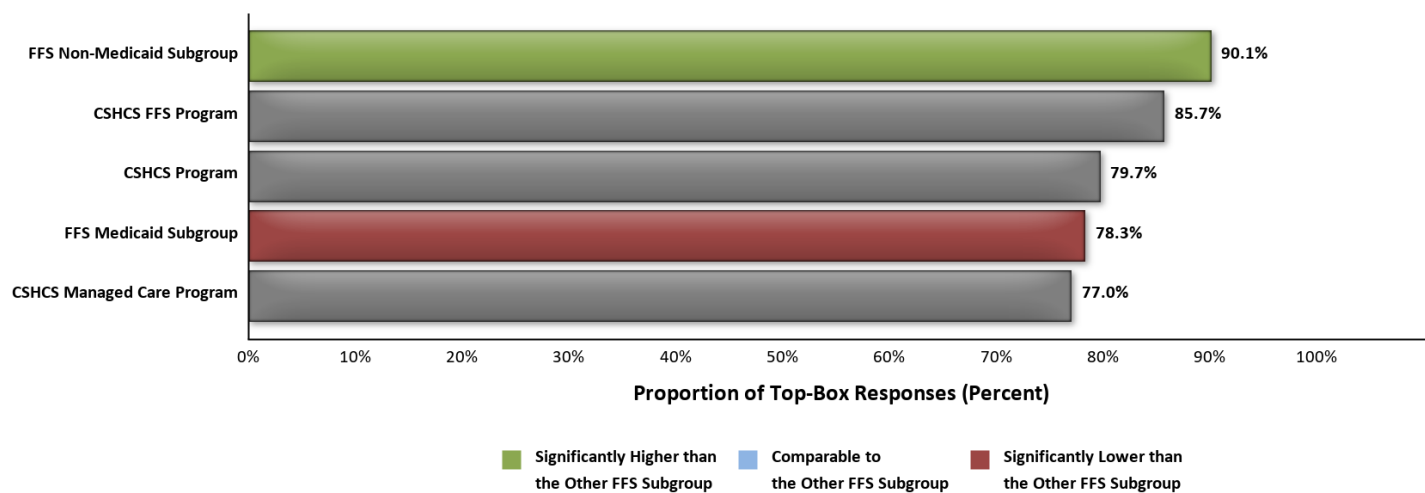


⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻¹¹ The *Local Health Department Services* individual item measure survey question is not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2021 NCQA national average is not available for this measure.

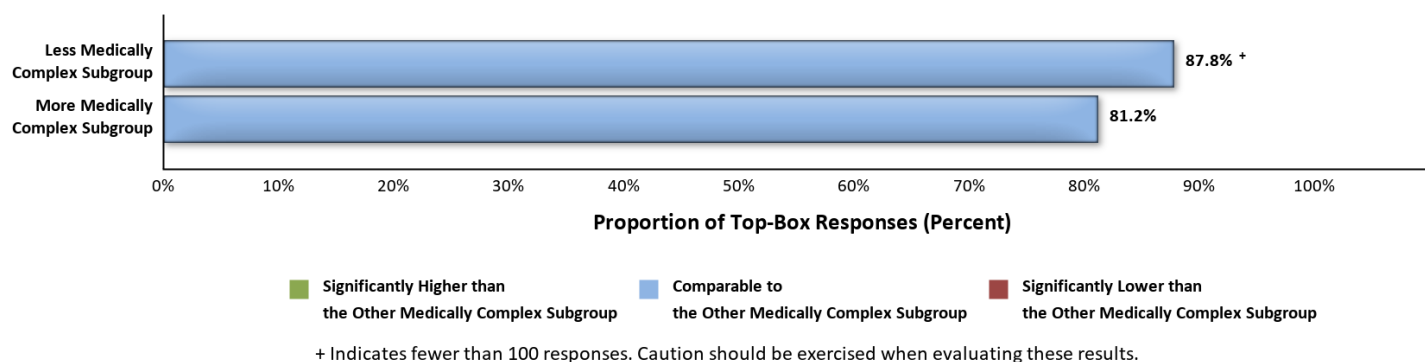
FFS Comparisons

**Figure 3-44—FFS Comparisons
Local Health Department Services Top-Box Scores**



Medically Complex Comparisons

**Figure 3-45—Medically Complex Comparisons: CSHCS Program
Local Health Department Services Top-Box Scores**

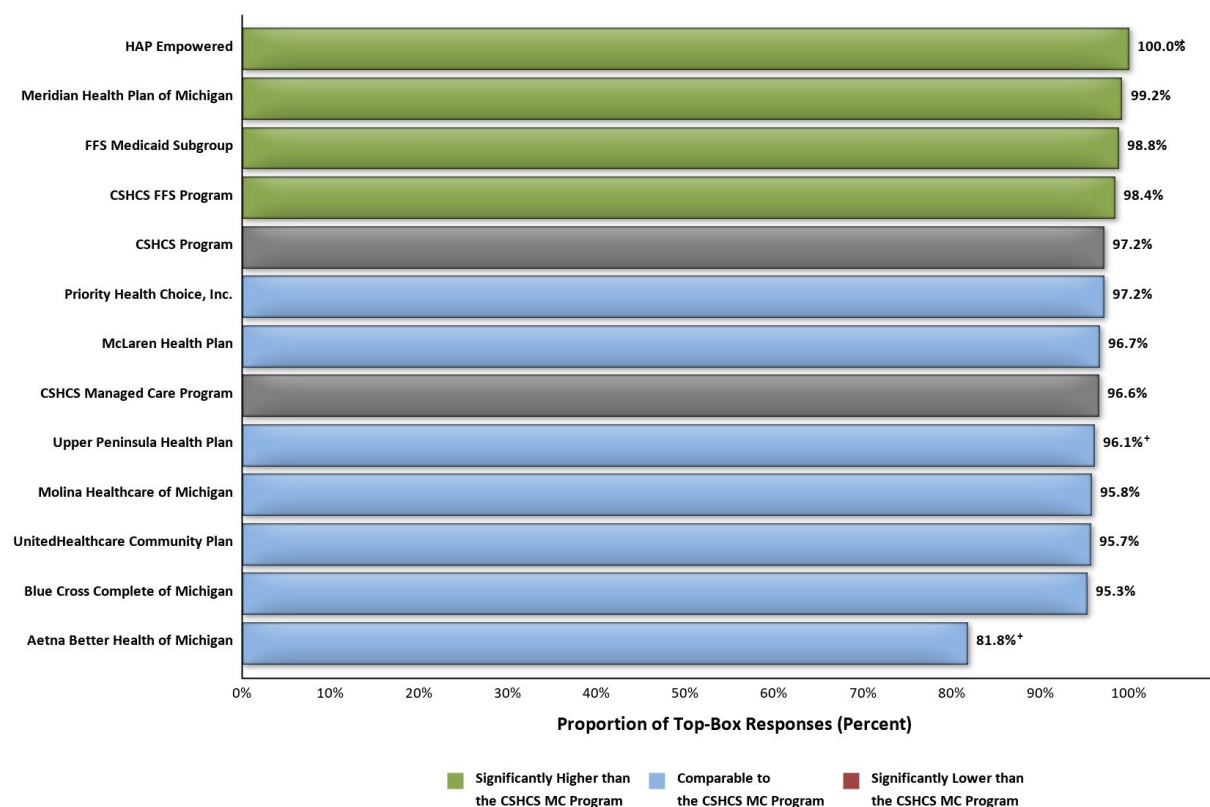


Not Felt Treated Unfairly: Race and Ethnicity

Figure 3-46 through Figure 3-48 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Not Felt Treated Unfairly: Race and Ethnicity* measure.³⁻¹²

Managed Care Comparisons

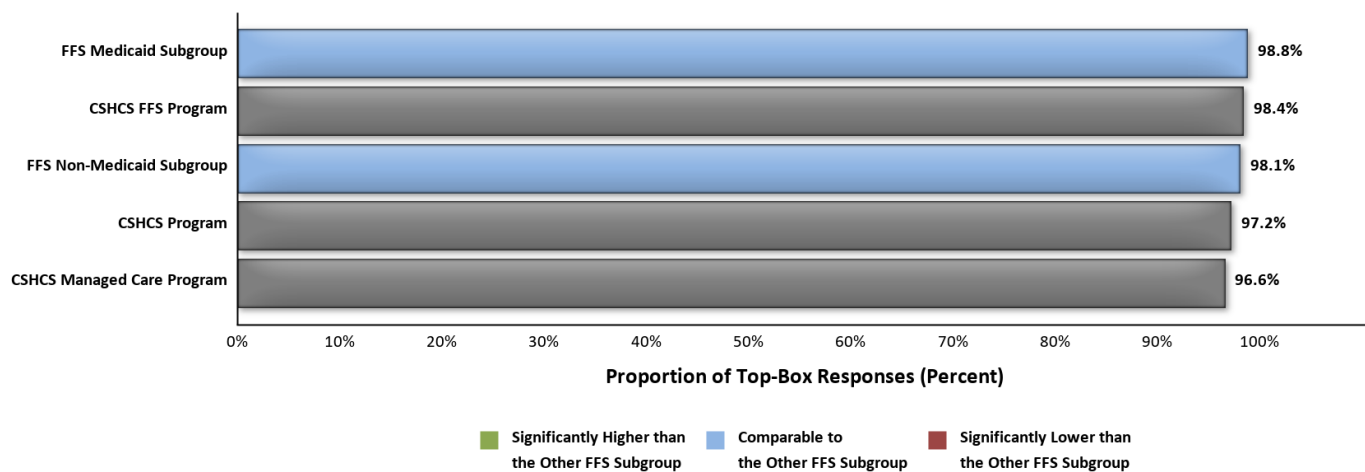
**Figure 3-46—Managed Care Comparisons
Not Felt Treated Unfairly: Race and Ethnicity Top-Box Scores**



³⁻¹² The *Not Felt Treated Unfairly: Race and Ethnicity* individual item measure survey question is not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2021 NCQA national average is not available for this measure.

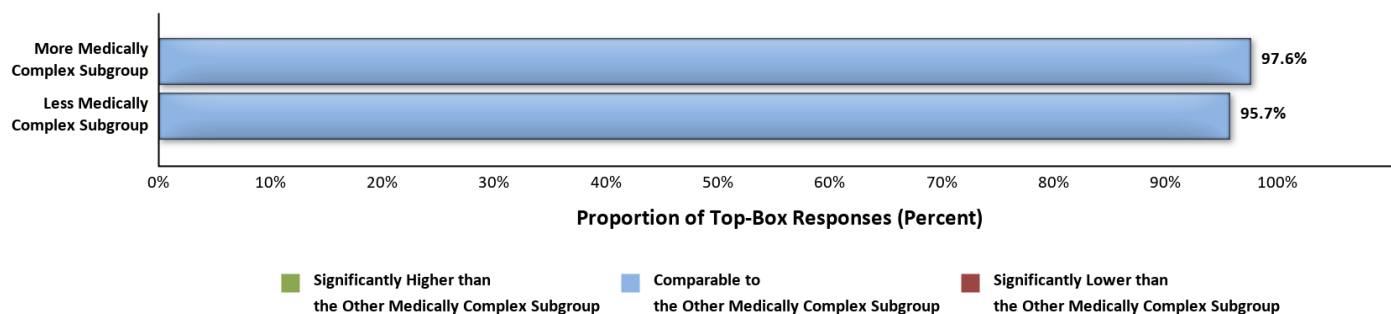
FFS Comparisons

Figure 3-47—FFS Comparisons
Not Felt Treated Unfairly: Race and Ethnicity Top-Box Scores



Medically Complex Comparisons

Figure 3-48—Medically Complex Comparisons: CSHCS Program
Not Felt Treated Unfairly: Race and Ethnicity Top-Box Scores

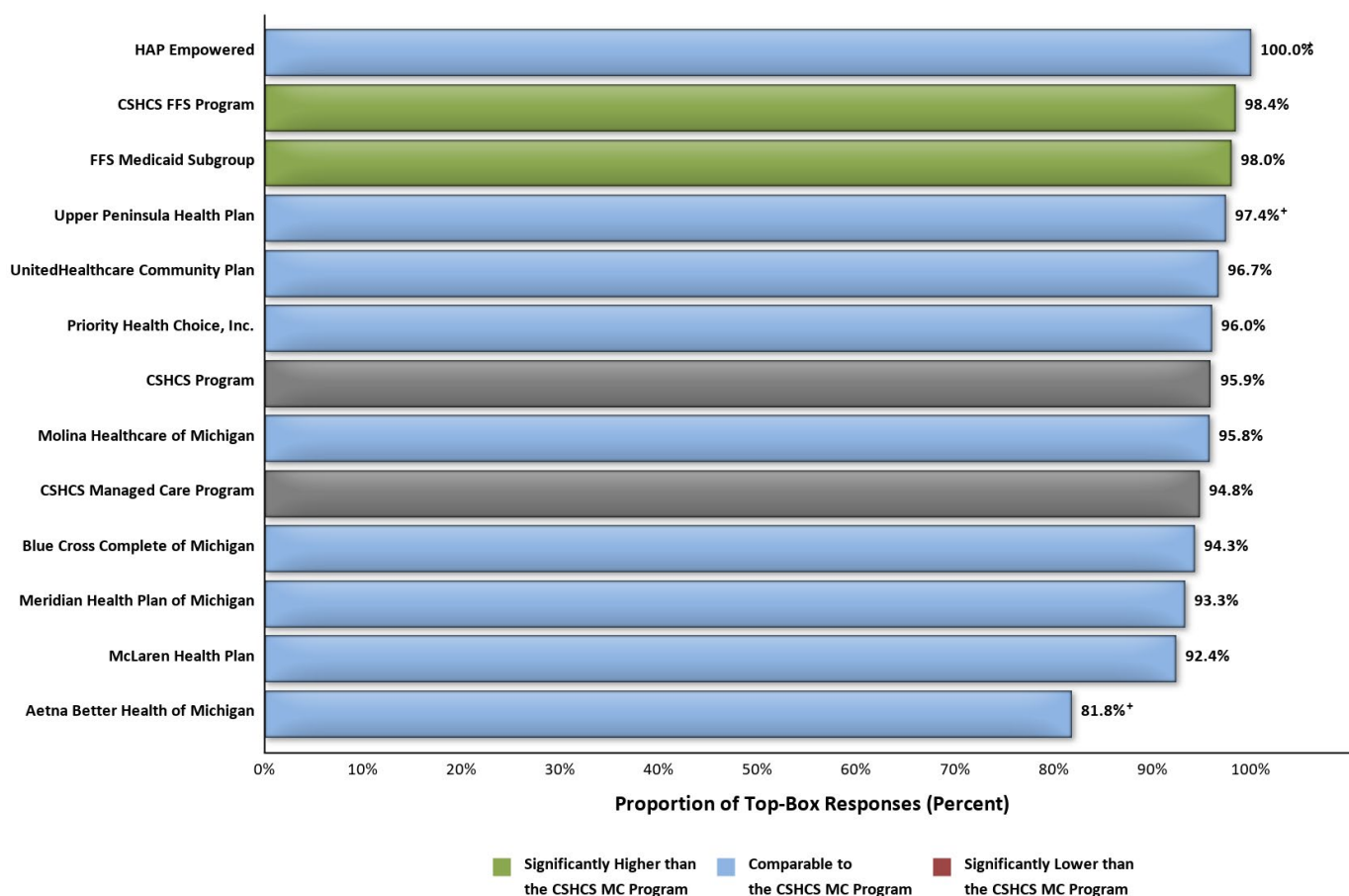


Not Felt Treated Unfairly: Health Insurance Type

Figure 3-49 through Figure 3-51 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Not Felt Treated Unfairly: Health Insurance Type* measure.³⁻¹³

Managed Care Comparisons

Figure 3-49—Managed Care Comparisons
Not Felt Treated Unfairly: Health Insurance Type Top-Box Scores

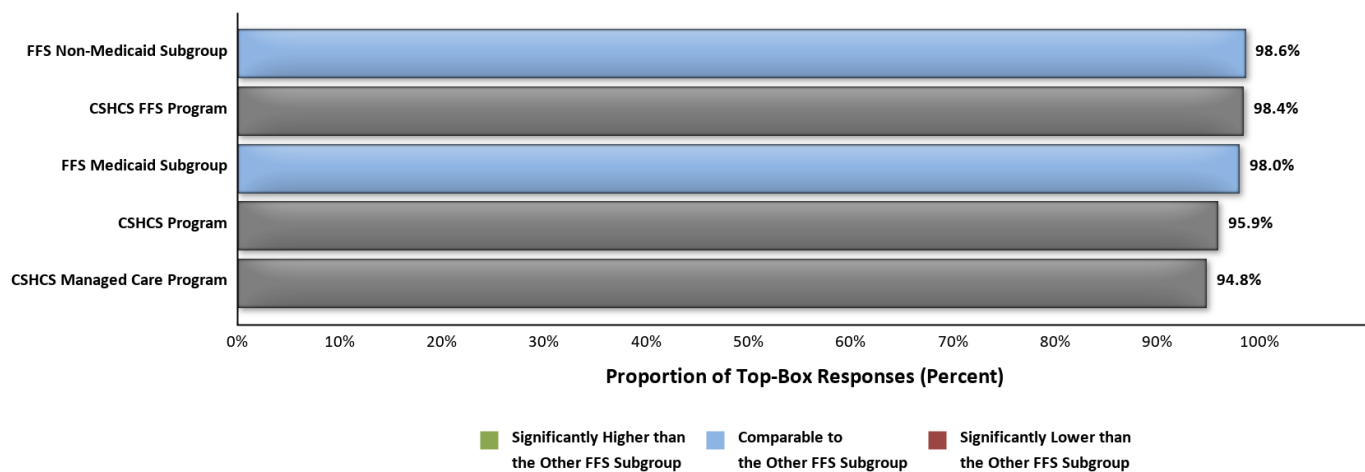


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

³⁻¹³ The *Not Felt Treated Unfairly: Health Insurance Type* individual item measure survey question is not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2021 NCQA national average is not available for this measure.

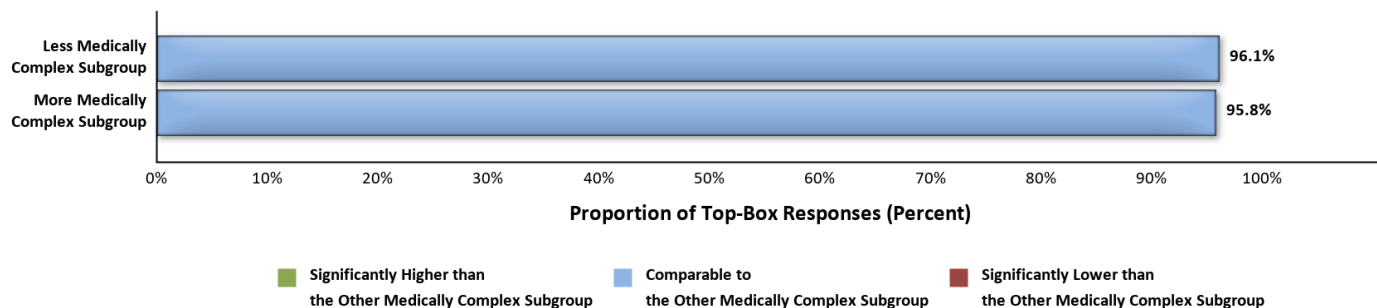
FFS Comparisons

Figure 3-50—FFS Comparisons
Not Felt Treated Unfairly: Health Insurance Type Top-Box Scores



Medically Complex Comparisons

Figure 3-51—Medically Complex Comparisons: CSHCS Program
Not Felt Treated Unfairly: Health Insurance Type Top-Box Scores



4. Trend Analysis

The 2022 scores were compared to the 2021 and 2020 scores to determine whether there were statistically significant differences, where applicable.^{4-1,4-2,4-3} Statistically significant differences between 2022 scores and previous years' scores are noted with triangles. Statistical significance is impacted by the size of the respondent population; therefore, while there might be differences that are important, they are not statistically significant due to small denominators. Measures with fewer than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents. HSAG did not present results for measures with fewer than 11 responses, which are indicated as "Not Applicable (NA)" within the tables. HSAG did not present results for measures that were not trendable, which are indicated as "Not Trendable (NT)" within the tables.

⁴⁻¹ The questions that compose the *Not Felt Treated Unfairly: Race and Ethnicity* and *Not Felt Treated Unfairly: Health Insurance Type* individual item measures were not included in the 2020 and 2021 survey instruments; therefore, trend results are not presented for these measures.

⁴⁻² HAP Empowered was not included in the 2020 survey administration; therefore, trend results are only presented for 2021 and 2022 for this plan.

⁴⁻³ Total Health Care was acquired by Priority Health Choice effective October 1, 2021, and was not included in the 2022 survey administration. Total Health Care is not included in the 2022 aggregate results; however, Total Health Care is included in the 2020 and 2021 results to match prior years' reports.

Global Ratings

Rating of Health Plan

Table 4-1 shows the 2020, 2021, and 2022 top-box scores and trend results for *Rating of Health Plan*.

Table 4-1—Rating of Health Plan Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	68.5%	67.5%	66.1%	—	—
CSHCS FFS Program	67.4%	66.3%	63.4%	—	—
FFS Medicaid Subgroup	61.9%	63.3%	59.8%	—	—
FFS Non-Medicaid Subgroup	70.0%	68.1%	65.5%	—	—
CSHCS Managed Care Program	69.1%	68.1%	67.3%	—	—
Aetna Better Health of Michigan	52.6% ⁺	52.4% ⁺	58.3% ⁺	—	—
Blue Cross Complete of Michigan	65.0%	71.7%	69.4%	—	—
HAP Empowered	ND	NA	61.5% ⁺	NT	NT
McLaren Health Plan	66.4%	64.5%	69.7%	—	—
Meridian Health Plan of Michigan	73.8%	68.0%	65.6%	—	▼
Molina Healthcare of Michigan	63.4%	64.0%	64.2%	—	—
Priority Health Choice, Inc.	77.5%	73.4%	73.1%	—	—
UnitedHealthcare Community Plan	70.6%	66.5%	65.1%	—	—
Upper Peninsula Health Plan	70.1%	76.9%	67.4% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

Rating of Health Care

Table 4-2 shows the 2020, 2021, and 2022 top-box scores and the trend results for *Rating of Health Care*.

Table 4-2—Rating of Health Care Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	72.5%	71.6%	70.5%	—	—
CSHCS FFS Program	75.5%	75.6%	71.2%	▼	▼
FFS Medicaid Subgroup	71.9%	72.8%	70.5%	—	—
FFS Non-Medicaid Subgroup	77.1%	77.3%	71.6%	▼	▼
CSHCS Managed Care Program	70.9%	69.7%	70.2%	—	—
Aetna Better Health of Michigan	55.0% ⁺	80.0% ⁺	69.2% ⁺	—	—
Blue Cross Complete of Michigan	70.1%	75.0%	69.6%	—	—
HAP Empowered	ND	NA	50.0% ⁺	NT	NT
McLaren Health Plan	70.9%	65.3%	73.5%	▲	—
Meridian Health Plan of Michigan	73.1%	68.0%	71.7%	—	—
Molina Healthcare of Michigan	68.6%	65.2%	69.2%	—	—
Priority Health Choice, Inc.	73.2%	77.2%	72.2%	—	—
UnitedHealthcare Community Plan	72.3%	71.6%	66.3%	—	—
Upper Peninsula Health Plan	63.6%	62.6%	73.7% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

Rating of Specialist Seen Most Often

Table 4-3 shows the 2020, 2021, and 2022 top-box scores and trend results for *Rating of Specialist Seen Most Often*.

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

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	76.9%	74.9%	73.4%	—	▼
CSHCS FFS Program	79.6%	77.7%	73.2%	▼	▼
FFS Medicaid Subgroup	78.1%	77.1%	72.5%	—	—
FFS Non-Medicaid Subgroup	80.3%	78.0%	73.6%	—	▼
CSHCS Managed Care Program	75.4%	73.6%	73.5%	—	—
Aetna Better Health of Michigan	72.7% ⁺	66.7% ⁺	NA	NT	NT
Blue Cross Complete of Michigan	75.1%	72.7%	73.7%	—	—
HAP Empowered	ND	NA	NA	NT	NT
McLaren Health Plan	73.7%	68.6%	75.8%	—	—
Meridian Health Plan of Michigan	79.0%	73.1%	73.6%	—	—
Molina Healthcare of Michigan	72.4%	73.1%	68.8%	—	—
Priority Health Choice, Inc.	78.0%	79.8%	78.1%	—	—
UnitedHealthcare Community Plan	76.2%	73.3%	70.5%	—	—
Upper Peninsula Health Plan	67.2% ⁺	78.5% ⁺	83.6% ⁺	—	▲
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

Rating of CMDS Clinic

Table 4-4 shows the 2020, 2021, and 2022 top-box scores and the trend results for *Rating of CMDS Clinic*.

Table 4-4—Rating of CMDS Clinic Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	73.9%	69.0%	70.8%	—	—
CSHCS FFS Program	71.9%	73.8%	59.4%	▼	▼
FFS Medicaid Subgroup	73.0% ⁺	67.7% ⁺	51.7% ⁺	—	▼
FFS Non-Medicaid Subgroup	71.4% ⁺	77.4% ⁺	63.9% ⁺	—	—
CSHCS Managed Care Program	74.9%	66.7%	76.0%	▲	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	67.7% ⁺	61.9% ⁺	63.6% ⁺	—	—
HAP Empowered	ND	NA	NA	NT	NT
McLaren Health Plan	78.0% ⁺	55.6% ⁺	63.2% ⁺	—	—
Meridian Health Plan of Michigan	83.3% ⁺	66.7% ⁺	77.8% ⁺	—	—
Molina Healthcare of Michigan	72.5% ⁺	66.7% ⁺	81.0% ⁺	—	—
Priority Health Choice, Inc.	70.4% ⁺	71.4% ⁺	88.0% ⁺	—	—
UnitedHealthcare Community Plan	75.0% ⁺	70.3% ⁺	72.7% ⁺	—	—
Upper Peninsula Health Plan	84.6% ⁺	85.7% ⁺	88.2% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

Composite Measures

Customer Service

Table 4-5 shows the 2020, 2021, and 2022 top-box scores and trend results for the *Customer Service* composite measure.

Table 4-5—Customer Service Composite Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	89.1%	88.1%	86.5%	—	—
CSHCS FFS Program	91.0%	92.4%	86.1%	▼	▼
FFS Medicaid Subgroup	87.7% ⁺	91.8% ⁺	81.6% ⁺	▼	—
FFS Non-Medicaid Subgroup	92.6%	92.8%	88.9%	—	—
CSHCS Managed Care Program	88.1%	86.0%	86.7%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	86.5% ⁺	88.2% ⁺	82.1% ⁺	—	—
HAP Empowered	ND	NA	NA	NT	NT
McLaren Health Plan	86.8% ⁺	79.5% ⁺	87.9% ⁺	—	—
Meridian Health Plan of Michigan	91.0%	89.8% ⁺	85.8% ⁺	—	—
Molina Healthcare of Michigan	84.2% ⁺	82.5% ⁺	86.1% ⁺	—	—
Priority Health Choice, Inc.	91.6% ⁺	86.3% ⁺	98.0% ⁺	▲	—
UnitedHealthcare Community Plan	88.0% ⁺	84.5% ⁺	84.0% ⁺	—	—
Upper Peninsula Health Plan	91.9% ⁺	96.7% ⁺	91.2% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

How Well Doctors Communicate

Table 4-6 shows the 2020, 2021, and 2022 top-box scores and trend results for the *How Well Doctors Communicate* composite measure.

Table 4-6—How Well Doctors Communicate Composite Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	95.3%	93.4%	95.7%	▲	—
CSHCS FFS Program	97.7%	96.5%	97.2%	—	—
FFS Medicaid Subgroup	97.7%	94.5%	96.5%	—	—
FFS Non-Medicaid Subgroup	97.8%	97.7%	97.7%	—	—
CSHCS Managed Care Program	94.0%	91.9%	95.0%	▲	—
Aetna Better Health of Michigan	NA	NA	95.5% ⁺	NT	NT
Blue Cross Complete of Michigan	94.3% ⁺	94.3% ⁺	94.3%	—	—
HAP Empowered	ND	NA	95.8% ⁺	NT	NT
McLaren Health Plan	95.3% ⁺	95.5% ⁺	95.5%	—	—
Meridian Health Plan of Michigan	95.5%	92.2% ⁺	95.2%	—	—
Molina Healthcare of Michigan	91.3% ⁺	90.0% ⁺	93.4%	—	—
Priority Health Choice, Inc.	97.1% ⁺	94.5% ⁺	96.3%	—	—
UnitedHealthcare Community Plan	92.7% ⁺	89.5% ⁺	95.2%	—	—
Upper Peninsula Health Plan	94.4% ⁺	93.2% ⁺	98.0% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

Access to Specialized Services

Table 4-7 shows the 2020, 2021, and 2022 top-box scores and trend results for the *Access to Specialized Services* composite measure.

Table 4-7—Access to Specialized Services Composite Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	72.9%	73.8%	71.2%	—	—
CSHCS FFS Program	74.5%	73.4%	72.0%	—	—
FFS Medicaid Subgroup	75.9%	73.7%	71.2%	—	—
FFS Non-Medicaid Subgroup	73.9%	73.3%	72.4%	—	—
CSHCS Managed Care Program	71.9%	74.0%	70.9%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	70.9% ⁺	75.9% ⁺	67.7% ⁺	—	—
HAP Empowered	ND	NA	NA	NT	NT
McLaren Health Plan	77.2% ⁺	79.2% ⁺	76.5% ⁺	—	—
Meridian Health Plan of Michigan	72.1% ⁺	69.8% ⁺	70.5% ⁺	—	—
Molina Healthcare of Michigan	66.7% ⁺	75.2% ⁺	73.4% ⁺	—	—
Priority Health Choice, Inc.	77.3% ⁺	70.6% ⁺	70.2% ⁺	—	—
UnitedHealthcare Community Plan	74.2% ⁺	72.9% ⁺	70.0% ⁺	—	—
Upper Peninsula Health Plan	66.6% ⁺	84.7% ⁺	70.1% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

Transportation

Table 4-8 shows the 2020, 2021, and 2022 top-box scores and trend results for the *Transportation* composite measure.

Table 4-8—Transportation Composite Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	83.4%	74.9%	77.6%	—	—
CSHCS FFS Program	84.8%⁺	81.5%⁺	85.4%⁺	—	—
FFS Medicaid Subgroup	68.8% ⁺	51.7% ⁺	74.2% ⁺	—	—
FFS Non-Medicaid Subgroup	92.2% ⁺	98.8% ⁺	92.0% ⁺	—	—
CSHCS Managed Care Program	82.6%	71.7%	74.0%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	67.5% ⁺	NA	55.7% ⁺	NT	—
HAP Empowered	ND	NA	NA	NT	NT
McLaren Health Plan	81.7% ⁺	77.6% ⁺	78.6% ⁺	—	—
Meridian Health Plan of Michigan	91.6% ⁺	63.1% ⁺	74.3% ⁺	—	▼
Molina Healthcare of Michigan	79.5% ⁺	90.7% ⁺	82.4% ⁺	—	—
Priority Health Choice, Inc.	89.5% ⁺	80.4% ⁺	87.1% ⁺	—	—
UnitedHealthcare Community Plan	89.5% ⁺	68.1% ⁺	61.1% ⁺	—	▼
Upper Peninsula Health Plan	80.8% ⁺	94.1% ⁺	97.2% ⁺	—	▲
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

CSHCS Family Center

Table 4-9 shows the 2020, 2021, and 2022 top-box scores and trend results for the *CSHCS Family Center* composite measure.

Table 4-9—CSHCS Family Center Composite Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	72.3%⁺	66.9%⁺	80.4%⁺	▲	—
CSHCS FFS Program	72.1%⁺	60.5%⁺	76.4%⁺	—	—
FFS Medicaid Subgroup	71.2% ⁺	NA	NA	NT	NT
FFS Non-Medicaid Subgroup	72.5% ⁺	65.0% ⁺	82.1% ⁺	—	—
CSHCS Managed Care Program	72.5%⁺	69.4%⁺	82.8%⁺	▲	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	NA	NA	NA	NT	NT
HAP Empowered	ND	NA	NA	NT	NT
McLaren Health Plan	63.3% ⁺	NA	NA	NT	NT
Meridian Health Plan of Michigan	NA	NA	NA	NT	NT
Molina Healthcare of Michigan	NA	70.7% ⁺	NA	NT	NT
Priority Health Choice, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	90.6% ⁺	NA	NA	NT	NT
Upper Peninsula Health Plan	NA	NA	NA	NT	NT
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

Individual Item Measures

Access to Prescription Medicines

Table 4-10 shows the 2020, 2021, and 2022 top-box scores and trend results for the *Access to Prescription Medicines* individual item measure.

Table 4-10—Access to Prescription Medicines Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	91.4%	90.3%	89.3%	—	▼
CSHCS FFS Program	90.4%	88.3%	86.1%	—	▼
FFS Medicaid Subgroup	88.8%	87.9%	85.5%	—	—
FFS Non-Medicaid Subgroup	91.2%	88.5%	86.5%	—	▼
CSHCS Managed Care Program	91.9%	91.2%	90.7%	—	—
Aetna Better Health of Michigan	83.3% ⁺	93.8% ⁺	NA	NT	NT
Blue Cross Complete of Michigan	94.1%	92.7%	87.5%	—	▼
HAP Empowered	ND	NA	90.9% ⁺	NT	NT
McLaren Health Plan	91.0%	88.8%	94.0%	—	—
Meridian Health Plan of Michigan	92.1%	89.9%	88.7%	—	—
Molina Healthcare of Michigan	89.6%	91.2%	92.0%	—	—
Priority Health Choice, Inc.	92.0%	91.0%	93.4%	—	—
UnitedHealthcare Community Plan	92.9%	95.1%	90.2%	—	—
Upper Peninsula Health Plan	96.1% ⁺	87.8% ⁺	90.4% ⁺	—	—

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

▲ Indicates the score is statistically significantly higher in 2022 than in previous years.

▼ Indicates the score is statistically significantly lower in 2022 than in previous years.

— Indicates the 2022 score is not statistically significantly different than in previous years.

NA Indicates that results for this measure are not displayed because too few members responded to the question(s).

ND Indicates the plan was not included in the analysis.

NT Indicates the results for this measure are not trendable.

CMDS Clinic

Table 4-11 shows the 2020, 2021, and 2022 top-box scores and trend results for the *CMDS Clinic* individual item measure.

Table 4-11—CMDS Clinic Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	86.0%	86.7%	84.4%	—	—
CSHCS FFS Program	90.6%	88.3%	84.4%	—	—
FFS Medicaid Subgroup	94.6% ⁺	83.9% ⁺	83.1% ⁺	—	▼
FFS Non-Medicaid Subgroup	88.7% ⁺	90.9% ⁺	85.2% ⁺	—	—
CSHCS Managed Care Program	83.5%	85.9%	84.4%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	71.0% ⁺	90.9% ⁺	76.5% ⁺	—	—
HAP Empowered	ND	NA	NA	NT	NT
McLaren Health Plan	77.5% ⁺	70.6% ⁺	79.5% ⁺	—	—
Meridian Health Plan of Michigan	92.6% ⁺	85.2% ⁺	77.1% ⁺	—	—
Molina Healthcare of Michigan	82.5% ⁺	88.4% ⁺	87.2% ⁺	—	—
Priority Health Choice, Inc.	89.3% ⁺	95.5% ⁺	96.0% ⁺	—	—
UnitedHealthcare Community Plan	81.1% ⁺	78.9% ⁺	91.3% ⁺	—	—
Upper Peninsula Health Plan	100.0% ⁺	85.7% ⁺	94.1% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

Local Health Department Services

Table 4-12 shows the 2020, 2021, and 2022 top-box scores and trend results for the *Local Health Department Services* individual item measure.

Table 4-12—Local Health Department Services Trend Analysis

	2020	2021	2022	Trend Results (2021-2022)	Trend Results (2020-2022)
CSHCS Program	80.9%	83.4%	79.7%	—	—
CSHCS FFS Program	88.3%	89.2%	85.7%	—	—
FFS Medicaid Subgroup	88.6%	89.6%	78.3%	▼	▼
FFS Non-Medicaid Subgroup	88.2%	89.0%	90.1%	—	—
CSHCS Managed Care Program	76.9%	80.7%	77.0%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	76.0% ⁺	76.9% ⁺	76.2% ⁺	—	—
HAP Empowered	ND	NA	NA	NT	NT
McLaren Health Plan	69.6%	84.9% ⁺	77.2% ⁺	—	—
Meridian Health Plan of Michigan	76.7%	85.9% ⁺	78.6%	—	—
Molina Healthcare of Michigan	70.3% ⁺	73.8% ⁺	76.6% ⁺	—	—
Priority Health Choice, Inc.	82.2% ⁺	72.5% ⁺	78.8% ⁺	—	—
UnitedHealthcare Community Plan	85.9% ⁺	87.8% ⁺	74.5% ⁺	—	—
Upper Peninsula Health Plan	90.3% ⁺	84.0% ⁺	81.8% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Indicates the score is statistically significantly higher in 2022 than in previous years. ▼ Indicates the score is statistically significantly lower in 2022 than in previous years. — Indicates the 2022 score is not statistically significantly different than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). ND Indicates the plan was not included in the analysis. NT Indicates the results for this measure are not trendable.					

5. Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of Health Care*, and *Rating of Specialist Seen Most Often*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader's Guide section on page 2-11.

Figure 5-1 through Figure 5-3 depict the results of the analysis for the CSHCS Program. The items identified as key drivers are indicated with a red diamond.

Figure 5-1—CSHCS Program Key Drivers of Member Experience: Rating of Health Plan

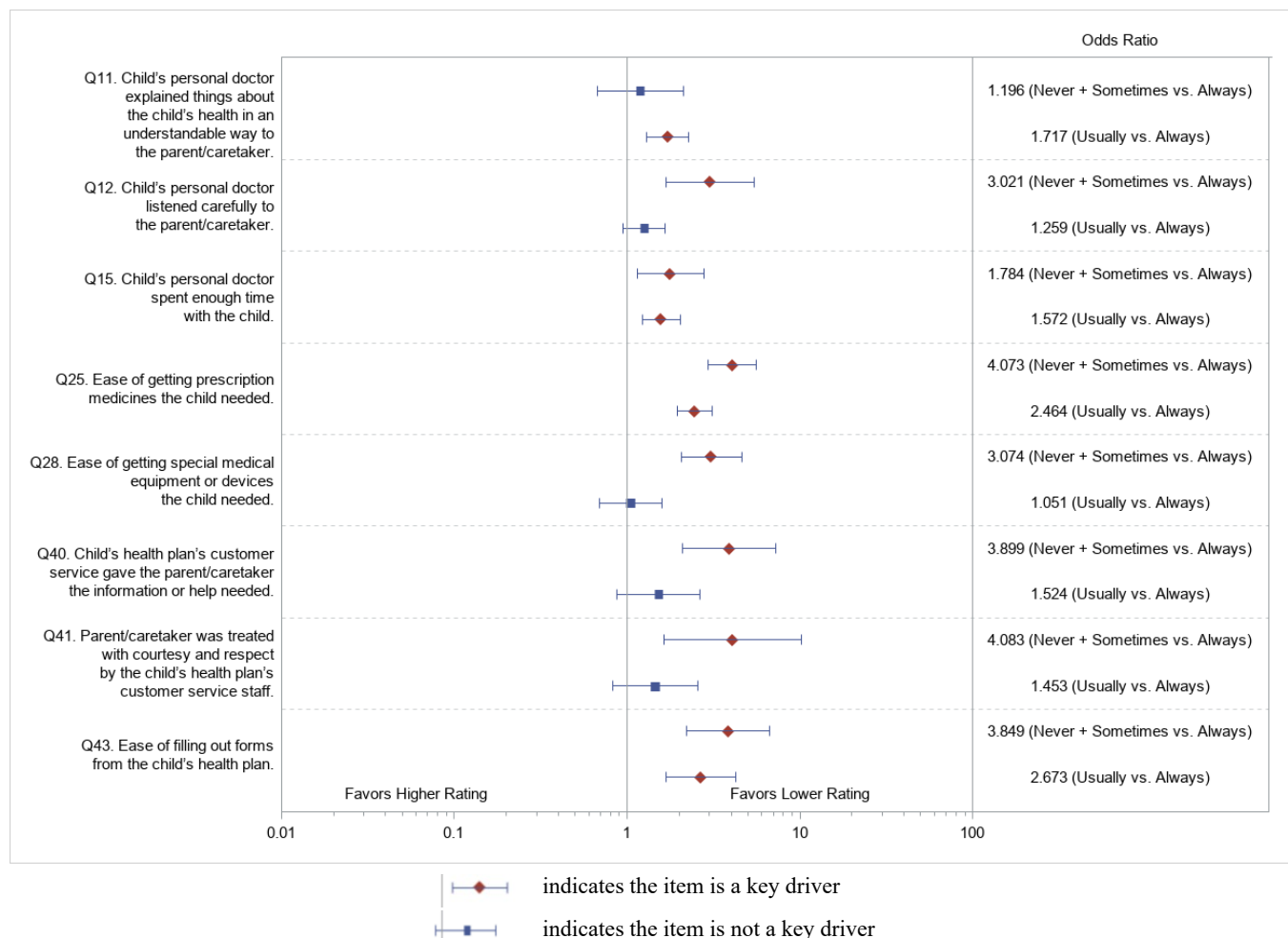


Figure 5-2—CSHCS Program Key Drivers of Member Experience: Rating of Health Care

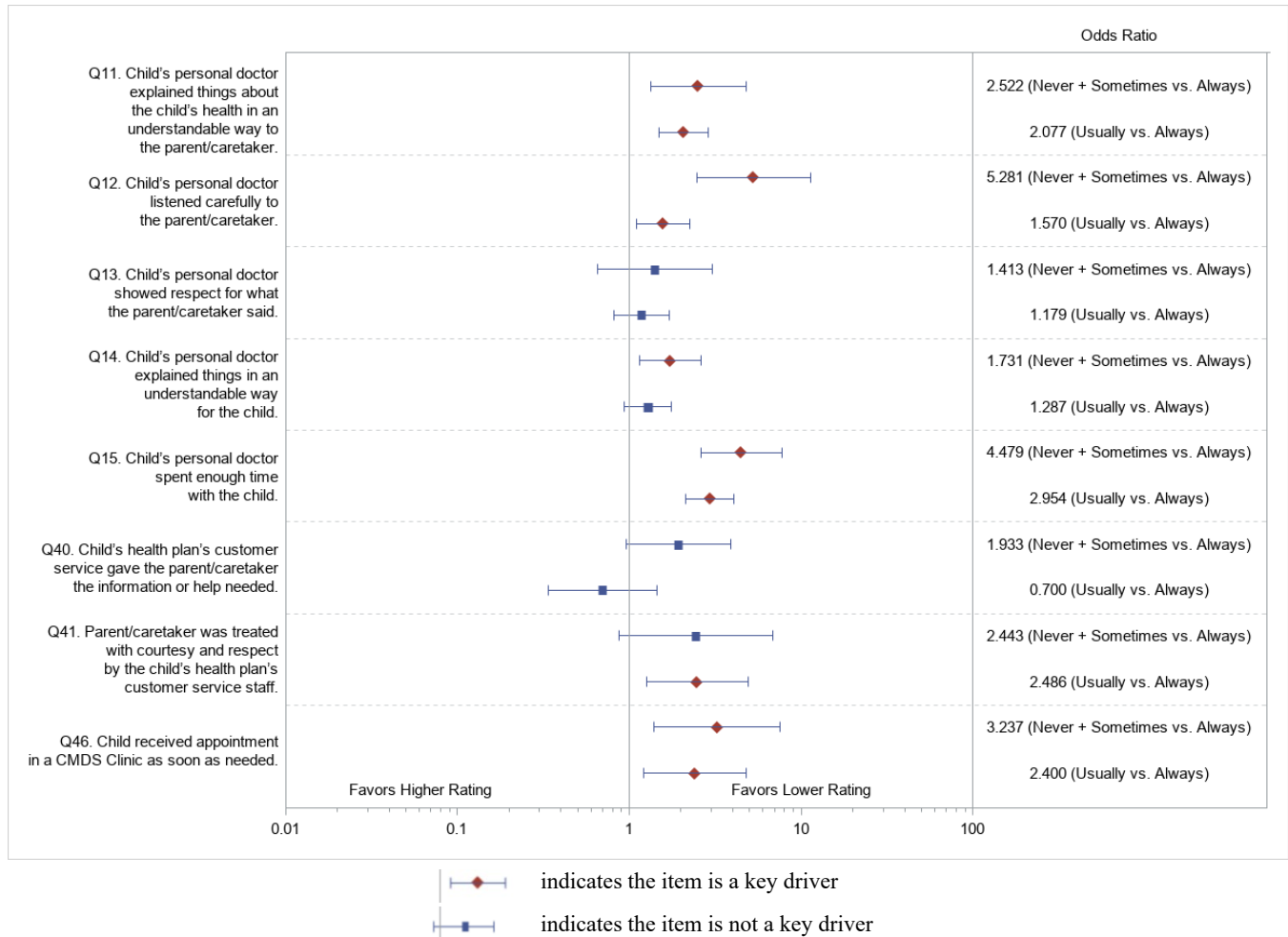
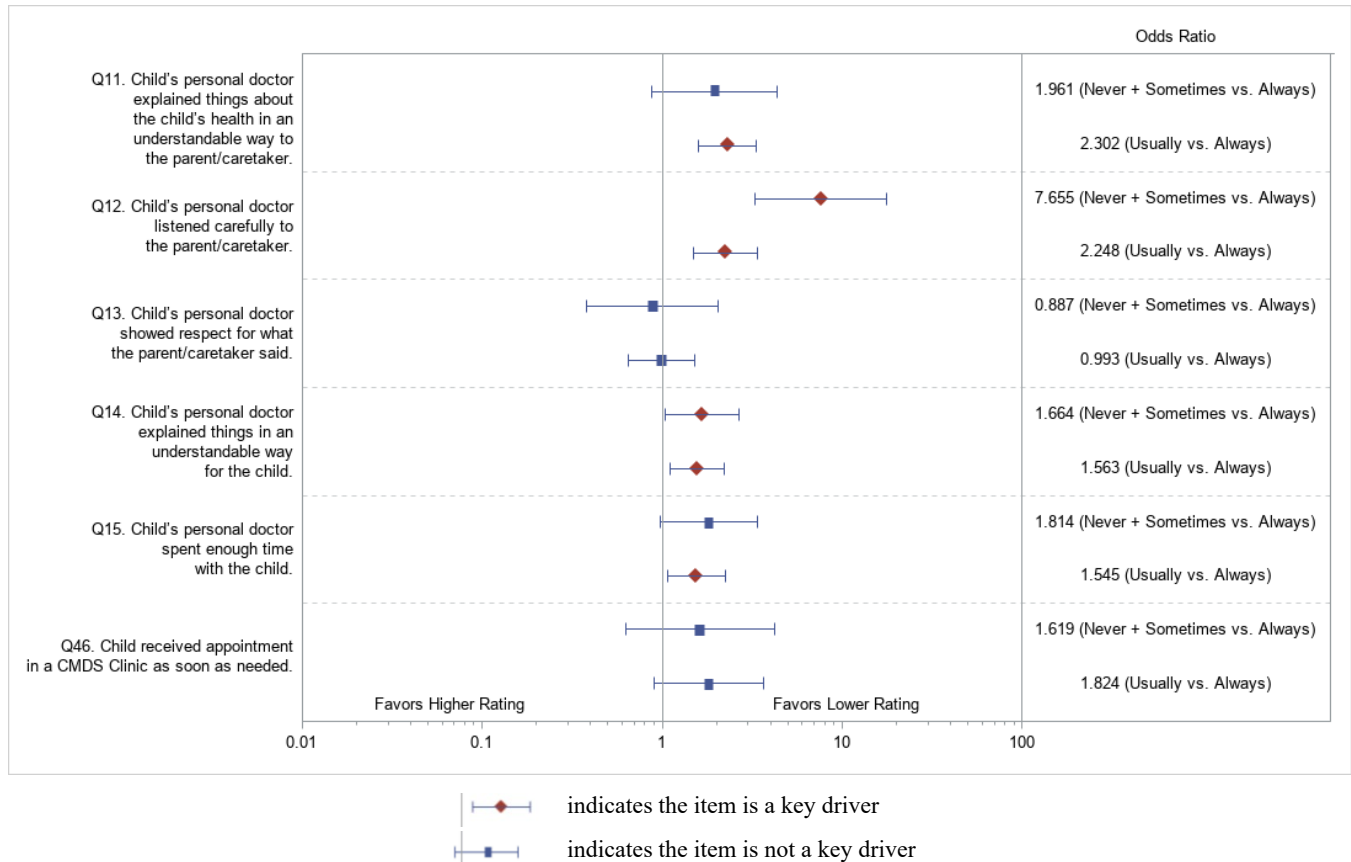


Figure 5-3—CSHCS Program Key Drivers of Member Experience: Rating of Specialist Seen Most Often



6. Survey Instrument

Survey Instrument

The survey instrument selected was a modified version of the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. This section provides a copy of the survey instrument administered. The first question in the survey asked the parent or caregiver to confirm their child's enrollment. For sampled members in an MHP, the MHP name was included in the first survey question. For sampled members in the FFS Medicaid subgroup, the parent or caregiver was asked if his or her 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 his or her 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

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

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 with a specialist?

☐ Yes
☐ No → Go to Question 7

4. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

5. How many specialists has your child talked to 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 talked to 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

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. 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.

7. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?

☐ Yes
☐ No → Go to Question 9

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 get health care in person, by phone, or by video?

☐ None → Go to Question 18
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

10. 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

11. 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

12. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
13. 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
14. 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
☐ My child is not able to understand or speak with his or her doctor
15. In the last 6 months, how often did doctors or other health providers spend enough time with your child?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
16. In the last 6 months, how often did your child's doctor or other health provider treat your child unfairly because of his or her race or ethnicity?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
17. In the last 6 months, how often did your child's doctor or other health provider treat your child unfairly because of the type of health insurance your child has?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

18. In the last 6 months, did your child get care from more than one kind of health provider or use more than one kind of health care service?
- ☐ Yes
☐ No ➔ *Go to Question 20*
19. 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
20. 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"/> | <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.

21. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
- ☐ Yes
☐ No ➔ *Go to Question 24*
22. Is this because of any medical, behavioral, or other health condition?
- ☐ Yes
☐ No ➔ *Go to Question 24*
23. Is this a condition that has lasted or is expected to last for at least 12 months?
- ☐ Yes
☐ No
24. In the last 6 months, did you get or refill any prescription medicines for your child?
- ☐ Yes
☐ No ➔ *Go to Question 27*

25. 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

26. 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

27. 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 30

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

29. 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

30. Does your child need or get special therapy such as physical, occupational, or speech therapy?

- ☐ Yes
- ☐ No → Go to Question 33

31. Is this because of any medical, behavioral, or other health condition?

- ☐ Yes
- ☐ No → Go to Question 33

32. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐ Yes
- ☐ No

33. 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 36

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No

TRANSPORTATION

36. 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 39

37. 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 39
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR CHILD'S HEALTH PLAN

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

39. 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 42**
40. 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
41. 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
42. In the last 6 months, did your child's health plan give you any forms to fill out?
- ☐ Yes
☐ No → **Go to Question 44**
43. In the last 6 months, how often were the forms from your child's health plan easy to fill out?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
44. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?
- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
- Worst Health Plan Possible Best Health Plan Possible

CHILDREN'S MULTIDISCIPLINARY SPECIALTY (CMDS) CLINICS

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

45. Is your child being followed now, or has he or she had an appointment in the last 6 months, in a Children's Multidisciplinary Specialty (CMDS) Clinic?
- ☐ Yes
☐ No → **Go to Question 52**
☐ I don't know → **Go to Question 52**
46. 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
47. Did anyone from your child's health plan, doctor's office, or clinic help you get an appointment in a CMDS Clinic for your child?
- ☐ Yes
☐ No
48. What is the diagnosis category that best describes the condition that is the main reason your child goes to a CMDS Clinic? (Please select only one.)
- ☐ Blood diseases, sickle cell disease, cancers, AIDS, hemophilia
☐ Amputation, limb loss, muscular dystrophy
☐ Neurology conditions, seizures
☐ Kidney or urinary disease
☐ Apnea, pulmonary (lung) and breathing difficulty conditions, cystic fibrosis, asthma
☐ Heart conditions
☐ Diabetes or endocrine disorders
☐ Spina Bifida
☐ Genetic and metabolic disease
☐ Stomach conditions
☐ Cleft Palate
☐ Other
☐ I don't know

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

- ☐ Yes
- ☐ No
- ☐ I don't know

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

- ☐ Yes
- ☐ No
- ☐ I don't know

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

- | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Not useful at | | | | | | Most useful | | | | | |
| all in helping | | | | | | in helping | | | | | |
| my child | | | | | | my child | | | | | |

LOCAL HEALTH DEPARTMENT SERVICES

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

52. 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 56**
- ☐ I don't know → **Go to Question 56**

53. 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 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 or more times

54. 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

55. 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

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

- ☐ Yes
- ☐ No
- ☐ I don't know

56a. Would you like more information about the CSHCS Family Center?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No → **Go to Question 59**

58. 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

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

- ☐ Yes
- ☐ No

59a. Would you like more information about a Parent-to-Parent Support Network that supports families of children with special needs?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

60a. Would you like more information about the toll free CSHCS Family Phone Line?

- ☐ Yes
- ☐ No

If you answered "No" at Question 60, then go to Question 63.

61. 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 63*

62. 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

ABOUT YOUR CHILD AND YOU

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

64. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

- ☐ Yes
- ☐ No ➔ *Go to Question 67*

65. Is this because of any medical, behavioral, or other health condition?

- ☐ Yes
- ☐ No ➔ *Go to Question 67*

66. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐ Yes
- ☐ No

67. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- ☐ Yes
- ☐ No ➔ *Go to Question 70*

68. Is this because of any medical, behavioral, or other health condition?

- ☐ Yes
- ☐ No ➔ *Go to Question 70*

69. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐ Yes
- ☐ No

70. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

- ☐ Yes
- ☐ No ➔ *Go to Question 72*

71. Has this problem lasted or is it expected to last for at least 12 months?

- ☐ Yes
- ☐ No

72. What is your child's age?

- ☐ Less than 1 year old

YEARS OLD (write in)

73. Is your child male or female?

- ☐ Male
- ☐ Female

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

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

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

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

76. What is your age?

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

77. Are you male or female?

- ☐ Male
- ☐ Female

78. 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

79. How are you related to the child?

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

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

- ☐ Yes
- ☐ No

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**

