

2023 Children's Special Health Care Services Program Member Experience Report

*Michigan Department of Health and Human
Services*

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1. Executive Summary

Introduction

The Michigan Department of Health and Human Services (MDHHS) assesses the perceptions and experiences of members enrolled in the 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 the overall experiences of parents/caretakers of child members.

This report presents the 2023 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 (i.e., CSHCS Survey).^{1-1,1-2} The surveys were completed by parents/caregivers of child members from June to September 2023.

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.

Table 1-1—Participating MHPs

MHP Name	
Aetna Better Health of Michigan	Molina Healthcare of Michigan
Blue Cross Complete of Michigan	Priority Health Choice
HAP Empowered ¹⁻³	UnitedHealthcare Community Plan
McLaren Health Plan	Upper Peninsula Health Plan
Meridian Health Plan of Michigan	

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).

¹⁻³ During the reporting period, HAP Empowered transitioned to HAP CareSource effective October 1, 2023.





Survey Administration Overview

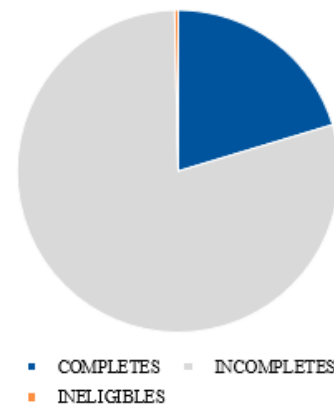
Figure 1-1 shows the distribution of survey dispositions and response rate for the CSHCS Program. More detailed results of the distribution of surveys and response rates are found in the Results section beginning on page 3-1.

Figure 1-1—Survey Administration Overview: CSHCS Program

Survey Administration

Start Survey On:	Finish Survey On:
06.30.23	09.29.23
TOTAL SAMPLE SIZE	15,041
RESPONSE RATE	20.42%

 COMPLETES	3,061
 INCOMPLETES	11,926
 INELIGIBLES	54
 UNDELIVERABLES	1,154



DETAILS

	Mail 1	Mail 2	Mail 3	Phone
COMPLETES	1,601	978	478	4
	Not Eligible	Deceased	Language Barrier	
INELIGIBLES	52	2	0	

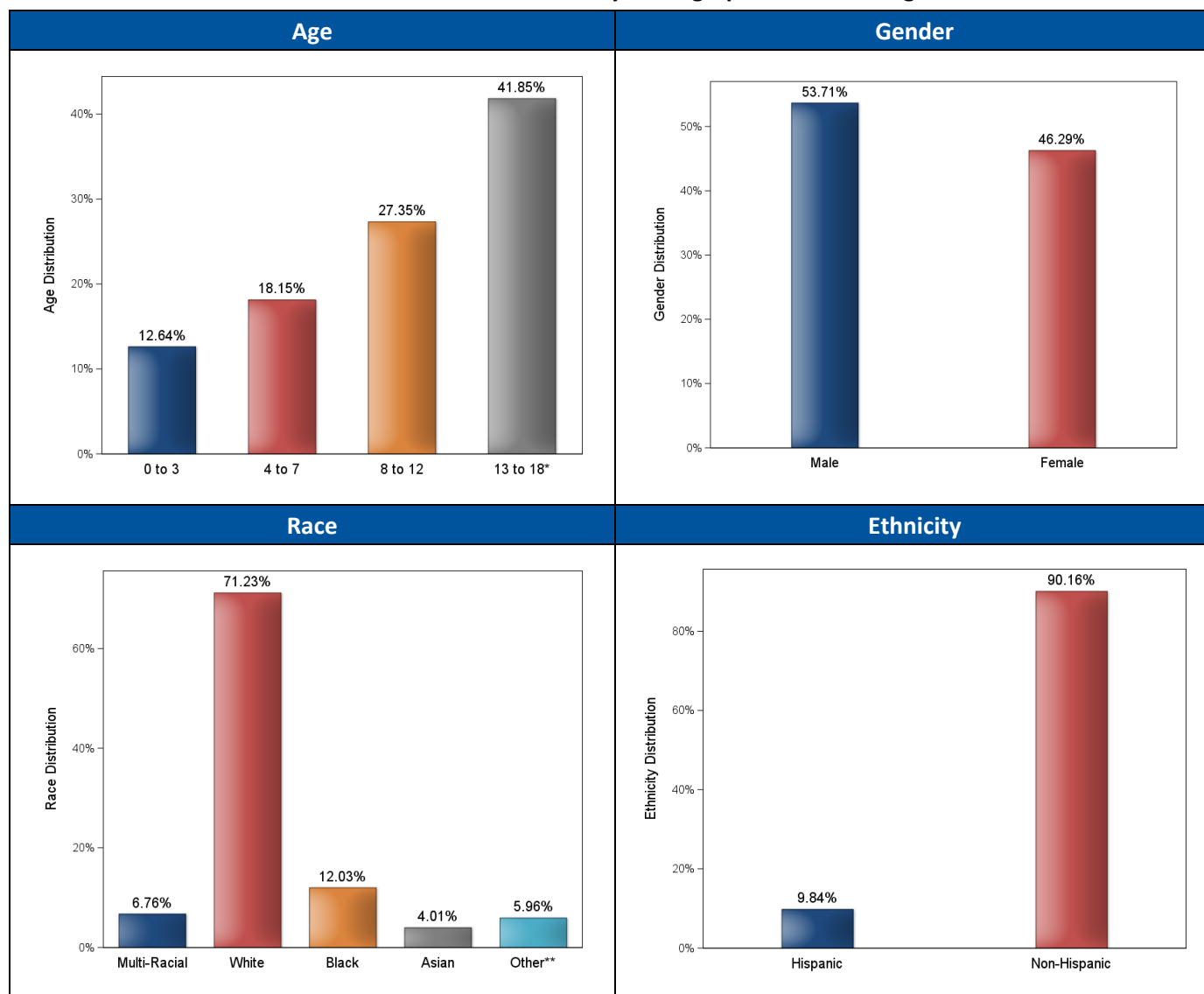
Note: There were four surveys completed in Spanish over the telephone.

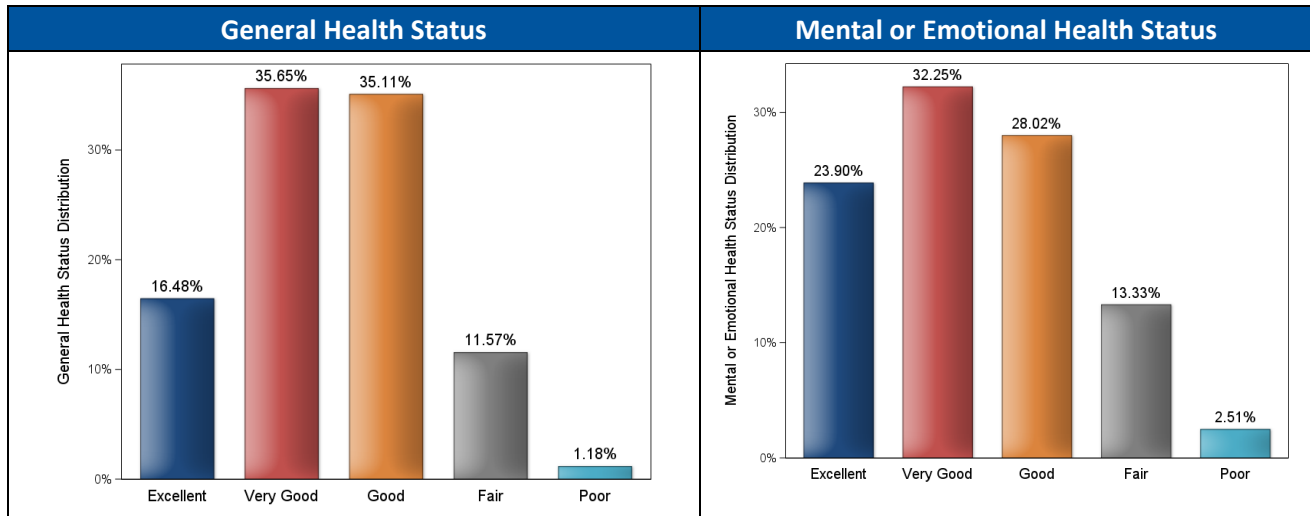
Key Findings

Demographics

Table 1-2 provides an overview of the CSHCS Program general child member demographics as reported by the parents/caregivers who completed the survey. The detailed results are found in the Results section beginning on page 3-6.

Table 1-2—Child Member Survey Demographics: CSHCS Program





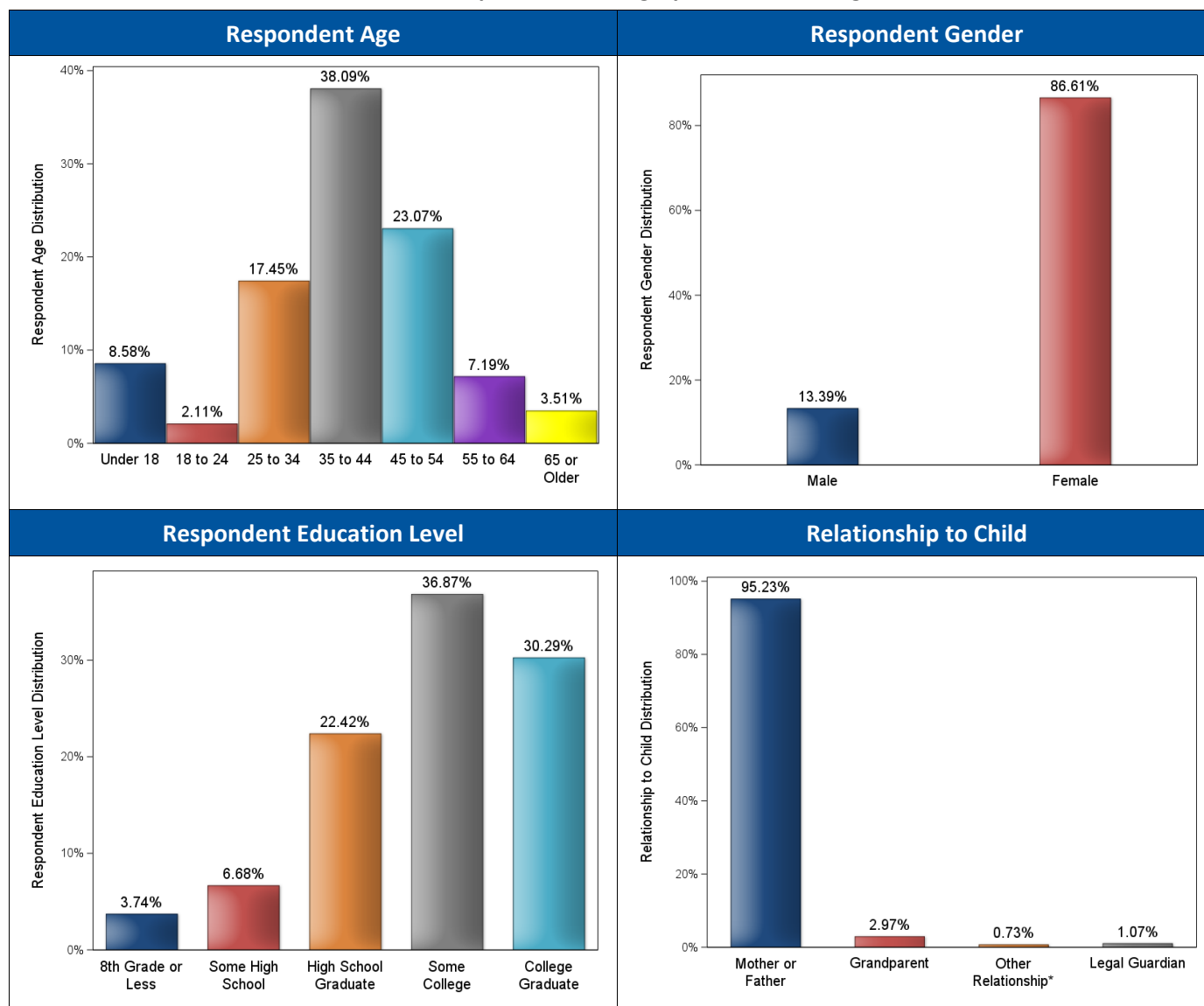
Some percentages may not total 100% due to rounding.

** Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of January 31, 2023. Some children eligible for the CAHPS Survey turned 18 between February 1, 2023, 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 1-3 provides an overview of the CSHCS Program demographics of as reported by the parents/caregivers who completed the survey. The detailed results are found in the Results section beginning on page 3-12.

Table 1-3—Respondent Demographics: CSHCS Program



Some percentages may not total 100% due to rounding.

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

Trend Analysis

HSAG compared the 2023 results to their corresponding 2022 and 2021 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 1-4 provides the statistically significant results of the trend analysis findings for the CSHCS Program.¹⁻⁴

Table 1-4—Trend Analysis: CSHCS Program

Measure	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
Composite Measures		
<i>How Well Doctors Communicate</i>	—	▼
<i>Access to Specialized Services</i>	▼	—
Individual Item Measures		
<i>Access to Prescription Medicines</i>	▼	—
<i>Not Felt Treated Unfairly: Health Insurance Type</i>	NT	▼
<p>▲ Indicates the 2023 score is statistically significantly higher than the trend year. ▼ Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NT Indicates that results for the measure are not trendable.</p>		

¹⁻⁴ Please note, results in Table 1-4 do not include the medically complex oversample population.

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.¹⁻⁵ 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. There were no statistically significant differences for Aetna Better Health of Michigan, Blue Cross Complete of Michigan, Molina Healthcare of Michigan, and Priority Health Choice.

Table 1-5—Managed Care Statewide Comparisons: Statistically Significant Results

Measure	CSHCS FFS Program	FFS Medicaid Subgroup	HAP Empowered	McLaren Health Plan	Meridian Health Plan of Michigan	UnitedHealth-care Community Plan	Upper Peninsula Health Plan
Global Ratings							
<i>Rating of Health Care</i>	↑						
<i>Rating of Children's Multidisciplinary Specialty (CMDS) Clinic</i>		↓ ⁺					
Composite Measures							
<i>Customer Service</i>				↑ ⁺			
<i>How Well Doctors Communicate</i>	↑	↑	↑ ⁺			↓	↑ ⁺
<i>Transportation</i>	↑ ⁺				↓ ⁺		↑ ⁺
Individual Item Measures							
<i>Access to Prescription Medicines</i>	↓						
<i>CMDS Clinic</i>	↑	↑ ⁺					
<i>Local Health Department Services</i>	↑						
<i>Not Felt Treated Unfairly: Race and Ethnicity</i>	↑		↑ ⁺	↑			↑ ⁺

¹⁻⁵ Results in Table 1-5 do not include the medically complex oversample population.

Measure	CSHCS FFS Program	FFS Medicaid Subgroup	HAP Empowered	McLaren Health Plan	Meridian Health Plan of Michigan	UnitedHealth-care Community Plan	Upper Peninsula Health Plan
Not Felt Treated Unfairly: Health Insurance Type	↑	↑					
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ↑ Indicates the score is statistically significantly higher than the CSHCS Managed Care Program. ↓ Indicates the score is statistically significantly lower than the CSHCS Managed Care Program. Gray shading indicates the 2023 score is not statistically significantly different than the CSHCS Managed Care Program.							

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 3-17. Table 1-6 shows the statistically significant results of this analysis.¹⁻⁶

Table 1-6—FFS Statewide Comparisons: Statistically Significant Results

	Rating of Health Care	Rating of Specialist Seen Most Often	CMDS Clinic	Transportation
FFS Medicaid Subgroup	↓	↓	↑ ⁺	↓ ⁺
FFS Non-Medicaid Subgroup	↑	↑	↓ ⁺	↑ ⁺
+ Indicates fewer than 100 respondents. 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 identified as medically complex to those that were not identified as medically complex to determine if the results were statistically significantly different from each other. The detailed results are found in the Results section beginning on page 3-17. Additional information on the medically complex subgroups can be found in the Reader's Guide on page 2-9. Table 1-7 shows the statistically significant results of this analysis for the CSHCS Program.

¹⁻⁶ Results in Table 1-6 do not include the medically complex oversample population.

Table 1-7—Medically Complex Comparisons: CSHCS Program Statistically Significant Results

	<i>How Well Doctors Communicate</i>	<i>Access to Specialized Services</i>	<i>CMDS Clinic</i>
Medically Complex Subgroup	↑	↑	↑ ⁺
Non-Medically Complex Subgroup	↓	↓	↓
⁺ Indicates fewer than 100 respondents. 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.			

Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement 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 1-8 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.¹⁻⁷

Table 1-8—Key Drivers of Member Experience: CSHCS Program

Key Drivers	Response Options	<i>Rating of Health Plan</i>	<i>Rating of Health Care</i>	<i>Rating of Specialist Seen Most Often</i>
Q8. Child received care as soon as needed when care was needed right away.	Never + Sometimes vs. Always	NS	✓	NS
Q11. Child’s personal doctor explained things about the child’s health in an understandable way to the parent/caregiver.	Usually vs. Always	NS	✓	✓
Q12. Child’s personal doctor listened carefully to the parent/caregiver.	Never + Sometimes vs. Always	✓	✓	✓
	Usually vs. Always	✓	✓	✓

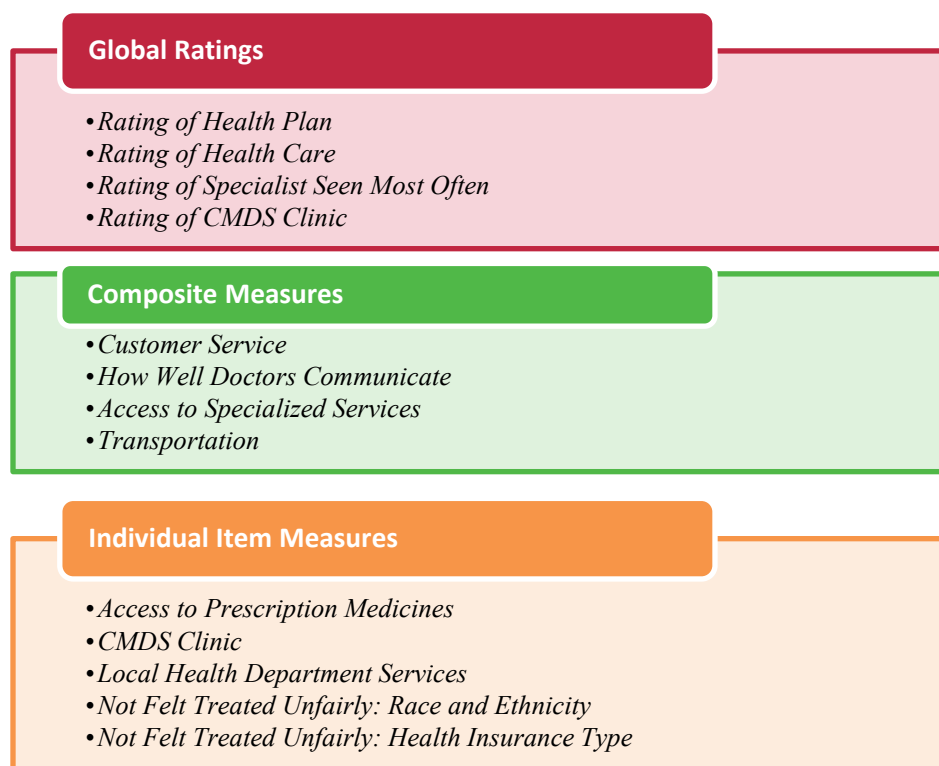
¹⁻⁷ Results in Table 1-8 do not include the medically complex oversample population.

Key Drivers	Response Options	Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often
Q13. Child's personal doctor showed respect for what the parent/caregiver said.	Never + Sometimes vs. Always	NS	✓	NS
Q14. Child's personal doctor explained things in an understandable way for the child.	Usually vs. Always	NS	NS	✓
Q15. Child's personal doctor spent enough time with the child.	Never + Sometimes vs. Always	✓	✓	✓
	Usually vs. Always	✓	✓	✓
Q28. Ease of getting special therapy the child needed.	Never + Sometimes vs. Always	✓	NS	NS
	Usually vs. Always	✓	NS	NS
Q31. Parent/caretaker received help with transportation for their child's related CSHCS condition.	Never + Sometimes vs. Always	✓	✓	NA
	Usually vs. Always	✓	NS	NA
Q34. Child's health plan's customer service gave the parent/caregiver the information or help needed.	Never + Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q35. Parent/caregiver 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
Q37. Ease of filling out forms from the child's health plan.	Never + Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q40. Child received appointment in a CMDs Clinic as soon as needed.	Never + Sometimes vs. Always	✓	✓	NS
	Usually vs. Always	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 do not significantly affect their rating.</p>				

2023 CSHCS Survey Performance Measures

The CSHCS Survey administered to the MHPs and the FFS population included 66 survey questions that yield 13 measures of experience. These measures include four global rating questions, four 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 FFS program instead of health plan, since the same survey instrument was used to capture responses from parents/caregivers 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 Health Plan</i>		
38.	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 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 Specialist Seen Most Often</i>		
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?	0–10 Scale
<i>Rating of CMDS Clinic</i>		
45.	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>Customer Service</i>		
34.	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
35.	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
<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

Question Language		Response Options
<i>Access to Specialized Services</i>		
25.	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
28.	In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
<i>Transportation</i>		
31.	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
32.	In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?	Never, Sometimes, Usually, Always
Individual Item Measures		
<i>Access to Prescription Medicines</i>		
22.	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
<i>CMDS Clinic</i>		
40.	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
<i>Local Health Department Services</i>		
49.	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
<i>Not Felt Treated Unfairly: Race and Ethnicity</i>		
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
<i>Not Felt Treated Unfairly: Health Insurance Type</i>		
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

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 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. HSAG sampled child members who met the following criteria:

- Were 17 years of age or younger as of January 31, 2023.
- Were currently enrolled in a CSHCS plan/program.
- Were continuously enrolled in the plan or program for at least six months of the measurement period (i.e., August 1, 2022, through January 31, 2023), with no more than one gap in enrollment of up to 45 days (i.e., a member whose coverage lapsed for two months [60 days] was not considered continuously enrolled).

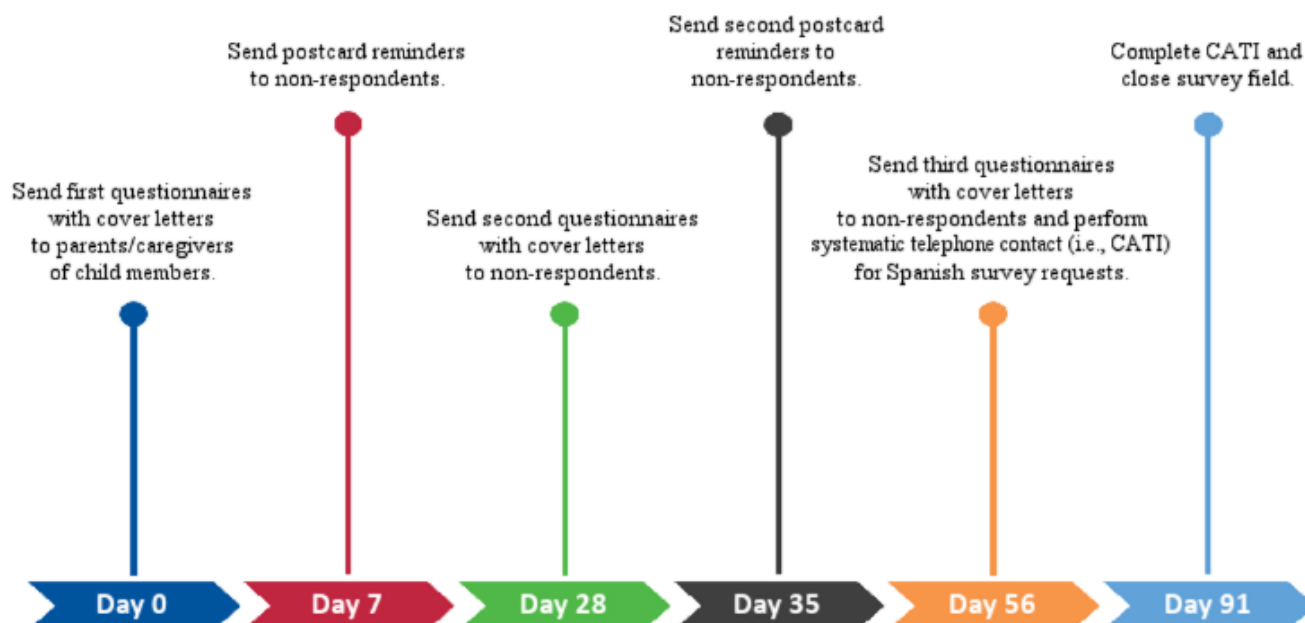
A sample of up to 1,650 child members was selected from each reporting unit with no more than one member per household being selected. Aetna Better Health of Michigan, HAP Empowered, and Upper Peninsula Health Plan did not have 1,650 eligible child members for inclusion in the CSHCS Survey; therefore, each member from the MHPs' eligible populations were included in the sample following deduplication. After selecting the MHP- and FFS-specific samples, HSAG selected an oversample of all remaining child members indicated as "medically complex" (i.e., identified as "more medically complex" for the medically complex flag in the sample frame file) after removing for duplicate households.

Survey Protocol

The survey administration protocol employed was a mail-only methodology. All sampled members received an English version of the survey via mail. The cover letter provided with the English version of the survey included additional text on the back side in Spanish informing members that they could call a toll-free number to request to complete the survey in Spanish. The toll-free line directed callers to leave a voice message for an interpreter service that would return their call and subsequently schedule an appointment to complete the survey via Computer Assisted Telephone Interviewing (CATI). Non-respondents received a reminder postcard, followed by a second survey mailing, a second reminder postcard, and a third survey mailing.

Figure 2-2 shows the timeline used for the survey administration.

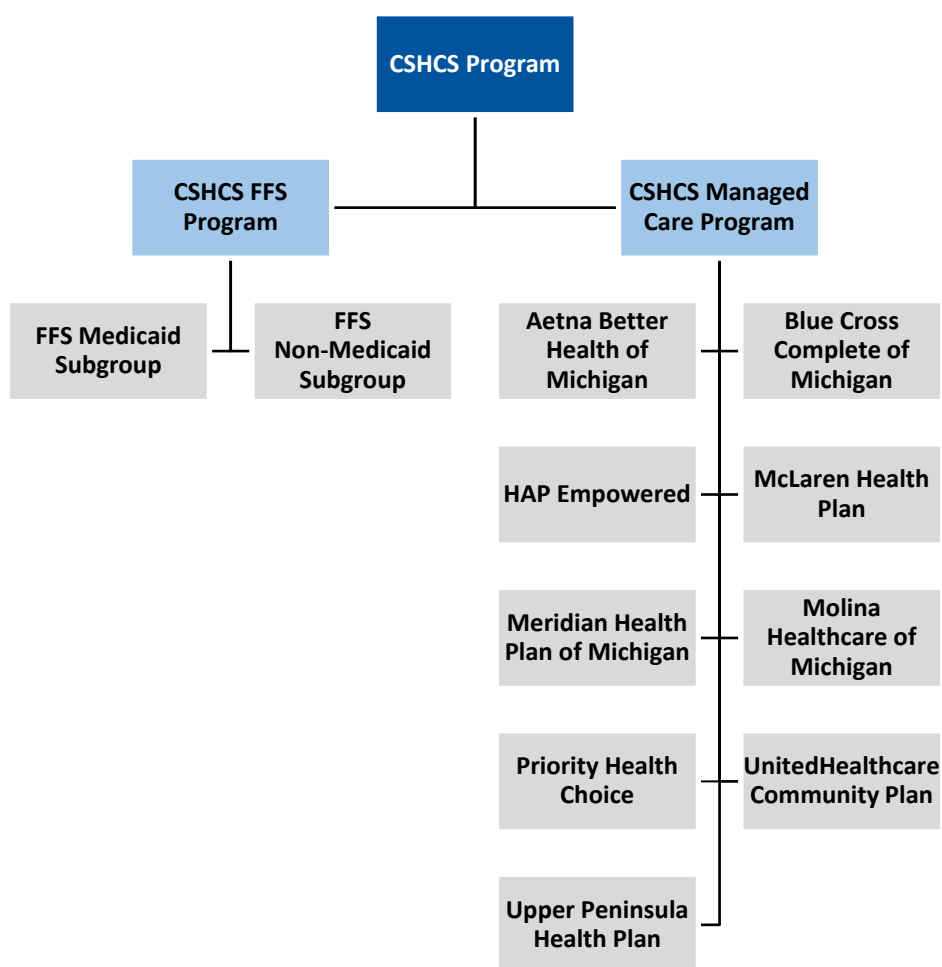
Figure 2-2—Survey Timeline



How CSHCS Survey Results Were Calculated and Displayed

HSAG used the scoring approach recommended by the National Committee for Quality Assurance (NCQA) in Volume 3 of the HEDIS Specifications for Survey Measures, to comprehensively assess the experience of parents/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.²⁻²

Figure 2-3—CSHCS Programs



²⁻² During the reporting period, HAP Empowered transitioned to HAP CareSource effective October 1, 2023.

Response Rates

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 members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, they were invalid (did not meet the eligible criteria on page 2-4), or their parents/caregivers had a language barrier (the survey was made available in both English and Spanish).

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Sample Size} - \text{Number of Ineligible Members}}$$

Demographics of Child Members and Respondents

The demographics analysis evaluated demographic information of child members and respondents based on parents'/caregivers' responses to the survey. The demographic characteristics of children included age, gender, race, ethnicity, general health status, and mental or emotional health status. Self-reported parent/caregiver demographic information included age, gender, education level, and relationship to the child. Please note, demographic information is not included for the medically complex oversample.

Respondent Analysis

HSAG evaluated the demographic characteristics of child members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. 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. HSAG performed a *t* test to determine whether the demographic characteristics of child members whose parents/caregivers 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. MDHHS should exercise caution when extrapolating the results to the entire population if the average characteristics of respondents differ significantly from the plan or program population as a whole. Please note, results from the respondent analysis do not include the medically complex oversample.

Scoring Calculations

For purposes of the statewide comparisons and trend analyses, HSAG calculated top-box scores for each measure, following the NCQA HEDIS Specifications for Survey Measures.²⁻³ Caution should be exercised when evaluating measures' results with fewer than 100 respondents, 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" or "NA" in the figures and tables.

Global Ratings, Composite Measures, and Individual Item Measures

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*, and *Transportation* composite measures; and *Access to Prescription Medicines* and *CMDS Clinic* individual item measures;
- "Never" for the *Not Felt Treated Unfairly: Race and Ethnicity* and *Not Felt Treated Unfairly: Health Insurance Type* individual item measures;
- "Somewhat satisfied" or "Extremely satisfied" for the *Local Health Department Services* individual item measure.

For the global ratings and individual item measures, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores).

Statewide Comparisons

Weighting

HSAG calculated a weighted score 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.

²⁻³ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2022.

***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 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 than the CSHCS Managed Care Program's score. Conversely, red indicates a top-box score that was statistically significantly lower than the CSHCS Managed Care Program's score. Blue represents a top-box score that was not statistically significantly different from the CSHCS Managed Care Program's score.

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 than the other population's score. Conversely, red indicates a population's top-box score that was statistically significantly lower than the other population's score. Blue indicates that the top-box scores for the populations were not statistically significantly different from each other.

Medically Complex Comparisons

The Medically Complex Subgroup contains members from the general sample and the medically complex oversample (i.e., identified as "more medically complex" for the medically complex flag in the sample frame file). The Non-Medically Complex Subgroup contains members from the general sample who were not indicated as more medically complex (i.e., identified as "less medically complex" for the medically complex flag in the sample frame file).

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

Trend Analysis

HSAG performed a t test to determine whether results in 2023 were statistically significantly different from results in 2022 and 2021. A difference was considered statistically significant if the two-sided p value of the t test was less than 0.05. The two-sided p value of the t test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed under the assumption of no difference between years.

Scores that were statistically significantly higher in 2023 than in 2022 and 2021 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2023 than in 2022 or 2021 are noted with downward triangles (▼). Scores in 2023 that were not statistically significantly different from scores in 2022 or 2021 are noted with a dash (—). Please note, individual item measures *Not Felt Treated Unfairly: Race and Ethnicity* and *Not Felt Treated Unfairly: Health Insurance Type* were included for the first time in 2022; therefore, results for 2021 are unavailable.

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 2-2 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 2-2—Correlation Matrix

Question	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/caregiver	✓	✓	✓	Always
Q12. Child's personal doctor listened carefully to the parent/ caregiver	✓	✓	✓	Always
Q13. Child's personal doctor showed respect for what the parent/ caregiver 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
Q22. Ease of getting prescription medicines the child needed	✓	✓	✓	Always
Q25. Ease of getting special medical equipment or devices the child needed	✓	✓	✓	Always
Q28. Ease of getting special therapy the child needed	✓	✓	✓	Always
Q31. Parent/caregiver received help with transportation for their child's related CSHCS condition	✓	✓		Always
Q34. Child's health plan's customer service gave the parent/caregiver the information or help needed	✓	✓		Always
Q35. Parent/caregiver was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓		Always
Q37. Ease of filling out forms from the child's health plan	✓	✓		Always
Q40. 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)

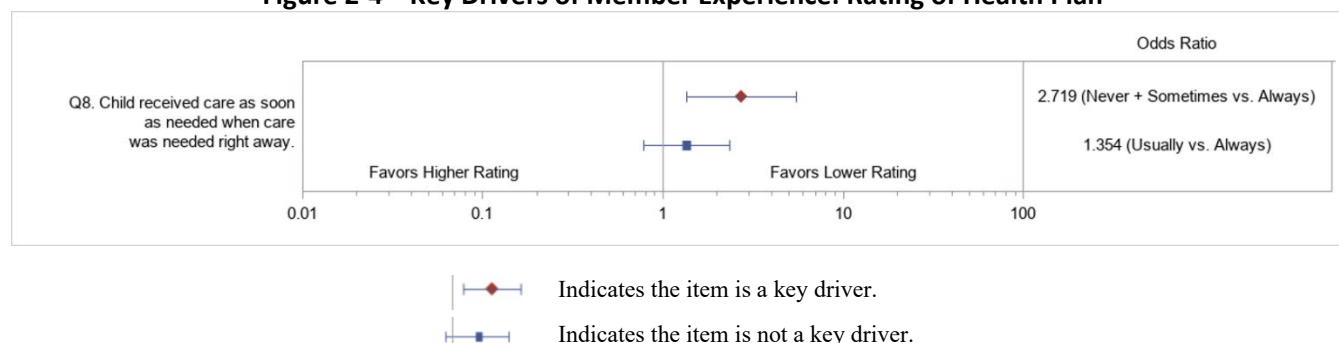
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal 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 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 results. NCQA does not conduct case-mix adjustment on results to account for these differences; therefore, no case-mix adjusting was performed on these results.

Causal Inferences

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

National Data for Comparisons

NCQA Quality Compass data for the CCC Medicaid population are used for comparative purposes for the applicable survey measures, since separate benchmarking data is currently not available for the type of populations surveyed; therefore, caution should be exercised when comparing the results to NCQA national data since differences may exist between the CSHCS population and the CCC Medicaid population.

CSHCS Survey Instrument

For the 2023 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.

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 not statistically significantly more likely to provide a higher or lower top-box response than late respondents for any measure; however, MDHHS should consider that potential non-response bias may exist when interpreting the survey results.

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 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

	Sample Size	Completes	Ineligibles	Response Rates
CSHCS Program	15,041	3,061	54	20.42%
CSHCS FFS Program	3,679	1,135	21	31.03%
FFS Medicaid Subgroup	1,900	434	10	22.96%
FFS Non-Medicaid Subgroup	1,779	701	11	39.65%
CSHCS Managed Care Program	11,362	1,926	33	17.00%
Aetna Better Health of Michigan	129	18	0	13.95%
Blue Cross Complete of Michigan	1,738	248	9	14.34%
HAP Empowered	100	13	0	13.00%
McLaren Health Plan	1,681	257	6	15.34%
Meridian Health Plan of Michigan	1,855	373	12	20.24%
Molina Healthcare of Michigan	1,814	316	3	17.45%
Priority Health Choice	1,750	279	0	15.94%
UnitedHealthcare Community Plan	1,747	314	2	17.99%
Upper Peninsula Health Plan	548	108	1	19.74%

Respondent Analysis

HSAG compared the demographic characteristics of general child members whose parents/caregivers 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

		0 to 3	4 to 7	8 to 12	13 to 17
CSHCS Program	R SF	15.35%↓ 19.72%	18.00%↓ 20.90%	27.79% 27.44%	38.86%↑ 31.94%
CSHCS FFS Program	R SF	15.75% 17.39%	17.42%↓ 20.12%	29.63% 28.56%	37.20%↑ 33.94%
FFS Medicaid Subgroup	R SF	24.86% 25.15%	16.67%↓ 20.70%	25.41% 24.24%	33.06% 29.91%
FFS Non-Medicaid Subgroup	R SF	10.62% 11.69%	17.85% 19.69%	32.00% 31.73%	39.54% 36.89%
CSHCS Managed Care Program	R SF	15.12%↓ 20.68%	18.32%↓ 21.22%	26.77% 26.98%	39.79%↑ 31.12%
Aetna Better Health of Michigan	R SF	38.89% 30.26%	16.67% 19.08%	16.67% 24.34%	27.78% 26.32%
Blue Cross Complete of Michigan	R SF	22.78% 26.12%	25.32% 24.27%	22.36% 24.30%	29.54% 25.32%
HAP Empowered	R SF	46.15% 31.97%	7.69% 22.45%	15.38% 23.81%	30.77% 21.77%
McLaren Health Plan	R SF	14.74% 19.14%	17.13% 21.49%	25.90% 27.92%	42.23%↑ 31.46%
Meridian Health Plan of Michigan	R SF	11.34%↓ 17.59%	19.70% 22.35%	27.46% 28.19%	41.49%↑ 31.87%
Molina Healthcare of Michigan	R SF	9.49%↓ 17.35%	15.25% 15.69%	29.49% 29.84%	45.76%↑ 37.12%
Priority Health Choice	R SF	17.24%↓ 25.03%	19.16% 23.72%	28.74% 23.81%	34.87%↑ 27.44%
UnitedHealthcare Community Plan	R SF	11.56%↓ 17.78%	14.97%↓ 19.99%	27.89% 28.25%	45.58%↑ 33.98%

		0 to 3	4 to 7	8 to 12	13 to 17
Upper Peninsula Health Plan	R	23.15%	18.52%	24.07%	34.26%
	SF	22.68%	25.63%	24.65%	27.04%

An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.

↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is statistically 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.

Some percentages may not total 100% due to rounding.

Table 3-3—Respondent Analysis: Gender

		Male	Female
CSHCS Program	R	53.85%	46.15%
	SF	54.15%	45.85%
CSHCS FFS Program	R	53.35%	46.65%
	SF	54.06%	45.94%
FFS Medicaid Subgroup	R	56.01%	43.99%
	SF	54.71%	45.29%
FFS Non-Medicaid Subgroup	R	51.85%	48.15%
	SF	53.59%	46.41%
CSHCS Managed Care Program	R	54.14%	45.86%
	SF	54.19%	45.81%
Aetna Better Health of Michigan	R	61.11%	38.89%
	SF	59.21%	40.79%
Blue Cross Complete of Michigan	R	49.79%	50.21%
	SF	53.58%	46.42%
HAP Empowered	R	76.92%	23.08%
	SF	58.50%	41.50%
McLaren Health Plan	R	58.17%	41.83%
	SF	53.44%	46.56%
Meridian Health Plan of Michigan	R	55.82%	44.18%
	SF	54.25%	45.75%
Molina Healthcare of Michigan	R	48.81%	51.19%
	SF	53.16%	46.84%
Priority Health Choice	R	54.79%	45.21%
	SF	55.02%	44.98%
UnitedHealthcare Community Plan	R	53.06%	46.94%
	SF	55.04%	44.96%
Upper Peninsula Health Plan	R	61.11%	38.89%
	SF	55.35%	44.65%

An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.
↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is statistically 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.
Some percentages may not total 100% due to rounding.

Table 3-4—Respondent Analysis: Race

		White	Black	Other
CSHCS Program	R SF	71.39%↑ 64.51%	12.69%↓ 21.96%	15.91%↑ 13.53%
CSHCS FFS Program	R SF	76.38% 73.98%	5.12%↓ 8.07%	18.50% 17.95%
FFS Medicaid Subgroup	R SF	72.95%↑ 67.02%	7.65%↓ 13.77%	19.40% 19.21%
FFS Non-Medicaid Subgroup	R SF	78.31% 79.08%	3.69% 3.89%	18.00% 17.03%
CSHCS Managed Care Program	R SF	68.60%↑ 60.63%	16.94%↓ 27.66%	14.46%↑ 11.72%
Aetna Better Health of Michigan	R SF	38.89% 28.29%	55.56% 60.53%	5.56% 11.18%
Blue Cross Complete of Michigan	R SF	63.71%↑ 54.63%	19.41%↓ 33.42%	16.88%↑ 11.96%
HAP Empowered	R SF	61.54% 35.37%	23.08%↓ 55.10%	15.38% 9.52%
McLaren Health Plan	R SF	76.89%↑ 68.79%	12.35%↓ 20.84%	10.76% 10.37%
Meridian Health Plan of Michigan	R SF	74.93%↑ 66.06%	12.24%↓ 23.10%	12.84% 10.83%
Molina Healthcare of Michigan	R SF	64.07%↑ 54.54%	24.41%↓ 33.97%	11.53% 11.49%
Priority Health Choice	R SF	68.97% 65.88%	14.56%↓ 22.33%	16.48%↑ 11.79%
UnitedHealthcare Community Plan	R SF	61.22% 56.28%	21.09%↓ 31.07%	17.69%↑ 12.65%
Upper Peninsula Health Plan	R SF	77.78% 81.41%	3.70% 2.11%	18.52% 16.48%
<p>An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage. ↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage. ↓ Indicates the respondent percentage is statistically 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. Some percentages may not total 100% due to rounding.</p>				

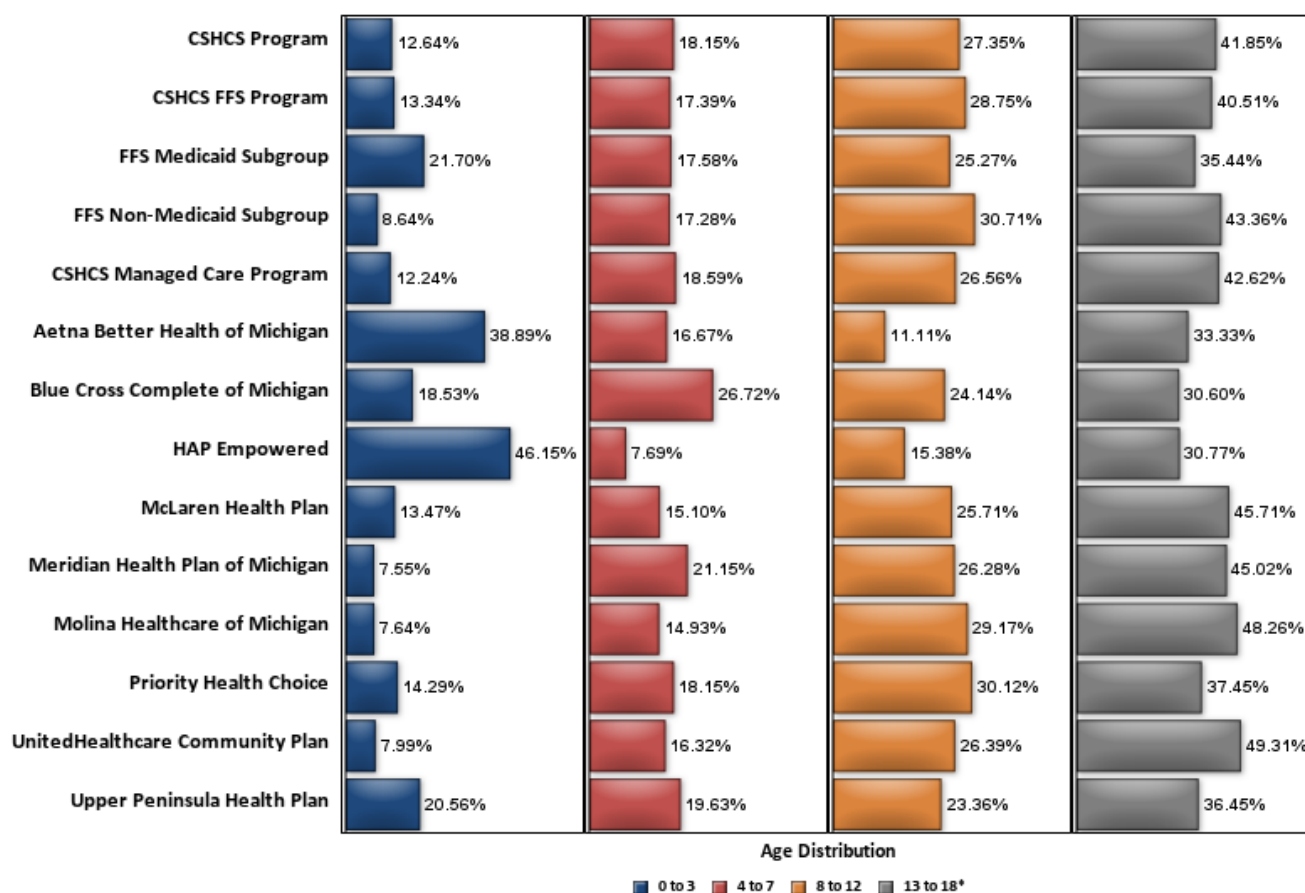
Table 3-5—Respondent Analysis: Ethnicity

		Hispanic	Non-Hispanic
CSHCS Program	R SF	5.33% 6.10%	94.67% 93.90%
CSHCS FFS Program	R SF	4.16% 4.04%	95.84% 95.96%
FFS Medicaid Subgroup	R SF	4.10% 3.94%	95.90% 96.06%
FFS Non-Medicaid Subgroup	R SF	4.23% 4.16%	95.77% 95.84%
CSHCS Managed Care Program	R SF	5.79% 6.74%	94.21% 93.26%
Aetna Better Health of Michigan	R SF	0.00%↓ 3.95%	100.00%↑ 96.05%
Blue Cross Complete of Michigan	R SF	8.02% 6.94%	91.98% 93.06%
HAP Empowered	R SF	7.69% 3.40%	92.31% 96.60%
McLaren Health Plan	R SF	4.38% 4.89%	95.62% 95.11%
Meridian Health Plan of Michigan	R SF	4.18% 4.99%	95.82% 95.01%
Molina Healthcare of Michigan	R SF	5.42% 7.24%	94.58% 92.76%
Priority Health Choice	R SF	8.81% 10.60%	91.19% 89.40%
UnitedHealthcare Community Plan	R SF	6.80% 6.43%	93.20% 93.57%
Upper Peninsula Health Plan	R SF	0.93% 1.69%	99.07% 98.31%
<p>An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage. ↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage. ↓ Indicates the respondent percentage is statistically 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. Some percentages may not total 100% due to rounding.</p>			

Demographics of Child Members

Figure 3-1 through Figure 3-6 depict the age, gender, race, ethnicity, general health status, and mental or emotional health status of children as reported by the parents/caregivers who completed the survey.³⁻¹

Figure 3-1—Child Member Demographics: Age

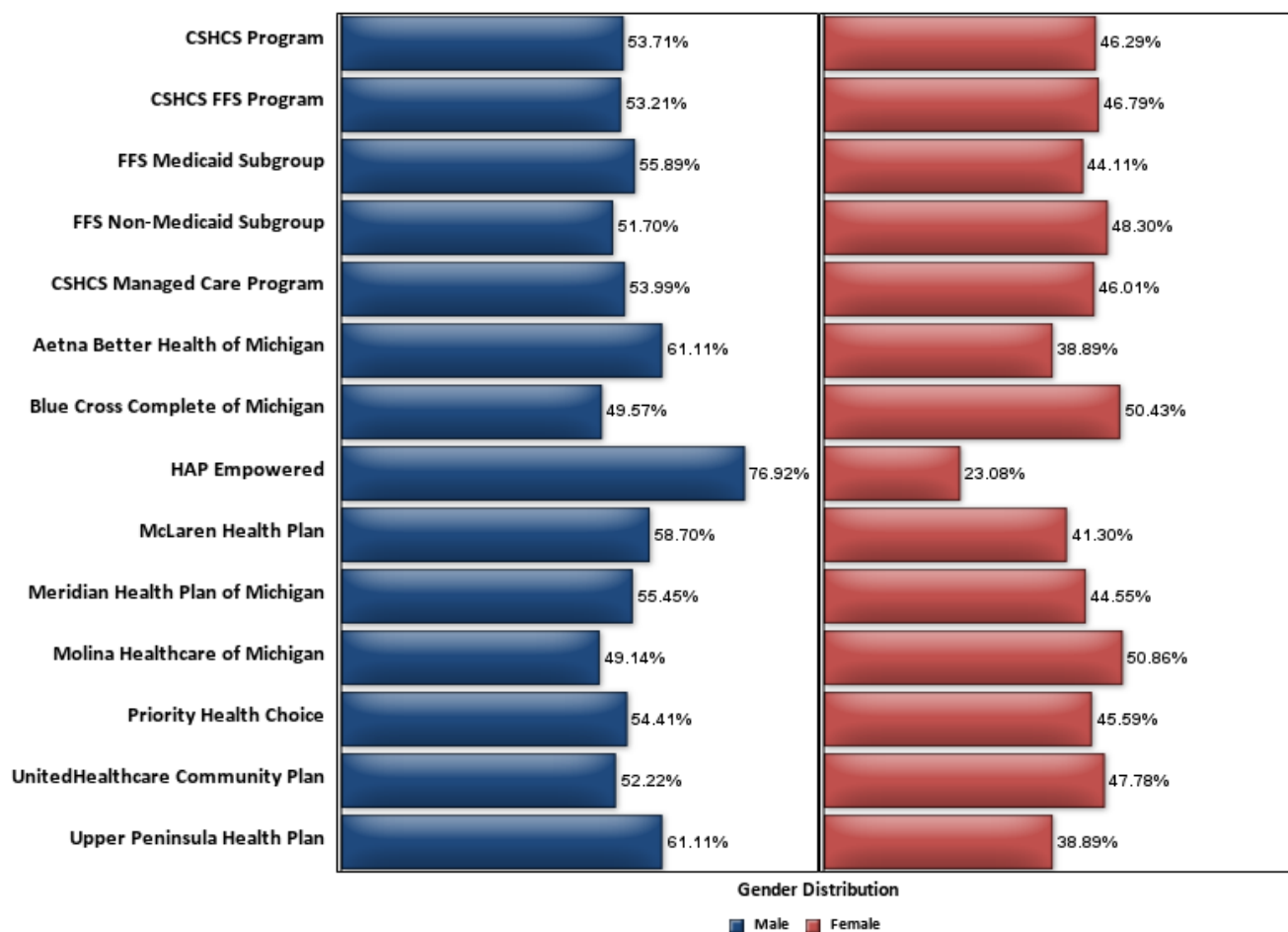


Some percentages may not total 100% due to rounding.

**Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of January 31, 2023. Some children eligible for the CAHPS Survey turned 18 between February 1, 2023, and the time of survey administration.*

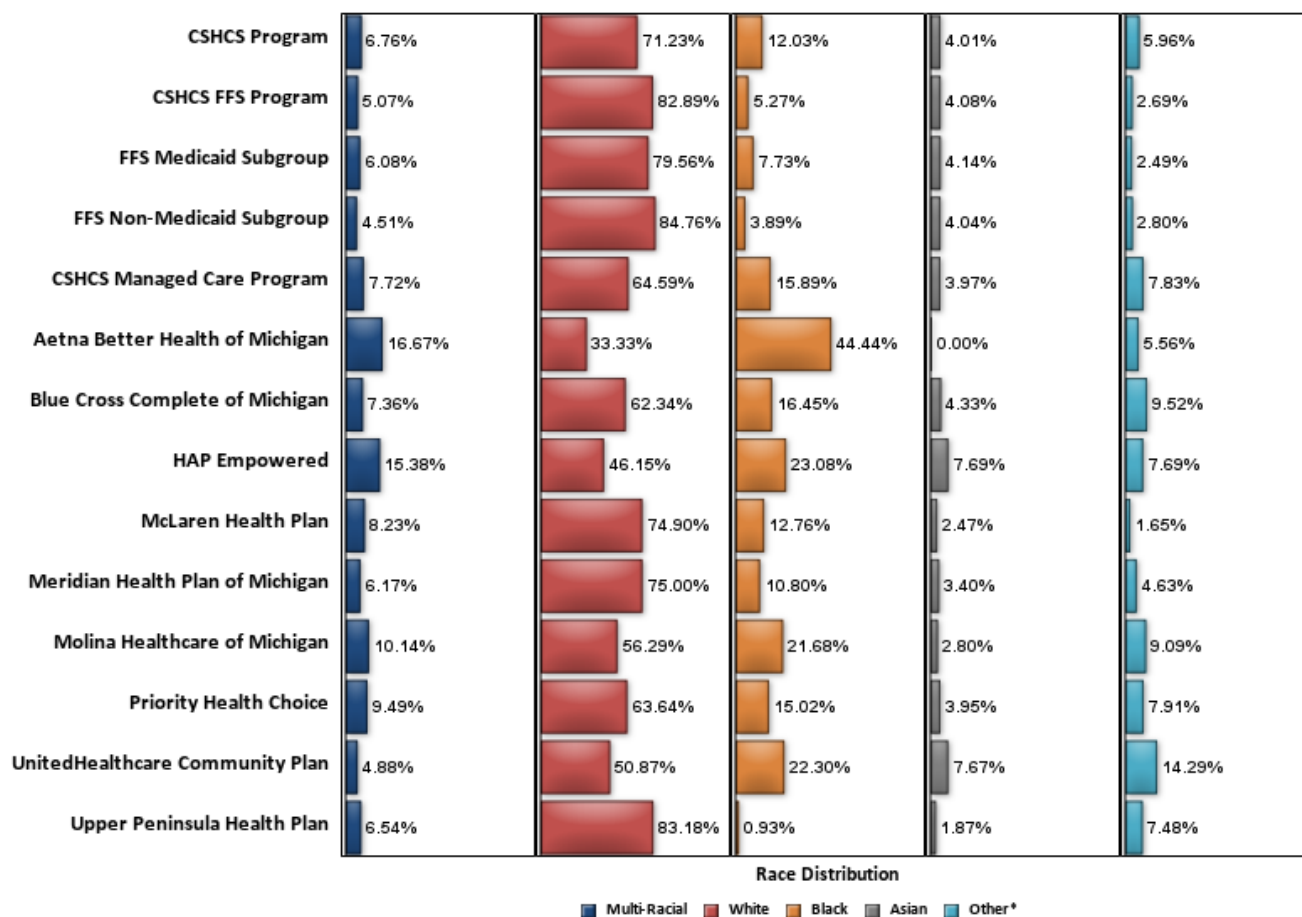
³⁻¹ Please note, results in Figure 3-1 through 3-6 are reflective of the general sample.

Figure 3-2—Child Member Demographics: Gender



Some percentages may not total 100% due to rounding.

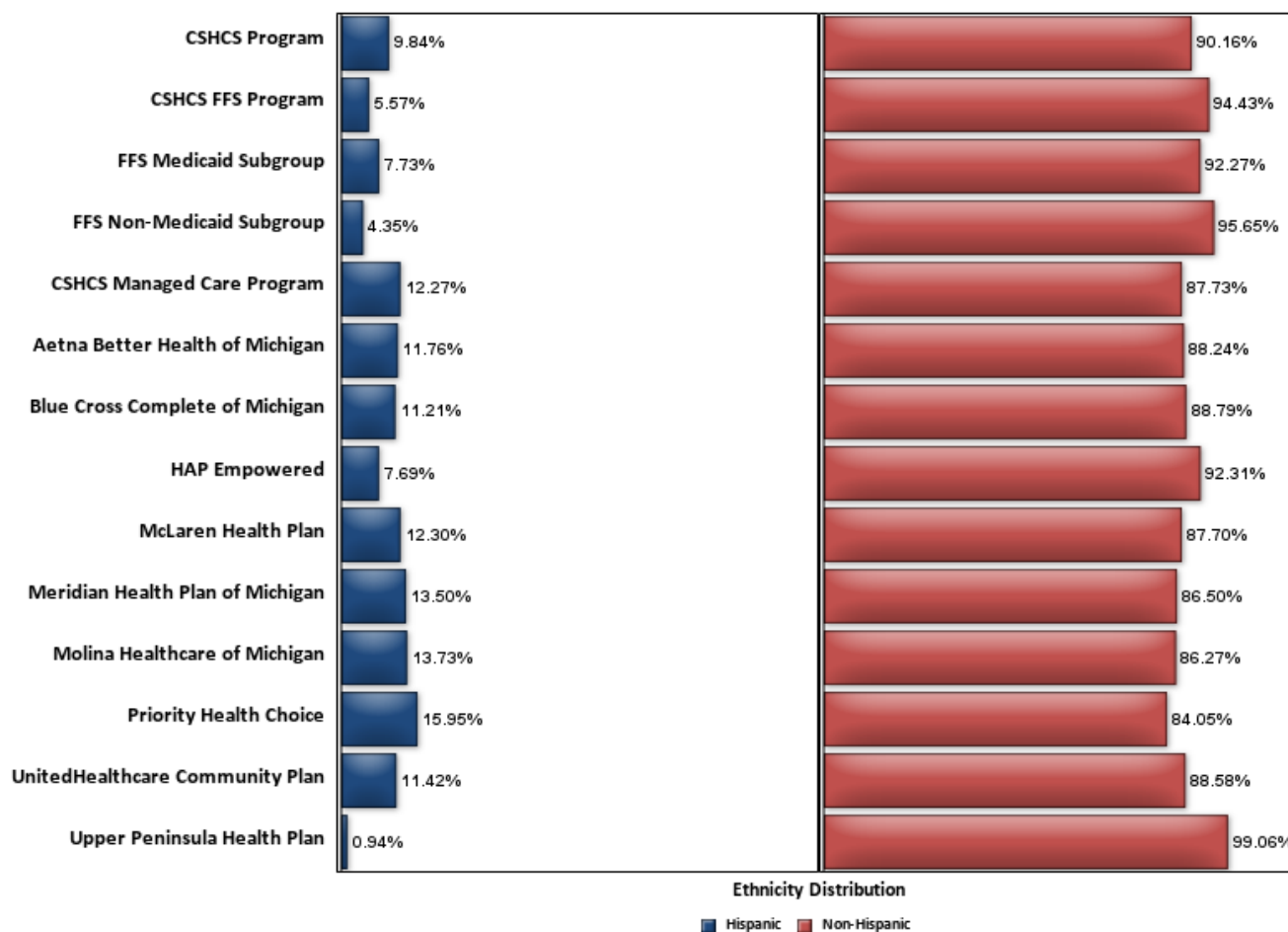
Figure 3-3—Child Member Demographics: Race



Some percentages may not total 100% due to rounding.

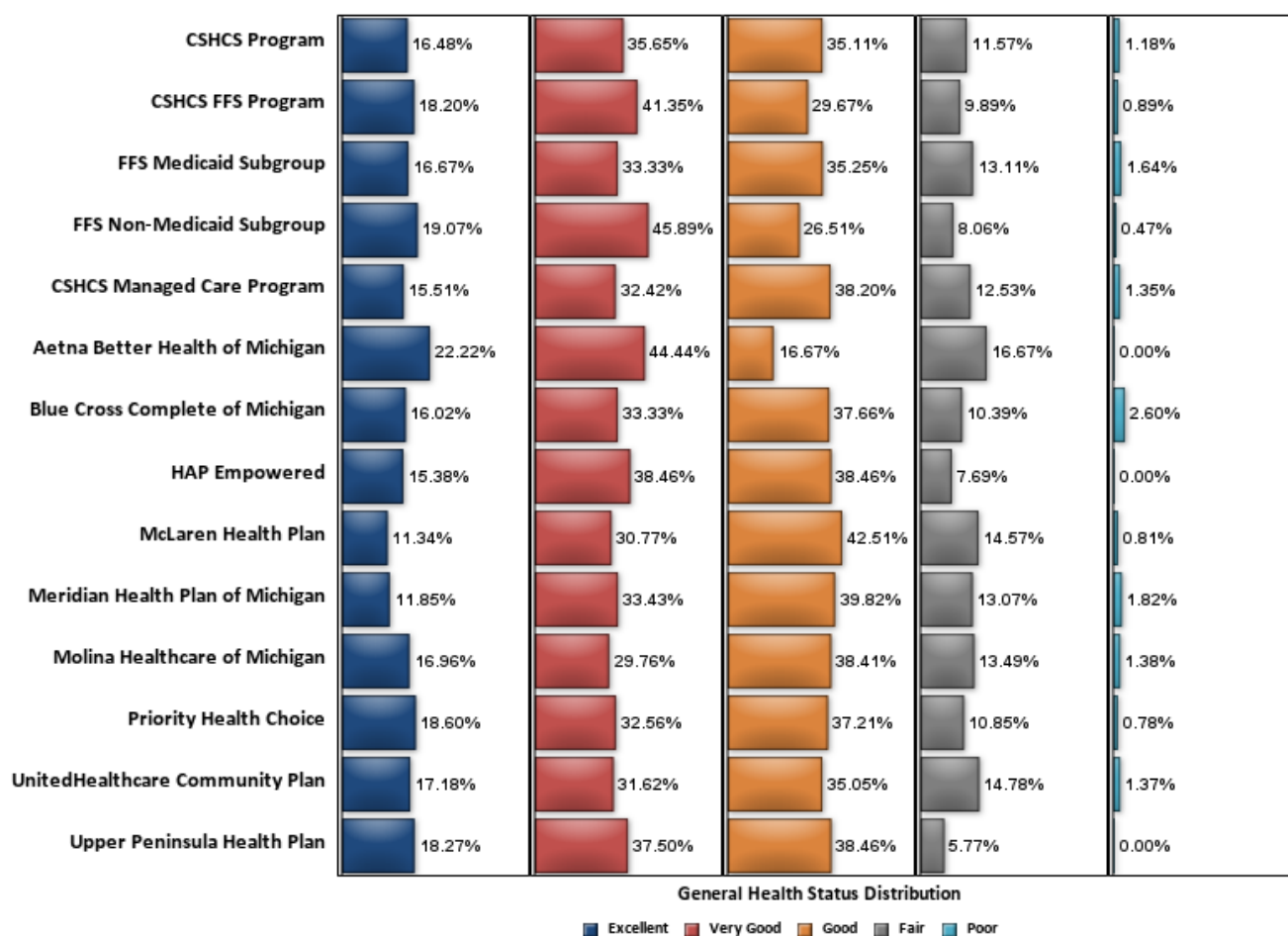
**The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

Figure 3-4—Child Member Demographics: Ethnicity



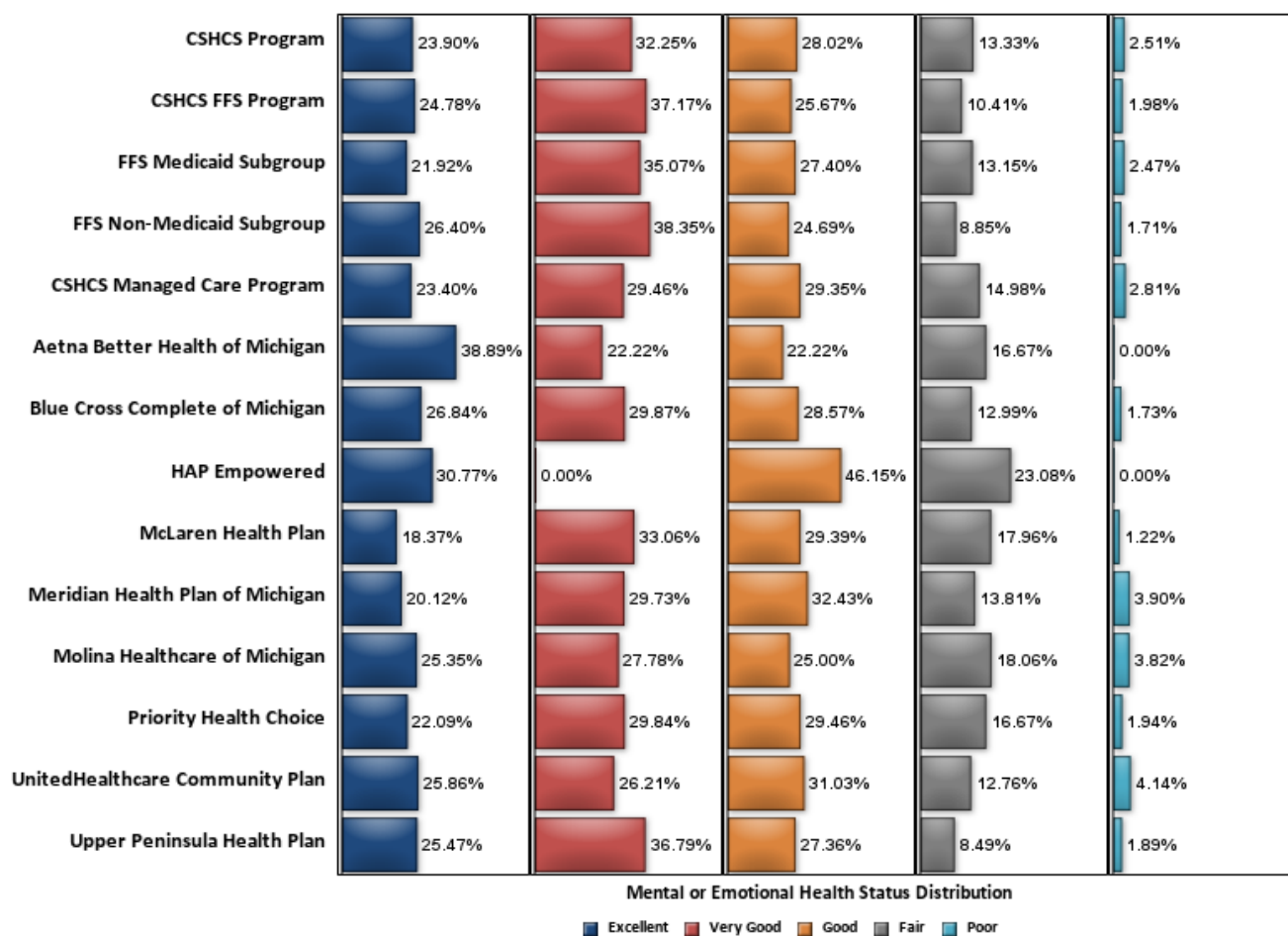
Some percentages may not total 100% due to rounding

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



Some percentages may not total 100% due to rounding

Figure 3-6—Child Member Demographics: Mental or Emotional Health Status

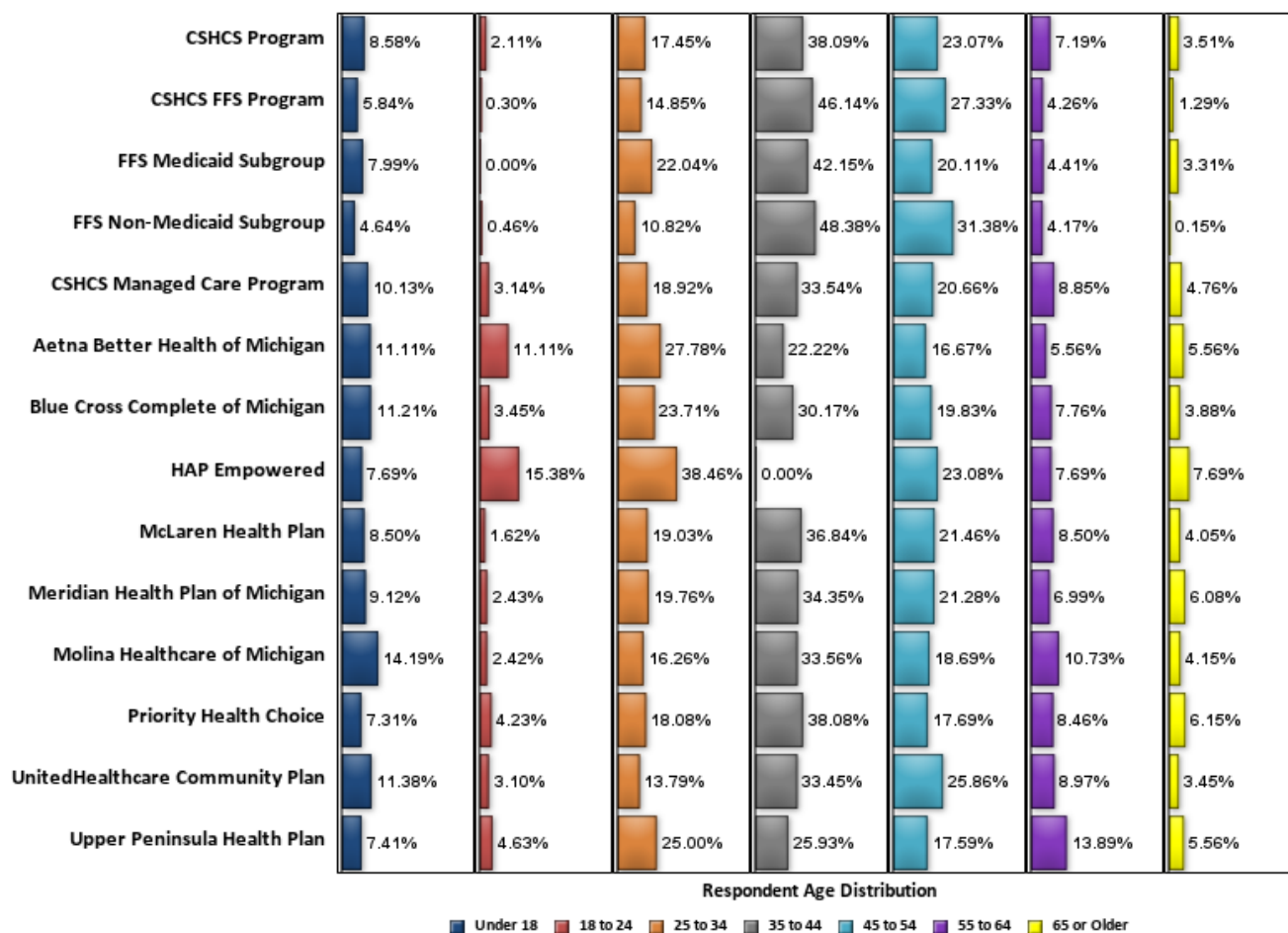


Some percentages may not total 100% due to rounding

Demographics of Respondents

Figure 3-7 through Figure 3-10 depict the age, gender, education level, and relationship to child as reported by the parents/caregivers who completed the survey.³⁻²

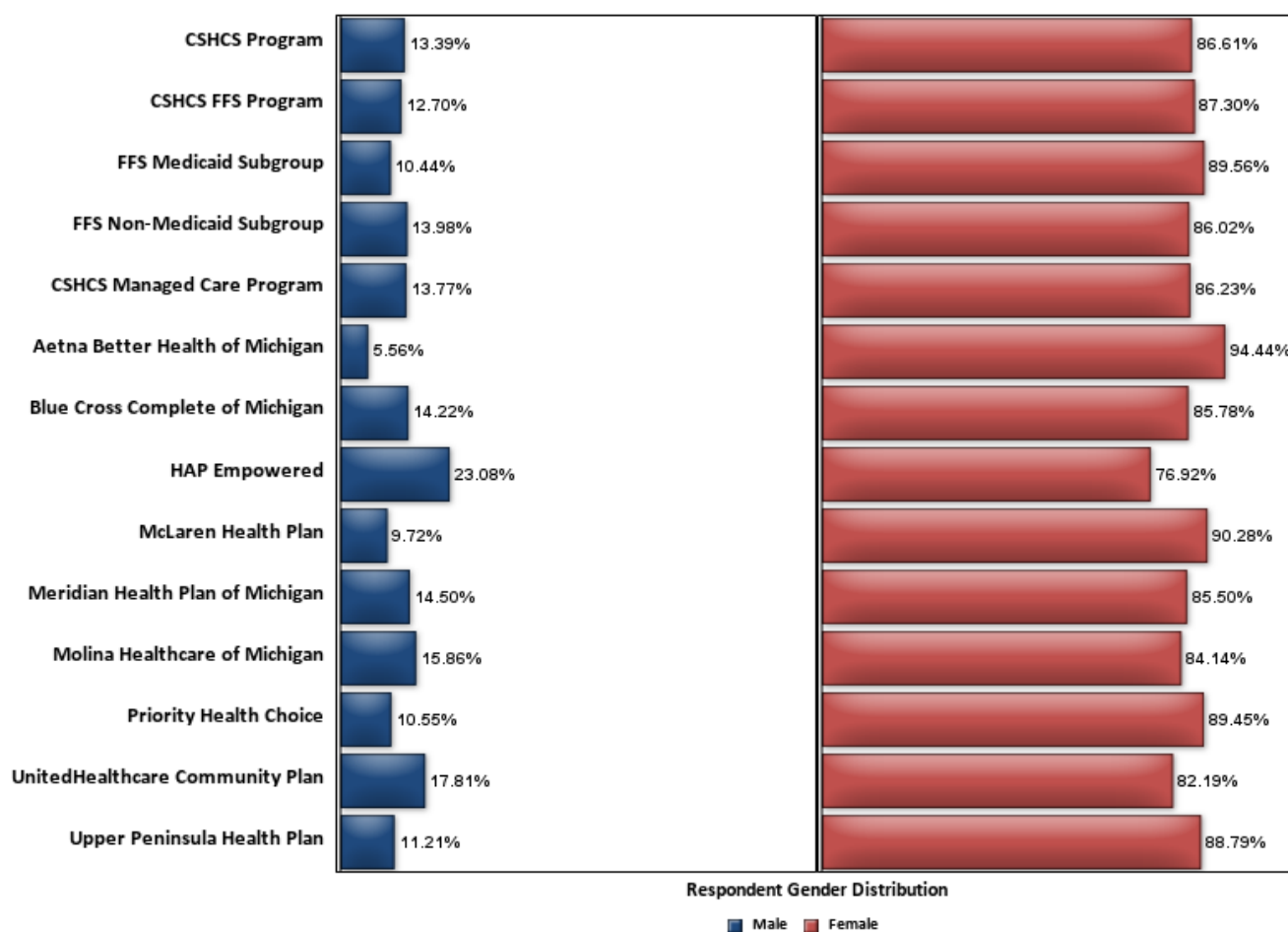
Figure 3-7—Respondent Demographics: Age



Some percentages may not total 100% due to rounding

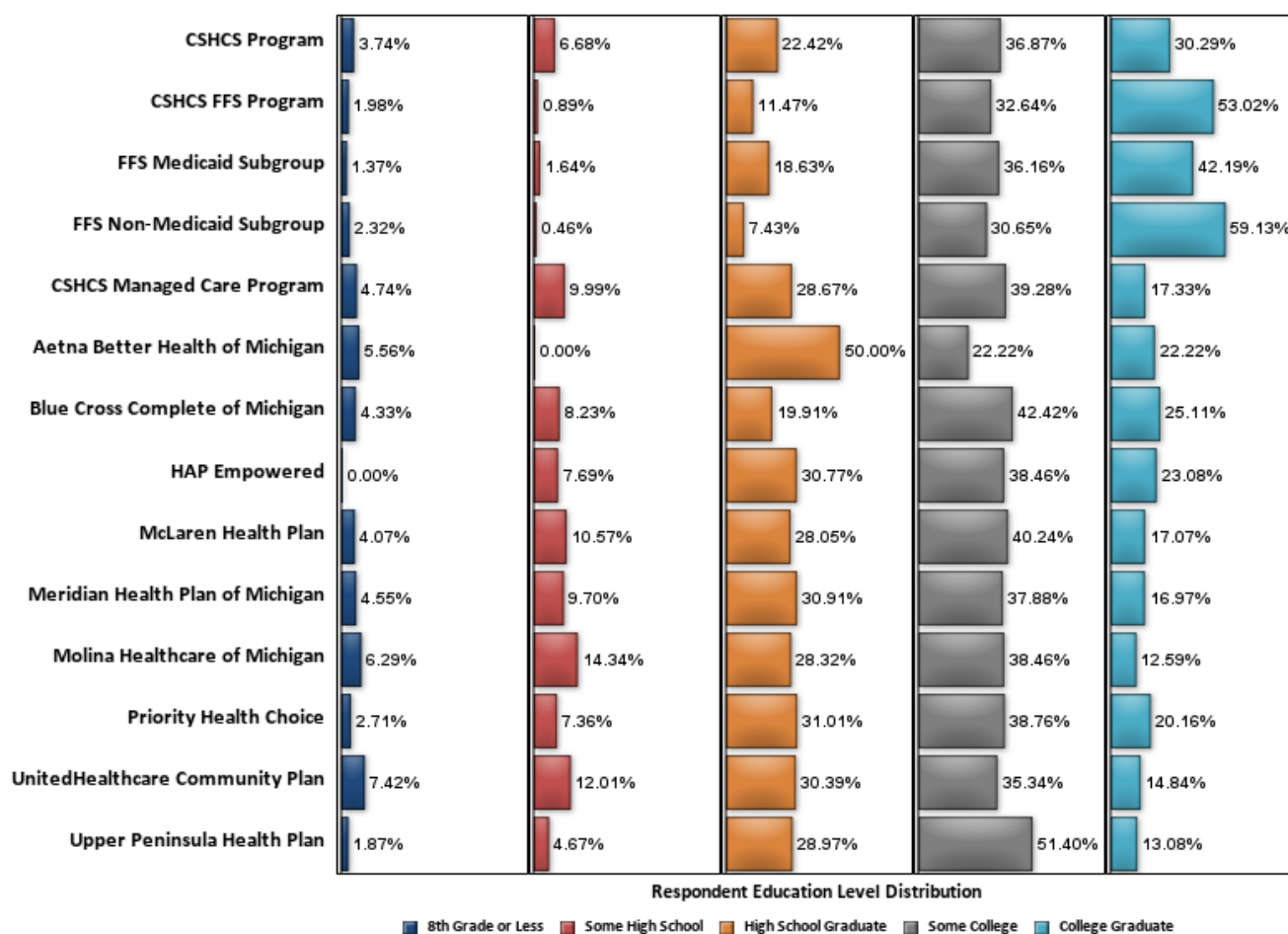
³⁻² Please note, results in Figure 3-7 through 3-10 are reflective of the general sample.

Figure 3-8—Respondent Demographics: Gender



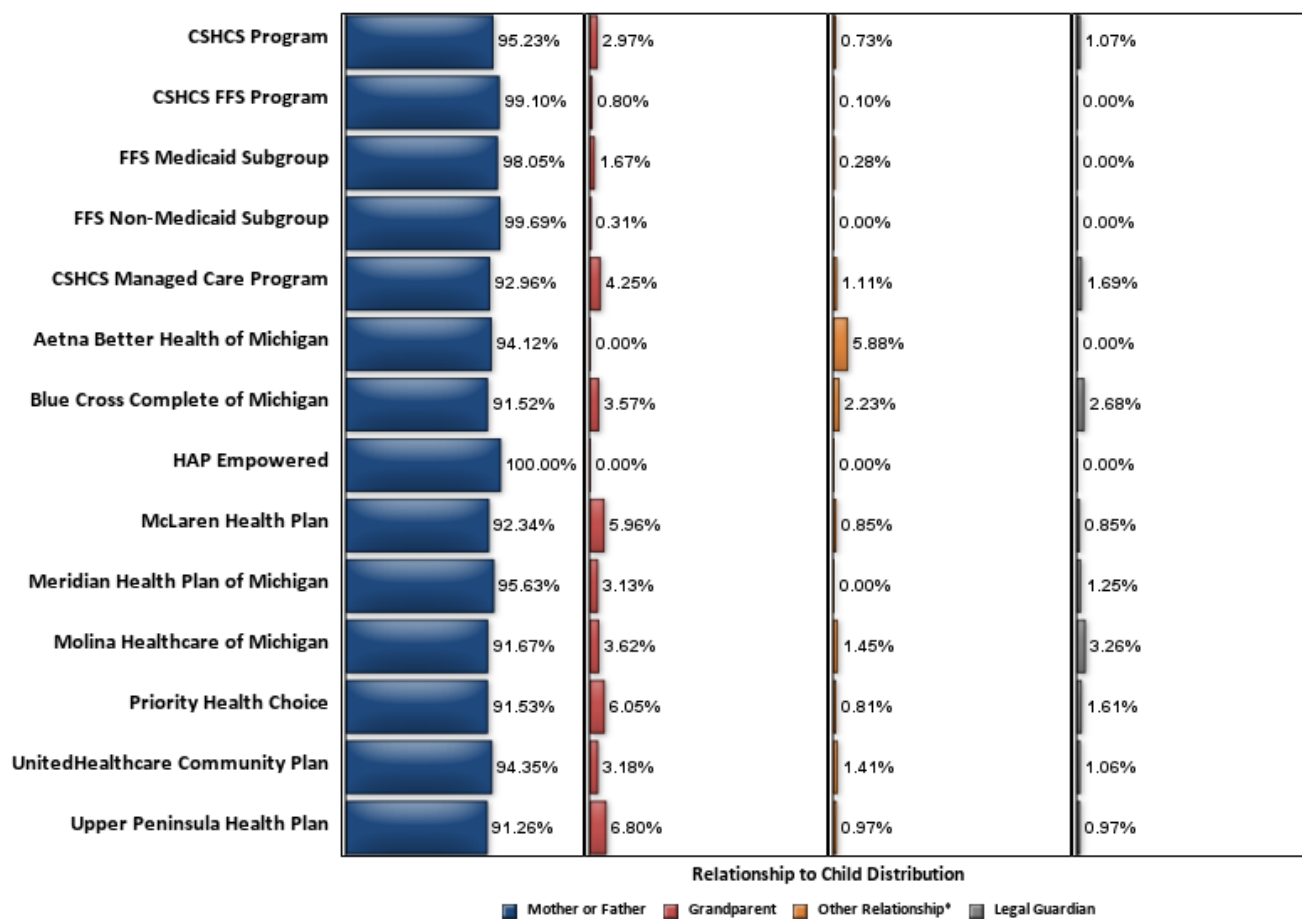
Some percentages may not total 100% due to rounding.

Figure 3-9—Respondent Demographics: Education Level



Some percentages may not total 100% due to rounding

Figure 3-10—Respondent Demographics: Relationship to Child



Some percentages may not total 100% 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 2-8. 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.^{3-3,3-4} Populations with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. In addition, HSAG did not present top-box scores for measures with fewer than 11 respondents, which are indicated as "Not Applicable" in the following figures.

Managed Care Comparisons

The CSHCS Program, CSHCS Managed Care (MC) 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.³⁻⁵

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 likely 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.

³⁻³ The source for the national data contained in this publication is Quality Compass 2022 and is used with the permission of NCQA. Quality Compass 2022 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

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

³⁻⁵ 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 445 completed surveys on behalf of the child members categorized as medically complex and a total of 2,616 completed surveys on behalf of child members categorized as non-medically complex. These counts are based on the completed surveys returned by parents/caregivers of child members identified as medically complex and non-medically complex in the sample frame file. For additional information on the medically complex comparisons, please refer to the Reader's Guide beginning on page 2-9.

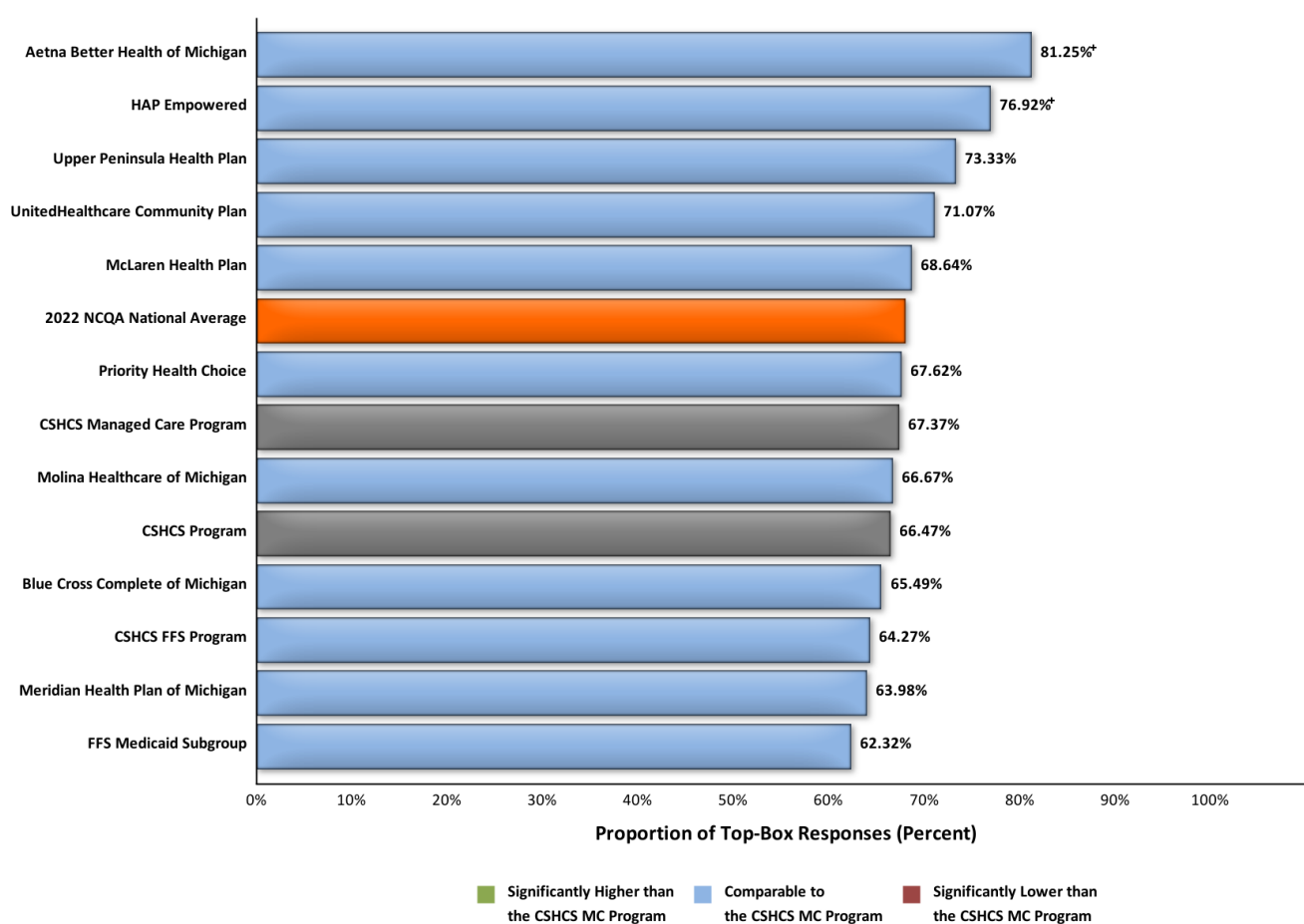
Global Ratings

Rating of Health Plan

Figure 3-11 through Figure 3-13 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Rating of Health Plan* global rating.

Managed Care Comparisons

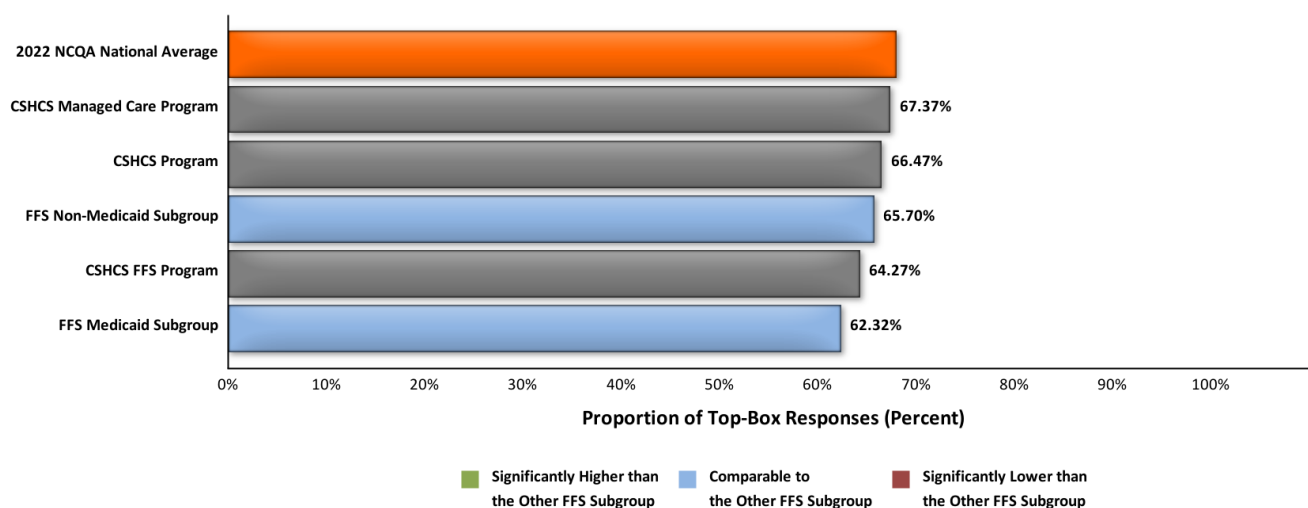
**Figure 3-11—Managed Care Comparisons
Rating of Health Plan Top-Box Scores**



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

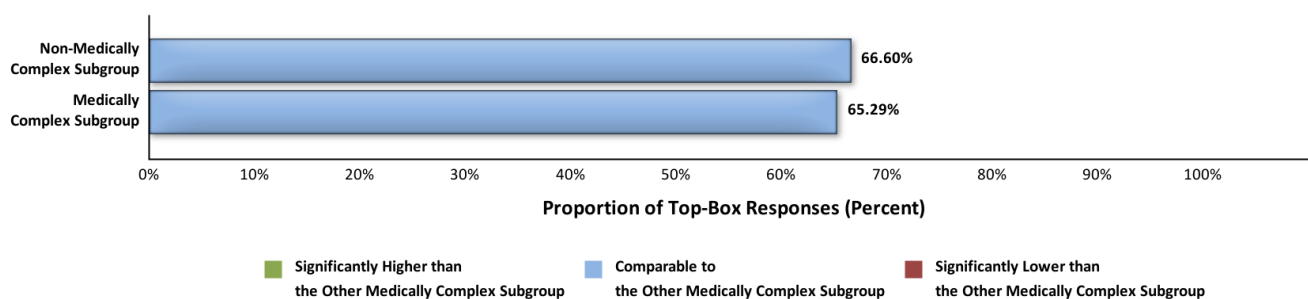
FFS Comparisons

**Figure 3-12—FFS Comparisons
Rating of Health Plan Top-Box Scores**



Medically Complex Comparisons

**Figure 3-13—Medically Complex Comparisons: CSHCS Program
Rating of Health Plan Top-Box Scores**

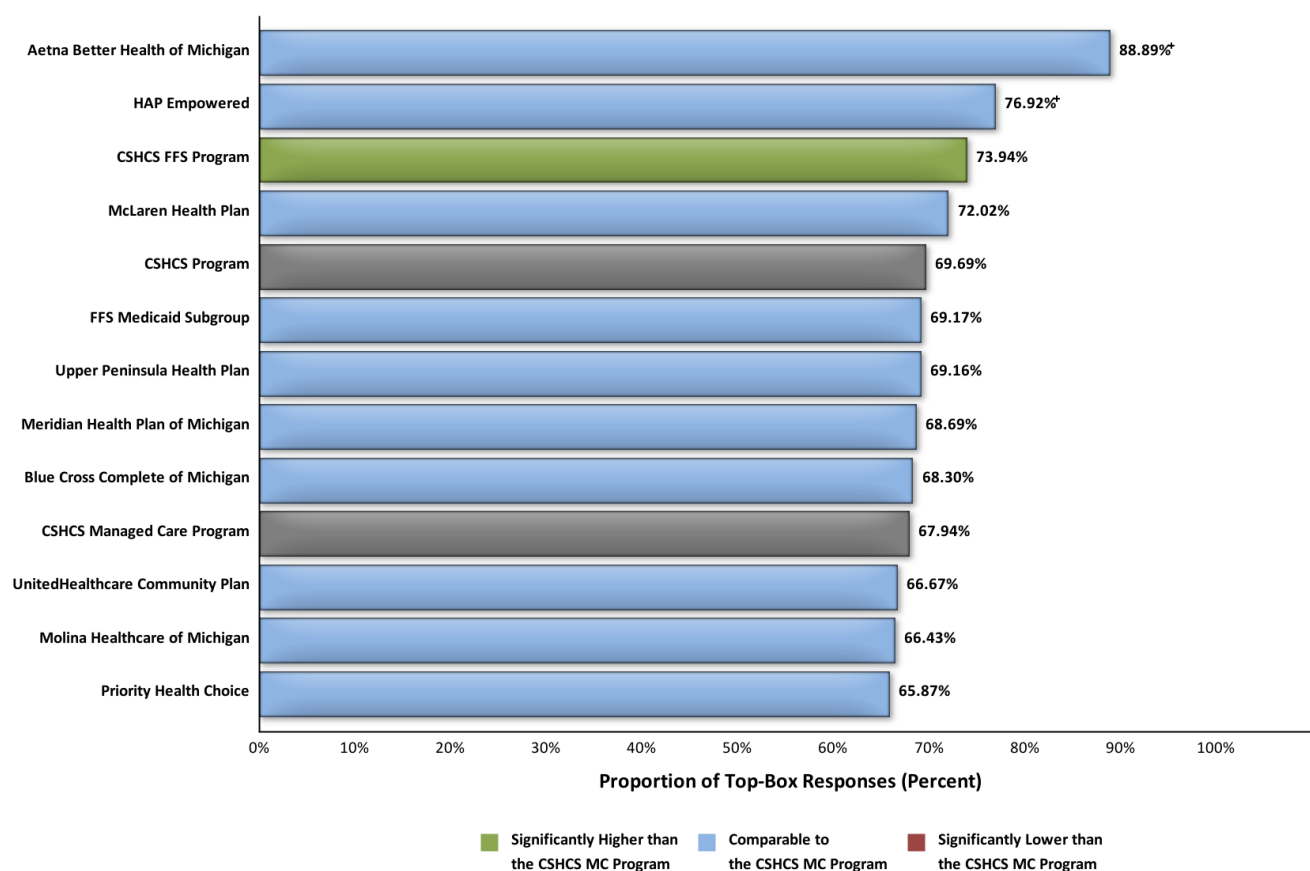


Rating of Health Care

Figure 3-14 through Figure 3-16 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Rating of Health Care* global rating.³⁻⁶

Managed Care Comparisons

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

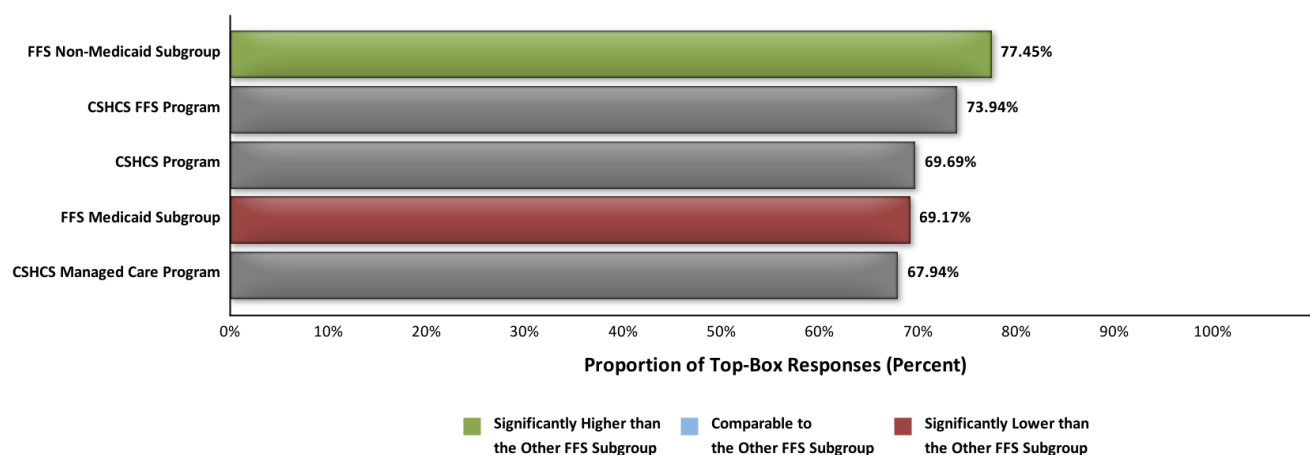


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

³⁻⁶ 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, the 2022 NCQA national average is not displayed.

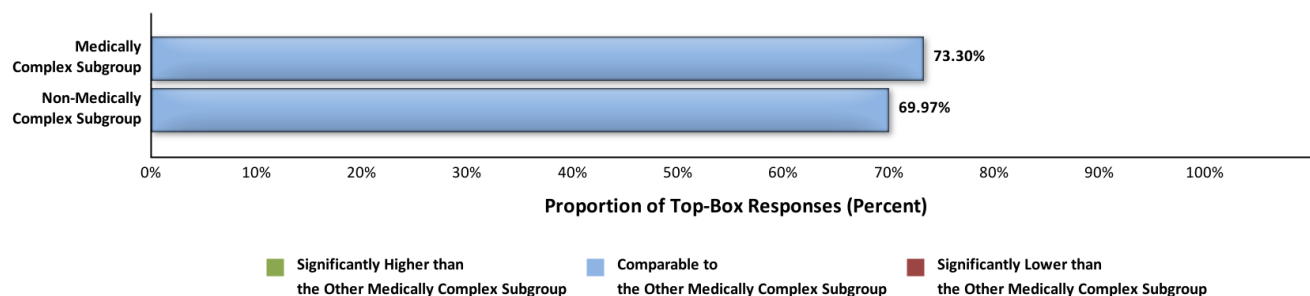
FFS Comparisons

**Figure 3-15—FFS Comparisons
Rating of Health Care Top-Box Scores**



Medically Complex Comparisons

**Figure 3-16—Medically Complex Comparisons: CSHCS Program
Rating of Health Care Top-Box Scores**

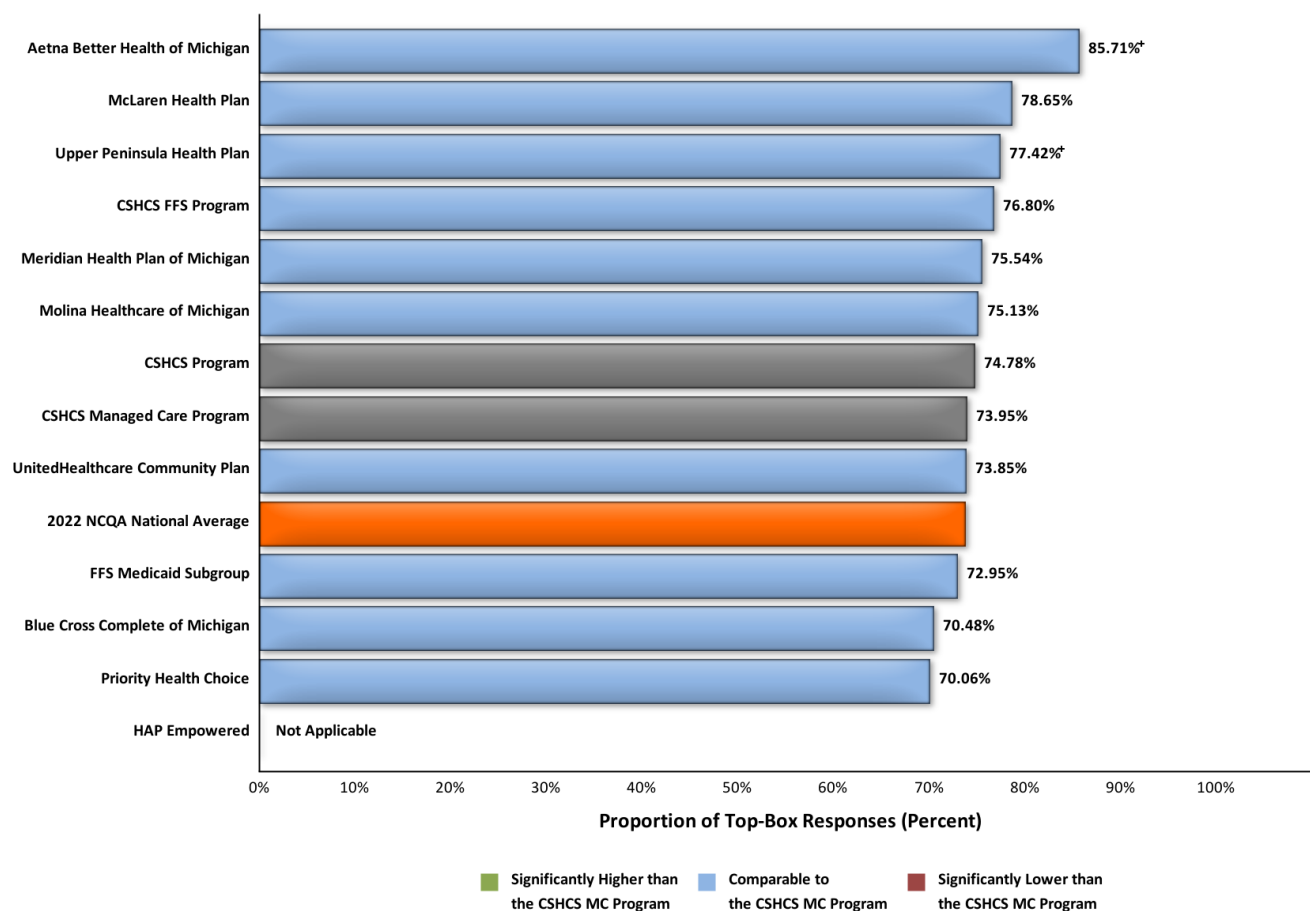


Rating of Specialist Seen Most Often

Figure 3-17 through Figure 3-19 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Rating of Specialist Seen Most Often* global rating.

Managed Care Comparisons

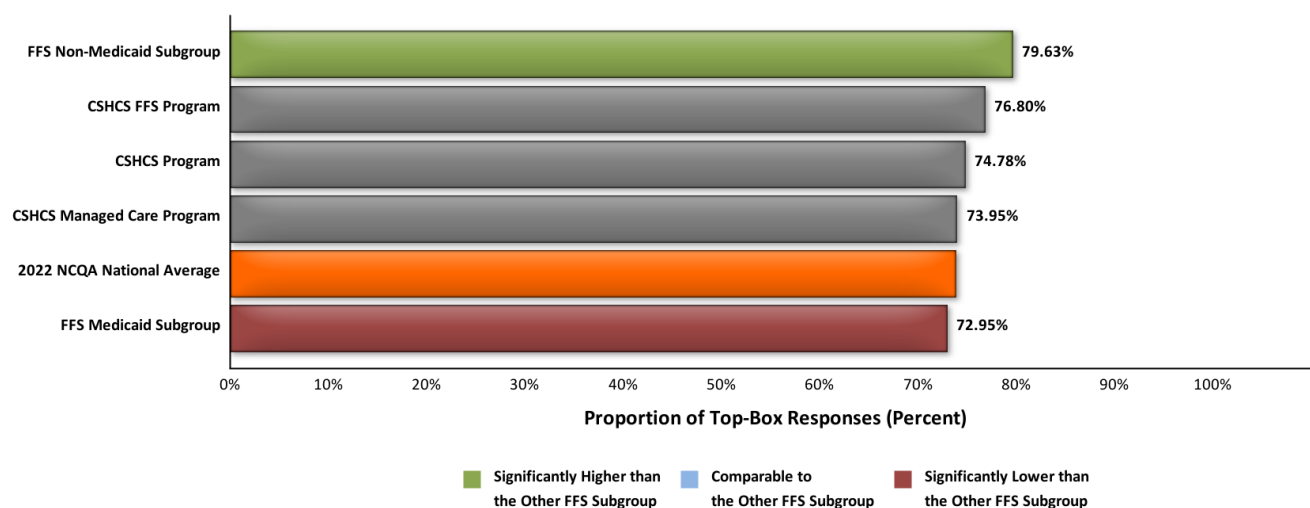
Figure 3-17—Managed Care Comparisons
Rating of Specialist Seen Most Often Top-Box Scores



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

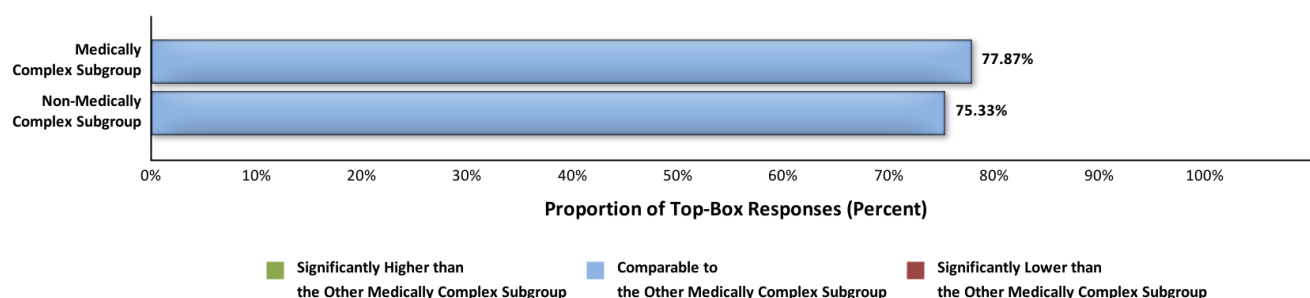
FFS Comparisons

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



Medically Complex Comparisons

Figure 3-19—Medically Complex Comparisons: CSHCS Program
Rating of Specialist Seen Most Often Top-Box Scores

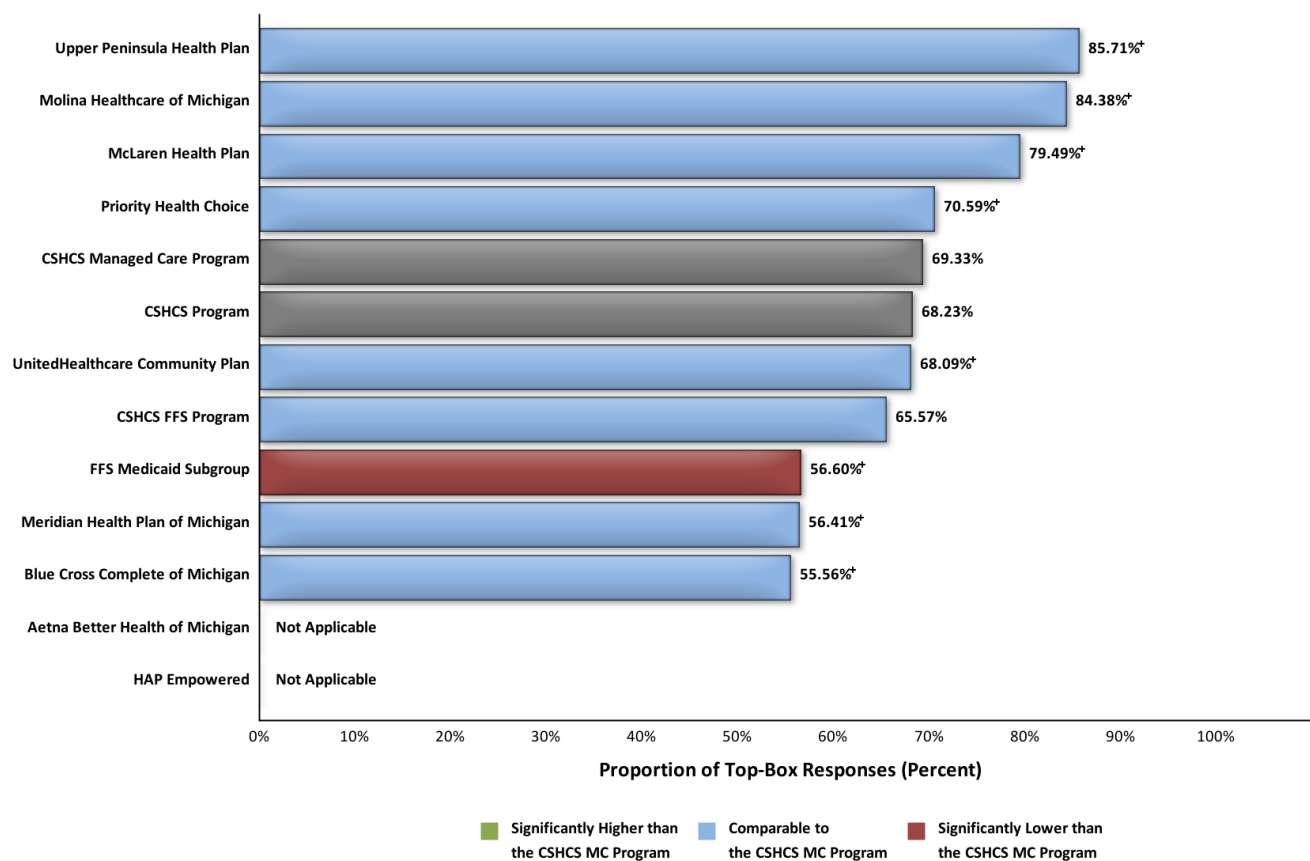


Rating of CMDS Clinic

Figure 3-20 through Figure 3-22 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Rating of CMDS Clinic* global rating.³⁻⁷

Managed Care Comparisons

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

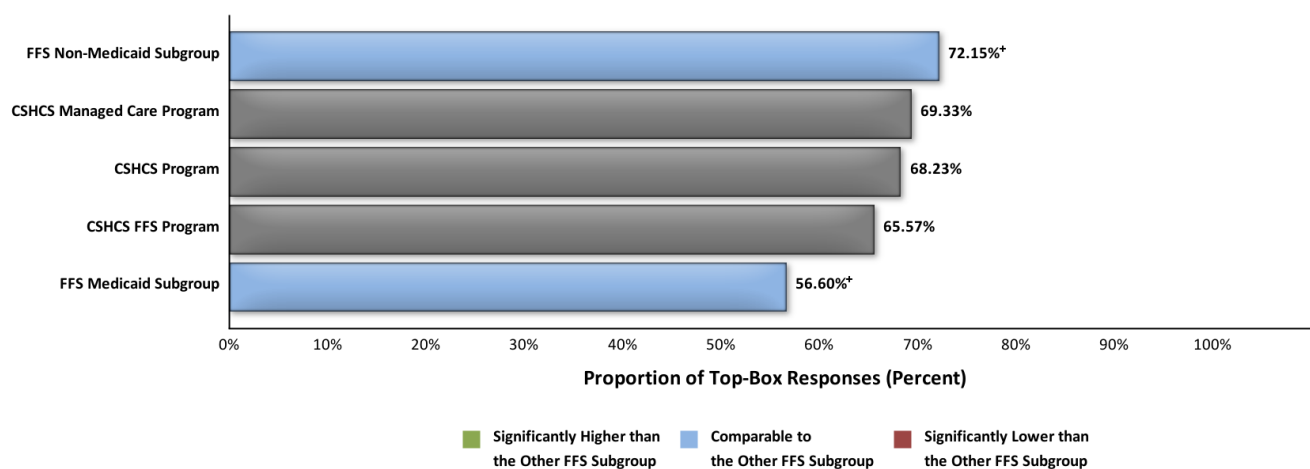


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻⁷ The *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 2022 NCQA national average is not available for this measure.

FFS Comparisons

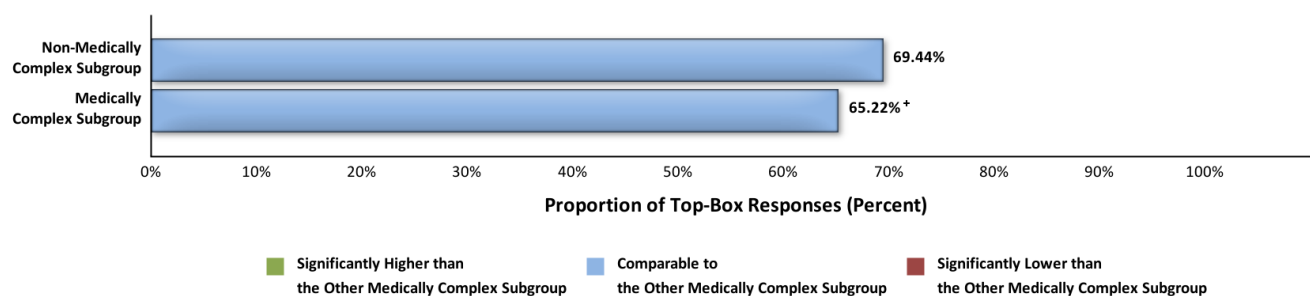
**Figure 3-21—FFS Comparisons
Rating of CMDS Clinic Top-Box Scores**



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

Medically Complex Comparisons

**Figure 3-22—Medically Complex Comparisons: CSHCS Program
Rating of CMDS Clinic Top-Box Scores**



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

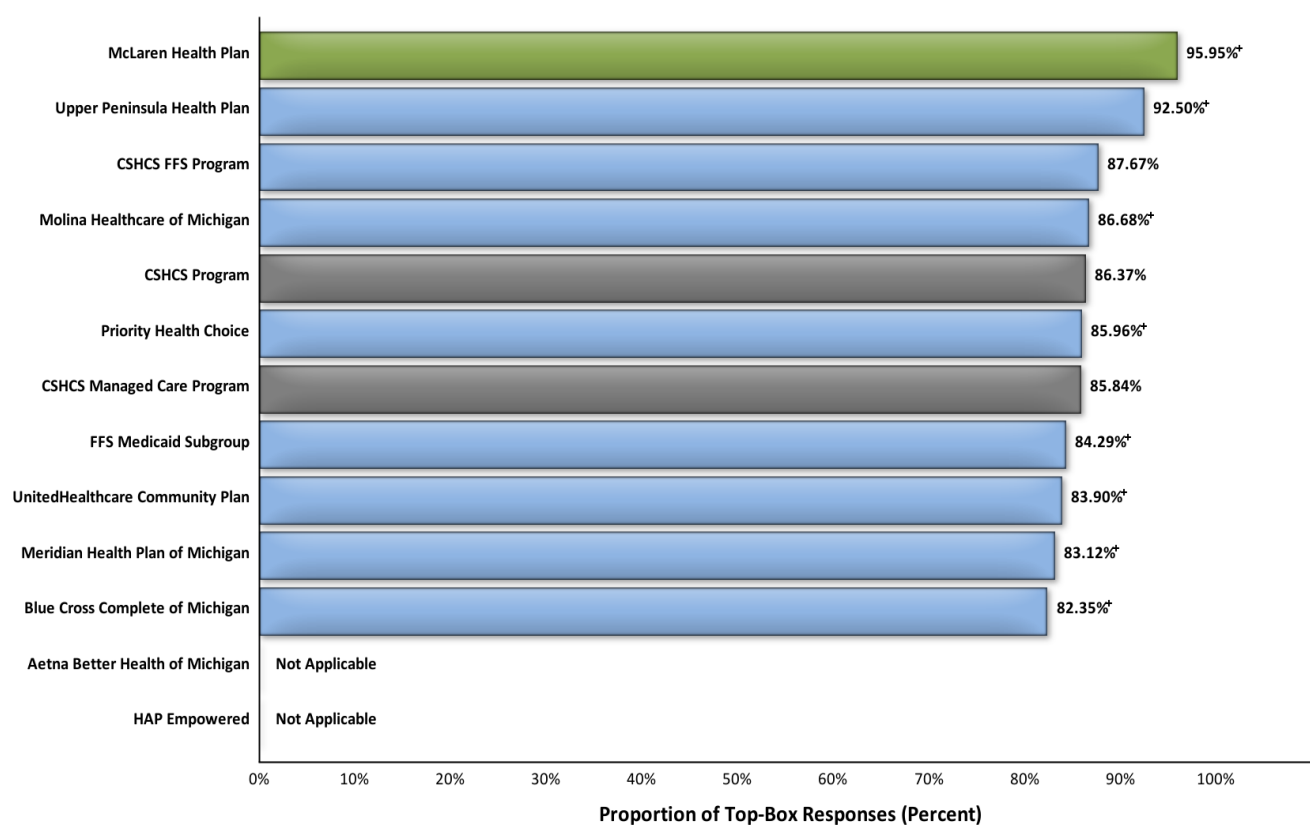
Composite Measures

Customer Service

Figure 3-23 through Figure 3-25 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Customer Service* composite measure.

Managed Care Comparisons

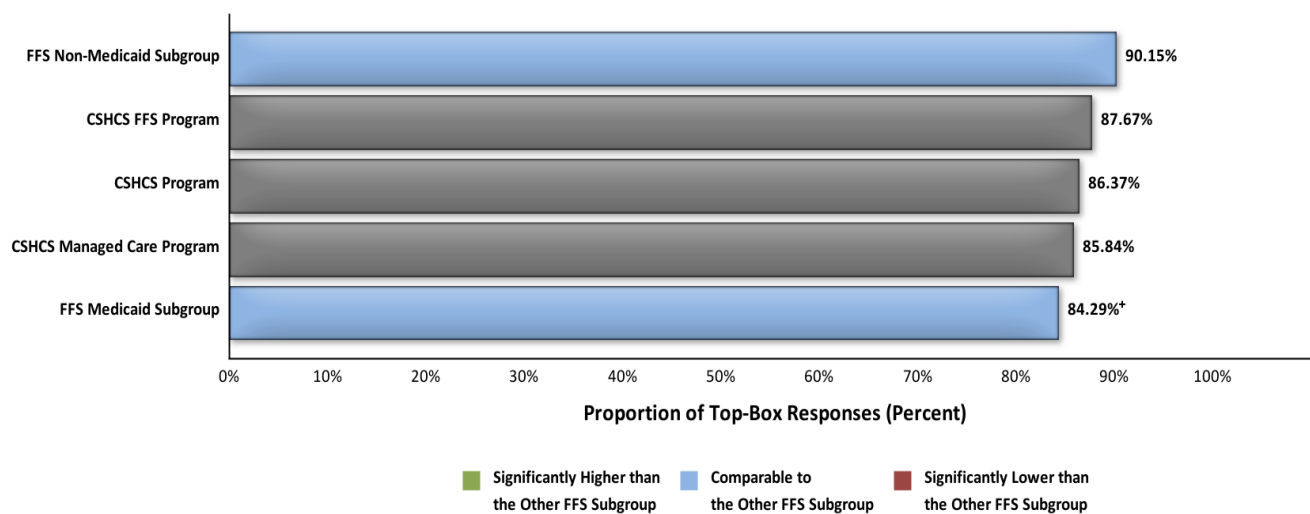
**Figure 3-23—Managed Care Comparisons
Customer Service Top-Box Scores**



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

FFS Comparisons

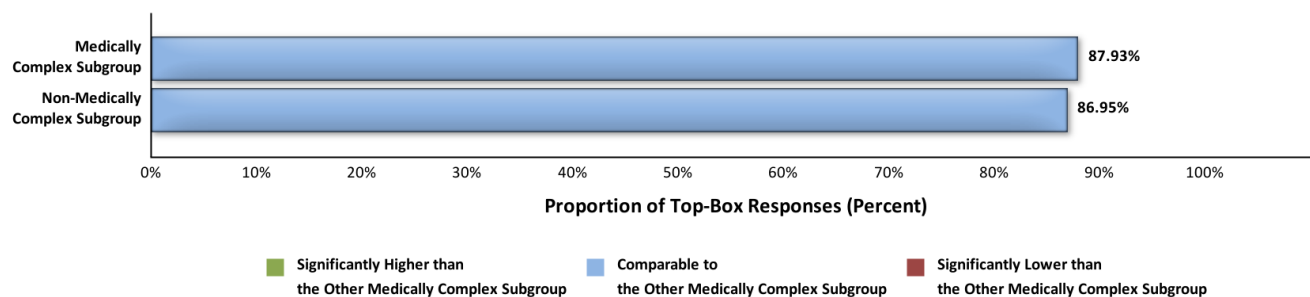
**Figure 3-24—FFS Comparisons
Customer Service Top-Box Scores**



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

Medically Complex Comparisons

**Figure 3-25—Medically Complex Comparisons: CSHCS Program
Customer Service Top-Box Scores**

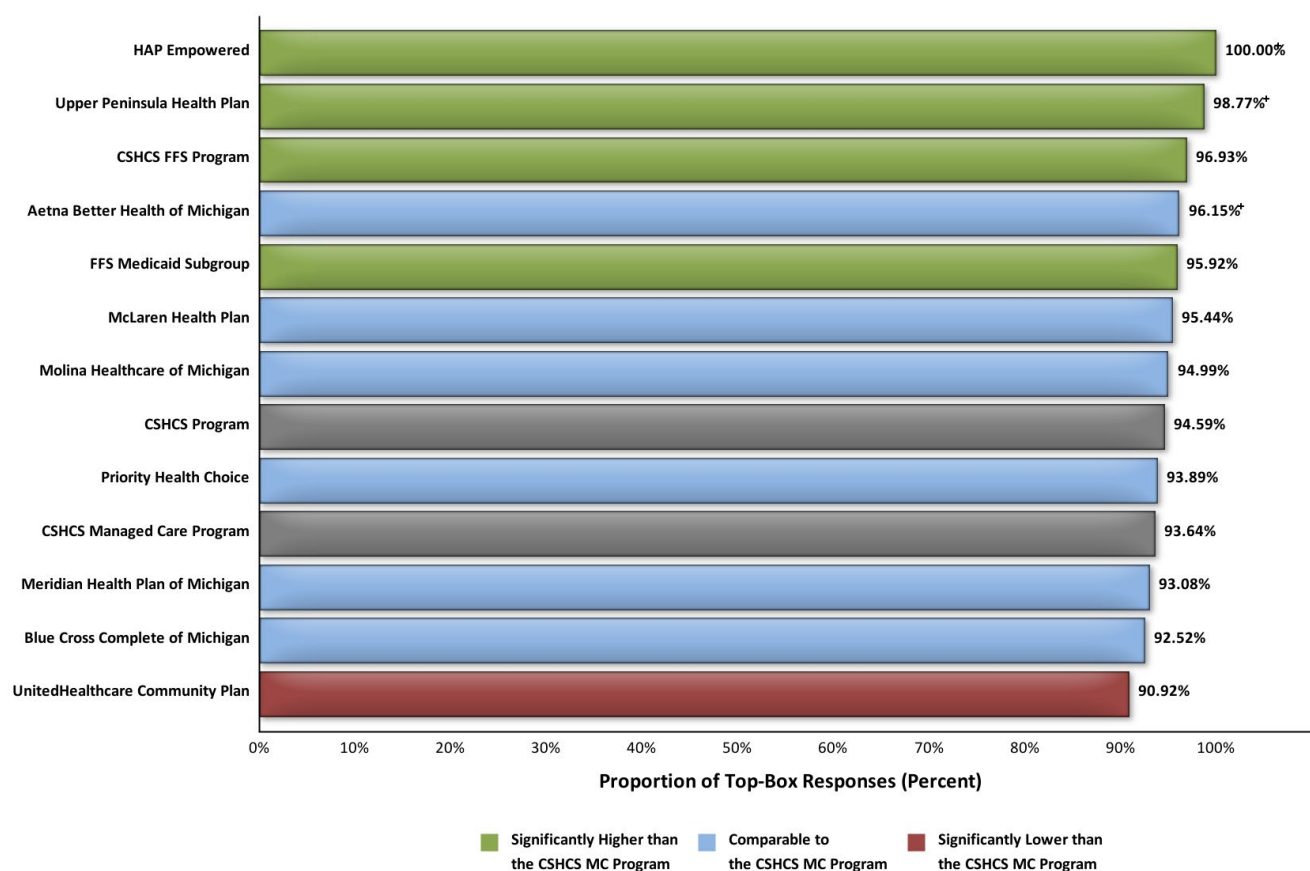


How Well Doctors Communicate

Figure 3-26 through Figure 3-28 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *How Well Doctors Communicate* composite measure.³⁻⁸

Managed Care Comparisons

**Figure 3-26—Managed Care Comparisons
How Well Doctors Communicate Top-Box Scores**

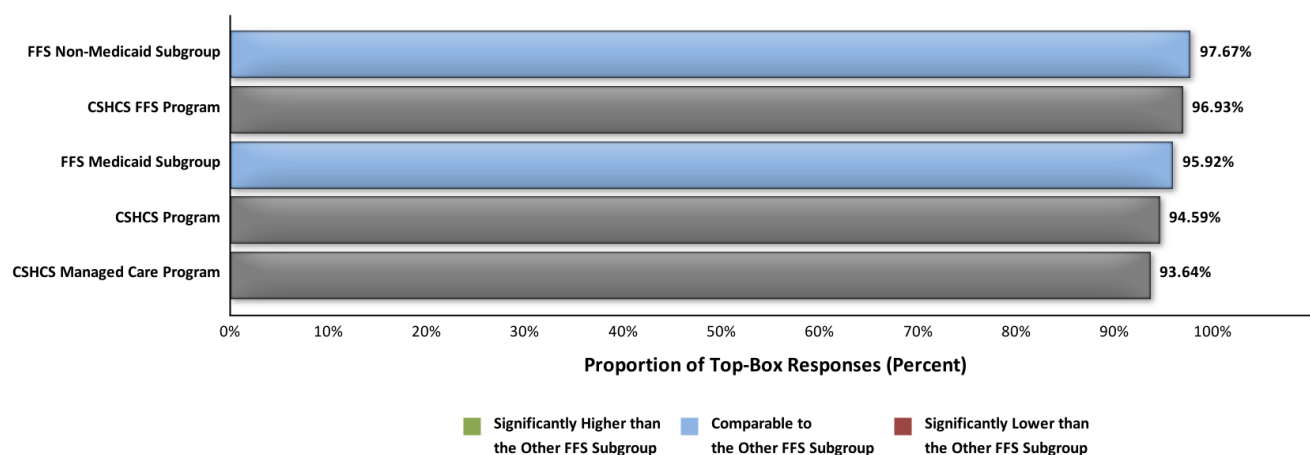


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

³⁻⁸ 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, the 2022 NCQA national average is not displayed.

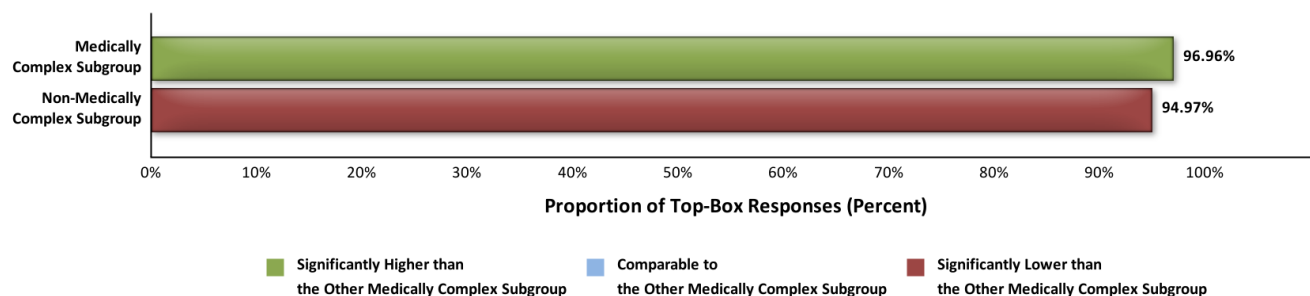
FFS Comparisons

Figure 3-27—FFS Comparisons
How Well Doctors Communicate Top-Box Scores



Medically Complex Comparisons

Figure 3-28—Medically Complex Comparisons: CSHCS Program
How Well Doctors Communicate Top-Box Scores

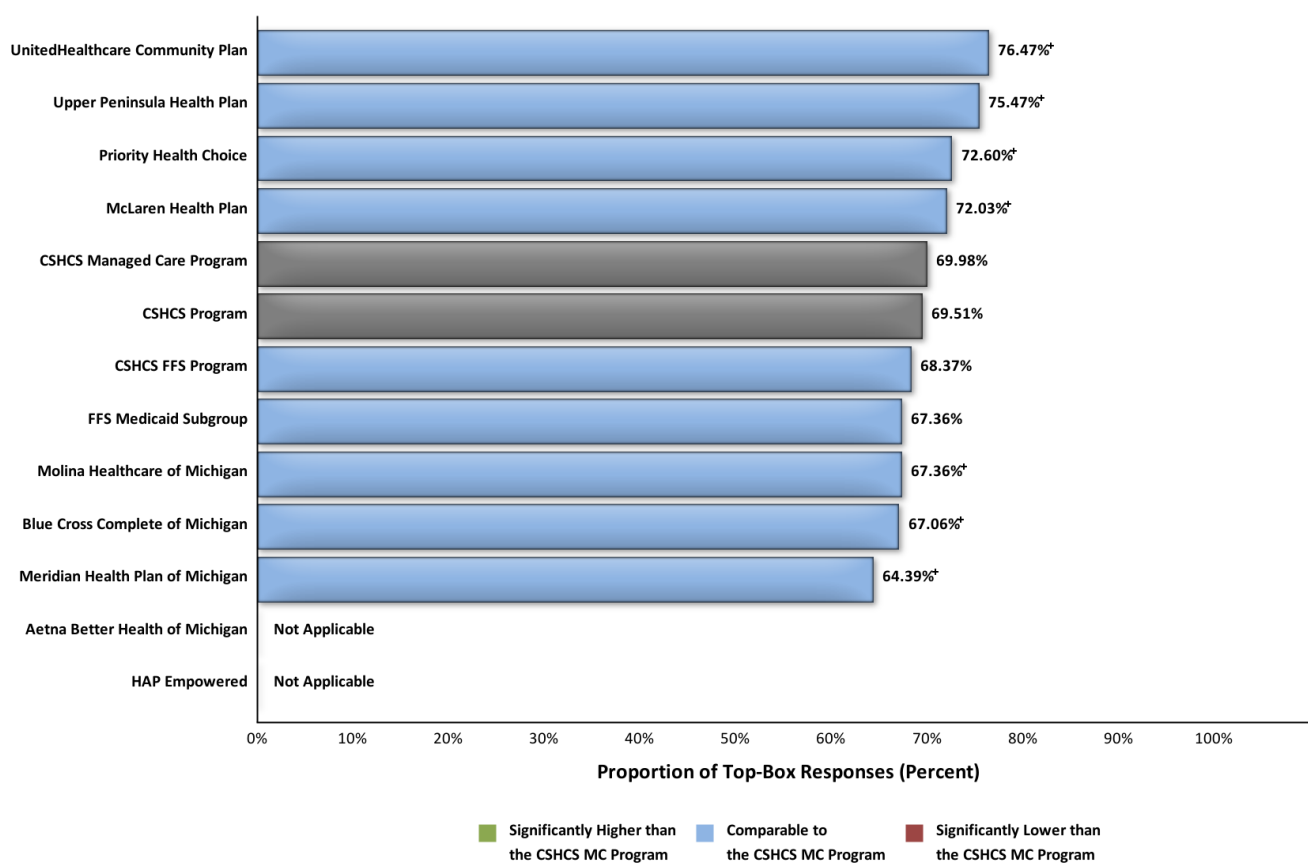


Access to Specialized Services

Figure 3-29 through Figure 3-31 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Access to Specialized Services* composite measure.³⁻⁹

Managed Care Comparisons

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

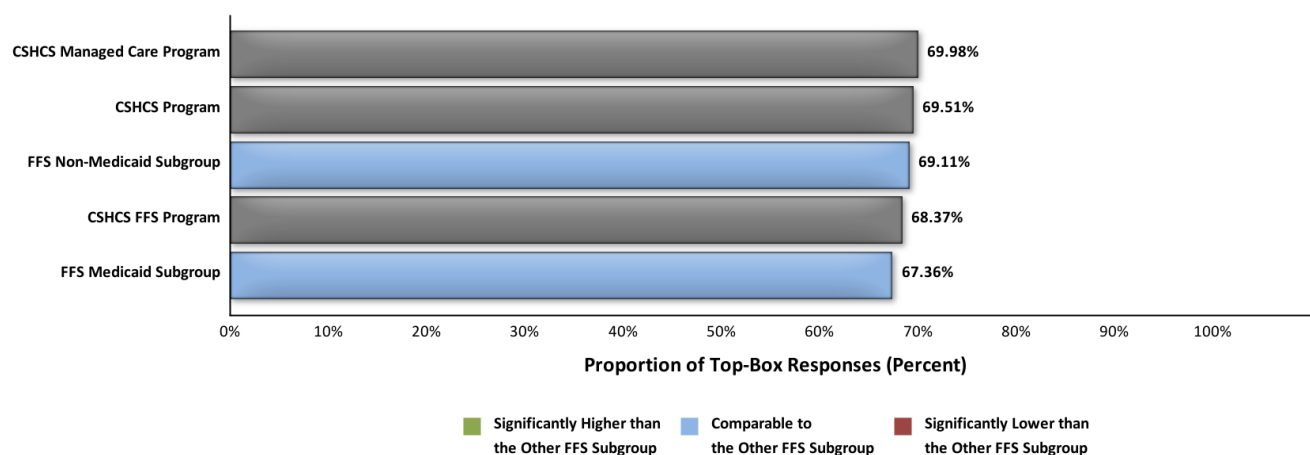


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻⁹ The 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, the 2022 NCQA national average is not displayed.

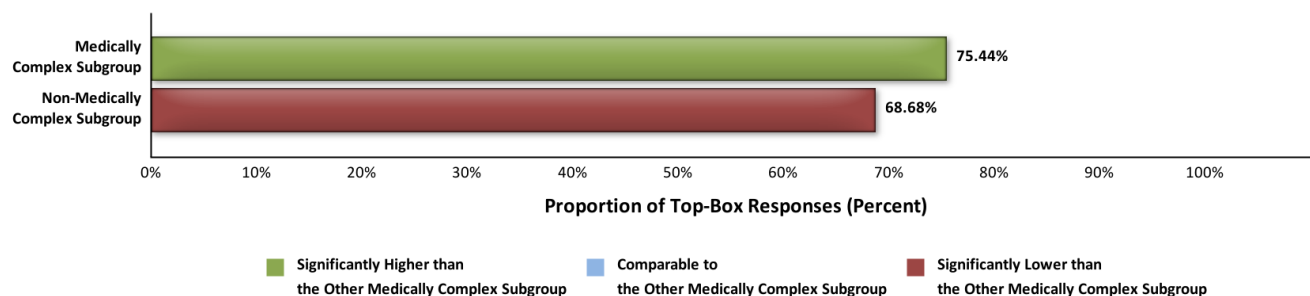
FFS Comparisons

**Figure 3-30—FFS Comparisons
Access to Specialized Services Top-Box Scores**



Medically Complex Comparisons

**Figure 3-31—Medically Complex Comparisons: CSHCS Program
Access to Specialized Services Top-Box Scores**

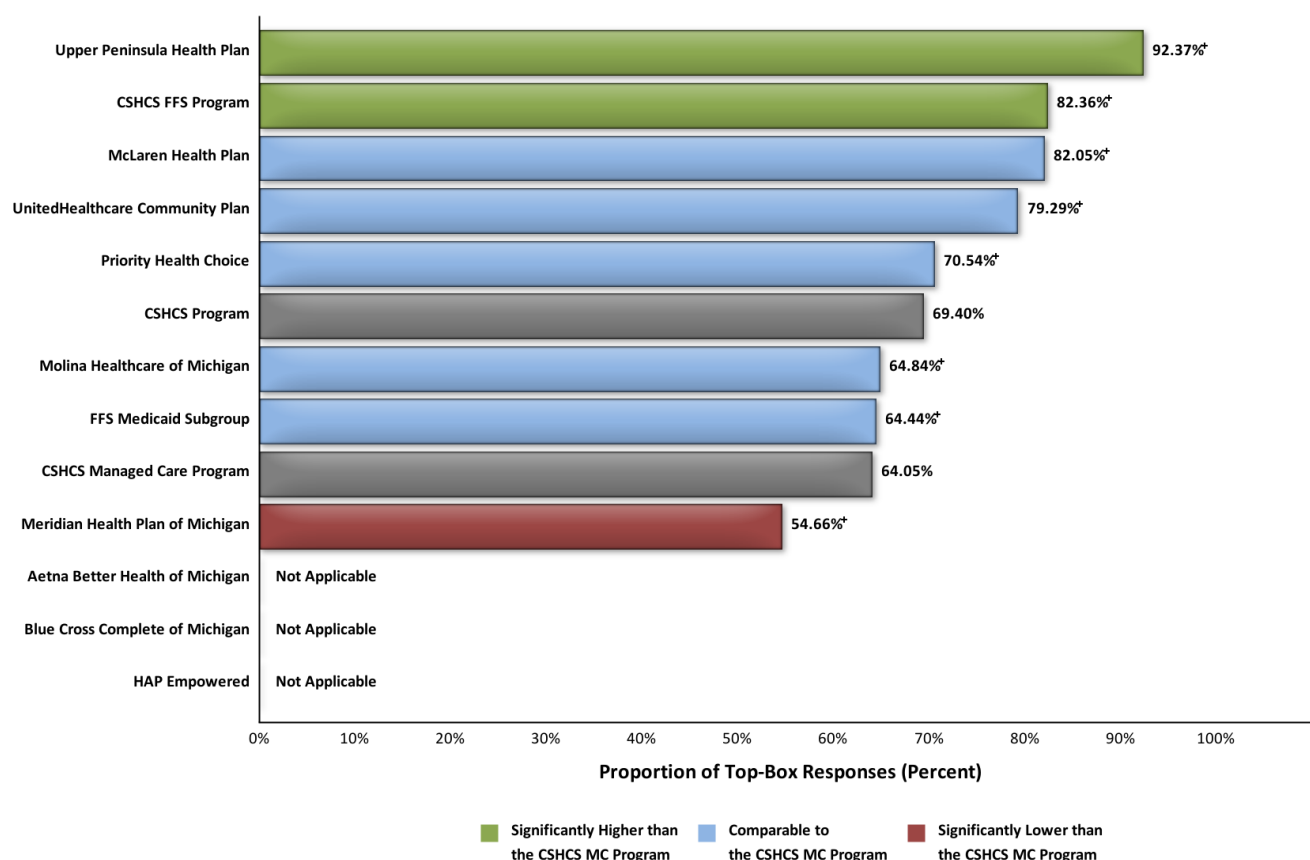


Transportation

Figure 3-32 through Figure 3-34 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Transportation* composite measure.³⁻¹⁰

Managed Care Comparisons

**Figure 3-32—Managed Care Comparisons
Transportation Top-Box Scores**

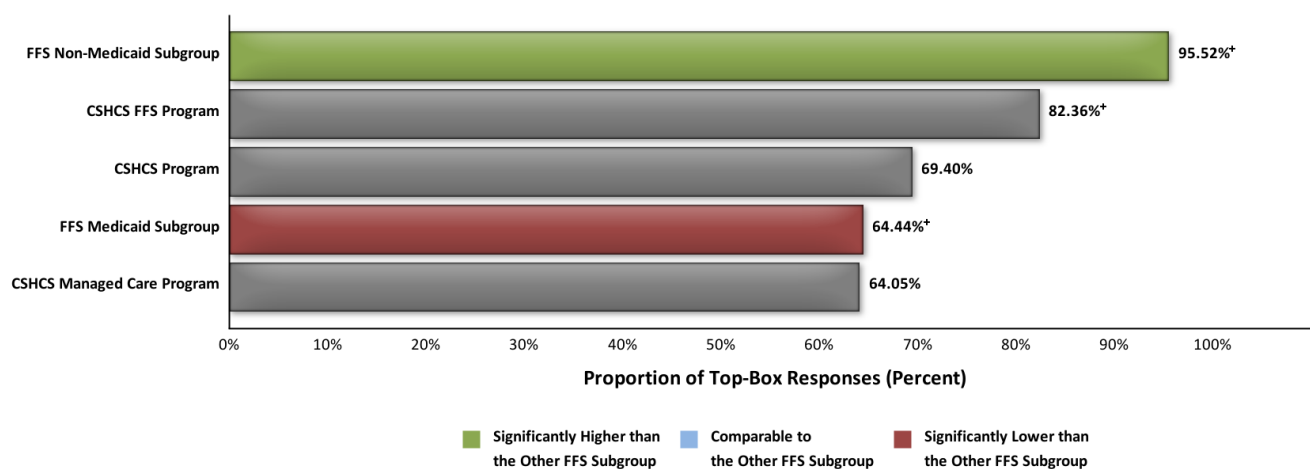


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻¹⁰ The *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 2022 NCQA national average is not available for this measure.

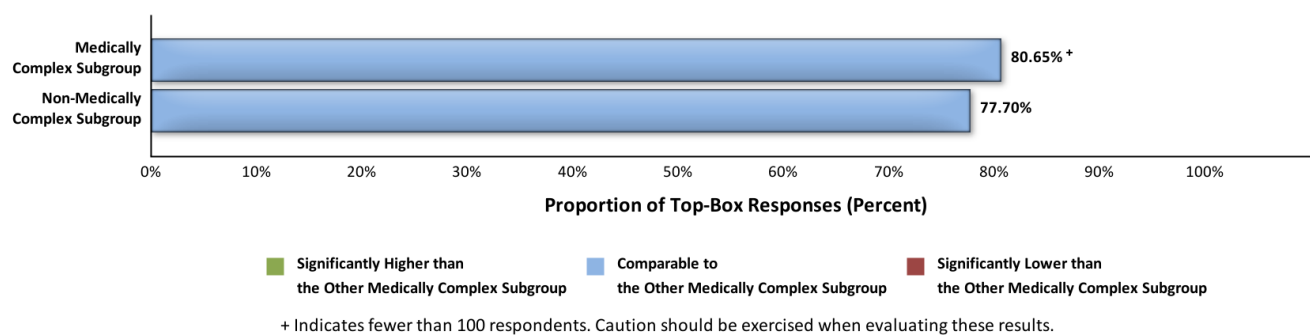
FFS Comparisons

**Figure 3-33—FFS Comparisons
Transportation Top-Box Scores**



Medically Complex Comparisons

**Figure 3-34—Medically Complex Comparisons: CSHCS Program
Transportation Top-Box Scores**



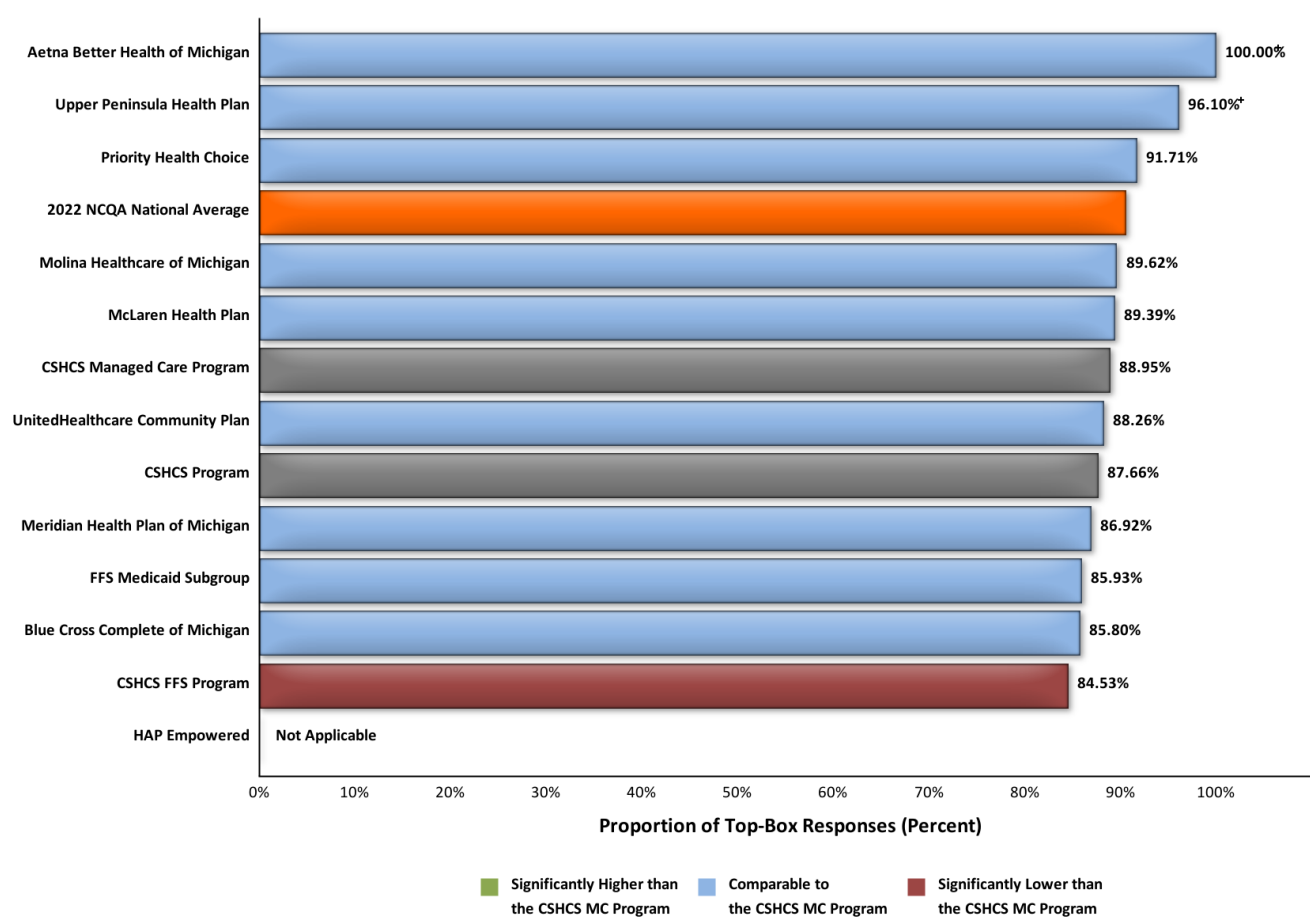
Individual Item Measures

Access to Prescription Medicines

Figure 3-35 through Figure 3-37 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Access to Prescription Medicines* individual item measure.

Managed Care Comparisons

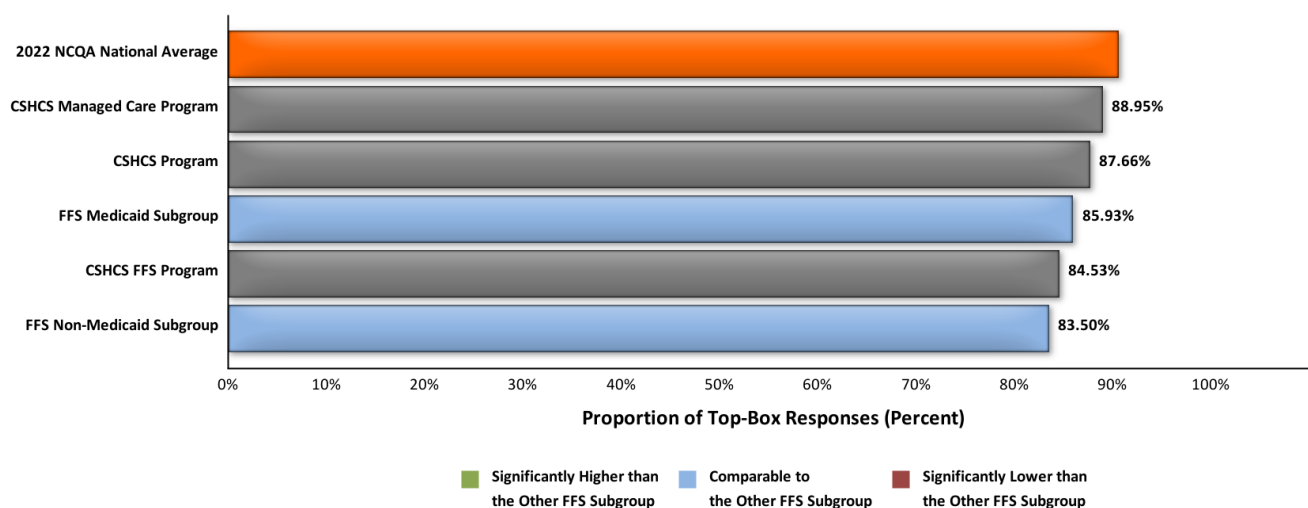
**Figure 3-35—Managed Care Comparisons
Access to Prescription Medicines Top-Box Scores**



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

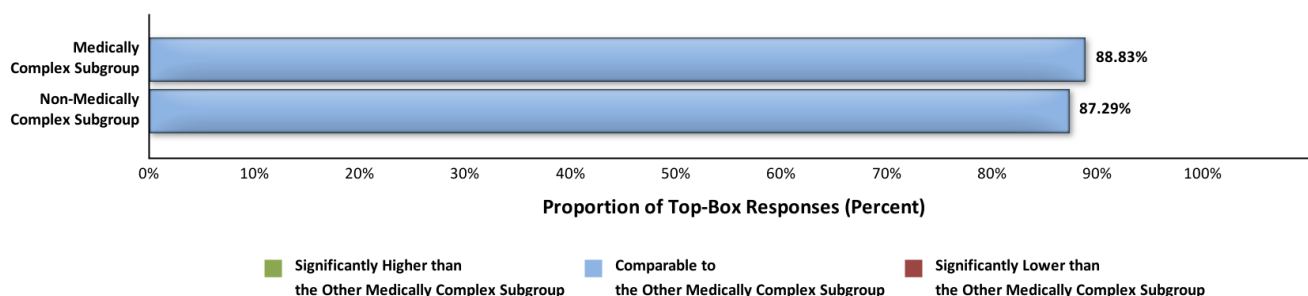
FFS Comparisons

**Figure 3-36—FFS Comparisons
Access to Prescription Medicines Top-Box Scores**



Medically Complex Comparisons.

**Figure 3-37—Medically Complex Comparisons: CSHCS Program
Access to Prescription Medicines Top-Box Scores**

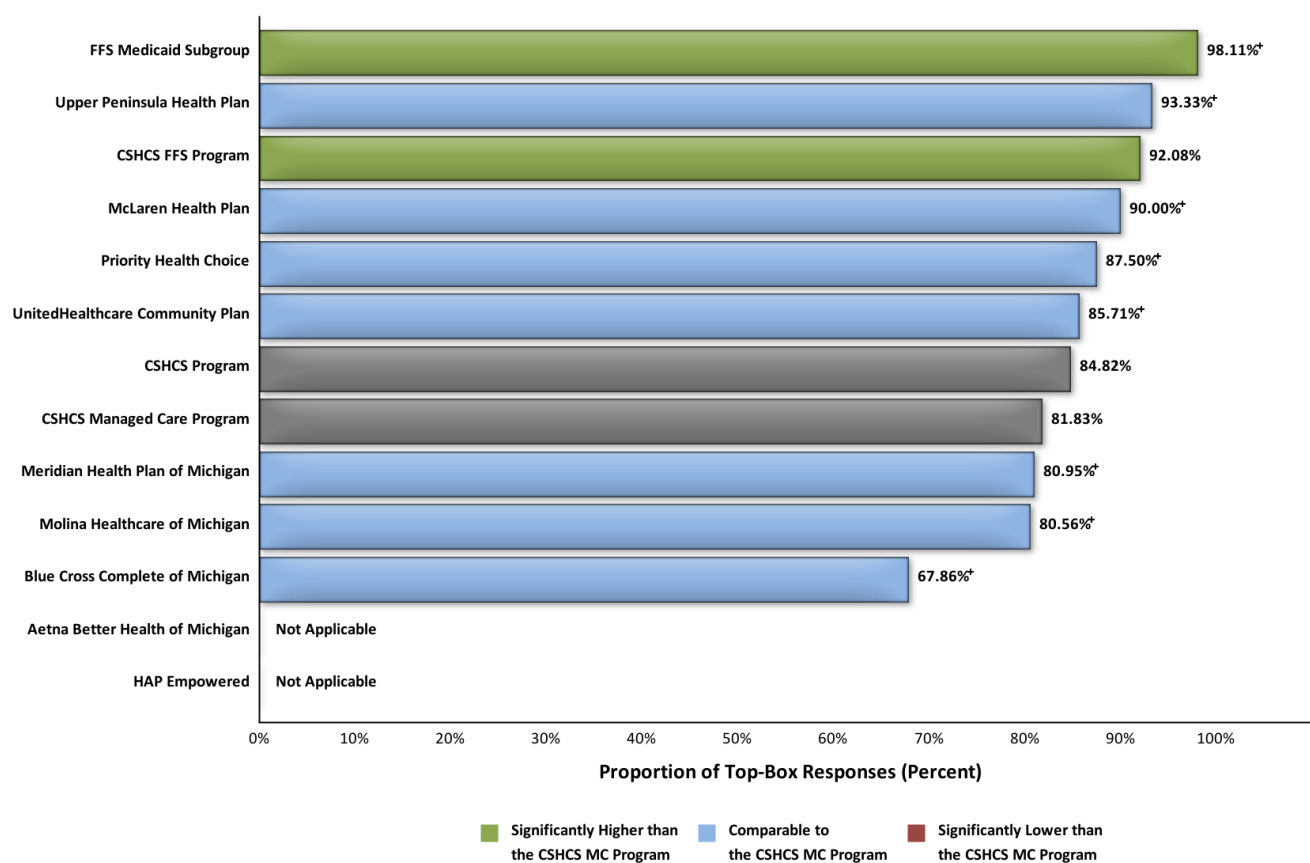


CMDS Clinic

Figure 3-38 through Figure 3-40 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *CMDS Clinic* individual item measure.³⁻¹¹

Managed Care Comparisons

**Figure 3-38—Managed Care Comparisons
CMDS Clinic Top-Box Scores**

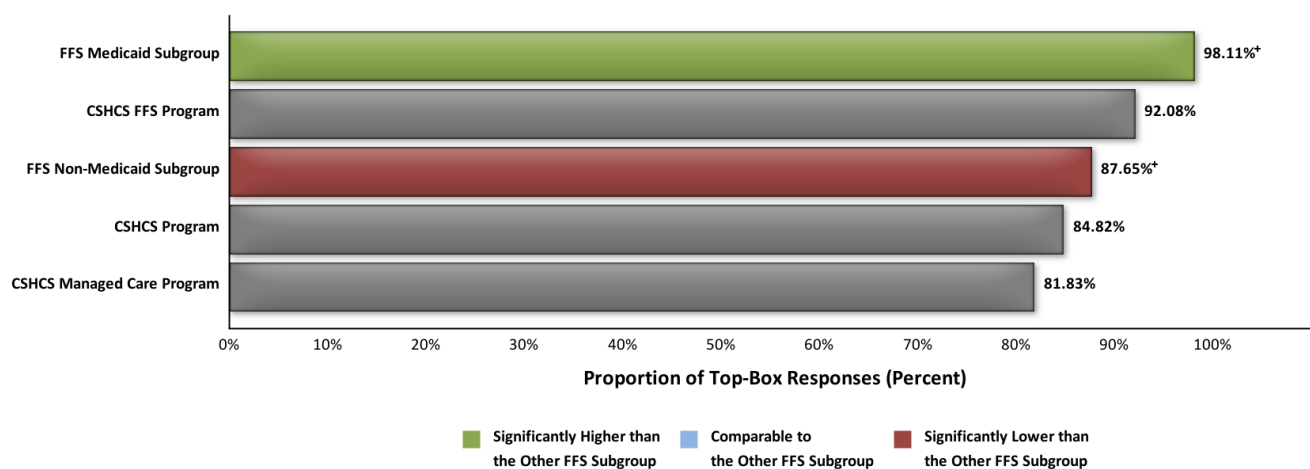


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻¹¹ The *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 2022 NCQA national average is not available for this measure.

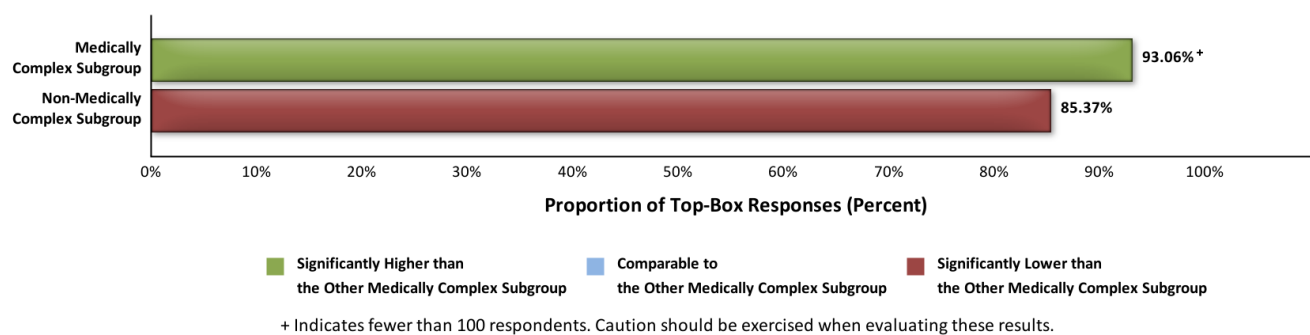
FFS Comparisons

**Figure 3-39—FFS Comparisons
CMD5 Clinic Top-Box Scores**



Medically Complex Comparisons

**Figure 3-40—Medically Complex Comparisons: CSHCS Program
CMD5 Clinic Top-Box Scores**

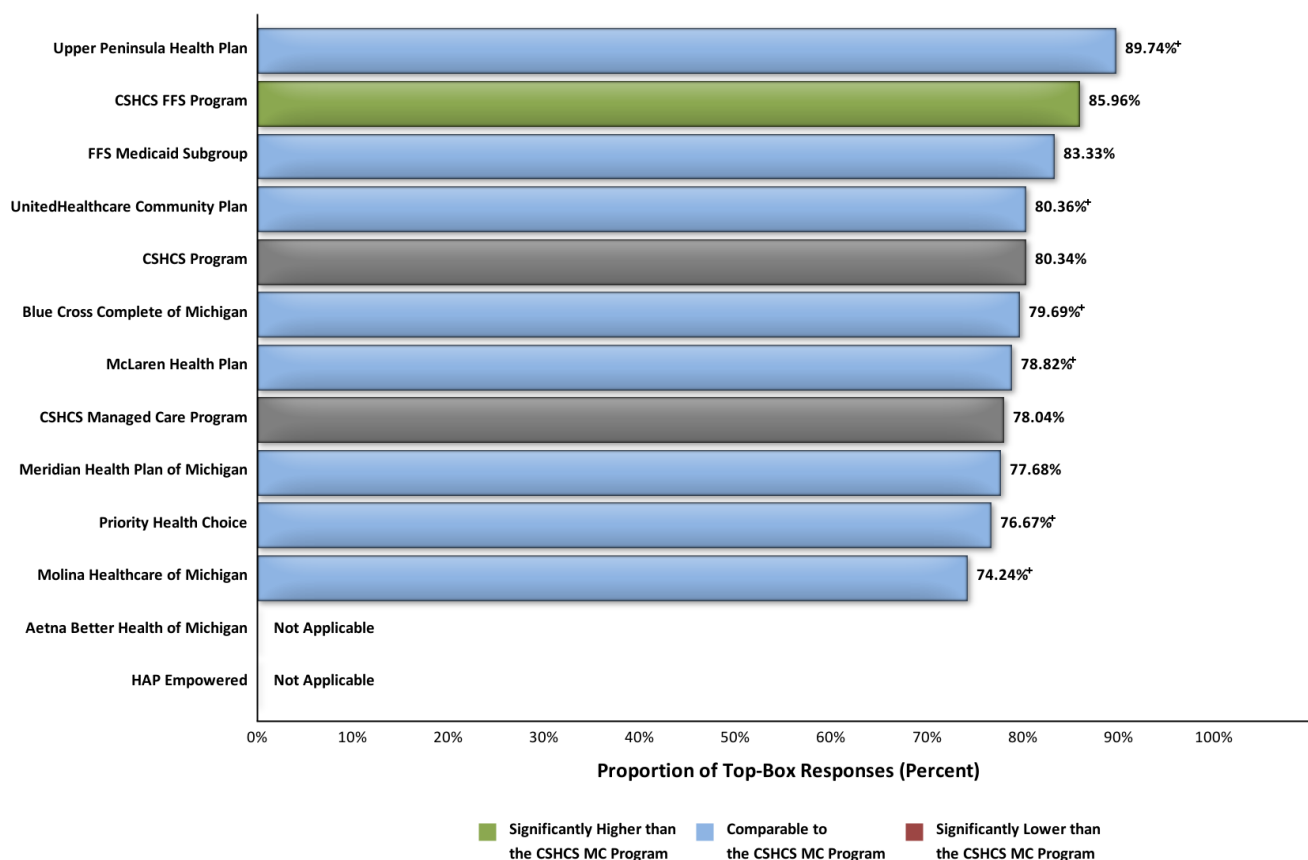


Local Health Department Services

Figure 3-41 through Figure 3-43 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Local Health Department Services* individual item measure.³⁻¹²

Managed Care Comparisons

Figure 3-41—Managed Care Comparisons
Local Health Department Services Top-Box Scores

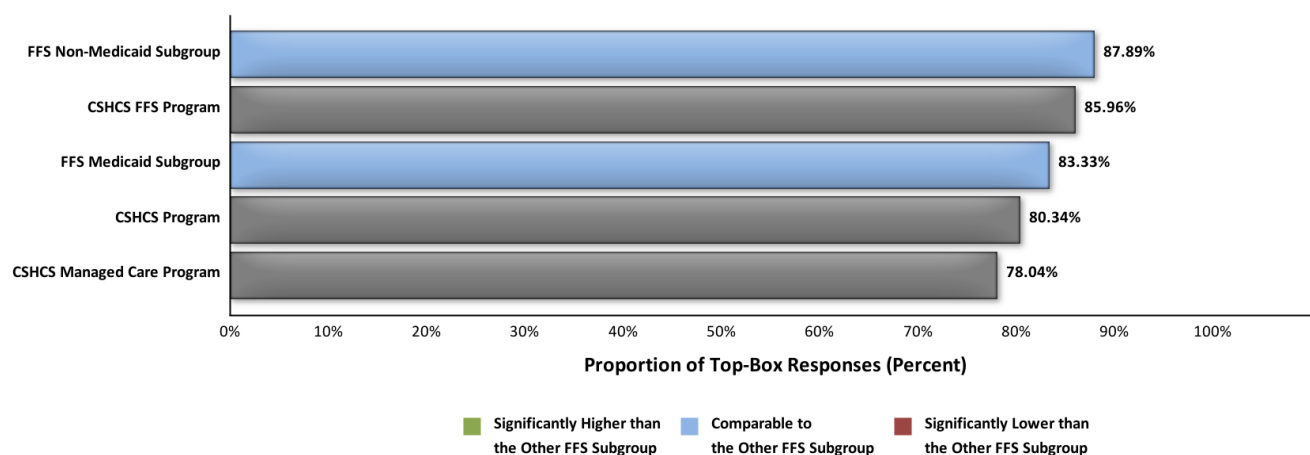


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."

³⁻¹² 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 2022 NCQA national average is not available for this measure.

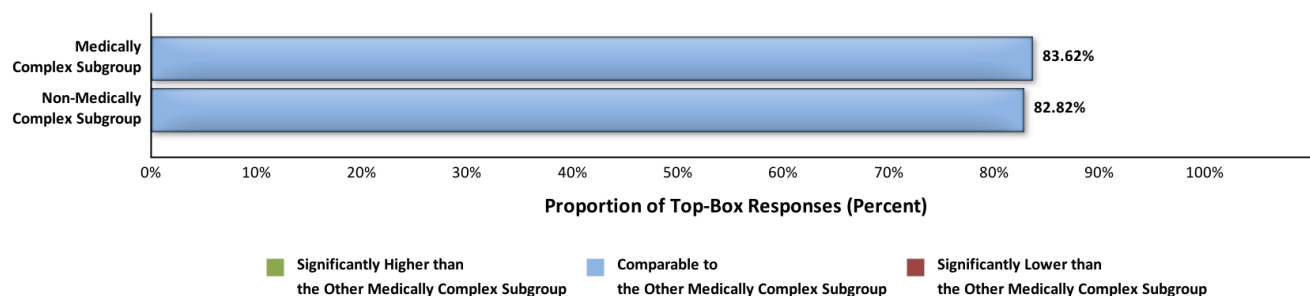
FFS Comparisons

**Figure 3-42—FFS Comparisons
Local Health Department Services Top-Box Scores**



Medically Complex Comparisons

**Figure 3-43—Medically Complex Comparisons: CSHCS Program
Local Health Department Services Top-Box Scores**

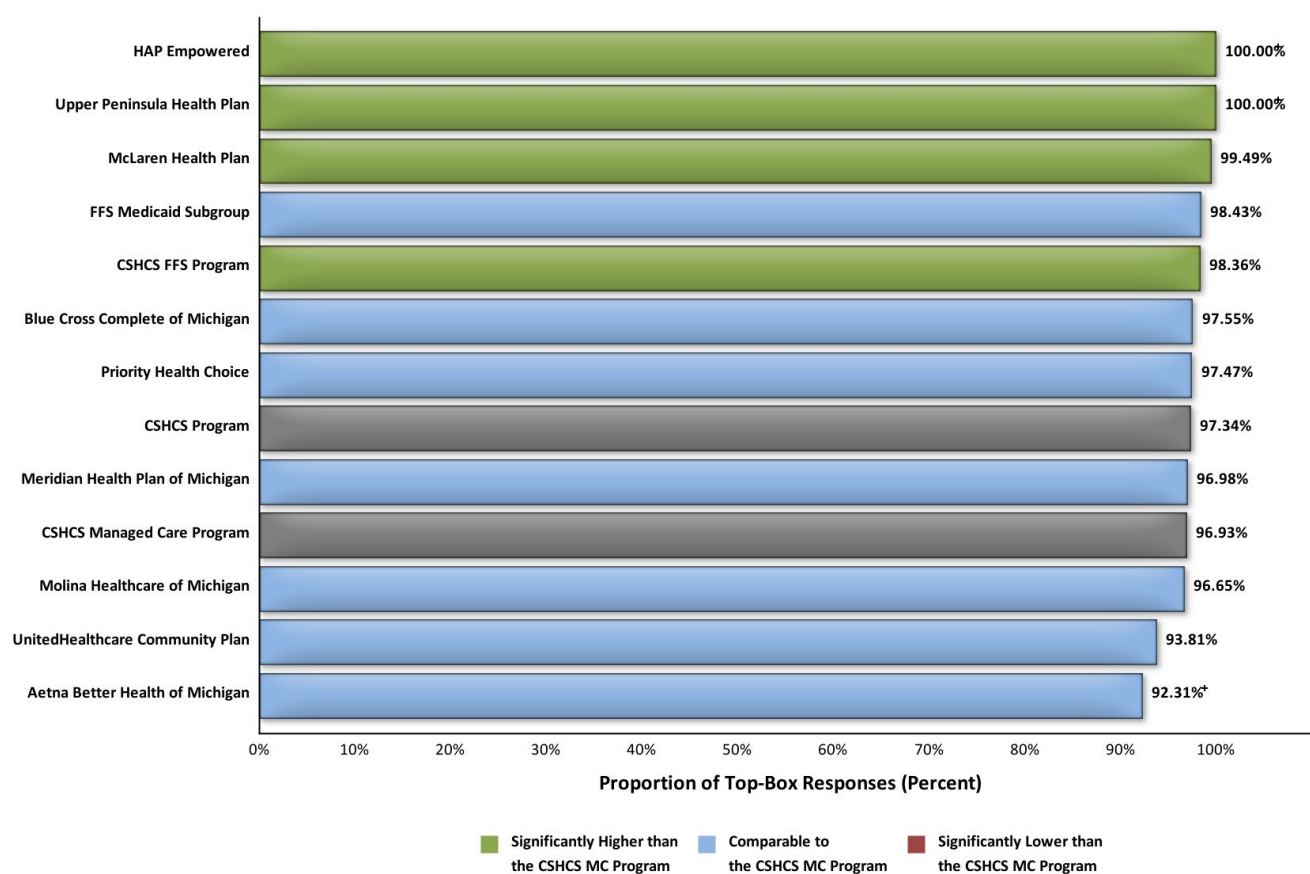


Not Felt Treated Unfairly: Race and Ethnicity

Figure 3-44 through Figure 3-46 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Not Felt Treated Unfairly: Race and Ethnicity* individual item measure.³⁻¹³

Managed Care Comparisons

**Figure 3-44—Managed Care Comparisons
Not Felt Treated Unfairly: Race and Ethnicity Top-Box Scores**

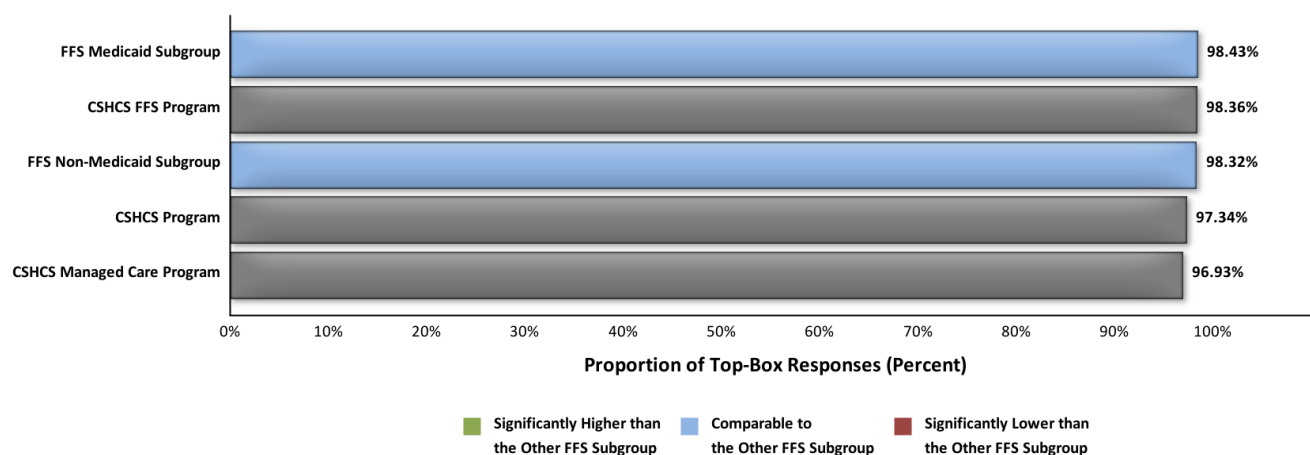


* Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

³⁻¹³ 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 2022 NCQA national average is not available for this measure.

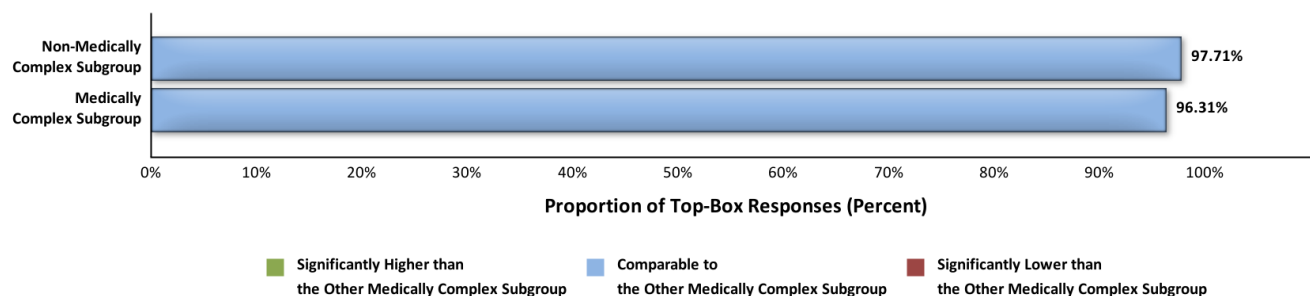
FFS Comparisons

**Figure 3-45—FFS Comparisons
Not Felt Treated Unfairly: Race and Ethnicity Top-Box Scores**



Medically Complex Comparisons

**Figure 3-46—Medically Complex Comparisons: CSHCS Program
Not Felt Treated Unfairly: Race and Ethnicity Top-Box Scores**

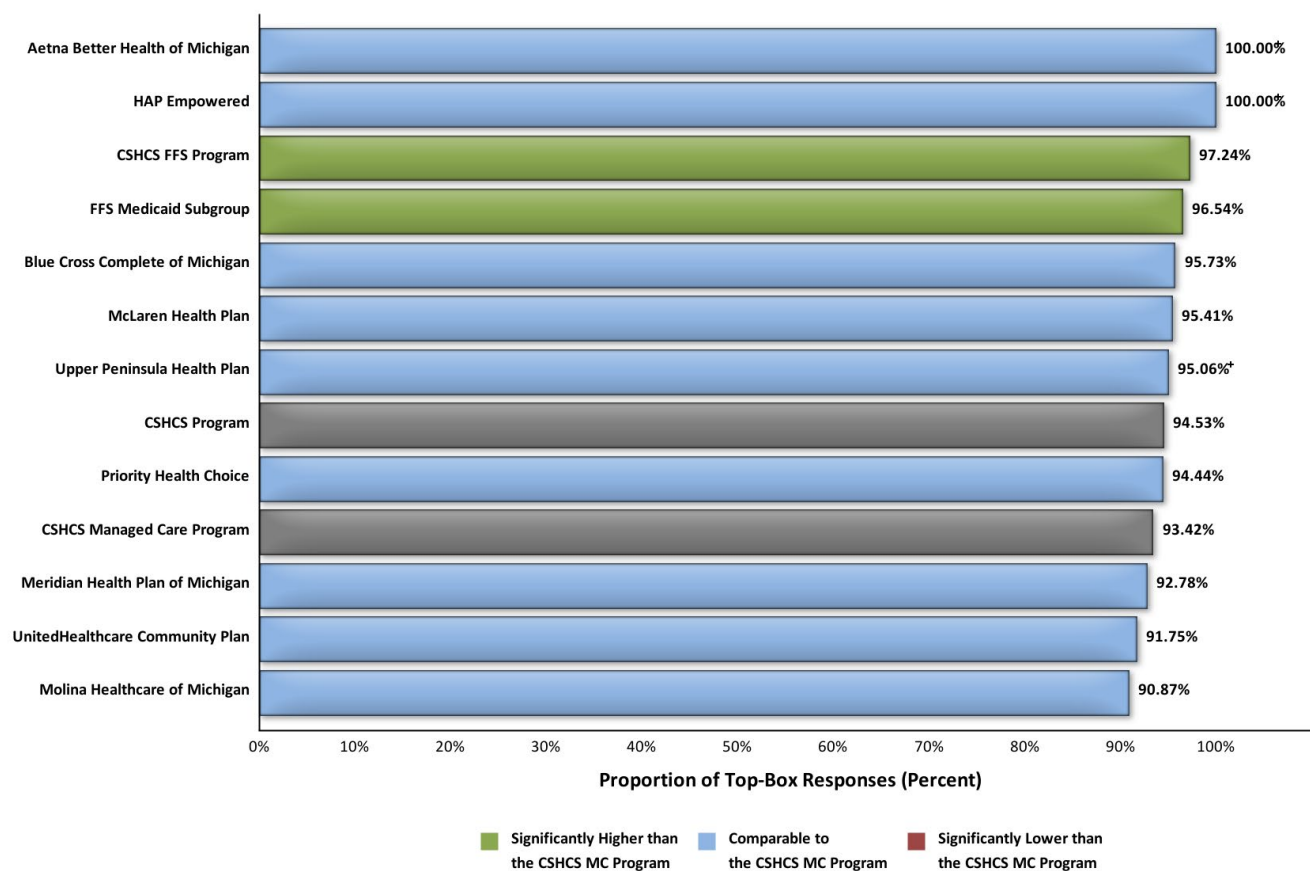


Not Felt Treated Unfairly: Health Insurance Type

Figure 3-47 through Figure 3-49 show the managed care comparisons, FFS comparisons, and medically complex comparisons, respectively, for the *Not Felt Treated Unfairly: Health Insurance Type* measure.³⁻¹⁴

Managed Care Comparisons

Figure 3-47—Managed Care Comparisons
Not Felt Treated Unfairly: Health Insurance Type Top-Box Scores

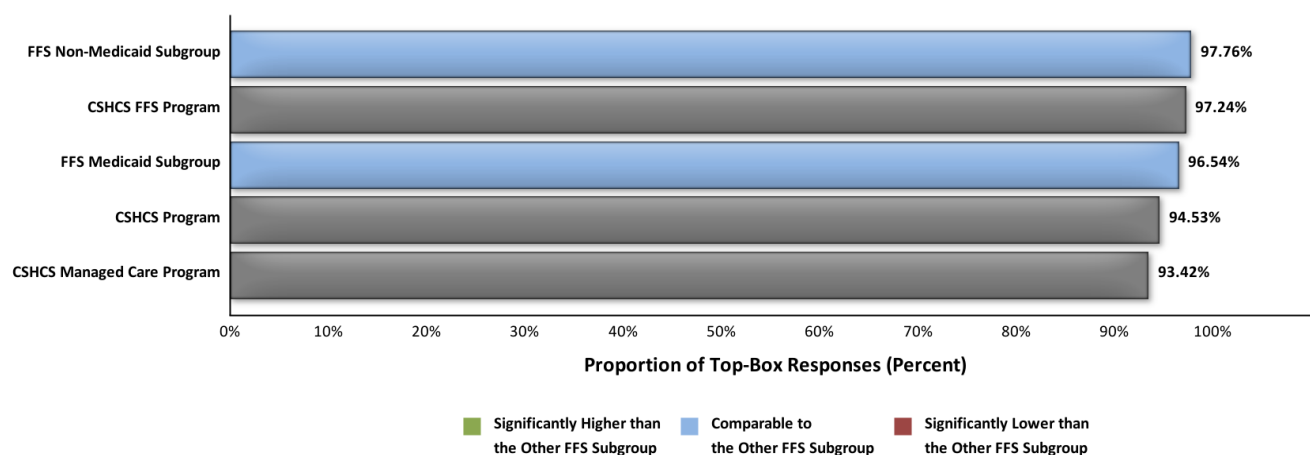


⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

³⁻¹⁴ 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 2022 NCQA national average is not available for this measure.

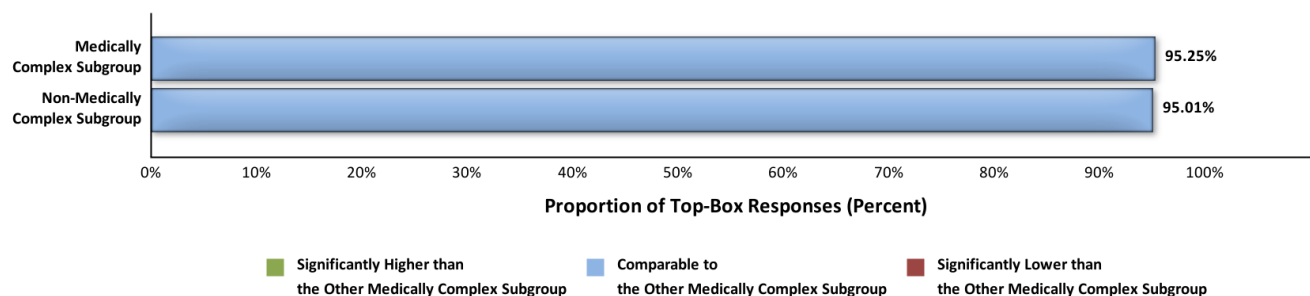
FFS Comparisons

Figure 3-48—FFS Comparisons
Not Felt Treated Unfairly: Health Insurance Type Top-Box Scores



Medically Complex Comparisons

Figure 3-49—Medically Complex Comparisons: CSHCS Program
Not Felt Treated Unfairly: Health Insurance Type Top-Box Scores



4. Trend Analysis

The 2023 top-box scores were compared to the 2022 and 2021 scores to determine whether there were statistically significant differences, where applicable.^{4-1,4-2} Measures with less than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. HSAG did not present results for measures with fewer than 11 respondents, which are indicated as not applicable (“NA”) within the tables. Also, HSAG did not present results for measures that were not trendable, which are indicated as not trendable (“NT”) within the tables. For more detailed information regarding this analysis, please refer to the Reader’s Guide beginning on page 2-10.

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 2021 survey instruments; therefore, trend results to 2021 are not presented for these measures.

⁴⁻² Total Health Care was acquired by Priority Health Choice effective October 1, 2021; therefore, Total Health Care is only included in the 2021 aggregate results to match the 2021 report.

Global Ratings

Rating of Health Plan

Table 4-1 shows the 2021, 2022, and 2023 top-box scores and trend results for the *Rating of Health Plan* global rating.

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

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	67.51%	66.10%	66.47%	—	—
CSHCS FFS Program	66.33%	63.40%	64.27%	—	—
FFS Medicaid Subgroup	63.30%	59.85%	62.32%	—	—
FFS Non-Medicaid Subgroup	68.09%	65.51%	65.70%	—	—
CSHCS Managed Care Program	68.08%	67.33%	67.37%	—	—
Aetna Better Health of Michigan	52.38% ⁺	58.33% ⁺	81.25% ⁺	—	—
Blue Cross Complete of Michigan	71.71%	69.44%	65.49%	—	—
HAP Empowered	NA	61.54% ⁺	76.92% ⁺	NT	—
McLaren Health Plan	64.50%	69.71%	68.64%	—	—
Meridian Health Plan of Michigan	68.04%	65.63%	63.98%	—	—
Molina Healthcare of Michigan	64.03%	64.18%	66.67%	—	—
Priority Health Choice	73.39%	73.08%	67.62%	—	—
UnitedHealthcare Community Plan	66.55%	65.11%	71.07%	—	—
Upper Peninsula Health Plan	76.85%	67.37% ⁺	73.33%	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. [▲] Indicates the 2023 score is statistically significantly higher than the trend year. [▼] Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Rating of Health Care

Table 4-2 shows the 2021, 2022, and 2023 top-box scores and the trend results for the *Rating of Health Care* global rating.

Table 4-2—Trend Analysis: Rating of Health Care

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	71.64%	70.53%	69.69%	—	—
CSHCS FFS Program	75.63%	71.17%	73.94%	—	—
FFS Medicaid Subgroup	72.75%	70.48%	69.17%	—	—
FFS Non-Medicaid Subgroup	77.30%	71.58%	77.45%	—	▲
CSHCS Managed Care Program	69.73%	70.23%	67.94%	—	—
Aetna Better Health of Michigan	80.00% ⁺	69.23% ⁺	88.89% ⁺	—	—
Blue Cross Complete of Michigan	75.00%	69.57%	68.30%	—	—
HAP Empowered	NA	50.00% ⁺	76.92% ⁺	NT	—
McLaren Health Plan	65.28%	73.47%	72.02%	—	—
Meridian Health Plan of Michigan	67.99%	71.65%	68.69%	—	—
Molina Healthcare of Michigan	65.16%	69.17%	66.43%	—	—
Priority Health Choice	77.17%	72.22%	65.87%	▼	—
UnitedHealthcare Community Plan	71.58%	66.32%	66.67%	—	—
Upper Peninsula Health Plan	62.62%	73.68% ⁺	69.16%	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2023 score is statistically significantly higher than the trend year. ▼ Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Rating of Specialist Seen Most Often

Table 4-3 shows the 2021, 2022, and 2023 top-box scores and trend results for the *Rating of Specialist Seen Most Often* global rating.

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

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	74.93%	73.40%	74.78%	—	—
CSHCS FFS Program	77.66%	73.20%	76.80%	—	—
FFS Medicaid Subgroup	77.10%	72.48%	72.95%	—	—
FFS Non-Medicaid Subgroup	77.98%	73.63%	79.63%	—	▲
CSHCS Managed Care Program	73.62%	73.50%	73.95%	—	—
Aetna Better Health of Michigan	66.67% ⁺	NA	85.71% ⁺	—	NT
Blue Cross Complete of Michigan	72.73%	73.65%	70.48%	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	68.62%	75.78%	78.65%	▲	—
Meridian Health Plan of Michigan	73.10%	73.59%	75.54%	—	—
Molina Healthcare of Michigan	73.08%	68.82%	75.13%	—	—
Priority Health Choice	79.75%	78.06%	70.06%	▼	—
UnitedHealthcare Community Plan	73.33%	70.49%	73.85%	—	—
Upper Peninsula Health Plan	78.46% ⁺	83.58% ⁺	77.42% ⁺	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2023 score is statistically significantly higher than the trend year. ▼ Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Rating of CMDS Clinic

Table 4-4 shows the 2021, 2022, and 2023 top-box scores and the trend results for the *Rating of CMDS Clinic* global rating.

Table 4-4—Trend Analysis: Rating of CMDS Clinic

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	69.00%	70.78%	68.23%	—	—
CSHCS FFS Program	73.83%	59.38%	65.57%	—	—
FFS Medicaid Subgroup	67.74% ⁺	51.72% ⁺	56.60% ⁺	—	—
FFS Non-Medicaid Subgroup	77.36% ⁺	63.93% ⁺	72.15% ⁺	—	—
CSHCS Managed Care Program	66.67%	75.99%	69.33%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	61.90% ⁺	63.64% ⁺	55.56% ⁺	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	55.56% ⁺	63.16% ⁺	79.49% ⁺	—	—
Meridian Health Plan of Michigan	66.67% ⁺	77.78% ⁺	56.41% ⁺	—	▼
Molina Healthcare of Michigan	66.67% ⁺	80.95% ⁺	84.38% ⁺	—	—
Priority Health Choice	71.43% ⁺	88.00% ⁺	70.59% ⁺	—	—
UnitedHealthcare Community Plan	70.27% ⁺	72.73% ⁺	68.09% ⁺	—	—
Upper Peninsula Health Plan	85.71% ⁺	88.24% ⁺	85.71% ⁺	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2023 score is statistically significantly higher than the trend year. ▼ Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Composite Measures

Customer Service

Table 4-5 shows the 2021, 2022, and 2023 top-box scores and trend results for the *Customer Service* composite measure.

Table 4-5—Trend Analysis: Customer Service

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	88.10%	86.49%	86.37%	—	—
CSHCS FFS Program	92.44%	86.14%	87.67%	▼	—
FFS Medicaid Subgroup	91.80% ⁺	81.58% ⁺	84.29% ⁺	—	—
FFS Non-Medicaid Subgroup	92.80%	88.86%	90.15%	—	—
CSHCS Managed Care Program	86.03%	86.65%	85.84%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	88.24% ⁺	82.09% ⁺	82.35% ⁺	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	79.49% ⁺	87.88% ⁺	95.95% ⁺	▲	—
Meridian Health Plan of Michigan	89.84% ⁺	85.84% ⁺	83.12% ⁺	—	—
Molina Healthcare of Michigan	82.50% ⁺	86.10% ⁺	86.68% ⁺	—	—
Priority Health Choice	86.27% ⁺	98.04% ⁺	85.96% ⁺	—	▼
UnitedHealthcare Community Plan	84.52% ⁺	84.00% ⁺	83.90% ⁺	—	—
Upper Peninsula Health Plan	96.67% ⁺	91.18% ⁺	92.50% ⁺	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2023 score is statistically significantly higher than the trend year. ▼ Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

How Well Doctors Communicate

Table 4-6 shows the 2021, 2022, and 2023 top-box scores and trend results for the *How Well Doctors Communicate* composite measure.

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

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	93.40%	95.69%	94.59%	—	▼
CSHCS FFS Program	96.52%	97.25%	96.93%	—	—
FFS Medicaid Subgroup	94.50%	96.52%	95.92%	—	—
FFS Non-Medicaid Subgroup	97.69%	97.68%	97.67%	—	—
CSHCS Managed Care Program	91.91%	94.99%	93.64%	—	—
Aetna Better Health of Michigan	NA	95.45% ⁺	96.15% ⁺	NT	—
Blue Cross Complete of Michigan	94.30% ⁺	94.33%	92.52%	—	—
HAP Empowered	NA	95.83% ⁺	100.00% ⁺	NT	—
McLaren Health Plan	95.53% ⁺	95.50%	95.44%	—	—
Meridian Health Plan of Michigan	92.24% ⁺	95.17%	93.08%	—	—
Molina Healthcare of Michigan	90.00% ⁺	93.41%	94.99%	—	—
Priority Health Choice	94.50% ⁺	96.30%	93.89%	—	—
UnitedHealthcare Community Plan	89.46% ⁺	95.25%	90.92%	—	▼
Upper Peninsula Health Plan	93.18% ⁺	98.01% ⁺	98.77% ⁺	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2023 score is statistically significantly higher than the trend year. ▼ Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Access to Specialized Services

Table 4-7 shows the 2021, 2022, and 2023 top-box scores and trend results for the *Access to Specialized Services* composite measure.

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

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	73.82%	71.22%	69.51%	▼	—
CSHCS FFS Program	73.45%	71.98%	68.37%	—	—
FFS Medicaid Subgroup	73.70%	71.24%	67.36%	—	—
FFS Non-Medicaid Subgroup	73.30%	72.42%	69.11%	—	—
CSHCS Managed Care Program	74.00%	70.88%	69.98%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	75.87% ⁺	67.72% ⁺	67.06% ⁺	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	79.15% ⁺	76.53% ⁺	72.03% ⁺	—	—
Meridian Health Plan of Michigan	69.83% ⁺	70.54% ⁺	64.39% ⁺	—	—
Molina Healthcare of Michigan	75.24% ⁺	73.36% ⁺	67.36% ⁺	—	—
Priority Health Choice	70.56% ⁺	70.15% ⁺	72.60% ⁺	—	—
UnitedHealthcare Community Plan	72.88% ⁺	69.99% ⁺	76.47% ⁺	—	—
Upper Peninsula Health Plan	84.74% ⁺	70.11% ⁺	75.47% ⁺	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2023 score is statistically significantly higher than the trend year. ▼ Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Transportation

Table 4-8 shows the 2021, 2022, and 2023 top-box scores and trend results for the *Transportation* composite measure.

Table 4-8—Trend Analysis: Transportation

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	74.87%	77.57%	69.40%	—	—
CSHCS FFS Program	81.46%⁺	85.37%⁺	82.36%⁺	—	—
FFS Medicaid Subgroup	51.67% ⁺	74.21% ⁺	64.44% ⁺	—	—
FFS Non-Medicaid Subgroup	98.75% ⁺	91.99% ⁺	95.52% ⁺	—	—
CSHCS Managed Care Program	71.65%	73.98%	64.05%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	NA	55.67% ⁺	NA	NT	NT
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	77.57% ⁺	78.63% ⁺	82.05% ⁺	—	—
Meridian Health Plan of Michigan	63.12% ⁺	74.26% ⁺	54.66% ⁺	—	—
Molina Healthcare of Michigan	90.68% ⁺	82.35% ⁺	64.84% ⁺	▼	—
Priority Health Choice	80.45% ⁺	87.12% ⁺	70.54% ⁺	—	—
UnitedHealthcare Community Plan	68.06% ⁺	61.09% ⁺	79.29% ⁺	—	—
Upper Peninsula Health Plan	94.12% ⁺	97.22% ⁺	92.37% ⁺	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2023 score is statistically significantly higher than the trend year. ▼ Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Individual Item Measures

Access to Prescription Medicines

Table 4-9 shows the 2021, 2022, and 2023 top-box scores and trend results for the *Access to Prescription Medicines* individual item measure.

Table 4-9—Trend Analysis: Access to Prescription Medicines

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	90.26%	89.28%	87.66%	▼	—
CSHCS FFS Program	88.27%	86.12%	84.53%	▼	—
FFS Medicaid Subgroup	87.92%	85.49%	85.93%	—	—
FFS Non-Medicaid Subgroup	88.47%	86.50%	83.50%	▼	—
CSHCS Managed Care Program	91.21%	90.71%	88.95%	—	—
Aetna Better Health of Michigan	93.75% ⁺	NA	100.00% ⁺	—	NT
Blue Cross Complete of Michigan	92.68%	87.50%	85.80%	▼	—
HAP Empowered	NA	90.91% ⁺	NA	NT	NT
McLaren Health Plan	88.83%	94.02%	89.39%	—	—
Meridian Health Plan of Michigan	89.92%	88.67%	86.92%	—	—
Molina Healthcare of Michigan	91.18%	92.04%	89.62%	—	—
Priority Health Choice	90.96%	93.41%	91.71%	—	—
UnitedHealthcare Community Plan	95.12%	90.19%	88.26%	▼	—
Upper Peninsula Health Plan	87.84% ⁺	90.41% ⁺	96.10% ⁺	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2023 score is statistically significantly higher than the trend year. ▼ Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

CMD5 Clinic

Table 4-10 shows the 2021, 2022, and 2023 top-box scores and trend results for the *CMD5 Clinic* individual item measure.

Table 4-10—Trend Analysis: CMD5 Clinic

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	86.70%	84.41%	84.82%	—	—
CSHCS FFS Program	88.32%	84.43%	92.08%	—	—
FFS Medicaid Subgroup	83.87% ⁺	83.05% ⁺	98.11% ⁺	▲	▲
FFS Non-Medicaid Subgroup	90.91% ⁺	85.25% ⁺	87.65% ⁺	—	—
CSHCS Managed Care Program	85.91%	84.40%	81.83%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	90.91% ⁺	76.47% ⁺	67.86% ⁺	▼	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	70.59% ⁺	79.49% ⁺	90.00% ⁺	—	—
Meridian Health Plan of Michigan	85.19% ⁺	77.14% ⁺	80.95% ⁺	—	—
Molina Healthcare of Michigan	88.37% ⁺	87.18% ⁺	80.56% ⁺	—	—
Priority Health Choice	95.45% ⁺	96.00% ⁺	87.50% ⁺	—	—
UnitedHealthcare Community Plan	78.95% ⁺	91.30% ⁺	85.71% ⁺	—	—
Upper Peninsula Health Plan	85.71% ⁺	94.12% ⁺	93.33% ⁺	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2023 score is statistically significantly higher than the trend year. ▼ Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Local Health Department Services

Table 4-11 shows the 2021, 2022, and 2023 top-box scores and trend results for the *Local Health Department Services* individual item measure.

Table 4-11—Trend Analysis: Local Health Department Services

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	83.44%	79.73%	80.34%	—	—
CSHCS FFS Program	89.22%	85.73%	85.96%	—	—
FFS Medicaid Subgroup	89.60%	78.29%	83.33%	—	—
FFS Non-Medicaid Subgroup	89.00%	90.15%	87.89%	—	—
CSHCS Managed Care Program	80.66%	77.01%	78.04%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	76.92% ⁺	76.19% ⁺	79.69% ⁺	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	84.93% ⁺	77.22% ⁺	78.82% ⁺	—	—
Meridian Health Plan of Michigan	85.88% ⁺	78.57%	77.68%	—	—
Molina Healthcare of Michigan	73.85% ⁺	76.60% ⁺	74.24% ⁺	—	—
Priority Health Choice	72.55% ⁺	78.85% ⁺	76.67% ⁺	—	—
UnitedHealthcare Community Plan	87.76% ⁺	74.47% ⁺	80.36% ⁺	—	—
Upper Peninsula Health Plan	84.00% ⁺	81.82% ⁺	89.74% ⁺	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. [▲] Indicates the 2023 score is statistically significantly higher than the trend year. [▼] Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Not Felt Treated Unfairly: Race and Ethnicity

Table 4-12 shows the 2022 and 2023 top-box scores and trend results for the *Not Felt Treated Unfairly: Race and Ethnicity* individual item measure.

Table 4-12—Trend Analysis: Not Felt Treated Unfairly: Race and Ethnicity

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	NA	97.18%	97.34%	NT	—
CSHCS FFS Program	NA	98.36%	98.36%	NT	—
FFS Medicaid Subgroup	NA	98.84%	98.43%	NT	—
FFS Non-Medicaid Subgroup	NA	98.07%	98.32%	NT	—
CSHCS Managed Care Program	NA	96.64%	96.93%	NT	—
Aetna Better Health of Michigan	NA	81.82% ⁺	92.31% ⁺	NT	—
Blue Cross Complete of Michigan	NA	95.34%	97.55%	NT	—
HAP Empowered	NA	100.00% ⁺	100.00% ⁺	NT	—
McLaren Health Plan	NA	96.74%	99.49%	NT	—
Meridian Health Plan of Michigan	NA	99.22%	96.98%	NT	—
Molina Healthcare of Michigan	NA	95.79%	96.65%	NT	—
Priority Health Choice	NA	97.18%	97.47%	NT	—
UnitedHealthcare Community Plan	NA	95.65%	93.81%	NT	—
Upper Peninsula Health Plan	NA	96.05% ⁺	100.00% ⁺	NT	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Indicates the 2023 score is statistically significantly higher than the trend year. [▼] Indicates the 2023 score is statistically significantly lower than the trend year. — Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Not Felt Treated Unfairly: Health Insurance Type

Table 4-13 shows the 2022 and 2023 top-box scores and trend results for the *Not Felt Treated Unfairly: Health Insurance Type* individual item measure.

Table 4-13—Trend Analysis: Not Felt Treated Unfairly: Health Insurance Type

	2021	2022	2023	Trend Results (2023 Compared to 2021)	Trend Results (2023 Compared to 2022)
CSHCS Program	NA	95.95%	94.53%	NT	▼
CSHCS FFS Program	NA	98.39%	97.24%	NT	—
FFS Medicaid Subgroup	NA	97.97%	96.54%	NT	—
FFS Non-Medicaid Subgroup	NA	98.65%	97.76%	NT	—
CSHCS Managed Care Program	NA	94.84%	93.42%	NT	—
Aetna Better Health of Michigan	NA	81.82% ⁺	100.00% ⁺	NT	—
Blue Cross Complete of Michigan	NA	94.33%	95.73%	NT	—
HAP Empowered	NA	100.00% ⁺	100.00% ⁺	NT	—
McLaren Health Plan	NA	92.43%	95.41%	NT	—
Meridian Health Plan of Michigan	NA	93.31%	92.78%	NT	—
Molina Healthcare of Michigan	NA	95.79%	90.87%	NT	▼
Priority Health Choice	NA	96.02%	94.44%	NT	—
UnitedHealthcare Community Plan	NA	96.74%	91.75%	NT	▼
Upper Peninsula Health Plan	NA	97.37% ⁺	95.06% ⁺	NT	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Indicates the 2023 score is statistically significantly higher than the trend year. [▼] Indicates the 2023 score is statistically significantly lower than the trend year. [—] Indicates the 2023 score is not statistically significantly different than the trend year. NA Indicates that results for this measure are not applicable because too few members responded to the question(s). 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 2-10.

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—Key Drivers of Member Experience: Rating of Health Plan—CSHCS Program

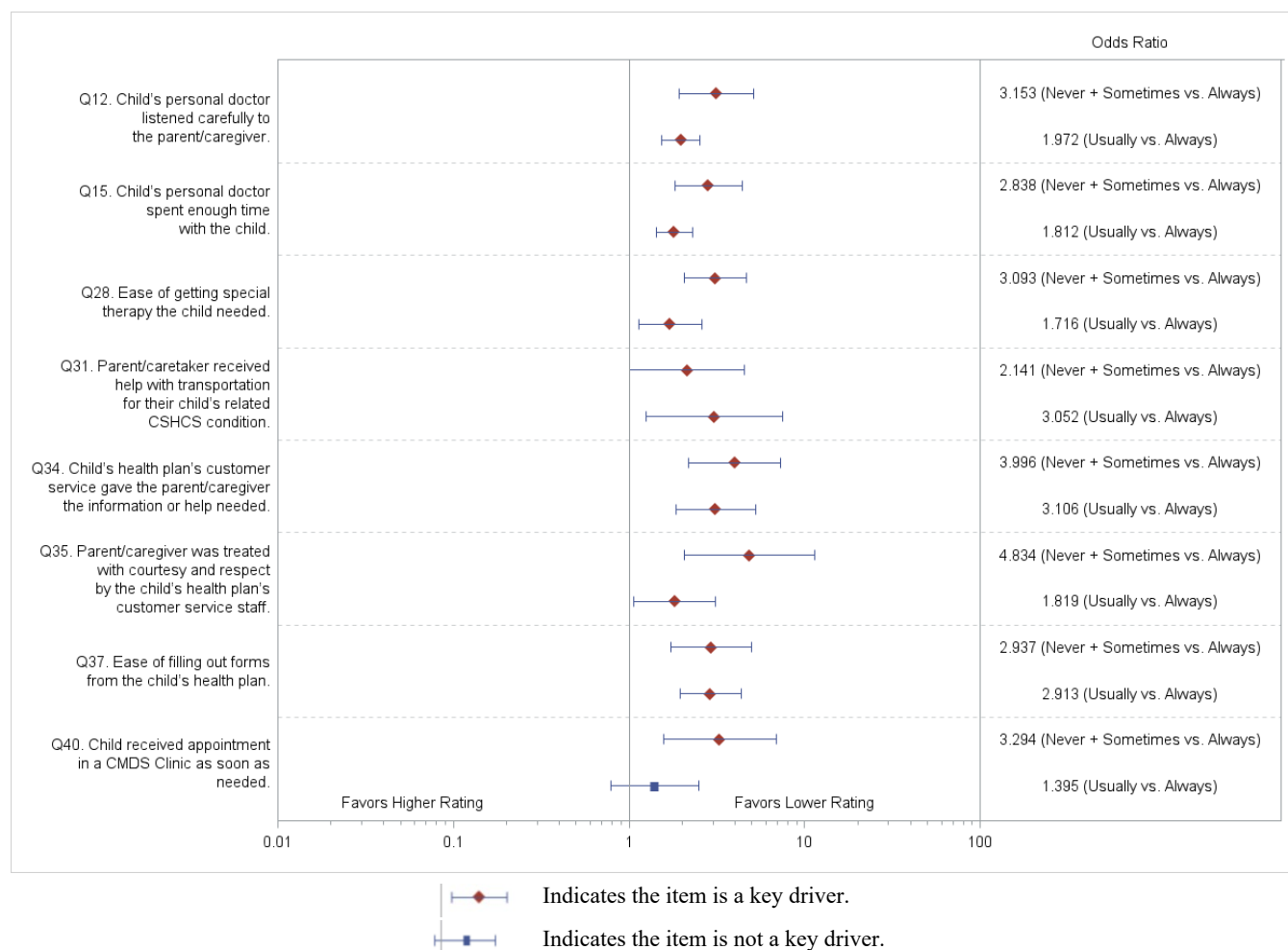


Figure 5-2—Key Drivers of Member Experience: Rating of Health Care—CSHCS Program

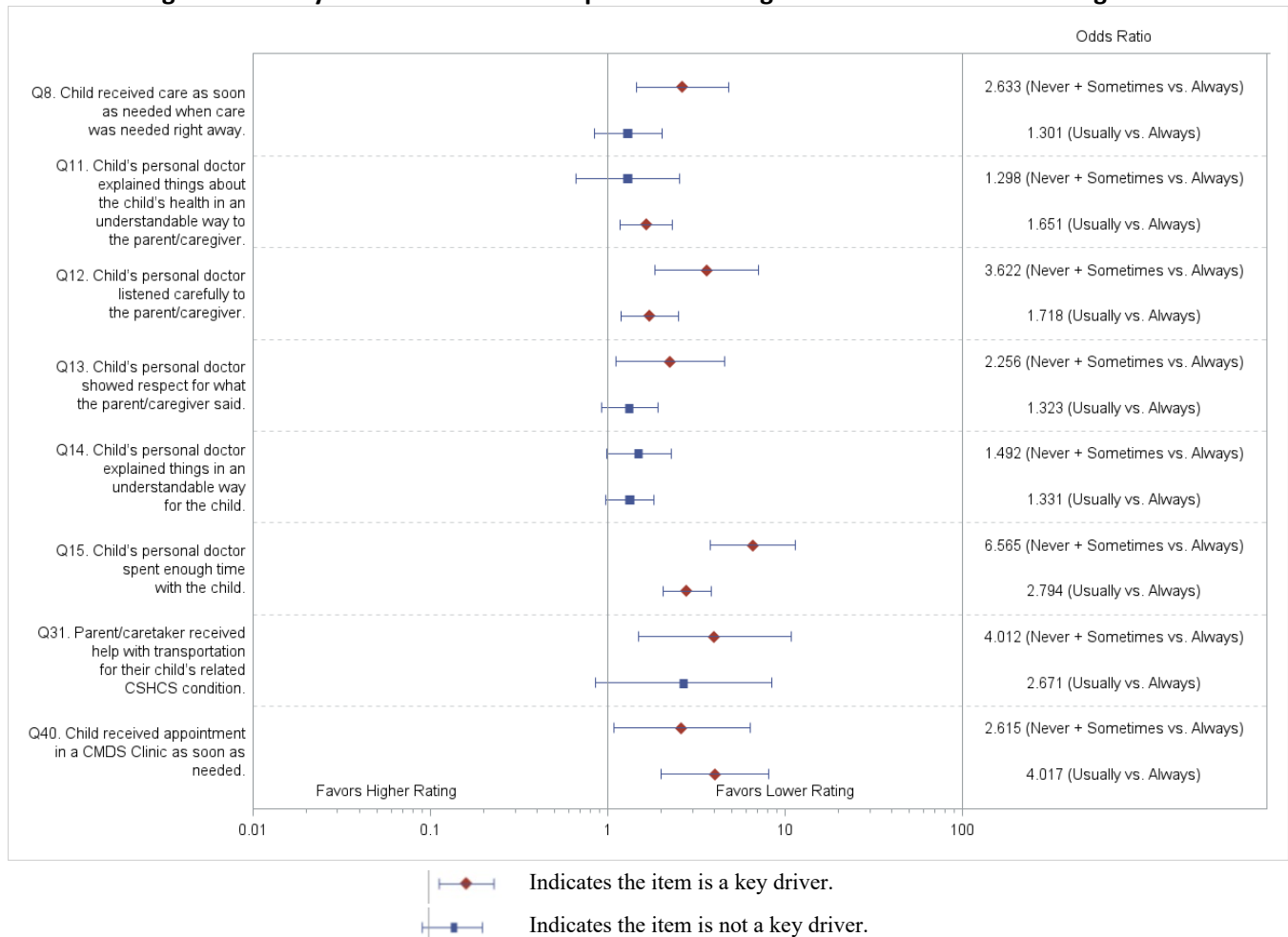
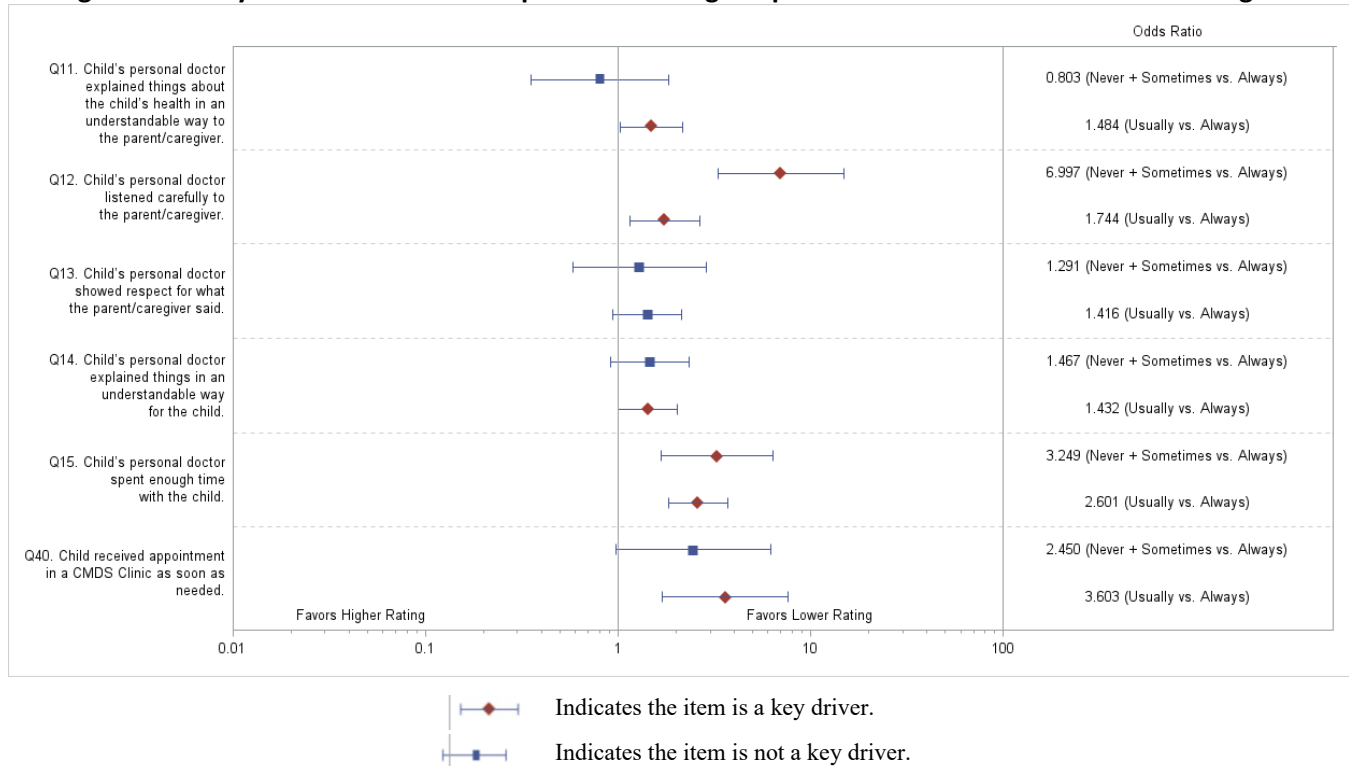


Figure 5-3—Key Drivers of Member Experience: Rating of Specialist Seen Most Often—CSHCS Program



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/caregiver to confirm his or her child's enrollment, which could also be verified by providing the name of his or her child's health plan in the second question. 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/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/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 letter. 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?
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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"/> |
| 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. In the last 6 months, did you get or refill any prescription medicines for your child?
- ☐ Yes
☐ No → **Go to Question 24**
22. 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
23. 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

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

26. 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

27. 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 30**
28. In the last 6 months, how often was it easy to get this therapy for your child?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
29. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

☐ Yes
☐ No

TRANSPORTATION

30. 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 33**
31. 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 33**
☐ Sometimes
☐ Usually
☐ Always

32. 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.

33. 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 36

34. 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

35. 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

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

- ☐ Yes
- ☐ No → Go to Question 38

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

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

38. 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?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 Plan | | | | | Health Plan | | | | | |
| Possible | | | | | 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.

39. 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 46
- ☐ I don't know → Go to Question 46

40. 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

41. 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

42. 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

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

- ☐ Yes
- ☐ No
- ☐ I don't know

44. 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

45. 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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not useful at all in helping my child | | | | | | | Most useful in helping my child | | | |

LOCAL HEALTH DEPARTMENT SERVICES

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

46. 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 50
- ☐ I don't know → Go to Question 50

47. 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

48. 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

49. 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

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

- ☐ Yes
- ☐ No
- ☐ I don't know

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

ABOUT YOUR CHILD AND YOU

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

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

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

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

58. What is your child's age?

☐ Less than 1 year old

YEARS OLD (write in)

59. Is your child male or female?

☐ Male

☐ Female

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

☐ Yes, Hispanic or Latino

☐ No, not Hispanic or Latino

61. 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

62. 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

63. Are you male or female?

☐ Male

☐ Female

64. 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

65. How are you related to the child?

☐ Mother or father

☐ Grandparent

☐ Aunt or uncle

☐ Older brother or sister

☐ Other relative

☐ Legal guardian

☐ Someone Else

66. 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**