2024 Child Medicaid Health Plan CAHPS® Report

Michigan Department of Health and Human Services

September 2024

HSAG HEALTH SERVICES ADVISORY GROUP

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Introduction

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

This report presents the 2024 child Medicaid CAHPS results based on responses of parents/caretakers who completed the survey on behalf of child members enrolled in an MHP or FFS. A sample of 1,650 child members was selected for the FFS program and each MHP. The surveys were completed from February to May 2024. The standardized survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set (without the Children with Chronic Conditions [CCC] measurement set).[1-2,1-3] HSAG presents statewide aggregate results and compares them to national Medicaid data and prior years' results, where appropriate. Throughout this report, two statewide aggregate results are presented for comparative purposes:

- Michigan Medicaid Program: Combined results for FFS and the MHPs.
- Michigan Medicaid Managed Care Program: Combined results for the MHPs.

Table 1-1 provides a list of the MHPs that participated in the survey.

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 CareSource	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] The 2024 CAHPS results were reported to NCQA for the nine MHPs. The 2024 CAHPS survey results for the FFS program were not reported to NCQA.

Survey Administration Overview

Figure 1-1 shows the distribution of survey dispositions and response rates for the Michigan Medicaid 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: Michigan Medicaid Program

Survey Administration

Start Survey On:	Finish Survey On:
02.13.24	05.13.24

TOTAL SAMPLE SIZE	16,500
RESPONSE RATE	12.33%

COMPLETES	2,007
NON-RESPONDENTS	14,264
INELIGIBLES	229
UNDELIVERABLES	1,627

- COMPLETES
- NON-RESPONDENTS
- INELIGIBLES
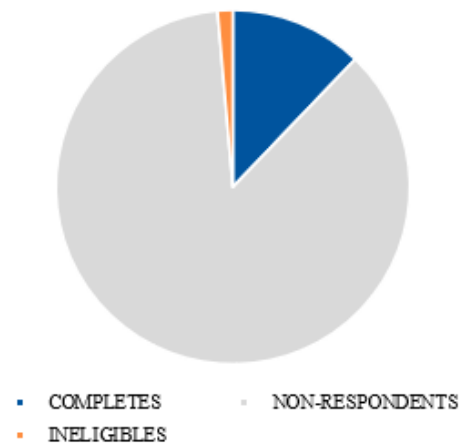
DETAILS

	Mail 1	Mail 2	Phone	Web
Completes*	622	437	634	314

	Incompletes	Refusals	No Response
Non-Respondents	170	2071	12023

	Not Enrolled	Deceased	Language Barrier
Ineligibles	152	3	74

* There were 50 surveys completed in Spanish over the telephone and 23 surveys completed in Spanish via web.

Key Findings

Demographics

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

Table 1-2—Child Member Demographics: Michigan Medicaid Program

General Health Status	Mental or Emotional Health Status

Children were eligible for inclusion in CAHPS if they were age 17 or younger as of December 31, 2023. Some children eligible for the CAHPS survey turned age 18 between January 1, 2024, 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.*
Some percentages may not total 100% due to rounding.

Table 1-3 provides an overview of the Michigan Medicaid Program demographics of parents/caretakers who completed a survey. The detailed results are found in the Results section beginning on page 3-12.

Table 1-3—Respondent Demographics: Michigan Medicaid Program

Respondent Age	Respondent Gender

Respondent Education Level	Respondent Relationship to Child

The "Other Relationship" category includes responses of aunt or uncle, older brother or sister, other relative, and someone else. Some percentages may not total 100% due to rounding.
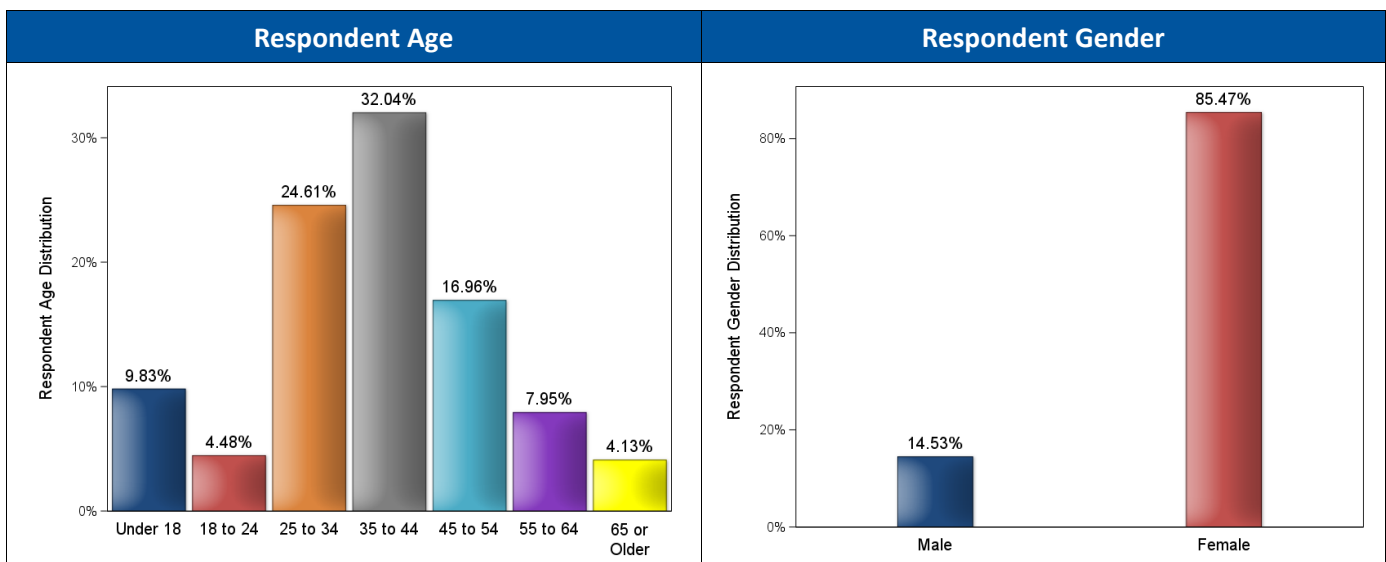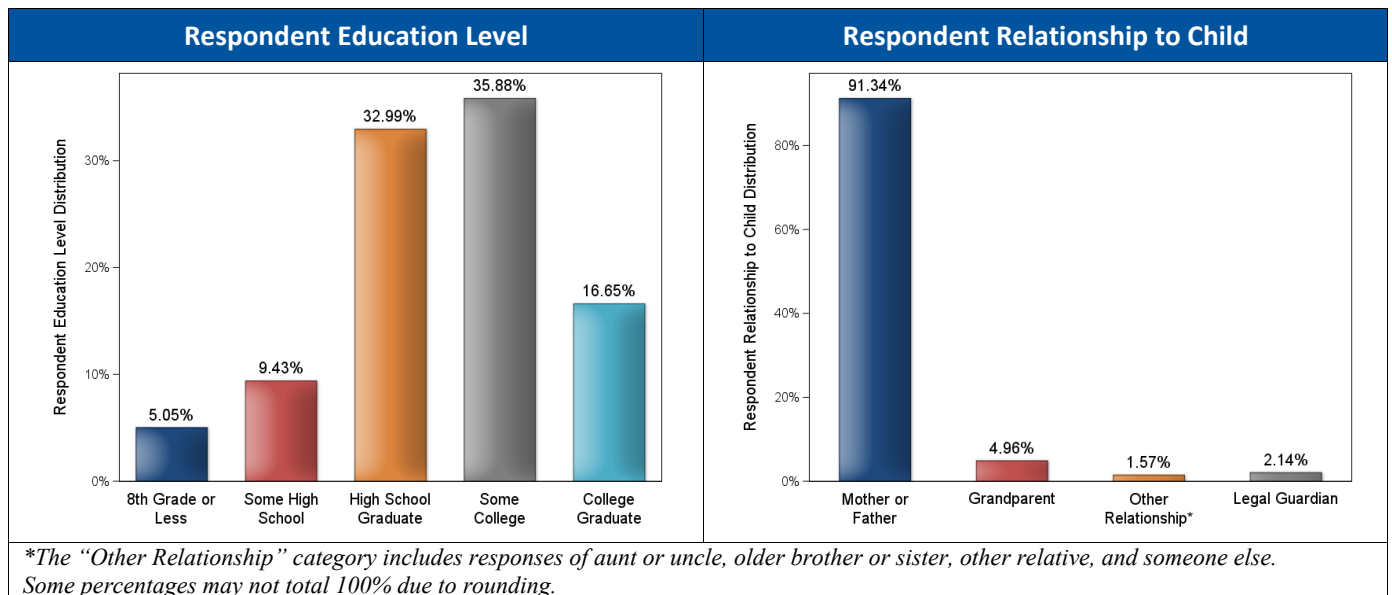
National Comparisons and Trend Analysis

HSAG calculated top-box scores for the measures. HSAG compared scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2023 Quality Compass® Benchmark and Compare Quality Data.[1-4,1-5,1-6] Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of the National Comparisons are found in the Results section beginning on page 3-16. In addition, a trend analysis was performed that compared 2024 scores to the 2023 and 2022 scores. The detailed results of this analysis are found in the Trend Analysis section beginning on page 4-1.

Table 1-4 provides highlights of the National Comparisons and Trend Analysis findings for the Michigan Medicaid Program for each measure. The percentages presented below the stars represent the scores, while the stars represent overall member experience ratings when compared to NCQA Quality Compass Benchmark and Compare Quality Data. Only the most recent trend results (i.e., 2024 to 2023) are presented in the table.

[1-4] Quality Compass® is a registered trademark of NCQA.

[1-5] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023.* Washington, DC: NCQA, September 2023.

[1-6] Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

Table 1-4—National Comparisons and Trend Analysis: Michigan Medicaid Program

Measure	National Comparisons	Trend Analysis (2024 Compared to 2023)
Global Ratings		
Rating of Health Plan	★ 66.85%	—
Rating of All Health Care	★ 63.28%	—
Rating of Personal Doctor	★★ 73.84%	—
Rating of Specialist Seen Most Often	★★★ 72.06%	—
Composite Measures		
Getting Needed Care	★★★ 83.21%	—
Getting Care Quickly	★★★ 88.09%	—
How Well Doctors Communicate	★★★ 94.58%	—
Customer Service	★ 85.55%	▼
Individual Item Measure		
Coordination of Care	★★★ 85.94%	—
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ *Indicates the 2024 Michigan Medicaid Program's score is statistically significantly higher than 2023.* ▼ *Indicates the 2024 Michigan Medicaid Program's score is statistically significantly lower than 2023.* — *Indicates the 2024 Michigan Medicaid Program's score is not statistically significantly different than in 2023.*		

Statewide Comparisons

HSAG compared the MHP and FFS results to the Michigan Medicaid Managed Care Program to determine if the plan or program results were statistically significantly different than the Michigan Medicaid Managed Care Program. The FFS Program rate for *Rating of Health Plan* was statistically significantly lower than the Michigan Medicaid Managed Care Program. The detailed results of this analysis are found in the Results section beginning on page 3-19.

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 All Health Care*, and *Rating of Personal Doctor*. 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 parents' or caretakers' of child members levels of experience with each of the three measures. The detailed results of this analysis are described in the Key Drivers of Member Experience Analysis section beginning on page 5-1. Table 1-5 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 Michigan Medicaid Program.

Table 1-5—Key Drivers of Member Experience: Michigan Medicaid Program

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Child received care as soon as needed when care was needed right away	Usually vs. Always	✓	NS	NS
Q9. Ease of getting the care, tests, or treatment the child needed	Never + Sometimes vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q13. Child's personal doctor listened carefully to the parent/caretaker	Never + Sometimes vs. Always	✓	✓	✓
	Usually vs. Always	NS	NS	✓
Q14. Child's personal doctor showed respect for what the parent/caretaker said	Never + Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q17. Child's personal doctor spent enough time with the child	Never + Sometimes vs. Always	NS	✓	✓
	Usually vs. Always	NS	NS	✓
Q20. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never + Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q23. Child received appointment with a specialist as soon as needed	Never + Sometimes vs. Always	✓	NS	NA
Q27. Child's health plan's customer service gave the parent/caretaker the information or help needed	Never + Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q28. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	Never + Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q30. Ease of filling out forms from the child's health plan	Never + Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA

NA *Indicates that this question was not evaluated for this measure.*
NS *Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect their rating.*

This section provides a comprehensive overview of CAHPS, including the survey administration protocol and analytic methodology. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the CAHPS results presented in this report.

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set (without the CCC measurement set). The CAHPS Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). The most recent versions of the surveys (i.e., CAHPS 5.1 Health Plan Surveys) were released by AHRQ in October 2020. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.[2-1]

The sampling and data collection procedures for the CAHPS Health Plan Surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of results.

2024 CAHPS Performance Measures

The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set includes 41 core questions that yield 9 measures of experience.[2-2] These measures include four global rating questions, four composite measures, and one individual item measure. The global measures (also referred to as global ratings) reflect overall member experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question that looks at a specific area of care (i.e., *Coordination of Care*).

[2-1] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

[2-2] The Transportation composite measure survey questions are not included in the standard CAHPS Child Medicaid Health Plan Survey.

The *Transportation* composite measure is a set of three supplemental questions related to transportation assistance that were added to the survey instrument.

Figure 2-1 lists the measures included in the survey.

Figure 2-1—CAHPS Measures
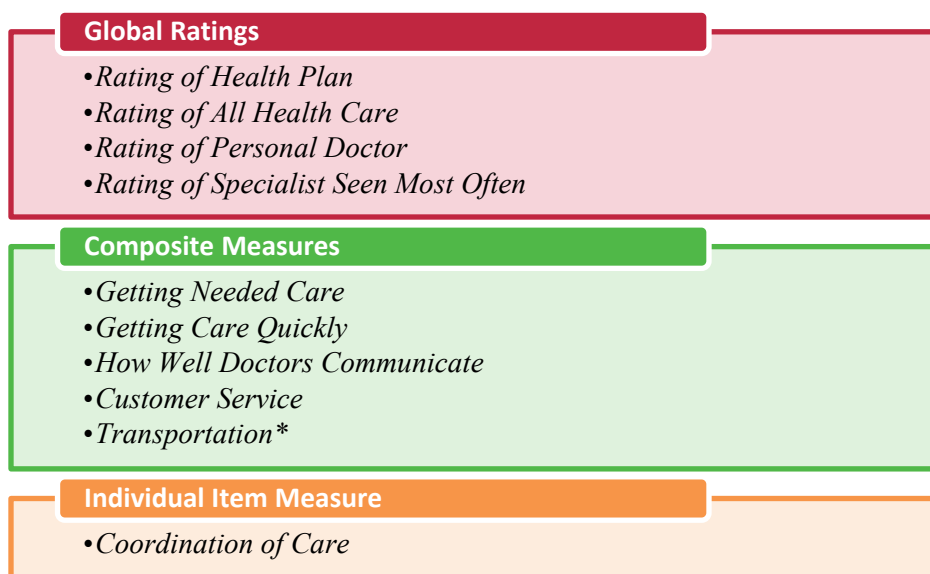
Global Ratings
- *Rating of Health Plan*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*

Composite Measures
- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service*
- *Transportation**

Individual Item Measure
- *Coordination of Care*

* The Transportation composite measure survey questions are not included in the standard CAHPS Child Medicaid Health Plan Survey.

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	
Rating of Health Plan	
31. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0–10 Scale
Rating of All Health Care[2-3]	
8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0–10 Scale
Rating of Personal Doctor[2-4]	
21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?	0–10 Scale
Rating of Specialist Seen Most Often[2-5]	
25. 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
Composite Measures	
Getting Needed Care[2-6]	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
23. 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

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[2-3] For *Rating of All Health Care*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If respondents answer "None" to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

[2-4] For *Rating of Personal Doctor*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

[2-5] For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments for their child with a specialist in the last six months. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

[2-6] For *Getting Needed Care*, the gate questions ask respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months and did they make any appointments for their child with a specialist in the last six months. If respondents answer "None" or "No" to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

Question Language	Response Options
Getting Care Quickly[2-7]	
4. In the last 6 months, when your child <u>needed care right away</u>, how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate[2-8]	
12. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
Customer Service[2-9]	
27. 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
28. 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
Transportation[2-10]	
43. In the last 6 months, when you phoned your child's health plan to get help with transportation, how often did you get it?	Never, Sometimes, Usually, Always
44. In the last 6 months, how often did the help with transportation for your child meet your needs?	Never, Sometimes, Usually, Always

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[2-7] For *Getting Care Quickly*, the gate questions ask respondents if their child had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care for their child. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

[2-8] For *How Well Doctors Communicate*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

[2-9] For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their child's health plan in the last six months. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.

[2-10] For *Transportation*, the gate question asks respondents if they called their child's health plan to get help with transportation in the last six months. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *Transportation* measure.

Question Language	Response Options
Individual Item Measure	
Coordination of Care[2-11]	
20. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never, Sometimes, Usually, Always

How CAHPS Results Were Collected

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

Sampling Procedures

For FFS, MDHHS provided HSAG with a list of all eligible members for the sampling frame. HSAG received the MHPs' audited sample frame files from the MHPs. HSAG inspected 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 their addresses through the United States Postal Service's National Change of Address (NCOA) system. Following HEDIS requirements, HSAG sampled members who met the following criteria:

- Were 17 years of age or younger as of December 31, 2023.
- Were currently enrolled in an MHP or FFS.
- Were continuously enrolled in the MHP or FFS during the last six months of the measurement year (July 1 to December 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).
- Had Medicaid as a payer.

A sample of 1,650 child members was selected from the FFS program and each MHP with no more than one member per household being selected.

Survey Protocol

The survey administration protocol employed was a mixed-mode methodology, which allowed for three methods by which parents/caretakers of sampled child members could complete a survey: 1) mail, 2)

[2-11] For *Coordination of Care*, the gate question asks respondents if their child got care from a doctor or other health provider besides their personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

Internet, or 3) Computer Assisted Telephone Interviewing (CATI). A cover letter that was mailed to parents/caretakers of sampled child members provided them the option to 1) complete the paper-based survey in English and return it using the pre-addressed, postage-paid return envelope or 2) complete the web-based survey in English or Spanish via a link and username or quick response (QR) code. Non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard.

CATI was conducted for parents/caretakers of child members who did not complete the survey or who requested to complete the survey in Spanish. Up to three CATI calls to each non-respondent were attempted at different times of the day, on different days of the week, and in different weeks. [2-12] The survey administration started in February 2024, and the survey field remained open until closing in May 2024.

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

Figure 2-2—Survey Timeline
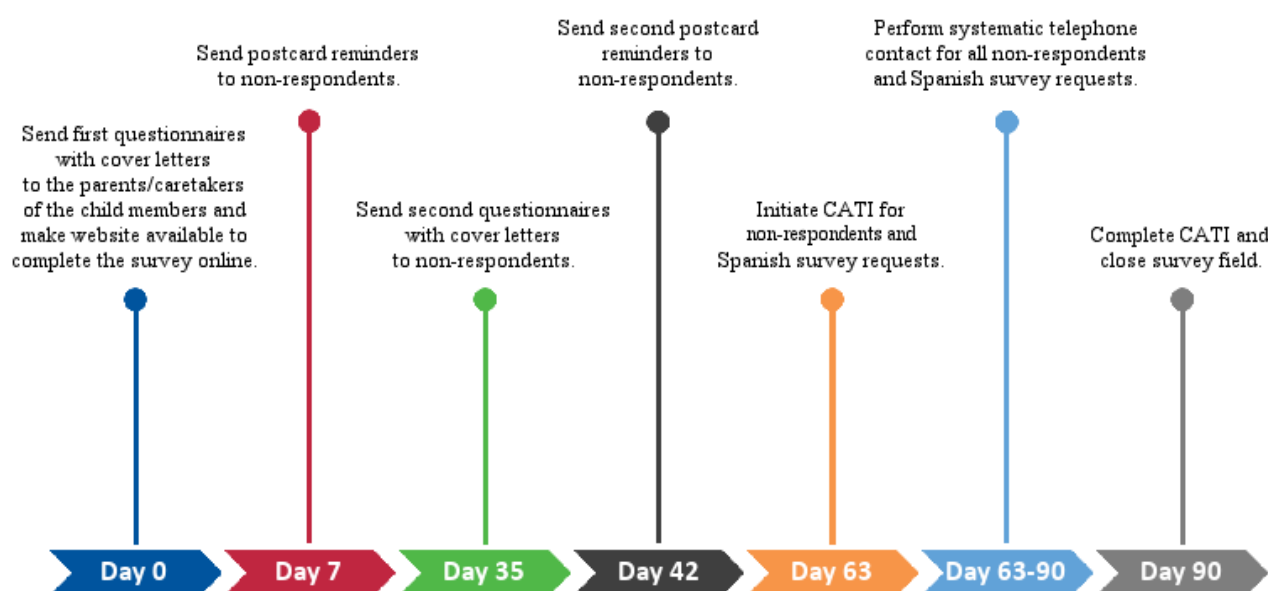
How CAHPS Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess member experience. In addition to individual plan results, HSAG combined results from FFS and the

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[2-12] National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS® Measurement Year 2023 Survey Measures.* Washington, DC: NCQA; 2023.

MHPs to calculate a Michigan Medicaid Program score. Also, HSAG combined results from the MHPs to calculate a Michigan Medicaid Managed Care Program score. This section provides an overview of each analysis.

Who Responded to the Survey

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.[2-13] HSAG considered a survey completed if parents/caretakers of sampled child members answered at least three of the following five questions: 3, 10, 22, 26, and 31.[2-14] Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, did not meet the eligible criteria on page 2-5, or their parent/caretaker had a language barrier (the survey was made available in both English and Spanish).

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

Demographics of Child Members and Respondents

The demographics analysis evaluated demographic information of child members and respondents based on parents'/caretakers' 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/caretaker demographic information included age, gender, education level, and relationship to the child.

Respondent Analysis

HSAG evaluated the demographic characteristics of child members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing by chance a test statistic as extreme as or more extreme than the value actually observed under the assumption of no difference from the population as a whole. 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

[2-13] National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2023.

[2-14] Please refer to Section 6 of the report ("Survey Instrument") for a copy of the survey instrument to see the survey question language.

should exercise caution when extrapolating the CAHPS results to the entire population if the average characteristics of respondents differ significantly from the MHP or FFS population as a whole.

Scoring Calculations

For purposes of the National Comparisons, Statewide Comparisons, and Trend Analysis, HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.[2-15] Although NCQA requires a minimum of at least 100 respondents on each item in order to obtain a reportable survey result, HSAG presented results with fewer than 100 respondents. Therefore, caution should be exercised when evaluating measures' results with fewer than 100 respondents, which are denoted with a cross (+).

Global Ratings, Composite Measures, and Individual Item Measure

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

- "9" or "10" for the global ratings.
- "Usually" or "Always" for the composite and individual item measures.

For the global ratings and individual item, 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).

Weighting

HSAG calculated both a weighted Michigan Medicaid Program score and a weighted Michigan Medicaid Managed Care Program score based on the total eligible population for each plan's or program's child population. The Michigan Medicaid Program includes results from both the MHPs and the FFS program. The Michigan Medicaid Managed Care Program is limited to the results of the MHPs (i.e., the FFS program is not included).

National Comparisons

HSAG compared the top-box scores to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data to derive overall member experience ratings (i.e., star ratings).[2-16] Ratings of one (★) to

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[2-15] National Committee for Quality Assurance. *HEDIS® Measurement Year 2023*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2023.

[2-16] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023.* Washington, DC: NCQA, September 2023.

five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 2-2.

Table 2-2—Star Ratings Percentile Distributions

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

Statewide Comparisons

The results of the MHPs and FFS program were compared to the Michigan Medicaid Managed Care Program to determine if the results were statistically significantly different. Colors in the figures note statistically significant differences. Green indicates a score that was statistically significantly higher than the Michigan Medicaid Managed Care Program. Conversely, red indicates a score that was statistically significantly lower than the Michigan Medicaid Managed Care Program. Blue represents scores that were not statistically significantly different from the Michigan Medicaid Managed Care Program. Also, the NCQA child Medicaid national averages are presented in the figures for comparison.[2-17]

MHP Comparisons

The results of the MHPs were compared to the Michigan Medicaid Managed Care Program. Two types of hypothesis tests were applied to these results. First, a global F test was calculated, which determined whether the difference between MHP scores was significant. If the F test demonstrated MHP-level differences (i.e., p value < 0.05), then a t test was performed for each MHP. The t test determined whether each MHP's score was statistically significantly different from the Michigan Medicaid Managed Care Program. This analytic approach follows AHRQ's recommended methodology for identifying significant plan-level performance differences.

[2-17] The source for the national data contained in this publication is Quality Compass® 2023 and is used with the permission of NCQA. Quality Compass 2023 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.

Fee-for-Service Program Comparisons

The results of the FFS program were compared to the Michigan Medicaid Managed Care Program. One type of hypothesis test was applied to these results. A *t* test was performed to determine whether the results of the FFS program were statistically significantly different (i.e., *p* value < 0.05) from the Michigan Medicaid Managed Care Program results.

Trend Analysis

HSAG performed a *t* test to determine whether results in 2024 were statistically significantly different from results in 2023 and 2022. 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 by chance a test statistic as extreme as or more extreme than the value actually observed by chance under the assumption of no difference between years.

Scores that were statistically significantly higher in 2024 than in 2023 or 2022 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2024 than in 2023 or 2022 are noted with downward triangles (▼). Scores in 2024 that were not statistically significantly different from scores in 2023 or 2022 are noted with a dash (—).

Key Drivers of Member Experience Analysis

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

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

Table 2-3—Correlation Matrix

Question Number	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*	Baseline Response
Q4. Child received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Child received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Q9. Ease of getting the care, tests, or treatment the child needed	✓	✓	✓	Always
Q12. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	✓	✓	✓	Always

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q13. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓	Always
Q14. Child's personal doctor showed respect for what the parent/caretaker said	✓	✓	✓	Always
Q16. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓	Always
Q17. Child's personal doctor spent enough time with the child	✓	✓	✓	Always
Q18. Child's personal doctor discussed how the child is feeling, growing, or behaving	✓	✓	✓	Yes
Q20. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓	✓	✓	Always
Q23. Child received appointment with a specialist as soon as needed	✓	✓		Always
Q27. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓		Always
Q28. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓		Always
Q30. Ease of filling out forms from the child's health plan	✓	✓		Always
Q43. Ease of getting help with transportation	✓			Always
Q44. Parent/caretaker received help with transportation	✓			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 assigned 3 (Satisfied) to each item's baseline response of "Always" or "Yes", 2 (Neutral) to each item's response of "Usually", and 1 (Dissatisfied) to each item's response of "Never", "Sometimes", or "No". 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 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 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 2-3, the results indicate that respondents who answered "Never" or "Sometimes" to question 30 are 2.429 times more likely to provide a lower rating for their child's health plan than respondents who answered "Always." This item is identified as a key driver (as indicated with the red diamond). Also, respondents who answered "Usually" to question 30 are 1.509 times more likely to provide a lower rating for their child's health plan than respondents who answered "Always."

Figure 2-3—Key Drivers of Member Experience: Rating of Health Plan
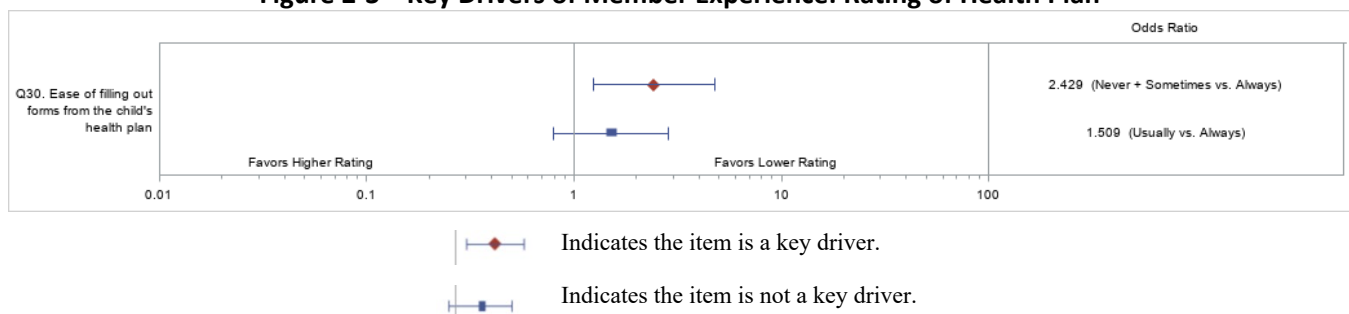
Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. These limitations discussed below should be considered carefully when interpreting or generalizing the findings.

Case-Mix Adjustment

The demographics of parents/caretakers and their child members (i.e., response group) may impact respondents' experiences. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not calculate case-mix adjusted Medicaid CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these results.

Causal Inferences

Although this report examines experiences with various aspects of health care by plan and program, any identified difference 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 or program. The survey by itself does not necessarily reveal the exact cause of these differences.

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.[2-18] 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 round) for each measure. Results indicate that early respondents are statistically significantly more likely to provide a higher top-box response for the *Rating of All Health Care* and *Customer Service* measures. MDHHS should consider that potential non-response bias may exist when interpreting CAHPS results for these measures.

[2-18] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European Journal of Epidemiology 17.11 (2001): 991-999.

Who Responded to the Survey

Table 3-1 shows the total number of members sampled, the number of surveys completed, the number of ineligible members, and the response rates. For additional information on the calculation of response rates, please refer to page 2-7 of the Reader's Guide section.

Table 3-1—Distribution of Surveys and Response Rates

Program/MHP Name	Sample Size	Completes	Ineligibles	Response Rate
Michigan Medicaid Program	**16,500**	**2,007**	**229**	**12.33%**
Fee-for-Service Program	1,650	149	46	9.29%
Michigan Medicaid Managed Care Program	**14,850**	**1,858**	**183**	**12.67%**
Aetna Better Health of Michigan	1,650	162	21	9.94%
Blue Cross Complete of Michigan	1,650	227	21	13.93%
HAP CareSource	1,650	161	17	9.86%
McLaren Health Plan	1,650	203	19	12.45%
Meridian Health Plan of Michigan	1,650	220	20	13.50%
Molina Healthcare of Michigan	1,650	211	25	12.98%
Priority Health Choice	1,650	208	21	12.77%
UnitedHealthcare Community Plan	1,650	219	25	13.48%
Upper Peninsula Health Plan	1,650	247	14	15.10%

Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentage) to the demographic characteristics of all members in the sample frame (i.e., sample frame percentage) 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 results of the respondent analysis. 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. 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. MDHHS should exercise caution when extrapolating the CAHPS results to the entire population if the average characteristics of respondents differ significantly from the MHP or FFS population as a whole. For additional information on the respondent analysis, please refer to page 2-7 of the Reader's Guide.

Table 3-2—Respondent Analysis: Age

Program/MHP Name		Less than 1	1 to 3	4 to 7	8 to 12	13 to 17
Michigan Medicaid Program	**R** **SF**	**2.84%** **3.19%**	**17.09%** **16.53%**	**20.38%↓** **23.84%**	**26.66%↓** **28.92%**	**33.03%↑** **27.52%**
Fee-for-Service Program	R SF	2.68% 2.35%	9.40% 12.76%	18.79% 22.20%	26.85% 30.72%	42.28%↑ 31.97%
Michigan Medicaid Managed Care Program	**R** **SF**	**2.85%** **3.33%**	**17.71%** **17.12%**	**20.51%↓** **24.10%**	**26.64%** **28.63%**	**32.29%↑** **26.82%**
Aetna Better Health of Michigan	R SF	2.47% 3.66%	16.67% 19.31%	18.52% 23.59%	30.86% 27.48%	31.48% 25.97%
Blue Cross Complete of Michigan	R SF	4.85% 4.12%	21.59% 20.08%	21.15% 25.09%	25.11% 26.70%	27.31% 24.02%
HAP CareSource	R SF	3.73% 4.87%	34.78%↑ 26.95%	18.63% 23.13%	14.29%↓ 24.10%	28.57%↑ 20.95%
McLaren Health Plan	R SF	1.97% 3.50%	15.76% 17.63%	22.66% 24.52%	29.56% 28.44%	30.05% 25.92%
Meridian Health Plan of Michigan	R SF	0.45%↓ 2.86%	13.64% 15.87%	25.91% 24.69%	23.18%↓ 29.72%	36.82%↑ 26.86%
Molina Healthcare of Michigan	R SF	4.27% 3.30%	14.22% 16.67%	18.96% 23.18%	27.96% 28.42%	34.60% 28.43%
Priority Health Choice	R SF	2.40% 3.53%	16.83% 17.70%	21.15% 24.44%	29.33% 28.46%	30.29% 25.88%
UnitedHealthcare Community Plan	R SF	1.83% 2.93%	15.98% 15.26%	19.18% 22.89%	29.22% 29.44%	33.79% 29.48%

Program/MHP Name		Less than 1	1 to 3	4 to 7	8 to 12	13 to 17
Upper Peninsula Health Plan	R SF	3.64% 3.85%	14.17% 17.24%	17.81%↓ 23.68%	28.34% 29.10%	36.03%↑ 26.12%

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

Table 3-3—Respondent Analysis: Gender

Program/MHP Name		Male	Female
Michigan Medicaid Program	**R** **SF**	**52.37%** **51.23%**	**47.63%** **48.77%**
Fee-for-Service Program	R SF	53.69% 51.42%	46.31% 48.58%
Michigan Medicaid Managed Care Program	**R** **SF**	**52.26%** **51.20%**	**47.74%** **48.80%**
Aetna Better Health of Michigan	R SF	59.26%↑ 50.76%	40.74%↓ 49.24%
Blue Cross Complete of Michigan	R SF	50.22% 51.50%	49.78% 48.50%
HAP CareSource	R SF	50.93% 51.14%	49.07% 48.86%
McLaren Health Plan	R SF	49.75% 51.42%	50.25% 48.58%
Meridian Health Plan of Michigan	R SF	53.64% 51.16%	46.36% 48.84%
Molina Healthcare of Michigan	R SF	54.50% 51.07%	45.50% 48.93%
Priority Health Choice	R SF	56.25% 51.01%	43.75% 48.99%
UnitedHealthcare Community Plan	R SF	50.68% 51.25%	49.32% 48.75%
Upper Peninsula Health Plan	R SF	47.37% 50.93%	52.63% 49.07%

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

Table 3-4—Respondent Analysis: Race

Program/MHP Name		White	Black	Asian	Other
Michigan Medicaid Program	**R**	**62.36%↑**	**27.34%↓**	**2.41%↑**	**7.89%**
	SF	**60.04%**	**31.61%**	**1.60%**	**6.75%**
Fee-for-Service Program	R	73.81%	18.25%↓	0.00%	7.94%
	SF	67.66%	25.50%	0.34%	6.50%
Michigan Medicaid Managed Care Program	**R**	**61.51%↑**	**28.02%↓**	**2.59%↑**	**7.89%**
	SF	**58.86%**	**32.55%**	**1.79%**	**6.79%**
Aetna Better Health of Michigan	R	26.54%	57.41%↓	5.56%↑	10.49%
	SF	24.84%	66.04%	1.29%	7.83%
Blue Cross Complete of Michigan	R	54.85%	37.38%	3.40%	4.37%
	SF	50.36%	41.16%	2.44%	6.04%
HAP CareSource	R	37.89%	44.72%	2.48%	14.91%
	SF	35.01%	51.29%	1.60%	12.10%
McLaren Health Plan	R	71.20%	26.09%	1.09%	1.63%
	SF	71.26%	26.04%	1.21%	1.49%
Meridian Health Plan of Michigan	R	66.67%	22.83%	0.91%	9.59%
	SF	62.59%	26.87%	1.18%	9.36%
Molina Healthcare of Michigan	R	58.33%	32.50%	3.33%	5.83%
	SF	51.17%	38.90%	2.32%	7.60%
Priority Health Choice	R	75.26%↑	20.62%↓	3.09%	1.03%
	SF	65.60%	31.35%	2.00%	1.05%
UnitedHealthcare Community Plan	R	56.62%	24.20%↓	3.65%	15.53%↑
	SF	53.22%	34.52%	2.48%	9.78%
Upper Peninsula Health Plan	R	90.17%	1.71%	0.85%	7.26%
	SF	89.19%	2.61%	0.54%	7.66%

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

Table 3-5—Respondent Analysis: Ethnicity

Program/Plan Name		Hispanic	Non-Hispanic
Michigan Medicaid Program	**R** **SF**	**8.70%** **9.26%**	**91.30%** **90.74%**
Fee-for-Service Program	R SF	8.22% 7.17%	91.78% 92.83%
Michigan Medicaid Managed Care Program	**R** **SF**	**8.74%** **9.75%**	**91.26%** **90.25%**
Aetna Better Health of Michigan	R SF	6.79% 5.05%	93.21% 94.95%
Blue Cross Complete of Michigan	R SF	7.76% 11.39%	92.24% 88.61%
HAP CareSource	R SF	6.21% 5.27%	93.79% 94.73%
McLaren Health Plan	R SF	7.88% 8.16%	92.12% 91.84%
Meridian Health Plan of Michigan	R SF	NA	NA
Molina Healthcare of Michigan	R SF	17.06%↑ 10.14%	82.94%↓ 89.86%
Priority Health Choice	R SF	13.90% 13.83%	86.10% 86.17%
UnitedHealthcare Community Plan	R SF	7.76% 8.65%	92.24% 91.35%
Upper Peninsula Health Plan	R SF	2.02% 3.02%	97.98% 96.98%

An "R" indicates respondent percentage, and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.
Some percentages may not total 100% due to rounding.
NA *indicates that data for the variable was missing from the sample frame; therefore, results are not available.*

Demographics of Child Members

Figure 3-1 through Figure 3-6 depict the demographics of children for whom a parent/caretaker completed a survey.

Figure 3-1—Child Member Demographics: Age

	Less than 1	1 to 3	4 to 7	8 to 12	13 to 18*
Michigan Medicaid Program	1.82%	17.26%	20.39%	25.76%	34.77%
Fee-for-Service Program	2.05%	9.59%	19.86%	23.97%	44.52%
Michigan Medicaid Managed Care Program	1.80%	17.87%	20.44%	25.90%	33.99%
Aetna Better Health of Michigan	1.86%	18.01%	18.63%	27.95%	33.54%
Blue Cross Complete of Michigan	1.36%	22.73%	21.36%	24.09%	30.45%
HAP CareSource	3.13%	33.13%	21.25%	14.38%	28.13%
McLaren Health Plan	1.01%	17.09%	22.11%	29.15%	30.65%
Meridian Health Plan of Michigan	0.46%	12.84%	24.31%	22.94%	39.45%
Molina Healthcare of Michigan	1.44%	16.75%	18.66%	26.32%	36.84%
Priority Health Choice	2.48%	16.83%	19.80%	29.70%	31.19%
UnitedHealthcare Community Plan	1.86%	13.95%	19.07%	29.30%	35.81%
Upper Peninsula Health Plan	2.85%	13.82%	18.70%	27.24%	37.40%

Age Distribution

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 December 31, 2023. Some children eligible for the CAHPS Survey turned 18 between January 1, 2024, and the time of survey administration.

Figure 3-2—Child Member Demographics: Gender

Plan	Male	Female
Michigan Medicaid Program	52.08%	47.92%
Fee-for-Service Program	52.45%	47.55%
Michigan Medicaid Managed Care Program	52.05%	47.95%
Aetna Better Health of Michigan	59.26%	40.74%
Blue Cross Complete of Michigan	50.91%	49.09%
HAP CareSource	51.57%	48.43%
McLaren Health Plan	49.75%	50.25%
Meridian Health Plan of Michigan	52.75%	47.25%
Molina Healthcare of Michigan	53.37%	46.63%
Priority Health Choice	55.94%	44.06%
UnitedHealthcare Community Plan	50.00%	50.00%
Upper Peninsula Health Plan	47.35%	52.65%

Gender Distribution

■ Male ■ Female

Some percentages may not total 100% due to rounding.

Figure 3-3—Child Member Demographics: Race

Health Plan	Multiracial	White	Black	Asian	Other*
Michigan Medicaid Program	12.36%	51.22%	24.26%	3.64%	8.52%
Fee-for-Service Program	13.57%	62.86%	13.57%	3.57%	6.43%
Michigan Medicaid Managed Care Program	12.27%	50.31%	25.10%	3.64%	8.68%
Aetna Better Health of Michigan	8.39%	23.23%	57.42%	4.52%	6.45%
Blue Cross Complete of Michigan	11.06%	44.70%	31.80%	5.99%	6.45%
HAP CareSource	11.61%	36.13%	41.94%	5.16%	5.16%
McLaren Health Plan	14.57%	59.80%	19.10%	1.51%	5.03%
Meridian Health Plan of Michigan	12.50%	59.62%	21.63%	0.96%	5.29%
Molina Healthcare of Michigan	12.94%	37.31%	27.36%	6.47%	15.92%
Priority Health Choice	11.68%	54.82%	19.80%	3.05%	10.66%
UnitedHealthcare Community Plan	11.54%	44.23%	22.12%	5.29%	16.83%
Upper Peninsula Health Plan	14.69%	77.96%	0.82%	0.82%	5.71%

Race Distribution

■ Multiracial ■ White ■ Black ■ Asian ■ Other*

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

Health Plan	Hispanic	Non-Hispanic
Michigan Medicaid Program	13.78%	86.22%
Fee-for-Service Program	15.38%	84.62%
Michigan Medicaid Managed Care Program	13.66%	86.34%
Aetna Better Health of Michigan	9.43%	90.57%
Blue Cross Complete of Michigan	18.26%	81.74%
HAP CareSource	8.23%	91.77%
McLaren Health Plan	9.14%	90.86%
Meridian Health Plan of Michigan	13.15%	86.85%
Molina Healthcare of Michigan	26.34%	73.66%
Priority Health Choice	19.21%	80.79%
UnitedHealthcare Community Plan	14.75%	85.25%
Upper Peninsula Health Plan	3.67%	96.33%

Ethnicity Distribution

■ Hispanic   ■ Non-Hispanic

Some percentages may not total 100% due to rounding.

RESULTS

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

Plan	Excellent	Very Good	Good	Fair	Poor
Michigan Medicaid Program	37.61%	37.46%	20.17%	4.50%	0.25%
Fee-for-Service Program	32.19%	39.04%	23.29%	5.48%	0.00%
Michigan Medicaid Managed Care Program	38.05%	37.34%	19.92%	4.42%	0.27%
Aetna Better Health of Michigan	38.13%	35.63%	21.25%	4.38%	0.63%
Blue Cross Complete of Michigan	43.95%	34.98%	18.39%	2.69%	0.00%
HAP CareSource	41.25%	30.00%	21.88%	6.25%	0.63%
McLaren Health Plan	35.50%	35.50%	22.50%	6.00%	0.50%
Meridian Health Plan of Michigan	34.40%	47.71%	15.14%	2.29%	0.46%
Molina Healthcare of Michigan	33.97%	35.89%	22.97%	7.18%	0.00%
Priority Health Choice	41.00%	32.00%	21.00%	6.00%	0.00%
UnitedHealthcare Community Plan	39.81%	37.50%	19.91%	2.31%	0.46%
Upper Peninsula Health Plan	35.37%	43.09%	17.89%	3.66%	0.00%

General Health Status Distribution

■ Excellent ■ Very Good ■ Good ■ Fair ■ Poor

Some percentages may not total 100% due to rounding.

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

Health Plan	Excellent	Very Good	Good	Fair	Poor
Michigan Medicaid Program	38.48%	28.51%	21.72%	9.42%	1.87%
Fee-for-Service Program	32.41%	24.83%	28.28%	9.66%	4.83%
Michigan Medicaid Managed Care Program	38.96%	28.80%	21.20%	9.40%	1.64%
Aetna Better Health of Michigan	37.04%	24.07%	22.22%	12.96%	3.70%
Blue Cross Complete of Michigan	44.75%	30.14%	18.72%	5.94%	0.46%
HAP CareSource	41.88%	26.25%	19.38%	10.00%	2.50%
McLaren Health Plan	35.00%	26.50%	25.00%	11.50%	2.00%
Meridian Health Plan of Michigan	37.50%	33.33%	20.37%	7.87%	0.93%
Molina Healthcare of Michigan	41.83%	26.44%	21.15%	9.62%	0.96%
Priority Health Choice	35.47%	27.09%	22.17%	12.81%	2.46%
UnitedHealthcare Community Plan	44.91%	29.17%	18.06%	6.48%	1.39%
Upper Peninsula Health Plan	32.93%	33.33%	23.58%	8.94%	1.22%

Mental or Emotional Health Status Distribution

■ Excellent ■ Very Good ■ Good ■ Fair ■ Poor

Some percentages may not total 100% due to rounding.

Demographics of Respondents

Figure 3-7 through Figure 3-10 depict the demographics of the parent/caretaker who completed a survey.

Figure 3-7—Respondent Demographics: Age

	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or Older
Michigan Medicaid Program	9.83%	4.48%	24.61%	32.04%	16.96%	7.95%	4.13%
Fee-for-Service Program	4.86%	1.39%	25.69%	38.89%	21.53%	4.17%	3.47%
Michigan Medicaid Managed Care Program	10.23%	4.73%	24.52%	31.50%	16.60%	8.25%	4.18%
Aetna Better Health of Michigan	13.84%	4.40%	25.16%	29.56%	20.75%	5.03%	1.26%
Blue Cross Complete of Michigan	9.59%	5.94%	25.11%	28.31%	18.72%	7.76%	4.57%
HAP CareSource	6.96%	6.33%	35.44%	24.05%	11.39%	10.76%	5.06%
McLaren Health Plan	10.05%	6.53%	26.63%	29.15%	14.57%	8.04%	5.03%
Meridian Health Plan of Michigan	5.53%	2.30%	23.04%	38.25%	13.36%	14.29%	3.23%
Molina Healthcare of Michigan	16.59%	4.39%	23.41%	29.27%	19.51%	5.85%	0.98%
Priority Health Choice	10.89%	1.98%	25.74%	31.68%	16.34%	7.43%	5.94%
UnitedHealthcare Community Plan	9.72%	5.56%	19.44%	35.19%	18.52%	6.48%	5.09%
Upper Peninsula Health Plan	9.43%	5.33%	20.49%	34.84%	15.98%	8.20%	5.74%

Respondent Age Distribution

Some percentages may not total 100% due to rounding.

Figure 3-8—Respondent Demographics: Gender

Health Plan	Male	Female
Michigan Medicaid Program	14.53%	85.47%
Fee-for-Service Program	16.55%	83.45%
Michigan Medicaid Managed Care Program	14.36%	85.64%
Aetna Better Health of Michigan	14.01%	85.99%
Blue Cross Complete of Michigan	14.22%	85.78%
HAP CareSource	14.56%	85.44%
McLaren Health Plan	12.00%	88.00%
Meridian Health Plan of Michigan	10.60%	89.40%
Molina Healthcare of Michigan	15.12%	84.88%
Priority Health Choice	14.93%	85.07%
UnitedHealthcare Community Plan	18.60%	81.40%
Upper Peninsula Health Plan	15.04%	84.96%

Respondent Gender Distribution

■ Male ■ Female

Some percentages may not total 100% due to rounding.

Figure 3-9—Respondent Demographics: Education Level

Health Plan	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Michigan Medicaid Program	5.05%	9.43%	32.99%	35.88%	16.65%
Fee-for-Service Program	3.45%	3.45%	16.55%	48.97%	27.59%
Michigan Medicaid Managed Care Program	5.18%	9.92%	34.32%	34.82%	15.77%
Aetna Better Health of Michigan	7.19%	15.69%	37.91%	28.76%	10.46%
Blue Cross Complete of Michigan	5.12%	8.37%	36.28%	31.16%	19.07%
HAP CareSource	3.87%	7.74%	36.77%	37.42%	14.19%
McLaren Health Plan	4.02%	10.05%	30.65%	40.20%	15.08%
Meridian Health Plan of Michigan	6.02%	10.19%	29.17%	40.74%	13.89%
Molina Healthcare of Michigan	8.29%	12.20%	36.10%	29.27%	14.15%
Priority Health Choice	4.02%	10.05%	33.67%	32.66%	19.60%
UnitedHealthcare Community Plan	8.53%	11.85%	36.02%	29.86%	13.74%
Upper Peninsula Health Plan	0.41%	4.96%	33.88%	41.32%	19.42%

Respondent Education Level Distribution

■ 8th Grade or Less ■ Some High School ■ High School Graduate ■ Some College ■ College Graduate

Some percentages may not total 100% due to rounding.

Figure 3-10—Respondent Demographics: Relationship to Child

	Mother or Father	Grandparent	Other Relationship‡	Legal Guardian
Michigan Medicaid Program	91.34%	4.96%	1.57%	2.14%
Fee-for-Service Program	93.75%	2.08%	2.78%	1.39%
Michigan Medicaid Managed Care Program	91.14%	5.19%	1.47%	2.20%
Aetna Better Health of Michigan	93.46%	2.61%	1.31%	2.61%
Blue Cross Complete of Michigan	91.55%	5.16%	0.94%	2.35%
HAP CareSource	86.45%	9.03%	1.94%	2.58%
McLaren Health Plan	94.30%	4.66%	0.00%	1.04%
Meridian Health Plan of Michigan	91.43%	4.29%	0.95%	3.33%
Molina Healthcare of Michigan	94.03%	2.99%	1.49%	1.49%
Priority Health Choice	90.26%	5.64%	2.05%	2.05%
UnitedHealthcare Community Plan	88.79%	5.61%	2.80%	2.80%
Upper Peninsula Health Plan	89.92%	6.72%	1.68%	1.68%

Respondent Relationship to Child Distribution

■ Mother or Father ■ Grandparent ■ Other Relationship‡ ■ Legal Guardian

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.

National Comparisons

In order to assess overall performance, HSAG compared scores for the measures to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data.[3-1,3-2,3-3] Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-6.

Table 3-6—Star Rating Percentile Distributions

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

The percentages presented in the following two tables represent the scores, while the stars represent overall member experience ratings when the scores were compared to NCQA Quality Compass Benchmark and Compare Quality Data.

[3-1] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023.* Washington, DC: NCQA, September 2023.

[3-2] Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

[3-3] The *Transportation* composite measure survey questions are not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey. These questions are NCQA-approved supplemental items that were added to the survey. A 2023 NCQA benchmark is not available for this measure.

Table 3-7 shows the scores and overall member experience ratings on the four global ratings.

Table 3-7—National Comparisons: Global Ratings

Program/MHP Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Michigan Medicaid Program	★ 66.85%	★ 63.28%	★★ 73.84%	★★★ 72.06%
Fee-for-Service Program	★ 57.64%	★ 55.45%	★★ 73.33%	★★★ 70.83%+
Michigan Medicaid Managed Care Program	★ 68.30%	★ 64.51%	★★ 73.92%	★★★ 72.25%
Aetna Better Health of Michigan	★ 66.05%	★★ 67.44%+	★ 72.86%	★★★★ 75.00%+
Blue Cross Complete of Michigan	★★ 69.68%	★★ 66.67%	★★★★★ 80.73%	★★★★ 76.79%+
HAP CareSource	★ 64.38%	★ 61.76%	★★ 75.71%	★ 65.79%+
McLaren Health Plan	★★★ 72.36%	★★★ 70.77%	★★ 75.14%	★★★ 73.33%+
Meridian Health Plan of Michigan	★★ 69.01%	★ 59.87%	★ 72.34%	★★★★★ 80.00%+
Molina Healthcare of Michigan	★★ 69.23%	★★ 66.41%	★ 72.04%	★ 63.83%+
Priority Health Choice	★ 67.00%	★ 62.04%	★★ 75.00%	★ 65.45%+
UnitedHealthcare Community Plan	★ 63.13%	★★ 66.67%	★ 71.12%	★★★ 70.91%+
Upper Peninsula Health Plan	★ 66.67%	★ 56.90%	★★ 73.73%	★ 64.15%+
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.				

Table 3-8 shows the scores and overall member experience ratings on the four composite measures and one individual item measure.

Table 3-8—National Comparisons: Composite and Individual Item Measures

Program/MHP Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
Michigan Medicaid Program	★★★ 83.21%	★★★ 88.09%	★★★ 94.58%	★ 85.55%	★★★ 85.94%
Fee-for-Service Program	★★ 80.46%[+]	★★★★★ 91.21%[+]	★★★★★ 96.68%[+]	★ 82.46%[+]	★★ 81.03%[+]
Michigan Medicaid Managed Care Program	★★★ 83.64%	★★★ 87.60%	★★★ 94.25%	★★ 86.04%	★★★ 86.70%
Aetna Better Health of Michigan	★★★ 86.10%[+]	★★★★ 90.23%[+]	★ 89.78%[+]	★★ 87.50%[+]	★ 75.61%[+]
Blue Cross Complete of Michigan	★★★ 83.48%	★★★ 88.34%[+]	★★★★★ 96.33%	★★★★ 90.50%[+]	★★★★★ 90.77%[+]
HAP CareSource	★ 79.18%[+]	★ 81.80%[+]	★★★★ 95.60%	★★ 87.00%[+]	★ 79.17%[+]
McLaren Health Plan	★★★★ 87.14%[+]	★★★ 87.42%[+]	★★★ 94.90%	★★★★ 91.00%[+]	★ 77.61%[+]
Meridian Health Plan of Michigan	★★ 82.50%	★★★★ 89.74%[+]	★★★ 93.98%	★ 79.92%[+]	★★★★ 87.32%[+]
Molina Healthcare of Michigan	★★ 81.86%[+]	★★ 83.91%[+]	★★ 92.53%	★★ 86.35%[+]	★★★★ 87.69%[+]
Priority Health Choice	★★ 80.78%[+]	★★★ 87.43%[+]	★★★ 94.11%	★★★★★ 92.65%[+]	★★★ 86.44%[+]
UnitedHealthcare Community Plan	★★★★ 87.26%[+]	★★★ 87.58%[+]	★★★ 94.71%	★ 82.46%[+]	★★★★★ 89.55%[+]
Upper Peninsula Health Plan	★★★★ 87.36%	★★★★★ 90.97%	★★★★★ 97.08%	★★★ 89.47%[+]	★★★★★ 90.67%[+]

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

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box scores for each measure.[3-4] For information on the survey language and response options for the measures, please refer to the beginning of page 2-3 of the Reader's Guide. For more detailed information regarding the calculation of these measures, please refer to the section beginning on page 2-9 of the Reader's Guide.

The Michigan Medicaid Program and Michigan Medicaid Managed Care Program results were weighted based on the eligible population for each child population (i.e., FFS and/or MHPs). HSAG compared the MHP and FFS results to the Michigan Medicaid Managed Care Program to determine if the results were statistically significantly different than the Michigan Medicaid Managed Care Program. Colors in the figures note statistically significant differences. MHP/program scores with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. Also, the NCQA child Medicaid national averages are presented for comparison.[3-5]

[3-4]   HSAG followed *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures* for calculating top-box responses.

[3-5]   The source for the national data contained in this publication is Quality Compass 2023 and is used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

Global Ratings

Rating of Health Plan

Figure 3-11 shows the *Rating of Health Plan* top-box scores.

Figure 3-11—Top-Box Scores: Rating of Health Plan

Proportion of Top-Box Responses (Percent)

- Significantly Higher than Michigan Medicaid Managed Care Program
- Comparable to Michigan Medicaid Managed Care Program
- Significantly Lower than Michigan Medicaid Managed Care Program
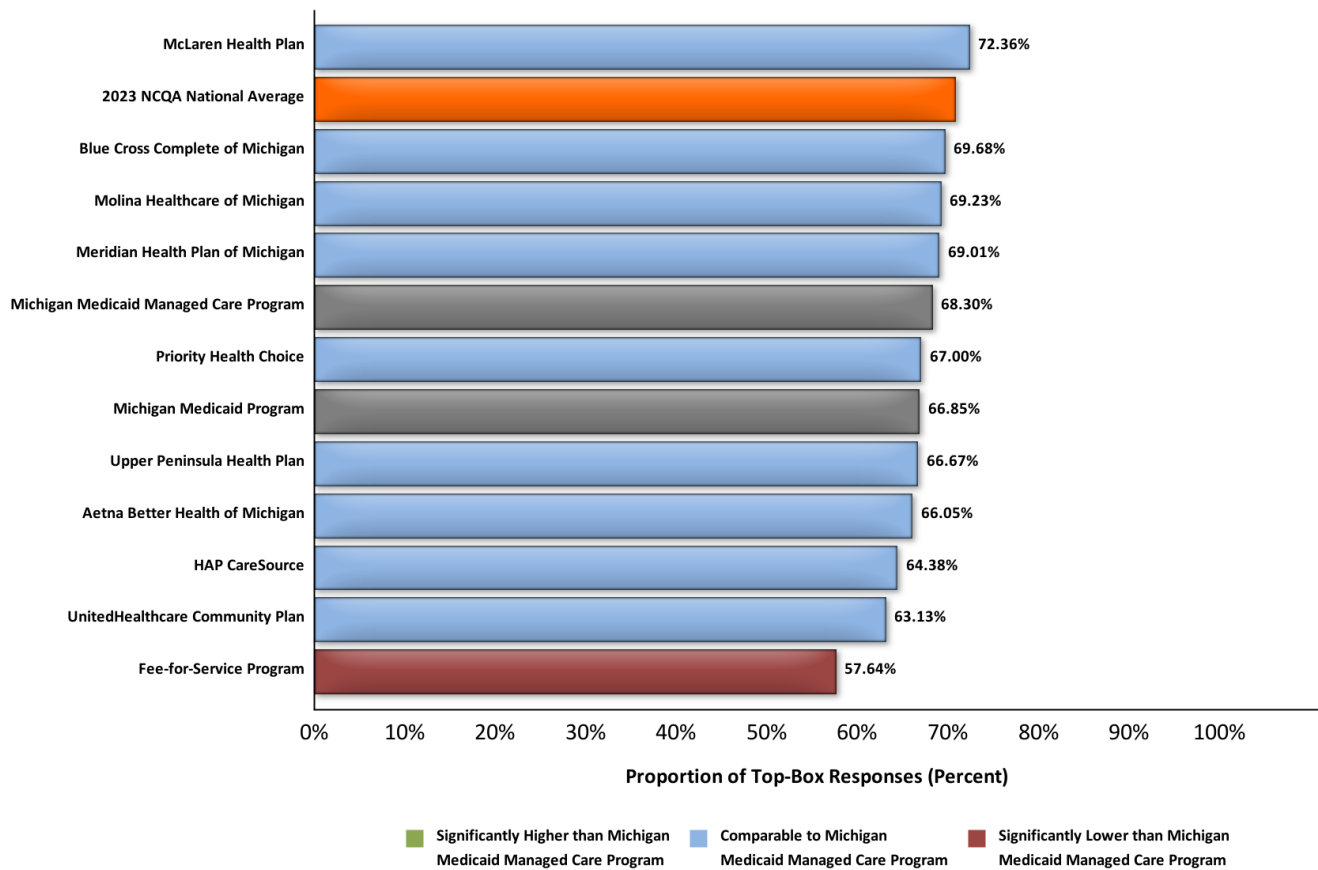
Rating of All Health Care

Figure 3-12 shows the *Rating of All Health Care* top-box scores.

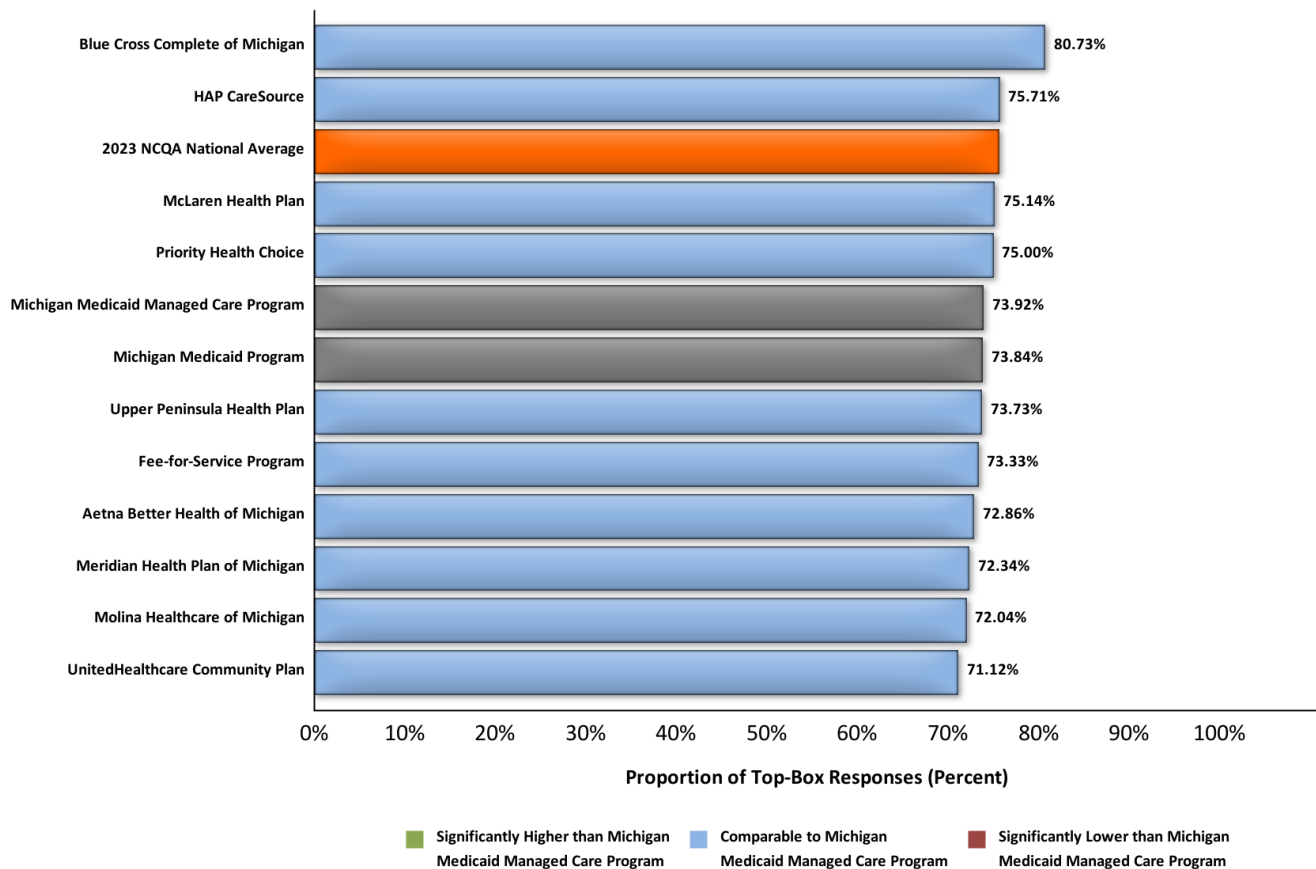**Figure 3-12—Top-Box Scores: Rating of All Health Care**

Plan	Top-Box Score
McLaren Health Plan	70.77%
2023 NCQA National Average	
Aetna Better Health of Michigan	67.44%+
Blue Cross Complete of Michigan	66.67%
UnitedHealthcare Community Plan	66.67%
Molina Healthcare of Michigan	66.41%
Michigan Medicaid Managed Care Program	64.51%
Michigan Medicaid Program	63.28%
Priority Health Choice	62.04%
HAP CareSource	61.76%
Meridian Health Plan of Michigan	59.87%
Upper Peninsula Health Plan	56.90%
Fee-for-Service Program	55.45%

Proportion of Top-Box Responses (Percent)

Significantly Higher than Michigan Medicaid Managed Care Program   Comparable to Michigan Medicaid Managed Care Program   Significantly Lower than Michigan Medicaid Managed Care Program

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

Rating of Personal Doctor

Figure 3-13 shows the *Rating of Personal Doctor* top-box scores.

Figure 3-13—Top-Box Scores: Rating of Personal Doctor

Plan	Score
Blue Cross Complete of Michigan	80.73%
HAP CareSource	75.71%
2023 NCQA National Average	
McLaren Health Plan	75.14%
Priority Health Choice	75.00%
Michigan Medicaid Managed Care Program	73.92%
Michigan Medicaid Program	73.84%
Upper Peninsula Health Plan	73.73%
Fee-for-Service Program	73.33%
Aetna Better Health of Michigan	72.86%
Meridian Health Plan of Michigan	72.34%
Molina Healthcare of Michigan	72.04%
UnitedHealthcare Community Plan	71.12%

Proportion of Top-Box Responses (Percent)

■ Significantly Higher than Michigan Medicaid Managed Care Program
■ Comparable to Michigan Medicaid Managed Care Program
■ Significantly Lower than Michigan Medicaid Managed Care Program

Rating of Specialist Seen Most Often

Figure 3-14 shows the *Rating of Specialist Seen Most Often* top-box scores.

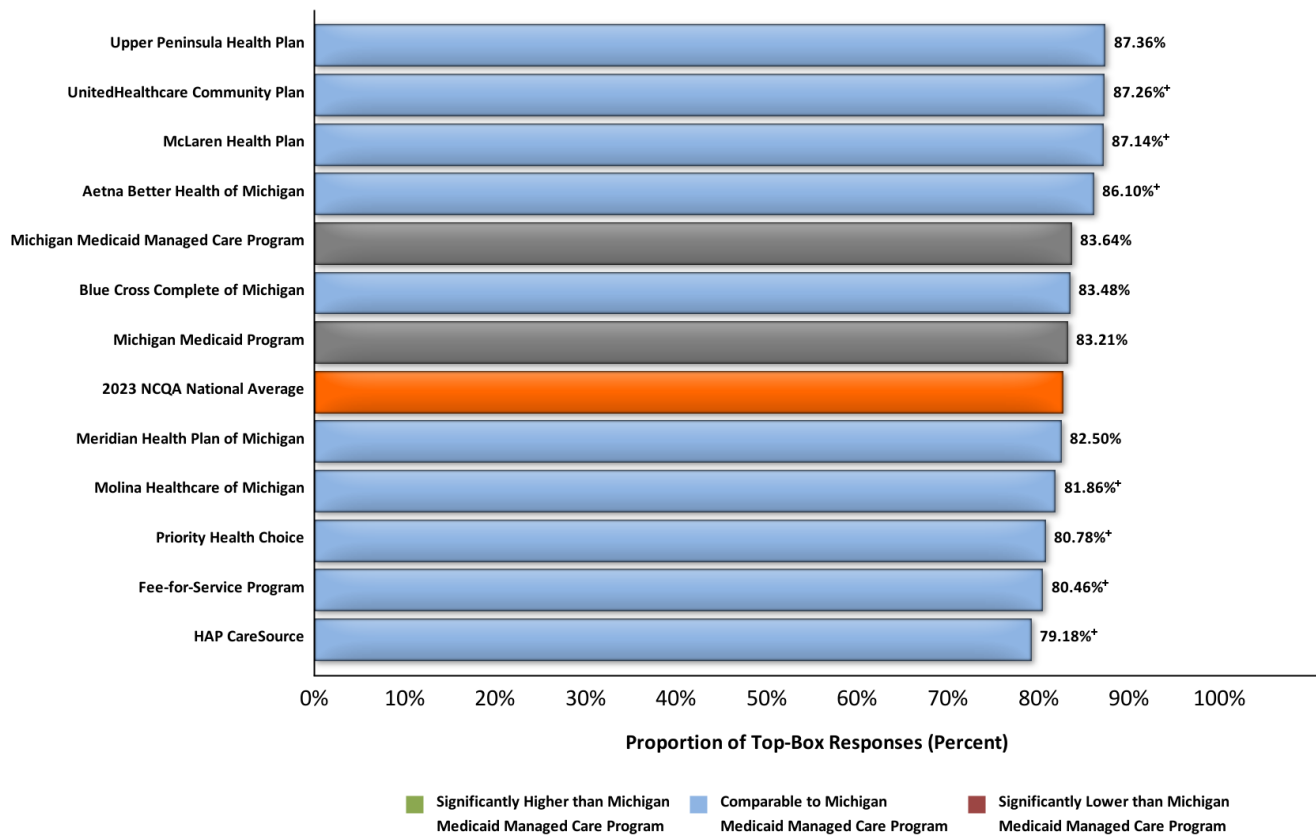**Figure 3-14—Top-Box Scores: Rating of Specialist Seen Most Often**
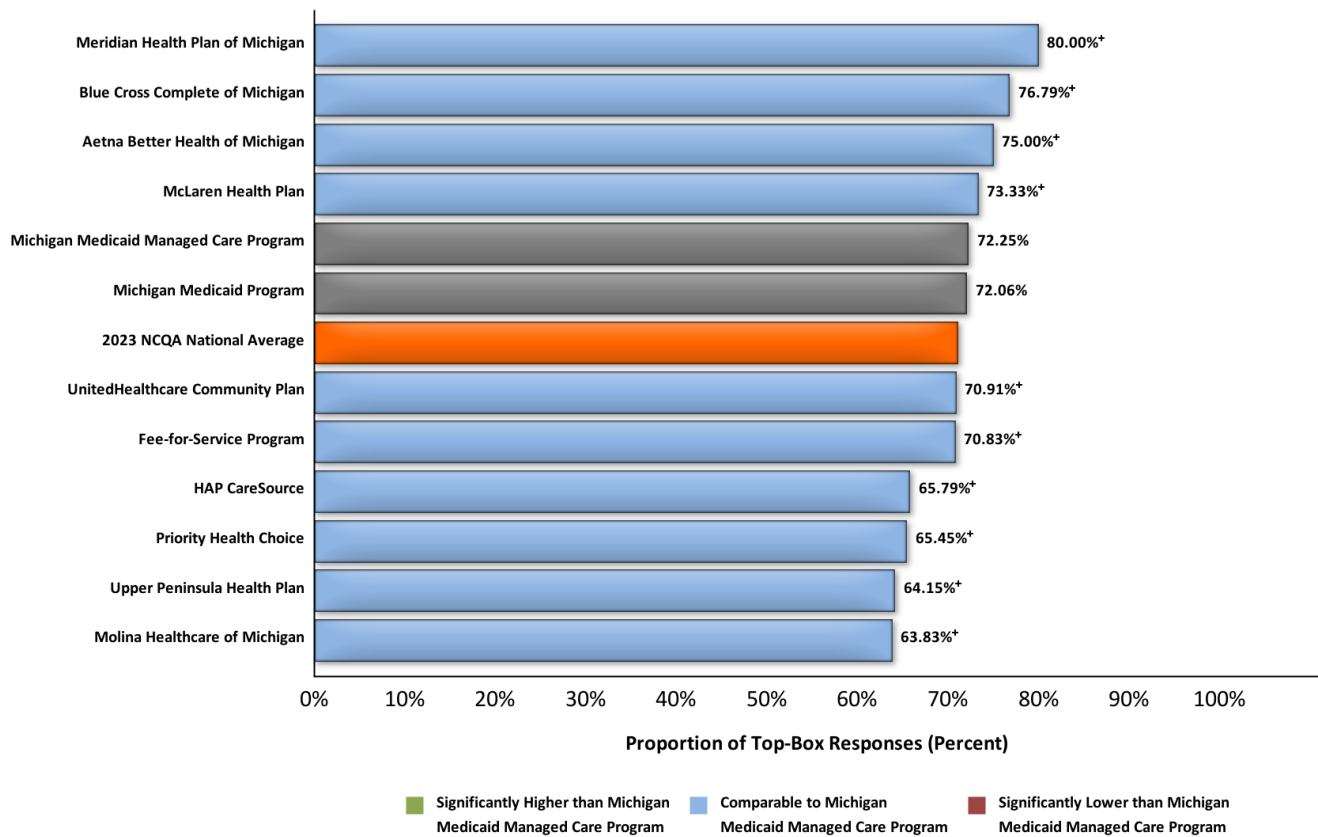
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Getting Needed Care

Figure 3-15 shows the *Getting Needed Care* top-box scores.

Figure 3-15—Top-Box Scores: Getting Needed Care

Plan	Score
Upper Peninsula Health Plan	87.36%
UnitedHealthcare Community Plan	87.26%+
McLaren Health Plan	87.14%+
Aetna Better Health of Michigan	86.10%+
Michigan Medicaid Managed Care Program	83.64%
Blue Cross Complete of Michigan	83.48%
Michigan Medicaid Program	83.21%
2023 NCQA National Average	
Meridian Health Plan of Michigan	82.50%
Molina Healthcare of Michigan	81.86%+
Priority Health Choice	80.78%+
Fee-for-Service Program	80.46%+
HAP CareSource	79.18%+

Proportion of Top-Box Responses (Percent)

Significantly Higher than Michigan Medicaid Managed Care Program

Comparable to Michigan Medicaid Managed Care Program

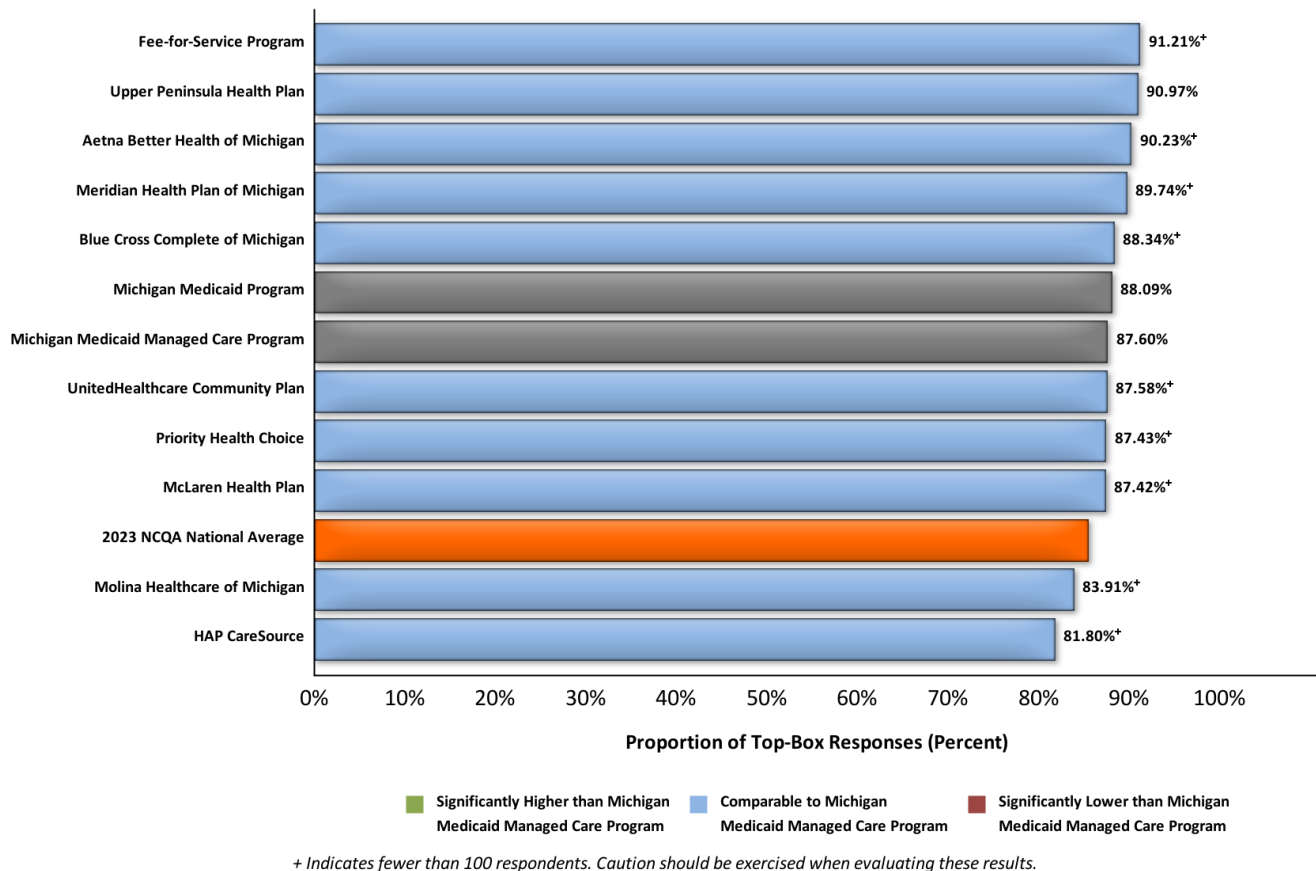Significantly Lower than Michigan Medicaid Managed Care Program

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

Getting Care Quickly

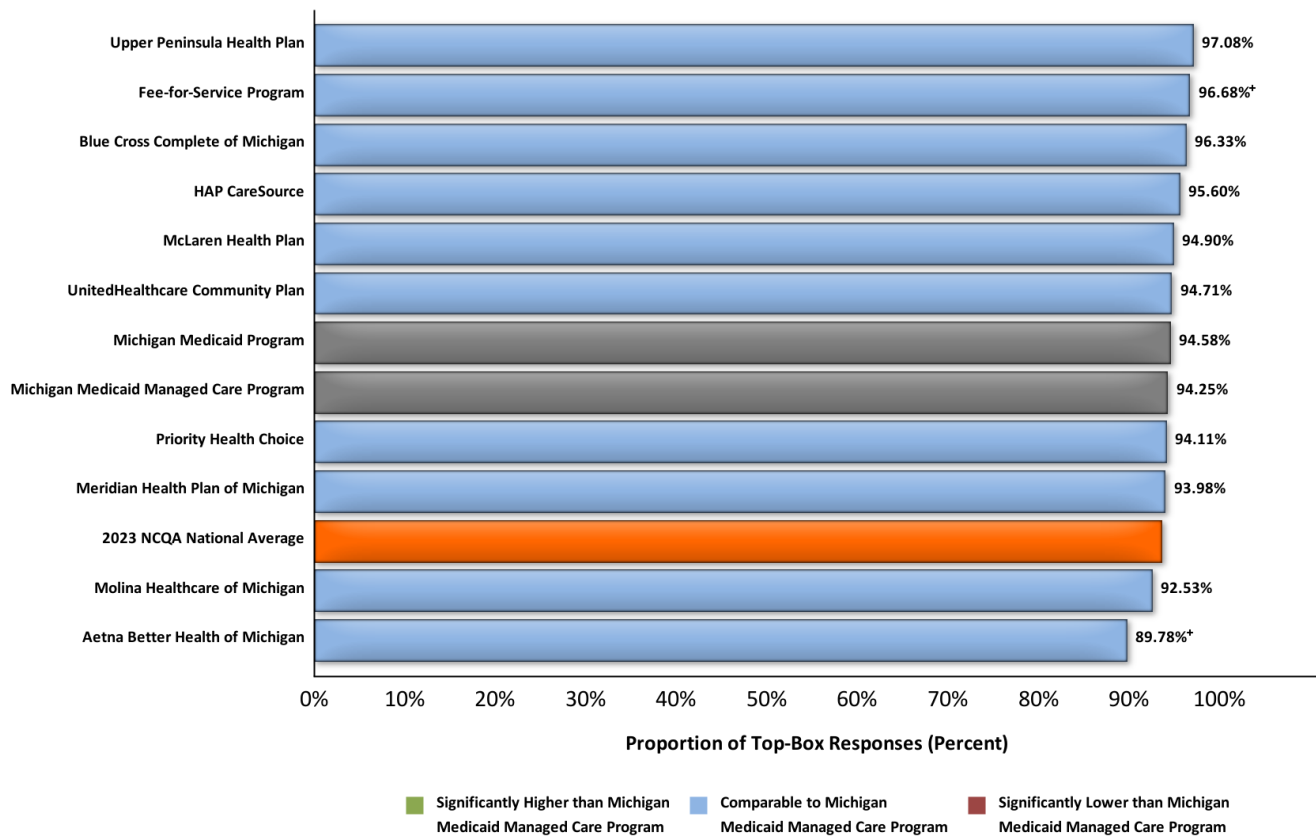Figure 3-16 shows the *Getting Care Quickly* top-box scores.

Figure 3-16—Top-Box Scores: Getting Care Quickly

Plan	Score
Fee-for-Service Program	91.21%[+]
Upper Peninsula Health Plan	90.97%
Aetna Better Health of Michigan	90.23%[+]
Meridian Health Plan of Michigan	89.74%[+]
Blue Cross Complete of Michigan	88.34%[+]
Michigan Medicaid Program	88.09%
Michigan Medicaid Managed Care Program	87.60%
UnitedHealthcare Community Plan	87.58%[+]
Priority Health Choice	87.43%[+]
McLaren Health Plan	87.42%[+]
2023 NCQA National Average	
Molina Healthcare of Michigan	83.91%[+]
HAP CareSource	81.80%[+]

Proportion of Top-Box Responses (Percent)

■ Significantly Higher than Michigan Medicaid Managed Care Program   ■ Comparable to Michigan Medicaid Managed Care Program   ■ Significantly Lower than Michigan Medicaid Managed Care Program

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

How Well Doctors Communicate

Figure 3-17 shows the *How Well Doctors Communicate* top-box scores.

Figure 3-17—Top-Box Scores: How Well Doctors Communicate

Proportion of Top-Box Responses (Percent)

Upper Peninsula Health Plan	97.08%
Fee-for-Service Program	96.68%+
Blue Cross Complete of Michigan	96.33%
HAP CareSource	95.60%
McLaren Health Plan	94.90%
UnitedHealthcare Community Plan	94.71%
Michigan Medicaid Program	94.58%
Michigan Medicaid Managed Care Program	94.25%
Priority Health Choice	94.11%
Meridian Health Plan of Michigan	93.98%
2023 NCQA National Average	
Molina Healthcare of Michigan	92.53%
Aetna Better Health of Michigan	89.78%+

■ Significantly Higher than Michigan Medicaid Managed Care Program   ■ Comparable to Michigan Medicaid Managed Care Program   ■ Significantly Lower than Michigan Medicaid Managed Care Program

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

Customer Service

Figure 3-18 shows the *Customer Service* top-box scores.

Figure 3-18—Top-Box Scores: Customer Service

Priority Health Choice — 92.65%[+]
McLaren Health Plan — 91.00%[+]
Blue Cross Complete of Michigan — 90.50%[+]
Upper Peninsula Health Plan — 89.47%[+]
2023 NCQA National Average
Aetna Better Health of Michigan — 87.50%[+]
HAP CareSource — 87.00%[+]
Molina Healthcare of Michigan — 86.35%[+]
Michigan Medicaid Managed Care Program — 86.04%
Michigan Medicaid Program — 85.55%
Fee-for-Service Program — 82.46%[+]
UnitedHealthcare Community Plan — 82.46%[+]
Meridian Health Plan of Michigan — 79.92%[+]

Proportion of Top-Box Responses (Percent)

■ Significantly Higher than Michigan Medicaid Managed Care Program
■ Comparable to Michigan Medicaid Managed Care Program
■ Significantly Lower than Michigan Medicaid Managed Care Program

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

Transportation

Figure 3-19 shows the *Transportation* top-box scores.

Figure 3-19—Top-Box Scores: Transportation[3-6]

+ *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."

[3-6] The *Transportation* composite measure survey questions are not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey. These questions are NCQA-approved supplemental items that were added to the survey. A 2023 NCQA national average is not available for this measure.

Individual Item Measure

Coordination of Care

Figure 3-20 shows the *Coordination of Care* top-box scores.

Figure 3-20—Top-Box Scores: Coordination of Care

Plan	Score
Blue Cross Complete of Michigan	90.77%+
Upper Peninsula Health Plan	90.67%+
UnitedHealthcare Community Plan	89.55%+
Molina Healthcare of Michigan	87.69%+
Meridian Health Plan of Michigan	87.32%+
Michigan Medicaid Managed Care Program	86.70%
Priority Health Choice	86.44%+
Michigan Medicaid Program	85.94%
2023 NCQA National Average	
Fee-for-Service Program	81.03%+
HAP CareSource	79.17%+
McLaren Health Plan	77.61%+
Aetna Better Health of Michigan	75.61%+

Proportion of Top-Box Responses (Percent)

- Significantly Higher than Michigan Medicaid Managed Care Program
- Comparable to Michigan Medicaid Managed Care Program
- Significantly Lower than Michigan Medicaid Managed Care Program

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

The results from the 2022, 2023, and 2024 completed CAHPS surveys were used to perform the trend analysis presented in this section. The 2024 scores were compared to the 2023 and 2022 scores to determine whether there were statistically significant differences. Statistically significant results are noted with triangles. Measures that did not meet the minimum number of 100 respondents required by NCQA are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents. For more detailed information regarding this analysis, please refer to the section beginning on page 2-10 of the Reader's Guide.

Global Ratings

Rating of Health Plan

Table 4-1 shows the 2022, 2023, and 2024 top-box scores and trend results for *Rating of Health Plan*.

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

Program/MHP Name	2022	2023	2024	Trend Results (2024 Compared to 2023)	Trend Results (2024 Compared to 2022)
Michigan Medicaid Program	**66.43%**	**68.00%**	**66.85%**	—	—
Fee-for-Service Program	59.76%	53.22%	57.64%	—	—
Michigan Medicaid Managed Care Program	**67.42%**	**70.50%**	**68.30%**	—	—
Aetna Better Health of Michigan	64.80%	66.67%	66.05%	—	—
Blue Cross Complete of Michigan	70.98%	72.76%	69.68%	—	—
HAP CareSource	71.30%	69.14%	64.38%	—	—
McLaren Health Plan	62.74%	71.43%	72.36%	—	▲
Meridian Health Plan of Michigan	68.80%	70.29%	69.01%	—	—
Molina Healthcare of Michigan	63.27%	71.05%	69.23%	—	—
Priority Health Choice	70.74%	69.83%	67.00%	—	—
UnitedHealthcare Community Plan	68.30%	68.65%	63.13%	—	—
Upper Peninsula Health Plan	67.51%	70.43%	66.67%	—	—
▲ *Indicates the 2024 score is statistically significantly higher than the trend year.*					
▼ *Indicates the 2024 score is statistically significantly lower than the trend year.*					
— *Indicates the 2024 score is not statistically significantly different than the trend year.*					

Rating of All Health Care

Table 4-2 shows the 2022, 2023, and 2024 top-box scores and trend results for *Rating of All Health Care*.

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

Program/MHP Name	2022	2023	2024	Trend Results (2024 Compared to 2023)	Trend Results (2024 Compared to 2022)
Michigan Medicaid Program	**67.53%**	**64.37%**	**63.28%**	—	—
Fee-for-Service Program	59.05%	50.40%	55.45%	—	—
Michigan Medicaid Managed Care Program	**68.79%**	**66.74%**	**64.51%**	—	—
Aetna Better Health of Michigan	63.38%[+]	67.54%	67.44%[+]	—	—
Blue Cross Complete of Michigan	74.80%	68.79%	66.67%	—	—
HAP CareSource	64.20%[+]	69.70%[+]	61.76%	—	—
McLaren Health Plan	70.73%	59.44%	70.77%	▲	—
Meridian Health Plan of Michigan	68.67%	68.64%	59.87%	—	—
Molina Healthcare of Michigan	65.87%	65.07%	66.41%	—	—
Priority Health Choice	72.95%	67.07%	62.04%	—	—
UnitedHealthcare Community Plan	63.87%	69.57%	66.67%	—	—
Upper Peninsula Health Plan	70.20%	60.93%	56.90%	—	▼

+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*
▲ *Indicates the 2024 score is statistically significantly higher than the trend year.*
▼ *Indicates the 2024 score is statistically significantly lower than the trend year.*
— *Indicates the 2024 score is not statistically significantly different than the trend year.*

Rating of Personal Doctor

Table 4-3 shows the 2022, 2023, and 2024 top-box scores and trend results for *Rating of Personal Doctor*.

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

Program/MHP Name	2022	2023	2024	Trend Results (2024 Compared to 2023)	Trend Results (2024 Compared to 2022)
Michigan Medicaid Program	**73.10%**	**74.04%**	**73.84%**	—	—
Fee-for-Service Program	71.52%	74.23%	73.33%	—	—
Michigan Medicaid Managed Care Program	**73.33%**	**74.00%**	**73.92%**	—	—
Aetna Better Health of Michigan	72.45%[+]	74.72%	72.86%	—	—
Blue Cross Complete of Michigan	72.92%	72.97%	80.73%	—	—
HAP CareSource	71.72%[+]	72.46%	75.71%	—	—
McLaren Health Plan	71.66%	74.78%	75.14%	—	—
Meridian Health Plan of Michigan	74.02%	73.58%	72.34%	—	—
Molina Healthcare of Michigan	68.50%	74.65%	72.04%	—	—
Priority Health Choice	77.99%	75.85%	75.00%	—	—
UnitedHealthcare Community Plan	75.98%	72.90%	71.12%	—	—
Upper Peninsula Health Plan	76.68%	73.09%	73.73%	—	—
+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.* ▲ *Indicates the 2024 score is statistically significantly higher than the trend year.* ▼ *Indicates the 2024 score is statistically significantly lower than the trend year.* — *Indicates the 2024 score is not statistically significantly different than the trend year.*					

Rating of Specialist Seen Most Often

Table 4-4 shows the 2022, 2023, and 2024 top-box scores and trend results for *Rating of Specialist Seen Most Often*.

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

Program/MHP Name	2022	2023	2024	Trend Results (2024 Compared to 2023)	Trend Results (2024 Compared to 2022)
Michigan Medicaid Program	**68.94%**	**70.28%**	**72.06%**	—	—
Fee-for-Service Program	72.50%[+]	58.62%[+]	70.83%[+]	—	—
Michigan Medicaid Managed Care Program	**68.41%**	**72.25%**	**72.25%**	—	—
Aetna Better Health of Michigan	80.00%[+]	65.96%[+]	75.00%[+]	—	—
Blue Cross Complete of Michigan	70.83%[+]	71.67%[+]	76.79%[+]	—	—
HAP CareSource	76.67%[+]	84.85%[+]	65.79%[+]	—	—
McLaren Health Plan	62.50%[+]	74.70%[+]	73.33%[+]	—	—
Meridian Health Plan of Michigan	69.57%[+]	75.76%[+]	80.00%[+]	—	—
Molina Healthcare of Michigan	57.45%[+]	70.91%[+]	63.83%[+]	—	—
Priority Health Choice	72.50%[+]	72.22%[+]	65.45%[+]	—	—
UnitedHealthcare Community Plan	76.60%[+]	67.31%[+]	70.91%[+]	—	—
Upper Peninsula Health Plan	75.00%[+]	63.77%[+]	64.15%[+]	—	—

+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*
▲ *Indicates the 2024 score is statistically significantly higher than the trend year.*
▼ *Indicates the 2024 score is statistically significantly lower than the trend year.*
— *Indicates the 2024 score is not statistically significantly different than the trend year.*

Composite Measures

Getting Needed Care

Table 4-5 shows the 2022, 2023, and 2024 top-box scores and trend results for the *Getting Needed Care* composite measure.

Table 4-5—Trend Analysis: Getting Needed Care

Program/MHP Name	2022	2023	2024	Trend Results (2024 Compared to 2023)	Trend Results (2024 Compared to 2022)
Michigan Medicaid Program	**84.11%**	**85.48%**	**83.21%**	—	—
Fee-for-Service Program	82.60%[+]	81.60%[+]	80.46%[+]	—	—
Michigan Medicaid Managed Care Program	**84.33%**	**86.13%**	**83.64%**	—	—
Aetna Better Health of Michigan	88.31%[+]	82.12%[+]	86.10%[+]	—	—
Blue Cross Complete of Michigan	82.82%[+]	83.22%	83.48%	—	—
HAP CareSource	82.68%[+]	79.24%[+]	79.18%[+]	—	—
McLaren Health Plan	86.06%[+]	88.13%	87.14%[+]	—	—
Meridian Health Plan of Michigan	85.09%	87.24%	82.50%	—	—
Molina Healthcare of Michigan	83.72%[+]	85.43%	81.86%[+]	—	—
Priority Health Choice	86.60%[+]	93.49%	80.78%[+]	▼	—
UnitedHealthcare Community Plan	80.88%[+]	80.31%	87.26%[+]	—	—
Upper Peninsula Health Plan	87.37%	89.89%	87.36%	—	—

+   *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*
▲   *Indicates the 2024 score is statistically significantly higher than the trend year.*
▼   *Indicates the 2024 score is statistically significantly lower than the trend year.*
—   *Indicates the 2024 score is not statistically significantly different than the trend year.*

Getting Care Quickly

Table 4-6 shows the 2022, 2023, and 2024 top-box scores and trend results for the *Getting Care Quickly* composite measure.

Table 4-6—Trend Analysis: Getting Care Quickly

Program/MHP Name	2022	2023	2024	Trend Results (2024 Compared to 2023)	Trend Results (2024 Compared to 2022)
Michigan Medicaid Program	**87.41%**	**89.17%**	**88.09%**	—	—
Fee-for-Service Program	86.50%[+]	90.12%[+]	91.21%[+]	—	—
Michigan Medicaid Managed Care Program	**87.55%**	**89.01%**	**87.60%**	—	—
Aetna Better Health of Michigan	88.73%[+]	85.03%[+]	90.23%[+]	—	—
Blue Cross Complete of Michigan	88.30%[+]	89.54%	88.34%[+]	—	—
HAP CareSource	86.94%[+]	87.50%[+]	81.80%[+]	—	—
McLaren Health Plan	90.69%[+]	89.75%	87.42%[+]	—	—
Meridian Health Plan of Michigan	88.70%[+]	89.03%	89.74%[+]	—	—
Molina Healthcare of Michigan	87.26%[+]	89.65%	83.91%[+]	—	—
Priority Health Choice	89.63%[+]	90.60%	87.43%[+]	—	—
UnitedHealthcare Community Plan	79.82%[+]	85.81%	87.58%[+]	—	—
Upper Peninsula Health Plan	94.19%	92.67%	90.97%	—	—

+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*
▲ *Indicates the 2024 score is statistically significantly higher than the trend year.*
▼ *Indicates the 2024 score is statistically significantly lower than the trend year.*
— *Indicates the 2024 score is not statistically significantly different than the trend year.*

How Well Doctors Communicate

Table 4-7 shows the 2022, 2023, and 2024 top-box scores and trend results for the *How Well Doctors Communicate* composite measure.

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

Program/MHP Name	2022	2023	2024	Trend Results (2024 Compared to 2023)	Trend Results (2024 Compared to 2022)
Michigan Medicaid Program	**94.69%**	**95.02%**	**94.58%**	—	—
Fee-for-Service Program	92.98%	95.61%	96.68%[+]	—	—
Michigan Medicaid Managed Care Program	**94.94%**	**94.92%**	**94.25%**	—	—
Aetna Better Health of Michigan	91.79%[+]	92.23%	89.78%[+]	—	—
Blue Cross Complete of Michigan	95.33%	96.83%	96.33%	—	—
HAP CareSource	93.32%[+]	93.96%	95.60%	—	—
McLaren Health Plan	95.01%	94.20%	94.90%	—	—
Meridian Health Plan of Michigan	95.38%	95.61%	93.98%	—	—
Molina Healthcare of Michigan	94.62%	95.04%	92.53%	—	—
Priority Health Choice	95.29%	96.36%	94.11%	—	—
UnitedHealthcare Community Plan	94.04%	90.94%	94.71%	—	—
Upper Peninsula Health Plan	97.08%	98.48%	97.08%	—	—

+   *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*
▲   *Indicates the 2024 score is statistically significantly higher than the trend year.*
▼   *Indicates the 2024 score is statistically significantly lower than the trend year.*
—   *Indicates the 2024 score is not statistically significantly different than the trend year.*

Customer Service

Table 4-8 shows the 2022, 2023, and 2024 top-box scores and trend results for the *Customer Service* composite measure.

Table 4-8—Trend Analysis: Customer Service

Program/MHP Name	2022	2023	2024	Trend Results (2024 Compared to 2023)	Trend Results (2024 Compared to 2022)
Michigan Medicaid Program	**88.04%**	**90.85%**	**85.55%**	▼	—
Fee-for-Service Program	88.05%[+]	83.33%[+]	82.46%[+]	—	—
Michigan Medicaid Managed Care Program	**88.04%**	**92.12%**	**86.04%**	▼	—
Aetna Better Health of Michigan	85.19%[+]	90.04%[+]	87.50%[+]	—	—
Blue Cross Complete of Michigan	84.96%[+]	88.04%[+]	90.50%[+]	—	—
HAP CareSource	90.54%[+]	86.79%[+]	87.00%[+]	—	—
McLaren Health Plan	94.32%[+]	90.38%[+]	91.00%[+]	—	—
Meridian Health Plan of Michigan	86.49%[+]	96.14%[+]	79.92%[+]	▼	—
Molina Healthcare of Michigan	93.31%[+]	91.67%[+]	86.35%[+]	—	—
Priority Health Choice	86.84%[+]	94.10%[+]	92.65%[+]	—	—
UnitedHealthcare Community Plan	82.77%[+]	88.10%[+]	82.46%[+]	—	—
Upper Peninsula Health Plan	90.61%[+]	97.30%[+]	89.47%[+]	—	—

+	*Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*
▲	*Indicates the 2024 score is statistically significantly higher than the trend year.*
▼	*Indicates the 2024 score is statistically significantly lower than the trend year.*
—	*Indicates the 2024 score is not statistically significantly different than the trend year.*

Transportation

Table 4-9 shows the 2022, 2023, and 2024 top-box scores for the *Transportation* composite measure.

Table 4-9—Trend Analysis: Transportation

Program/MHP Name	2022	2023	2024	Trend Results (2024 Compared to 2023)	Trend Results (2024 Compared to 2022)
Michigan Medicaid Program	**48.96%⁺**	**65.96%⁺**	**67.57%⁺**	—	—
Fee-for-Service Program	NA	NA	NA	NT	NT
Michigan Medicaid Managed Care Program	**48.96%⁺**	**65.96%⁺**	**67.57%⁺**	—	—
Aetna Better Health of Michigan	62.50%⁺	55.56%⁺	57.91%⁺	—	—
Blue Cross Complete of Michigan	NA	NA	NA	NT	NT
HAP CareSource	NA	NA	NA	NT	NT
McLaren Health Plan	NA	NA	NA	NT	NT
Meridian Health Plan of Michigan	NA	NA	NA	NT	NT
Molina Healthcare of Michigan	73.08%⁺	56.67%⁺	65.00%⁺	—	—
Priority Health Choice	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	NA	NA	NA	NT	NT
Upper Peninsula Health Plan	NA	79.41%⁺	NA	NT	NT

+   *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*
▲   *Indicates the 2024 score is statistically significantly higher than the trend year.*
▼   *Indicates the 2024 score is statistically significantly lower than the trend year.*
—   *Indicates the 2024 score is not statistically significantly different than the trend year.*
NA *Indicates that results for this measure are not displayed because too few members responded to the questions.*
NT *Indicates the results for this measure could not be trended.*

Individual Item Measure

Coordination of Care

Table 4-10 shows the 2022, 2023, and 2024 top-box scores and trend results for the *Coordination of Care* individual item measure.

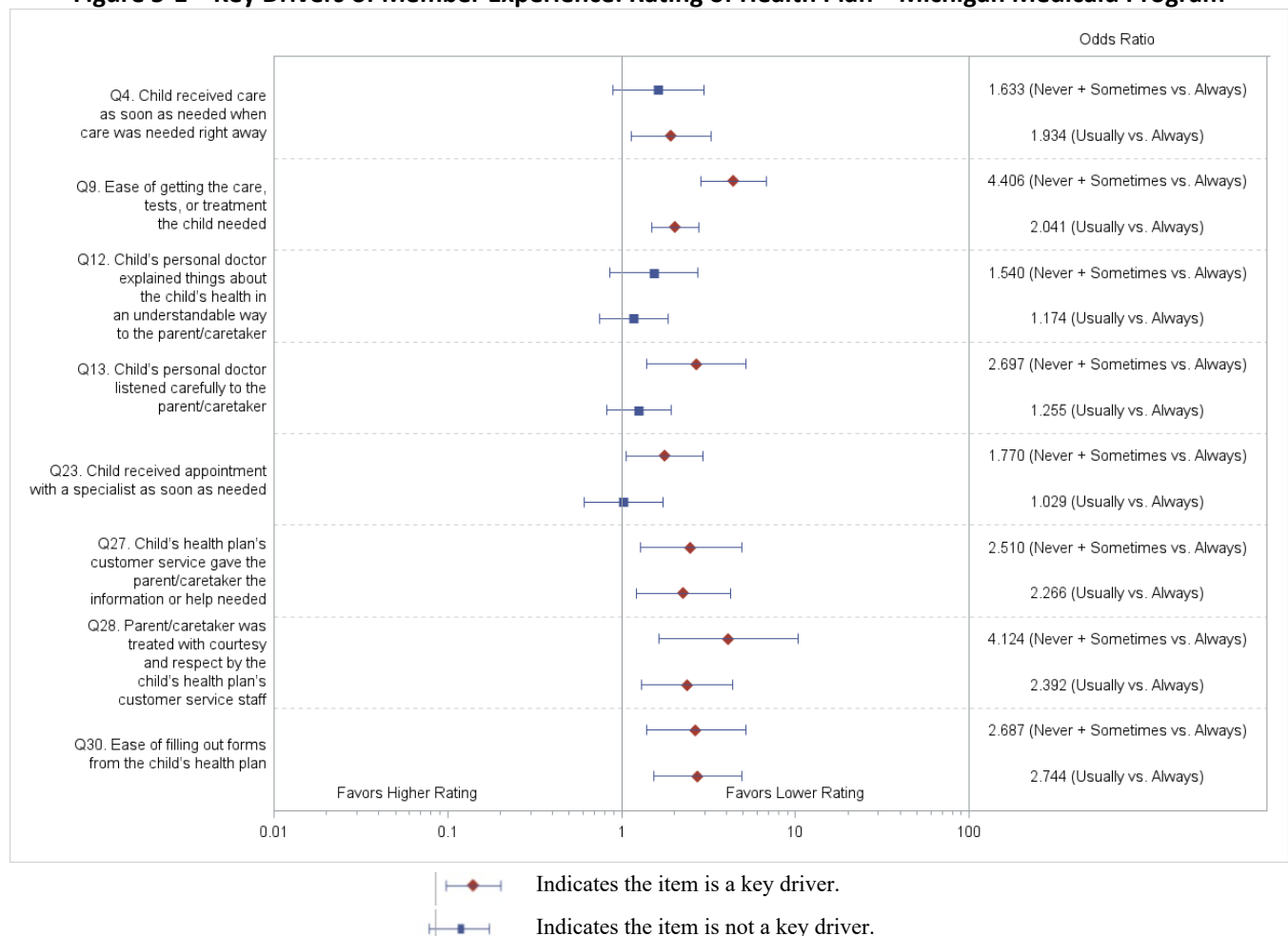**Table 4-10—Trend Analysis: Coordination of Care**

Program/MHP Name	2022	2023	2024	Trend Results (2024 Compared to 2023)	Trend Results (2024 Compared to 2022)
Michigan Medicaid Program	**83.97%**	**84.74%**	**85.94%**	—	—
Fee-for-Service Program	86.67%+	75.36%+	81.03%+	—	—
Michigan Medicaid Managed Care Program	**83.57%**	**86.33%**	**86.70%**	—	—
Aetna Better Health of Michigan	88.46%+	83.02%+	75.61%+	—	—
Blue Cross Complete of Michigan	75.47%+	82.76%+	90.77%+	—	▲
HAP CareSource	87.10%+	82.35%+	79.17%+	—	—
McLaren Health Plan	76.36%+	83.72%+	77.61%+	—	—
Meridian Health Plan of Michigan	85.94%+	94.19%+	87.32%+	—	—
Molina Healthcare of Michigan	81.54%+	80.60%+	87.69%+	—	—
Priority Health Choice	87.76%+	91.43%+	86.44%+	—	—
UnitedHealthcare Community Plan	89.58%+	79.69%+	89.55%+	—	—
Upper Peninsula Health Plan	84.69%+	91.00%	90.67%+	—	—

+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*
▲ *Indicates the 2024 score is statistically significantly higher than the trend year.*
▼ *Indicates the 2024 score is statistically significantly lower than the trend year.*
— *Indicates the 2024 score is not statistically significantly different than the trend year.*

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. 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 page 2-10 of the Reader's Guide.
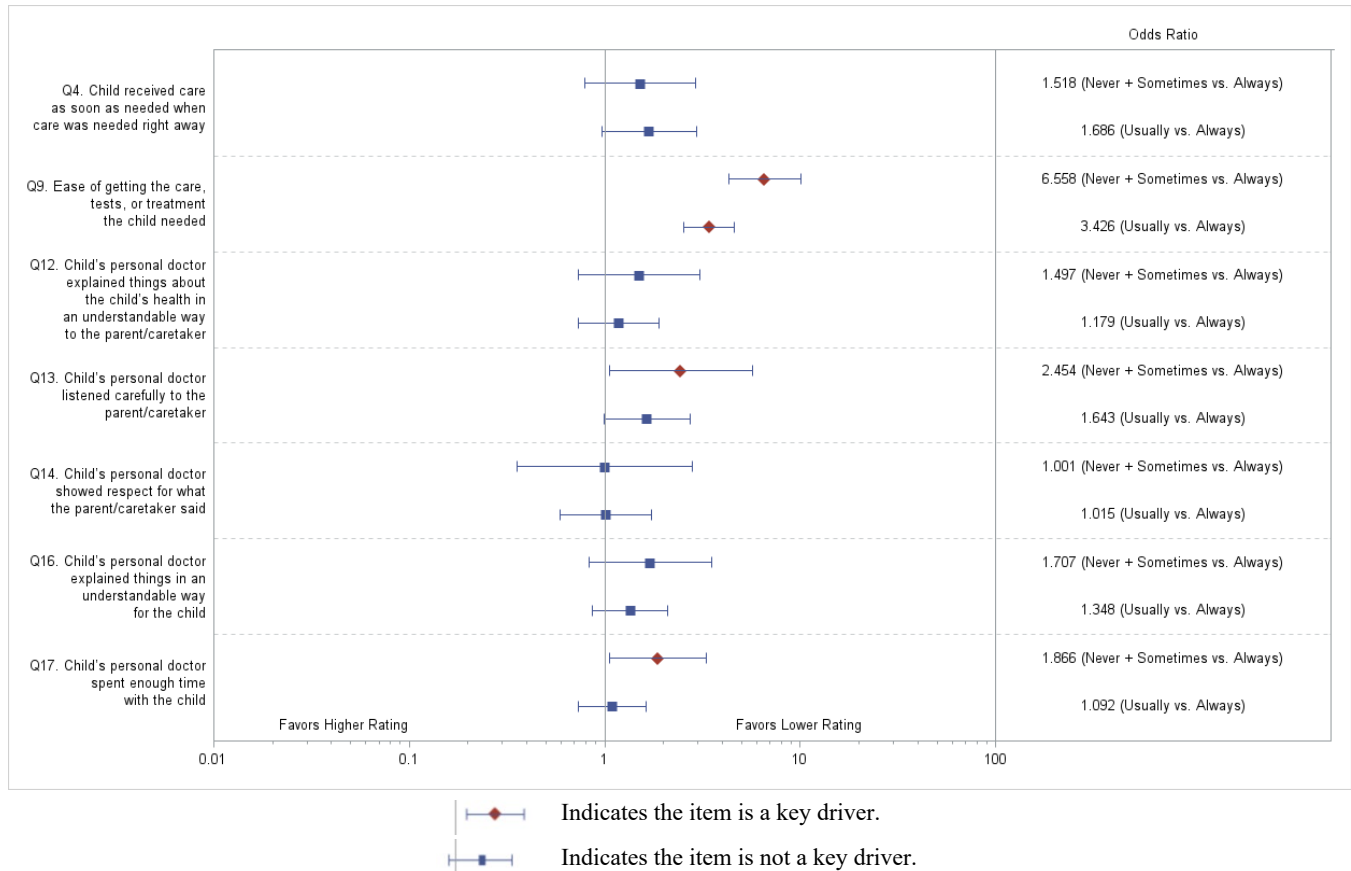
Figure 5-1 through Figure 5-3 depict the results of the analysis for the Michigan Medicaid Program. The items identified as key drivers are indicated with a red diamond.

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

Question	Odds Ratio
Q4. Child received care as soon as needed when care was needed right away	1.633 (Never + Sometimes vs. Always)
	1.934 (Usually vs. Always)
Q9. Ease of getting the care, tests, or treatment the child needed	4.406 (Never + Sometimes vs. Always)
	2.041 (Usually vs. Always)
Q12. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	1.540 (Never + Sometimes vs. Always)
	1.174 (Usually vs. Always)
Q13. Child's personal doctor listened carefully to the parent/caretaker	2.697 (Never + Sometimes vs. Always)
	1.255 (Usually vs. Always)
Q23. Child received appointment with a specialist as soon as needed	1.770 (Never + Sometimes vs. Always)
	1.029 (Usually vs. Always)
Q27. Child's health plan's customer service gave the parent/caretaker the information or help needed	2.510 (Never + Sometimes vs. Always)
	2.266 (Usually vs. Always)
Q28. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	4.124 (Never + Sometimes vs. Always)
	2.392 (Usually vs. Always)
Q30. Ease of filling out forms from the child's health plan	2.687 (Never + Sometimes vs. Always)
	2.744 (Usually vs. Always)

Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure 5-2—Key Drivers of Member Experience: Rating of All Health Care—Michigan Medicaid Program

	Odds Ratio
Q4. Child received care as soon as needed when care was needed right away	1.518 (Never + Sometimes vs. Always)
	1.686 (Usually vs. Always)
Q9. Ease of getting the care, tests, or treatment the child needed	6.558 (Never + Sometimes vs. Always)
	3.426 (Usually vs. Always)
Q12. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	1.497 (Never + Sometimes vs. Always)
	1.179 (Usually vs. Always)
Q13. Child's personal doctor listened carefully to the parent/caretaker	2.454 (Never + Sometimes vs. Always)
	1.643 (Usually vs. Always)
Q14. Child's personal doctor showed respect for what the parent/caretaker said	1.001 (Never + Sometimes vs. Always)
	1.015 (Usually vs. Always)
Q16. Child's personal doctor explained things in an understandable way for the child	1.707 (Never + Sometimes vs. Always)
	1.348 (Usually vs. Always)
Q17. Child's personal doctor spent enough time with the child	1.866 (Never + Sometimes vs. Always)
	1.092 (Usually vs. Always)

Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure 5-3—Key Drivers of Member Experience: Rating of Personal Doctor—Michigan Medicaid Program

	Odds Ratio
Q12. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	1.609 (Never + Sometimes vs. Always)
	1.049 (Usually vs. Always)
Q13. Child's personal doctor listened carefully to the parent/caretaker	4.529 (Never + Sometimes vs. Always)
	1.674 (Usually vs. Always)
Q14. Child's personal doctor showed respect for what the parent/caretaker said	11.50 (Never + Sometimes vs. Always)
	3.099 (Usually vs. Always)
Q17. Child's personal doctor spent enough time with the child	4.195 (Never + Sometimes vs. Always)
	2.652 (Usually vs. Always)
Q20. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	2.419 (Never + Sometimes vs. Always)
	1.755 (Usually vs. Always)

Indicates the item is a key driver.

Indicates the item is not a key driver.

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with HEDIS supplemental item set. This section provides a copy of the survey instrument.

SURVEY INSTRUCTIONS

➤ **Please be sure to fill the response circle <u>completely</u>.   Use only <u>black or blue ink</u> or <u>dark pencil</u> to complete the survey.**

Correct Mark ● **Incorrect Marks**

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

● **Yes** ➜ *Go to Question 1*
○ **No**

⬇   START HERE   ⬇

Please answer the questions for the child named in the letter that was sent with this survey. Please do not answer for any other children.

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

   ○ Yes ➜ *Go to Question 3*
   ○ No

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

   _____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care 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.

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

   ○ Yes
   ○ No ➔ *Go to Question 5*

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

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?

   ○ Yes
   ○ No ➔ *Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

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

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

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

Worst Health Care Possible   Best Health Care Possible

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

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

YOUR CHILD'S PERSONAL DOCTOR

10. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

   ○ Yes
   ○ No ➔ *Go to Question 22*

11. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?

- ○ None ➔ *Go to Question 21*
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

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

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

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

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

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

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

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

- ○ Yes
- ○ No ➔ *Go to Question 17*

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

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

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

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No ➔ *Go to Question 21*

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

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

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

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

GETTING HEALTH CARE FROM SPECIALISTS

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

22. 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 26*

23. 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

24. How many specialists has your child talked to in the last 6 months?

○ None ➔ *Go to Question 26*
○ 1 specialist
○ 2
○ 3
○ 4
○ 5 or more specialists

25. 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

YOUR CHILD'S HEALTH PLAN

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

26. 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 29*

27. 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

28. 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

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

○ Yes
○ No ➜ *Go to Question 31*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

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

ABOUT YOUR CHILD AND YOU

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

○ Excellent
○ Very good
○ Good
○ Fair
○ Poor

33. In general, how would you rate your child's overall <u>mental or emotional</u> health?

○ Excellent
○ Very good
○ Good
○ Fair
○ Poor

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

○ Less than 1 year old

▢▢ YEARS OLD (write in)

35. Is your child male or female?

○ Male
○ Female

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

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

37. 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

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

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

39. Are you male or female?

○ Male
○ Female

40. 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

41. How are you related to the child?

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

42. Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child?

○ Yes
○ No ➜ *Thank you. Please return the completed survey in the postage-paid envelope.*

43. In the last 6 months, when you phoned your child's health plan to get help with transportation, how often did you get it?

○ Never ➜ *Thank you. Please return the completed survey in the postage-paid envelope.*
○ Sometimes
○ Usually
○ Always

44. In the last 6 months, how often did the help with transportation for your child meet your needs?

○ Never
○ Sometimes
○ Usually
○ Always

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