

2022 Healthy Michigan Plan CAHPS Dental Survey Report

*Michigan Department of Health and Human
Services*

July 2022



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Introduction

The Michigan Department of Health and Human Services (MDHHS) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Adult Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Dental Plan Survey (CAHPS Dental Survey) as part of its process for evaluating the quality of dental services provided to adult Medicaid members enrolled in the Healthy Michigan Plan (HMP) and receiving dental benefits through one of the MDHHS contracted Medicaid Health Plans (MHPs).¹⁻¹ The goal of the survey is to provide performance feedback that is actionable and will aid in improving the dental care and services of adult members enrolled in the HMP Program.¹⁻² Results presented in this report include four global ratings, three composite measures, and one individual item measure. Table 1-1 provides a list of the MHPs that participated in the survey.

Table 1-1—Participating MHPs

Plan Name
Aetna Better Health of Michigan
Blue Cross Complete of Michigan
HAP Empowered
McLaren Health Plan
Meridian Health Plan of Michigan
Molina Healthcare of Michigan
Priority Health Choice, Inc.
Total Health Care, Inc.*
UnitedHealthcare Community Plan
Upper Peninsula Health Plan

** Total Health Care was acquired by Priority Health Choice in 2019. Total Health Care Medicaid ended on September 30, 2021, and all Total Health Care members moved to Priority Health Choice effective October 1, 2021.*

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

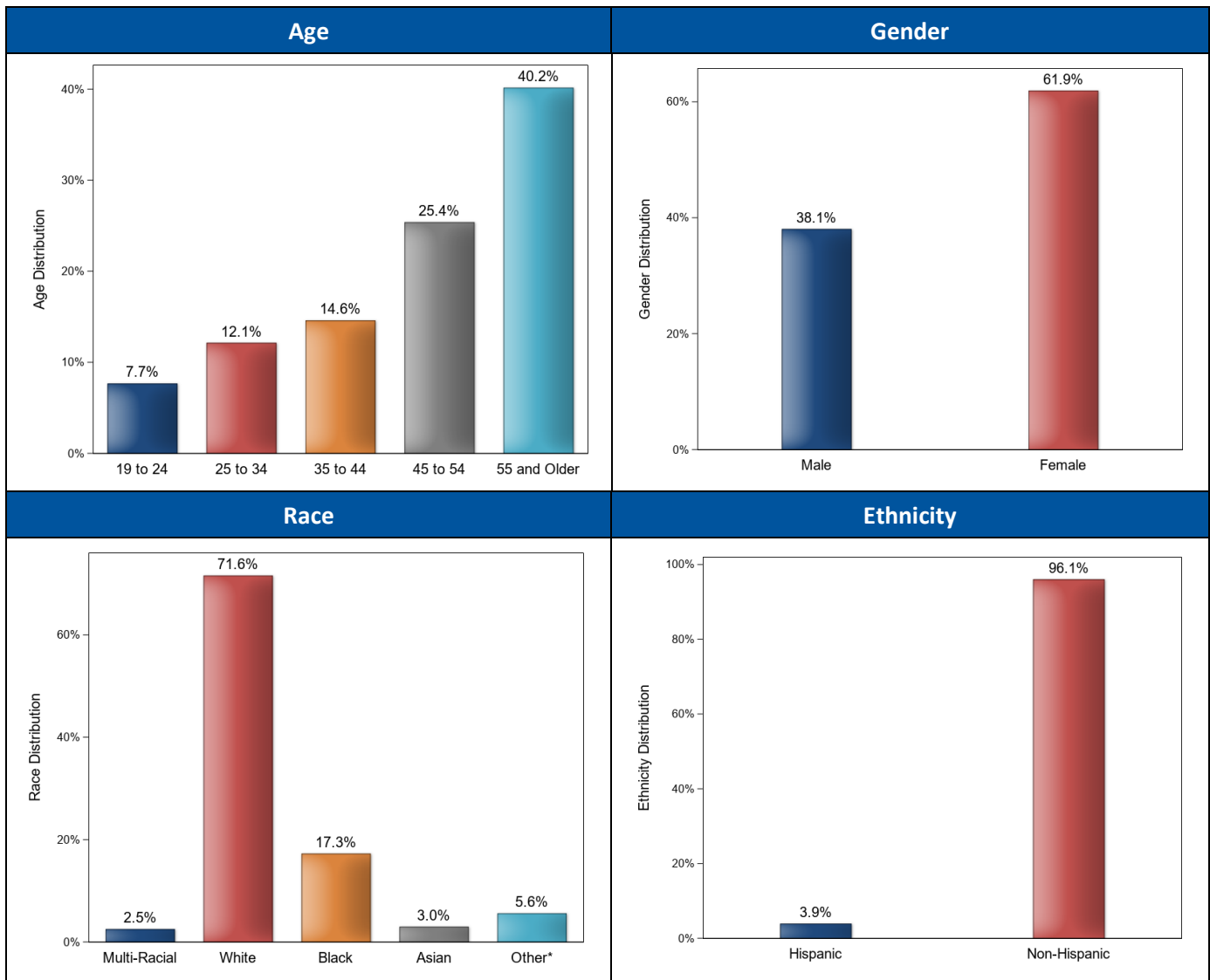
¹⁻² The HMP Program results presented in this report are derived from the combined results of the participating HMP health plans (i.e., aggregate).

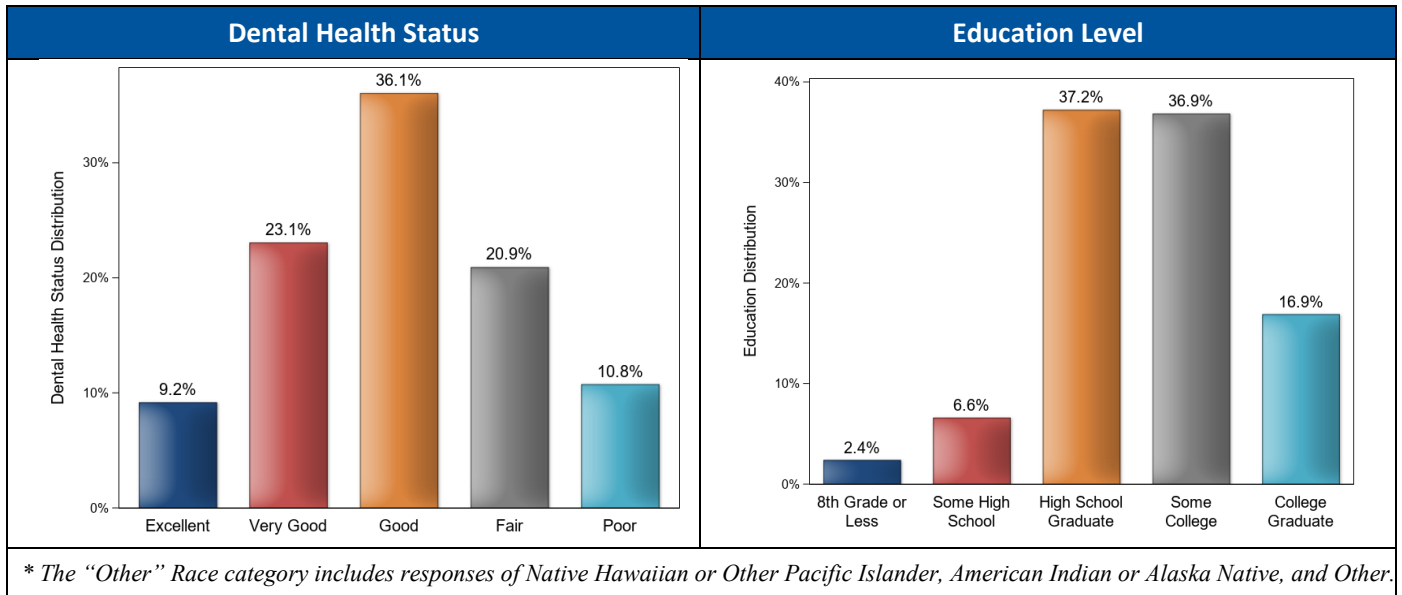
Key Findings

Respondent Demographics

Table 1-2 provides an overview of the demographic characteristics of members who completed a survey for the HMP Program. Please note, some percentages displayed in the table below may not total 100 percent due to rounding.

Table 1-2—Respondent Demographics: HMP Program



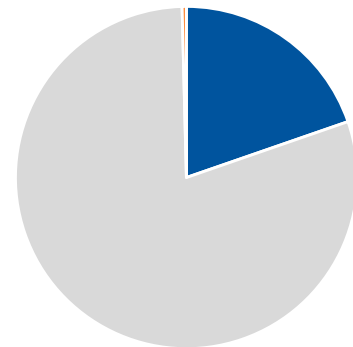


Survey Administration Overview





Figure 1-1 displays a summary of the survey dispositions for the HMP Program.

Figure 1-1—Survey Administration Overview: HMP Program

START SURVEY:	FINISH SURVEY:
12.15.21	03.23.22
TOTAL SAMPLE SIZE	13,500
RESPONSE RATE	19.78%



■ COMPLETES ■ INCOMPLETES
■ INELIGIBLES

 COMPLETES	2,660
 INCOMPLETES	10,785
 UNDELIVERABLES	830
 INELIGIBLES	55

DETAILS

	Mail 1	Mail 2	Mail 3
Completes	1,332	910	418
	Not Enrolled	Deceased	Language Barrier
Ineligibles	50	4	1

Statewide Comparisons

HSAG calculated top-box scores for each measure. HSAG compared individual MHP results to the HMP aggregated program results to determine if plan results were statistically significantly different from the program wide results. The detailed results of this analysis are in the Statewide Comparisons subsection beginning on page 3-12. Table 1-3 shows a summary of the statistically significant results of this analysis.

Table 1-3—Statewide Comparisons Summary: Statistically Significant Results

Plan Name	Rating of Regular Dentist	Rating of All Dental Care	Rating of Dental Plan	Care from Dentists and Staff	Access to Dental Care	Would Recommend Dental Plan
Aetna Better Health of Michigan	↑	—	—	—	—	—
Blue Cross Complete of Michigan	↓	↓	↓	—	↓	—
HAP Empowered	—	↑	—	—	↑	—
McLaren Health Plan	—	—	—	—	—	↑
Meridian Health Plan of Michigan	—	—	—	↑	—	—
Molina Healthcare of Michigan	↓	↓	↓	—	—	↓
Priority Health Choice, Inc.	↑	↑	—	↑	—	—
Total Health Care, Inc.	—	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—	—
Upper Peninsula Health Plan	—	↑	↑	↑	↑	↑
↑ Statistically significantly higher than the HMP Program. ↓ Statistically significantly lower than the HMP Program. — Not statistically significantly different than the HMP Program.						

Trend Analysis

A trend analysis was performed that compared 2022 scores to the 2020 and 2021 scores. The detailed results of this analysis are in the Trend Analysis section beginning on page 4-1. Table 1-4 shows a summary of the most recent statistically significant results of this analysis (i.e., 2022 results compared to 2021 results).

Table 1-4—Trend Analysis Summary: Statistically Significant Results

	<i>Rating of Regular Dentist</i>	<i>Rating of All Dental Care</i>	<i>Access to Dental Care</i>	<i>Would Recommend Dental Plan</i>
Aetna Better Health of Michigan	▲	—	—	—
Blue Cross Complete of Michigan	—	▼	▼	—
Priority Health Choice, Inc.	—	—	—	▼
▲ Statistically significantly higher in 2022 than in 2021. ▼ Statistically significantly lower in 2022 than in 2021. — Not statistically significantly different in 2022 than in 2021.				

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 All Dental Care*, *Rating of Dental Plan*, and *Would Recommend Dental Plan*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as “key drivers” since these items are driving members’ levels of experience with each of the three measures. The detailed results of this analysis are 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 for the HMP Program (indicated by a ✓).

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

Key Drivers	Response Options	Rating of All Dental Care	Rating of Dental Plan	Would Recommend Dental Plan
Q7. Dentist listened carefully to you	Sometimes vs. Always	✓	NS	NS
	Usually vs. Always	✓	NS	NS
Q9. Dentist spent enough time with you	Never vs. Always	✓	NS	NS
	Sometimes vs. Always	✓	NS	NS
	Usually vs. Always	✓	NS	NS
Q11. Dentist or dental staff did everything they could to help you feel comfortable during dental work	Never vs. Always	✓	NS	NS
	Sometimes vs. Always	✓	NS	NS
	Usually vs. Always	✓	NS	NS
Q12. Dentist or dental staff explained what they were doing while treating you	Never vs. Always	✓	NS	NS
	Sometimes vs. Always	✓	NS	NS
	Usually vs. Always	✓	NS	NS
Q19. Dental plan covered all services you thought were covered	Never vs. Always	NA	✓	✓
	Sometimes vs. Always	NA	✓	✓
	Usually vs. Always	NA	✓	✓
Q20. Dental plan covered what you and your family needed to get done	Never vs. Always	NA	✓	✓
	Sometimes vs. Always	NA	✓	✓
	Usually vs. Always	NA	✓	✓
Q24. Information helped find dentist you are happy with	Never vs. Always	NA	✓	✓
	Usually vs. Always	NA	✓	✓
Q27. Dental plan’s customer service staff gave you the information or help needed	Never vs. Always	NA	✓	✓
	Sometimes vs. Always	NA	✓	✓
	Usually vs. Always	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, respondents’ answers for those responses do not significantly affect their rating.

Dental Plan Performance Measures

The Adult CAHPS Dental Survey yielded eight measures that include four global rating measures, three composite measures, and one individual item measure. The global rating measures reflect overall experience with regular dentists, dental care, ease of finding a dentist, and the dental plan. The composite measures are sets of questions grouped together to assess different aspects of dental care (e.g., *Care from Dentists and Staff* and *Access to Dental Care*). The individual item measure is an individual question that looks at whether the member would recommend the dental plan.

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

Figure 2-1—Adult CAHPS Dental Survey Measures

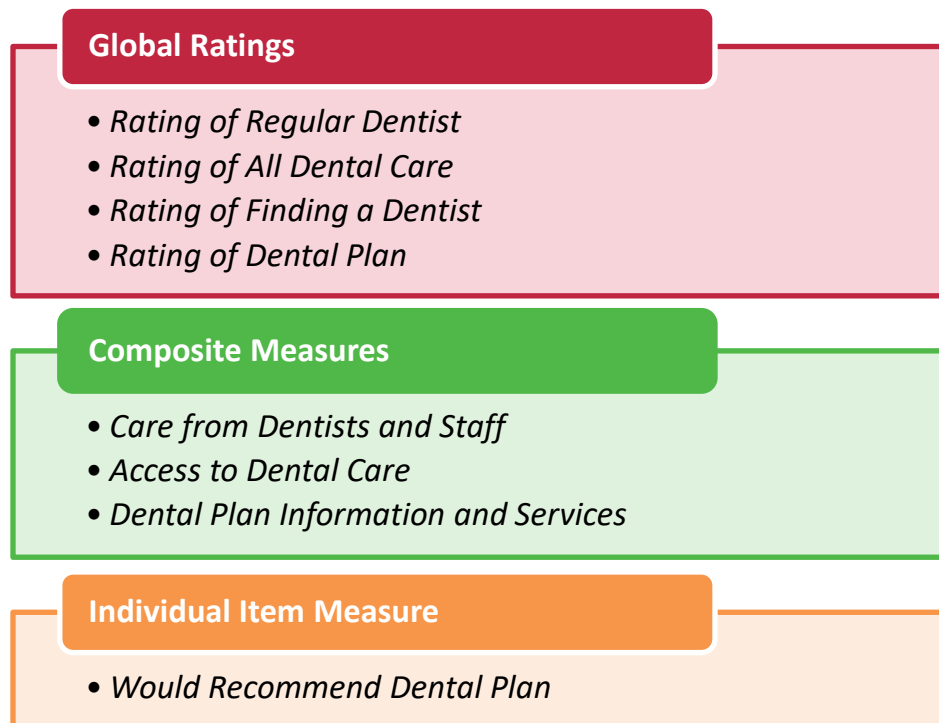


Table 2-1 presents the survey language and response options for the measures.

Table 2-1—Question Language and Response Categories

Question Language	Response Categories
Global Ratings	
<i>Rating of Regular Dentist</i>	
10. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your regular dentist?	0–10 Scale
<i>Rating of All Dental Care</i>	
18. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care you personally received in the last 12 months?	0–10 Scale
<i>Rating of Finding a Dentist</i>	
25. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist?	0–10 Scale
<i>Rating of Dental Plan</i>	
29. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your dental plan?	0–10 Scale
Composite Measures	
<i>Care from Dentists and Staff</i>	
6. In the last 12 months, how often did your regular dentist explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
7. In the last 12 months, how often did your regular dentist listen carefully to you?	Never, Sometimes, Usually, Always
8. In the last 12 months, how often did your regular dentist treat you with courtesy and respect?	Never, Sometimes, Usually, Always
9. In the last 12 months, how often did your regular dentist spend enough time with you?	Never, Sometimes, Usually, Always
11. In the last 12 months, how often did the dentists or dental staff do everything they could to help you feel as comfortable as possible during your dental work?	Never, Sometimes, Usually, Always
12. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating you?	Never, Sometimes, Usually, Always

Question Language	Response Categories
Composite Measures	
<i>Access to Dental Care</i>	
13. In the last 12 months, how often were your dental appointments as soon as you wanted?	Never, Sometimes, Usually, Always
14. If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No ²⁻¹
15. If you tried to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 12 months, how often did you get an appointment as soon as you wanted?	Never, Sometimes, Usually, Always ²⁻²
16. In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before you saw someone for your appointment?	Never, Sometimes, Usually, Always
17. If you had to spend more than 15 minutes in the waiting room before you saw someone for your appointment, how often did someone tell you why there was a delay or how long the delay would be?	Never, Sometimes, Usually, Always
<i>Dental Plan Information and Services</i>	
19. In the last 12 months, how often did your dental plan cover all of the services you thought were covered?	Never, Sometimes, Usually, Always
20. In the last 12 months, did your dental plan cover what you and your family needed to get done?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No
22. In the last 12 months, how often did the 800 number, written materials, or website provide the information you wanted?	Never, Sometimes, Usually, Always
24. Did this information (from your dental plan) help you find a dentist that you were happy with?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No
27. In the last 12 months, how often did your dental plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
28. In the last 12 months, how often did your dental plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
<i>Would Recommend Dental Plan</i>	
30. Would you recommend this dental plan to people who want to join?	Definitely Yes, Probably Yes, Probably No, Definitely No

²⁻¹ “I did not have a dental emergency in the last 12 months” was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing data).

²⁻² “I did not try to get an appointment with a specialist dentist for myself in the last 12 months” was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing data).

How Survey Results Were Collected

Sampling Procedures

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

- Were 19 years or older as of October 31, 2021.
- Were currently enrolled in a health plan (e.g., Aetna Better Health of Michigan, Blue Cross Complete of Michigan).
- Had been continuously enrolled in the health plan for at least 11 out of 12 months of the measurement period (November 1, 2020 to October 31, 2021).²⁻³
- Had a paid or denied dental claim during the measurement year.

A sample of 1,350 members was selected from each health plan for inclusion in the survey. No more than one member per household was selected as part of the survey samples. HSAG tried to obtain new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system.

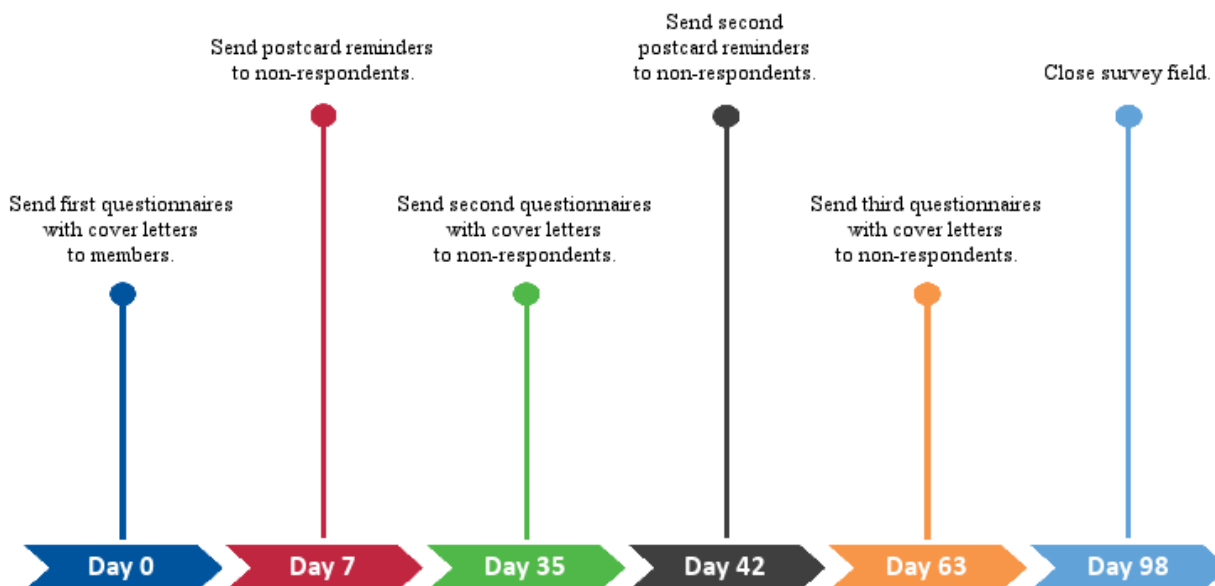
Survey Protocol

The survey administration protocol employed was a mail-only methodology. All sampled members received an English version of the survey.²⁻⁴ Non-respondents received a reminder postcard, followed by a second survey mailing, a second postcard reminder, and a third survey mailing. The survey administration started in December 2021 and survey field remained open until closing in March 2022. Figure 2-2 shows the timeline used for the survey administration.

²⁻³ To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a member for whom enrollment is verified monthly, up to a one-month gap in the enrollment period was allowed.

²⁻⁴ Sampled members had the option to complete the survey in Spanish via Computer Assisted Telephone Interviewing (CATI). Members had to call a customer service toll-free number to request completing the survey in Spanish.

Figure 2-2—CAHPS Dental Survey Timeline



How Survey Results Were Calculated

HSAG developed a scoring approach, based in part on scoring standards devised by the Agency for Healthcare Research and Quality (AHRQ), the developers of CAHPS, to comprehensively assess member experience. In addition to individual plan results, HSAG calculated an HMP Program aggregate (i.e., combined results from the HMP health plans). This section provides an overview of each analysis.

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible members of the sample. HSAG considered a survey completed if at least one question was answered. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated, or had a language barrier.

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

Respondent Analysis

HSAG evaluated the demographic characteristics (i.e., age, gender, race, and ethnicity) of members as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of members who responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were significantly higher or lower than the sample frame percentages are noted with black arrows in the tables. MDHHS should exercise caution when extrapolating the survey results to the entire population if the respondent population differs significantly from the actual population of the plan or program.

Respondent Demographics

The demographics analysis evaluated demographic information of adult members based on responses to the survey. The demographic characteristics of adults included age, gender, race, ethnicity, education, and dental health status.

Statewide Comparisons

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated top-box scores for each measure. The scoring involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

- “9” or “10” for the global ratings.
- “Usually/Always,” “Probably Yes/Definitely Yes,” or “Somewhat Yes/Definitely Yes” for the composite measures and individual item measure.

The exception to this was Question 16 in the *Access to Dental Care* composite measure, where the response option scale was reversed so responses of “Sometimes/Never” were considered top-box responses.

Weighting

For purposes of the HMP health plan comparisons, HSAG calculated a weighted score for the HMP Program aggregate based on the total eligible population for each HMP health plan.

Health Plan Comparisons

The results of the HMP health plans were compared to the HMP Program. Two types of hypothesis tests were applied to these results. First, a global F test was calculated, which determined whether the difference between each HMP health plan's mean was significant. If the F test demonstrated plan-level differences (i.e., p value < 0.05), then a t test was performed for each HMP health plan. The t test determined whether each HMP health plan's mean was statistically significantly different from the HMP Program. This analytic approach follows AHRQ's recommended methodology for identifying significant plan-level performance differences. Statistically significant differences were noted using colors in the figures.

Trend Analysis

HSAG compared the 2022 results to the corresponding 2021 and 2020 results to determine whether there were statistically significant differences. A t test was performed to determine whether results in 2022 were statistically significantly different from the previous two years' results. A difference was considered statistically significant if the two-sided p value of the t test was less than 0.05. The two-sided p value of the t test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed.

Scores that were statistically significantly higher in 2022 than in 2021 or 2020 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2022 than in 2021 or 2020 are noted with black downward (▼) triangles. Scores in 2022 that were not statistically significantly different from scores in 2021 or 2020 are not noted with triangles.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following three measures: *Rating of All Dental Care*, *Rating of Dental Plan*, and *Would Recommend Dental Plan*. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement activities.

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

Table 2-2—Potential Key Drivers

Question Number	Rating of All Dental Care	Rating of Dental Plan	Would Recommend Dental Plan	Baseline Response
Q6. Dentist explained things in understandable way	✓	✓	✓	Always
Q7. Dentist listened carefully to you	✓	✓	✓	Always
Q8. Dentist treated you with courtesy and respect	✓	✓	✓	Always
Q9. Dentist spent enough time with you	✓	✓	✓	Always
Q11. Dentist or dental staff did everything they could to help you feel comfortable during dental work	✓	✓	✓	Always
Q12. Dentist or dental staff explained what they were going while treating you	✓	✓	✓	Always
Q13. Received dental appointments as soon as wanted	✓	✓	✓	Always
Q14. Got to see dentist as soon as wanted because of dental emergency	✓	✓	✓	Definitely Yes
Q15. Got appointment with dentist who specializes in particular type of dental care as soon as wanted	✓	✓	✓	Always
Q16. Spent more than 15 minutes in waiting room before appointment	✓	✓	✓	Never
Q17. Someone explained delay for spending more than 15 minutes in waiting room before appointment	✓	✓	✓	Always
Q19. Dental plan covered all services you thought were covered		✓	✓	Always
Q20. Dental plan covered what you and your family needed to get done		✓	✓	Definitely Yes

Question Number	Rating of All Dental Care	Rating of Dental Plan	Would Recommend Dental Plan	Baseline Response
Q22. 800 number, written materials, or website provided you with wanted information		✓	✓	Always
Q24. Information helped find dentist you are happy with		✓	✓	Definitely Yes
Q27. Dental plan's customer service staff gave you the information or help needed		✓	✓	Always
Q28. Dental plan's customer service staff treated you with courtesy and respect		✓	✓	Always

HSAG assessed each measure's performance by assigning the responses into a three-point scale as follows:

- 0 to 6/Definitely No = 1 (Dissatisfied)
- 7 to 8/Probably Yes or Probably No = 2 (Neutral)
- 9 to 10/Definitely Yes = 3 (Satisfied)

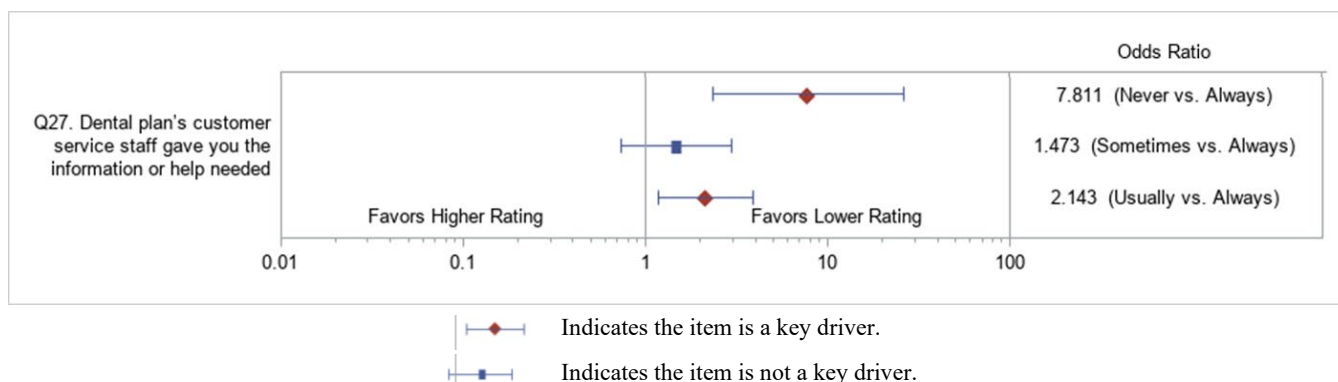
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal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

The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of 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 (e.g., "Always") 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 provide a non-baseline response to choose a lower rating increases.

In the example figure below, the results indicate that respondents who answered “Never,” “Sometimes,” or “Usually” to Question 27 are 7.811, 1.473, or 2.143 times, respectively, more likely to provide a lower rating for their dental plan than respondents who answered “Always.” The items identified as key drivers are indicated with a red diamond.

Key Drivers of Member Experience: Rating of Dental Plan



Limitations and Cautions

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

Causal Inferences

Although this report examines whether respondents report differences with various aspects of their dental care experiences, these differences may not be completely attributable to the HMP Program. The survey by itself does not necessarily reveal the exact cause of these differences.

Lack of National Data for Comparisons

Currently AHRQ does not collect survey results from the CAHPS Dental Survey; therefore, national benchmark data were not available for comparisons.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their dental 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.²⁻⁵ To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Results indicate that early respondents are statistically significantly more likely to provide a higher top-box response for the following measures: *Rating of Regular Dentist*, *Rating of All Dental Care*, *Rating of Dental Plan*, and *Dental Plan Information and Services*. MDHHS should consider that potential non-response bias does exist when interpreting CAHPS results for these measures.

²⁻⁵ 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

A total of 13,500 surveys were mailed to members enrolled in the HMP Program. A total of 2,660 surveys were completed for the HMP Program. Table 3-1 shows the total number of members sampled, the number of surveys completed, the number of ineligible members, and the response rates.

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

Program/Plan Name	Sample Size	Completes	Ineligibles	Response Rates
HMP Program	13,500	2,660	55	19.78%
Aetna Better Health of Michigan	1,350	173	3	12.84%
Blue Cross Complete of Michigan	1,350	253	0	18.74%
HAP Empowered	1,350	191	5	14.20%
McLaren Health Plan	1,350	333	1	24.68%
Meridian Health Plan of Michigan	1,350	287	0	21.26%
Molina Healthcare of Michigan	1,350	266	1	19.72%
Priority Health Choice, Inc.	1,350	331	7	24.65%
Total Health Care, Inc.	1,350	143	30	10.83%
UnitedHealthcare Community Plan	1,350	256	6	19.05%
Upper Peninsula Health Plan	1,350	427	2	31.68%

Respondent Analysis

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

Table 3-2—Respondent Analysis: Age

Program/Plan Name		19 to 24	25 to 34	35 to 44	45 to 54	55 or older
HMP Program	R	7.5%↓	12.3%↓	15.0%↓	25.6%↑	39.6%↑
	SF	16.6%	26.8%	20.1%	19.1%	17.4%
Aetna Better Health of Michigan	R	8.1%↓	10.4%↓	8.7%↓	30.6%↑	42.2%↑
	SF	20.3%	28.4%	18.4%	18.6%	14.3%
Blue Cross Complete of Michigan	R	5.5%↓	13.8%↓	12.3%↓	26.5%↑	41.9%↑
	SF	15.0%	29.0%	18.5%	19.7%	17.8%
HAP Empowered	R	7.3%↓	11.0%↓	12.0%↓	27.2%↑	42.4%↑
	SF	15.9%	33.3%	19.0%	17.5%	14.3%
McLaren Health Plan	R	7.8%↓	12.0%↓	17.7%	22.8%	39.6%↑
	SF	16.3%	25.3%	21.1%	19.1%	18.2%
Meridian Health Plan of Michigan	R	7.0%↓	11.1%↓	17.4%	27.2%↑	37.3%↑
	SF	15.4%	27.4%	20.9%	18.8%	17.4%
Molina Healthcare of Michigan	R	7.5%↓	12.4%↓	14.3%↓	27.1%↑	38.7%↑
	SF	19.5%	26.2%	18.8%	19.1%	16.5%
Priority Health Choice, Inc.	R	6.9%↓	13.9%↓	15.4%↓	22.1%	41.7%↑
	SF	15.5%	25.8%	21.9%	17.7%	19.1%
Total Health Care, Inc.	R	8.4%↓	15.4%↓	14.0%	26.6%	35.7%↑
	SF	18.3%	26.2%	18.2%	20.6%	16.8%
UnitedHealthcare Community Plan	R	10.2%↓	12.1%↓	16.4%	28.5%↑	32.8%↑
	SF	18.6%	25.9%	20.1%	19.5%	15.9%
Upper Peninsula Health Plan	R	7.0%↓	11.2%↓	16.4%↓	23.4%	41.9%↑
	SF	14.9%	22.8%	21.4%	19.4%	21.5%

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

Table 3-3—Respondent Analysis: Gender

Program/Plan Name		Male	Female
HMP Program	R	38.3%↓	61.7%↑
	SF	43.1%	56.9%
Aetna Better Health of Michigan	R	39.9%↓	60.1%↑
	SF	48.9%	51.1%
Blue Cross Complete of Michigan	R	43.1%	56.9%
	SF	45.9%	54.1%
HAP Empowered	R	42.4%↓	57.6%↑
	SF	54.8%	45.2%
McLaren Health Plan	R	37.5%↓	62.5%↑
	SF	43.4%	56.6%
Meridian Health Plan of Michigan	R	35.9%	64.1%
	SF	41.3%	58.7%
Molina Healthcare of Michigan	R	34.2%↓	65.8%↑
	SF	41.9%	58.1%
Priority Health Choice, Inc.	R	34.4%	65.6%
	SF	38.2%	61.8%
Total Health Care, Inc.	R	44.8%	55.2%
	SF	48.1%	51.9%
UnitedHealthcare Community Plan	R	37.5%↓	62.5%↑
	SF	43.8%	56.2%
Upper Peninsula Health Plan	R	39.1%	60.9%
	SF	42.1%	57.9%

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

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

↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.

Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 3-4—Respondent Analysis: Race

Program/Plan Name		White	Black	Asian	Other
HMP Program	R	72.3%↑	17.3%↓	2.9%	7.5%
	SF	64.3%	24.6%	2.9%	8.2%
Aetna Better Health of Michigan	R	41.9%	46.5%	2.3%	9.3%
	SF	36.1%	53.3%	2.6%	8.0%
Blue Cross Complete of Michigan	R	59.0%	27.5%↓	4.4%	9.2%
	SF	53.1%	33.5%	3.6%	9.8%
HAP Empowered	R	50.5%	37.5%↓	1.6%	10.3%
	SF	44.0%	45.2%	1.9%	8.9%
McLaren Health Plan	R	80.8%↑	9.6%↓	3.6%	6.0%
	SF	74.7%	16.4%	1.7%	7.2%
Meridian Health Plan of Michigan	R	80.1%↑	8.0%↓	1.7%	10.1%
	SF	70.6%	19.1%	2.4%	7.9%
Molina Healthcare of Michigan	R	65.5%↑	21.6%↓	4.5%	8.3%
	SF	54.8%	33.2%	3.5%	8.4%
Priority Health Choice, Inc.	R	85.4%↑	6.4%↓	2.4%	5.8%
	SF	77.2%	12.3%	2.5%	8.0%
Total Health Care, Inc.	R	50.7%↑	38.7%↓	4.2%	6.3%
	SF	38.3%	50.4%	3.2%	8.1%
UnitedHealthcare Community Plan	R	70.2%↑	18.8%↓	4.7%	6.3%
	SF	63.2%	24.3%	4.5%	7.9%
Upper Peninsula Health Plan	R	92.9%	0.5%	0.9%	5.7%
	SF	91.6%	0.9%	0.6%	6.9%

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

Table 3-5—Respondent Analysis: Ethnicity

Program/Plan Name		Hispanic	Non-Hispanic
HMP Program	R	3.7%↓	96.3%↑
	SF	5.3%	94.7%
Aetna Better Health of Michigan	R	4.1%	95.9%
	SF	4.2%	95.8%
Blue Cross Complete of Michigan	R	3.3%	96.7%
	SF	4.9%	95.1%
HAP Empowered	R	4.7%	95.3%
	SF	5.5%	94.5%
McLaren Health Plan	R	1.3%↓	98.7%↑
	SF	5.4%	94.6%
Meridian Health Plan of Michigan	R	5.1%	94.9%
	SF	5.2%	94.8%
Molina Healthcare of Michigan	R	8.1%	91.9%
	SF	5.9%	94.1%
Priority Health Choice, Inc.	R	5.1%↓	94.9%↑
	SF	9.4%	90.6%
Total Health Care, Inc.	R	1.6%	98.4%
	SF	3.3%	96.7%
UnitedHealthcare Community Plan	R	3.6%	96.4%
	SF	4.4%	95.6%
Upper Peninsula Health Plan	R	1.1%	98.9%
	SF	2.1%	97.9%

*An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.
↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.*

Respondent Demographics

Figure 3-1 through Figure 3-6 depict the self-reported demographic characteristics of members who completed a survey.

Figure 3-1—Respondent Demographics: Age

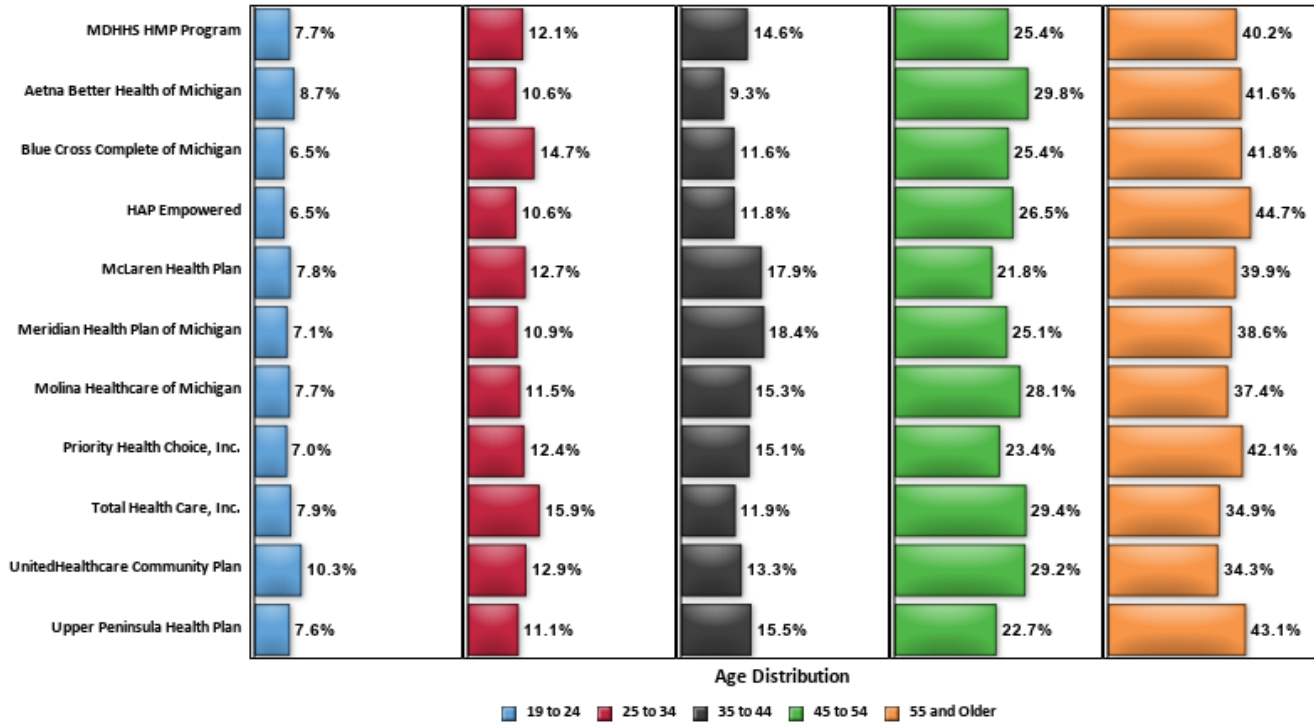


Figure 3-2—Respondent Demographics: Gender

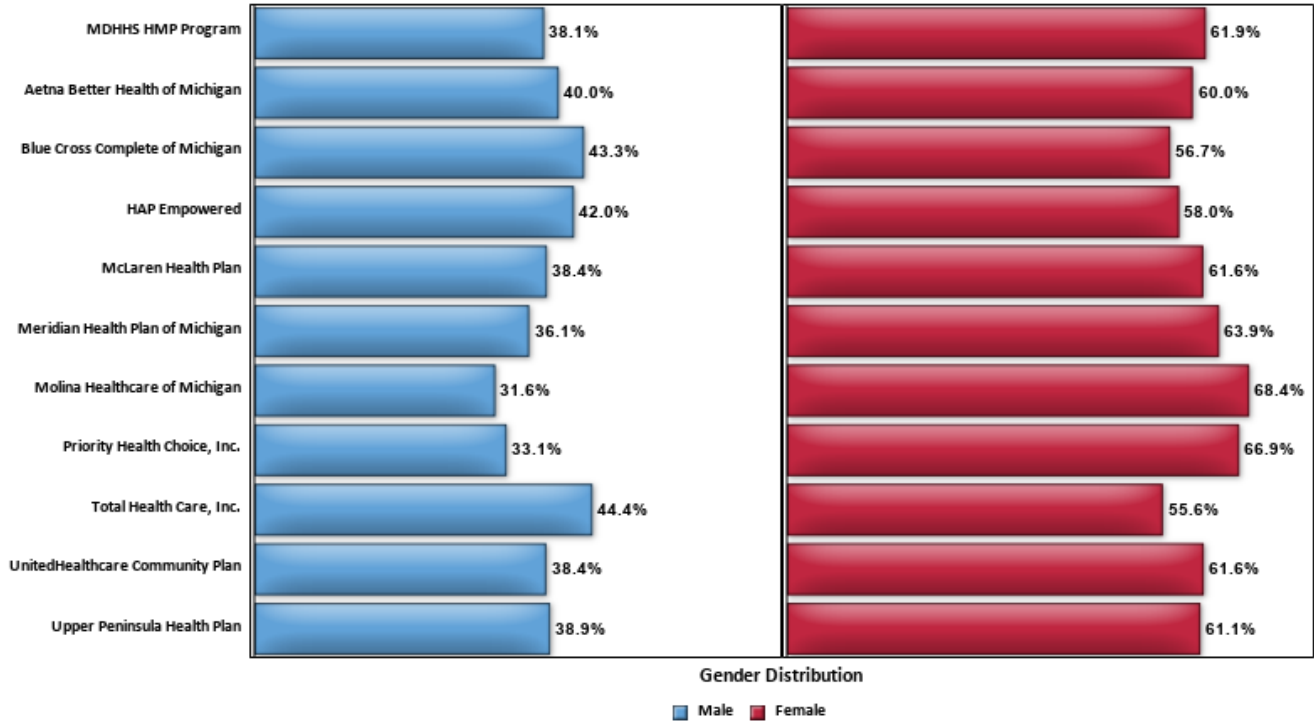
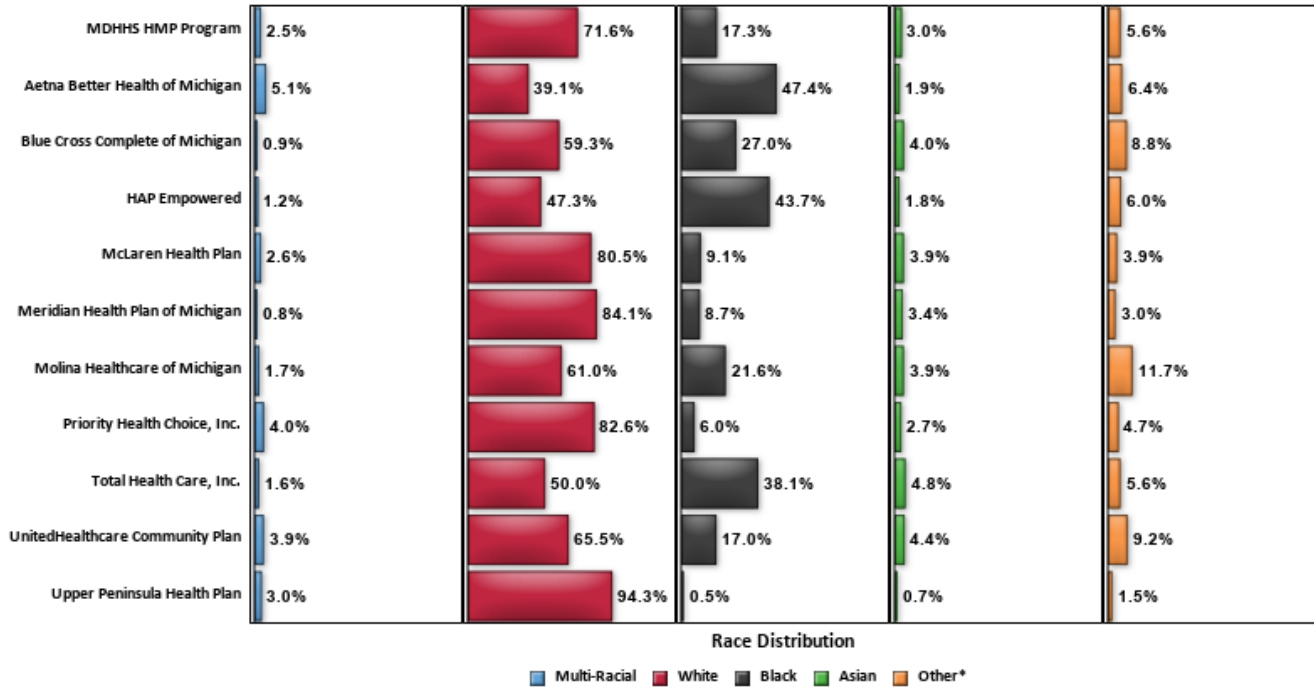


Figure 3-3—Respondent Demographics: Race



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

Figure 3-4—Respondent Demographics: Ethnicity

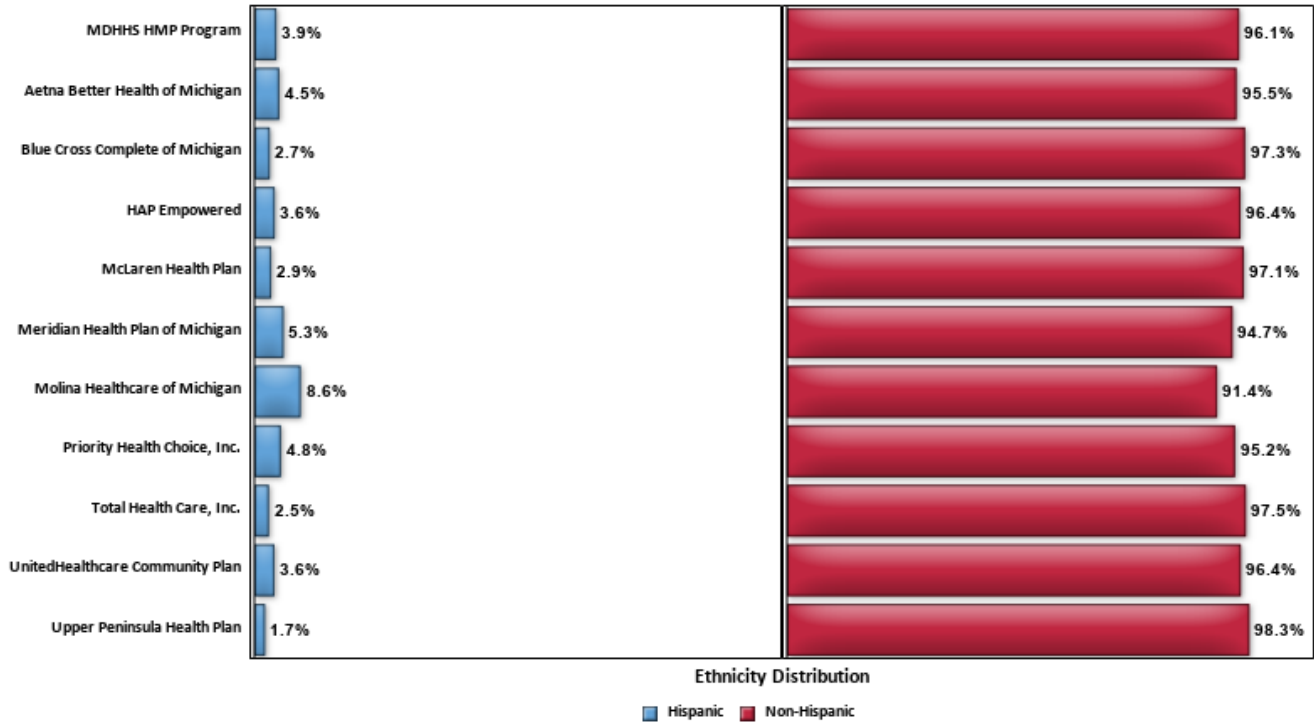


Figure 3-5—Respondent Demographics: Dental Health Status

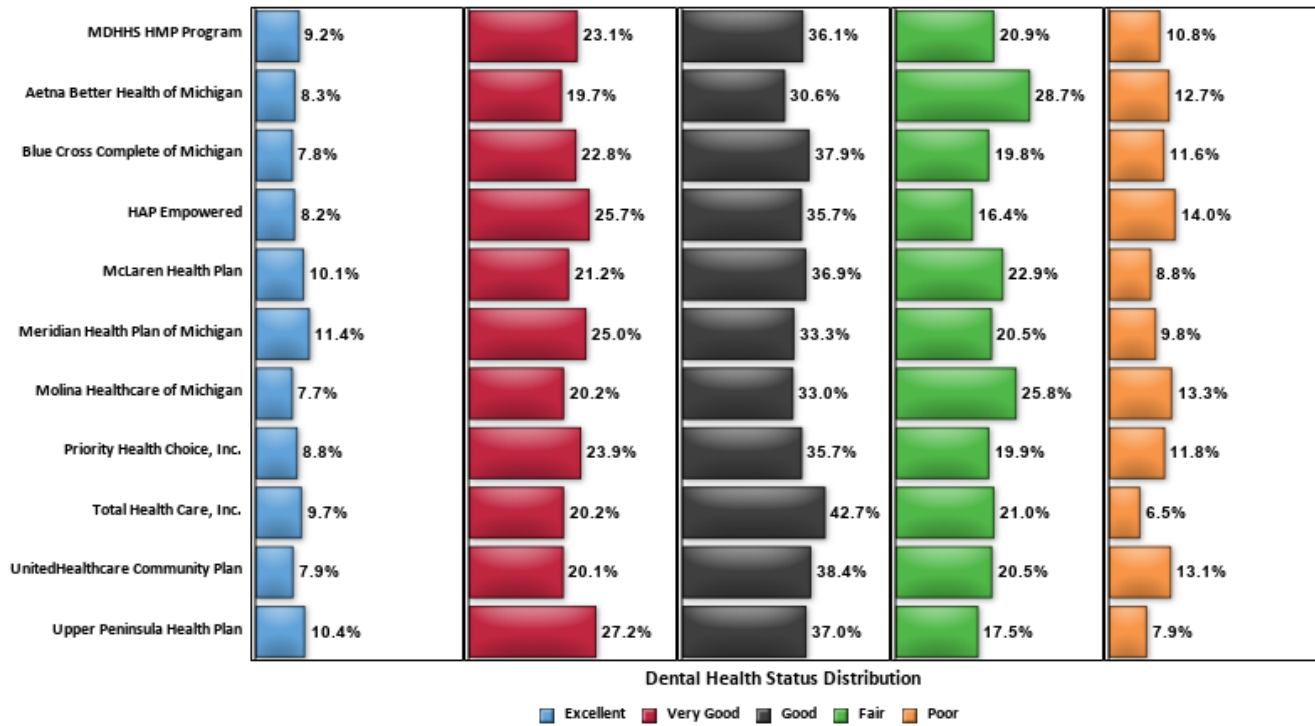
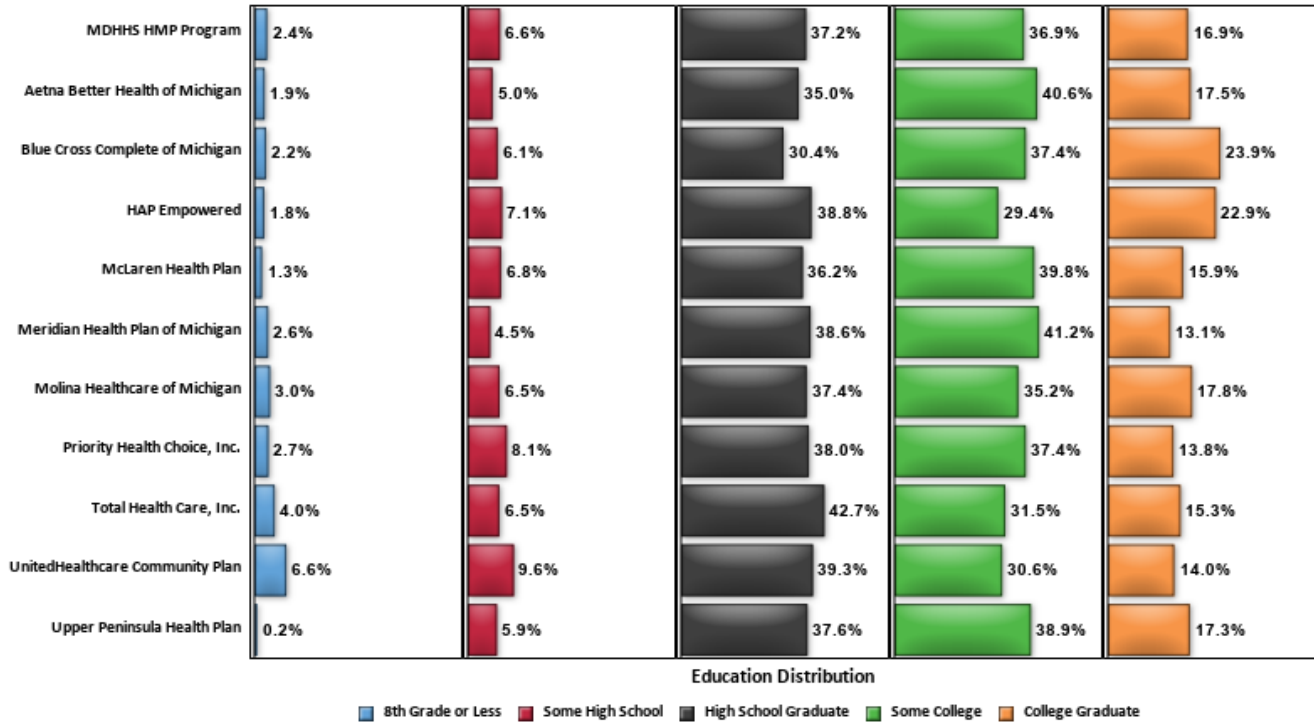


Figure 3-6—Respondent Demographics: Education Level



Statewide Comparisons

HSAG calculated top-box scores for each measure. A “top-box” response was defined as follows:

- “9” or “10” for the global ratings.
- “Usually/Always,” “Probably Yes/Definitely Yes,” or “Somewhat Yes/Definitely Yes” for the composite measures and individual item measure.

The exception to this was Question 16 in the *Access to Dental Care* composite measure, where the response option scale was reversed so a response of “Sometimes/Never” was considered a top-box response. For additional information on the survey language and response options for the measures, please refer to the Reader’s Guide beginning on page 2-2.

The HMP Program results were weighted based on each health plan’s eligible population. HSAG compared the HMP health plan results to the HMP Program to determine if the HMP health plan results were statistically significantly different than the HMP Program. Colors in the figures note statistically significant differences. Green indicates a top-box score that was statistically significantly higher than the HMP Program. Conversely, red indicates a top-box score that was statistically significantly lower than the HMP Program. Blue represents top-box scores that were not statistically significantly different from the HMP Program. Health plan scores with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents.

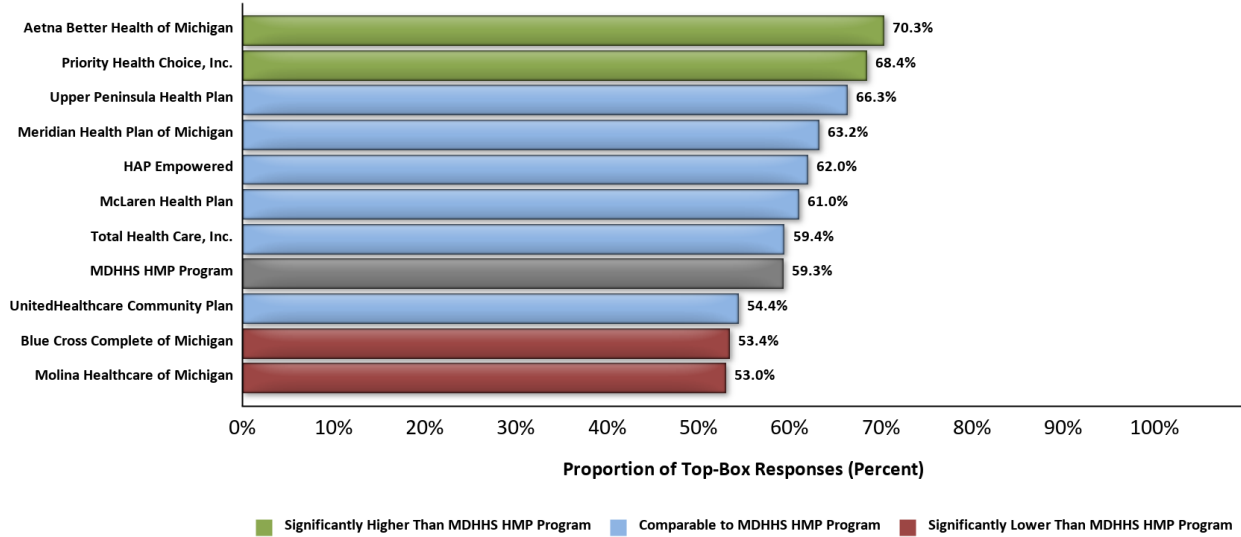
In some instances, the top-box scores presented for two plans may be similar, but one was statistically significantly different from the HMP Program, and the other was not. In these instances, it was the difference in the number of respondents between the two plans that explains the different statistical results. It is more likely that a significant result will be found in a plan with a larger number of respondents.

Global Ratings

Rating of Regular Dentist

Figure 3-7 shows the *Rating of Regular Dentist* top-box scores.

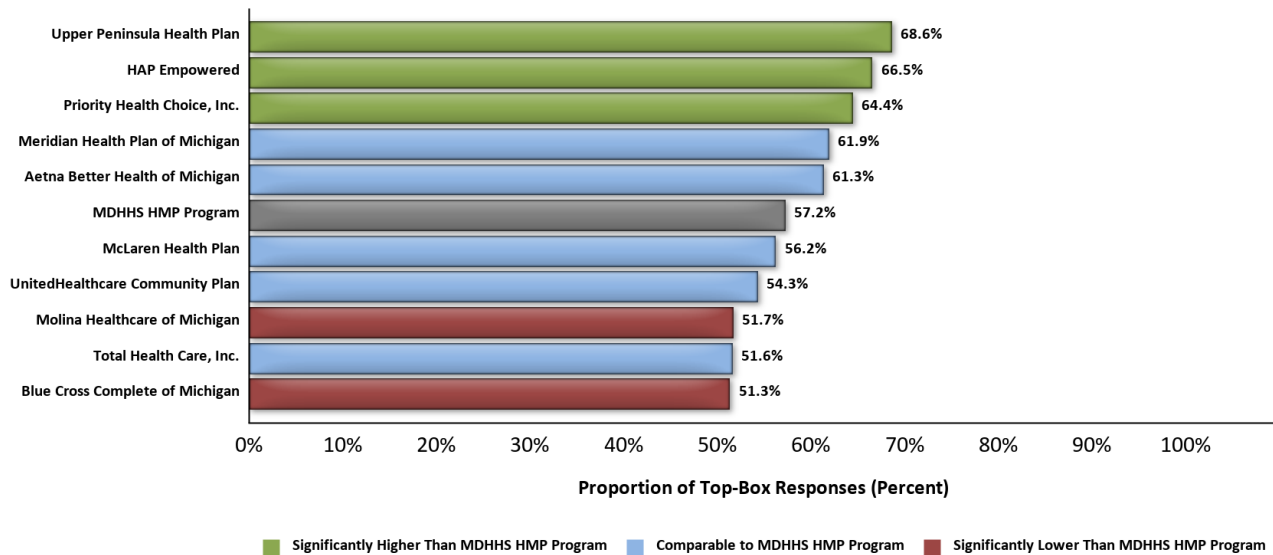
Figure 3-7—Top-Box Scores: Rating of Regular Dentist



Rating of All Dental Care

Figure 3-8 shows the *Rating of All Dental Care* top-box scores.

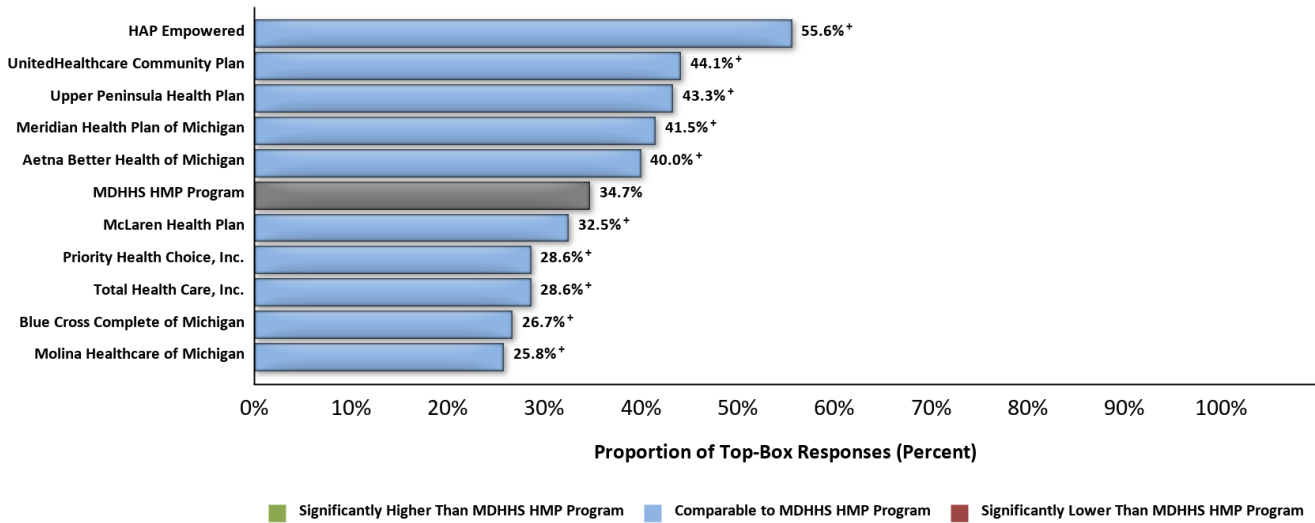
Figure 3-8—Top-Box Scores: Rating of All Dental Care



Rating of Finding a Dentist

Figure 3-9 shows the *Rating of Finding a Dentist* top-box scores.

Figure 3-9—Top-Box Scores: Rating of Finding a Dentist

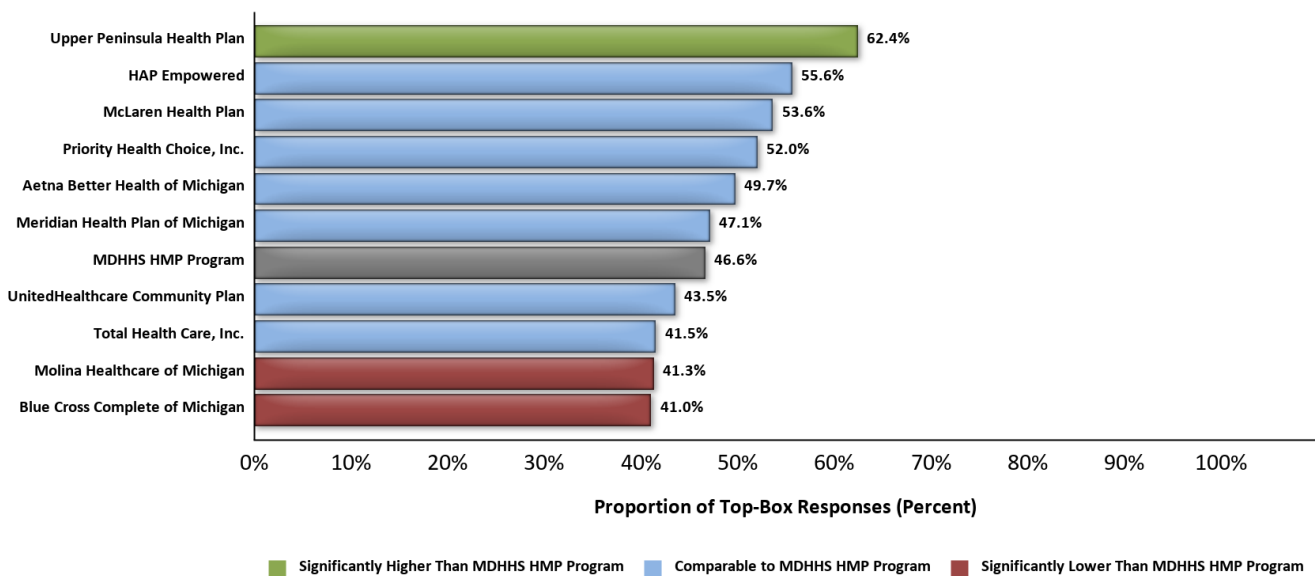


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Rating of Dental Plan

Figure 3-10 shows the *Rating of Dental Plan* top-box scores.

Figure 3-10—Top-Box Scores: Rating of Dental Plan

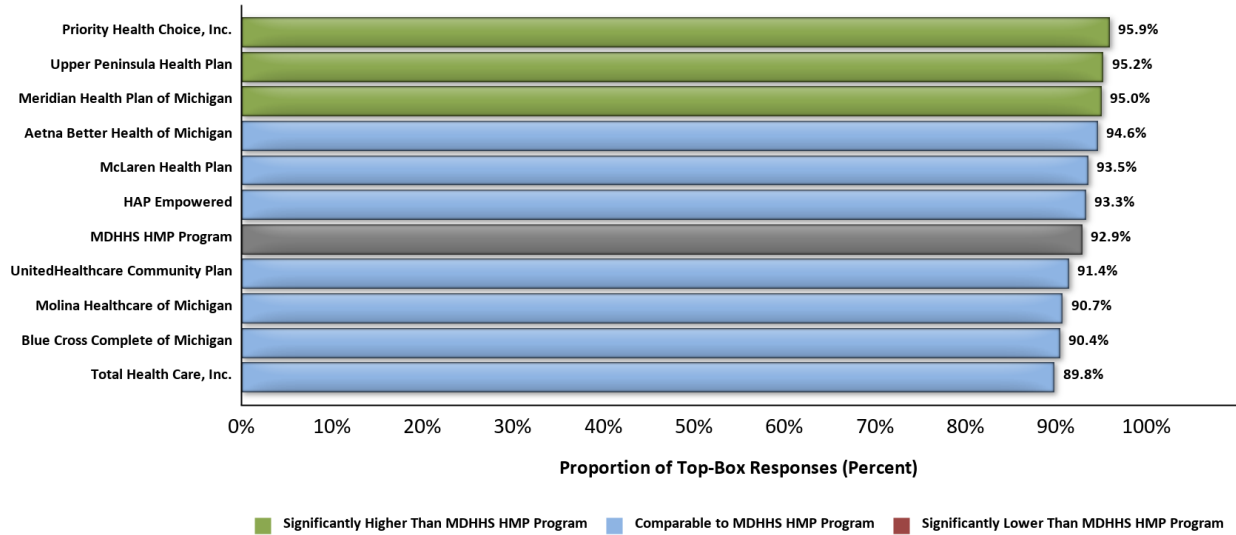


Composite Measures

Care from Dentists and Staff

Figure 3-11 shows the *Care from Dentists and Staff* top-box scores.

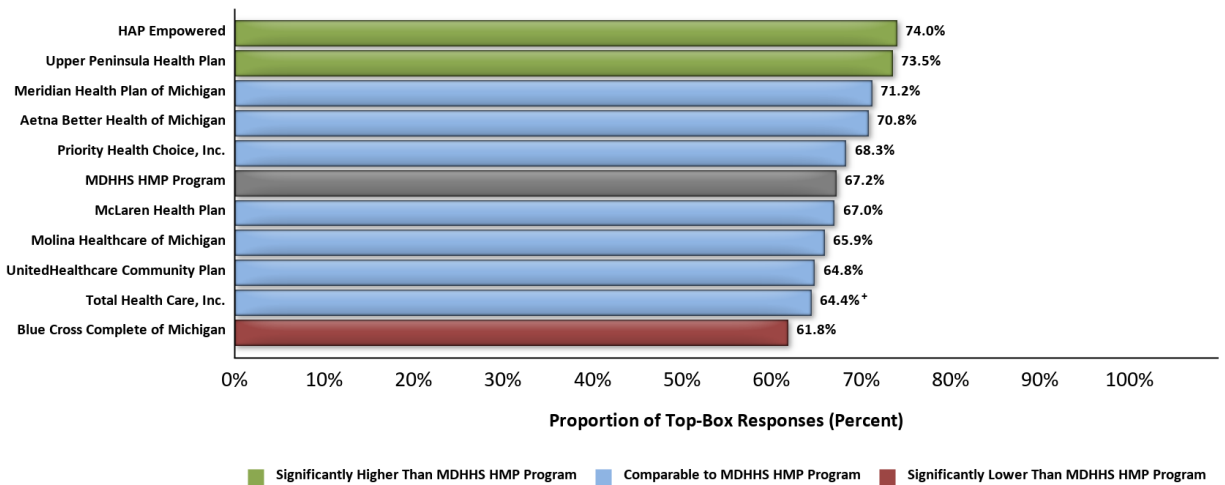
Figure 3-11—Top-Box Scores: Care from Dentists and Staff



Access to Dental Care

Figure 3-12 shows the *Access to Dental Care* top-box scores.

Figure 3-12—Top-Box Scores: Access to Dental Care

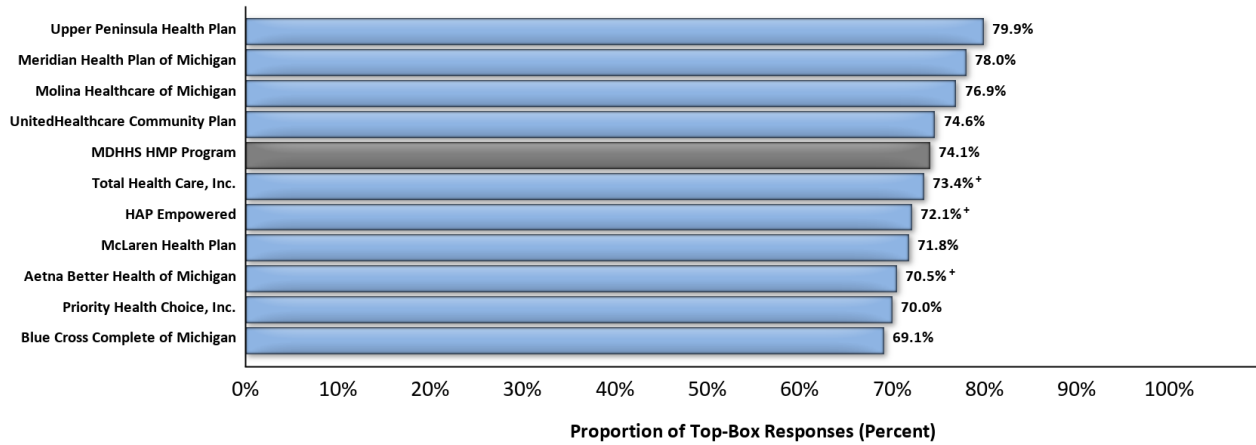


* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Dental Plan Information and Services

Figure 3-13 shows the *Dental Plan Information and Services* top-box scores.

Figure 3-13—Top-Box Scores: Dental Plan Information and Services



■ Significantly Higher Than MDHHS HMP Program ■ Comparable to MDHHS HMP Program ■ Significantly Lower Than MDHHS HMP Program

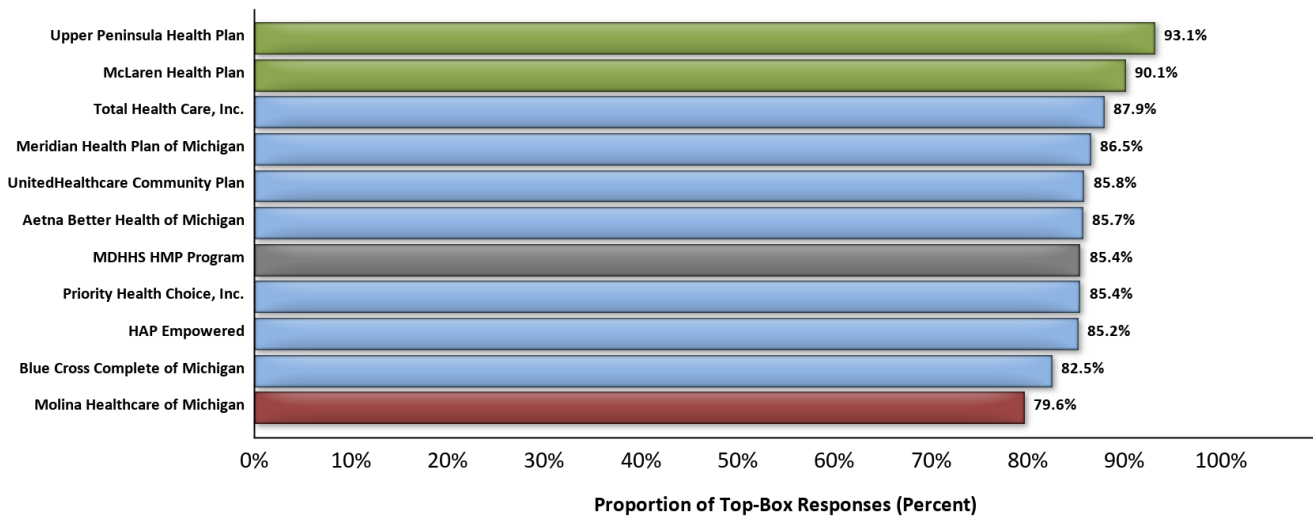
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Individual Item Measure

Would Recommend Dental Plan

Figure 3-14 shows the *Would Recommend Dental Plan* top-box scores.

Figure 3-14—Top-Box Scores: Would Recommend Dental Plan



■ Significantly Higher Than MDHHS HMP Program ■ Comparable to MDHHS HMP Program ■ Significantly Lower Than MDHHS HMP Program

4. Trend Analysis

HSAG compared the 2022 scores to the 2021 and 2020 scores to determine whether there were statistically significant differences. For additional information on the trend analysis, please refer to the Trend Analysis subsection in the Reader’s Guide on page 2-7.

Global Ratings

Rating of Regular Dentist

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

Table 4-1—Trend Analysis: Rating of Regular Dentist

Program/Plan Name	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
HMP Program	60.9%	59.0%	59.3%	—	—
Aetna Better Health of Michigan	59.9%	58.0%	70.3%	▲	▲
Blue Cross Complete of Michigan	62.7%	57.3%	53.4%	▼	—
HAP Empowered	63.8% ⁺	63.6% ⁺	62.0%	—	—
McLaren Health Plan	63.2%	63.9%	61.0%	—	—
Meridian Health Plan of Michigan	58.6%	56.6%	63.2%	—	—
Molina Healthcare of Michigan	59.1%	56.9%	53.0%	—	—
Priority Health Choice, Inc.	64.6%	64.9%	68.4%	—	—
Total Health Care, Inc.	64.8%	65.5%	59.4%	—	—
UnitedHealthcare Community Plan	58.6%	55.9%	54.4%	—	—
Upper Peninsula Health Plan	68.1%	72.3%	66.3%	—	—

⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ Statistically significantly higher in 2022 than in previous years.
 ▼ Statistically significantly lower in 2022 than in previous years.
 — Not statistically significantly different in 2022 than in previous years.

Rating of All Dental Care

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

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

Program/Plan Name	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
HMP Program	59.7%	59.5%	57.2%	—	—
Aetna Better Health of Michigan	57.6%	62.6%	61.3%	—	—
Blue Cross Complete of Michigan	59.0%	60.1%	51.3%	—	▼
HAP Empowered	62.1%	56.5% ⁺	66.5%	—	—
McLaren Health Plan	62.2%	62.2%	56.2%	—	—
Meridian Health Plan of Michigan	60.4%	59.1%	61.9%	—	—
Molina Healthcare of Michigan	57.9%	53.4%	51.7%	—	—
Priority Health Choice, Inc.	63.4%	66.9%	64.4%	—	—
Total Health Care, Inc.	58.1%	58.9%	51.6%	—	—
UnitedHealthcare Community Plan	54.2%	56.8%	54.3%	—	—
Upper Peninsula Health Plan	70.2%	68.5%	68.6%	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2022 than in previous years. [▼] Statistically significantly lower in 2022 than in previous years. — Not statistically significantly different in 2022 than in previous years.					

Rating of Finding a Dentist

Table 4-3 shows the 2020, 2021, and 2022 top-box scores and trend results for *Rating of Finding a Dentist*.

Table 4-3—Trend Analysis: Rating of Finding a Dentist

Program/Plan Name	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
HMP Program	41.8%	29.1%	34.7%	—	—
Aetna Better Health of Michigan	50.8% ⁺	27.3% ⁺	40.0% ⁺	—	—
Blue Cross Complete of Michigan	39.1% ⁺	37.5% ⁺	26.7% ⁺	—	—
HAP Empowered	47.1% ⁺	NA	55.6% ⁺	—	NT
McLaren Health Plan	39.1% ⁺	28.6% ⁺	32.5% ⁺	—	—
Meridian Health Plan of Michigan	41.5% ⁺	24.3% ⁺	41.5% ⁺	—	—
Molina Healthcare of Michigan	48.4% ⁺	29.4% ⁺	25.8% ⁺	▼	—
Priority Health Choice, Inc.	51.1% ⁺	30.8% ⁺	28.6% ⁺	▼	—
Total Health Care, Inc.	43.1% ⁺	37.8% ⁺	28.6% ⁺	—	—
UnitedHealthcare Community Plan	37.3% ⁺	27.3% ⁺	44.1% ⁺	—	—
Upper Peninsula Health Plan	32.4% ⁺	34.4% ⁺	43.3% ⁺	—	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2022 than in previous years. ▼ Statistically significantly lower in 2022 than in previous years. — Not statistically significantly different in 2022 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.</p>					

Rating of Dental Plan

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

Table 4-4—Trend Analysis: Rating of Dental Plan

Program/Plan Name	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
HMP Program	49.6%	47.3%	46.6%	—	—
Aetna Better Health of Michigan	50.8%	54.0%	49.7%	—	—
Blue Cross Complete of Michigan	48.6%	41.0%	41.0%	—	—
HAP Empowered	49.5% ⁺	46.8% ⁺	55.6%	—	—
McLaren Health Plan	51.1%	53.6%	53.6%	—	—
Meridian Health Plan of Michigan	49.1%	49.7%	47.1%	—	—
Molina Healthcare of Michigan	50.4%	41.1%	41.3%	▼	—
Priority Health Choice, Inc.	53.5%	49.6%	52.0%	—	—
Total Health Care, Inc.	44.6%	50.0%	41.5%	—	—
UnitedHealthcare Community Plan	45.1%	43.6%	43.5%	—	—
Upper Peninsula Health Plan	59.7%	59.9%	62.4%	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2022 than in previous years. ▼ Statistically significantly lower in 2022 than in previous years. — Not statistically significantly different in 2022 than in previous years.					

Composite Measures

Care from Dentists and Staff

Table 4-5 shows the 2020, 2021, and 2022 top-box scores and trend results for the *Care from Dentists and Staff* composite measure.

Table 4-5—Trend Analysis: Care from Dentists and Staff

Program/Plan Name	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
HMP Program	92.8%	92.4%	92.9%	—	—
Aetna Better Health of Michigan	93.2%	92.3%	94.6%	—	—
Blue Cross Complete of Michigan	92.5%	91.1%	90.4%	—	—
HAP Empowered	92.8% ⁺	93.6% ⁺	93.3%	—	—
McLaren Health Plan	92.9%	94.3%	93.5%	—	—
Meridian Health Plan of Michigan	93.7%	92.3%	95.0%	—	—
Molina Healthcare of Michigan	90.4%	90.9%	90.7%	—	—
Priority Health Choice, Inc.	95.9%	95.6%	95.9%	—	—
Total Health Care, Inc.	93.3%	94.1%	89.8%	—	—
UnitedHealthcare Community Plan	91.4%	91.1%	91.4%	—	—
Upper Peninsula Health Plan	95.8%	96.2%	95.2%	—	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2022 than in previous years. [▼] Statistically significantly lower in 2022 than in previous years. — Not statistically significantly different in 2022 than in previous years.</p>					

Access to Dental Care

Table 4-6 shows the 2020, 2021, and 2022 top-box scores and trend results for the *Access to Dental Care* composite measure.

Table 4-6—Trend Analysis: Access to Dental Care

Program/Plan Name	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
HMP Program	70.7%	67.5%	67.2%	▼	—
Aetna Better Health of Michigan	71.6%	68.2%	70.8%	—	—
Blue Cross Complete of Michigan	71.7%	69.3%	61.8%	▼	▼
HAP Empowered	68.7% ⁺	66.1% ⁺	74.0%	—	—
McLaren Health Plan	70.8%	70.2%	67.0%	—	—
Meridian Health Plan of Michigan	71.0%	66.2%	71.2%	—	—
Molina Healthcare of Michigan	68.9%	61.9%	65.9%	—	—
Priority Health Choice, Inc.	74.3%	73.9%	68.3%	▼	—
Total Health Care, Inc.	71.1%	70.4%	64.4% ⁺	▼	—
UnitedHealthcare Community Plan	68.6%	66.0%	64.8%	—	—
Upper Peninsula Health Plan	73.0%	74.2%	73.5%	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2022 than in previous years. ▼ Statistically significantly lower in 2022 than in previous years. — Not statistically significantly different in 2022 than in previous years.					

Dental Plan Information and Services

Table 4-7 shows the 2020, 2021, and 2022 top-box scores and trend results for the *Dental Plan Information and Services* composite measure.

Table 4-7—Trend Analysis: Dental Plan Information and Services

Program/Plan Name	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
HMP Program	78.7%	72.7%	74.1%	▼	—
Aetna Better Health of Michigan	77.3%	74.6% ⁺	70.5% ⁺	—	—
Blue Cross Complete of Michigan	76.8%	70.0%	69.1%	▼	—
HAP Empowered	79.9% ⁺	75.5% ⁺	72.1% ⁺	—	—
McLaren Health Plan	80.3%	77.4%	71.8%	▼	—
Meridian Health Plan of Michigan	80.0%	71.3%	78.0%	—	—
Molina Healthcare of Michigan	77.3%	70.8%	76.9%	—	—
Priority Health Choice, Inc.	83.3%	77.4%	70.0%	▼	—
Total Health Care, Inc.	74.6%	79.8%	73.4% ⁺	—	—
UnitedHealthcare Community Plan	76.0%	69.2%	74.6%	—	—
Upper Peninsula Health Plan	82.1%	84.4%	79.9%	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2022 than in previous years. ▼ Statistically significantly lower in 2022 than in previous years. — Not statistically significantly different in 2022 than in previous years.					

Individual Item Measure

Would Recommend Dental Plan

Table 4-8 shows the 2020, 2021, and 2022 top-box scores and trend results for the *Would Recommend Dental Plan* individual item measure.

Table 4-8—Trend Analysis: Would Recommend Dental Plan

Program/Plan Name	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
HMP Program	90.7%	87.1%	85.4%	▼	—
Aetna Better Health of Michigan	86.9%	83.7%	85.7%	—	—
Blue Cross Complete of Michigan	90.4%	85.2%	82.5%	▼	—
HAP Empowered	88.9% ⁺	91.9% ⁺	85.2%	—	—
McLaren Health Plan	93.4%	91.2%	90.1%	—	—
Meridian Health Plan of Michigan	91.1%	89.7%	86.5%	—	—
Molina Healthcare of Michigan	87.7%	79.5%	79.6%	▼	—
Priority Health Choice, Inc.	93.9%	90.8%	85.4%	▼	▼
Total Health Care, Inc.	89.9%	87.0%	87.9%	—	—
UnitedHealthcare Community Plan	88.1%	83.5%	85.8%	—	—
Upper Peninsula Health Plan	96.6%	94.3%	93.1%	▼	—

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ Statistically significantly higher in 2022 than in previous years.
 ▼ Statistically significantly lower in 2022 than in previous years.
 — Not statistically significantly different in 2022 than in previous years.

5. Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of All Dental Care*, *Rating of Dental Plan*, and *Would Recommend Dental Plan*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader’s Guide on page 2-7.

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

Figure 5-1—Key Drivers of Member Experience: HMP Program—Rating of All Dental Care

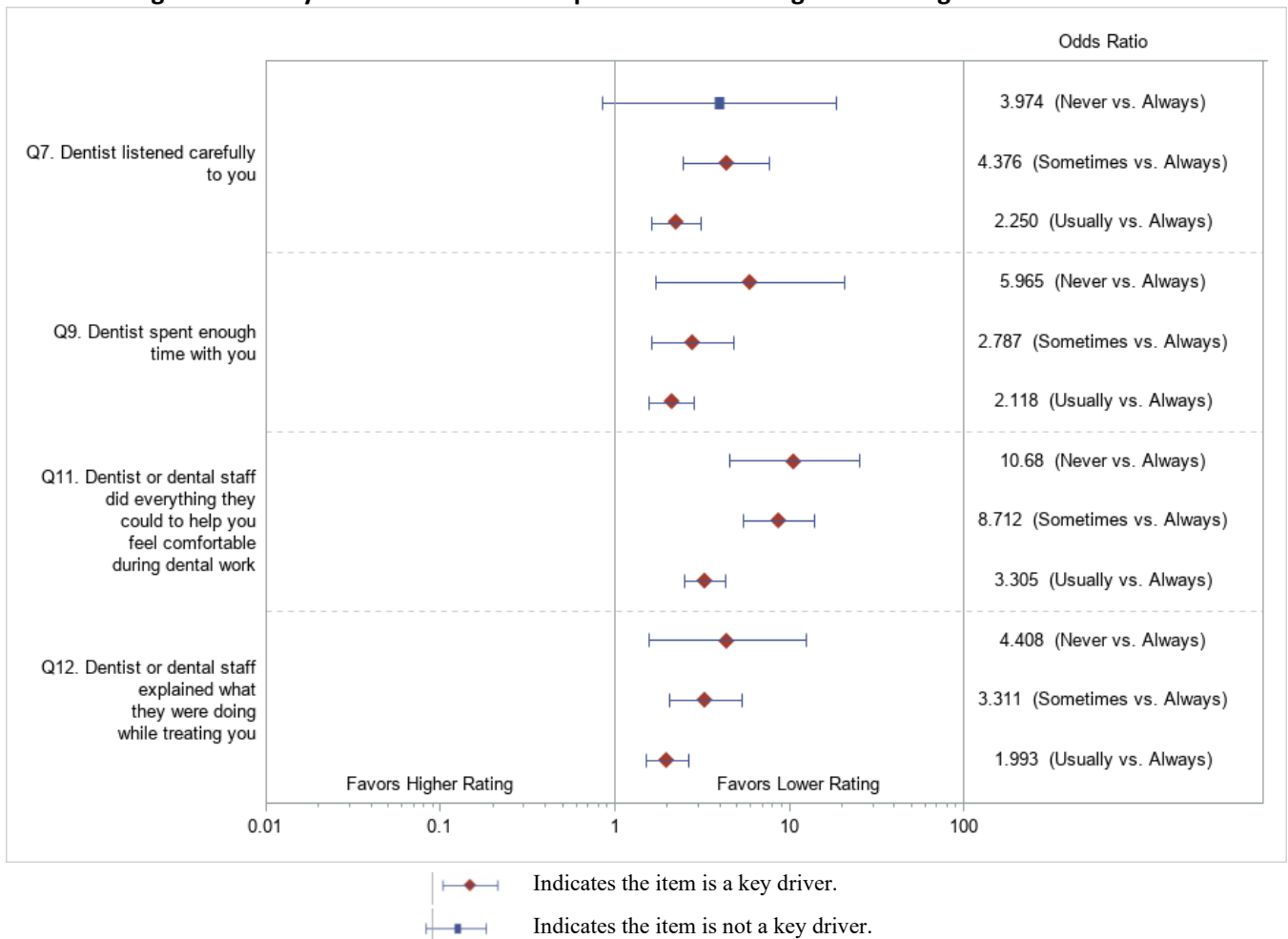


Figure 5-2—Key Drivers of Member Experience: HMP Program—Rating of Dental Plan

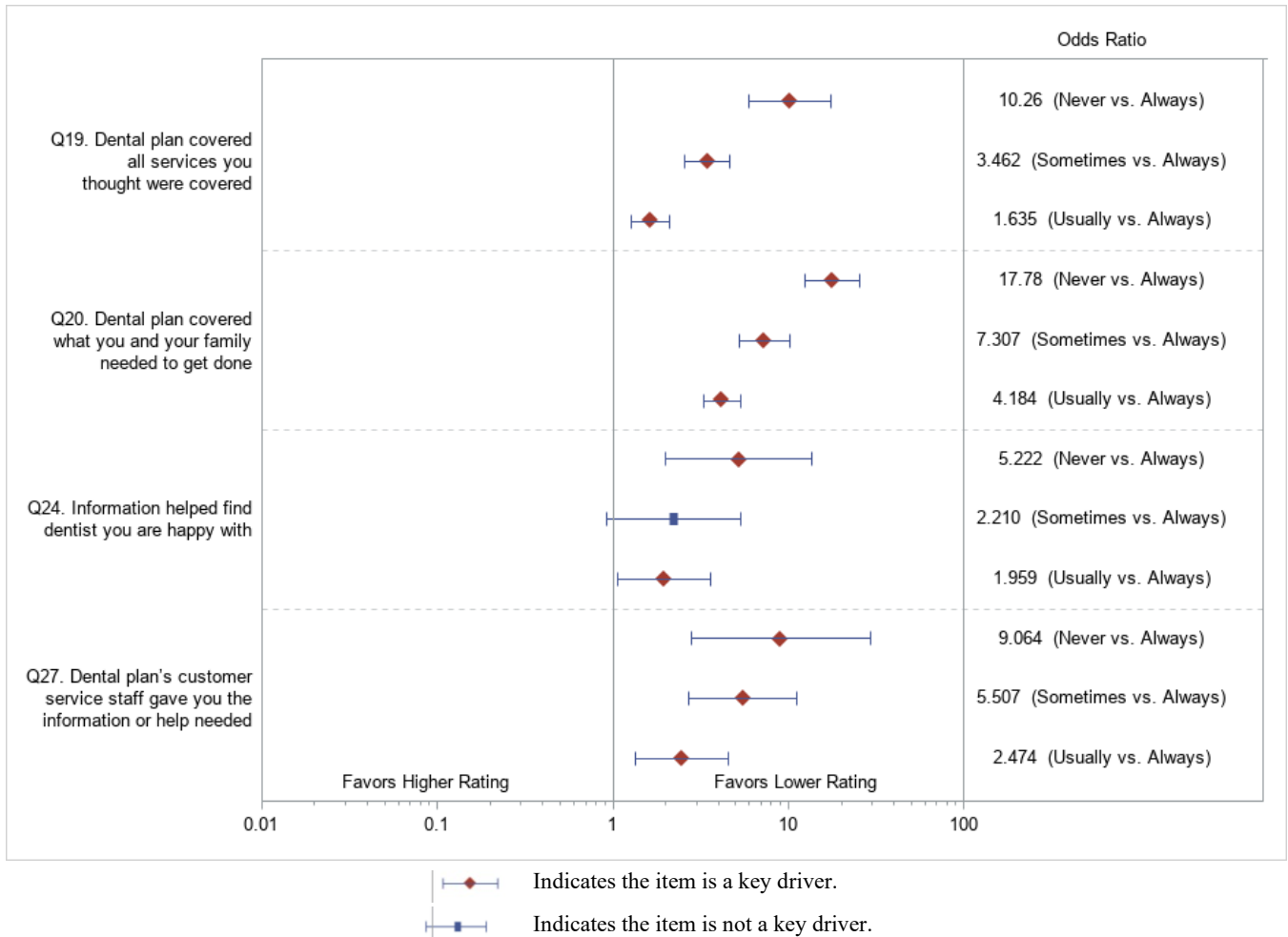
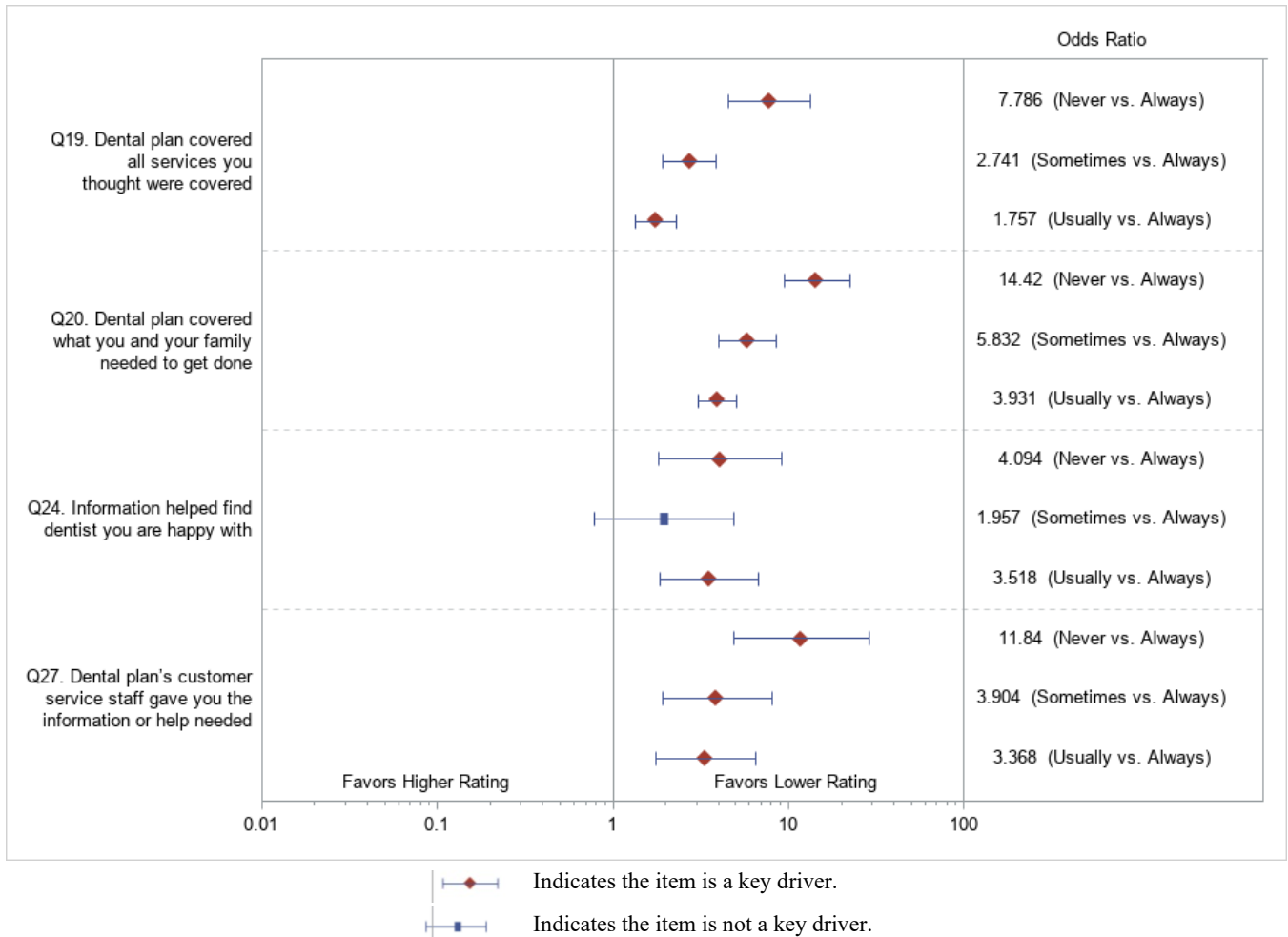


Figure 5-3—Key Drivers of Member Experience: HMP Program—Would Recommend Dental Plan



6. Survey Instrument

This section provides a copy of the survey instrument administered to adult members receiving dental services through the HMP Program.



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the dental care you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-877-455-3393.

SURVEY INSTRUCTIONS

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

Correct Mark 

Incorrect Marks   

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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

1. Our records show that you are now in the (insert dental plan name). Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your dental plan? (Please print)



3. In the last 12 months, did you go to a dentist's office or clinic for care?

- Yes → **Go to Question 4**
- No → **Please stop and return this survey in the postage-paid envelope. Thank you.**

Your Regular Dentist

4. A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist?

- Yes
- No → **Go to Question 11**

5. Have you seen your regular dentist in the last 12 months?

- Yes
- No, I've seen someone else → **Go to Question 11**

6. In the last 12 months, how often did your regular dentist explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

7. In the last 12 months, how often did your regular dentist listen carefully to you?

- Never
- Sometimes
- Usually
- Always

8. In the last 12 months, how often did your regular dentist treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

9. In the last 12 months, how often did your regular dentist spend enough time with you?

- Never
- Sometimes
- Usually
- Always

10. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your regular dentist?

-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Best
- Regular Dentist Regular Dentist
- Possible Possible



Your Dental Care In The Last 12 Months

So far, the questions on this survey have been about your regular dentist. The next set of questions asks about any dental care you had in the last 12 months, including dental care with your regular dentist or with someone else.

11. In the last 12 months, how often did the dentists or dental staff do everything they could to help you feel as comfortable as possible during your dental work?

- Never
- Sometimes
- Usually
- Always

12. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating you?

- Never
- Sometimes
- Usually
- Always

13. In the last 12 months, how often were your dental appointments as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

14. If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?

- I did not have a dental emergency in the last 12 months
- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

15. If you tried to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 12 months, how often did you get an appointment as soon as you wanted?

- I did not try to get an appointment with a specialist dentist for myself in the last 12 months
- Never
- Sometimes
- Usually
- Always

16. In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before you saw someone for your appointment?

- Never → *Go to Question 18*
- Sometimes
- Usually
- Always

17. If you had to spend more than 15 minutes in the waiting room before you saw someone for your appointment, how often did someone tell you why there was a delay or how long the delay would be?

- Never
- Sometimes
- Usually
- Always

27. In the last 12 months, how often did your dental plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

28. In the last 12 months, how often did your dental plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

29. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your dental plan?

-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Best
Dental Plan Dental Plan
Possible Possible

30. Would you recommend this dental plan to people who want to join?

- Definitely yes
- Probably yes
- Probably no
- Definitely no

About You

31. In general, how would you rate the overall condition of your teeth and gums?

- Excellent
- Very good
- Good
- Fair
- Poor

32. What is your age?

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

33. Are you male or female?

- Male
- Female

34. 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

35. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino



◆

36. What is your race? Mark one or more.

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

37. Did someone help you complete this survey?

- Yes → ***Go to Question 38***
- No → ***Thank you. Please return the completed survey in the postage-paid envelope.***

38. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

