

2025 Adult Medicaid Health Plan CAHPS® Report

*Michigan Department of Health and
Human Services*

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1. Executive Summary

Introduction

The Michigan Department of Health and Human Services (MDHHS) assesses the perceptions and experiences of members enrolled in the Medicaid health plans (MHPs) and Fee-for-Service (FFS) as part of its process for evaluating the quality of health care services provided to adult members in the Michigan (MI) 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 MI Medicaid Program.^{1-1,1-2} The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving members' overall experiences.

This report presents the 2025 adult Medicaid CAHPS results of members enrolled in an MHP or FFS. The surveys were completed from February to May 2025. The standardized survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.^{1-3,1-4} 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:

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

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

Table 1-1—Participating MHPs and FFS Program

Program/MHP Name	Abbreviation
Aetna Better Health of Michigan	AET
Blue Cross Complete of Michigan	BCC
HAP CareSource	HCS
McLaren Health Plan	MCL
Meridian Health Plan of Michigan	MER
Molina Healthcare of Michigan	MOL

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

¹⁻² HSAG surveyed the FFS Medicaid population. The MHPs contracted with various survey vendors to administer the CAHPS survey.

¹⁻³ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻⁴ The 2025 CAHPS survey results were reported to NCQA for the nine MHPs. The 2025 CAHPS survey results were not reported to NCQA for FFS.

Program/MHP Name	Abbreviation
Priority Health Choice	PRI
UnitedHealthcare Community Plan	UNI
Upper Peninsula Health Plan	UPP
Fee-for-Service Program	FFS





Survey Administration Overview

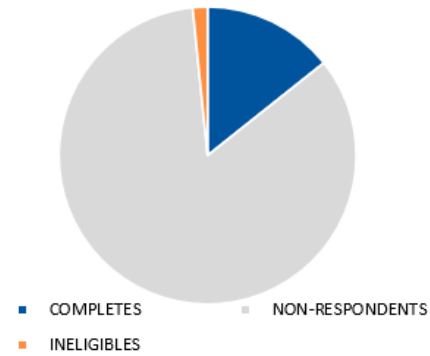
Figure 1-1 shows the distribution of survey dispositions and response rates for the MI Medicaid Program.¹⁻⁵ For the detailed results of the survey dispositions and response rates, please refer to the Results section beginning on page 3-1.

¹⁻⁵ The survey administration protocol employed for FFS was a mixed-mode methodology, which allowed members to complete a survey via mail, telephone, or Internet. The MHPs employed various data collection protocols, which included mail, telephone, and/or Internet.

Figure 1-1—Survey Administration Overview: MI Medicaid Program¹⁻⁶

Start Survey On:	Finish Survey On:
02.10.25	05.05.25
TOTAL SAMPLE SIZE	23,126
RESPONSE RATE	14.54%

 COMPLETES	3,308
 NON-RESPONDENTS	19,447
 INELIGIBLES	371
 UNDELIVERABLES	1,419



DETAILS

	Mail 1	Mail 2	Mail 3	Phone*	Web*
Completes	1,252	659	48	866	483
	Incompletes	Refusals	No Response		
Non-Respondents	340	536	18,571		
	Invalid	Deceased	Language Barrier	Incapacitated	
Ineligibles	154	20	116	81	

* There were 7 and 11 surveys completed in Spanish over the telephone and via web, respectively.

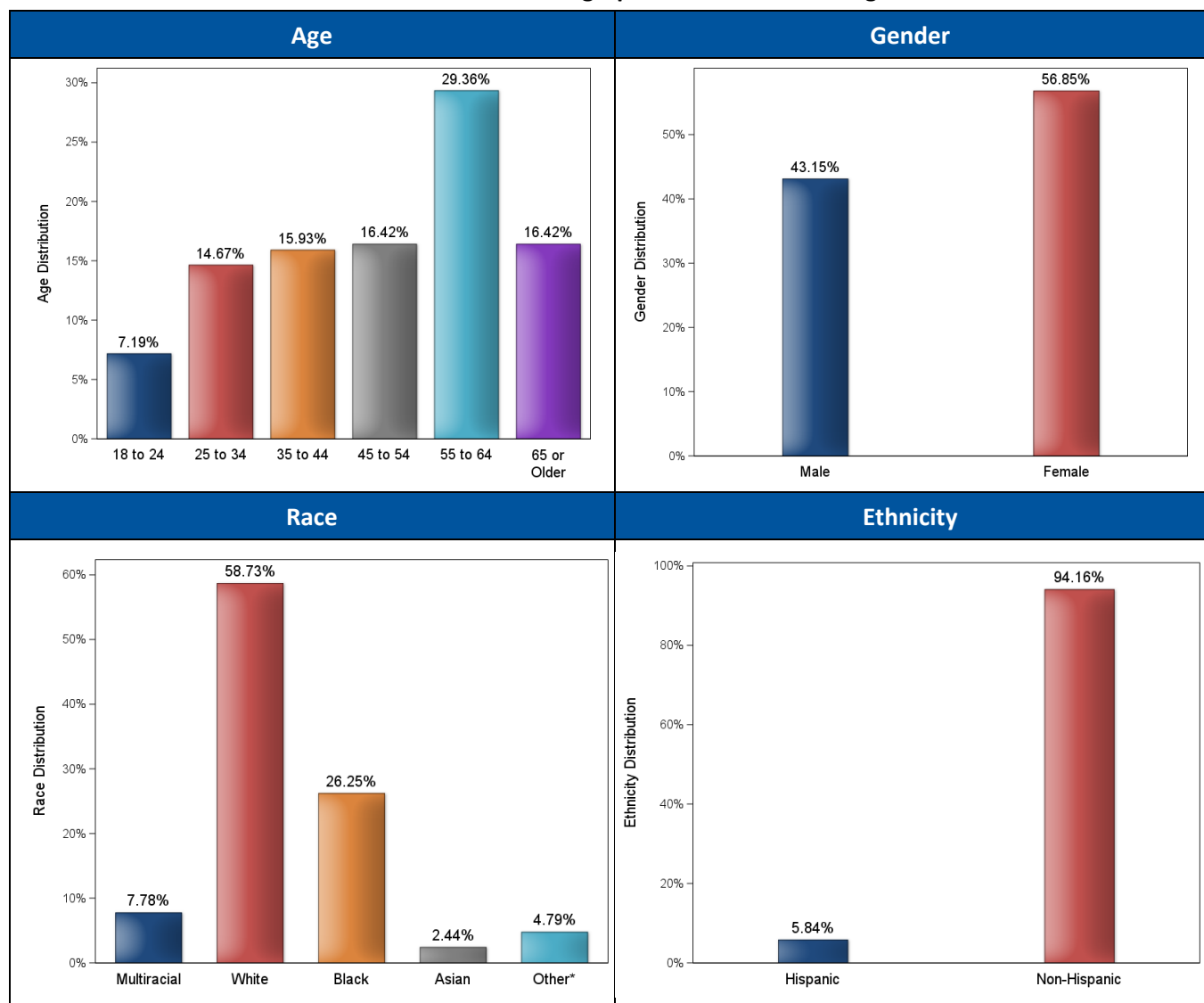
¹⁻⁶ The administration period for the survey aligns with the timeframe for FFS.

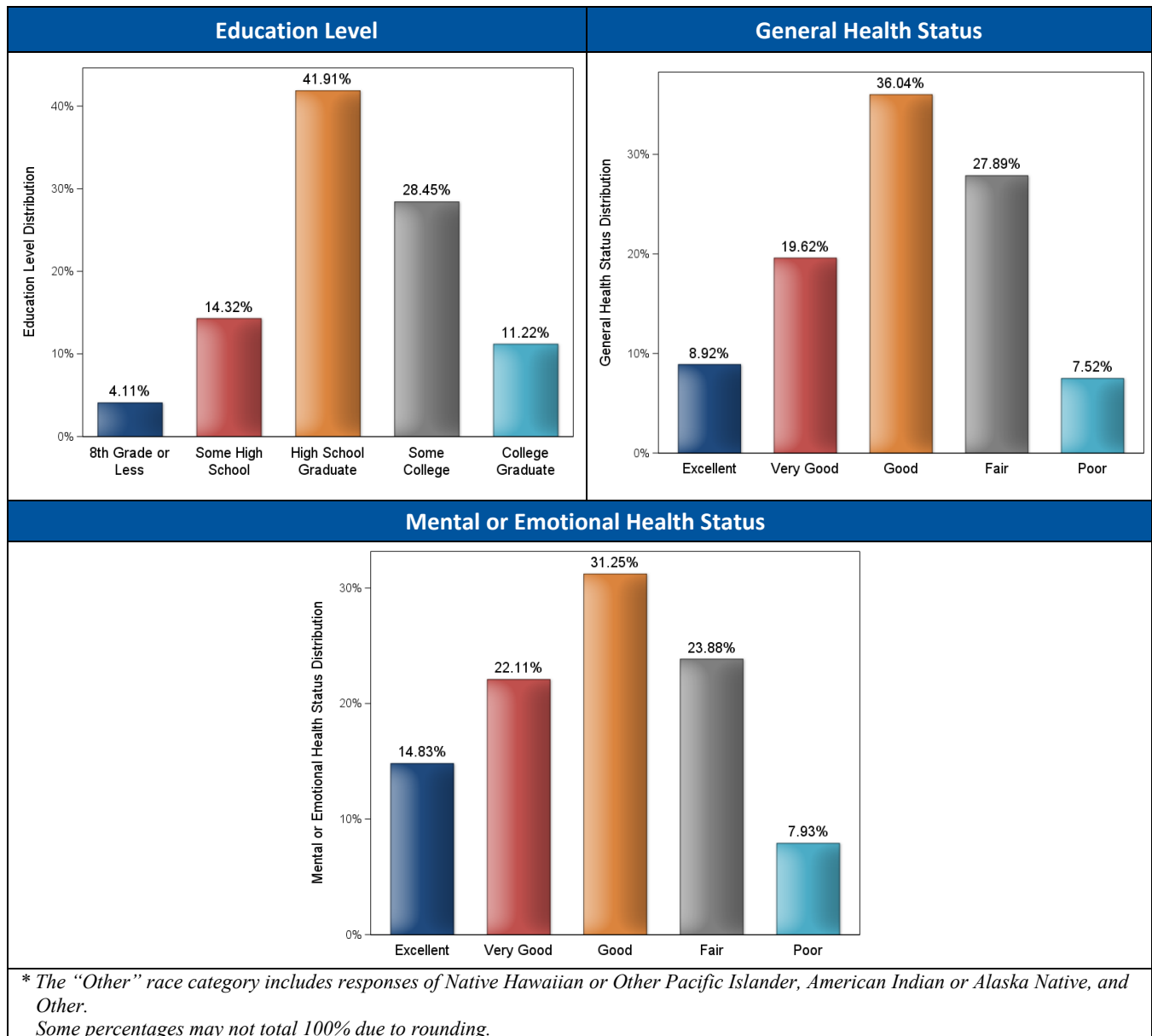
Key Findings

Member Demographics

Table 1-2 provides an overview of the MI Medicaid Program member demographics characteristics. For the detailed results of the member demographics, please refer to the Results section beginning on page 3-2.

Table 1-2—Member Demographics: MI Medicaid Program





Comparative Analyses

HSAG calculated overall scores for the medical assistance with smoking and tobacco use cessation measure items and top-box scores for the other measures, which represent the percentage of respondents with positive survey responses (i.e., rate the experience of their care higher) for each measure. The overall scores for the medical assistance with smoking and tobacco use cessation measure items include respondents who:

- Indicated that they were current smokers or tobacco users and sometimes, usually, or always were advised to quit, recommended cessation medications, and/or provided cessation methods or strategies.

The top-box scores for the other measures include respondents who:

- Provided a rating of 9 or 10 on the global ratings.
- Usually or always received and/or had access to the care and services they needed.

National Percentile Comparisons and Trend Analysis

HSAG compared the scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2024 Quality Compass[®] Benchmark and Compare Quality Data.^{1-7,1-8,1-9} 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). In addition, HSAG performed a trend analysis that compared the 2025 scores to their corresponding 2024 and 2023 scores.

Table 1-3 provides the summary of the national percentile comparisons and trend analysis findings for the MI Medicaid Program. The percentages presented below the stars represent the scores, while the stars represent the star ratings when the scores were compared to NCQA Quality Compass Benchmark and Compare Quality Data. Only the most recent trend results (i.e., 2025 compared to 2024) are presented in the table. For the detailed results of the national percentile comparisons and trend analysis, please refer to the Results section beginning on page 3-9 and the Trend Analysis section beginning on page 4-1.

¹⁻⁷ National Committee for Quality Assurance. *Quality Compass[®]: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

¹⁻⁸ The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass[®] 2024 data and is used with the permission of NCQA. Quality Compass 2024 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.

¹⁻⁹ Quality Compass 2025 data were not available at the time this report was prepared; therefore, 2024 data were used for comparison.

Table 1-3—National Percentile Comparisons and Trend Analysis Summary: MI Medicaid Program

Measure	National Percentile Comparisons	Trend Analysis (2025 Compared to 2024)
Global Ratings		
<i>Rating of Health Plan</i>	★★★★ 61.79%	—
<i>Rating of All Health Care</i>	★★ 55.44%	—
<i>Rating of Personal Doctor</i>	★★ 68.53%	—
<i>Rating of Specialist Seen Most Often</i>	★★ 66.77%	—
Composite Measures		
<i>Getting Needed Care</i>	★★★★ 82.98%	—
<i>Getting Care Quickly</i>	★★★★ 82.03%	—
<i>How Well Doctors Communicate</i>	★ 91.35%	—
<i>Customer Service</i>	★★ 87.48%	—
Individual Item Measure		
<i>Coordination of Care</i>	★★ 83.21%	—
Medical Assistance With Smoking and Tobacco Use Cessation Measure Items		
<i>Advising Smokers and Tobacco Users to Quit</i>	★★★★★ 77.66%	—
<i>Discussing Cessation Medications</i>	★★★★ 54.98%	—
<i>Discussing Cessation Strategies</i>	★★★★ 46.79%	—
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Indicates the 2025 score is statistically significantly higher than 2024. ▼ Indicates the 2025 score is statistically significantly lower than 2024. — Indicates the 2025 score is not statistically significantly different than 2024.		

Program and National Average Comparisons

HSAG compared the MHP and FFS scores to the MI Medicaid Managed Care Program and the 2024 NCQA adult Medicaid national averages to determine if the MHP or FFS scores were statistically significantly different. Table 1-4 shows the summary of the program and national average comparisons with statistically significant results; measures or MHPs with no statistically significant results are not shown. For the detailed results of the program and national average comparisons, please refer to the Results section beginning on page 3-13.

Table 1-4—Program and National Average Comparisons Summary: Statistically Significant Results

Measure	AET	FFS	MCL	MOL	PRI	UNI	UPP
Global Ratings							
<i>Rating of Health Plan</i>	↓	—	—	↑ H	—	—	↑ H
<i>Rating of All Health Care</i>	—	↓ L	—	—	H	—	—
<i>Rating of Personal Doctor</i>	—	—	—	—	—	L	—
<i>Rating of Specialist Seen Most Often</i>	—	—	—	—	—	—	↑ H
Composite Measures							
<i>Getting Needed Care</i>	—	—	—	—	H	—	H
<i>Getting Care Quickly</i>	—	—	↓	H	H	—	↑ H
<i>How Well Doctors Communicate</i>	—	L	—	—	—	—	—
<i>Customer Service</i>	—	↓	↓ ⁺	↑ H	—	—	↑ H
Medical Assistance With Smoking and Tobacco Use Cessation Measure Items							
<i>Advising Smokers and Tobacco Users to Quit</i>	—	↑ H	—	—	H	—	—
↑ Indicates the 2025 score is statistically significantly higher than the MI Medicaid Managed Care Program. ↓ Indicates the 2025 score is statistically significantly lower than the MI Medicaid Managed Care Program. H Indicates the 2025 score is statistically significantly higher than the NCQA national average. L Indicates the 2025 score is statistically significantly lower than the NCQA national average. — Indicates the 2025 score is not statistically significantly different than the MI Medicaid Managed Care Program or the NCQA national average. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.							

Key Drivers of Member Experience Analysis

To determine potential items for quality improvement efforts, HSAG conducted a key drivers analysis for the MI Medicaid Program. 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 respondents’ levels of experience with each of the three measures.

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 MI Medicaid Program. For the detailed results of this analysis, please refer to the Key Drivers of Member Experience Analysis section beginning on page 5-1.

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

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4. Received care as soon as needed when care was needed right away	Never vs. Always	✓	✓	NS
	Sometimes vs. Always	✓	✓	NS
	Usually vs. Always	NS	✓	NS
Q9. Ease of getting the care, tests, or treatment needed	Never vs. Always	✓	✓	NS
	Sometimes vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q12. Personal doctor explained things in an understandable way	Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	✓	✓
Q13. Personal doctor listened carefully	Never vs. Always	NS	NS	✓
	Sometimes vs. Always	✓	NS	✓
	Usually vs. Always	✓	NS	✓
Q14. Personal doctor showed respect for what was said	Never vs. Always	NS	✓	✓
	Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q15. Personal doctor spent enough time	Never vs. Always	NS	NS	✓
	Sometimes vs. Always	NS	✓	✓
	Usually vs. Always	NS	✓	✓
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	Never vs. Always	✓	NS	NS
	Sometimes vs. Always	✓	NS	NS
	Usually vs. Always	✓	NS	NS
Q24. Health plan's customer service gave the information or help needed	Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q25. Treated with courtesy and respect by health plan's customer service staff	Never vs. Always	✓	NS	NA
	Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
<p>NA Indicates that this question was not evaluated for this measure.</p> <p>NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect their rating.</p>				

2. Reader's Guide

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 results presented in this report.

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. The CAHPS 5.1 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 resulting data.

Performance Measures

The survey HSAG administered to FFS and MHPs includes 42 and 44 questions, respectively, that yield 12 measures of experience.²⁻¹ These measures include four global rating questions, four composite measures, one individual item measure, and three medical assistance with smoking and tobacco use cessation measure items. 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*

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

²⁻¹ The CAHPS 5.1H Medicaid Health Plan Survey includes 39 core questions. Some MHPs elected to include supplemental items in the surveys they administered.

of Care). The medical assistance with smoking and tobacco use cessation measure items assess the various aspects of providing medical assistance with smoking and tobacco use cessation.

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

Figure 2-1—CAHPS Measures

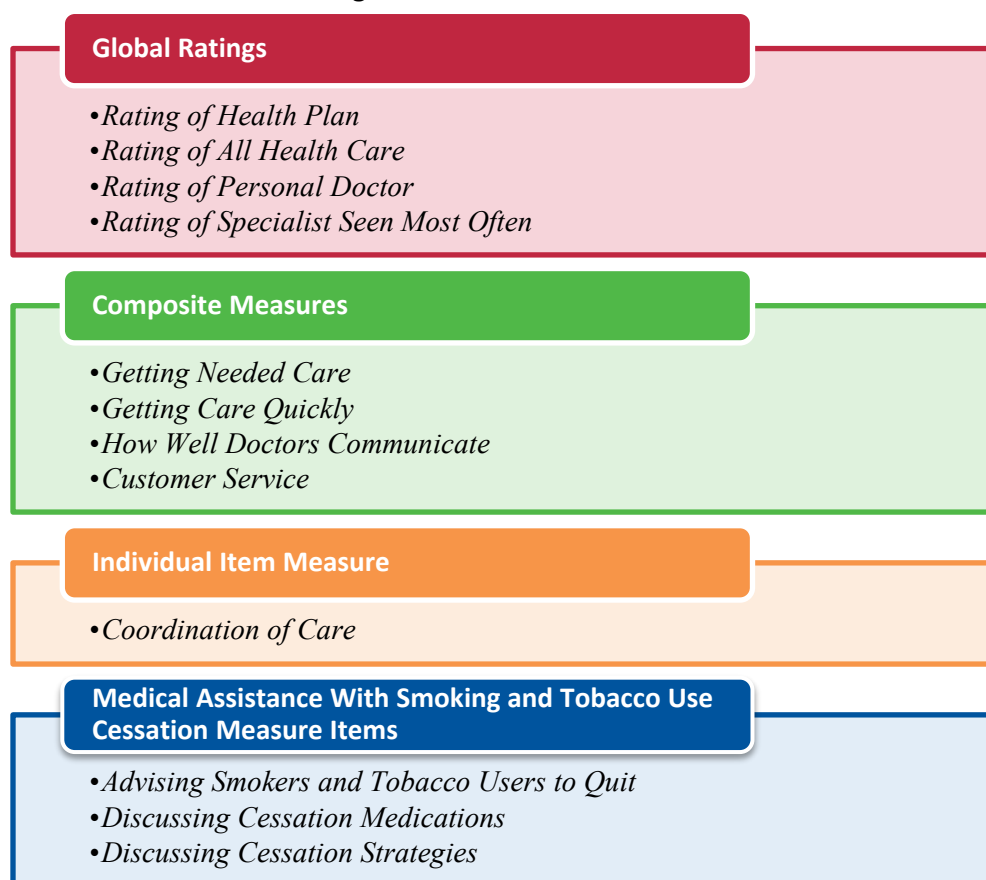


Table 2-1 shows the survey language and response options for each measure. The survey includes gate items that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted within footnotes in Table 2-1.

Table 2-1—Question Language and Response Options

Question Language	Response Options
Global Ratings	
<i>Rating of Health Plan</i>	
28. 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 health plan?	0–10 Scale
<i>Rating of All Health Care</i>²⁻²	
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 health care in the last 6 months?	0–10 Scale
<i>Rating of Personal Doctor</i>²⁻³	
18. 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 personal doctor?	0–10 Scale
<i>Rating of Specialist Seen Most Often</i>²⁻⁴	
22. We want to know your rating of the specialist you 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	
<i>Getting Needed Care</i>²⁻⁵	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always

²⁻² For *Rating of All Health Care*, the gate question asks respondents how many times they received health care in person, by phone, or by video, not counting the times they 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.

²⁻³ For *Rating of Personal Doctor*, the gate question asks respondents if they have 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.

²⁻⁴ For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments 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.

²⁻⁵ For *Getting Need Care*, the gate questions ask respondents how many times they received health care in person, by phone, or by video, not counting the times they went to the emergency room in the last six months and did they make any appointments 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
20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?	Never, Sometimes, Usually, Always
Getting Care Quickly²⁻⁶	
4. In the last 6 months, when you <u>needed care right away</u> , how often did you get care as soon as you 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> as soon as you needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate²⁻⁷	
12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
15. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always
Customer Service²⁻⁸	
24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care²⁻⁹	
17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Never, Sometimes, Usually, Always

²⁻⁶ For *Getting Care Quickly*, the gate questions ask respondents if they 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. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

²⁻⁷ For *How Well Doctors Communicate*, the gate question asks respondents if they have 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.

²⁻⁸ For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their 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.

²⁻⁹ For *Coordination of Care*, the gate question asks respondents if they have a personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

Question Language	Response Options
Medical Assistance With Smoking and Tobacco Use Cessation Measure Items²⁻¹⁰	
<i>Advising Smokers and Tobacco Users to Quit</i>	
32. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Never, Sometimes, Usually, Always
<i>Discussing Cessation Medications</i>	
33. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	Never, Sometimes, Usually, Always
<i>Discussing Cessation Strategies</i>	
34. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	Never, Sometimes, Usually, Always

How CAHPS Results Were Collected

The sampling procedures and survey protocol that HSAG adhered to are described below.

Sampling Procedures

For FFS, MDHHS provided HSAG with a list of all eligible members for the sampling frame. 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. The MHPs contracted with their own survey vendor to perform sampling. Following HEDIS requirements, members were sampled who met the following criteria:

- Were 18 years of age or older as of December 31, 2024.
- Were currently enrolled in an MHP or FFS.

²⁻¹⁰ For the medical assistance with smoking and tobacco use cessation measure items, the gate question asks respondents if they smoke cigarettes or use tobacco every day, some days, or not at all. If respondents answer "Not at all" or "Don't know" to this question, they are directed to skip the questions that collectively comprise the medical assistance with smoking and tobacco use cessation measure items.

- Were continuously enrolled in the MHP or FFS during the last six months of the measurement year (July 1 to December 31, 2024).²⁻¹¹
- Had Medicaid as a payer.

A sample of at least 1,350 adult members was selected for each MHP and FFS with no more than one member per household being selected.²⁻¹²

Survey Protocol

The survey administration protocol employed for FFS was a mixed-mode methodology, which allowed for three methods by which members could complete a survey: (1) mail, (2) Internet, or (3) Computer Assisted Telephone Interviewing (CATI). A cover letter that was mailed to sampled 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 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.²⁻¹³ The MHPs employed various data collection protocols. The survey administration protocols included mail, telephone, and/or Internet. In addition, some MHPs had an option for members to complete the survey in Spanish.

Table 2-2 shows the protocols used by each of the MHPs and FFS, as indicated by a checkmark (✓).

Table 2-2—Data Collection Protocols

	Mail	Telephone	Internet	Spanish
FFS	✓	✓	✓	✓
AET	✓	✓	✓	✓
BCC	✓	✓	✓	✓
HCS	✓	✓	✓	✓
MCL	✓	✓	✓	✓
MER	✓	✓	✓	✓

²⁻¹¹ 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 (i.e., a member whose coverage lapsed for two months [60 days] was not considered continuously enrolled).

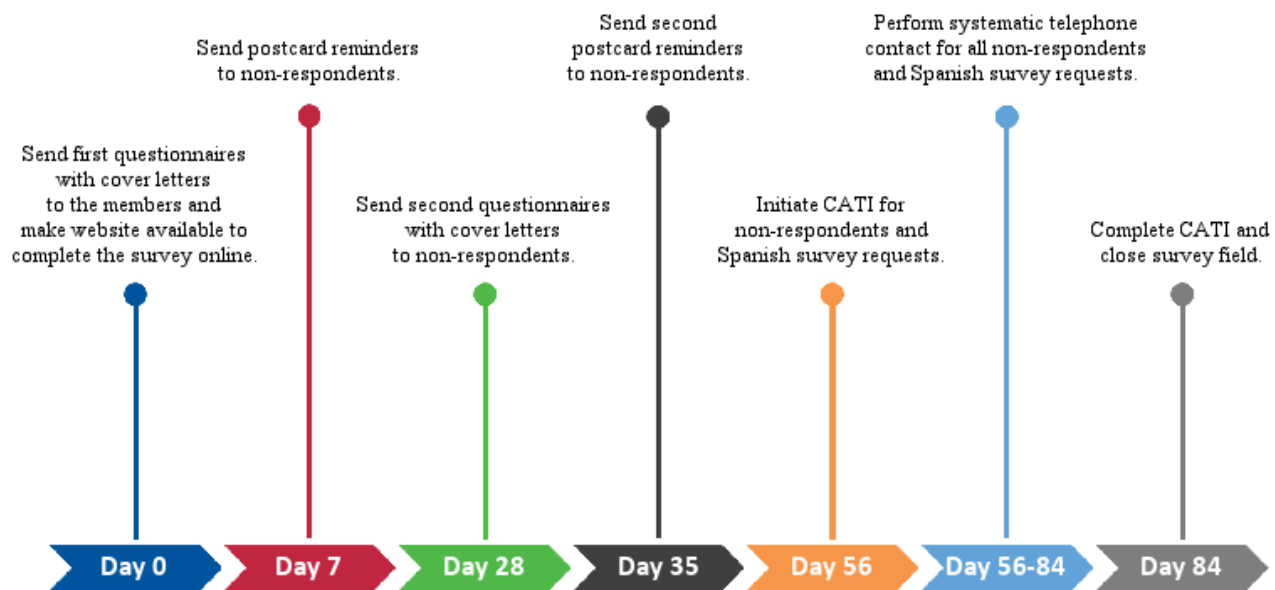
²⁻¹² Each of the MHPs elected to oversample their population.

²⁻¹³ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS® Measurement Year 2024 Survey Measures*. Washington, DC: NCQA; 2024.

	Mail	Telephone	Internet	Spanish
MOL	✓	✓	✓	NA
PRI	✓	✓	✓	✓
UNI	✓	✓	✓	✓
UPP	✓	✓	✓	NA
NA Indicates that this protocol was not employed.				

Figure 2-2 shows the timeline used for the FFS survey administration. Please note, this timeline may not reflect the timelines used by the MHPs.

Figure 2-2—Survey Timeline



How CAHPS Results Were Calculated and Displayed

Based on NCQA's recommendations in Volume 3 of HEDIS Specifications for Survey Measures and HSAG's extensive experience evaluating CAHPS data, HSAG performed several analyses to comprehensively assess respondents' experience. In addition to individual MHP results, HSAG combined results from FFS and the MHPs to calculate a MI Medicaid Program score. Also, HSAG combined results from the MHPs to calculate a MI 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.²⁻¹⁴ HSAG considered a survey completed if members answered at least three of the following five questions: 3, 10, 19, 23, and 28.²⁻¹⁵ Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (i.e., did not meet the eligible criteria on page 2-5), were mentally or physically incapacitated, or had a language barrier (the survey was made available in both English and Spanish).

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

Member Demographics

The demographics analysis evaluated demographic information of adult members based on responses to the survey. Table 2-3 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

²⁻¹⁴ National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2024.

²⁻¹⁵ Please refer to Appendix A of the report for a copy of the survey instrument to see the survey question language.

Table 2-3—Member Demographic Items Analyzed

Demographic Category	Survey Question Number
Member Demographics	
Age	35
Gender	36
Race	39
Ethnicity	38
Education Level	37
General Health Status	29
Mental or Emotional Health Status	30

Scoring Calculations

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.²⁻¹⁶ For purposes of calculating the top-box results, top-box responses were assigned a score value of one, with all other responses receiving a score value 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.

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated to determine the top-box scores. 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). For additional details, please refer to the *NCQA HEDIS Measurement Year 2024 Specifications for Survey Measures, Volume 3*.

Medical Assistance With Smoking and Tobacco Use Cessation Measure Items

HSAG calculated three scores that assess different facets of providing medical assistance with smoking and tobacco use cessation:

- *Advising Smokers and Tobacco Users to Quit*

²⁻¹⁶ National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2024.

- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator. The scores presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results. Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measure items, as the 2025 results contain members who responded to the survey in 2024 or 2025 and indicated that they were current smokers or tobacco users. The 2024 results contain members who responded to the survey in 2023 or 2024 and indicated that they were current smokers or tobacco users. The 2023 results contain members who responded to the survey in 2022 or 2023 and indicated that they were current smokers or tobacco users.

Weighting

HSAG calculated both a weighted MI Medicaid Program score and a weighted MI Medicaid Managed Care Program score based on the total eligible population for each MHP’s or FFS’ adult population, as applicable. The MI Medicaid Program includes results from the MHPs and FFS. The MI Medicaid Managed Care Program is limited to the results of the MHPs (i.e., FFS is not included).

Comparative Analyses

For purposes of the national percentile comparisons, program comparisons, national average comparisons, and trend analysis, HSAG calculated top-box scores or overall scores for the medical assistance with smoking and tobacco use cessation measure items. 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 (+).

National Percentile and Average Comparisons

HSAG compared the scores to NCQA's 2024 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings and to determine if the scores were statistically significantly different than the national average.^{2-17,2-18} For the national percentile comparisons, ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 2-4.

Table 2-4—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

For the national average comparisons, HSAG performed a *t* test to determine whether the 2025 scores were statistically significantly different from the 2024 NCQA Medicaid national averages. 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 by chance. An (H) indicates a 2025 score that was statistically significantly higher than the 2024 national average. An (L) indicates a 2025 score that was statistically significantly lower than the 2024 national average. Scores that were not statistically significantly higher or lower than the 2024 national averages are not denoted.

²⁻¹⁷ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

²⁻¹⁸ The source for the national data contained in this publication is Quality Compass® 2024 and is used with the permission of NCQA. Quality Compass 2024 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.

Program Comparisons

The scores of the MHPs and FFS were compared to the MI Medicaid Managed Care Program to determine if the scores were statistically significantly different. For the MHPs, HSAG applied two types of hypothesis tests to the scores. First, HSAG calculated a global F test, 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 HSAG performed a t test for each MHP. The t test determined whether each MHP's score was statistically significantly different from the MI Medicaid Managed Care Program. For FFS, only the t test was performed to determine whether the FFS score was statistically significantly different from the MI Medicaid Managed Care Program.

MHP and FFS scores that were statistically significantly higher than the MI Medicaid Managed Care Program are denoted with black upward arrows (\uparrow). MHP and FFS scores that were statistically significantly lower than the MI Medicaid Managed Care Program are denoted with black downward arrows (\downarrow). Scores that were not statistically significantly higher or lower than the MI Medicaid Managed Care Program are not denoted with arrows.

Trend Analysis

HSAG performed a t test to determine whether results in 2025 were statistically significantly different (i.e., p value < 0.05) from results in 2024 and 2023. Scores that were statistically significantly higher in 2025 than in 2024 or 2023 are denoted with upward triangles (\blacktriangle). Scores that were statistically significantly lower in 2025 than in 2024 or 2023 are denoted with downward triangles (\blacktriangledown). Scores in 2025 that were not statistically significantly different from scores in 2024 or 2023 are noted with a dash (—).

Key Drivers of Member Experience Analysis

HSAG performed a key drivers of member experience analysis for 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 2-5 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 (\checkmark), as well as each survey item's baseline response that was used in the statistical calculation.

Table 2-5—Potential Key Drivers

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q4. Received care as soon as needed when care was needed right away	\checkmark	\checkmark	\checkmark	Always

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q6. Received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Q9. Ease of getting the care, tests, or treatment needed	✓	✓	✓	Always
Q12. Personal doctor explained things in an understandable way	✓	✓	✓	Always
Q13. Personal doctor listened carefully	✓	✓	✓	Always
Q14. Personal doctor showed respect for what was said	✓	✓	✓	Always
Q15. Personal doctor spent enough time	✓	✓	✓	Always
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	✓	✓	✓	Always
Q20. Received appointment with a specialist as soon as needed	✓	✓	NA	Always
Q24. Health plan's customer service gave the information or help needed	✓	✓	NA	Always
Q25. Treated with courtesy and respect by health plan's customer service staff	✓	✓	NA	Always
Q27. Ease of filling out forms from health plan	✓	✓	NA	Always
NA Indicates the survey item was not evaluated for this measure.				

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.

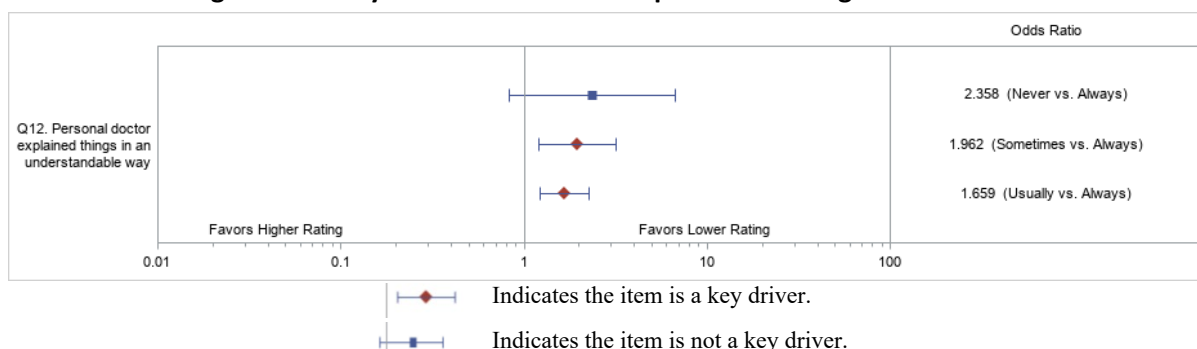
The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, 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," "Sometimes," or "Usually" to question 12 are 2.358, 1.962, and 1.659 times, respectively, more likely to provide a lower rating for their health plan than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

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 should be considered carefully when interpreting or generalizing the findings. These limitations are discussed below.

Case-Mix Adjustment

The demographics of a response group may impact members' experiences. Therefore, differences in the demographics of the response group may impact 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 FFS. These analyses identify whether respondents give different ratings of experience with their plan or program. The survey by itself does not necessarily reveal the exact cause of these differences.

Survey Vendor Effects

The CAHPS survey was administered by multiple survey vendors. NCQA developed its Survey Vendor Certification Program to ensure standardization of data collection and the comparability of results across health plans. However, due to the different processes employed by the survey vendors (e.g., mode of survey administration, population oversampling, etc.), there is still the small potential for survey vendor effects. Therefore, survey vendor effects should be considered when interpreting the CAHPS results.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by plan or program. To identify potential non-response bias, HSAG compared the top-box scores of early respondents (i.e., respondents who completed a survey during the first mailing/round) to late respondents (i.e., respondents who completed a survey later than the first mailing/round) for each measure. Table 2-6 presents the results of the non-response bias analysis for the MI Medicaid Program. MDHHS should consider that potential non-response bias may exist when interpreting CAHPS results for these measures.

Table 2-6—Non-Response Bias Analysis: MI Medicaid Program

Measure	2023	2024	2025
<i>Rating of Health Plan</i>	—	—	↑
<i>Rating of Specialist Seen Most Often</i>	—	↑	—
<i>Getting Needed Care</i>	—	↑	↑
<i>Getting Care Quickly</i>	—	—	↑
<i>Coordination of Care</i>	—	—	↑
<i>Advising Smokers and Tobacco Users to Quit</i>	↑	↑	—
↑ Indicates that early respondents are statistically significantly more likely to provide a higher response for the measure (i.e., potential non-response bias). ↓ Indicates that early respondents are statistically significantly more likely to provide a lower response for the measure (i.e., potential non-response bias). — Indicates that early respondents are not statistically significantly more likely to provide a higher or lower response for the measure.			

3. Results

Response Rates

The response rate is the total number of completed surveys divided by all eligible members of the sample. Table 3-1 shows the distribution of survey dispositions and the response rates. For additional information on the calculation of response rates, please refer to page 2-8 of the Reader's Guide section.

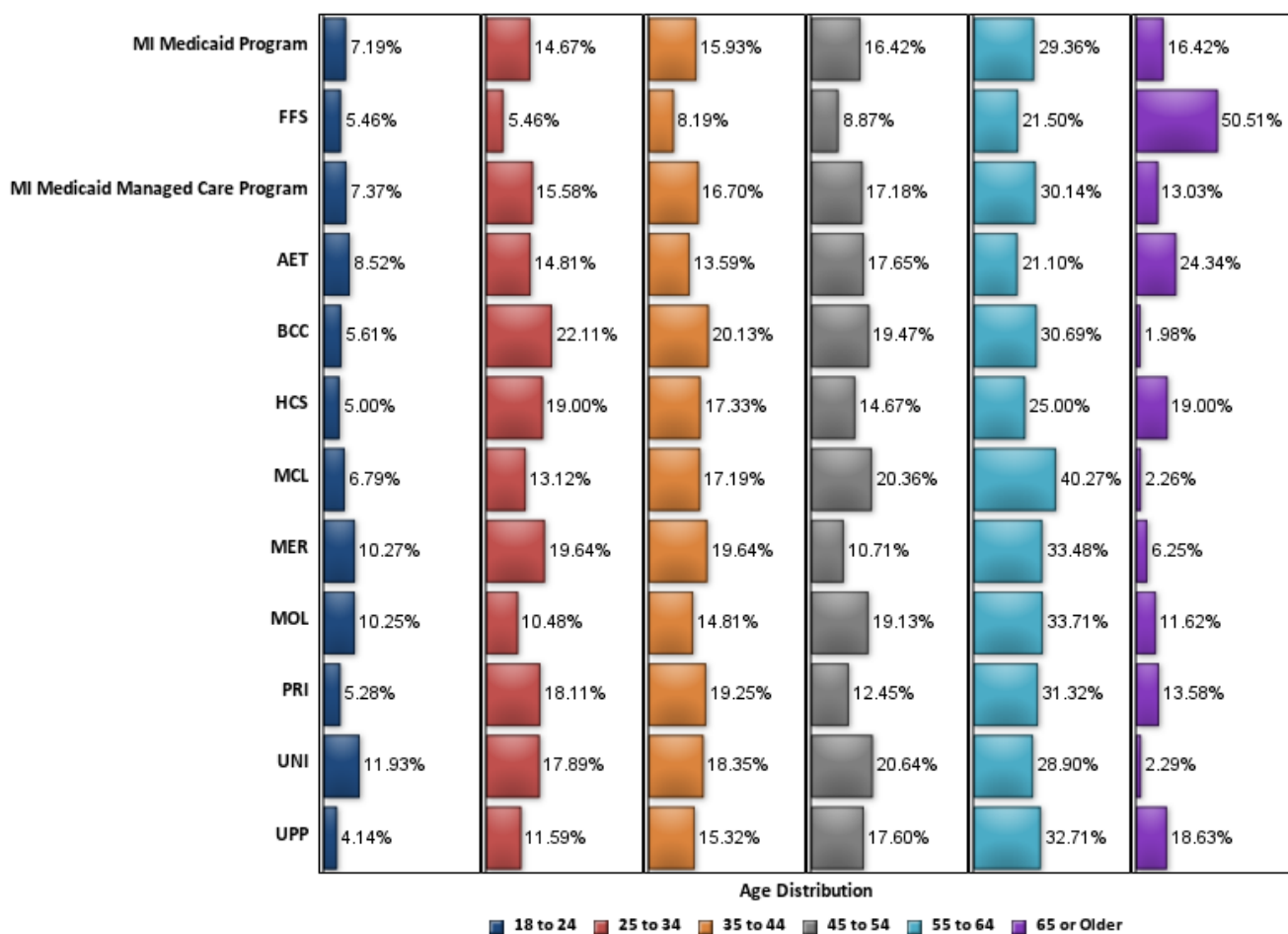
Table 3-1—Distribution of Surveys and Response Rates

Program/MHP Name	Sample Size	Ineligible Records	Eligible Sample	Completed Surveys	Response Rate
MI Medicaid Program	23,126	371	22,755	3,308	14.54%
FFS	1,350	39	1,311	294	22.43%
MI Medicaid Managed Care Program	21,776	332	21,444	3,014	14.06%
AET	2,700	107	2,593	503	19.40%
BCC	2,295	23	2,272	311	13.69%
HCS	2,700	36	2,664	307	11.52%
MCL	2,160	14	2,146	230	10.72%
MER	2,160	26	2,134	228	10.68%
MOL	3,456	49	3,407	454	13.33%
PRI	2,255	26	2,229	273	12.25%
UNI	1,890	24	1,866	221	11.84%
UPP	2,160	27	2,133	487	22.83%

Member Demographics

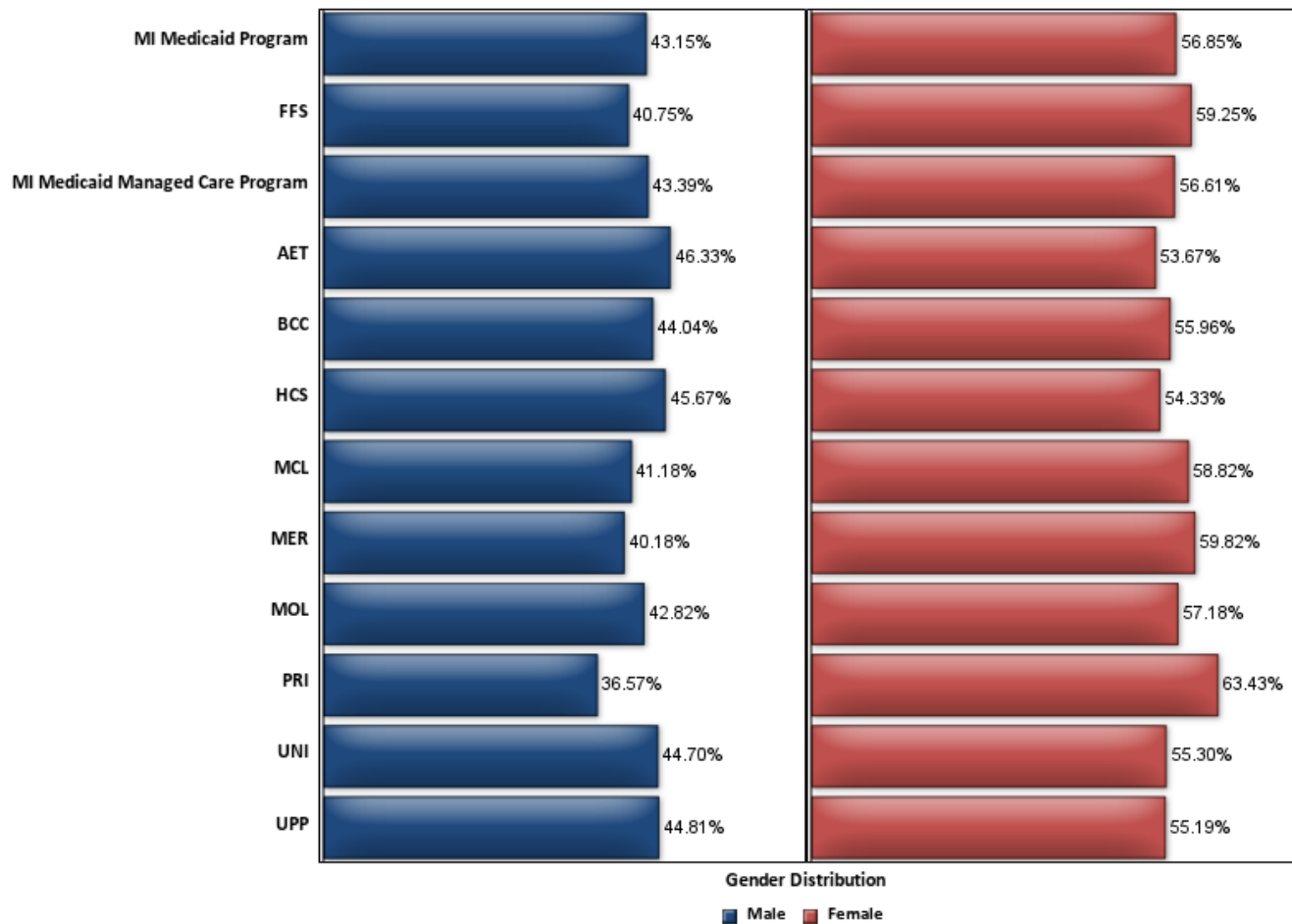
Figure 3-1 through Figure 3-7 show the self-reported age, gender, race, ethnicity, general health status, and mental or emotional health status of members who completed a survey. In general, the demographics of a response group influence overall member experience scores. For example, healthier members tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties. For additional information on the member demographics, please refer to page 2-8 of the Reader's Guide section.

Figure 3-1—Member Demographics: Age



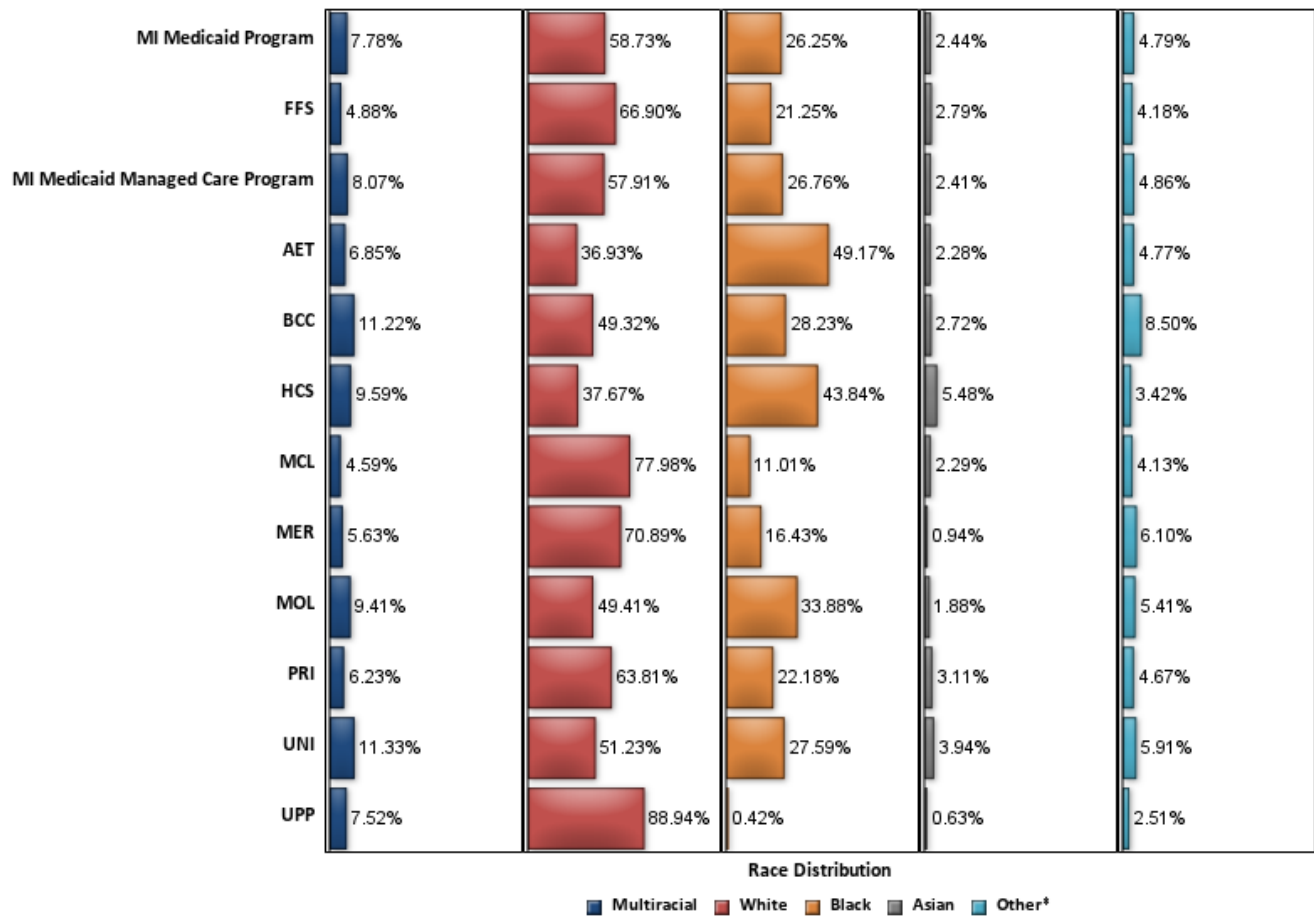
Some percentages may not total 100% due to rounding.

Figure 3-2—Member Demographics: Gender



Some percentages may not total 100% due to rounding.

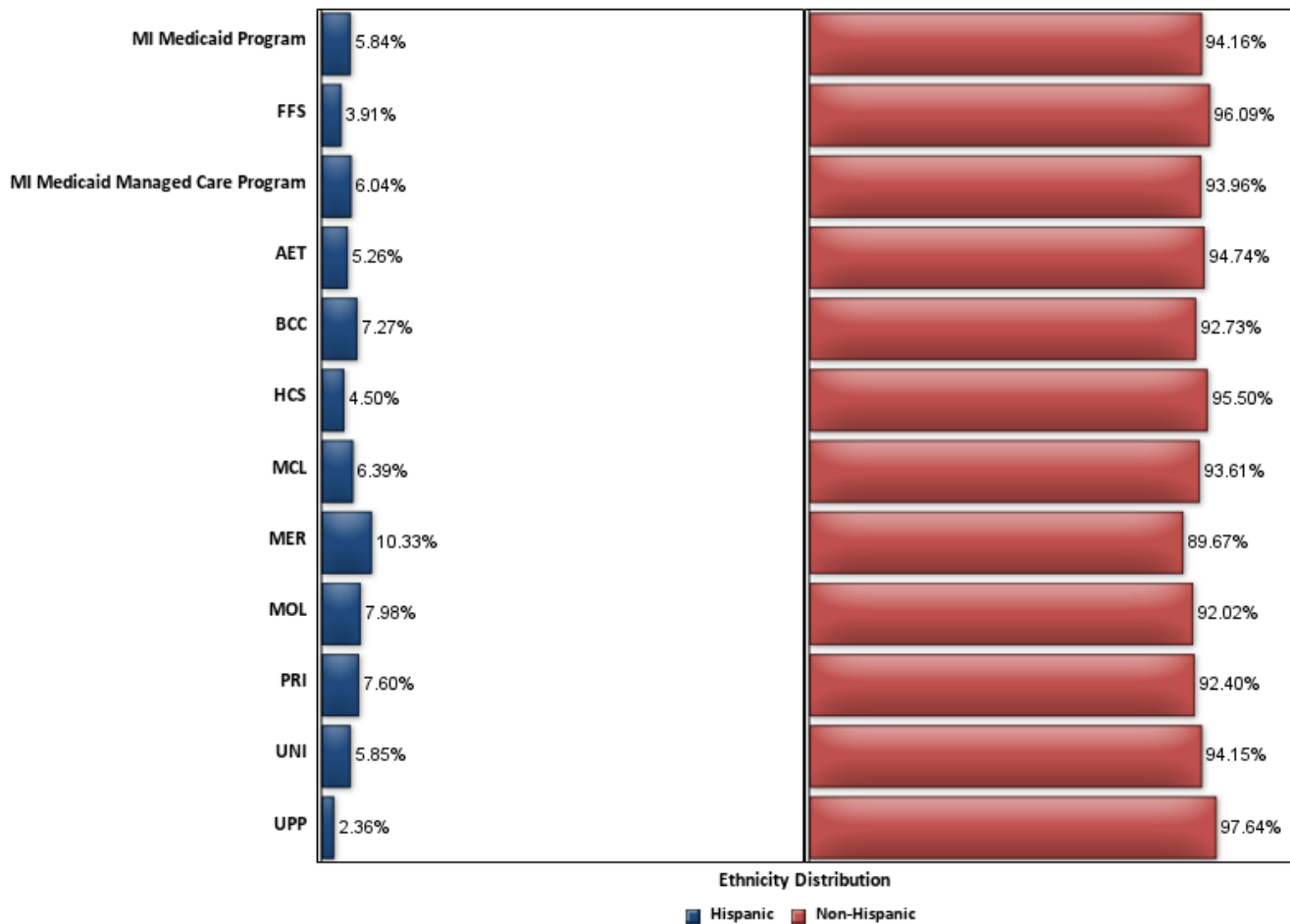
Figure 3-3—Member Demographics: Race



Some percentages may not total 100% due to rounding.

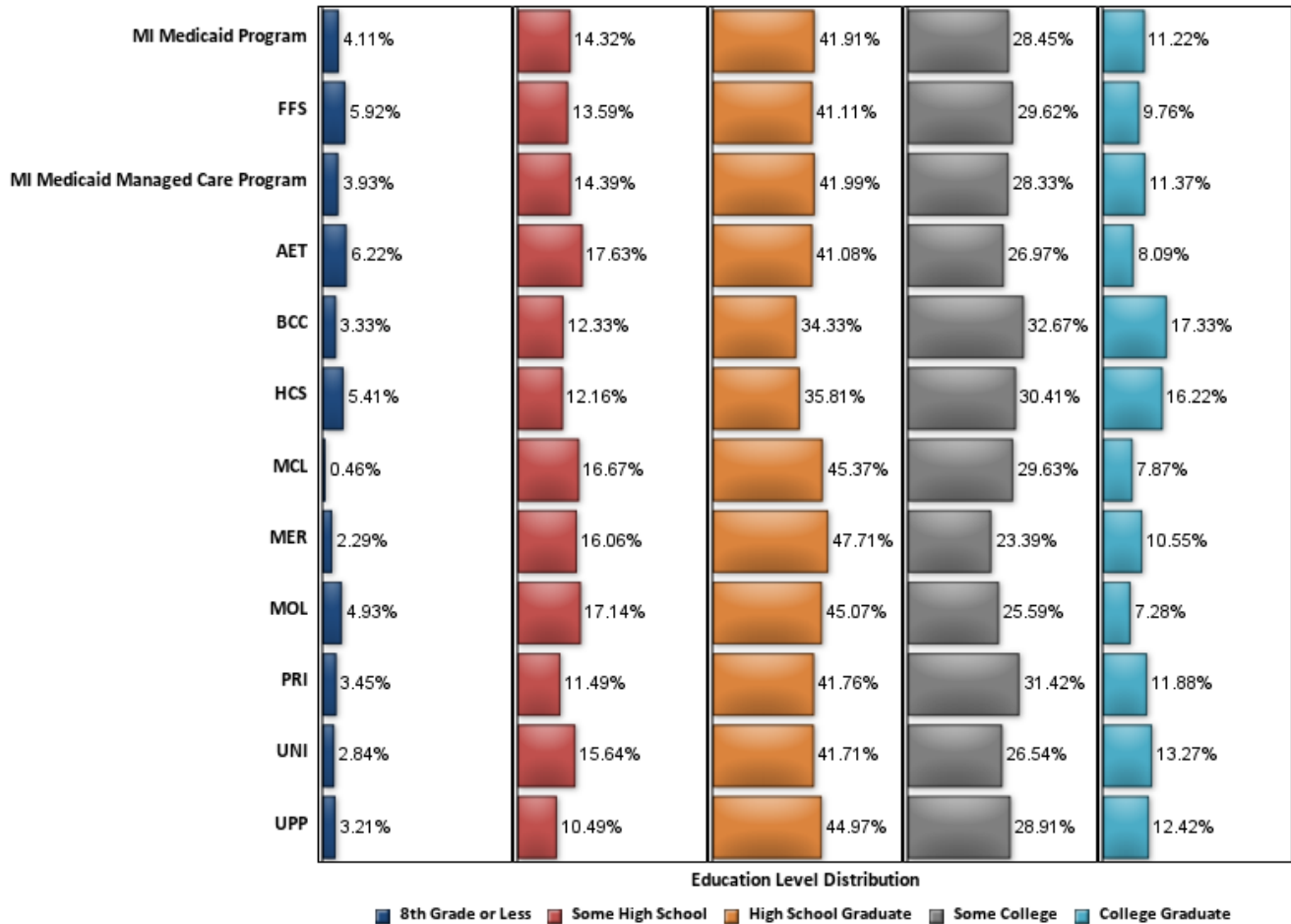
**The "Other" race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

Figure 3-4—Member Demographics: Ethnicity



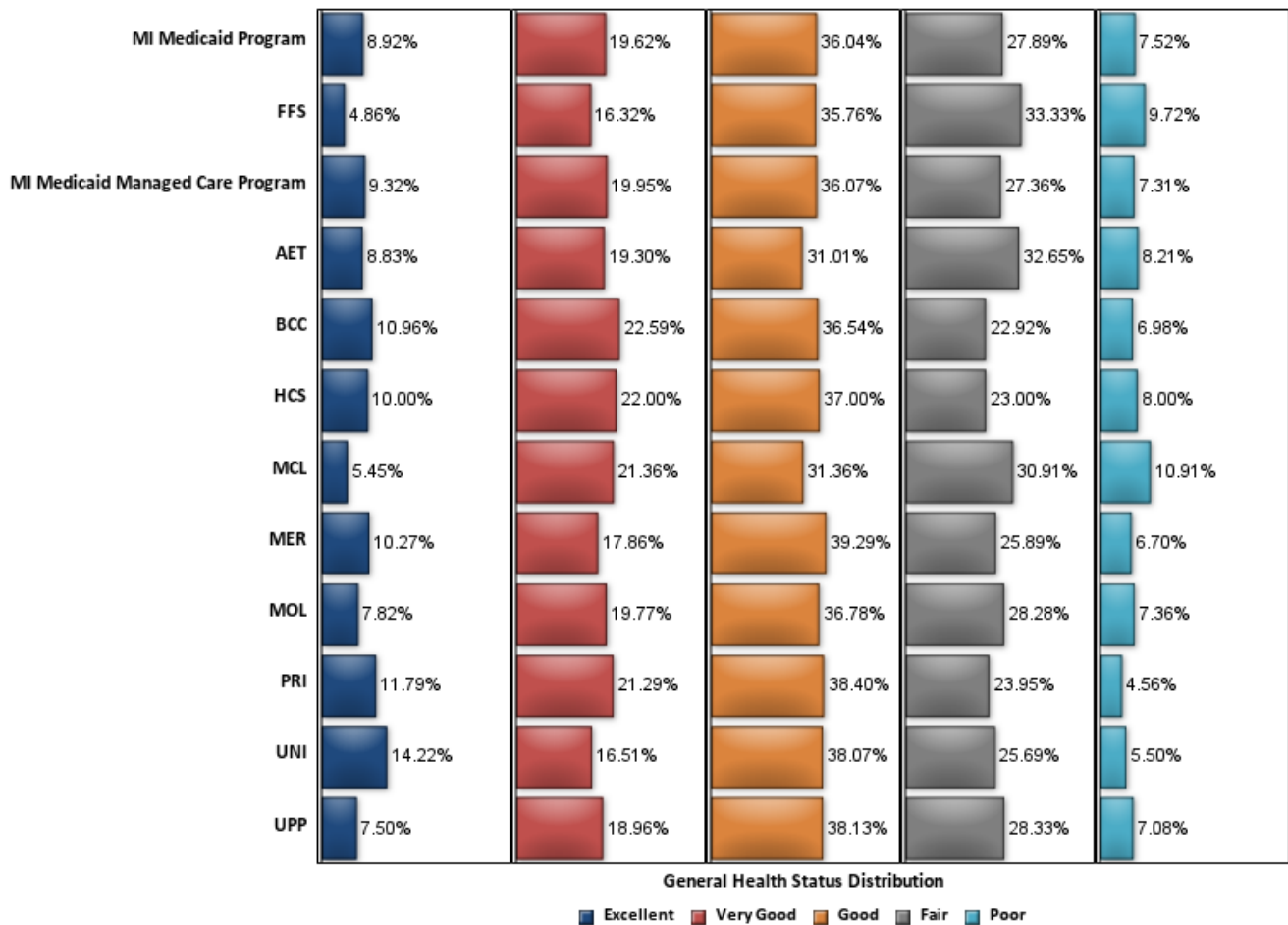
Some percentages may not total 100% due to rounding.

Figure 3-5—Member Demographics: Education Level



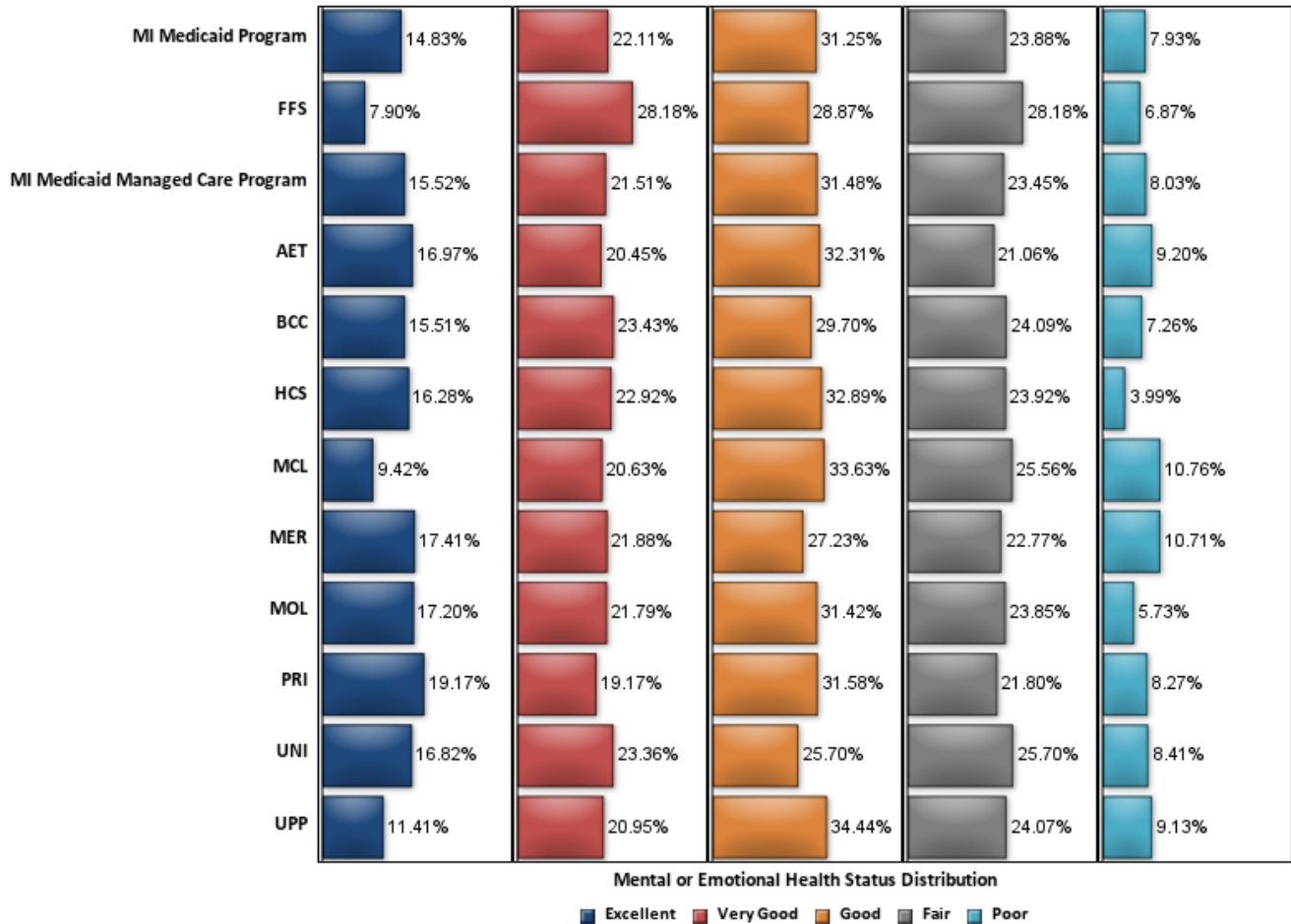
Some percentages may not total 100% due to rounding.

Figure 3-6—Member Demographics: General Health Status



Some percentages may not total 100% due to rounding.

Figure 3-7—Member Demographics: Mental or Emotional Health Status



Some percentages may not total 100% due to rounding.

Comparative Analyses

HSAG calculated overall scores for the medical assistance with smoking and tobacco use cessation measure items and top-box scores for the other measures.³⁻¹ The MI Medicaid Program results were weighted based on the eligible population for each MHP and FFS. For the program comparisons, trend analysis, and national average comparisons, there may be a difference in significance between populations with similar scores since populations with a greater number of respondents are more likely to have statistical significance. For additional information on the calculation of the measures, please refer to page 2-8 of the Reader's Guide section. For additional information on the survey language and response options for the measures, please refer to page 2-3 of the Reader's Guide section.

National Percentile Comparisons

HSAG compared the scores for each measure to NCQA's 2024 Quality Compass Benchmark and Compare Quality Data.^{3-2,3-3,3-4} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). Table 3-2 through Table 3-4 show the scores and star ratings for each measure. The percentages presented below the stars in the table represent the scores, while the stars represent the star ratings when the scores were compared to NCQA Quality Compass Benchmark and Compare Quality Data. For additional information on the national percentile comparisons, please refer to page 2-11 of the Reader's Guide section.

³⁻¹ HSAG followed *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures* for calculating top-box responses.

³⁻² National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

³⁻³ Quality Compass® 2024 data are used with the permission of NCQA. Quality Compass 2024 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

³⁻⁴ Quality Compass 2025 data were not available at the time this report was prepared; therefore, 2024 data were used for comparison.

Table 3-2—National Percentile 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
MI Medicaid Program	★★★ 61.79%	★★ 55.44%	★★ 68.53%	★★ 66.77%
FFS	★★ 58.36%	★ 47.62%	★★ 67.89%	★★ 66.67%
MI Medicaid Managed Care Program	★★★ 63.01%	★★★ 58.21%	★★ 68.75%	★★ 66.80%
AET	★★ 58.64%	★ 52.38%	★★ 68.11%	★★★ 68.08%
BCC	★★★ 64.45%	★★ 54.72%	★ 64.23%	★★ 65.73%
HCS	★★ 60.75%	★★ 56.15%	★★★ 70.39%	★ 59.85%
MCL	★★ 61.01%	★★★ 57.32%	★★★ 71.86%	★ 63.64% ⁺
MER	★★ 58.37%	★★★ 58.16%	★★★ 70.11%	★ 58.02% ⁺
MOL	★★★★★ 69.95%	★★★★★ 61.43%	★★★ 69.95%	★★★★★ 73.26%
PRI	★★★★★ 65.90%	★★★★★ 65.95%	★★★★★ 74.65%	★★★★★ 72.58%
UNI	★★ 58.69%	★★ 54.73%	★ 61.88%	★★★★★ 71.43% ⁺
UPP	★★★★★ 71.19%	★★★ 56.90%	★★★ 70.36%	★★★★★ 73.87%
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.				

Table 3-3—National Percentile Comparisons: Composite Measures

Program/MHP Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
MI Medicaid Program	★★★★ 82.98%	★★★★ 82.03%	★ 91.35%	★★ 87.48%
FFS	★★★★ 82.77%	★★★★ 81.69%	★ 89.18%	★ 83.73%
MI Medicaid Managed Care Program	★★★★ 83.05%	★★★★ 82.15%	★★ 92.12%	★★ 88.80%
AET	★★★★ 82.76%	★★★★ 81.58%	★★★★ 94.13%	★★★★ 89.95%
BCC	★★★★ 82.06%	★★ 79.91%	★★★★ 94.00%	★★ 88.29%
HCS	★★★★ 82.59%	★★★★ 81.68%	★★★★★ 94.73%	★★★★★ 91.49%
MCL	★★ 79.37%	★ 76.40%	★ 91.31%	★ 82.82% ⁺
MER	★★★★ 82.96%	★★★★★ 83.79%	★ 90.62%	★ 86.37% ⁺
MOL	★★★★ 84.63%	★★★★★ 85.42%	★ 90.56%	★★★★★ 92.76%
PRI	★★★★★ 85.91%	★★★★★ 85.85%	★★★★ 92.89%	★★ 88.70% ⁺
UNI	★★★★ 83.29%	★★ 79.70% ⁺	★★★★ 93.38%	★★★★★ 92.16% ⁺
UPP	★★★★★ 85.55%	★★★★★ 87.55%	★★ 92.73%	★★★★★ 94.29%
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.				

Table 3-4—National Percentile Comparisons: Individual Item and Medical Assistance With Smoking and Tobacco Use Cessation Measure Items

Program/MHP Name	Coordination of Care	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
MI Medicaid Program	★★ 83.21%	★★★★★ 77.66%	★★★★ 54.98%	★★★★ 46.79%
FFS	★★ 83.72%	★★★★★ 84.87%	★★ 52.54%	★★ 45.38%
MI Medicaid Managed Care Program	★★ 83.03%	★★★★ 75.11%	★★★★ 55.84%	★★★★ 47.29%
AET	★ 82.76%	★★★★ 75.00%	★★★★★ 56.72%	★★ 46.19%
BCC	★ 81.97%	★★★★★ 78.00%	★★★★★ 56.67%	★★ 45.10%
HCS	★★★★ 86.92%	★★ 70.00%	★★★★ 55.56%	★★★★ 47.41%
MCL	★ 78.13% ⁺	★ 68.46%	★★ 51.16%	★★ 42.97%
MER	★★ 84.62% ⁺	★★ 74.05%	★★★★★ 56.82%	★★★★ 47.69%
MOL	★★★★ 86.06%	★★★★ 74.63%	★★★★ 54.50%	★★★★★ 52.74%
PRI	★★ 84.47%	★★★★★ 82.40%	★★★★★ 59.68%	★★★★ 49.18%
UNI	★ 79.52% ⁺	★★★★ 75.00%	★★★★ 56.14%	★★ 45.13%
UPP	★★★★★ 89.01%	★★★★★ 78.10%	★★★★★ 57.38%	★★★★ 47.54%
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th ⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.				

Program Comparisons

HSAG compared the MHP and FFS scores to the MI Medicaid Managed Care Program's scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional arrows (↑ or ↓). For additional information on the program comparisons, please refer to page 2-12 of the Reader's Guide section.

National Average Comparisons

HSAG compared the MHP and FFS scores to the 2024 NCQA Medicaid national averages to determine whether there were statistically significant differences.³⁻⁵ Statistically significant results are denoted with indicators higher (H) or lower (L). For additional information on the national average comparisons, please refer to page 2-11 of the Reader's Guide section.

Figure 3-8 through Figure 3-19 show the results of the program comparisons and national average comparisons.

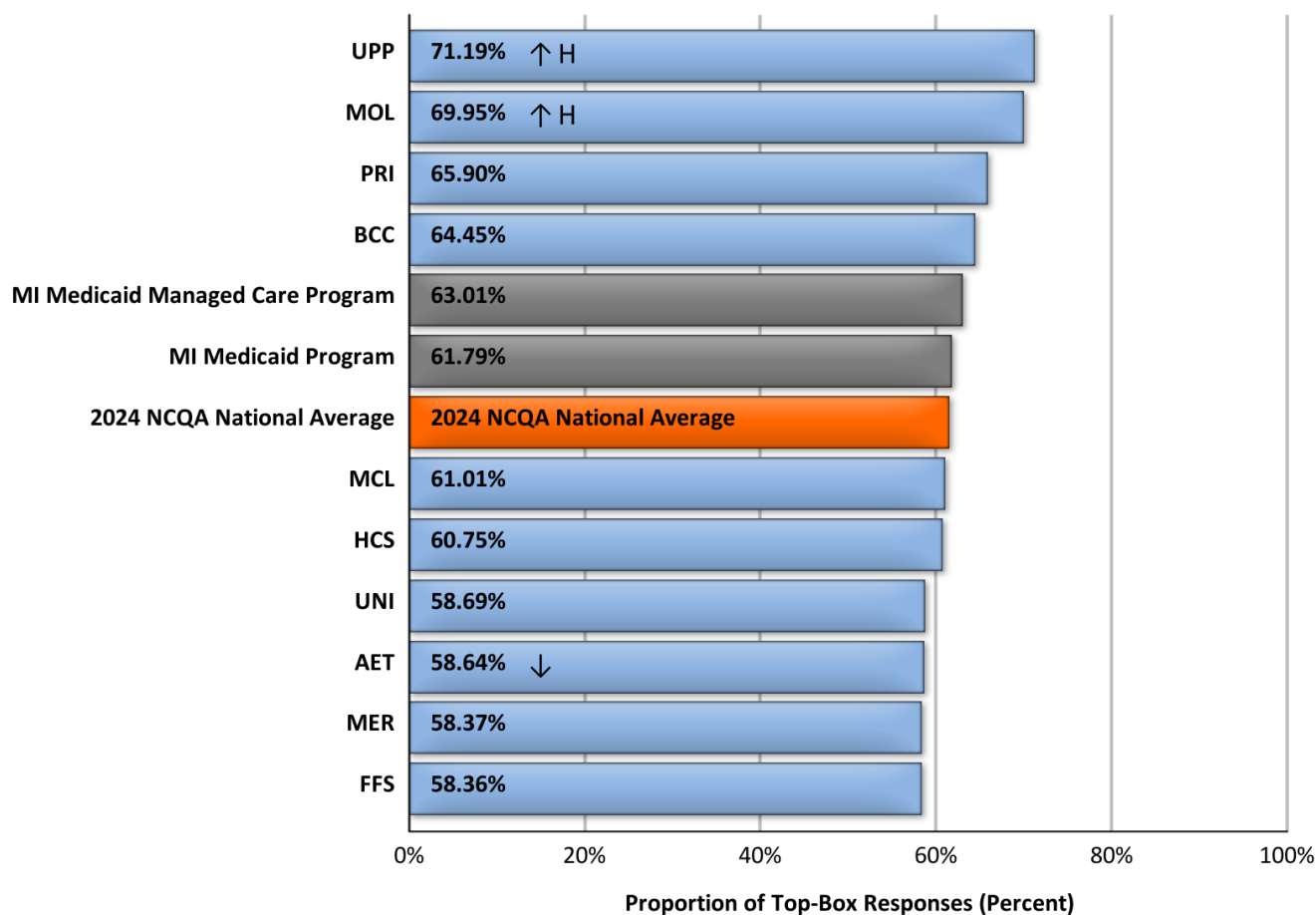
³⁻⁵ The source for the national data contained in this publication is Quality Compass 2024 and is used with the permission of NCQA. Quality Compass 2024 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically 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 3-8 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Health Plan* global rating.

Figure 3-8—Comparative Analyses: Rating of Health Plan



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

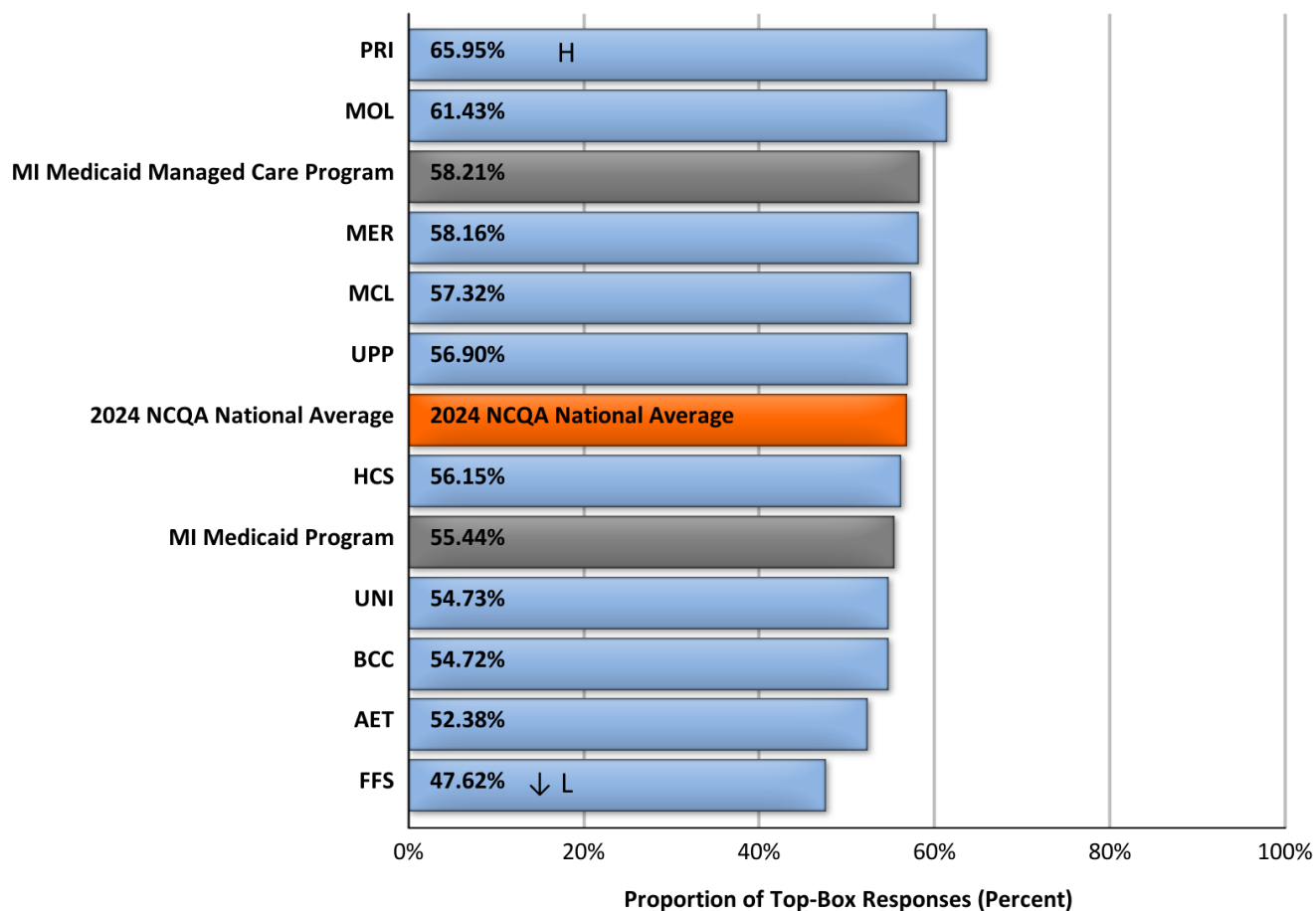
L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

Rating of All Health Care

Figure 3-9 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of All Health Care* global rating.

Figure 3-9—Comparative Analyses: Rating of All Health Care



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

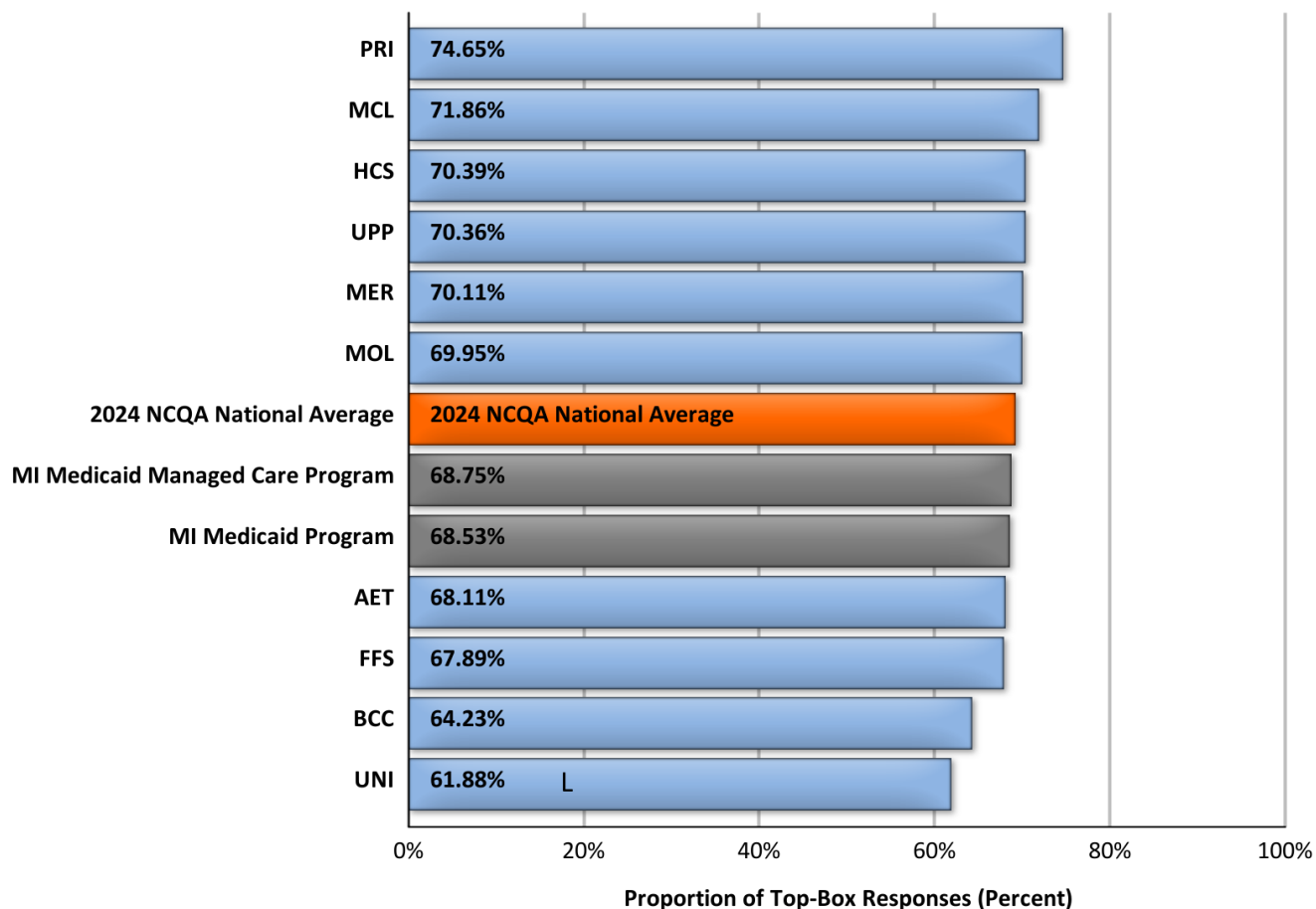
L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

Rating of Personal Doctor

Figure 3-10 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Personal Doctor* global rating.

Figure 3-10—Comparative Analyses: Rating of Personal Doctor



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

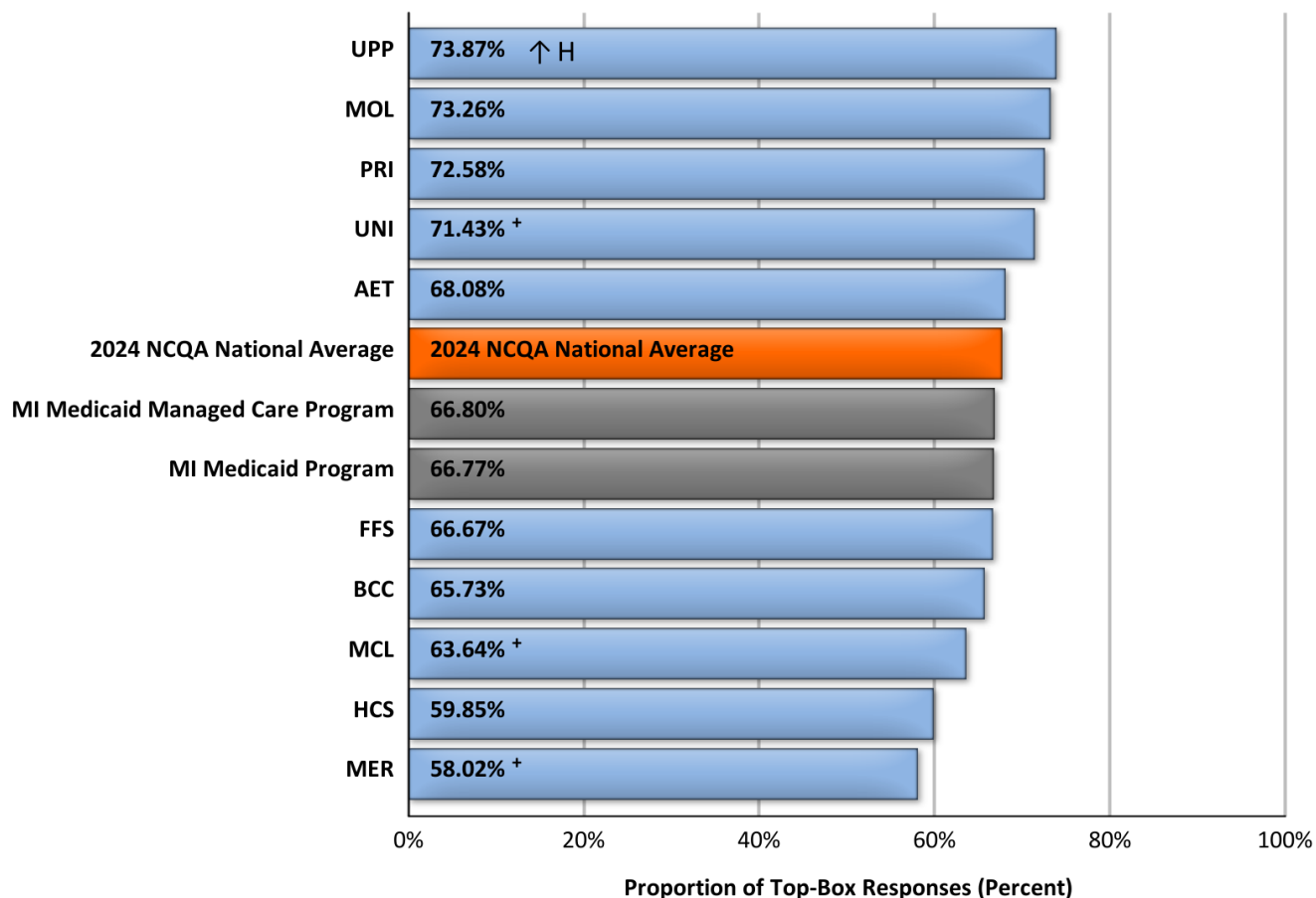
L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

Rating of Specialist Seen Most Often

Figure 3-11 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

Figure 3-11—Comparative Analyses: Rating of Specialist Seen Most Often



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

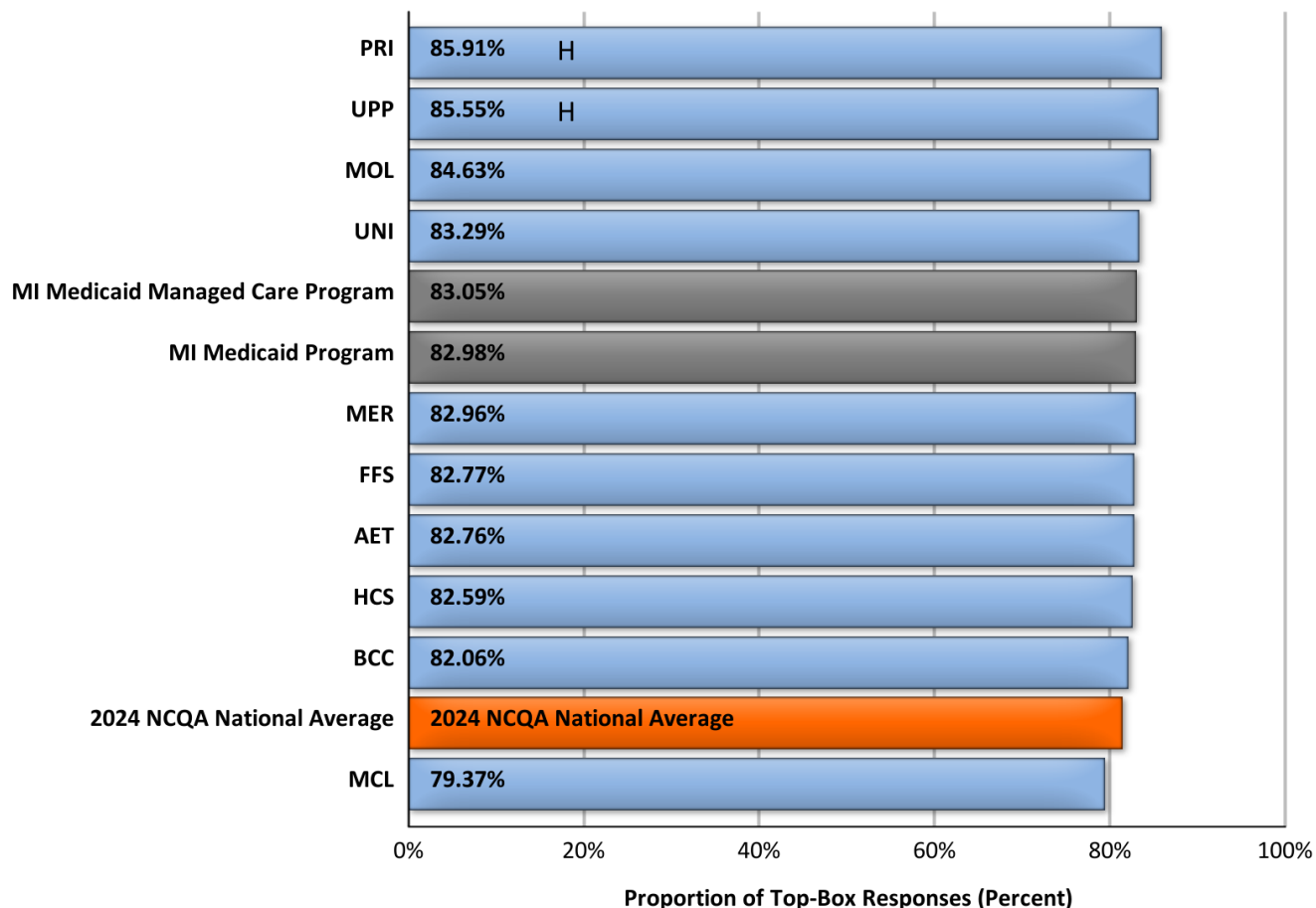
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Getting Needed Care

Figure 3-12 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Getting Needed Care* composite measure.

Figure 3-12—Comparative Analyses: Getting Needed Care



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

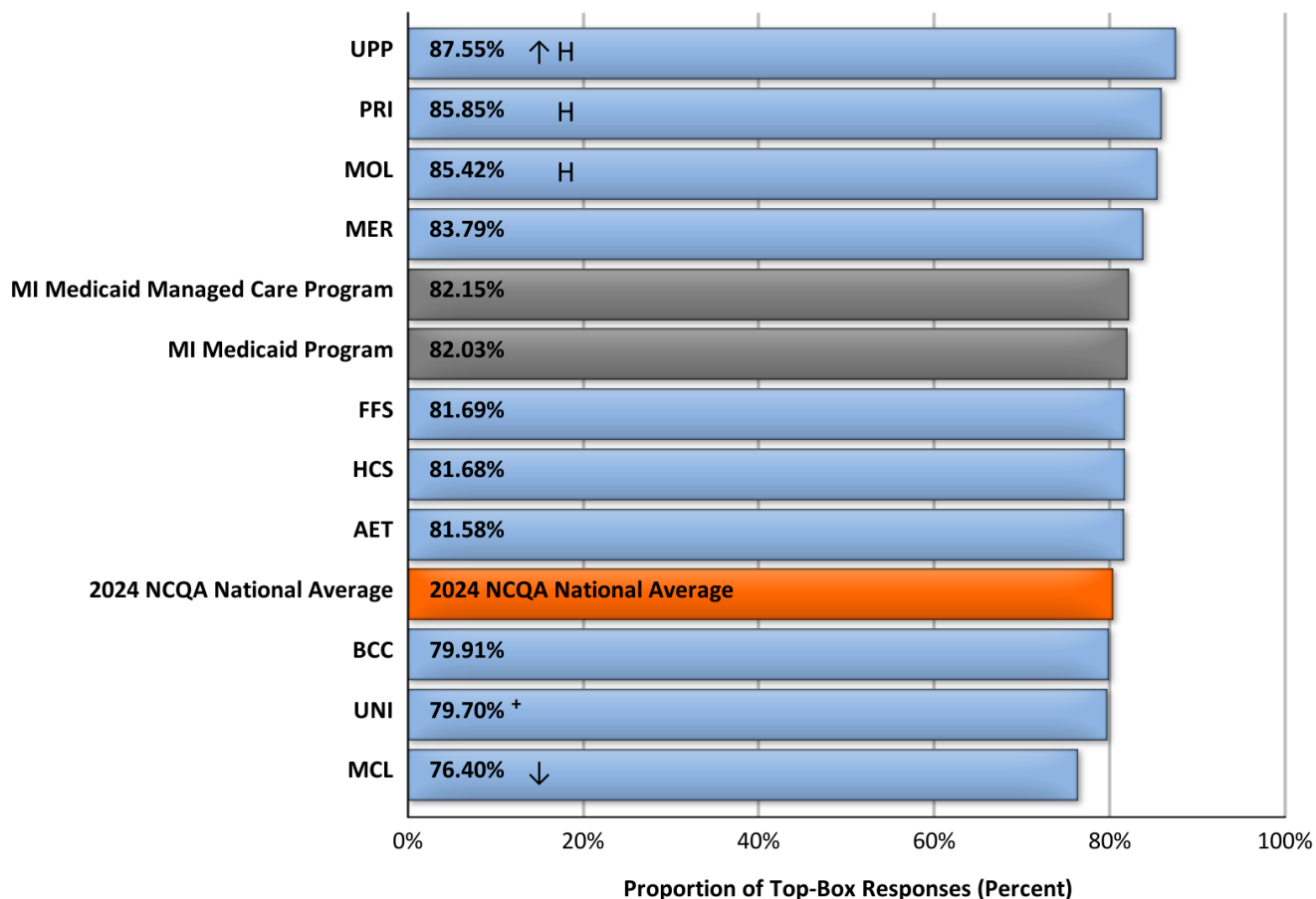
L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

Getting Care Quickly

Figure 3-13 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Getting Care Quickly* composite measure.

Figure 3-13—Comparative Analyses: Getting Care Quickly



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

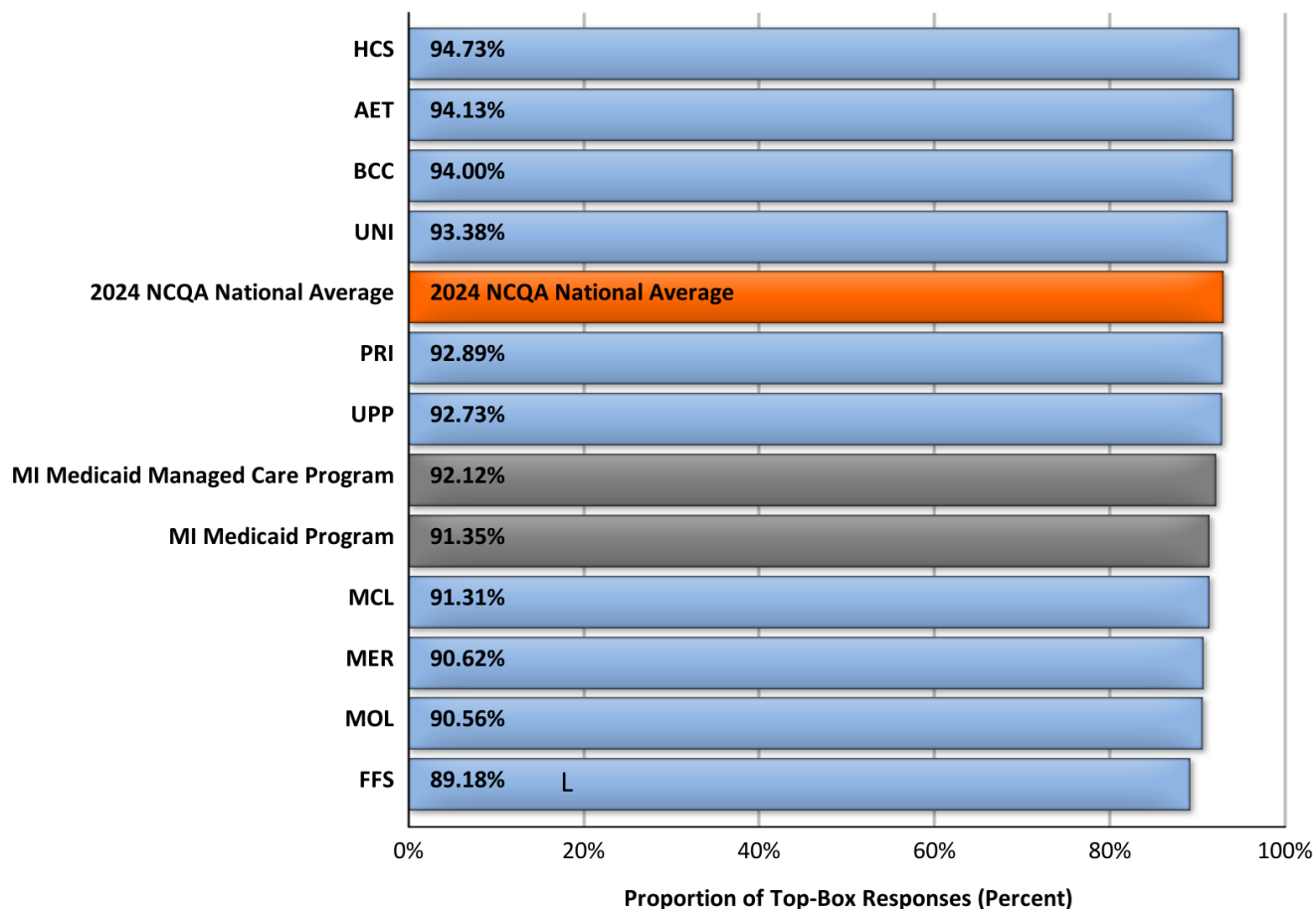
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

How Well Doctors Communicate

Figure 3-14 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *How Well Doctors Communicate* composite measure.

Figure 3-14—Comparative Analyses: How Well Doctors Communicate



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

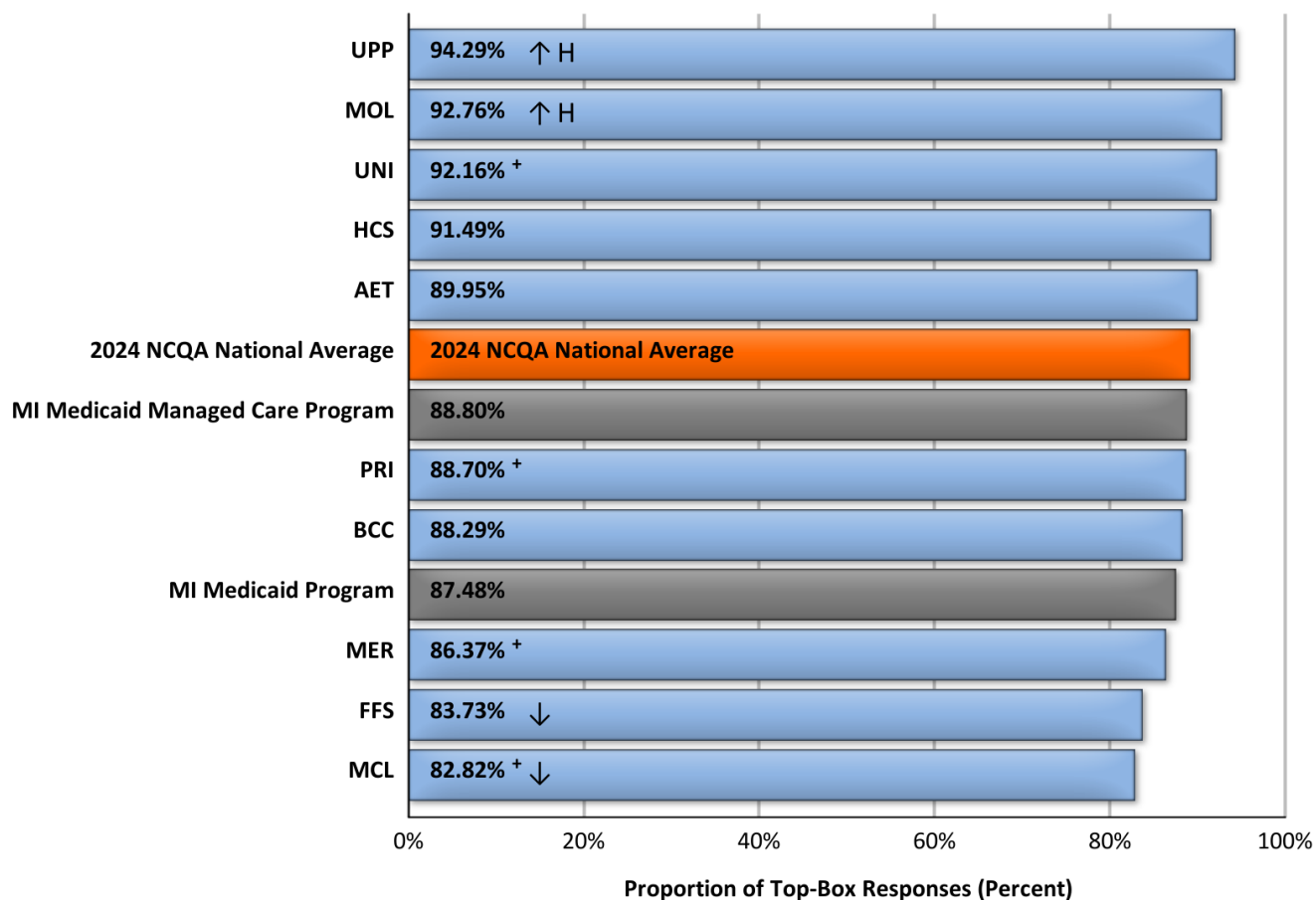
L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H,L) appear on the figure.

Customer Service

Figure 3-15 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Customer Service* composite measure.

Figure 3-15—Comparative Analyses: Customer Service



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

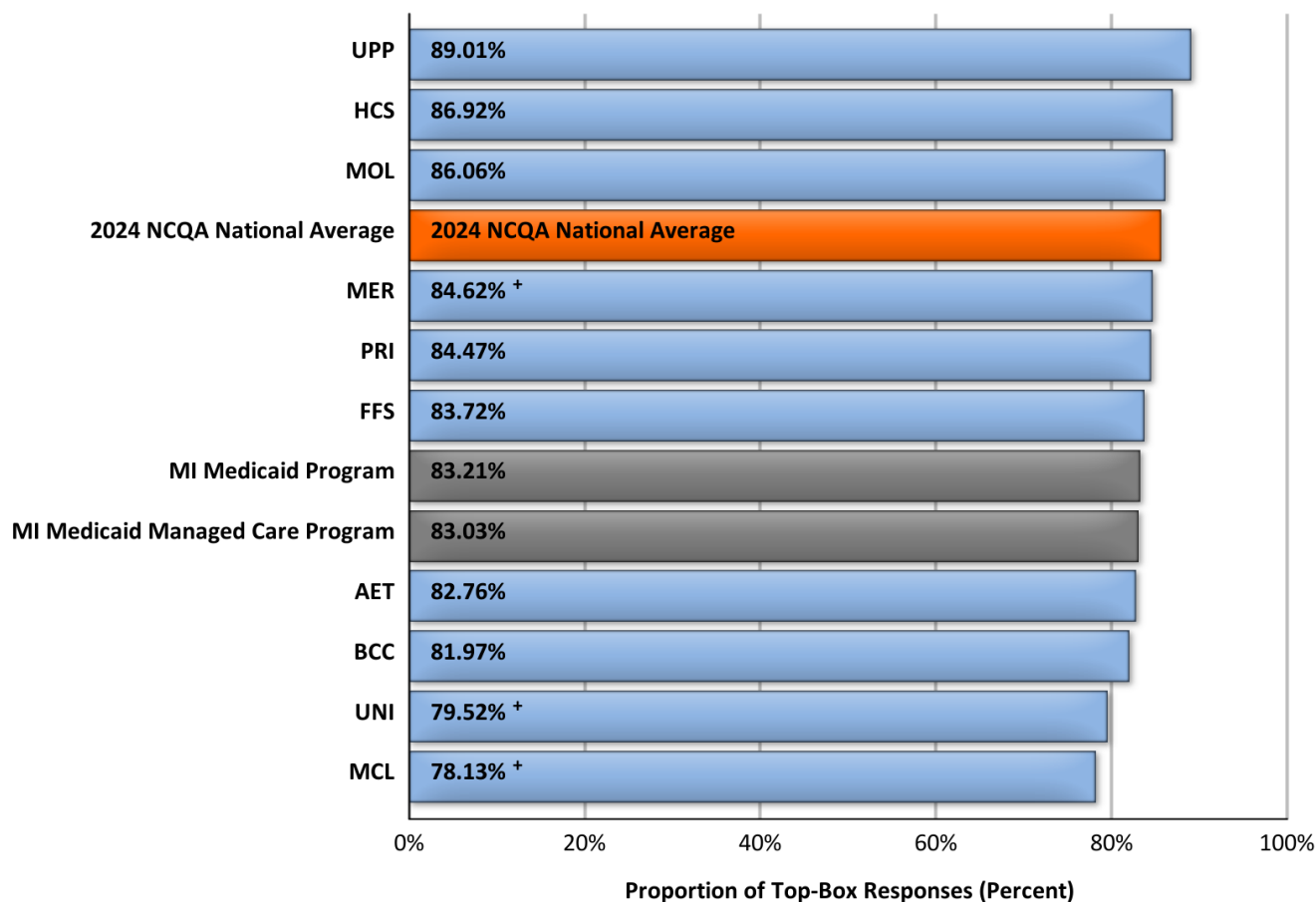
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measure

Coordination of Care

Figure 3-16 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Coordination of Care* individual item measure.

Figure 3-16—Comparative Analyses: Coordination of Care



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

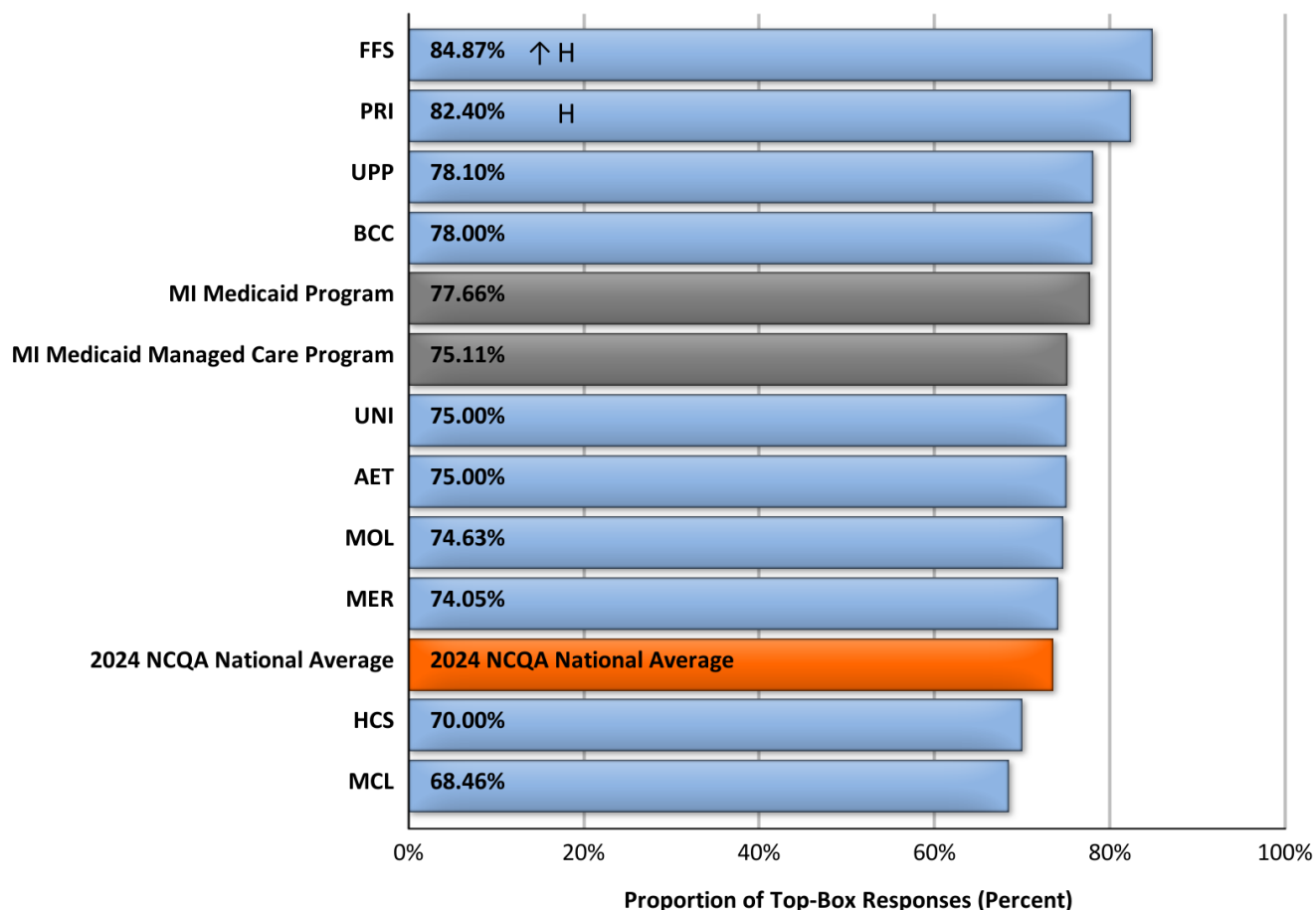
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Medical Assistance With Smoking and Tobacco Use Cessation Measure Items

Advising Smokers and Tobacco Users to Quit

Figure 3-17 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Advising Smokers and Tobacco Users to Quit* measure item.

Figure 3-17—Comparative Analyses: Advising Smokers and Tobacco Users to Quit



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

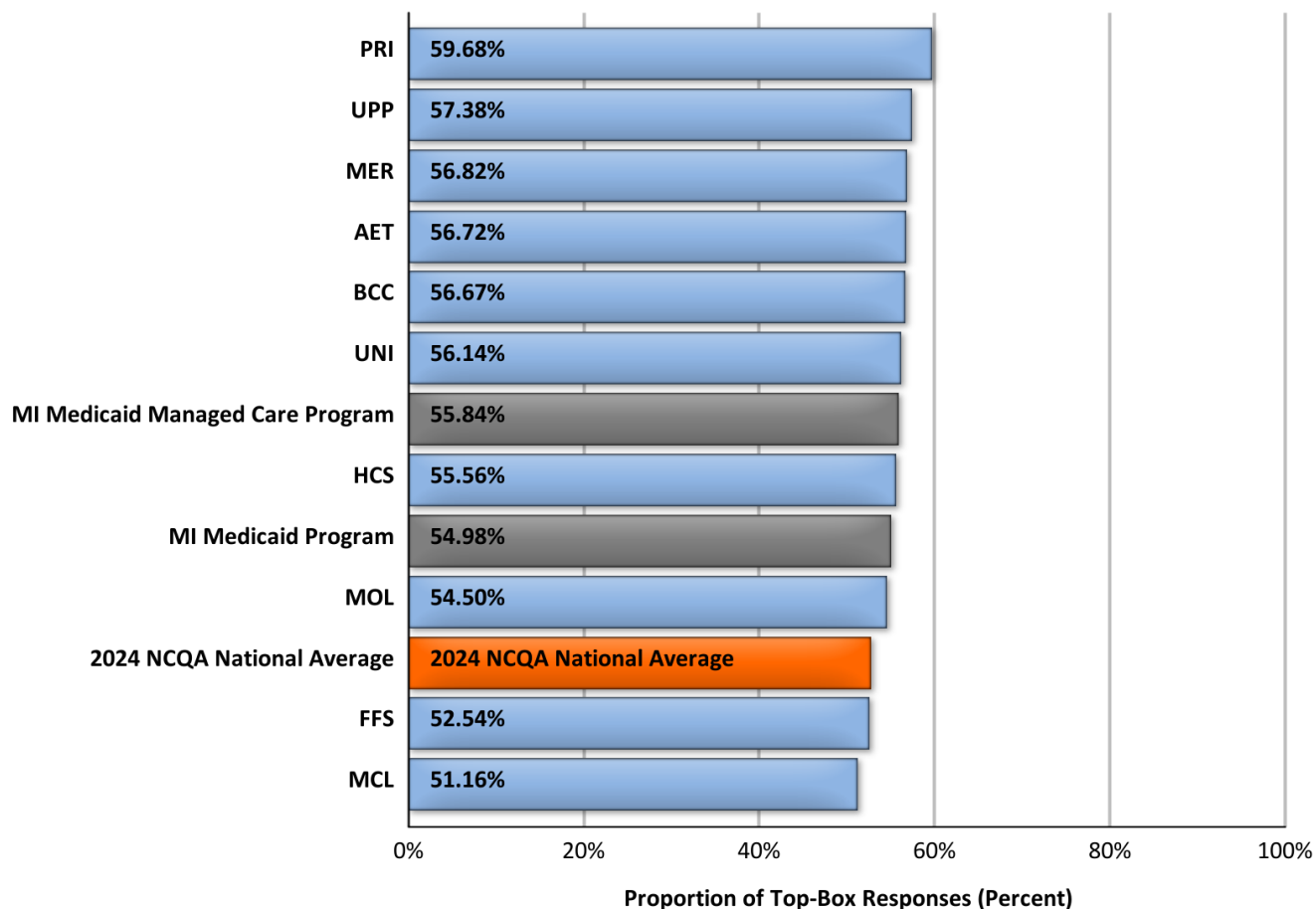
L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

Discussing Cessation Medications

Figure 3-18 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Discussing Cessation Medications* measure item.

Figure 3-18—Comparative Analyses: Discussing Cessation Medications



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

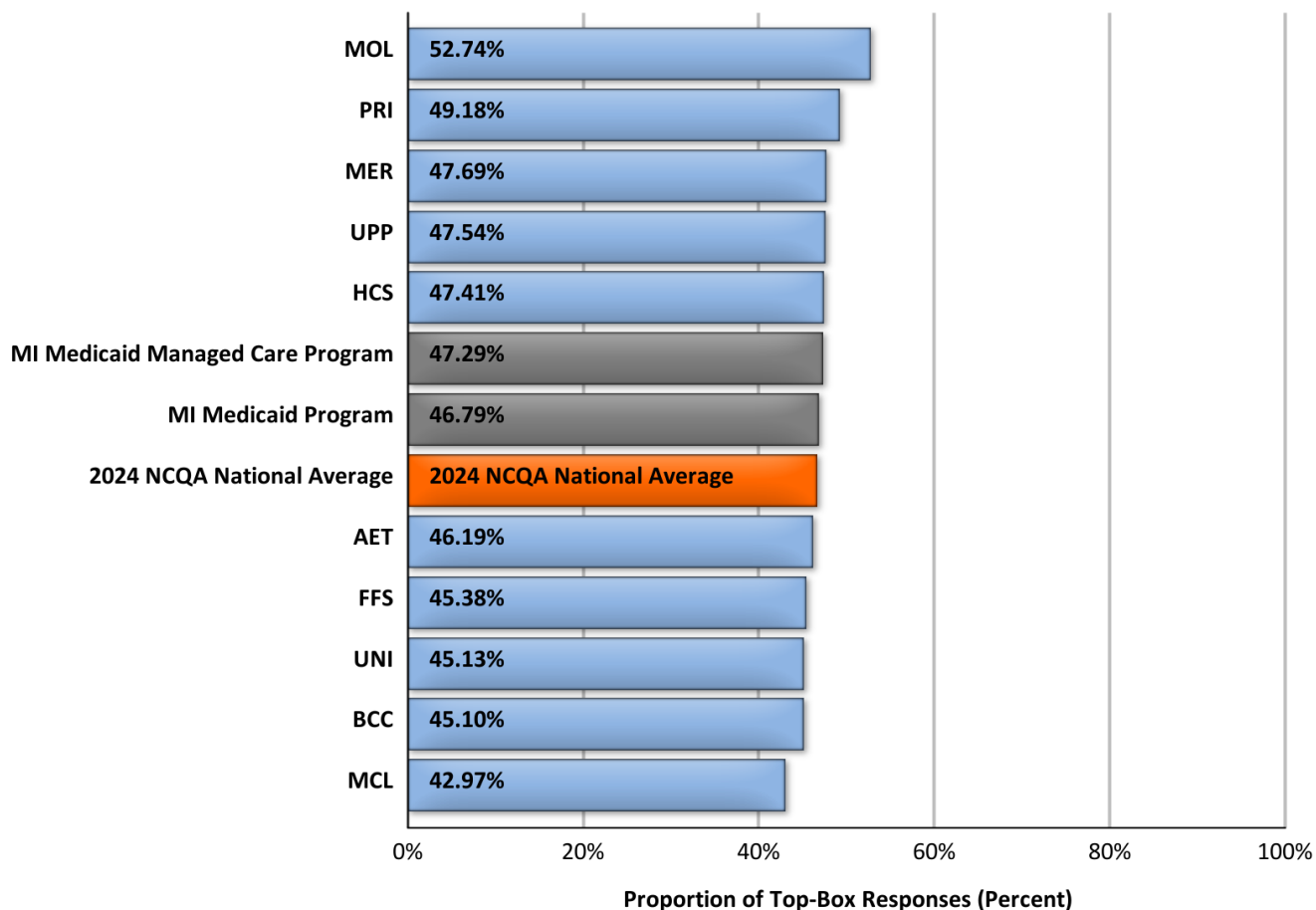
L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

Discussing Cessation Strategies

Figure 3-19 shows the scores and the 2024 NCQA adult Medicaid national average, including the program comparisons and national average comparisons, for the *Discussing Cessation Strategies* measure item.

Figure 3-19—Comparative Analyses: Discussing Cessation Strategies



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.

↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H,L) appear on the figure.

4. Trend Analysis

The 2025 scores were compared to the 2024 and 2023 scores to determine whether there were statistically significant differences. Statistically significant results are noted with triangles (▲ or ▼). Scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when evaluating scores derived from fewer than 100 respondents. For additional information on trend analysis, please refer to page 2-12 of the Reader's Guide section.

Global Ratings

Rating of Health Plan

Table 4-1 shows the 2023, 2024, and 2025 scores and trend results for the *Rating of Health Plan* global rating.

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

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	62.62%	61.24%	61.79%	—	—
FFS	60.18%	56.80%	58.36%	—	—
MI Medicaid Managed Care Program	63.43%	62.72%	63.01%	—	—
AET	57.89%	62.12%	58.64%	—	—
BCC	63.23%	63.67%	64.45%	—	—
HCS	63.89%	59.84%	60.75%	—	—
MCL	63.35%	61.45%	61.01%	—	—
MER	63.76%	60.10%	58.37%	—	—
MOL	65.67%	64.29%	69.95%	—	—
PRI	61.72%	66.94%	65.90%	—	—
UNI	62.64%	61.50%	58.69%	—	—
UPP	64.44%	69.05%	71.19%	—	▲
▲ Indicates the 2025 score is statistically significantly higher than the trend year. ▼ Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.					

Rating of All Health Care

Table 4-2 shows the 2023, 2024, and 2025 scores and trend results for the *Rating of All Health Care* global rating.

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

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	57.25%	55.06%	55.44%	—	—
FFS	54.97%	53.85%	47.62%	—	—
MI Medicaid Managed Care Program	58.01%	55.46%	58.21%	—	—
AET	54.19%	55.97%	52.38%	—	—
BCC	58.74%	57.84%	54.72%	—	—
HCS	57.14%	64.60%	56.15%	—	—
MCL	57.14%	54.78%	57.32%	—	—
MER	56.58%	49.62%	58.16%	—	—
MOL	62.50%	59.70%	61.43%	—	—
PRI	52.00%	55.28%	65.95%	▲	▲
UNI	62.18%	56.35%	54.73%	—	—
UPP	52.81%	61.13%	56.90%	—	—
▲ Indicates the 2025 score is statistically significantly higher than the trend year. ▼ Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.					

Rating of Personal Doctor

Table 4-3 shows the 2023, 2024, and 2025 scores and trend results for the *Rating of Personal Doctor* global rating.

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

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	66.53%	67.17%	68.53%	—	—
FFS	71.98%	66.12%	67.89%	—	—
MI Medicaid Managed Care Program	64.71%	67.52%	68.75%	—	▲
AET	68.00%	68.34%	68.11%	—	—
BCC	62.14%	65.78%	64.23%	—	—
HCS	71.03%	72.14%	70.39%	—	—
MCL	65.41%	60.87%	71.86%	▲	—
MER	65.22%	70.22%	70.11%	—	—
MOL	65.67%	68.05%	69.95%	—	—
PRI	64.80%	66.36%	74.65%	—	▲
UNI	62.33%	68.99%	61.88%	—	—
UPP	67.48%	72.75%	70.36%	—	—
▲ Indicates the 2025 score is statistically significantly higher than the trend year. ▼ Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.					

Rating of Specialist Seen Most Often

Table 4-4 shows the 2023, 2024, and 2025 scores and trend results for the *Rating of Specialist Seen Most Often* global rating.

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

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	65.27%	67.08%	66.77%	—	—
FFS	68.91%	61.48%	66.67%	—	—
MI Medicaid Managed Care Program	64.05%	68.93%	66.80%	—	—
AET	64.66%	65.63%	68.08%	—	—
BCC	63.36%	68.75%	65.73%	—	—
HCS	63.10% ⁺	70.00%	59.85%	—	—
MCL	56.04% ⁺	74.70% ⁺	63.64% ⁺	—	—
MER	64.65% ⁺	63.44% ⁺	58.02% ⁺	—	—
MOL	68.00%	77.91% ⁺	73.26%	—	—
PRI	60.20% ⁺	66.04%	72.58%	—	—
UNI	69.41% ⁺	66.27% ⁺	71.43% ⁺	—	—
UPP	64.61%	66.67%	73.87%	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. [▲] Indicates the 2025 score is statistically significantly higher than the trend year. [▼] Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.					

Composite Measures

Getting Needed Care

Table 4-5 shows the 2023, 2024, and 2025 scores and trend results for the *Getting Needed Care* composite measure.

Table 4-5—Trend Analysis: Getting Needed Care

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	83.38%	82.25%	82.98%	—	—
FFS	83.11%	85.20%	82.77%	—	—
MI Medicaid Managed Care Program	83.46%	81.27%	83.05%	—	—
AET	83.11%	83.26%	82.76%	—	—
BCC	84.50%	83.36%	82.06%	—	—
HCS	80.54%	83.64%	82.59%	—	—
MCL	87.78%	81.04%	79.37%	—	▼
MER	81.81%	77.97%	82.96%	—	—
MOL	82.10%	80.48%	84.63%	—	—
PRI	83.70%	84.74%	85.91%	—	—
UNI	83.65%	81.43%	83.29%	—	—
UPP	83.19%	86.48%	85.55%	—	—
<p>▲ Indicates the 2025 score is statistically significantly higher than the trend year. ▼ Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.</p>					

Getting Care Quickly

Table 4-6 shows the 2023, 2024, and 2025 scores and trend results for the *Getting Care Quickly* composite measure.

Table 4-6—Trend Analysis: Getting Care Quickly

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	82.88%	83.63%	82.03%	—	—
FFS	81.89%	85.78%	81.69%	—	—
MI Medicaid Managed Care Program	83.21%	82.92%	82.15%	—	—
AET	77.26%	80.76%	81.58%	—	—
BCC	82.90%	83.76%	79.91%	—	—
HCS	78.70% ⁺	82.98%	81.68%	—	—
MCL	87.87%	81.87% ⁺	76.40%	—	▼
MER	82.68%	81.67%	83.79%	—	—
MOL	79.94%	82.85% ⁺	85.42%	—	—
PRI	90.11% ⁺	84.49%	85.85%	—	—
UNI	80.29% ⁺	83.70% ⁺	79.70% ⁺	—	—
UPP	85.88%	86.94%	87.55%	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2025 score is statistically significantly higher than the trend year. ▼ Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.					

How Well Doctors Communicate

Table 4-7 shows the 2023, 2024, and 2025 scores and trend results for the *How Well Doctors Communicate* composite measure.

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

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	92.33%	93.00%	91.35%	—	—
FFS	93.77%	92.65%	89.18%	—	—
MI Medicaid Managed Care Program	91.85%	93.11%	92.12%	—	—
AET	91.04%	91.01%	94.13%	—	—
BCC	92.10%	93.83%	94.00%	—	—
HCS	93.32%	92.05%	94.73%	—	—
MCL	92.11%	92.22%	91.31%	—	—
MER	91.44%	95.35%	90.62%	—	—
MOL	90.47%	92.02%	90.56%	—	—
PRI	93.49%	91.82%	92.89%	—	—
UNI	91.76%	91.61%	93.38%	—	—
UPP	95.44%	95.03%	92.73%	—	—
<p>▲ Indicates the 2025 score is statistically significantly higher than the trend year. ▼ Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.</p>					

Customer Service

Table 4-8 shows the 2023, 2024, and 2025 scores and trend results for the *Customer Service* composite measure.

Table 4-8—Trend Analysis: Customer Service

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	89.64%	88.65%	87.48%	—	—
FFS	92.88% ⁺	88.57% ⁺	83.73%	—	▼
MI Medicaid Managed Care Program	88.56%	88.68%	88.80%	—	—
AET	89.65%	89.99%	89.95%	—	—
BCC	91.65%	89.10%	88.29%	—	—
HCS	90.26% ⁺	92.07%	91.49%	—	—
MCL	88.34% ⁺	88.87% ⁺	82.82% ⁺	—	—
MER	90.55% ⁺	85.22% ⁺	86.37% ⁺	—	—
MOL	83.68%	89.96% ⁺	92.76%	—	▲
PRI	92.35% ⁺	88.85% ⁺	88.70% ⁺	—	—
UNI	82.84% ⁺	90.76% ⁺	92.16% ⁺	—	▲
UPP	92.77%	94.15%	94.29%	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. ▲ Indicates the 2025 score is statistically significantly higher than the trend year. ▼ Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.					

Individual Item Measure

Coordination of Care

Table 4-9 shows the 2023, 2024, and 2025 scores and trend results for the *Coordination of Care* individual item measure.

Table 4-9—Trend Analysis: Coordination of Care

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	86.55%	83.15%	83.21%	—	—
FFS	88.30% ⁺	81.25% ⁺	83.72%	—	—
MI Medicaid Managed Care Program	85.97%	83.78%	83.03%	—	—
AET	84.43%	76.87%	82.76%	—	—
BCC	85.22%	87.37% ⁺	81.97%	—	—
HCS	86.67% ⁺	79.17% ⁺	86.92%	—	—
MCL	83.95% ⁺	84.48% ⁺	78.13% ⁺	—	—
MER	87.37% ⁺	80.00% ⁺	84.62% ⁺	—	—
MOL	87.18%	86.49% ⁺	86.06%	—	—
PRI	91.78% ⁺	84.55%	84.47%	—	—
UNI	79.31% ⁺	83.33% ⁺	79.52% ⁺	—	—
UPP	87.65%	89.25%	89.01%	—	—
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. [▲] Indicates the 2025 score is statistically significantly higher than the trend year. [▼] Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.					

Medical Assistance With Smoking and Tobacco Use Cessation Measure Items

Advising Smokers and Tobacco Users to Quit

Table 4-10 shows the 2023, 2024, and 2025 scores and trend results for the *Advising Smokers and Tobacco Users to Quit* measure item.

Table 4-10—Trend Analysis: Advising Smokers and Tobacco Users to Quit

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	77.76%	78.31%	77.66%	—	—
FFS	80.62%	84.96%	84.87%	—	—
MI Medicaid Managed Care Program	76.80%	76.11%	75.11%	—	—
AET	70.86%	73.28%	75.00%	—	—
BCC	75.48%	76.65%	78.00%	—	—
HCS	65.69%	63.81%	70.00%	—	—
MCL	72.05%	71.43%	68.46%	—	—
MER	78.13%	80.45%	74.05%	—	—
MOL	82.45%	74.82%	74.63%	—	—
PRI	74.80%	75.83%	82.40%	—	—
UNI	78.57%	77.14%	75.00%	—	—
UPP	73.44%	72.34%	78.10%	—	—
<p>▲ Indicates the 2025 score is statistically significantly higher than the trend year. ▼ Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.</p>					

Discussing Cessation Medications

Table 4-11 shows the 2023, 2024, and 2025 scores and trend results for the *Discussing Cessation Medications* measure item.

Table 4-11—Trend Analysis: Discussing Cessation Medications

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	57.62%	56.88%	54.98%	—	—
FFS	63.28%	60.71%	52.54%	—	—
MI Medicaid Managed Care Program	55.74%	55.61%	55.84%	—	—
AET	54.34%	55.46%	56.72%	—	—
BCC	54.49%	52.98%	56.67%	—	—
HCS	46.08%	47.52%	55.56%	—	—
MCL	50.31%	48.65%	51.16%	—	—
MER	55.20%	60.77%	56.82%	—	—
MOL	62.11%	53.15%	54.50%	—	—
PRI	51.56%	54.62%	59.68%	—	—
UNI	61.26%	61.32%	56.14%	—	—
UPP	53.18%	53.79%	57.38%	—	—
<p>▲ Indicates the 2025 score is statistically significantly higher than the trend year. ▼ Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.</p>					

Discussing Cessation Strategies

Table 4-12 shows the 2023, 2024, and 2025 scores and trend results for the *Discussing Cessation Strategies* measure item.

Table 4-12—Trend Analysis: Discussing Cessation Strategies

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
MI Medicaid Program	50.26%	48.07%	46.79%	—	—
FFS	53.54%	48.21%	45.38%	—	—
MI Medicaid Managed Care Program	49.16%	48.02%	47.29%	—	—
AET	51.20%	46.19%	46.19%	—	—
BCC	47.40%	45.83%	45.10%	—	—
HCS	38.83%	45.10%	47.41%	—	—
MCL	46.54%	43.12%	42.97%	—	—
MER	50.39%	54.96%	47.69%	—	—
MOL	55.38%	48.20%	52.74%	—	—
PRI	40.77%	41.67%	49.18%	—	—
UNI	51.85%	49.04%	45.13%	—	—
UPP	48.10%	43.93%	47.54%	—	—
<p>▲ Indicates the 2025 score is statistically significantly higher than the trend year. ▼ Indicates the 2025 score is statistically significantly lower than the trend year. — Indicates the 2025 score is not statistically significantly different than the trend year.</p>					

5. Key Drivers of Member Experience Analysis

HSAG performed a key drivers of member experience analysis for three 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 (i.e., questions) for which the odds ratio is statistically significantly greater than 1. For additional information on the key drivers of member experience analysis, please refer to page 2-12 of the Reader's Guide section.

Figure 5-1 through Figure 5-3 depict the key drivers of member experience analysis results for each of the three measures for the MI Medicaid Program. The items identified as key drivers are indicated with a red diamond.

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

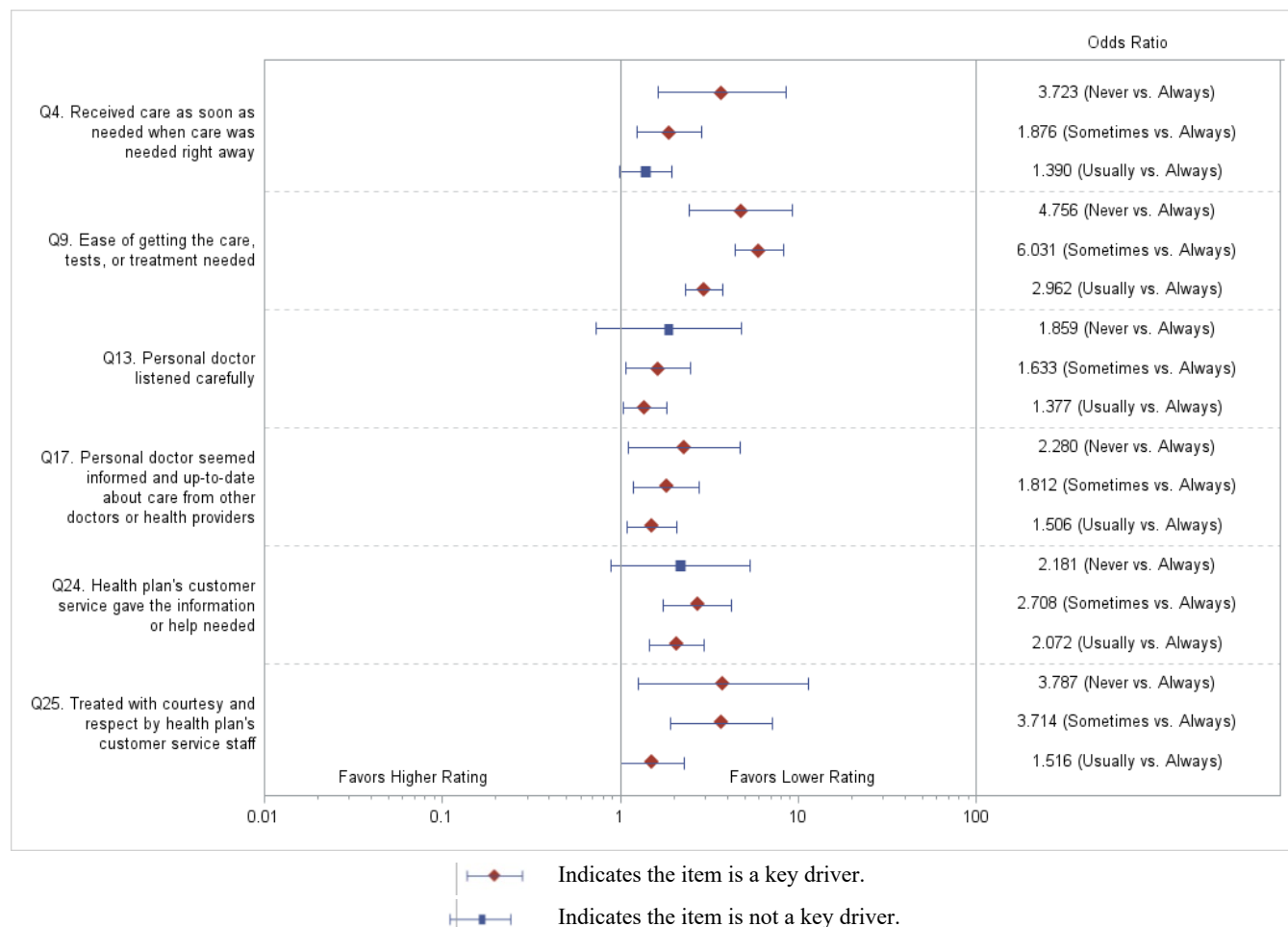


Figure 5-2—Key Drivers of Member Experience Analysis: Rating of All Health Care—MI Medicaid Program

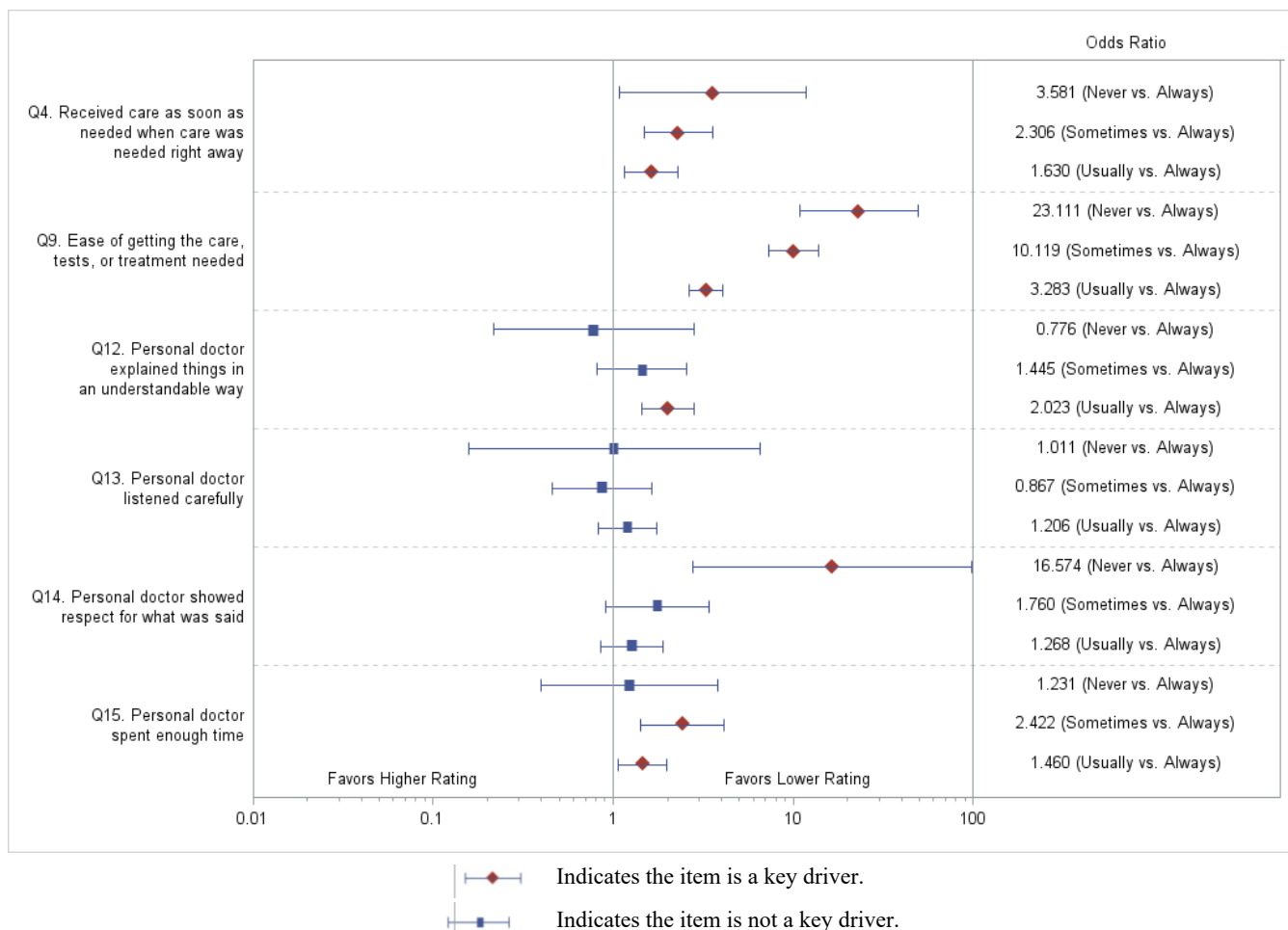
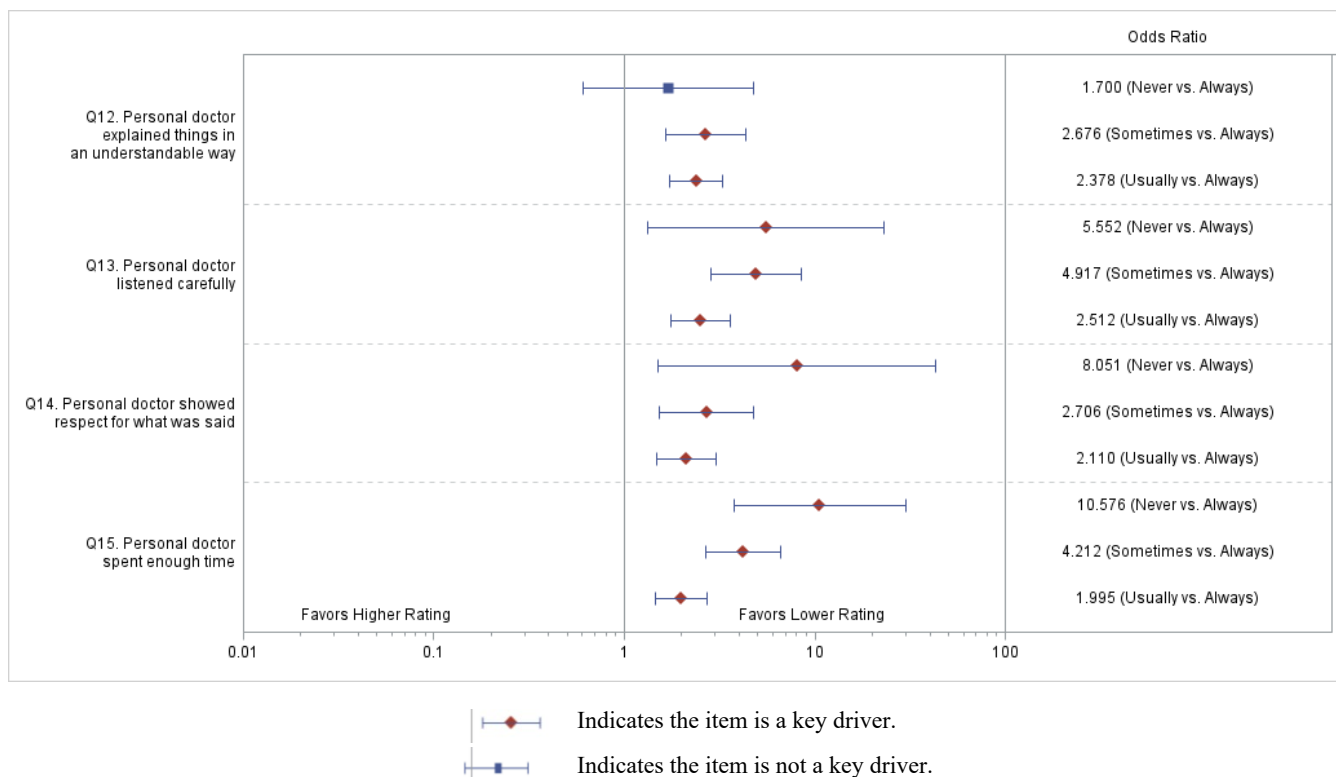


Figure 5-3—Key Drivers of Member Experience Analysis: Rating of Personal Doctor—MI Medicaid Program



Appendix A: Survey Instrument

The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with HEDIS supplemental item set. HSAG administered the CAHPS survey to FFS. The MHPs contracted with various survey vendors to administer the CAHPS survey. This section provides a copy of the survey instrument administered by HSAG.

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 benefits 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 1-888-506-5134.

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 Michigan Medicaid. Is that right?

☐ Yes ➔ *Go to Question 3*
☐ No

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

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

☐ Yes
☐ No → *Go to Question 5*

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you 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?

☐ 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 as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself 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 health care in the last 6 months?

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

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

☐ Yes
☐ No → *Go to Question 19*

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

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

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

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

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

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

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

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

15. In the last 6 months, how often did your personal doctor spend enough time with you?

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

16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- ☐ Yes
- ☐ No → Go to Question 18

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

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

18. 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 personal doctor?

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

GETTING HEALTH CARE FROM SPECIALISTS

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

19. 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 with a specialist?

☐ Yes
☐ No → **Go to Question 23**

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

21. How many specialists have you talked to in the last 6 months?

☐ None → **Go to Question 23**
☐ 1 specialist
☐ 2
☐ 3
☐ 4
☐ 5 or more specialists

22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

23. In the last 6 months, did you get information or help from your health plan's customer service?

☐ Yes
☐ No → **Go to Question 26**

24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

26. In the last 6 months, did your health plan give you any forms to fill out?

- ☐ Yes
- ☐ No → **Go to Question 28**

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

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

28. 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 health plan?

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

ABOUT YOU

29. In general, how would you rate your overall health?

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

30. In general, how would you rate your overall mental or emotional health?

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

31. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all → **Go to Question 35**
- ☐ Don't know → **Go to Question 35**

32. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

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

33. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

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

34. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

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

35. 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

36. Are you male or female?

- ☐ Male
- ☐ Female

37. 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

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

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

39. 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

40. Some health plans help with transportation 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 health plan to get help with transportation?

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

41. In the last 6 months, when you phoned to get help with transportation from your health plan, how often did you get it?

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

42. In the last 6 months, how often did the help with transportation 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**