

# 2025 Child Medicaid Health Plan CAHPS® Report

*Michigan Department of Health and  
Human Services*

*September 2025*



## Table of Contents

<b>1. Executive Summary.....</b>	<b>1-1</b>
Introduction .....	1-1
Survey Administration Overview.....	1-2
Key Findings .....	1-3
Child Member and Respondent Demographics.....	1-3
Comparative Analyses.....	1-5
Key Drivers of Member Experience Analysis .....	1-7
<b>2. Reader's Guide .....</b>	<b>2-1</b>
Survey Administration .....	2-1
Survey Overview .....	2-1
Performance Measures .....	2-1
How CAHPS Results Were Collected.....	2-5
Sampling Procedures .....	2-5
Survey Protocol .....	2-6
How CAHPS Results Were Calculated and Displayed.....	2-7
Who Responded to the Survey .....	2-7
Child Member and Respondent Demographics.....	2-7
Respondent Analysis .....	2-8
Scoring Calculations.....	2-9
Comparative Analyses.....	2-9
Key Drivers of Member Experience Analysis .....	2-11
Limitations and Cautions.....	2-13
Case-Mix Adjustment.....	2-13
Causal Inferences .....	2-14
Non-Response Bias .....	2-14
<b>3. Results.....</b>	<b>3-1</b>
Response Rates.....	3-1
Respondent Analysis .....	3-2
Child Member Demographics .....	3-6
Respondent Demographics.....	3-12
Comparative Analyses.....	3-16
National Percentile Comparisons .....	3-16
Program Comparisons .....	3-19
National Average Comparisons.....	3-19
Global Ratings.....	3-20
Composite Measures .....	3-24
Individual Item Measure .....	3-29
<b>4. Trend Analysis .....</b>	<b>4-1</b>
Global Ratings.....	4-1
Rating of Health Plan .....	4-1
Rating of All Health Care.....	4-2

Rating of Personal Doctor .....	4-3
Rating of Specialist Seen Most Often .....	4-4
Composite Measures .....	4-5
Getting Needed Care .....	4-5
Getting Care Quickly.....	4-6
How Well Doctors Communicate .....	4-7
Customer Service .....	4-8
Transportation .....	4-9
Individual Item Measure .....	4-10
Coordination of Care .....	4-10
<b>5. Key Drivers of Member Experience Analysis.....</b>	<b>5-1</b>
<b>Appendix A. Survey Instrument.....</b>	<b>A-1</b>

## 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 child 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.<sup>1-1</sup> The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving the overall experiences of parents/caretakers of child members.

This report presents the 2025 child Medicaid CAHPS results based on responses of parents/caretakers who completed the survey on behalf of child members enrolled in an MHP or FFS. The surveys were completed from February to May 2025. The standardized survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set (without the Children with Chronic Conditions [CCC] measurement set).<sup>1-2,1-3</sup> 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

<sup>1-1</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>1-2</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>1-3</sup> The 2025 CAHPS survey results were reported to NCQA for the nine MHPs. The 2025 CAHPS survey results for FFS were not reported to NCQA.





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

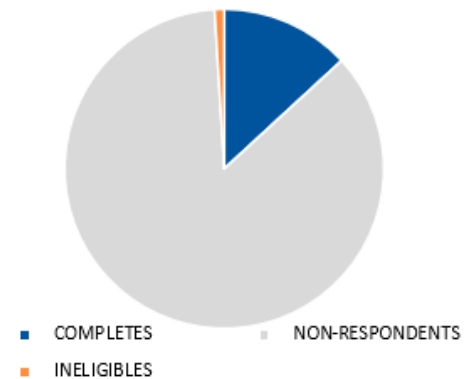
## Survey Administration Overview

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

**Figure 1-1—Survey Administration Overview: MI Medicaid Program**

<b>Start Survey On:</b>	<b>Finish Survey On:</b>
<b>02.10.25</b>	<b>05.05.25</b>
<b>TOTAL SAMPLE SIZE</b>	<b>16,500</b>
<b>RESPONSE RATE</b>	<b>13.29%</b>

 <b>COMPLETES</b>	<b>2,171</b>
 <b>NON-RESPONDENTS</b>	<b>14,169</b>
 <b>INELIGIBLES</b>	<b>160</b>
 <b>UNDELIVERABLES</b>	<b>1,423</b>



### DETAILS

	Mail 1	Mail 2	Phone*	Web*
<b>Completes</b>	<b>622</b>	<b>459</b>	<b>678</b>	<b>412</b>
	<b>Incompletes</b>	<b>Refusals</b>	<b>No Response</b>	
<b>Non-Respondents</b>	<b>221</b>	<b>497</b>	<b>13,451</b>	
	<b>Invalid</b>	<b>Deceased</b>	<b>Language Barrier</b>	
<b>Ineligibles</b>	<b>84</b>	<b>1</b>	<b>75</b>	

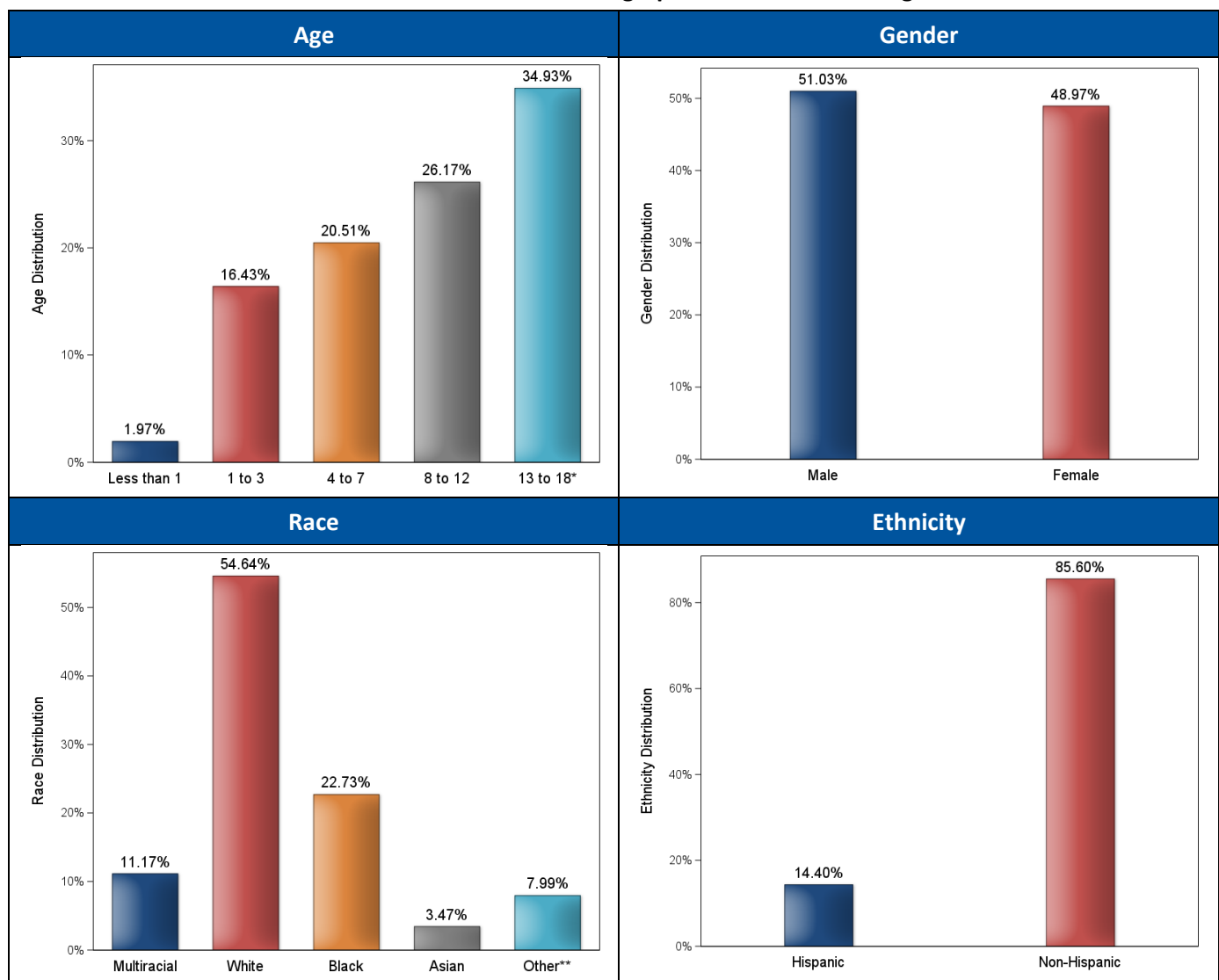
\* There were 59 and 39 surveys completed in Spanish over the telephone and via web, respectively.

## Key Findings

### Child Member and Respondent Demographics

Table 1-2 provides an overview of the MI Medicaid Program child member demographic characteristics as reported by the parent/caregivers who completed the surveys. For the detailed results of the child member demographics, please refer to the Results section beginning on page 3-6.

**Table 1-2—Child Member Demographics: MI Medicaid Program**



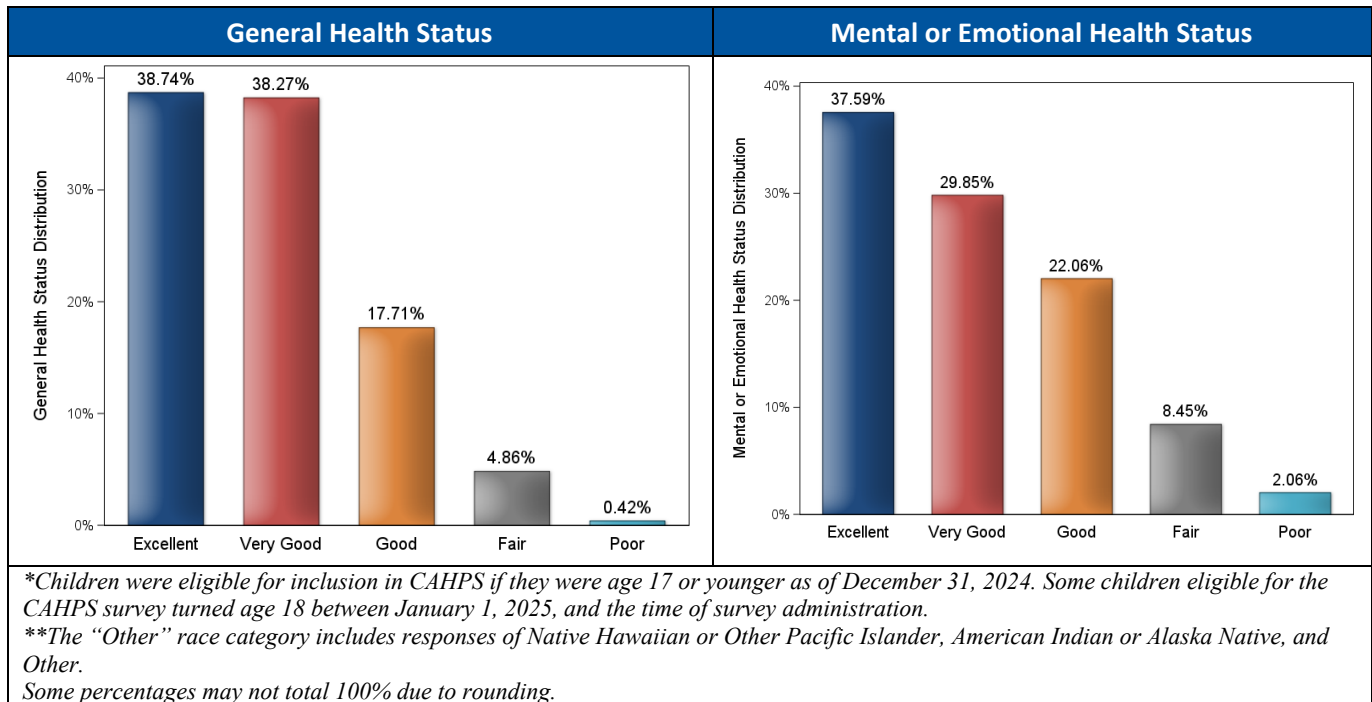
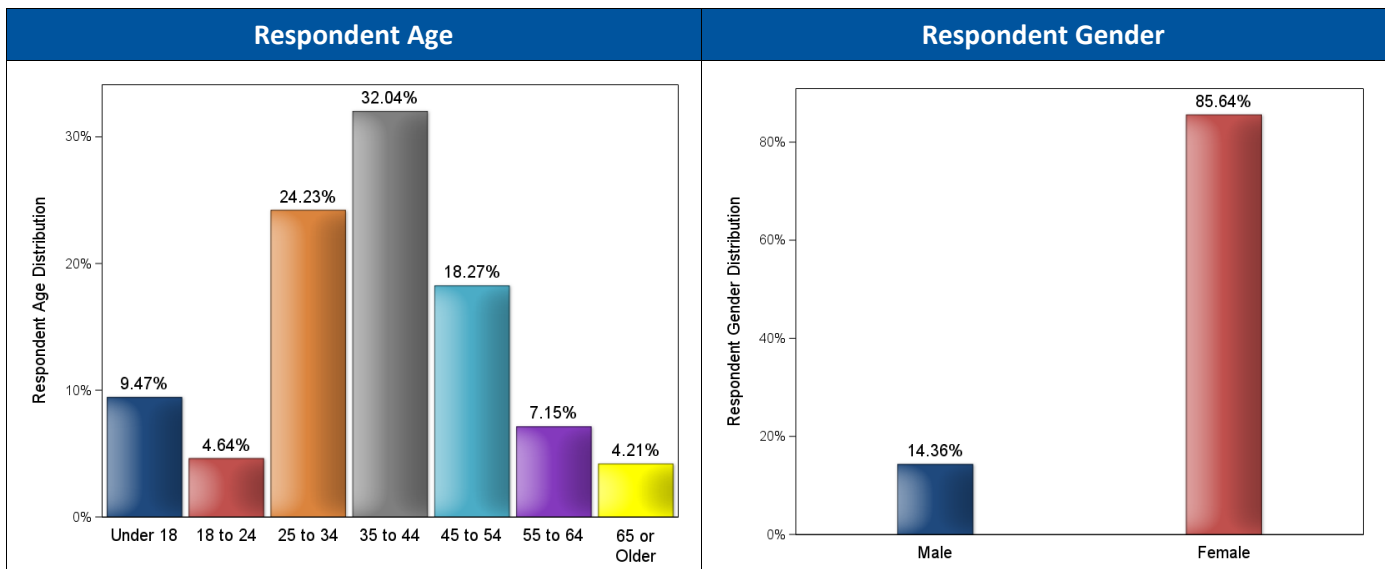
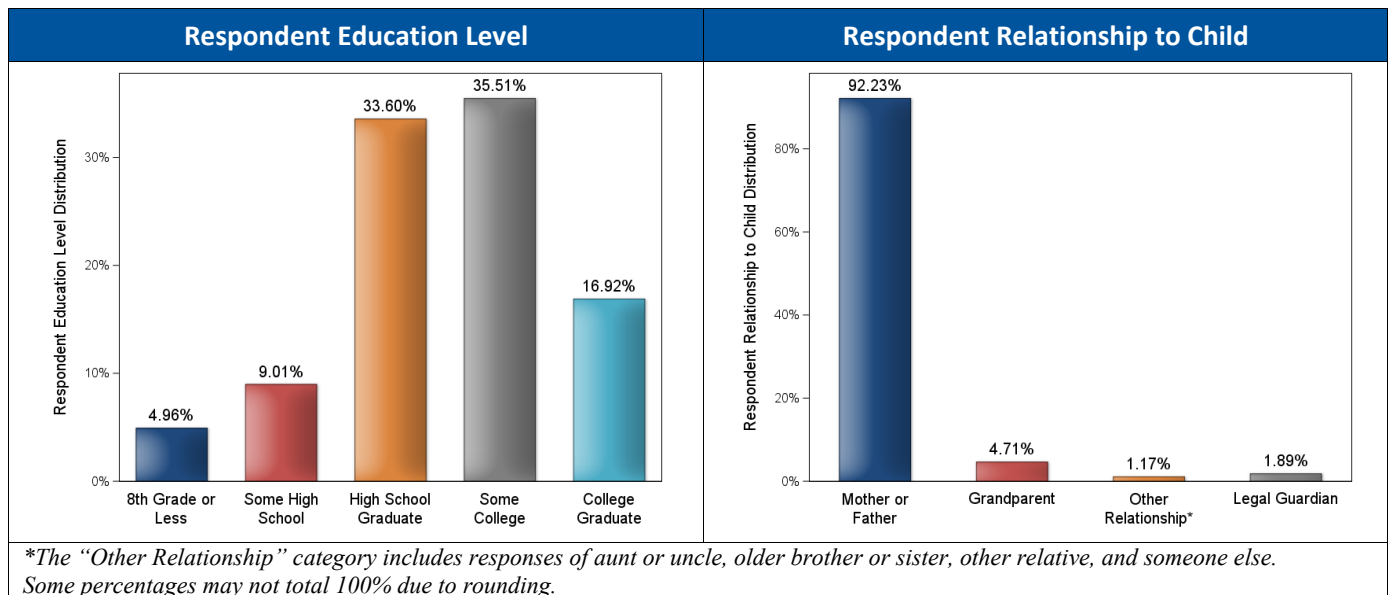


Table 1-3 provides an overview of the self-reported demographic characteristics of parents/caretakers who completed the surveys on behalf of child members. For the detailed results of the self-reported demographic characteristics of parents/caretakers, please refer to the Results section beginning on page 3-12.

**Table 1-3—Respondent Demographics: MI Medicaid Program**





## Comparative Analyses

HSAG calculated top-box scores, which represent the percentage of respondents with positive survey responses (i.e., rate the experience of their child’s care higher) for each measure. The top-box scores 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 their child 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.<sup>1-4,1-5,1-6</sup> 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

<sup>1-4</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

<sup>1-5</sup> 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.

<sup>1-6</sup> Quality Compass 2025 data were not available at the time this report was prepared; therefore, 2024 data were used for comparison.



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 1-4 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 the 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 3-16 and the Trend Analysis section beginning on page 4-1.

**Table 1-4—National Percentile Comparisons and Trend Analysis Summary: MI Medicaid Program**

Measure	National Comparisons	Trend Analysis (2025 Compared to 2024)
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	★ 67.32%	—
<i>Rating of All Health Care</i>	★★ 68.36%	▲
<i>Rating of Personal Doctor</i>	★★ 75.26%	—
<i>Rating of Specialist Seen Most Often</i>	★★ 72.42%	—
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	★★★★ 86.27%	—
<i>Getting Care Quickly</i>	★★★★ 89.46%	—
<i>How Well Doctors Communicate</i>	★★★★ 94.48%	—
<i>Customer Service</i>	★★★★ 88.49%	—
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	★★★★ 84.83%	—
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 in 2024.		

## Program and National Average Comparisons

HSAG compared the MHP and FFS scores to the MI Medicaid Managed Care Program and the 2024 NCQA general child Medicaid national averages to determine if the MHP or FFS scores were statistically significantly different.

Table 1-5 shows the summary of the program and national average comparisons with statistically significant result; 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 3-19.

**Table 1-5—Program and National Average Comparisons Summary: Statistically Significant Results**

Measure	AET	BCC	FFS	HCS	MCL	PRI	UNI	UPP
<b>Global Ratings</b>								
<i>Rating of Health Plan</i>	—	—	↓ L	—	—	—	—	—
<i>Rating of All Health Care</i>	—	—	—	—	—	—	—	L
<i>Rating of Specialist Seen Most Often</i>	—	↑ H <sup>+</sup>	—	—	—	—	—	—
<b>Composite Measures</b>								
<i>Getting Needed Care</i>	—	↑ H	—	—	—	—	—	—
<i>Getting Care Quickly</i>	—	H	H <sup>+</sup>	H <sup>+</sup>	—	H	—	H
<i>How Well Doctors Communicate</i>	H	H	—	H	H	—	↓	↑ H
<i>Customer Service</i>	—	—	—	—	—	—	H <sup>+</sup>	—
<b>Individual Item Measure</b>								
<i>Coordination of Care</i>	—	—	—	—	—	H <sup>+</sup>	—	H <sup>+</sup>
↑ 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 1-6 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 1-6—Key Drivers of Member Experience Summary: MI Medicaid Program**

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q9. Ease of getting the care, tests, or treatment the child needed	Never + Sometimes vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q12. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	Usually vs. Always	NS	NS	✓
Q13. Child's personal doctor listened carefully to the parent/caretaker	Never + Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	✓	✓	✓
Q14. Child's personal doctor showed respect for what the parent/caretaker said	Never + Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q16. Child's personal doctor explained things in an understandable way for the child	Never + Sometimes vs. Always	NS	✓	NS
	Usually vs. Always	NS	✓	NS
Q17. Child's personal doctor spent enough time with the child	Never + Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q20. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never + Sometimes vs. Always	NS	NS	✓
Q23. Child received appointment with a specialist as soon as needed	Never + Sometimes vs. Always	✓	NS	NA
Q27. Child's health plan's customer service gave the parent/caretaker the information or help needed	Never + Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q28. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	Never + Sometimes vs. Always	✓	NS	NA
Q30. Ease of filling out forms from the child's health plan	Never + 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, respondents' answers for those responses do 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 Child Medicaid Health Plan Survey with the HEDIS supplemental item set (without the CCC measurement set). The CAHPS Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). The most recent versions of the surveys (i.e., CAHPS 5.1 Health Plan Surveys) were released by AHRQ in October 2020. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.<sup>2-1</sup>

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

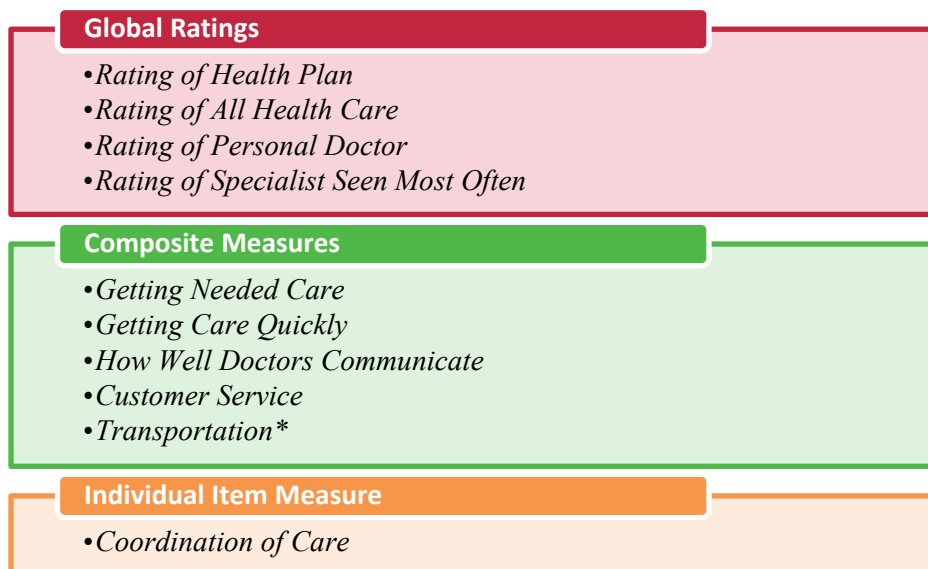
The survey included 44 questions that yield 10 measures of experience. These measures include four global rating questions, five composite measures, and one individual item measure. The global measures (also referred to as global ratings) reflect overall member experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question that looks at a specific area of care (i.e., *Coordination of Care*).

---

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

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

**Figure 2-1—CAHPS Measures**



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

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
<b>Global Ratings</b>	
<b><i>Rating of Health Plan</i></b>	
31. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0–10 Scale
<b><i>Rating of All Health Care</i><sup>2-2</sup></b>	
8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0–10 Scale
<b><i>Rating of Personal Doctor</i><sup>2-3</sup></b>	
21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?	0–10 Scale
<b><i>Rating of Specialist Seen Most Often</i><sup>2-4</sup></b>	
25. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale

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

<sup>2-3</sup> For *Rating of Personal Doctor*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

<sup>2-4</sup> For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments for their child with a specialist in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

Question Language	Response Options
<b>Composite Measures</b>	
<b><i>Getting Needed Care</i><sup>2-5</sup></b>	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
23. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	Never, Sometimes, Usually, Always
<b><i>Getting Care Quickly</i><sup>2-6</sup></b>	
4. In the last 6 months, when your child <u>needed care right away</u> , how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?	Never, Sometimes, Usually, Always
<b><i>How Well Doctors Communicate</i><sup>2-7</sup></b>	
12. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
<b><i>Customer Service</i><sup>2-8</sup></b>	
27. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always

- <sup>2-5</sup> For *Getting Needed Care*, the gate questions ask respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months and did they make any appointments for their child with a specialist in the last six months. If respondents answer "None" or "No" to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.
- <sup>2-6</sup> For *Getting Care Quickly*, the gate questions ask respondents if their child had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care for their child. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.
- <sup>2-7</sup> For *How Well Doctors Communicate*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.
- <sup>2-8</sup> For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their child's health plan in the last six months. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.



Question Language	Response Options
<b>Transportation<sup>2-9</sup></b>	
43. In the last 6 months, when you phoned your child's health plan to get help with transportation, how often did you get it?	Never, Sometimes, Usually, Always
44. In the last 6 months, how often did the help with transportation for your child meet your needs?	Never, Sometimes, Usually, Always
<b>Individual Item Measure</b>	
<b>Coordination of Care<sup>2-10</sup></b>	
20. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never, Sometimes, Usually, Always

## How CAHPS Results Were Collected

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

### Sampling Procedures

HSAG received audited sample frame files from the MHPs. 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. Following HEDIS requirements, HSAG sampled members who met the following criteria:

- Were 17 years of age or younger as of December 31, 2024.
- Were currently enrolled in an MHP or FFS.
- Were continuously enrolled in the MHP or FFS during the last six months of the measurement year (July 1 to December 31, 2024).<sup>2-11</sup>
- Had Medicaid as a payer.

<sup>2-9</sup> For *Transportation*, the gate question asks respondents if they called their child's health plan to get help with transportation in the last six months. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *Transportation* measure.

<sup>2-10</sup> For *Coordination of Care*, the gate question asks respondents if their child got care from a doctor or other health provider besides their personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

<sup>2-11</sup> To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a child 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).

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

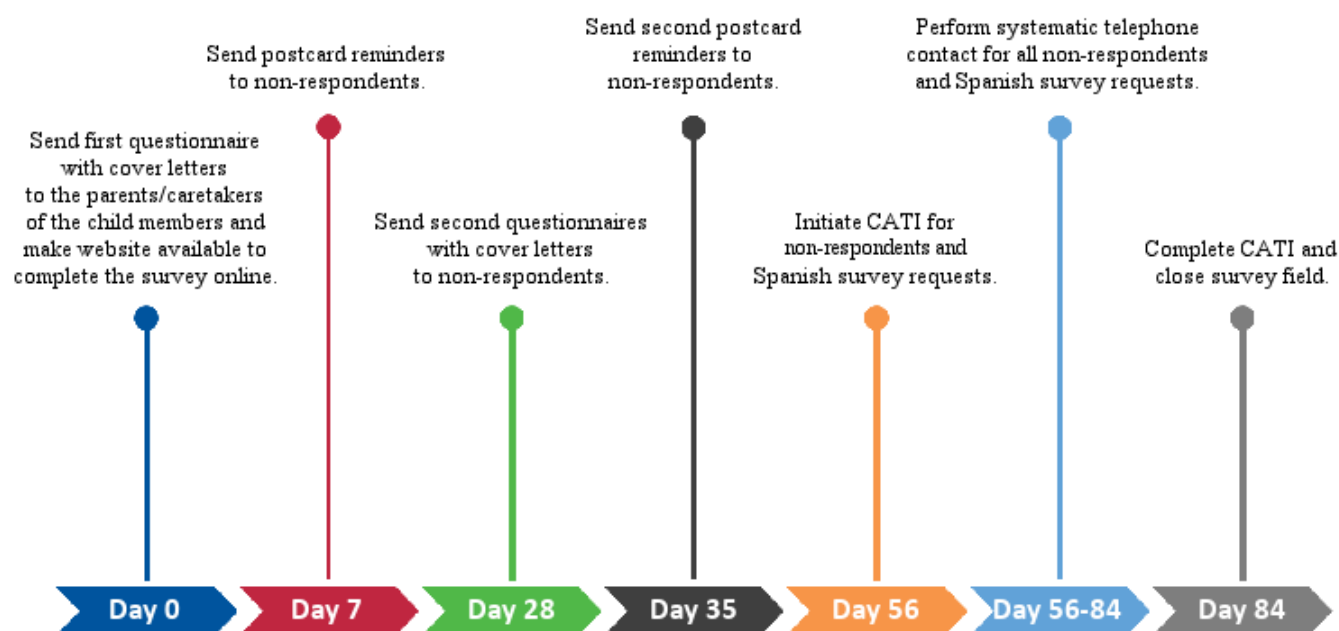
## Survey Protocol

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

CATI was conducted for parents/caretakers of child members who did not complete the survey or who requested to complete the survey in Spanish. Up to three CATI calls to each non-respondent were attempted at different times of the day, on different days of the week, and in different weeks.<sup>2-12</sup> The survey administration started in February 2025, and the survey field remained open until closing in May 2025.

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

**Figure 2-2—Survey Timeline**



<sup>2-12</sup> National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS® Measurement Year 2024 Survey Measures*. Washington, DC: NCQA; 2024.

## 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.<sup>2-13</sup> HSAG considered a survey completed if parents/caretakers of sampled child members answered at least three of the following five questions: 3, 10, 22, 26, and 31.<sup>2-14</sup> 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), or their parent/caretaker had a language barrier (the survey was made available in both English and Spanish).

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

### Child Member and Respondent Demographics

The demographics analysis evaluated demographic information of child members and respondents based on parents'/caretakers' responses to the survey. Table 2-2 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.<sup>2-15</sup>

<sup>2-13</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2024.

<sup>2-14</sup> Please refer to Appendix A of the report for a copy of the survey instrument to see the survey question language.

<sup>2-15</sup> Ibid.

**Table 2-2—Child and Respondent Demographic Items Analyzed**

Demographic Category	Survey Question Number
<b>Child Member Demographics</b>	
Age	34
Gender	35
Race	37
Ethnicity	36
General Health Status	32
Mental or Emotional Health Status	33
<b>Respondent Demographics</b>	
Respondent Age	38
Respondent Gender	39
Respondent Education Level	40
Respondent Relationship to the Child	41

## Respondent Analysis

HSAG evaluated the demographic characteristics of child members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all members in the sample frame (i.e., sample frame percentages). Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics section, which uses responses from the survey as the data source. A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher than the sample frame percentages are noted with black upward arrows (↑) in the table. Respondent percentages within a particular demographic category that were statistically significantly lower than the sample frame percentages are noted with black downward arrows (↓) in the table. Respondent percentages that were not statistically significantly higher or lower are not denoted with arrows. Caution should be exercised when extrapolating the results to the entire population if the respondent population differs significantly from the actual population of child members.

## 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.<sup>2-16</sup> 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*.

### 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’ child 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. 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 overall member experience ratings and to determine if the scores were statistically significantly

---

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

different than the national average.<sup>2-17,2-18</sup> For the national percentile comparisons, ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 2-3.

**Table 2-3—Star Ratings Percentile Distributions**

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

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. 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.

## 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

<sup>2-17</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

<sup>2-18</sup> 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.

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 2-4 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 2-4—Potential Key Drivers**

Survey Item	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q4. Child received care as soon as needed when care was needed right away	$\checkmark$	$\checkmark$	$\checkmark$	Always
Q6. Child received appointment for a checkup or routine care as soon as needed	$\checkmark$	$\checkmark$	$\checkmark$	Always
Q9. Ease of getting the care, tests, or treatment the child needed	$\checkmark$	$\checkmark$	$\checkmark$	Always
Q12. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	$\checkmark$	$\checkmark$	$\checkmark$	Always
Q13. Child's personal doctor listened carefully to the parent/caretaker	$\checkmark$	$\checkmark$	$\checkmark$	Always



Survey Item	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q14. Child's personal doctor showed respect for what the parent/caretaker said	✓	✓	✓	Always
Q16. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓	Always
Q17. Child's personal doctor spent enough time with the child	✓	✓	✓	Always
Q18. Child's personal doctor discussed how the child is feeling, growing, or behaving	✓	✓	✓	Yes
Q20. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓	✓	✓	Always
Q23. Child received appointment with a specialist as soon as needed	✓	✓	NA	Always
Q27. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓	NA	Always
Q28. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓	NA	Always
Q30. Ease of filling out forms from the child's health plan	✓	✓	NA	Always
Q43. Ease of getting help with transportation	✓	NA	NA	Always
Q44. Parent/caretaker received help with transportation	✓	NA	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.

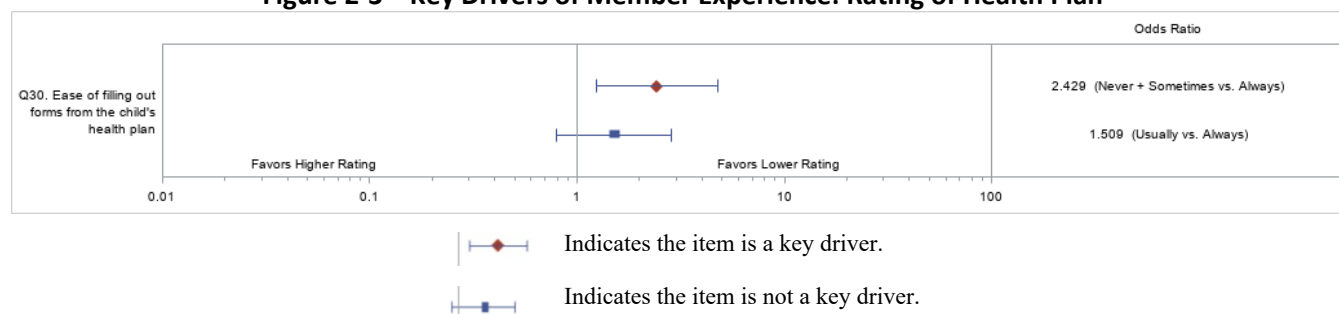


The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, 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.

For example, in Figure 2-3, the results indicate that respondents who answered "Never" or "Sometimes" to question 30 are 2.429 times more likely to provide a lower rating for their child's health plan than respondents who answered "Always." This item is identified as a key driver (as indicated with the red diamond). Also, respondents who answered "Usually" to question 30 are 1.509 times more likely to provide a lower rating for their child's health plan than respondents who answered "Always."

**Figure 2-3—Key Drivers of Member Experience: Rating of Health Plan**



## Limitations and Cautions

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

### Case-Mix Adjustment

The demographics of parents/caretakers and their child members (i.e., response group) may impact respondents' experiences. Therefore, differences in the demographics of the response group may impact

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 child's plan or program. The survey by itself does not necessarily reveal the exact cause of these differences.

## Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their child's health care services and may vary by plan or program. 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 2-5 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 2-5—Non-Response Bias Analysis: MI Medicaid Program**

Measure	2023	2024	2025
<i>Rating of All Health Care</i>	—	↑	—
<i>Customer Service</i>	—	↑	—
<i>Coordination of Care</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 2-7 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
<b>MI Medicaid Program</b>	<b>16,500</b>	<b>160</b>	<b>16,340</b>	<b>2,171</b>	<b>13.29%</b>
FFS	1,650	25	1,625	198	12.18%
<b>MI Medicaid Managed Care Program</b>	<b>14,850</b>	<b>135</b>	<b>14,715</b>	<b>1,973</b>	<b>13.41%</b>
AET	1,650	8	1,642	185	11.27%
BCC	1,650	19	1,631	238	14.59%
HCS	1,650	18	1,632	188	11.52%
MCL	1,650	17	1,633	201	12.31%
MER	1,650	18	1,632	239	14.64%
MOL	1,650	12	1,638	203	12.39%
PRI	1,650	17	1,633	234	14.33%
UNI	1,650	22	1,628	217	13.33%
UPP	1,650	4	1,646	268	16.28%

## Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentage) to the demographic characteristics of all members in the sample frame (i.e., sample frame percentage) for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity.

Table 3-2 through Table 3-5 present results of the respondent analysis. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black directional arrows (↑, ↓) in the tables. Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source. Caution should be exercised when extrapolating the results to the entire population if the respondent population differs significantly from the actual population of the MHP or FFS. For additional information on the respondent analysis, please refer to page 2-8 of the Reader's Guide section.

**Table 3-2—Respondent Analysis: Age**

Program/MHP Name		Less than 1	1 to 3	4 to 7	8 to 12	13 to 17
MI Medicaid Program	R	3.27%	16.54%	20.08%↓	26.62%↓	33.49%↑
	SF	3.42%	16.45%	23.40%	29.23%	27.51%
FFS	R	3.03%	14.14%	15.66%↓	26.77%	40.40%↑
	SF	2.70%	12.90%	20.95%	30.70%	32.75%
MI Medicaid Managed Care Program	R	3.29%	16.78%	20.53%↓	26.61%↓	32.79%↑
	SF	3.52%	16.96%	23.76%	29.01%	26.75%
AET	R	0.00%	10.27%↓	26.49%	31.35%	31.89%
	SF	0.03%	19.15%	25.02%	29.25%	26.56%
BCC	R	3.78%	26.05%↑	19.33%↓	21.85%	28.99%
	SF	4.32%	20.01%	25.24%	27.03%	23.40%
HCS	R	8.51%	31.38%	22.34%	13.30%↓	24.47%
	SF	6.07%	25.77%	23.07%	23.93%	21.16%
MCL	R	3.48%	18.91%	18.41%↓	23.88%	35.32%↑
	SF	3.92%	17.49%	24.20%	28.78%	25.62%
MER	R	2.09%	13.39%	20.50%	33.05%	30.96%
	SF	3.29%	15.39%	24.11%	30.41%	26.80%
MOL	R	4.43%	9.85%↓	21.67%	27.09%	36.95%↑
	SF	3.31%	16.73%	22.96%	28.61%	28.39%
PRI	R	1.71%↓	15.81%	20.51%	26.50%	35.47%↑
	SF	3.65%	17.51%	23.70%	29.20%	25.94%
UNI	R	2.76%	12.90%	19.35%	28.57%	36.41%↑
	SF	3.15%	14.94%	22.53%	29.54%	29.84%

Program/MHP Name		Less than 1	1 to 3	4 to 7	8 to 12	13 to 17
UPP	R SF	3.36% 3.89%	13.43% 17.06%	17.91%↓ 23.12%	31.34% 29.68%	33.96%↑ 26.25%

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

**Table 3-3—Respondent Analysis: Gender**

Program/MHP Name		Male	Female
<b>MI Medicaid Program</b>	<b>R SF</b>	<b>50.71% 51.23%</b>	<b>49.29% 48.77%</b>
FFS	R SF	47.98% 51.40%	52.02% 48.60%
<b>MI Medicaid Managed Care Program</b>	<b>R SF</b>	<b>50.99% 51.20%</b>	<b>49.01% 48.80%</b>
AET	R SF	49.73% 50.89%	50.27% 49.11%
BCC	R SF	55.04% 51.61%	44.96% 48.39%
HCS	R SF	44.68% 50.75%	55.32% 49.25%
MCL	R SF	48.26% 51.31%	51.74% 48.69%
MER	R SF	48.95% 51.15%	51.05% 48.85%
MOL	R SF	52.22% 51.04%	47.78% 48.96%
PRI	R SF	48.29% 51.04%	51.71% 48.96%
UNI	R SF	54.84% 51.32%	45.16% 48.68%
UPP	R SF	54.85% 50.63%	45.15% 49.37%

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

Table 3-4—Respondent Analysis: Race

Program/MHP Name		White	Black	Asian	Other
<b>MI Medicaid Program</b>	<b>R SF</b>	<b>62.83%↑ 56.96%</b>	<b>25.99%↓ 33.65%</b>	<b>2.15% 1.59%</b>	<b>9.03%↑ 7.80%</b>
FFS	R SF	73.60%↑ 64.12%	21.35%↓ 28.10%	0.56% 0.34%	4.49% 7.43%
<b>MI Medicaid Managed Care Program</b>	<b>R SF</b>	<b>61.83%↑ 56.00%</b>	<b>26.42%↓ 34.40%</b>	<b>2.30% 1.76%</b>	<b>9.45%↑ 7.85%</b>
AET	R SF	28.11% 23.74%	60.00%↓ 68.02%	1.62% 1.34%	10.27% 6.90%
BCC	R SF	61.82%↑ 50.27%	30.00%↓ 42.09%	2.73% 2.31%	5.45% 5.33%
HCS	R SF	39.36% 34.46%	46.81% 51.47%	1.06% 1.46%	12.77% 12.61%
MCL	R SF	66.17% 64.16%	17.41%↓ 25.06%	1.00% 0.97%	15.42%↑ 9.81%
MER	R SF	65.97%↑ 59.90%	23.53%↓ 31.17%	2.10% 1.22%	8.40% 7.72%
MOL	R SF	55.43% 48.95%	26.63%↓ 38.75%	3.80% 2.09%	14.13% 10.21%
PRI	R SF	77.93%↑ 63.75%	18.92%↓ 33.25%	3.15% 2.10%	0.00% 0.90%
UNI	R SF	55.76% 51.55%	24.88%↓ 35.54%	4.61% 2.43%	14.75% 10.48%
UPP	R SF	90.77% 88.88%	1.92% 2.76%	0.77% 0.50%	6.54% 7.86%
<p>An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.  ↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.  ↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.  Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.  Some percentages may not total 100% due to rounding.</p>					

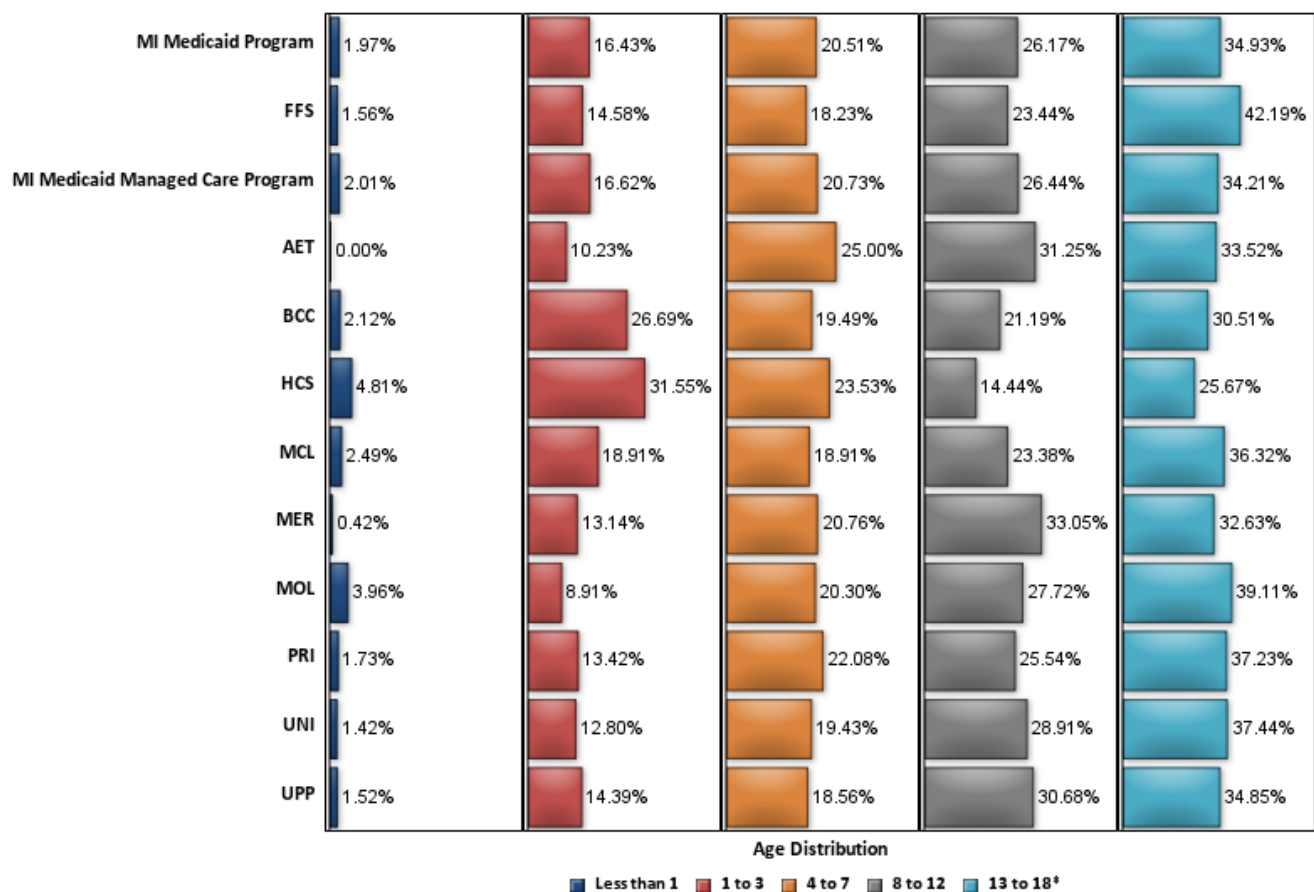
Table 3-5—Respondent Analysis: Ethnicity

Program/MHP Name		Hispanic	Non-Hispanic
<b>MI Medicaid Program</b>	<b>R SF</b>	<b>21.54%↓ 28.02%</b>	<b>78.46%↑ 71.98%</b>
FFS	R SF	9.64% 7.64%	90.36% 92.36%
<b>MI Medicaid Managed Care Program</b>	<b>R SF</b>	<b>22.81%↓ 31.01%</b>	<b>77.19%↑ 68.99%</b>
AET	R SF	7.03% 5.11%	92.97% 94.89%
BCC	R SF	13.45% 9.87%	86.55% 90.13%
HCS	R SF	21.52% 15.28%	78.48% 84.72%
MCL	R SF	9.95% 8.57%	90.05% 91.43%
MER	R SF	NA	NA
MOL	R SF	13.93% 10.13%	86.07% 89.87%
PRI	R SF	17.27% 13.65%	82.73% 86.35%
UNI	R SF	11.52% 8.90%	88.48% 91.10%
UPP	R SF	4.10% 3.18%	95.90% 96.82%
<p>An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.  ↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.  ↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.  Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.  Some percentages may not total 100% due to rounding.  NA indicates that data for the variable was missing from the sample frame; therefore, results are not available.</p>			

## Child Member Demographics

Figure 3-1 through Figure 3-6 depict the demographic characteristics of children as reported by the parents/caretakers who completed the surveys. In general, the demographics of a response group influence overall member experience scores. For example, parents/caretakers of healthier children 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 child member demographics, please refer to page 2-7 of the Reader's Guide section.

**Figure 3-1—Child Member Demographics: Age**

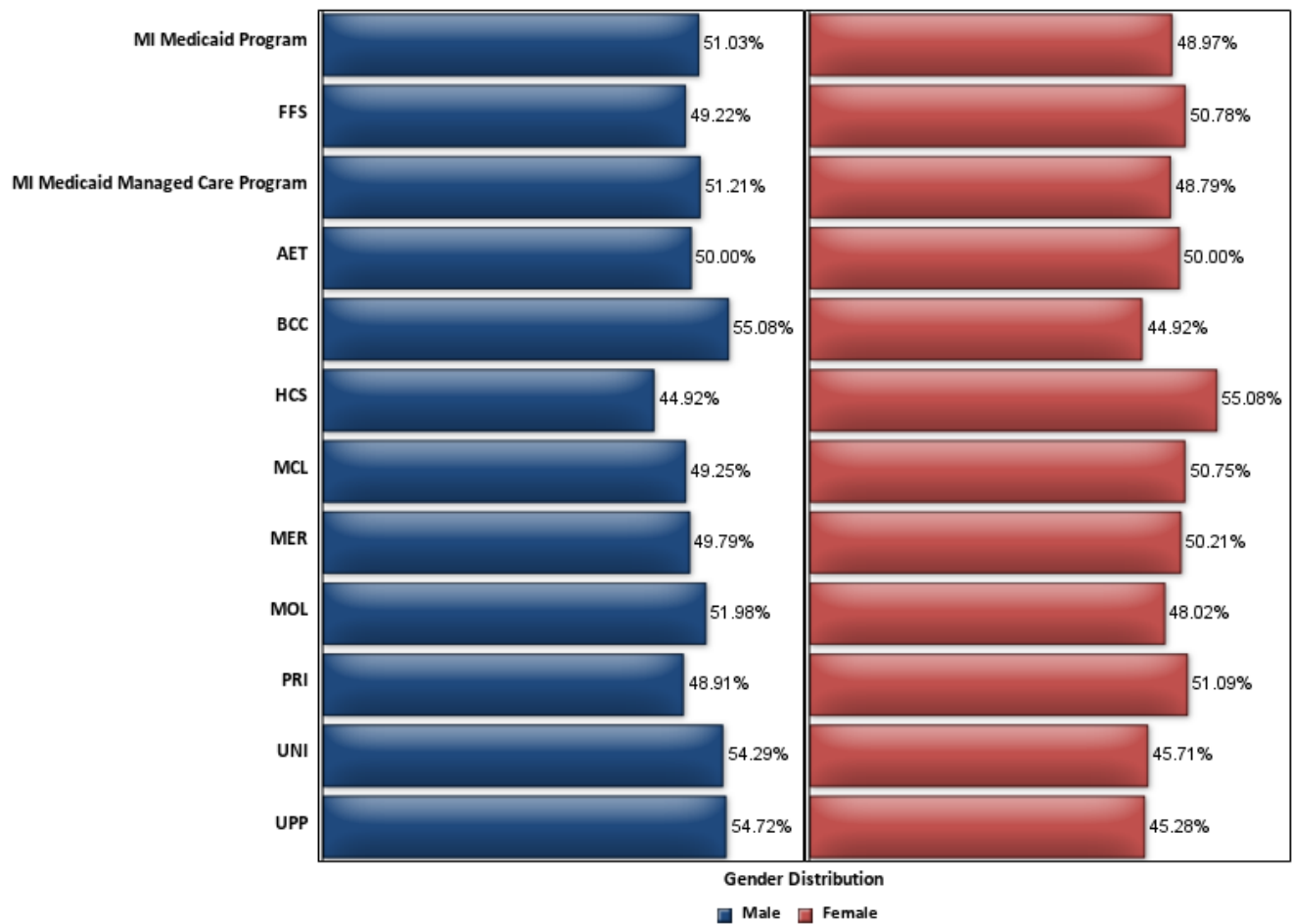


*Some percentages may not total 100% due to rounding.*

*\*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2024. Some children eligible for the CAHPS Survey turned 18 between January 1, 2025, and the time of survey administration.*

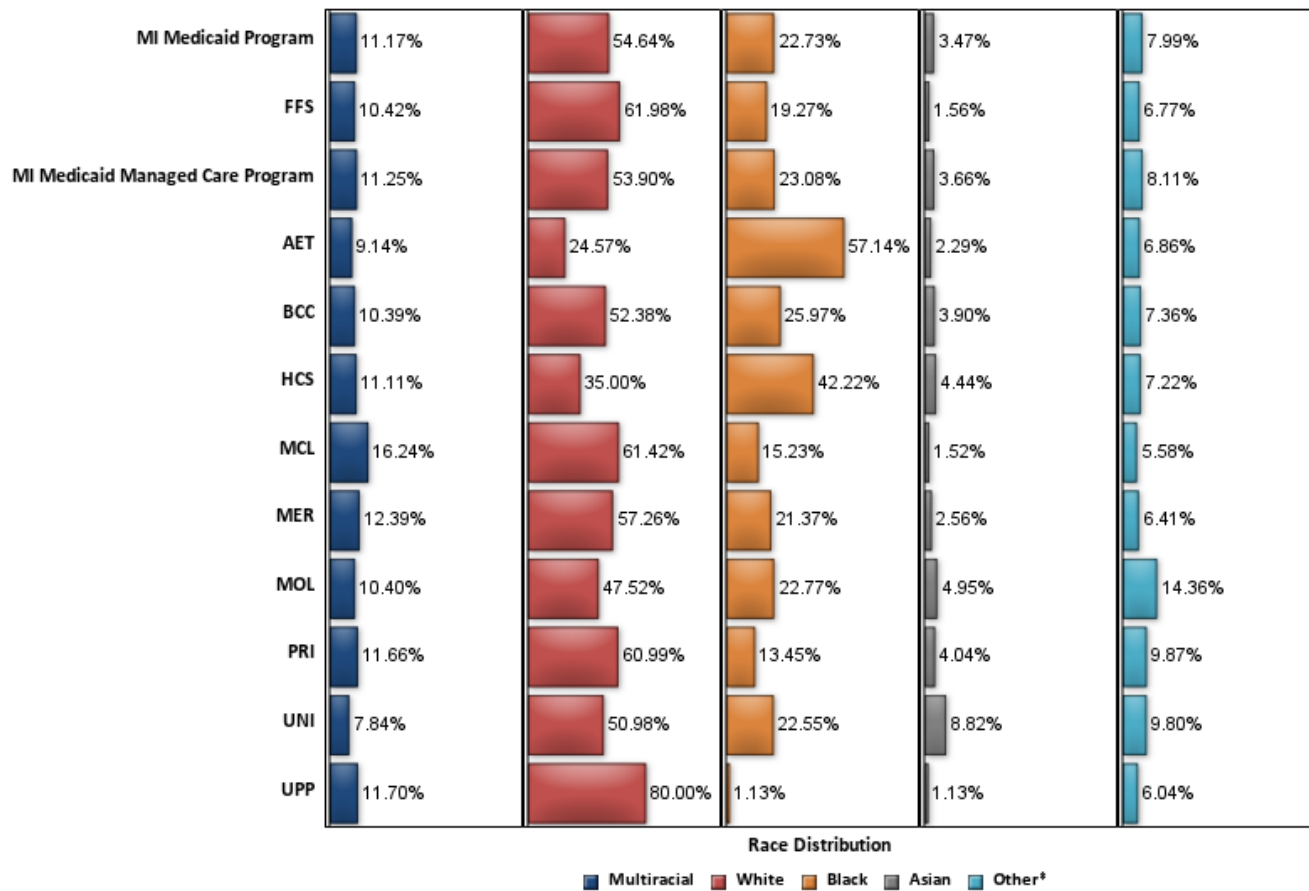


**Figure 3-2—Child Member Demographics: Gender**



*Some percentages may not total 100% due to rounding.*

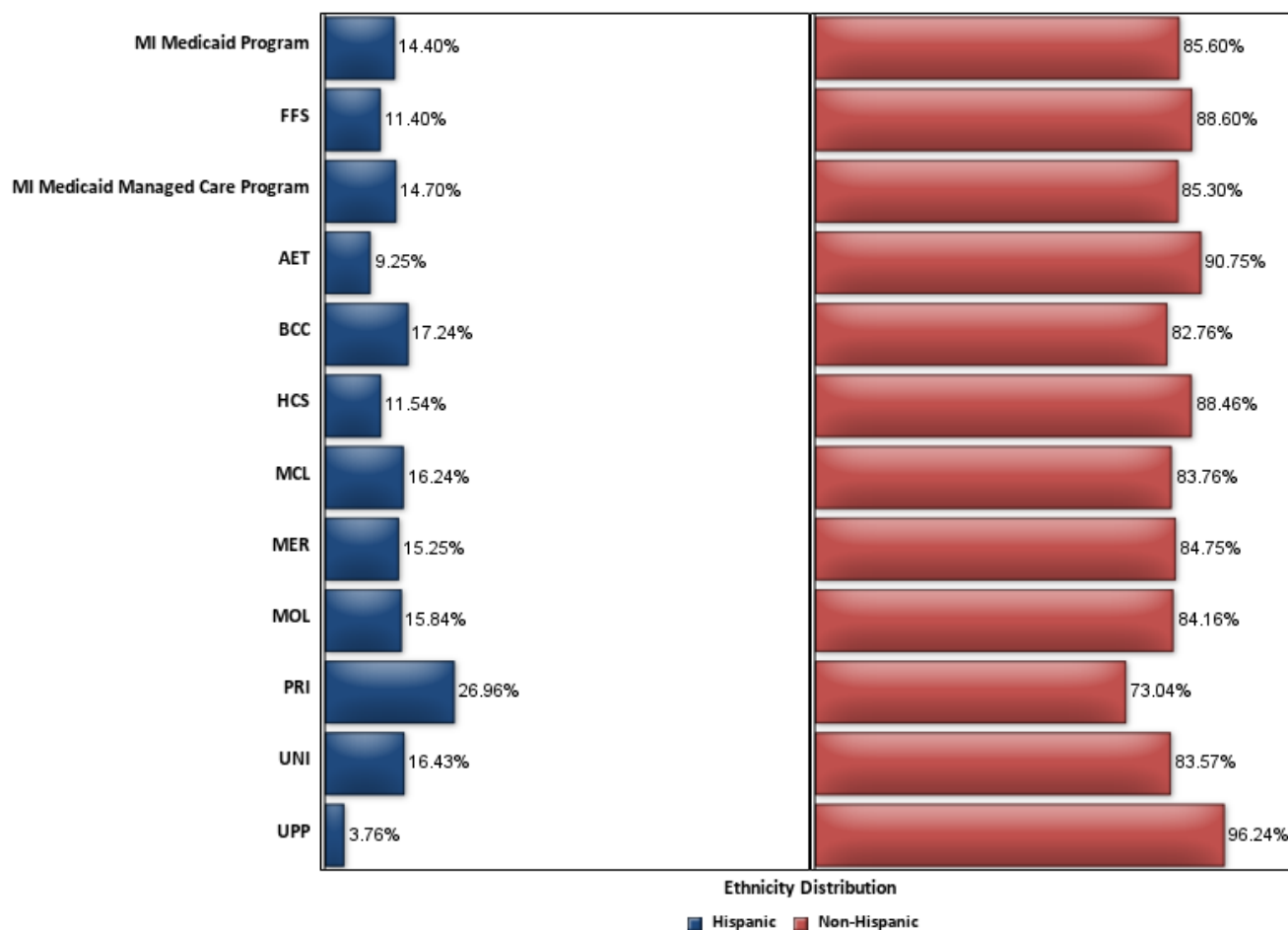
**Figure 3-3—Child Member Demographics: Race**



*Some percentages may not total 100% due to rounding.*

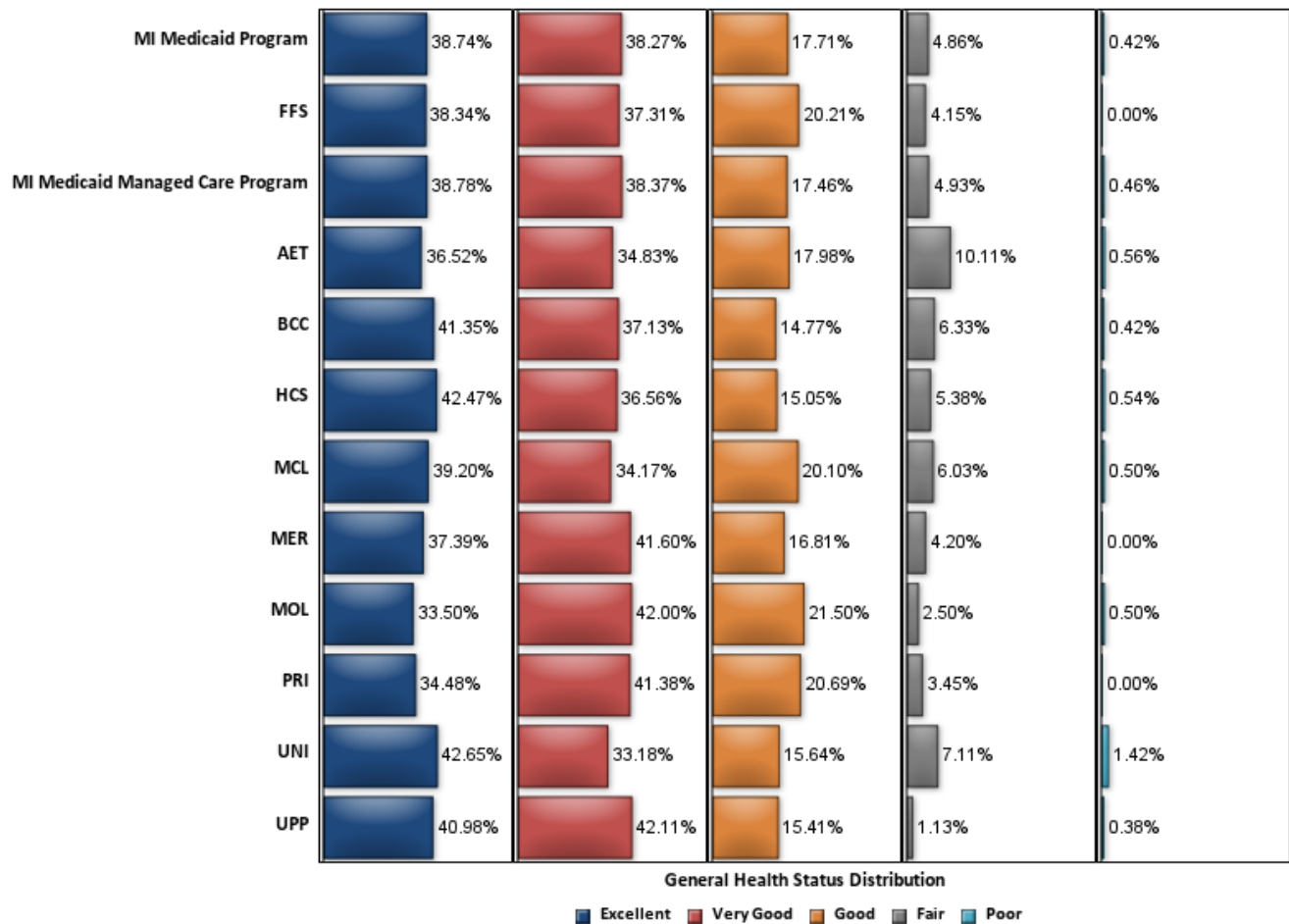
*\*The "Other" race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

**Figure 3-4—Child Member Demographics: Ethnicity**

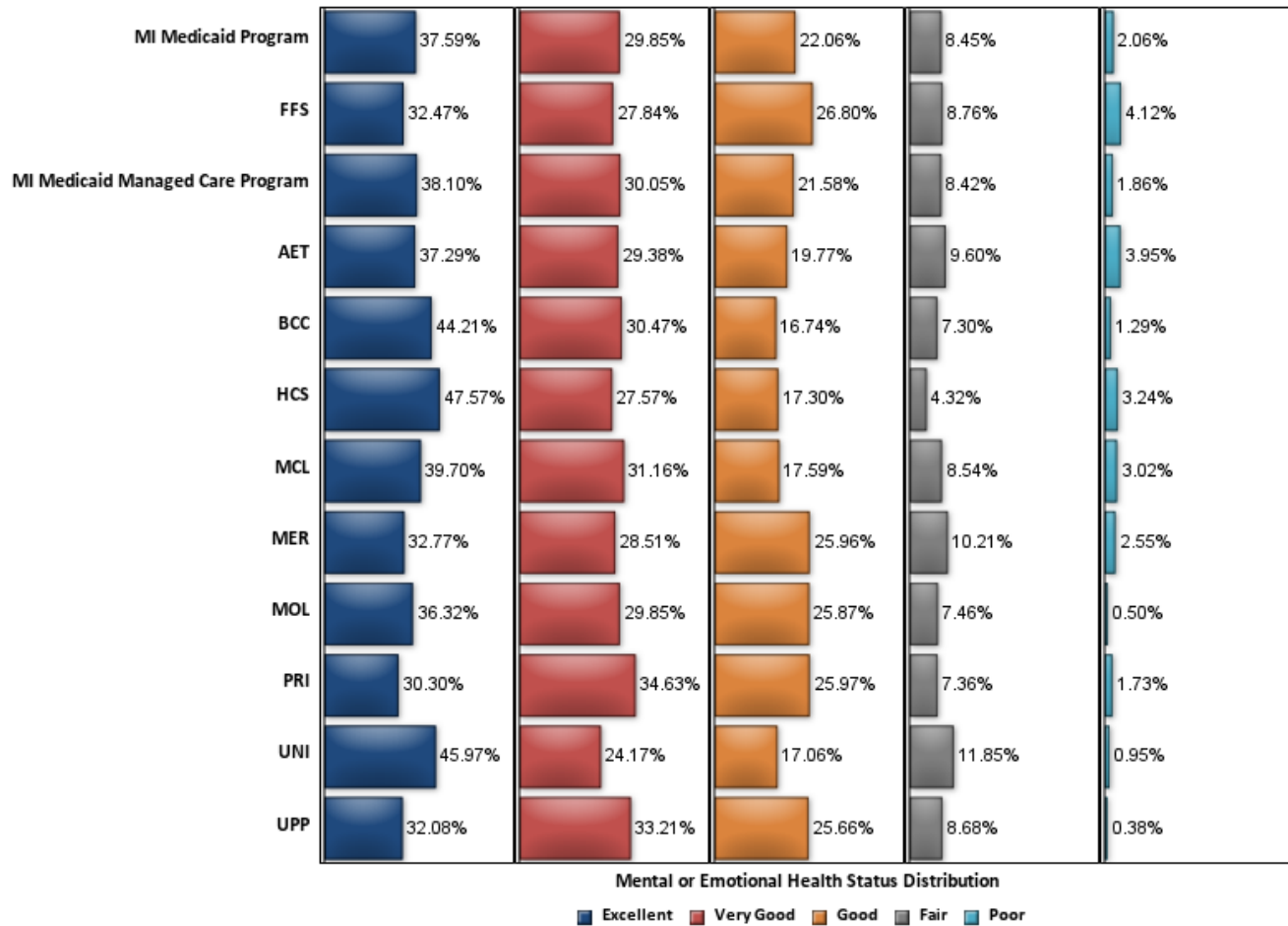


*Some percentages may not total 100% due to rounding*

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



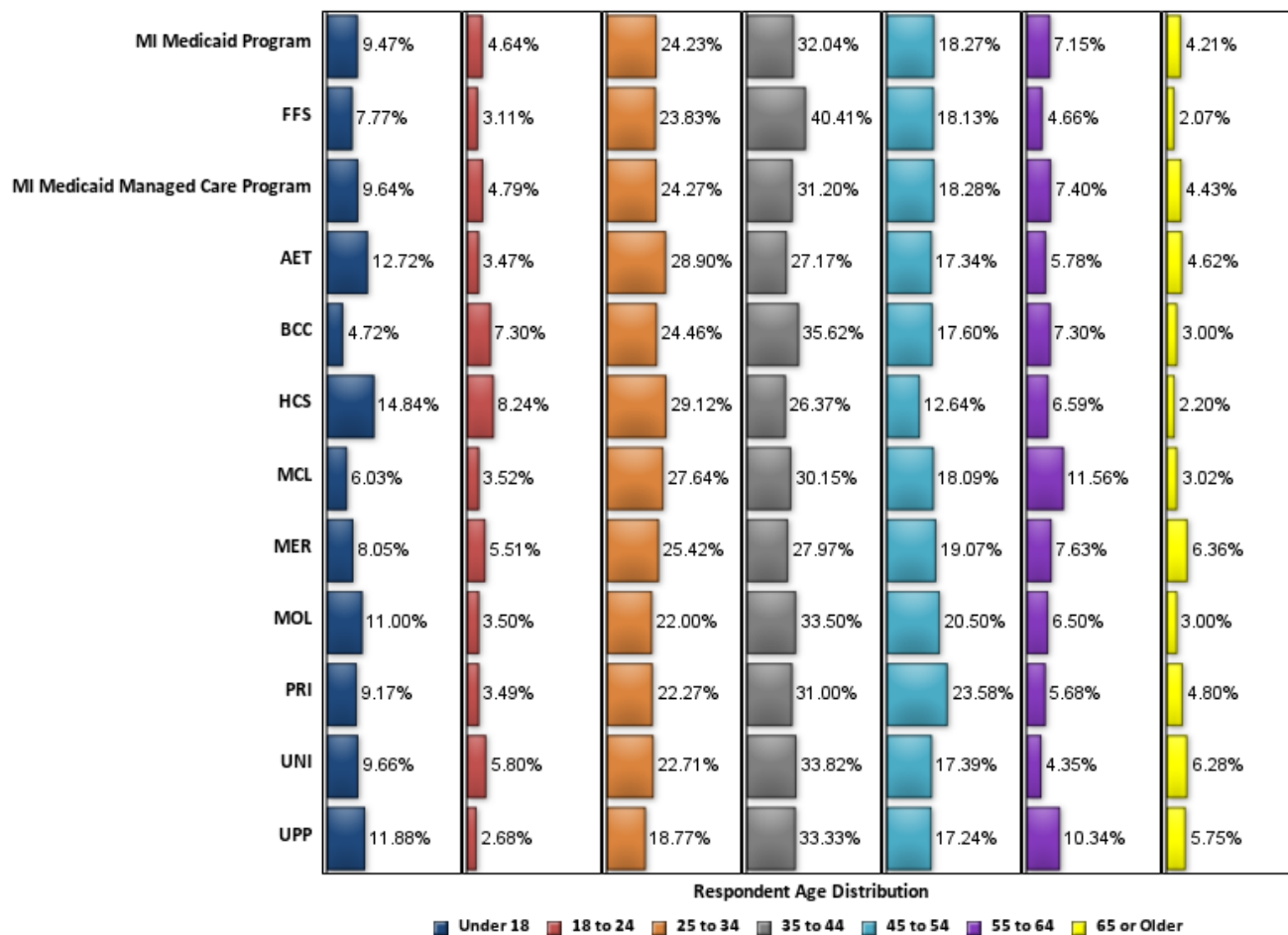
**Figure 3-6—Child Member Demographics: Mental or Emotional Health Status**



## Respondent Demographics

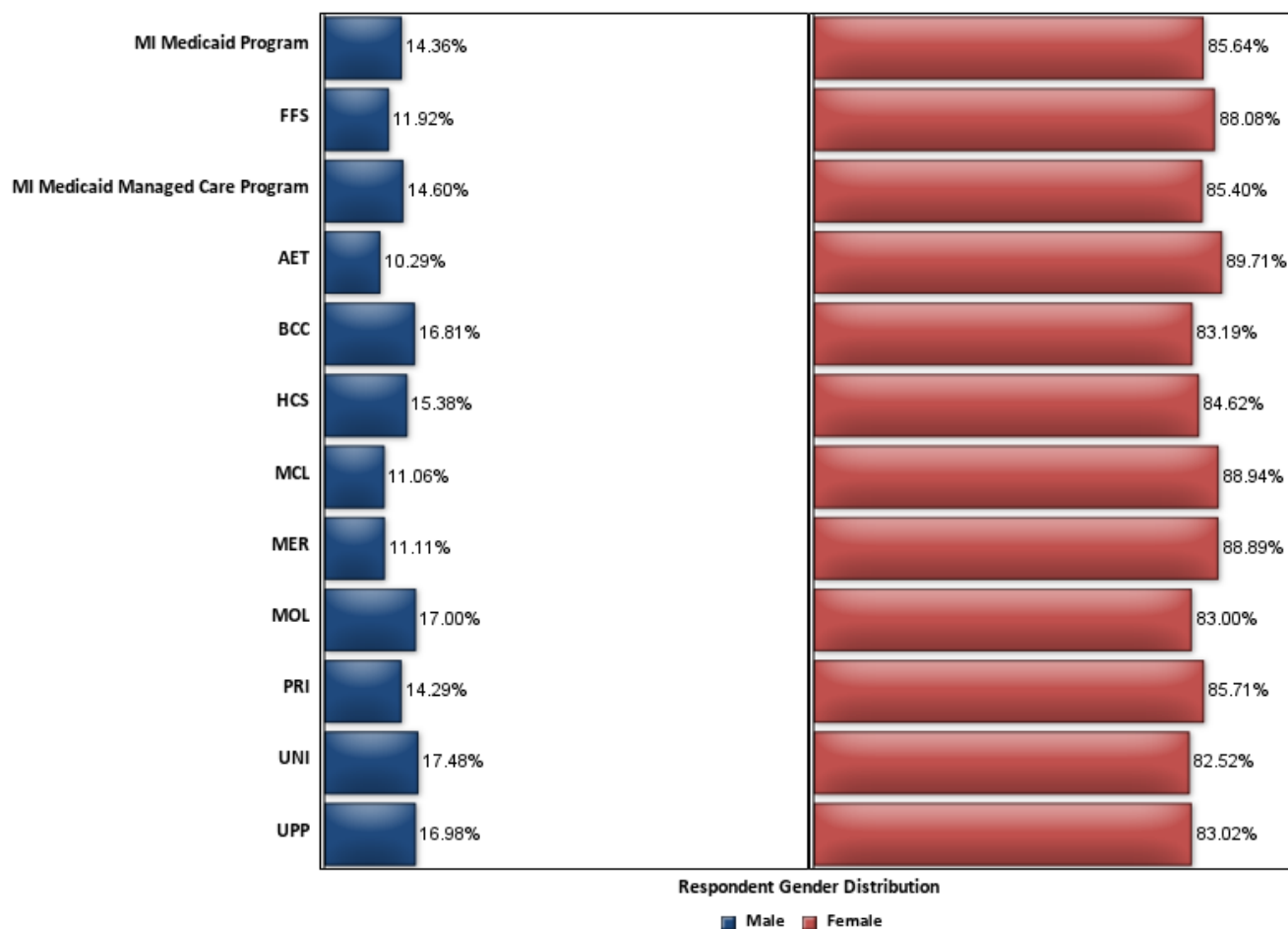
Figure 3-7 through Figure 3-10 depict the self-reported demographic characteristics of the parents/caretakers who completed the surveys. For additional information on the respondent demographics, please refer to page 2-7 of the Reader's Guide section.

**Figure 3-7—Respondent Demographics: Age**



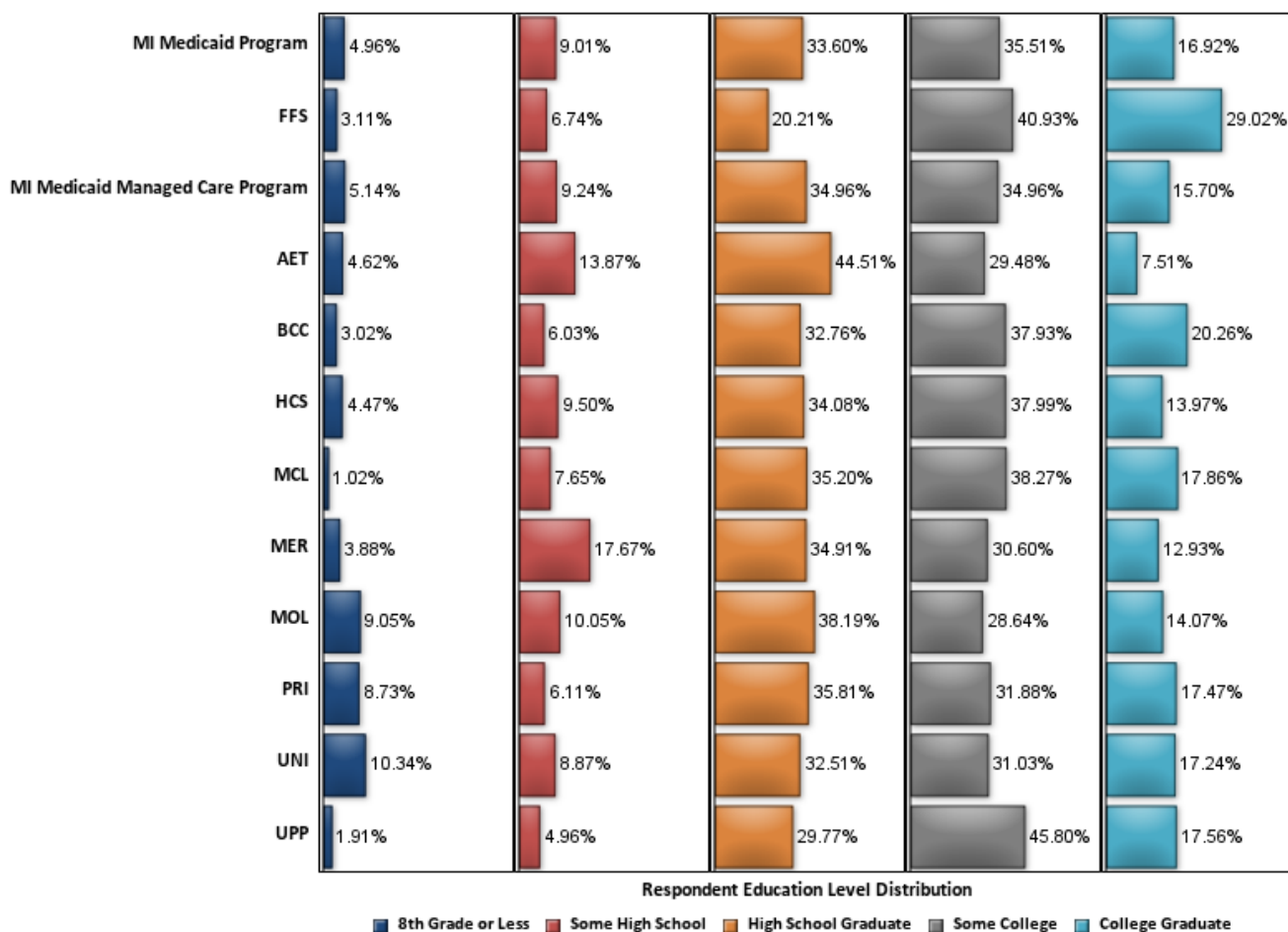
*Some percentages may not total 100% due to rounding.*

**Figure 3-8—Respondent Demographics: Gender**



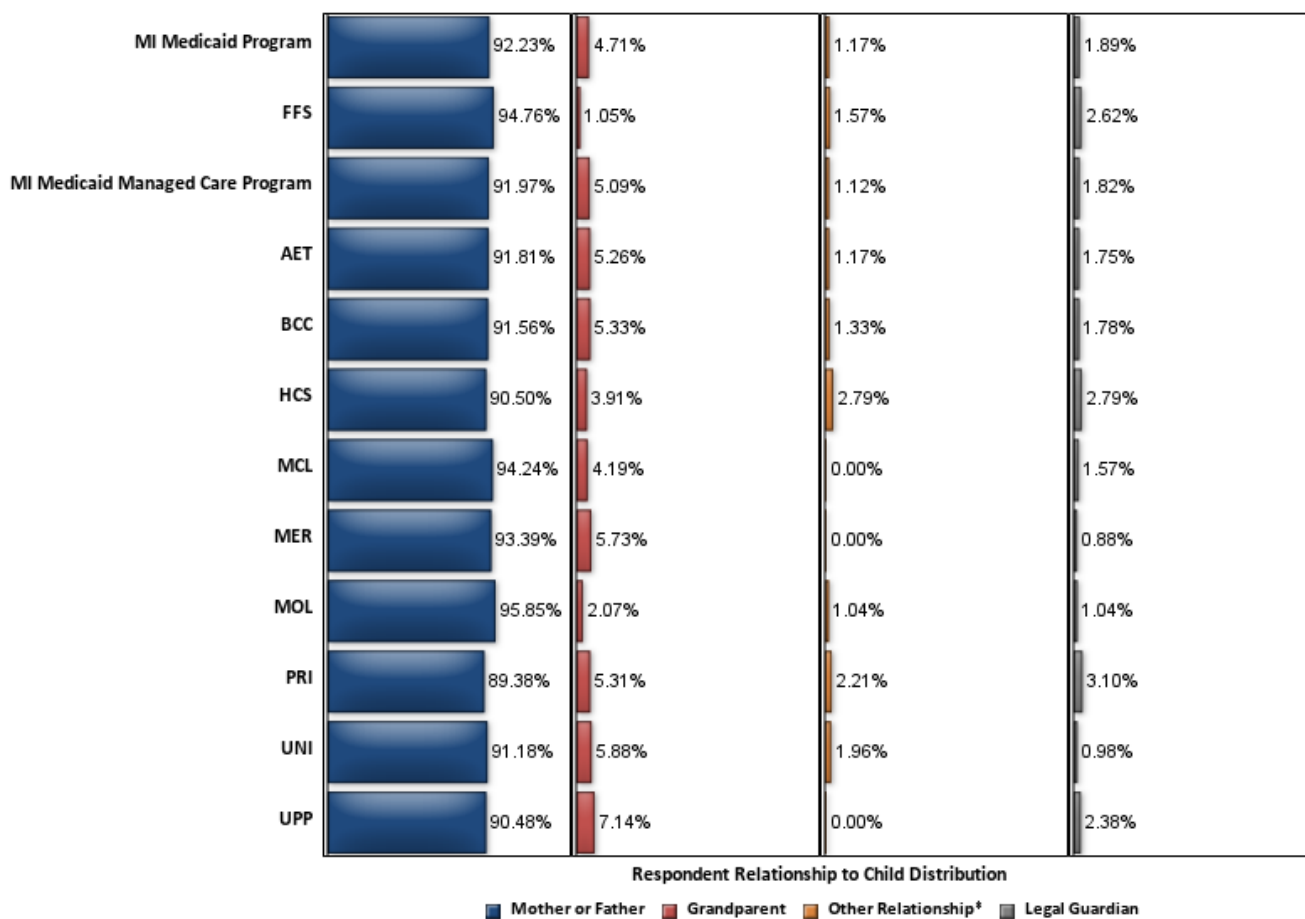
*Some percentages may not total 100% due to rounding*

**Figure 3-9—Respondent Demographics: Education Level**





**Figure 3-10—Respondent Demographics: Relationship to Child**



*Some percentages may not total 100% due to rounding.*

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

## Comparative Analyses

HSAG calculated top-box scores for each measure.<sup>3-1</sup> 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 2-9 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.<sup>3-2,3-3,3-4,3-5</sup> 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 3-6 and Table 3-7 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 the NCQA Quality Compass Benchmark and Compare Quality Data. For additional information on the national percentile comparisons, please refer to page 2-9 of the Reader's Guide section.

---

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

<sup>3-2</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

<sup>3-3</sup> 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.

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

<sup>3-5</sup> The *Transportation* composite measure survey questions are not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey. These questions are NCQA-approved supplemental items that were added to the survey. A 2024 NCQA benchmark is not available for this measure.

Table 3-6—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	★ 67.32%	★★ 68.36%	★★ 75.26%	★★ 72.42%
FFS	★ 50.26%	★ 62.86%	★★★ 76.24%	★★★★ 77.42% <sup>+</sup>
MI Medicaid Managed Care Program	★★ 69.78%	★★ 69.15%	★★ 75.12%	★★ 71.70%
AET	★ 66.10%	★ 65.45%	★★ 75.47%	★ 66.00% <sup>+</sup>
BCC	★★★ 73.39%	★★ 69.93%	★★★★ 80.75%	★★★★★ 88.89% <sup>+</sup>
HCS	★★ 68.31%	★★★ 71.67%	★★★ 78.95%	★ 65.71% <sup>+</sup>
MCL	★ 65.46%	★ 66.43%	★★★ 77.84%	★★ 68.75% <sup>+</sup>
MER	★★ 67.93%	★★★ 71.15%	★★ 74.13%	★ 68.42% <sup>+</sup>
MOL	★★ 69.65%	★★★ 70.77%	★ 72.56%	★★ 71.43% <sup>+</sup>
PRI	★★★ 74.03%	★★★ 71.43%	★ 71.15%	★★★ 73.77% <sup>+</sup>
UNI	★★ 70.95%	★ 65.38%	★★ 75.41%	★ 64.15% <sup>+</sup>
UPP	★ 66.79%	★ 60.43%	★★ 73.97%	★ 67.80% <sup>+</sup>
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 3-7—National Percentile Comparisons: Composite and Individual Item Measures

Program/MHP Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
MI Medicaid Program	★★★★ 86.27%	★★★★ 89.46%	★★★★ 94.48%	★★★★ 88.49%	★★★★ 84.83%
FFS	★★★★ 86.37%	★★★★★ 92.59% <sup>+</sup>	★★★★ 95.03%	★★★★ 89.47% <sup>+</sup>	★★ 82.61% <sup>+</sup>
MI Medicaid Managed Care Program	★★★★ 86.25%	★★★★ 89.01%	★★★★ 94.40%	★★★★ 88.35%	★★★★ 85.15%
AET	★★ 80.74% <sup>+</sup>	★★★★ 89.34% <sup>+</sup>	★★★★★ 96.25%	★ 84.18% <sup>+</sup>	★★★★★ 89.29% <sup>+</sup>
BCC	★★★★★ 92.21%	★★★★★ 91.69%	★★★★★ 96.37%	★★★★ 88.57% <sup>+</sup>	★★★★★ 89.02% <sup>+</sup>
HCS	★ 78.71% <sup>+</sup>	★★★★★ 91.10% <sup>+</sup>	★★★★★ 96.41%	★★★★ 90.48% <sup>+</sup>	★★★★ 85.42% <sup>+</sup>
MCL	★★★★★ 88.12%	★★★★ 89.47% <sup>+</sup>	★★★★★ 96.34%	★★★★★ 91.86% <sup>+</sup>	★ 75.00% <sup>+</sup>
MER	★★★★★ 88.31%	★★★★★ 90.29% <sup>+</sup>	★★ 93.45%	★ 85.15% <sup>+</sup>	★★★★ 86.30% <sup>+</sup>
MOL	★★★★ 86.18% <sup>+</sup>	★★ 84.79% <sup>+</sup>	★★★★ 94.27%	★★★★ 88.64% <sup>+</sup>	★★★★ 85.45% <sup>+</sup>
PRI	★★★★ 84.83%	★★★★★ 91.05%	★★★★ 94.82%	★ 83.67% <sup>+</sup>	★★★★★ 91.14% <sup>+</sup>
UNI	★ 78.86% <sup>+</sup>	★★ 86.94%	★ 91.23%	★★★★★ 93.62% <sup>+</sup>	★★ 81.54% <sup>+</sup>
UPP	★★★★ 84.56%	★★★★★ 93.72%	★★★★★ 98.26%	★★★★ 89.94% <sup>+</sup>	★★★★★ 91.49% <sup>+</sup>
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 2-10 of the Reader's Guide section.

## ***National Average Comparisons***

HSAG compared the MHP and FFS scores to the 2024 NCQA Medicaid national averages, where applicable, to determine whether there were statistically significant differences.<sup>3-6</sup> Statistically significant results are denoted with indicators higher (H) or lower (L). For additional information on the national average comparisons, please refer to page 2-9 of the Reader's Guide section.

Figure 3-11 through Figure 3-20 show the results of the program comparisons and national average comparisons.

---

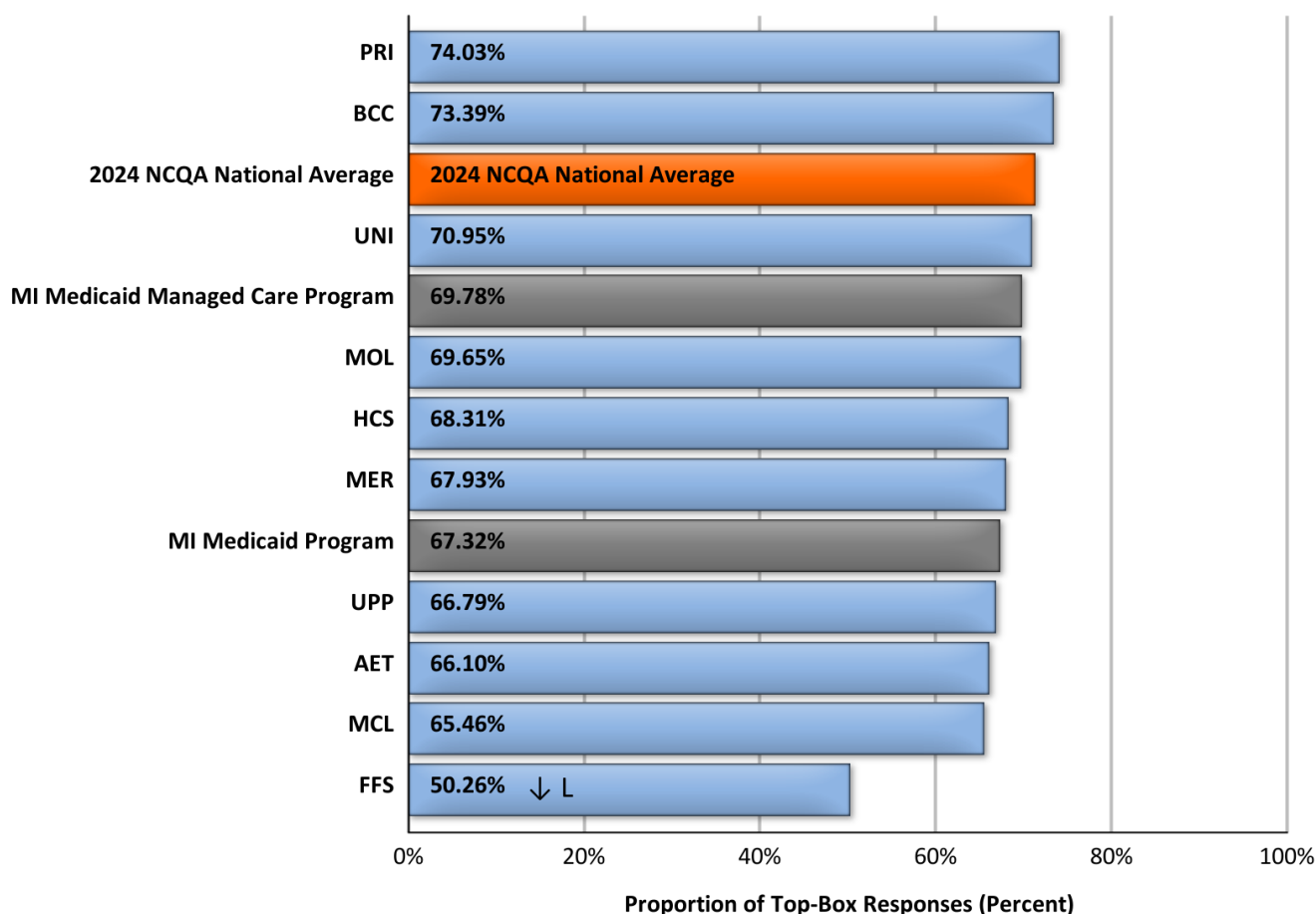
<sup>3-6</sup> The source for the national data contained in this publication is Quality Compass 2024 and is used with the permission of NCQA. Quality Compass 2024 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, 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 3-11 shows the scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Health Plan* global rating.

**Figure 3-11—Comparative Analyses: Rating of Health Plan**

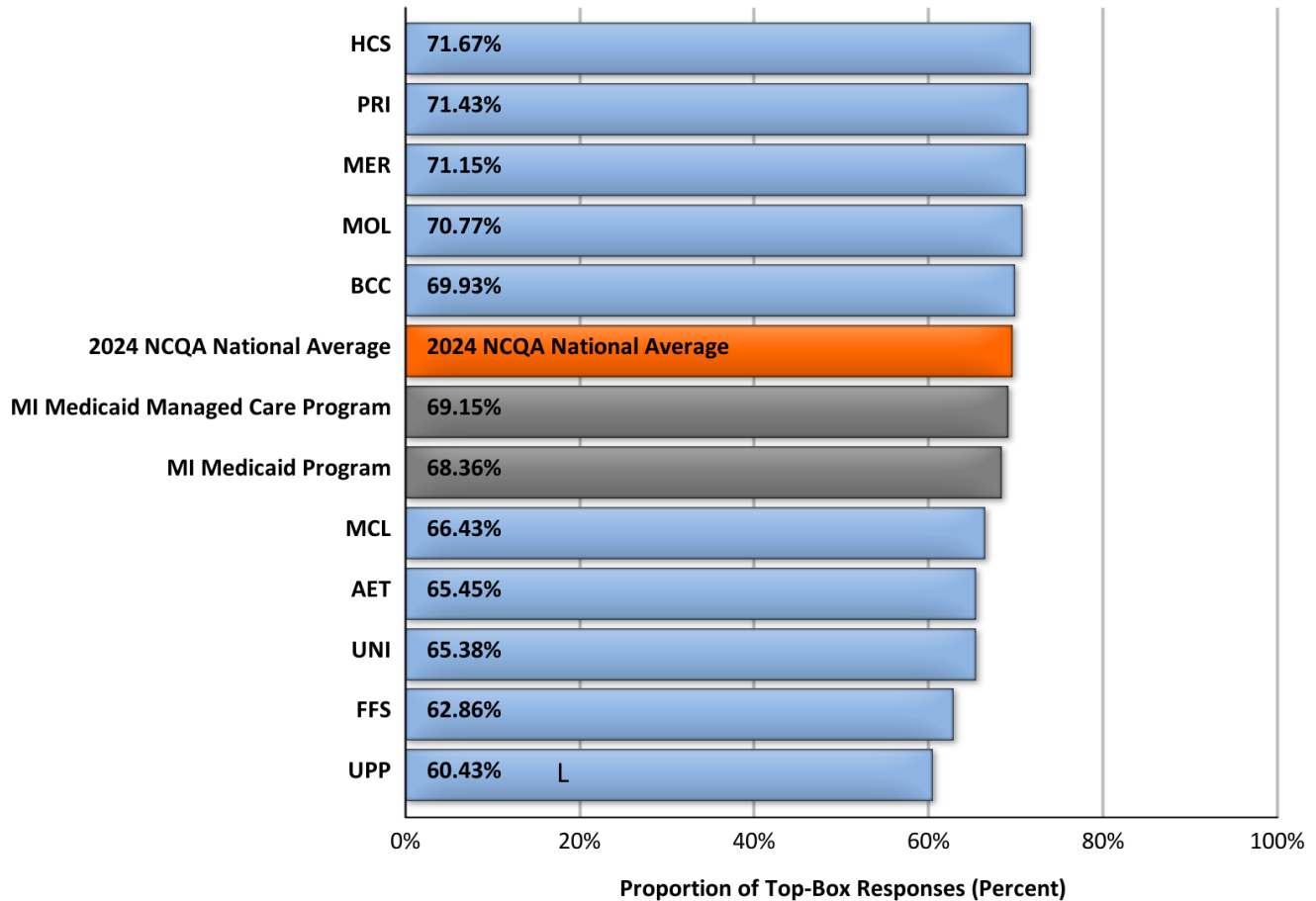


Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.  
 ↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.  
 H Indicates the score is statistically significantly higher 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 3-12 shows the scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of All Health Care* global rating.

**Figure 3-12—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.

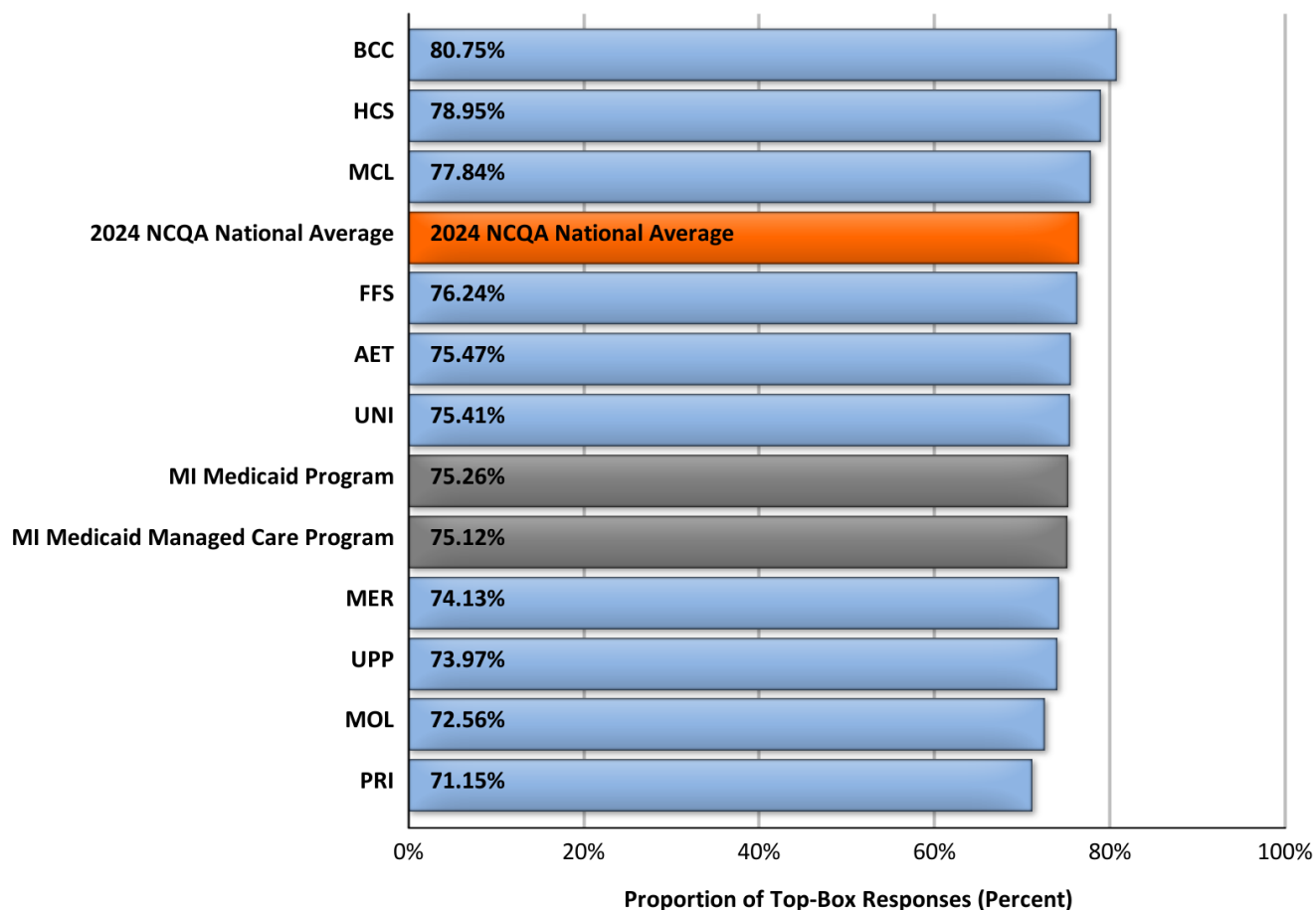
L Indicates the score is statistically significantly lower than the NCQA national average.

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

## Rating of Personal Doctor

Figure 3-13 shows the scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Personal Doctor* global rating.

**Figure 3-13—Comparative Analyses: Rating of Personal Doctor**



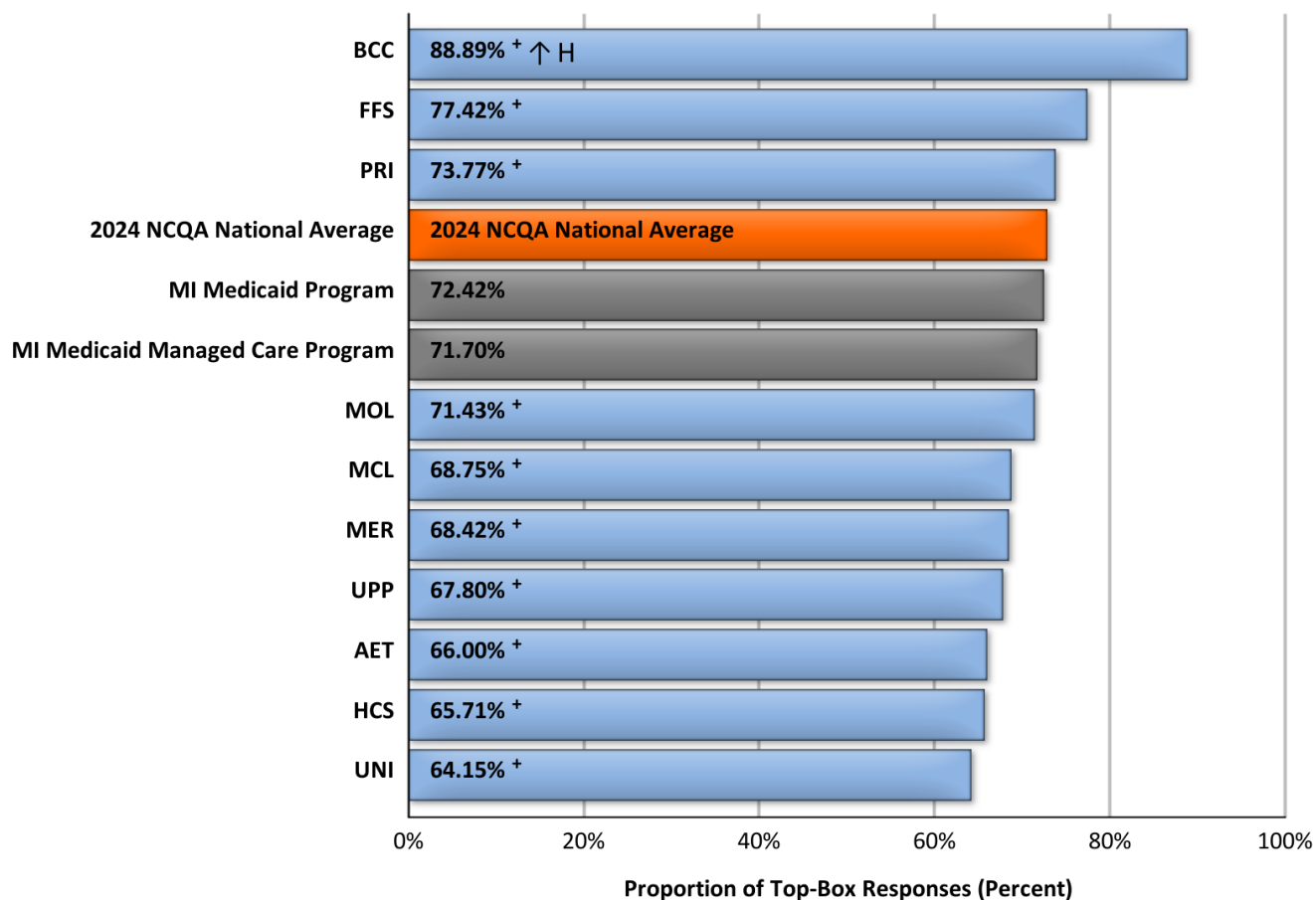
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.  
 ↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.  
 H Indicates the score is statistically significantly higher 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 3-14 shows the scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

**Figure 3-14—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.

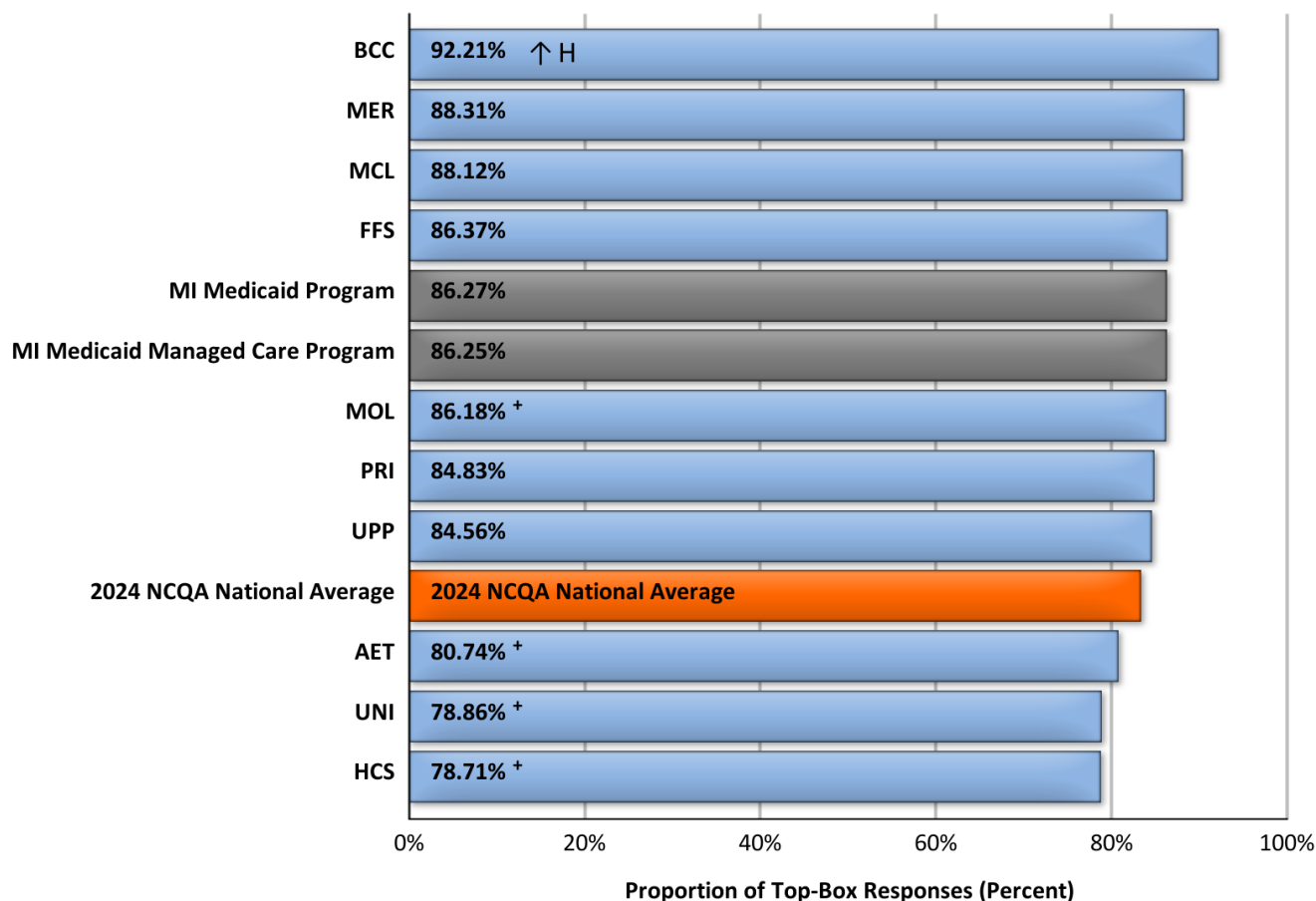
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Composite Measures

### Getting Needed Care

Figure 3-15 shows the scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Getting Needed Care* composite measure.

**Figure 3-15—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.

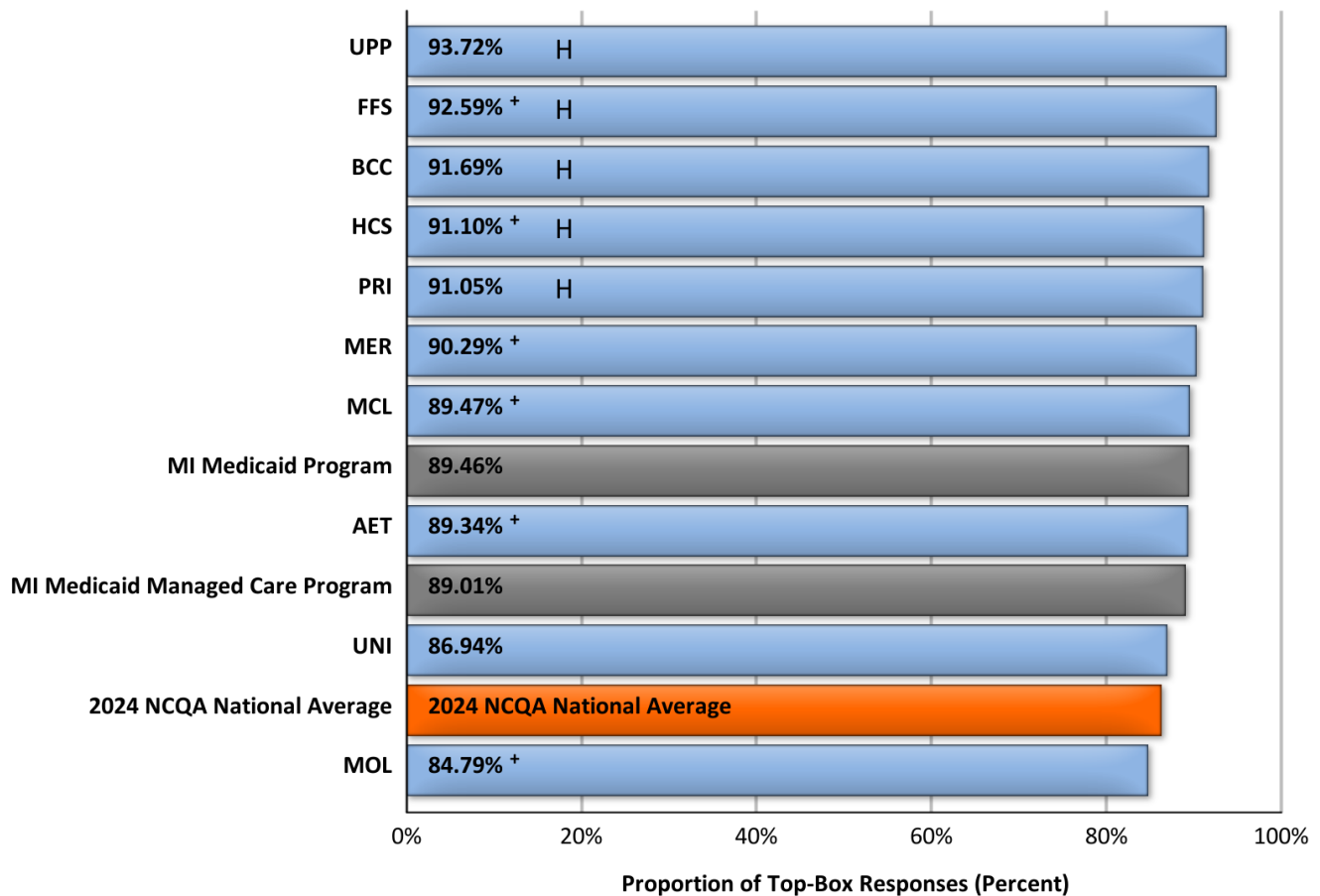
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

## Getting Care Quickly

Figure 3-16 shows the scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Getting Care Quickly* composite measure.

**Figure 3-16—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.

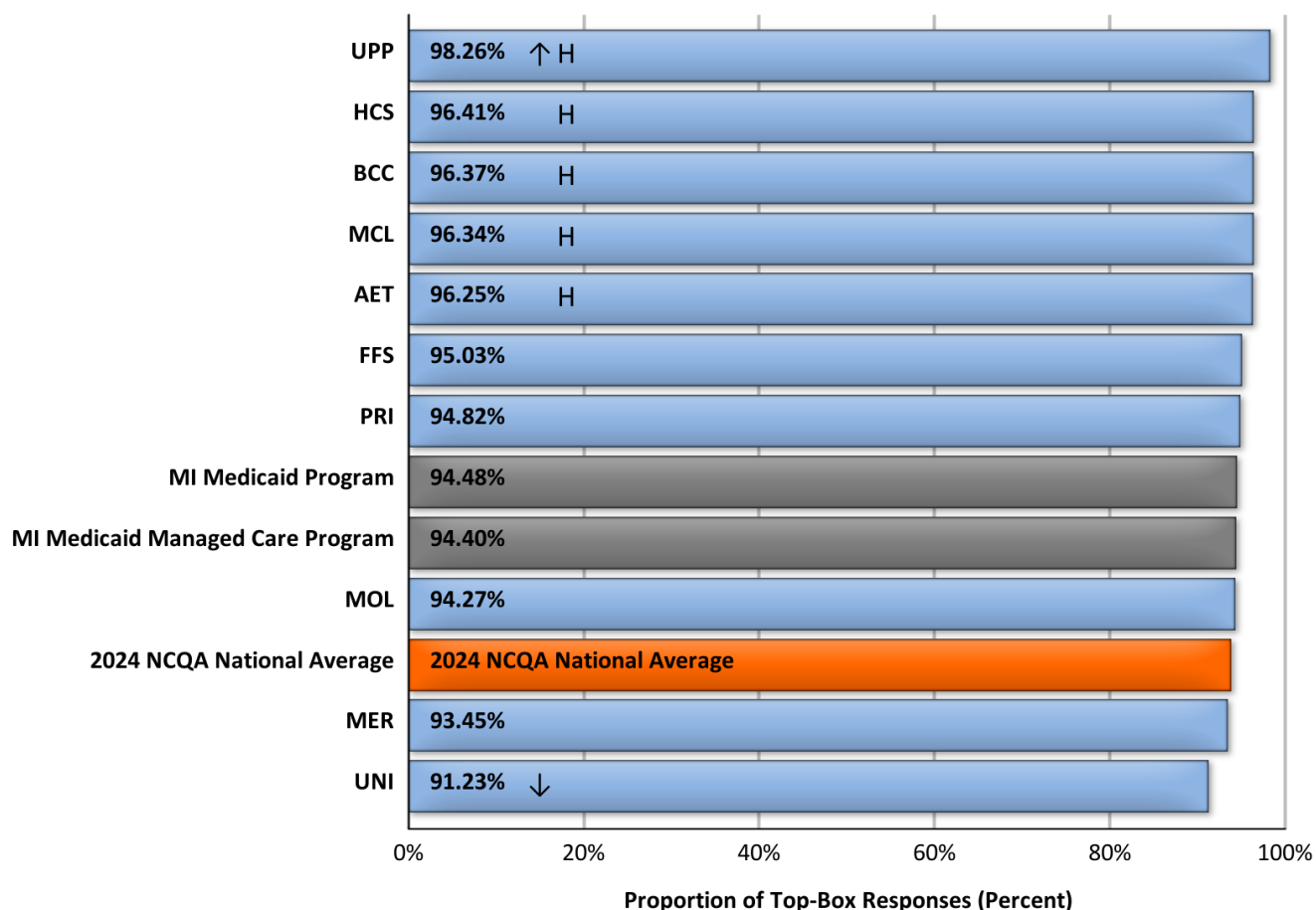
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

## How Well Doctors Communicate

Figure 3-17 shows the scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *How Well Doctors Communicate* composite measure.

**Figure 3-17—Comparative Analyses: How Well Doctors Communicate**

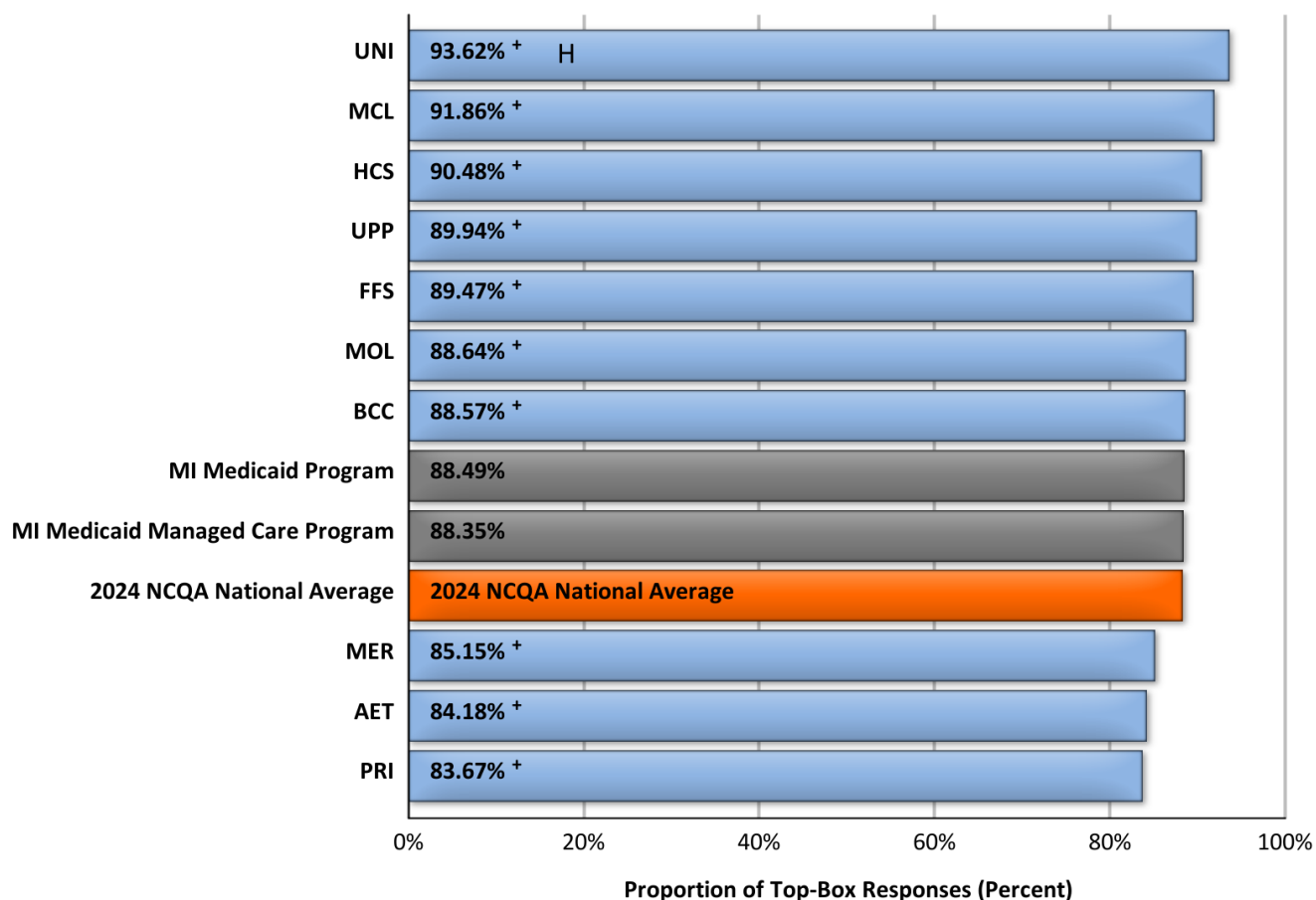


Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the MI Medicaid Managed Care Program.  
 ↓ Indicates the score is statistically significantly lower than the MI Medicaid Managed Care Program.  
 H Indicates the score is statistically significantly higher 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 3-18 shows the scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Customer Service* composite measure.

**Figure 3-18—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.

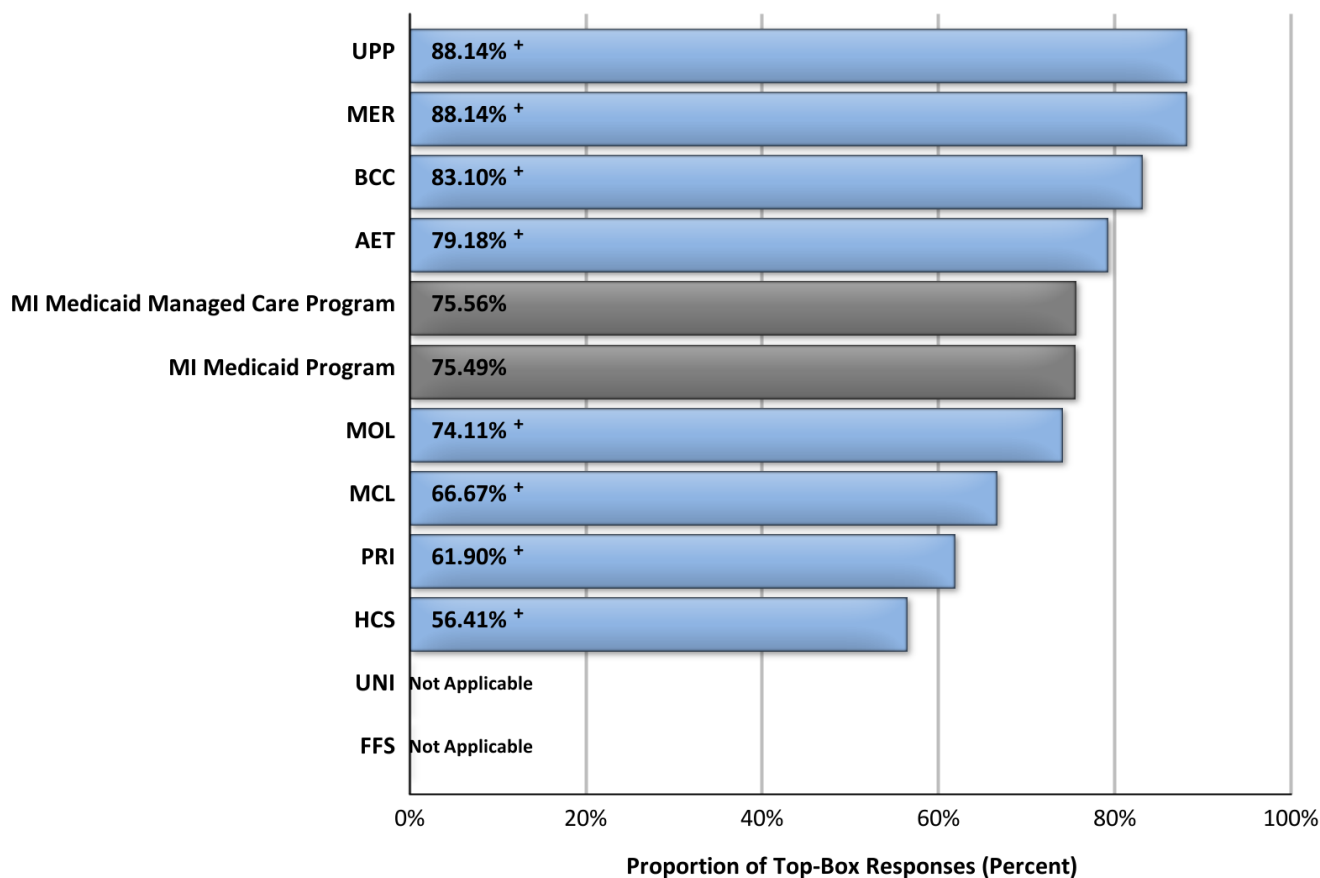
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

## Transportation

Figure 3-19 shows the scores, including the program comparisons, for the *Transportation* composite measure.<sup>3-7</sup>

**Figure 3-19—Comparative Analyses: Transportation**



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.

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

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

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

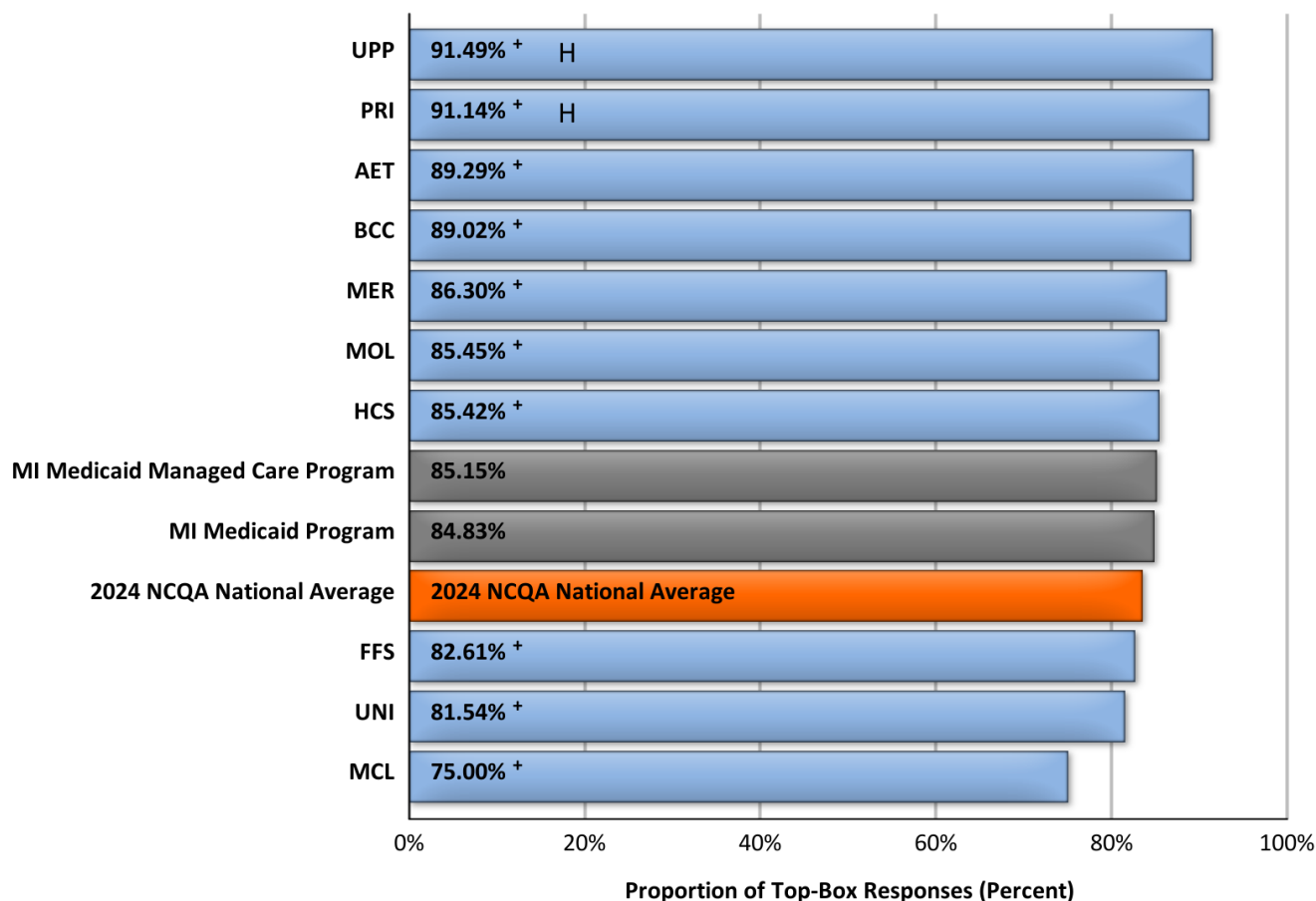
<sup>3-7</sup> The *Transportation* composite measure survey questions are not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey. These questions are NCQA-approved supplemental items that were added to the survey. A 2024 NCQA national average is not available for this measure.

## Individual Item Measure

### Coordination of Care

Figure 3-20 shows the scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Coordination of Care* individual item measure.

**Figure 3-20—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.

## 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 the trend analysis, please refer to page 2-11 of the Reader's Guide section.

### Global Ratings

#### Rating of Health Plan

Table 4-1 shows the 2023, 2024, and 2025 scores and trend analysis 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)
<b>MI Medicaid Program</b>	<b>68.00%</b>	<b>66.85%</b>	<b>67.32%</b>	—	—
FFS	53.22%	57.64%	50.26%	—	—
<b>MI Medicaid Managed Care Program</b>	<b>70.50%</b>	<b>68.30%</b>	<b>69.78%</b>	—	—
AET	66.67%	66.05%	66.10%	—	—
BCC	72.76%	69.68%	73.39%	—	—
HCS	69.14%	64.38%	68.31%	—	—
MCL	71.43%	72.36%	65.46%	—	—
MER	70.29%	69.01%	67.93%	—	—
MOL	71.05%	69.23%	69.65%	—	—
PRI	69.83%	67.00%	74.03%	—	—
UNI	68.65%	63.13%	70.95%	—	—
UPP	70.43%	66.67%	66.79%	—	—
▲ 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 analysis 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)
<b>MI Medicaid Program</b>	<b>64.37%</b>	<b>63.28%</b>	<b>68.36%</b>	▲	—
FFS	50.40%	55.45%	62.86%	—	▲
<b>MI Medicaid Managed Care Program</b>	<b>66.74%</b>	<b>64.51%</b>	<b>69.15%</b>	▲	—
AET	67.54%	67.44% <sup>+</sup>	65.45%	—	—
BCC	68.79%	66.67%	69.93%	—	—
HCS	69.70% <sup>+</sup>	61.76%	71.67%	—	—
MCL	59.44%	70.77%	66.43%	—	—
MER	68.64%	59.87%	71.15%	▲	—
MOL	65.07%	66.41%	70.77%	—	—
PRI	67.07%	62.04%	71.43%	—	—
UNI	69.57%	66.67%	65.38%	—	—
UPP	60.93%	56.90%	60.43%	—	—
<sup>+</sup> 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.					

## Rating of Personal Doctor

Table 4-3 shows the 2023, 2024, and 2025 scores and trend analysis 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)
<b>MI Medicaid Program</b>	<b>74.04%</b>	<b>73.84%</b>	<b>75.26%</b>	—	—
FFS	74.23%	73.33%	76.24%	—	—
<b>MI Medicaid Managed Care Program</b>	<b>74.00%</b>	<b>73.92%</b>	<b>75.12%</b>	—	—
AET	74.72%	72.86%	75.47%	—	—
BCC	72.97%	80.73%	80.75%	—	—
HCS	72.46%	75.71%	78.95%	—	—
MCL	74.78%	75.14%	77.84%	—	—
MER	73.58%	72.34%	74.13%	—	—
MOL	74.65%	72.04%	72.56%	—	—
PRI	75.85%	75.00%	71.15%	—	—
UNI	72.90%	71.12%	75.41%	—	—
UPP	73.09%	73.73%	73.97%	—	—
<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>					

## Rating of Specialist Seen Most Often

Table 4-4 shows the 2023, 2024, and 2025 scores and trend analysis 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)
<b>MI Medicaid Program</b>	<b>70.28%</b>	<b>72.06%</b>	<b>72.42%</b>	—	—
FFS	58.62% <sup>+</sup>	70.83% <sup>+</sup>	77.42% <sup>+</sup>	—	▲
<b>MI Medicaid Managed Care Program</b>	<b>72.25%</b>	<b>72.25%</b>	<b>71.70%</b>	—	—
AET	65.96% <sup>+</sup>	75.00% <sup>+</sup>	66.00% <sup>+</sup>	—	—
BCC	71.67% <sup>+</sup>	76.79% <sup>+</sup>	88.89% <sup>+</sup>	—	▲
HCS	84.85% <sup>+</sup>	65.79% <sup>+</sup>	65.71% <sup>+</sup>	—	—
MCL	74.70% <sup>+</sup>	73.33% <sup>+</sup>	68.75% <sup>+</sup>	—	—
MER	75.76% <sup>+</sup>	80.00% <sup>+</sup>	68.42% <sup>+</sup>	—	—
MOL	70.91% <sup>+</sup>	63.83% <sup>+</sup>	71.43% <sup>+</sup>	—	—
PRI	72.22% <sup>+</sup>	65.45% <sup>+</sup>	73.77% <sup>+</sup>	—	—
UNI	67.31% <sup>+</sup>	70.91% <sup>+</sup>	64.15% <sup>+</sup>	—	—
UPP	63.77% <sup>+</sup>	64.15% <sup>+</sup>	67.80% <sup>+</sup>	—	—
<sup>+</sup> 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 analysis 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)
<b>MI Medicaid Program</b>	<b>85.48%</b>	<b>83.21%</b>	<b>86.27%</b>	—	—
FFS	81.60% <sup>+</sup>	80.46% <sup>+</sup>	86.37%	—	—
<b>MI Medicaid Managed Care Program</b>	<b>86.13%</b>	<b>83.64%</b>	<b>86.25%</b>	—	—
AET	82.12% <sup>+</sup>	86.10% <sup>+</sup>	80.74% <sup>+</sup>	—	—
BCC	83.22%	83.48%	92.21%	▲	▲
HCS	79.24% <sup>+</sup>	79.18% <sup>+</sup>	78.71% <sup>+</sup>	—	—
MCL	88.13%	87.14% <sup>+</sup>	88.12%	—	—
MER	87.24%	82.50%	88.31%	—	—
MOL	85.43%	81.86% <sup>+</sup>	86.18% <sup>+</sup>	—	—
PRI	93.49%	80.78% <sup>+</sup>	84.83%	—	▼
UNI	80.31%	87.26% <sup>+</sup>	78.86% <sup>+</sup>	—	—
UPP	89.89%	87.36%	84.56%	—	—
<sup>+</sup> 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.					

## Getting Care Quickly

Table 4-6 shows the 2023, 2024, and 2025 scores and trend analysis 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)
<b>MI Medicaid Program</b>	<b>89.17%</b>	<b>88.09%</b>	<b>89.46%</b>	—	—
FFS	90.12% <sup>+</sup>	91.21% <sup>+</sup>	92.59% <sup>+</sup>	—	—
<b>MI Medicaid Managed Care Program</b>	<b>89.01%</b>	<b>87.60%</b>	<b>89.01%</b>	—	—
AET	85.03% <sup>+</sup>	90.23% <sup>+</sup>	89.34% <sup>+</sup>	—	—
BCC	89.54%	88.34% <sup>+</sup>	91.69%	—	—
HCS	87.50% <sup>+</sup>	81.80% <sup>+</sup>	91.10% <sup>+</sup>	▲	—
MCL	89.75%	87.42% <sup>+</sup>	89.47% <sup>+</sup>	—	—
MER	89.03%	89.74% <sup>+</sup>	90.29% <sup>+</sup>	—	—
MOL	89.65%	83.91% <sup>+</sup>	84.79% <sup>+</sup>	—	—
PRI	90.60%	87.43% <sup>+</sup>	91.05%	—	—
UNI	85.81%	87.58% <sup>+</sup>	86.94%	—	—
UPP	92.67%	90.97%	93.72%	—	—
<sup>+</sup> 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 analysis 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)
<b>MI Medicaid Program</b>	<b>95.02%</b>	<b>94.58%</b>	<b>94.48%</b>	—	—
FFS	95.61%	96.68% <sup>+</sup>	95.03%	—	—
<b>MI Medicaid Managed Care Program</b>	<b>94.92%</b>	<b>94.25%</b>	<b>94.40%</b>	—	—
AET	92.23%	89.78% <sup>+</sup>	96.25%	▲	—
BCC	96.83%	96.33%	96.37%	—	—
HCS	93.96%	95.60%	96.41%	—	—
MCL	94.20%	94.90%	96.34%	—	—
MER	95.61%	93.98%	93.45%	—	—
MOL	95.04%	92.53%	94.27%	—	—
PRI	96.36%	94.11%	94.82%	—	—
UNI	90.94%	94.71%	91.23%	—	—
UPP	98.48%	97.08%	98.26%	—	—
<sup>+</sup> 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.					

## Customer Service

Table 4-8 shows the 2023, 2024, and 2025 scores and trend analysis 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)
<b>MI Medicaid Program</b>	<b>90.85%</b>	<b>85.55%</b>	<b>88.49%</b>	—	—
FFS	83.33% <sup>+</sup>	82.46% <sup>+</sup>	89.47% <sup>+</sup>	—	—
<b>MI Medicaid Managed Care Program</b>	<b>92.12%</b>	<b>86.04%</b>	<b>88.35%</b>	—	▼
AET	90.04% <sup>+</sup>	87.50% <sup>+</sup>	84.18% <sup>+</sup>	—	—
BCC	88.04% <sup>+</sup>	90.50% <sup>+</sup>	88.57% <sup>+</sup>	—	—
HCS	86.79% <sup>+</sup>	87.00% <sup>+</sup>	90.48% <sup>+</sup>	—	—
MCL	90.38% <sup>+</sup>	91.00% <sup>+</sup>	91.86% <sup>+</sup>	—	—
MER	96.14% <sup>+</sup>	79.92% <sup>+</sup>	85.15% <sup>+</sup>	—	▼
MOL	91.67% <sup>+</sup>	86.35% <sup>+</sup>	88.64% <sup>+</sup>	—	—
PRI	94.10% <sup>+</sup>	92.65% <sup>+</sup>	83.67% <sup>+</sup>	—	▼
UNI	88.10% <sup>+</sup>	82.46% <sup>+</sup>	93.62% <sup>+</sup>	▲	—
UPP	97.30% <sup>+</sup>	89.47% <sup>+</sup>	89.94% <sup>+</sup>	—	—
<sup>+</sup> 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.					

## Transportation

Table 4-9 shows the 2023, 2024, and 2025 scores and trend analysis results for the *Transportation* composite measure.

**Table 4-9—Trend Analysis: Transportation**

Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
<b>MI Medicaid Program</b>	<b>65.96%<sup>+</sup></b>	<b>67.57%<sup>+</sup></b>	<b>75.49%</b>	—	—
FFS	NA	NA	NA	NT	NT
<b>MI Medicaid Managed Care Program</b>	<b>65.96%<sup>+</sup></b>	<b>67.57%<sup>+</sup></b>	<b>75.56%</b>	—	—
AET	55.56% <sup>+</sup>	57.91% <sup>+</sup>	79.18% <sup>+</sup>	—	—
BCC	NA	NA	83.10% <sup>+</sup>	NT	NT
HCS	NA	NA	56.41% <sup>+</sup>	NT	NT
MCL	NA	NA	66.67% <sup>+</sup>	NT	NT
MER	NA	NA	88.14% <sup>+</sup>	NT	NT
MOL	56.67% <sup>+</sup>	65.00% <sup>+</sup>	74.11% <sup>+</sup>	—	—
PRI	NA	NA	61.90% <sup>+</sup>	NT	NT
UNI	NA	NA	NA	NT	NT
UPP	79.41% <sup>+</sup>	NA	88.14% <sup>+</sup>	NT	—
<sup>+</sup> 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. NA Indicates the results for this measure are not applicable because they are based on fewer than 11 respondents and were suppressed. NT Indicates the results for this measure could not be trended.					



## Individual Item Measure

### Coordination of Care

Table 4-10 shows the 2023, 2024, and 2025 scores and trend analysis results for the *Coordination of Care* individual item measure.

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

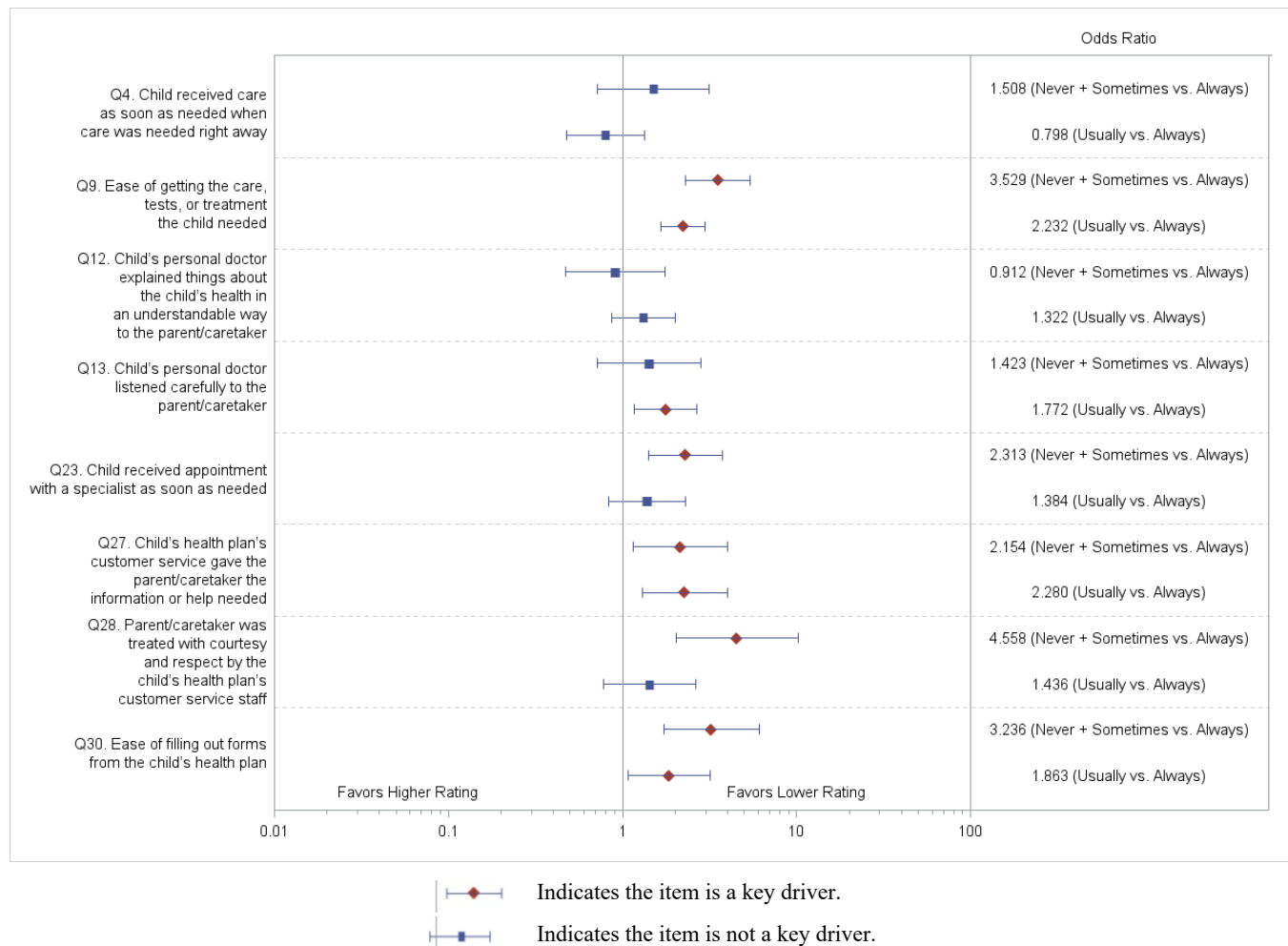
Program/MHP Name	2023	2024	2025	Trend Results (2025 Compared to 2024)	Trend Results (2025 Compared to 2023)
<b>MI Medicaid Program</b>	<b>84.74%</b>	<b>85.94%</b>	<b>84.83%</b>	—	—
FFS	75.36% <sup>+</sup>	81.03% <sup>+</sup>	82.61% <sup>+</sup>	—	—
<b>MI Medicaid Managed Care Program</b>	<b>86.33%</b>	<b>86.70%</b>	<b>85.15%</b>	—	—
AET	83.02% <sup>+</sup>	75.61% <sup>+</sup>	89.29% <sup>+</sup>	—	—
BCC	82.76% <sup>+</sup>	90.77% <sup>+</sup>	89.02% <sup>+</sup>	—	—
HCS	82.35% <sup>+</sup>	79.17% <sup>+</sup>	85.42% <sup>+</sup>	—	—
MCL	83.72% <sup>+</sup>	77.61% <sup>+</sup>	75.00% <sup>+</sup>	—	—
MER	94.19% <sup>+</sup>	87.32% <sup>+</sup>	86.30% <sup>+</sup>	—	—
MOL	80.60% <sup>+</sup>	87.69% <sup>+</sup>	85.45% <sup>+</sup>	—	—
PRI	91.43% <sup>+</sup>	86.44% <sup>+</sup>	91.14% <sup>+</sup>	—	—
UNI	79.69% <sup>+</sup>	89.55% <sup>+</sup>	81.54% <sup>+</sup>	—	—
UPP	91.00%	90.67% <sup>+</sup>	91.49% <sup>+</sup>	—	—
<sup>+</sup> Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. <sup>▲</sup> Indicates the 2025 score is statistically significantly higher than the trend year. <sup>▼</sup> 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.					

## 5. Key Drivers of Member Experience Analysis

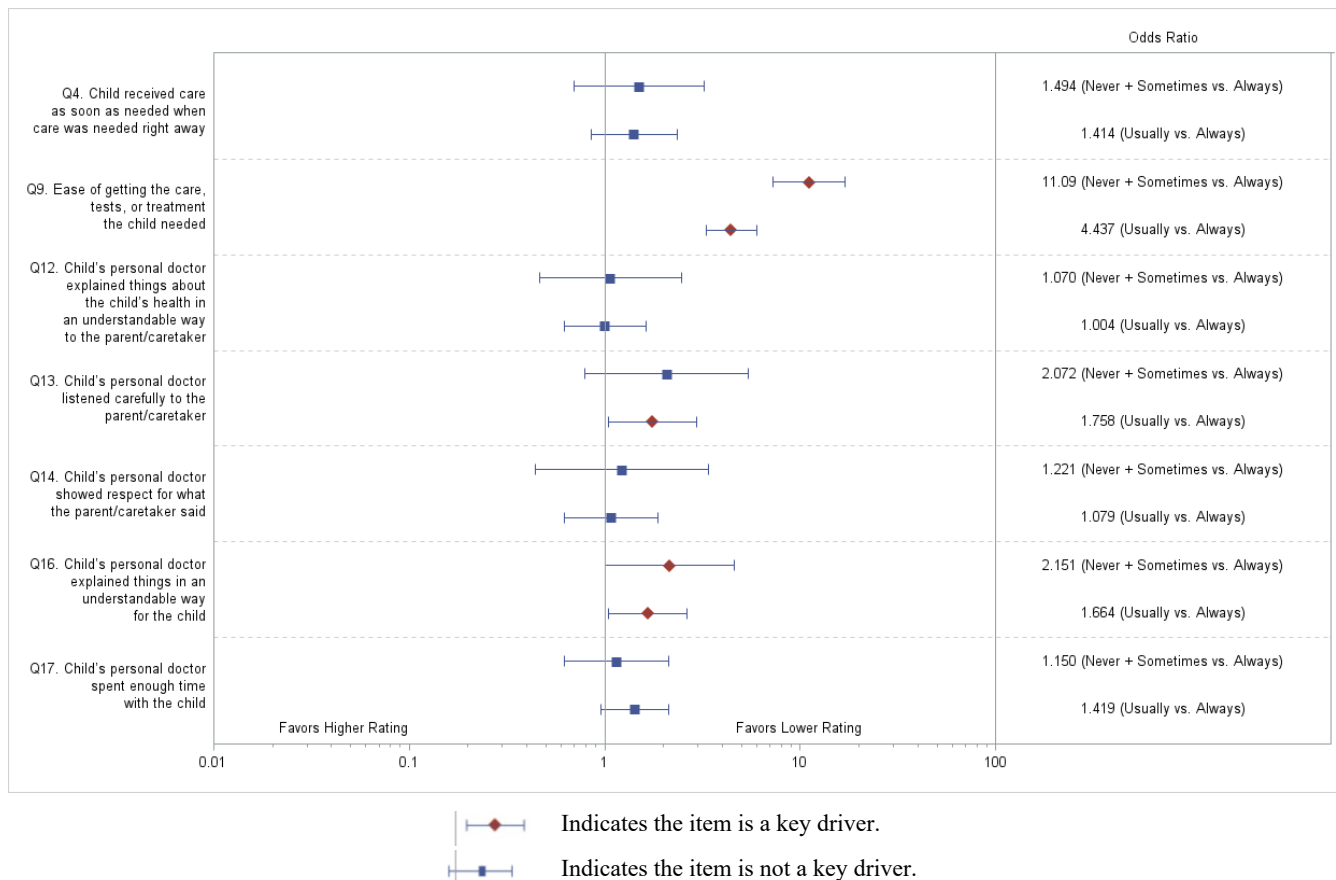
HSAG performed a key drivers of member experience analysis for three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items (i.e., questions) for which the odds ratio is statistically significantly greater than 1. For additional information on the key drivers of member experience analysis, please refer to page 2-11 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.

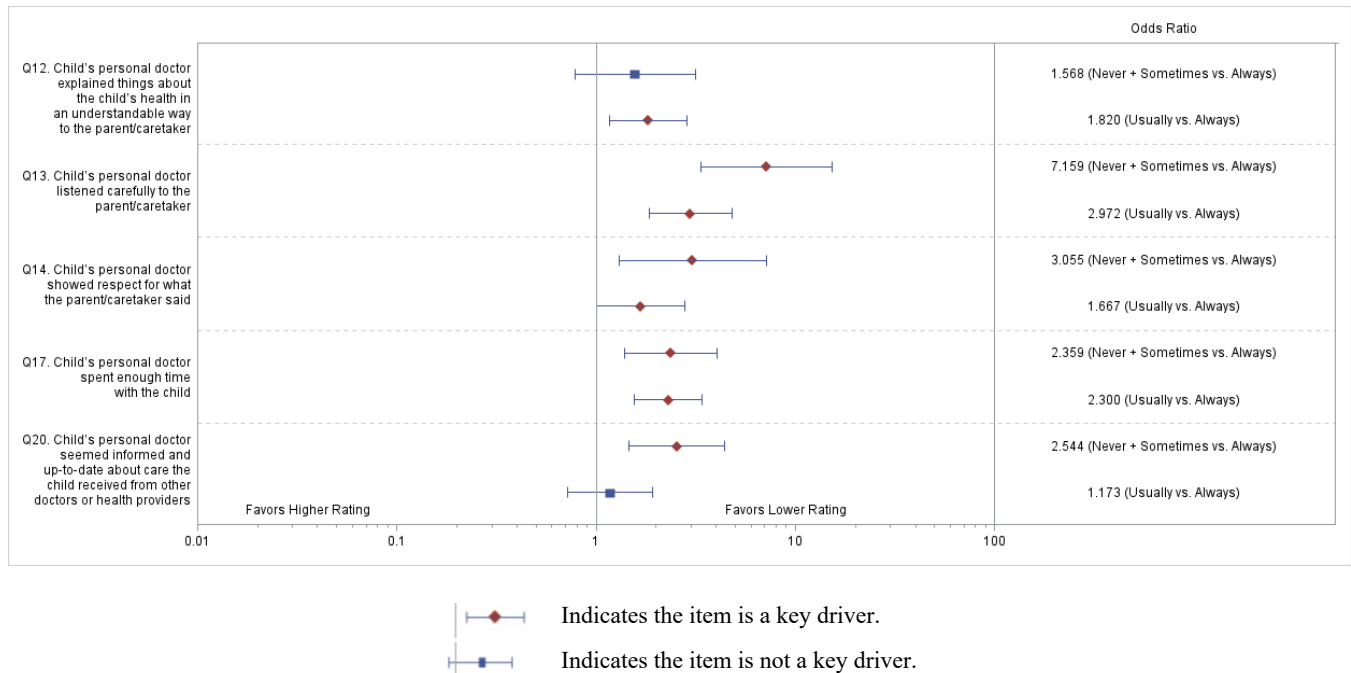
**Figure 5-1—Key Drivers of Member Experience Analysis: Rating of Health Plan—MI Medicaid Program**



**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 Child Medicaid Health Plan Survey with the HEDIS supplemental item set. This section provides a copy of the survey instrument.

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 your child receives. 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**



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

1. Our records show that your child is now in [HEALTH PLAN NAME]. Is that right?

- ☐ Yes ➔ *Go to Question 3*  
☐ No

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

\_\_\_\_\_

## YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?
- ☐ Yes  
☐ No → *Go to Question 5*
4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always
5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?
- ☐ Yes  
☐ No → *Go to Question 7*
6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

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

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

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

<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 your child needed?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

## YOUR CHILD'S PERSONAL DOCTOR

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

☐ Yes  
☐ No → *Go to Question 22*

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

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

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

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

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

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

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

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

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

- ☐ Yes
- ☐ No → **Go to Question 17**

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

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

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

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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No → **Go to Question 21**

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

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



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

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

### GETTING HEALTH CARE FROM SPECIALISTS

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

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?

☐ Yes  
☐ No → **Go to Question 26**

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

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

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

☐ None → **Go to Question 26**  
☐ 1 specialist  
☐ 2  
☐ 3  
☐ 4  
☐ 5 or more specialists

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

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
0 1 2 3 4 5 6 7 8 9 10  
Worst Best  
Specialist Specialist  
Possible Possible

### YOUR CHILD'S HEALTH PLAN

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

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

☐ Yes  
☐ No → **Go to Question 29**

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

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

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

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

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

- ☐ Yes
- ☐ No → **Go to Question 31**

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

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

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

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

### ABOUT YOUR CHILD AND YOU

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

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

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

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

34. What is your child's age?

- ☐ Less than 1 year old
- YEARS OLD (write in)

35. Is your child male or female?

- ☐ Male
- ☐ Female

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

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

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

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

38. What is your age?

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

39. Are you male or female?

- ☐ Male
- ☐ Female

40. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

41. How are you related to the child?

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

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

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

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

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

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

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

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

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

DataStat  
3975 Research Park Drive  
Ann Arbor, MI 48108