

2017 Michigan Department of Health and Human Services

Healthy Michigan Plan CAHPS® Report

October 2017



Table of Contents

1. Executive Summary	1-1
Introduction	1-1
Report Overview	1-1
Key Findings	1-2
Survey Demographics and Dispositions.....	1-2
National Comparisons and Trend Analysis.....	1-3
Statewide Comparisons	1-5
Key Drivers of Satisfaction	1-8
2. Reader’s Guide	2-1
2017 CAHPS Performance Measures	2-1
How CAHPS Results Were Collected.....	2-2
Sampling Procedures	2-2
Survey Protocol	2-2
How CAHPS Results Were Calculated and Displayed.....	2-4
Who Responded to the Survey	2-4
Demographics of Adult Members	2-4
National Comparisons	2-5
Global Ratings and Composite Measures	2-6
Statewide Comparisons	2-6
Trend Analysis	2-7
Key Drivers of Satisfaction Analysis	2-7
Limitations and Cautions.....	2-9
Case-Mix Adjustment.....	2-9
Non-Response Bias	2-9
Causal Inferences	2-9
Missing Phone Numbers	2-10
National Data for Comparisons.....	2-10
3. Results	3-1
Who Responded to the Survey	3-1
Demographics of Adult Members	3-2
National Comparisons	3-4
Statewide Comparisons	3-7
Global Ratings.....	3-8
Composite Measures	3-12
Effectiveness of Care Measures	3-22
Summary of Results	3-25
4. Trend Analysis	4-1
Trend Analysis	4-1
Global Ratings.....	4-2
Composite Measures	4-6

Effectiveness of Care Measures	4-11
5. Key Drivers of Satisfaction	5-1
Key Drivers of Satisfaction	5-1
6. Supplemental Items	6-1
Supplemental Items Results	6-1
Emergency Room Care	6-1
Number of Days to See a Health Provider	6-2
After Hours Care	6-3
Transportation	6-5
7. Survey Instrument	7-1
Survey Instrument	7-1

1. Executive Summary

Introduction

The Michigan Department of Health and Human Services (MDHHS) assesses the perceptions and experiences of members enrolled in the MDHHS Healthy Michigan Plan (HMP) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members in the HMP 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 HMP Program.¹⁻¹ The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

This report presents the 2017 CAHPS results of adult members enrolled in an HMP health plan. The survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.¹⁻² The surveys were completed by adult members from May to July 2017.

Report Overview

A sample of 1,350 adult members was selected from each HMP health plan. There were less than 1,350 adult members eligible for inclusion in the survey for HAP Midwest Health Plan; therefore, each member from HAP Midwest Health Plan's eligible population was included in the sample. Results presented in this report include four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. Five composite measures are reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making. Overall rates for three Effectiveness of Care measures related to Medical Assistance with Smoking and Tobacco Use Cessation are reported: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies. HSAG presents HMP health plan results and aggregate statewide results (i.e., the MDHHS HMP Program) and compares them to national Medicaid data.

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

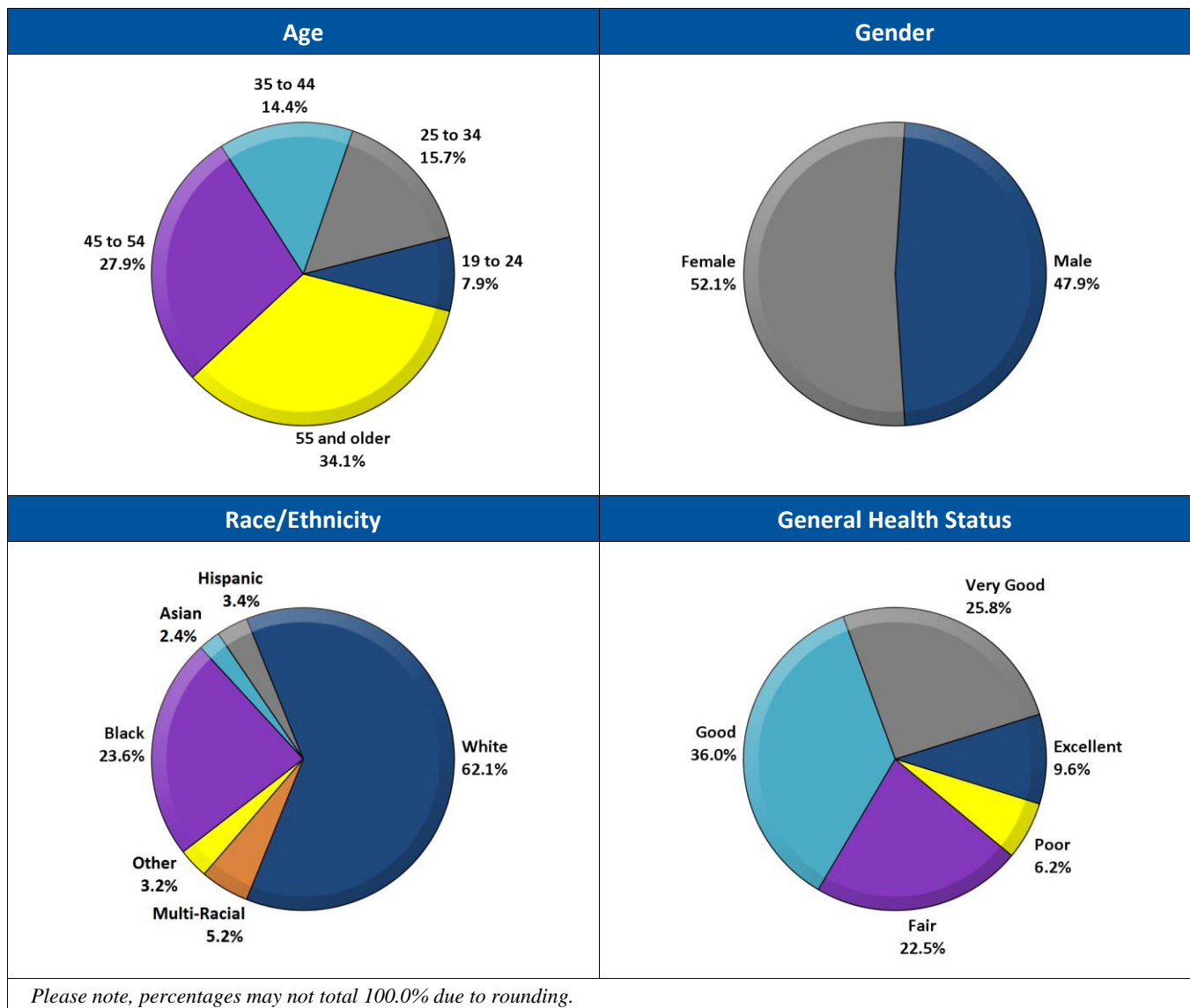
¹⁻² HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

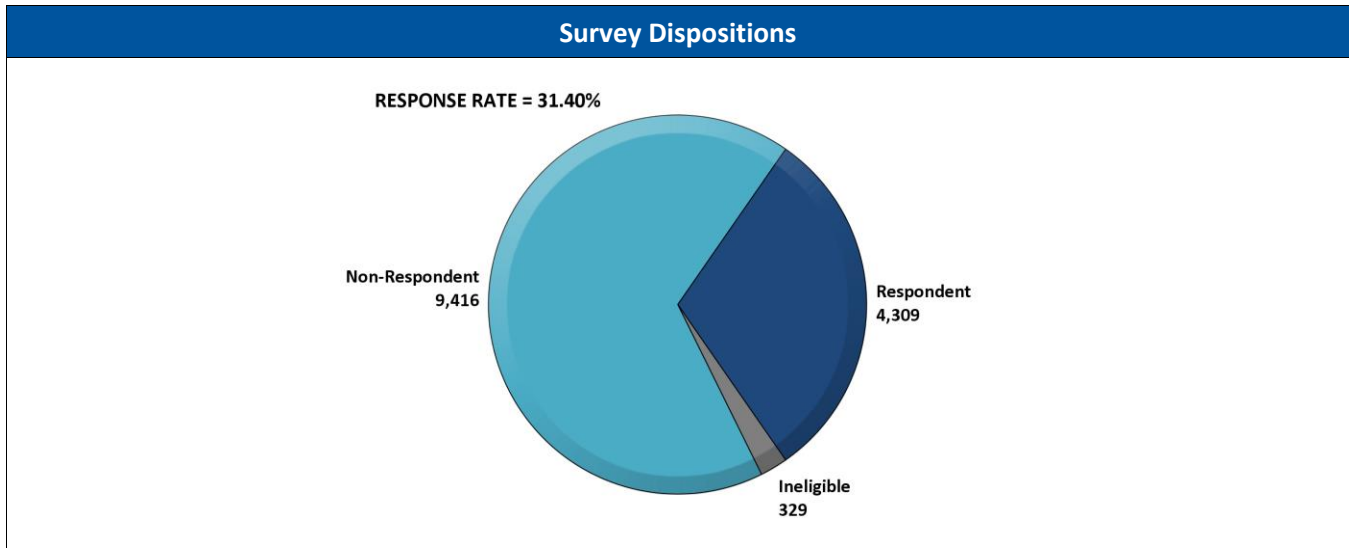
Key Findings

Survey Demographics and Dispositions

Table 1-1 provides an overview of the adult member demographics and survey dispositions for the MDHHS HMP Program.

Table 1-1—Survey Demographics and Dispositions





National Comparisons and Trend Analysis

A three-point mean score was determined for the four CAHPS global ratings and four of the CAHPS composite measures. The resulting three-point means scores were compared to the National Committee for Quality Assurance’s (NCQA’s) 2017 HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.^{1-3,1-4} In addition, a trend analysis was performed that compared the 2017 CAHPS results to their corresponding 2016 CAHPS results. Table 1-2 provides highlights of the National Comparisons and Trend Analysis findings for the MDHHS HMP Program. The numbers presented below represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.¹⁻⁵

¹⁻³ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

¹⁻⁴ NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

¹⁻⁵ Given the potential differences in demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA HEDIS Benchmarks and Thresholds for Accreditation.

Table 1-2—National Comparisons and Trend Analysis MDHHS HMP Program

Measure	National Comparisons	Trend Analysis
Global Rating		
Rating of Health Plan	★★★ 2.45	—
Rating of All Health Care	★★ 2.34	—
Rating of Personal Doctor	★★ 2.47	—
Rating of Specialist Seen Most Often	★★ 2.49	—
Composite Measure		
Getting Needed Care	★★ 2.34	▼
Getting Care Quickly	★★★ 2.40	—
How Well Doctors Communicate	★★★★★ 2.65	—
Customer Service	★★ 2.53	—
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th		
▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — indicates the 2017 score is not statistically significantly different than the 2016 score.		

The National Comparisons results indicated that the How Well Doctors Communicate composite measure scored at or above the 90th percentile. The Rating of Health Plan global rating and Getting Care Quickly composite measure scored at or between the 50th and 74th percentiles. The Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often global ratings, and the Getting Needed Care and Customer Service composite measures scored at or between the 25th and 49th percentiles.

Results from the trend analysis showed that the MDHHS HMP Program scored statistically significantly lower in 2017 than in 2016 on one measure, Getting Needed Care.

Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure and overall rates for the Effectiveness of Care measures. HSAG compared the HMP health plan results to the MDHHS HMP Program average to determine if plan results were statistically significantly different from the MDHHS HMP Program average. Table 1-3 through 1-5 show the results of this analysis for the global ratings, composite measures, and Effectiveness of Care measures, respectively.

Table 1-3—Statewide Comparisons: Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Aetna Better Health of Michigan	↓	—	—	—
Blue Cross Complete of Michigan	—	—	—	—
HAP Midwest Health Plan	↓ ⁺	— ⁺	— ⁺	— ⁺
Harbor Health Plan	—	↓	—	—
McLaren Health Plan	↑	↑	—	—
Meridian Health Plan of Michigan	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—
Priority Health Choice, Inc.	↑	↑	—	—
Total Health Care, Inc.	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—
Upper Peninsula Health Plan	↑	—	—	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDHHS HMP Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.

Table 1-4—Statewide Comparisons: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Aetna Better Health of Michigan	—	—	—	— ⁺	— ⁺
Blue Cross Complete of Michigan	—	—	—	—	—
HAP Midwest Health Plan	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺
Harbor Health Plan	—	—	—	—	— ⁺
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Total Health Care, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	— ⁺	—
Upper Peninsula Health Plan	—	—	—	—	—

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
[↑] indicates the plan's score is statistically significantly higher than the MDHHS HMP Program average.
[↓] indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.

Table 1-5—Statewide Comparisons: Effectiveness of Care Measures

Plan Name	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
Aetna Better Health of Michigan	—	—	—
Blue Cross Complete of Michigan	—	—	—
HAP Midwest Health Plan	[↓] ⁺	[↓] ⁺	— ⁺
Harbor Health Plan	—	—	—
McLaren Health Plan	—	—	—
Meridian Health Plan of Michigan	—	[↑]	—
Molina Healthcare of Michigan	—	—	—
Priority Health Choice, Inc.	[↑]	—	—
Total Health Care, Inc.	—	—	—
UnitedHealthcare Community Plan	—	—	—
Upper Peninsula Health Plan	—	—	—

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
[↑] indicates the plan's score is statistically significantly higher than the MDHHS HMP Program average.
[↓] indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.

The following plans scored statistically significantly *higher* than the MDHHS HMP Program average on at least one measure:

McLaren Health Plan

- Rating of Health Plan
- Rating of All Health Care

Meridian Health Plan of Michigan

- Discussing Cessation Medications

Priority Health Choice, Inc.

- Rating of Health Plan
- Rating of All Health Care
- Advising Smokers and Tobacco Users to Quit

Upper Peninsula Health Plan

- Rating of Health Plan

Conversely, the following plans scored statistically significantly *lower* than the MDHHS HMP Program average on at least one measure:

Aetna Better Health of Michigan

- Rating of Health Plan

HAP Midwest Health Plan

- Rating of Health Plan
- Advising Smokers and Tobacco Users to Quit
- Discussing Cessation Medications

Harbor Health Plan

- Rating of All Health Care

Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated these global ratings to determine if particular CAHPS items (i.e., questions) are strongly correlated with one or more of these measures. These individual CAHPS items, which HSAG refers to as “key drivers” are driving levels of satisfaction with each of the three measures. Table 1-6 provides a summary of the key drivers identified for the MDHHS HMP Program.

Table 1-6—MDHHS HMP Program Key Drivers of Satisfaction

Rating of Health Plan
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Respondents reported that forms from their health plan were often not easy to fill out.
Respondents reported that it was often not easy to obtain appointments with specialists.
Rating of All Health Care
Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Respondents reported that it was often not easy to obtain appointments with specialists.
Rating of Personal Doctor
Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.

2017 CAHPS Performance Measures

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 58 core questions that yield 12 measures. These measures include four global rating questions, five composite measures, and three Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect overall satisfaction 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 Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation.

Table 2-1 lists the measures included in the CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set.

Table 2-1—CAHPS Measures

Global Ratings	Composite Measures	Effectiveness of Care Measures
Rating of Health Plan	Getting Needed Care	Advising Smokers and Tobacco Users to Quit
Rating of All Health Care	Getting Care Quickly	Discussing Cessation Medications
Rating of Personal Doctor	How Well Doctors Communicate	Discussing Cessation Strategies
Rating of Specialist Seen Most Often	Customer Service	
	Shared Decision Making	

How CAHPS Results Were Collected

Sampling Procedures

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

- Were 19 years of age or older as of February 28, 2017.
- Were currently enrolled in an HMP health plan.
- Had been continuously enrolled in the plan for the last six months of the measurement year (September 1, 2016 through February 28, 2017).

Next, a sample of members was selected for inclusion in the survey. For each HMP health plan, no more than one member per household was selected as part of the survey samples. A sample of 1,350 adult members was selected from each HMP health plan. HAP Midwest Health Plan had less than 1,350 adult members who were eligible for inclusion in the survey; therefore, each member from HAP Midwest Health Plan's eligible population was included in the sample. Table 3-1 in the Results section provides an overview of the sample sizes for each plan. HSAG tried to obtain new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system.

Survey Protocol

The survey administration protocol employed was a mixed-mode methodology, which allowed for two methods by which members could complete a survey. The first, or mail phase, consisted of sampled members receiving a survey via mail. All sampled members received an English version of the survey, with the option of completing the survey in Spanish. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of members who did not mail in a completed survey. At least three CATI calls to each non-respondent were attempted. It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a plan's population.²⁻¹

²⁻¹ Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

Table 2-2 shows the standard mixed-mode (i.e., mail followed by telephone follow-up) CAHPS timeline used in the administration of the HMP CAHPS survey.

Table 2-2—CAHPS 5.0 Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the adult member.	0 days
Send a postcard reminder to non-respondents 4-10 days after mailing the first questionnaire.	4-10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents 4-10 days after mailing the second questionnaire.	39-45 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

How CAHPS Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess member satisfaction. In addition to individual plan results, HSAG calculated an MDHHS HMP Program average. HSAG combined results from the HMP health plans to form the HMP Program average. This section provides an overview of each analysis.

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible members of the sample. HSAG considered a survey completed if members answered at least three of the following five questions: 3, 20, 29, 33, and 41. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligibility criteria), were mentally or physically incapacitated, or had a language barrier.

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

Demographics of Adult Members

The demographics analysis evaluated the following demographic information of adult members' responses to the CAHPS 5.0 Adult Medicaid Health Plan Survey: age, gender, race/ethnicity, and general health status. HSAG calculated HMP health plan-level and MDHHS HMP Program-level rates for each demographic category and stratified the results based on the following groups:

- Member Age: 19-24, 25-34, 35-44, 45-54, and 55 and older
- Member Gender: Male and Female
- Member Race/Ethnicity: Multi-Racial, Hispanic, White, Black or African American, Asian, and Other
- Member General Health Status: Excellent, Very Good, Good, Fair, and Poor

MDHHS should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan.

National Comparisons

HSAG conducted an analysis of the CAHPS survey results using NCQA HEDIS Specifications for Survey Measures. Although NCQA requires a minimum of 100 responses on each item in order to report the item as a reportable CAHPS Survey result, HSAG presented results with fewer than 100 responses, which are denoted with a cross (+). Caution should be exercised when evaluating measures' results with fewer than 100 responses.

Table 2-3 shows the percentiles that were used to determine star ratings for each CAHPS measure.

Table 2-3—Star Ratings

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

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure.²⁻² HSAG compared the resulting three-point mean scores to published NCQA HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings for each CAHPS measure.

Table 2-4, on the following page, shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall member satisfaction ratings on each CAHPS measure.²⁻³ NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis. In addition, there are no national benchmarks available for this population; therefore, national adult Medicaid data were used for comparative purposes.²⁻⁴

²⁻² For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2017, Volume 3: Specifications for Survey Measures*.

²⁻³ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

²⁻⁴ Given the potential differences in demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA HEDIS Benchmarks and Thresholds for Accreditation.

Table 2-4—Overall Member Satisfaction Ratings Crosswalk

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.53	2.48	2.43	2.35
Rating of All Health Care	2.46	2.43	2.38	2.32
Rating of Personal Doctor	2.57	2.53	2.50	2.43
Rating of Specialist Seen Most Often	2.59	2.56	2.51	2.48
Getting Needed Care	2.45	2.41	2.35	2.28
Getting Care Quickly	2.49	2.45	2.40	2.33
How Well Doctors Communicate	2.64	2.58	2.54	2.48
Customer Service	2.61	2.58	2.54	2.48

Global Ratings and Composite Measures

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated question summary rates for each global rating and global proportions for each composite measure, following NCQA HEDIS Specifications for Survey Measures.²⁻⁵ The scoring of the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

- “9” or “10” for the global ratings.
- “Usually” or “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites.
- “Yes” for the Shared Decision Making composite.

Medical Assistance with Smoking and Tobacco Use Cessation

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

- Advising Smokers and Tobacco Users to Quit
- Discussing Cessation Medications
- Discussing Cessation Strategies

These rates assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively.

²⁻⁵ National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2016.

Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator. The 2017 rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior year’s results. Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measures, as the 2017 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2016 or 2017.

Weighting

A weighted MDHHS HMP Program average was calculated. Results were weighted based on the total eligible population for each plan’s adult HMP population.

HMP Health Plan Comparisons

The results of the HMP health plans were compared to the MDHHS HMP Program average. Two types of hypothesis tests were applied to these results. First, a global *F* test was calculated, which determined whether the difference between HMP health plans’ means was significant. If the *F* test demonstrated plan-level differences (i.e., *p* value < 0.05), then a *t* test was performed for each HMP health plan. The *t* test determined whether each HMP health plan’s mean was statistically significantly different from the MDHHS HMP Program average. This analytic approach follows the Agency for Healthcare Research and Quality’s (AHRQ’s) recommended methodology for identifying significant plan-level performance differences.

Trend Analysis

A trend analysis was performed that compared the 2017 CAHPS scores to the corresponding 2016 CAHPS scores to determine whether there were statistically significant differences. A *t* test was performed to determine whether results in 2016 were statistically significantly different from results in 2017. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance.

Key Drivers of Satisfaction Analysis

HSAG performed an analysis of key drivers of satisfaction for the following measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how well the MDHHS HMP Program is performing on the survey item and 2) how important that item is to overall satisfaction.

Table 2-5 provides a list of the survey items considered for the key drivers analysis for the Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor global ratings.

Table 2-5—Correlation Matrix

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4. Received Care as Soon as Wanted	✓	✓	✓
Q7. Received Appointment as Soon as Wanted	✓	✓	✓
Q13. Doctor Talked About Specific Things to Prevent Illness	✓	✓	✓
Q15. Doctor Talked About Reasons to Take a Medicine	✓	✓	✓
Q16. Doctor Talked About Reasons Not to Take a Medicine	✓	✓	✓
Q17. Doctor Asked About Best Medicine Choice for You	✓	✓	✓
Q19. Getting Care Believed Necessary	✓	✓	✓
Q22. Doctor Explained Things in Way They Could Understand	✓	✓	✓
Q23. Doctor Listened Carefully	✓	✓	✓
Q24. Doctor Showed Respect.	✓	✓	✓
Q25. Doctor Spent Enough Time with Patient	✓	✓	✓
Q27. Doctor Seemed Informed and Up-to-Date About Care from Other Doctors or Health Providers	✓	✓	✓
Q30. Seeing a Specialist	✓	✓	
Q34. Information in Written Materials or on the Internet About Health Plan Provided Information Needed	✓	✓	
Q36. Obtaining Help Needed from Customer Service	✓	✓	
Q37. Health Plan Customer Service Treated with Courtesy and Respect	✓	✓	
Q39. Forms from Health Plan Easy to Fill Out	✓	✓	

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a “1,” and a positive experience with care (i.e., non-negative) was assigned a “0.” The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

For each item evaluated, the relationship between the item's problem score and performance on each of the three measures was calculated using a Pearson product moment correlation, which is defined as the covariance of the two scores divided by the product of their standard deviations. Items were then prioritized based on their overall problem score and their correlation to each measure. Key drivers of satisfaction were defined as those items that:

- Had a problem score that was greater than or equal to the median problem score for all items examined.
- Had a correlation that was greater than or equal to the median correlation for all items examined.

Limitations and Cautions

The findings presented in this CAHPS report are subject to some limitations in the survey design, analysis, and interpretation. MDHHS should consider these limitations when interpreting or generalizing the findings.

Case-Mix Adjustment

The demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting Medicaid CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these CAHPS results.²⁻⁶

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by plan or program. Therefore, MDHHS should consider the potential for non-response bias when interpreting CAHPS results.

Causal Inferences

Although this report examines whether respondents report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to the plan. These analyses identify whether respondents give different ratings of satisfaction with their plan. The survey by itself does not necessarily reveal the exact cause of these differences.

²⁻⁶ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

Missing Phone Numbers

The volume of missing telephone numbers may impact the response rates and the validity of the survey results. For instance, a certain segment of the population may be more likely to have missing phone information than other segments.

National Data for Comparisons

While comparisons to national data were performed for the survey measures, it is important to note that the survey instrument utilized for the 2017 survey administration was the standard CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set; however, the population being surveyed was not a standard adult Medicaid population. There are currently no available benchmarks for this population; therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

Who Responded to the Survey

A total of 14,054 surveys were distributed to adult members. A total of 4,309 surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. For additional information, please refer to the Reader’s Guide section of this report.

Table 3-1 shows the total number of members sampled, the number of surveys completed, the number of ineligible members, and the response rates.

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

Plan Name	Sample Size	Completes	Ineligibles	Response Rates
MDHHS HMP Program	14,054	4,309	329	31.40%
Aetna Better Health of Michigan	1,350	322	23	24.27%
Blue Cross Complete of Michigan	1,350	431	29	32.63%
HAP Midwest Health Plan	554	84	18	15.67%
Harbor Health Plan	1,350	333	39	25.40%
McLaren Health Plan	1,350	444	21	33.41%
Meridian Health Plan of Michigan	1,350	437	29	33.08%
Molina Healthcare of Michigan	1,350	427	32	32.40%
Priority Health Choice, Inc.	1,350	494	26	37.31%
Total Health Care, Inc.	1,350	411	33	31.21%
UnitedHealthcare Community Plan	1,350	381	65	29.65%
Upper Peninsula Health Plan	1,350	545	14	40.79%

Demographics of Adult Members

Table 3-2 depicts the ages of members who completed a CAHPS survey.

Table 3-2—Adult Member Demographics: Age

Plan Name	19 to 24	25 to 34	35 to 44	45 to 54	55 and older
MDHHS HMP Program	7.9%	15.7%	14.4%	27.9%	34.1%
Aetna Better Health of Michigan	11.2%	15.1%	15.7%	26.6%	31.4%
Blue Cross Complete of Michigan	6.9%	18.7%	16.1%	23.6%	34.8%
HAP Midwest Health Plan	4.8%	20.5%	20.5%	25.3%	28.9%
Harbor Health Plan	3.7%	13.0%	14.0%	37.3%	32.0%
McLaren Health Plan	5.3%	12.6%	15.1%	30.6%	36.5%
Meridian Health Plan of Michigan	9.7%	17.4%	12.8%	25.1%	35.0%
Molina Healthcare of Michigan	8.9%	14.4%	13.6%	30.4%	32.8%
Priority Health Choice, Inc.	8.0%	15.6%	14.8%	25.8%	35.9%
Total Health Care, Inc.	8.2%	15.0%	14.5%	26.4%	35.9%
UnitedHealthcare Community Plan	11.5%	17.4%	14.2%	29.0%	27.9%
Upper Peninsula Health Plan	6.9%	16.4%	12.8%	27.1%	36.8%

Please note, percentages may not total 100.0% due to rounding.

Table 3-3 depicts the gender of members who completed a CAHPS survey.

Table 3-3—Adult Member Demographics: Gender

Plan Name	Male	Female
MDHHS HMP Program	47.9%	52.1%
Aetna Better Health of Michigan	52.9%	47.1%
Blue Cross Complete of Michigan	52.4%	47.6%
HAP Midwest Health Plan	60.2%	39.8%
Harbor Health Plan	62.3%	37.7%
McLaren Health Plan	45.9%	54.1%
Meridian Health Plan of Michigan	42.1%	57.9%
Molina Healthcare of Michigan	43.3%	56.7%
Priority Health Choice, Inc.	43.2%	56.8%
Total Health Care, Inc.	51.2%	48.8%
UnitedHealthcare Community Plan	48.0%	52.0%
Upper Peninsula Health Plan	42.6%	57.4%

Please note, percentages may not total 100.0% due to rounding.

Table 3-4 depicts the race and ethnicity of members who completed a CAHPS survey.

Table 3-4—Adult Member Demographics: Race/Ethnicity

Plan Name	White	Hispanic	Black	Asian	Other	Multi-Racial
MDHHS HMP Program	62.1%	3.4%	23.6%	2.4%	3.2%	5.2%
Aetna Better Health of Michigan	40.3%	3.2%	46.4%	2.6%	2.6%	4.9%
Blue Cross Complete of Michigan	50.7%	2.6%	35.1%	2.1%	4.2%	5.2%
HAP Midwest Health Plan	66.3%	4.8%	16.9%	0.0%	4.8%	7.2%
Harbor Health Plan	18.9%	3.4%	66.5%	2.8%	4.0%	4.3%
McLaren Health Plan	82.3%	2.8%	6.5%	2.1%	2.8%	3.7%
Meridian Health Plan of Michigan	70.2%	3.0%	15.4%	2.6%	2.1%	6.8%
Molina Healthcare of Michigan	54.9%	6.2%	26.3%	2.4%	4.3%	6.0%
Priority Health Choice, Inc.	79.4%	5.6%	6.8%	2.5%	1.6%	4.1%
Total Health Care, Inc.	41.8%	2.3%	42.8%	2.8%	3.5%	6.8%
UnitedHealthcare Community Plan	59.9%	3.8%	18.5%	4.9%	6.0%	6.8%
Upper Peninsula Health Plan	92.6%	1.3%	0.2%	0.4%	1.7%	3.9%

Please note, percentages may not total 100.0% due to rounding.

Table 3-5 depicts the general health status of members who completed a CAHPS survey.

Table 3-5—Adult Member Demographics: General Health Status

Plan Name	Excellent	Very Good	Good	Fair	Poor
MDHHS HMP Program	9.6%	25.8%	36.0%	22.5%	6.2%
Aetna Better Health of Michigan	10.8%	24.5%	34.7%	22.0%	8.0%
Blue Cross Complete of Michigan	8.7%	31.2%	31.5%	23.5%	5.2%
HAP Midwest Health Plan	7.3%	25.6%	46.3%	18.3%	2.4%
Harbor Health Plan	11.7%	22.2%	34.6%	23.8%	7.7%
McLaren Health Plan	9.8%	21.1%	39.1%	23.1%	6.9%
Meridian Health Plan of Michigan	8.6%	28.4%	34.9%	20.7%	7.4%
Molina Healthcare of Michigan	10.2%	22.0%	35.0%	25.3%	7.6%
Priority Health Choice, Inc.	8.2%	25.4%	40.6%	21.5%	4.3%
Total Health Care, Inc.	9.9%	27.7%	31.7%	26.5%	4.2%
UnitedHealthcare Community Plan	11.8%	24.5%	35.2%	21.0%	7.5%
Upper Peninsula Health Plan	8.1%	29.1%	38.1%	19.3%	5.4%

Please note, percentages may not total 100.0% due to rounding.

National Comparisons

In order to assess the overall performance of the MDHHS HMP Program, HSAG scored the four global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and four of the composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the plans’ and program’s three-point mean scores to NCQA HEDIS Benchmarks and Thresholds for Accreditation.³⁻¹

Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-6.

Table 3-6—Star Ratings

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

The results presented in the following two tables represent the three-point mean scores for each measure, while the stars represent the overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.³⁻²

³⁻¹ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

³⁻² Given the potential differences in demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA HEDIS Benchmarks and Thresholds for Accreditation.

Table 3-7 shows the overall member satisfaction ratings on each of the four global ratings.

Table 3-7—National Comparisons – Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
MDHHS HMP Program	★★★ 2.45	★★ 2.34	★★ 2.47	★★ 2.49
Aetna Better Health of Michigan	★ 2.31	★ 2.19	★★ 2.47	★★★ 2.52
Blue Cross Complete of Michigan	★★ 2.41	★★ 2.35	★ 2.37	★★ 2.49
HAP Midwest Health Plan	★+ 2.25	★+ 2.30	★+ 2.29	★+ 2.37
Harbor Health Plan	★★ 2.35	★ 2.21	★★ 2.48	★ 2.46
McLaren Health Plan	★★★★★ 2.54	★★★★★ 2.43	★★ 2.46	★★★ 2.51
Meridian Health Plan of Michigan	★★★ 2.45	★★ 2.33	★★ 2.48	★★★★★ 2.56
Molina Healthcare of Michigan	★★★ 2.45	★★ 2.37	★★★ 2.50	★ 2.38
Priority Health Choice, Inc.	★★★★★ 2.53	★★★ 2.39	★★★ 2.52	★★ 2.50
Total Health Care, Inc.	★★★ 2.44	★★★ 2.39	★★★★★ 2.53	★★ 2.50
UnitedHealthcare Community Plan	★★★ 2.46	★ 2.31	★★ 2.49	★★★ 2.54
Upper Peninsula Health Plan	★★★★ 2.51	★★ 2.34	★★ 2.48	★ 2.45

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

The MDHHS HMP Program scored at or between the 50th and 74th percentiles for the Rating of Health Plan global rating. In addition, the MDHHS HMP Program scored at or between the 25th and 49th percentiles for the Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often global ratings. The MDHHS HMP Program did not score at or above the 75th percentile nor below the 25th percentile for any of the global ratings.

Table 3-8 shows the overall member satisfaction ratings on four of the composite measures.³⁻³

Table 3-8—National Comparisons – Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
MDHHS HMP Program	★★ 2.34	★★★ 2.40	★★★★★ 2.65	★★ 2.53
Aetna Better Health of Michigan	★ 2.24	★★ 2.35	★★★★★ 2.68	★★★★★ ⁺ 2.60
Blue Cross Complete of Michigan	★★★★ 2.40	★★★★ 2.41	★★★★★ 2.63	★★ 2.50
HAP Midwest Health Plan	★★ ⁺ 2.29	★ ⁺ 2.28	★★★★ ⁺ 2.54	★ ⁺ 2.42
Harbor Health Plan	★★ 2.33	★★★★★ 2.46	★★★★★ 2.67	★★★ 2.57
McLaren Health Plan	★★★★★ 2.42	★★★ 2.41	★★★★★ 2.64	★ 2.43
Meridian Health Plan of Michigan	★★ 2.30	★★★ 2.41	★★★★★ 2.65	★★★ 2.56
Molina Healthcare of Michigan	★★ 2.30	★★ 2.37	★★★★★ 2.60	★★ 2.50
Priority Health Choice, Inc.	★★ 2.33	★★ 2.39	★★★★★ 2.67	★★★★★ 2.59
Total Health Care, Inc.	★★★ 2.37	★★ 2.35	★★★★★ 2.66	★★★★★ 2.60
UnitedHealthcare Community Plan	★★ 2.30	★★ 2.37	★★★★★ 2.65	★ ⁺ 2.45
Upper Peninsula Health Plan	★★★ 2.35	★★★★★ 2.46	★★★★★ 2.67	★★ 2.52

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

The MDHHS HMP Program scored at or above the 90th percentile for the How Well Doctors Communicate composite measure. In addition, the MDHHS HMP Program scored at or between the 50th and 74th percentiles for the Getting Care Quickly composite measure, and scored at or between the 25th and 49th percentiles for the Getting Needed Care and Customer Service composite measures. The MDHHS HMP Program did not score below the 25th percentile for any of the composite measures.

³⁻³ NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure. HSAG also calculated overall rates for the Effectiveness of Care measures. Refer to the Reader's Guide section for more detailed information regarding the calculation of these measures.

The MDHHS HMP Program results were weighted based on the eligible population for each adult population (i.e., HMP health plans). HSAG compared the HMP health plan results to the MDHHS HMP Program average to determine if the HMP health plan results were statistically significantly different than the MDHHS HMP Program average. The NCQA adult Medicaid national averages also are presented for comparison.^{3-4,3-5} Colors in the figures note statistically significant differences. Green indicates a top-box rate that was statistically significantly higher than the MDHHS HMP Program average. Conversely, red indicates a top-box rate that was statistically significantly lower than the MDHHS HMP Program average. Blue represents top-box rates that were not statistically significantly different from the MDHHS HMP Program average. Health plan/program rates with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

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

³⁻⁴ Given the potential differences in demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid national averages.

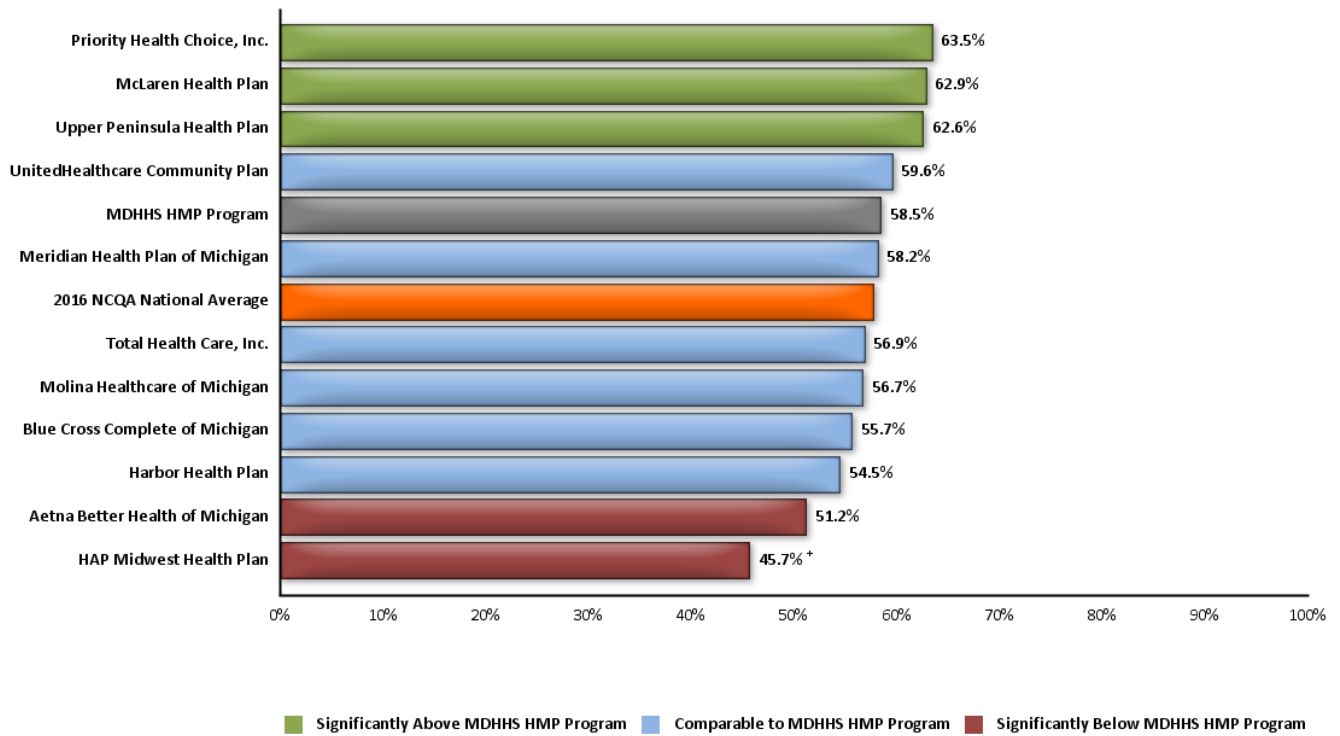
³⁻⁵ The source for the national data contained in this publication is Quality Compass[®] 2016 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2016 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these 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

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Figure 3-1 shows the Rating of Health Plan top-box rates.

Figure 3-1—Rating of Health Plan Top-Box Rates

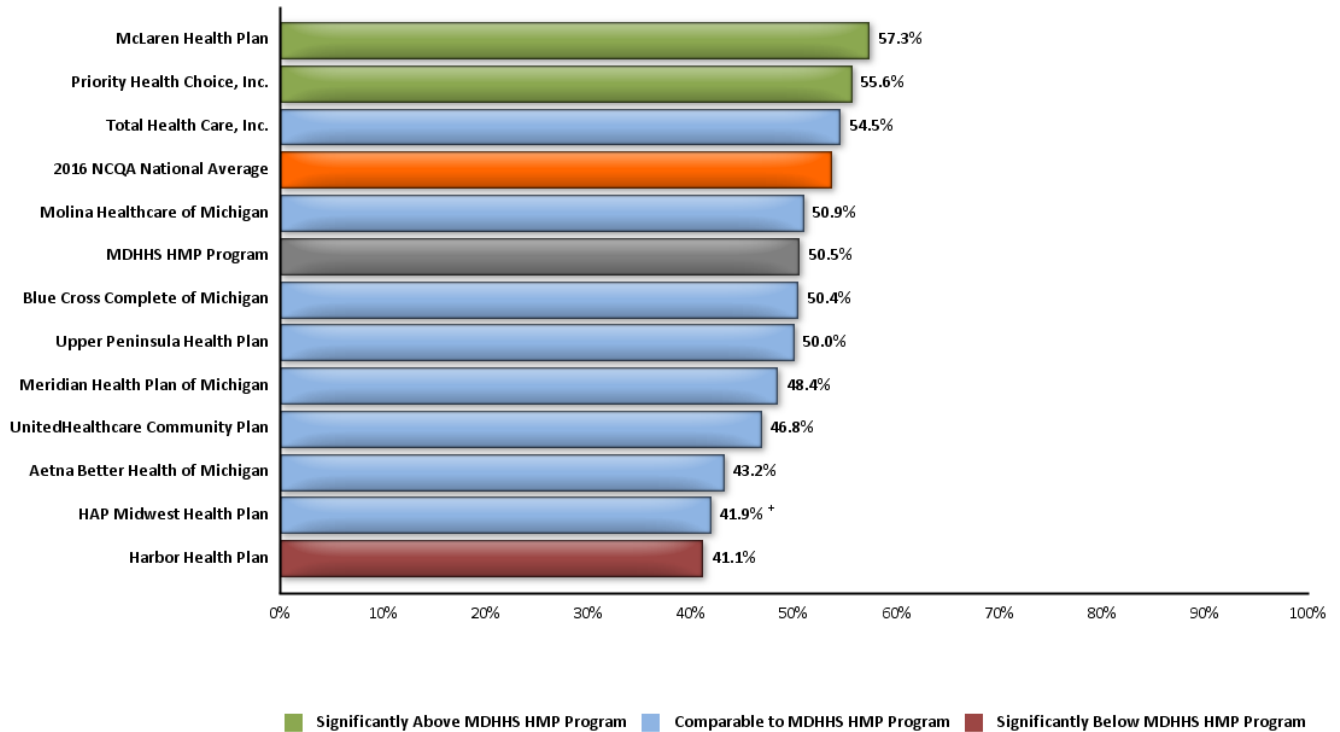


Note: + indicates fewer than 100 responses

Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Figure 3-2 shows the Rating of All Health Care top-box rates.

Figure 3-2—Rating of All Health Care Top-Box Rates

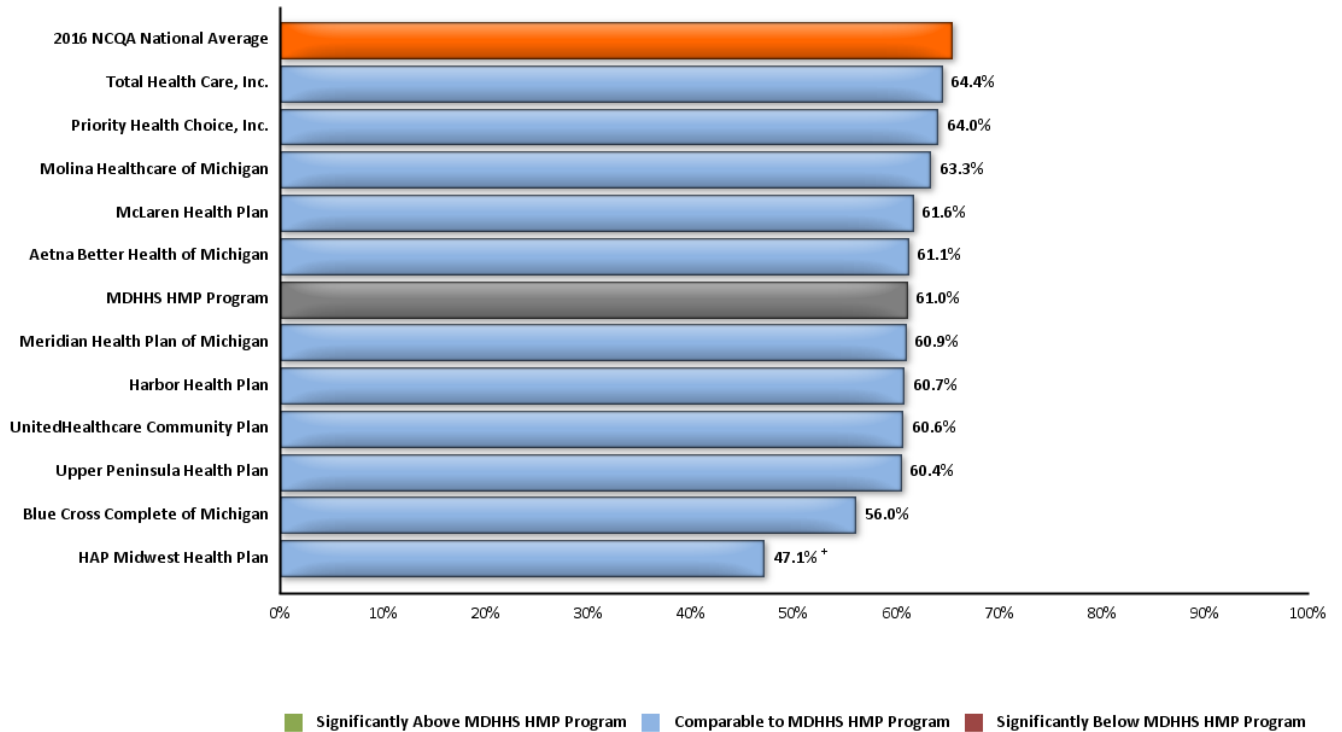


Note: + indicates fewer than 100 responses

Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Figure 3-3 shows the Rating of Personal Doctor top-box rates.

Figure 3-3—Rating of Personal Doctor Top-Box Rates

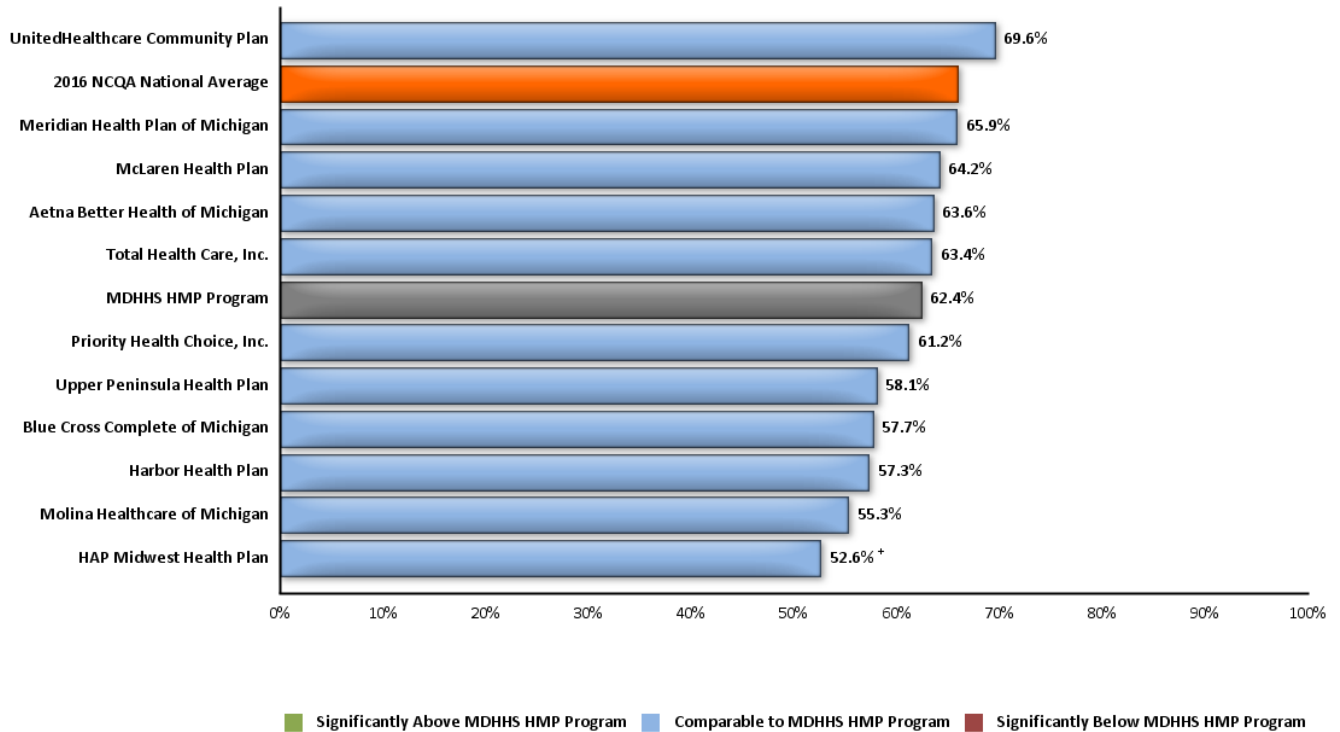


Note: + indicates fewer than 100 responses

Rating of Specialist Seen Most Often

Adult members were asked to rate their specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Figure 3-4 shows the Rating of Specialist Seen Most Often top-box rates.

Figure 3-4—Rating of Specialist Seen Most Often Top-Box Rates



Note: + indicates fewer than 100 responses



Composite Measures

Getting Needed Care

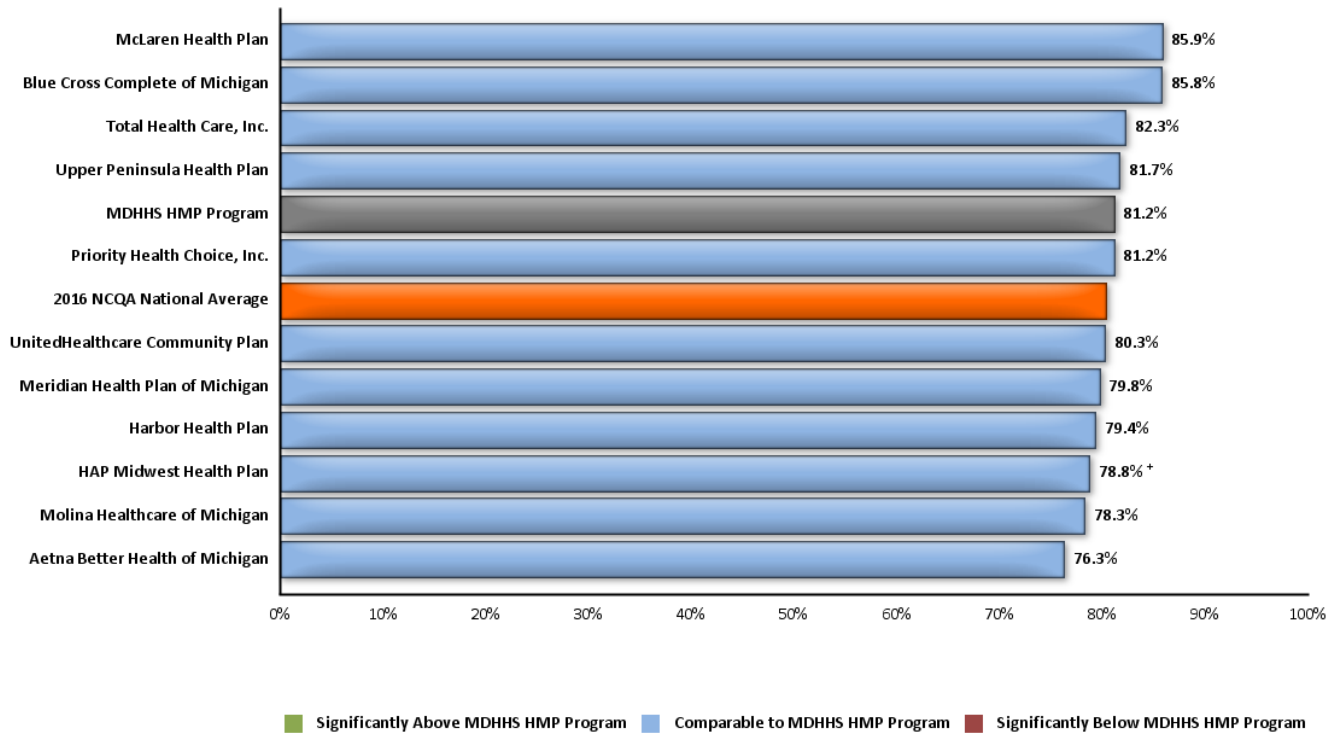
Two questions (Questions 19 and 30 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

- **Question 19.** In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 30.** In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Getting Needed Care composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-5 shows the Getting Needed Care top-box rates.

Figure 3-5—Getting Needed Care Top-Box Rates



Note: + indicates fewer than 100 responses



Getting Care Quickly

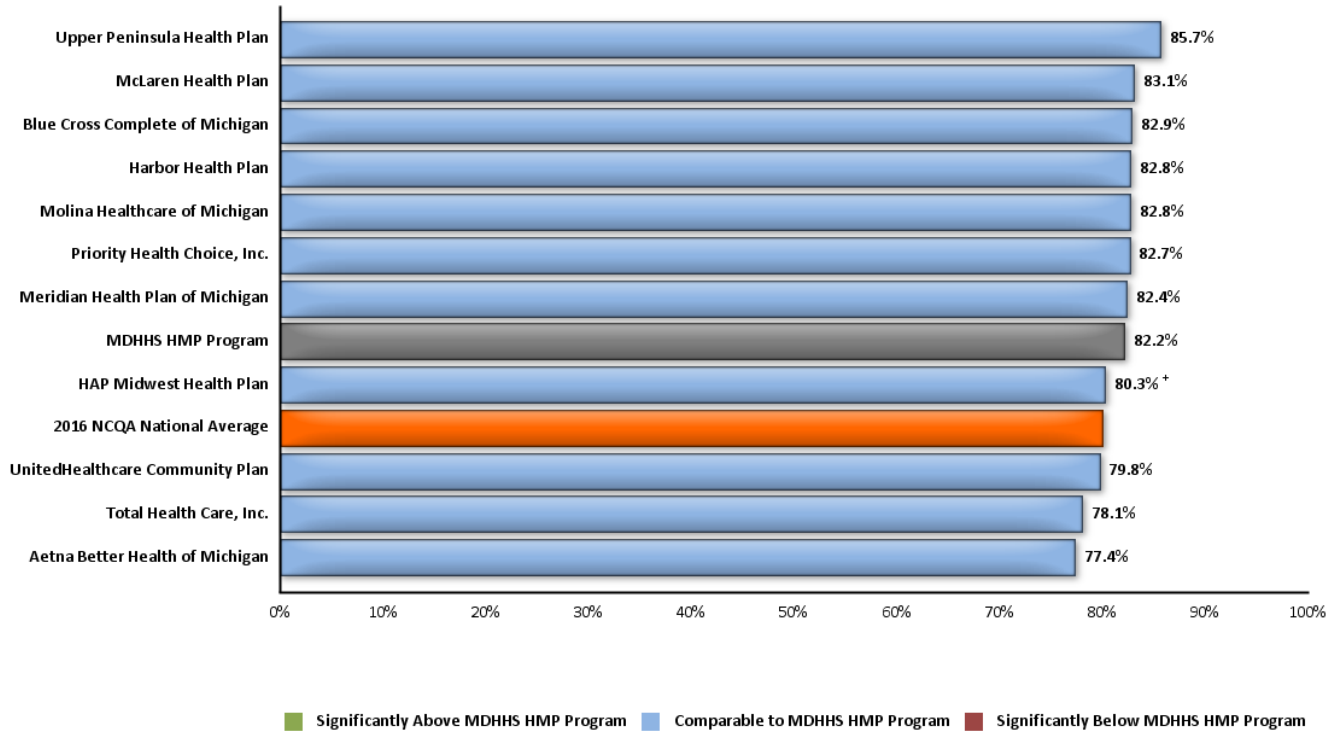
Two questions (Questions 4 and 7 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members received care quickly:

- **Question 4.** In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 7.** In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Getting Care Quickly composite measure, which was defined as a response of "Usually" or "Always."

Figure 3-6 shows the Getting Care Quickly top-box rates.

Figure 3-6—Getting Care Quickly Top-Box Rates



Note: + indicates fewer than 100 responses



How Well Doctors Communicate

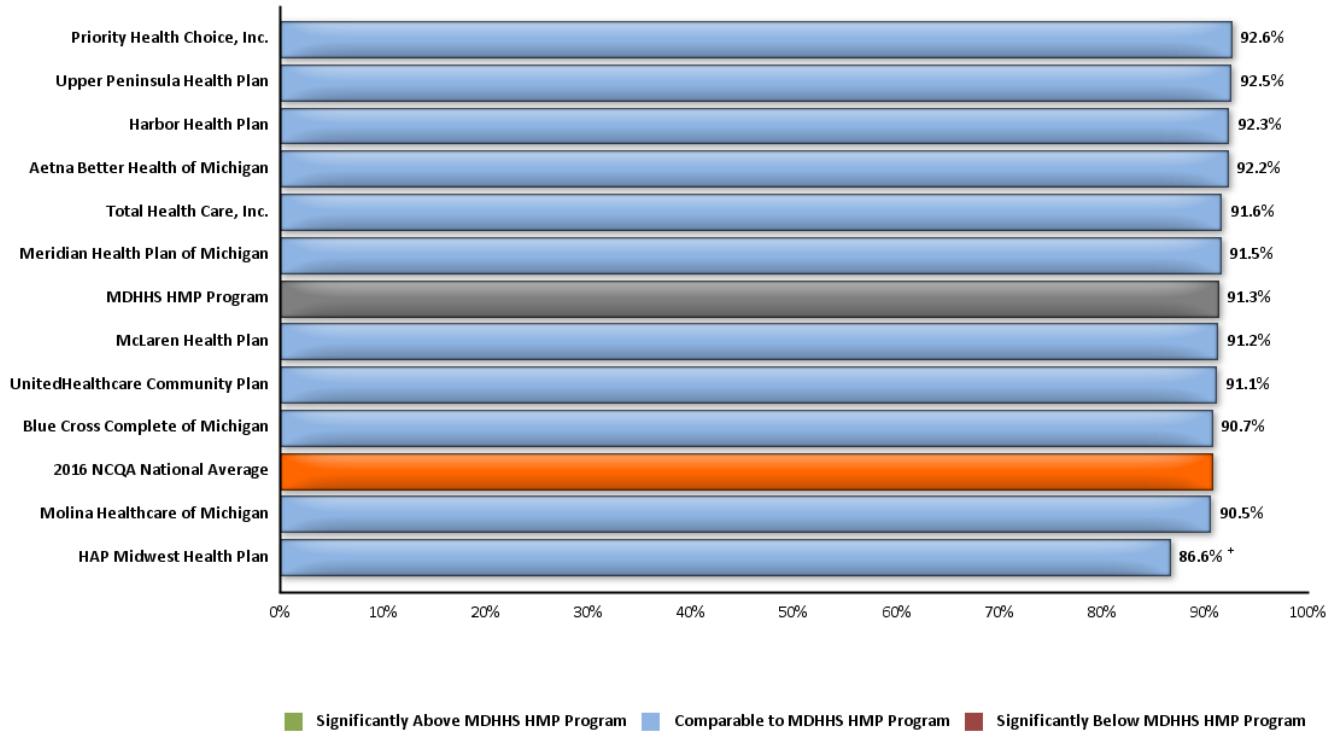
A series of four questions (Questions 22, 23, 24, and 25 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

- **Question 22.** In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 23.** In the last 6 months, how often did your personal doctor listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 24.** In the last 6 months, how often did your personal doctor show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 25.** In the last 6 months, how often did your personal doctor spend enough time with you?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the How Well Doctors Communicate composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-7 shows the How Well Doctors Communicate top-box rates.

Figure 3-7—How Well Doctors Communicate Top-Box Rates



Note: + indicates fewer than 100 responses



Customer Service

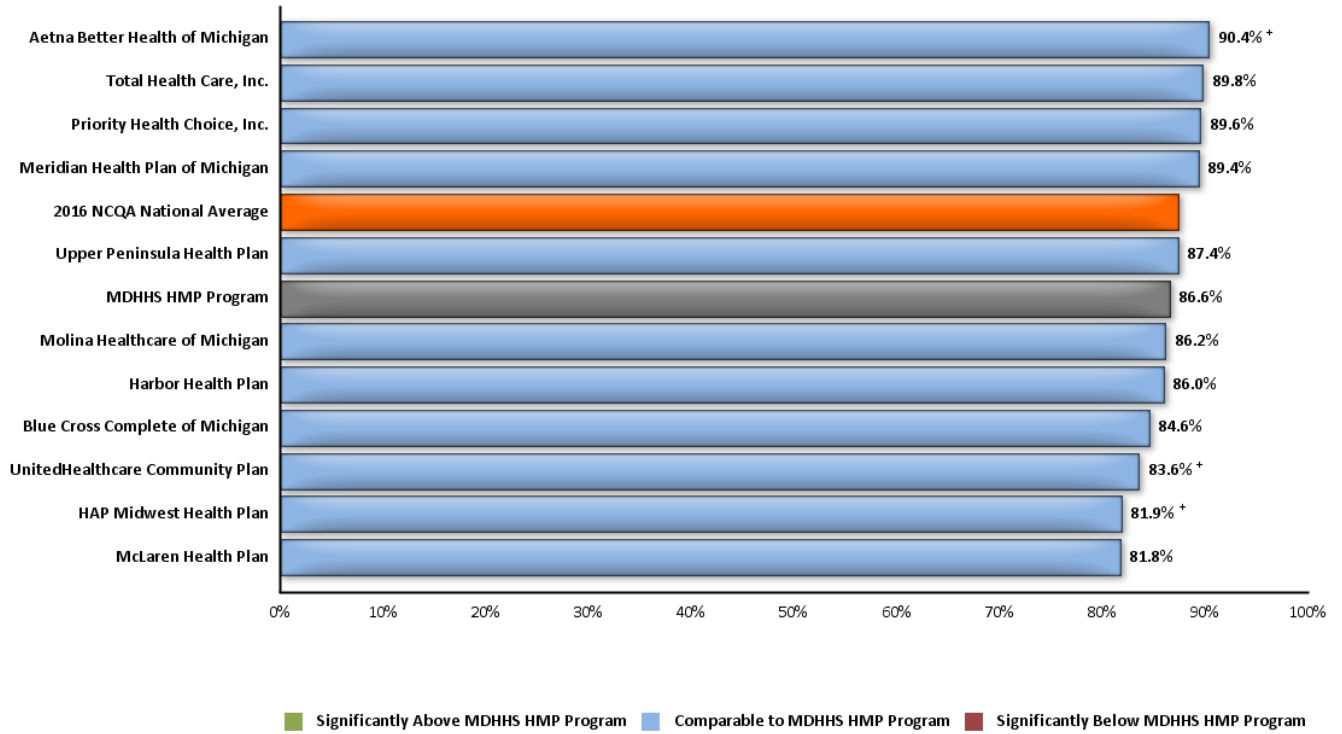
Two questions (Questions 36 and 37 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service:

- **Question 36.** In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 37.** In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Customer Service composite measure, which was defined as a response of "Usually" or "Always."

Figure 3-8 shows the Customer Service top-box rates.

Figure 3-8—Customer Service Top-Box Rates



Note: + indicates fewer than 100 responses



Shared Decision Making

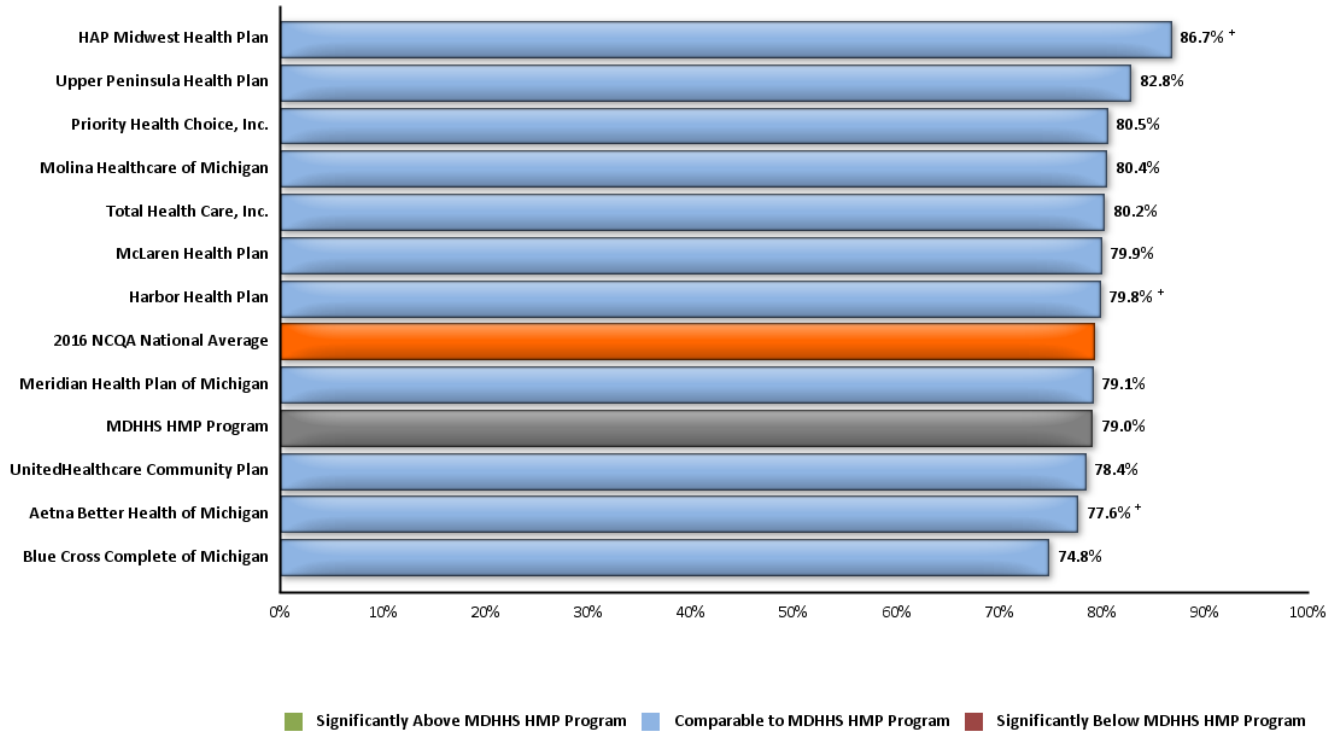
Three questions (Questions 15, 16, and 17 in the CAHPS Adult Medicaid Health Plan Survey) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine:

- **Question 15.** Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
 - Yes
 - No
- **Question 16.** Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
 - Yes
 - No
- **Question 17.** When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
 - Yes
 - No

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Shared Decision Making composite measure, which was defined as a response of “Yes.”

Figure 3-9 shows the Shared Decision Making top-box rates.

Figure 3-9—Shared Decision Making Top-Box Rates



Note: + indicates fewer than 100 responses

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

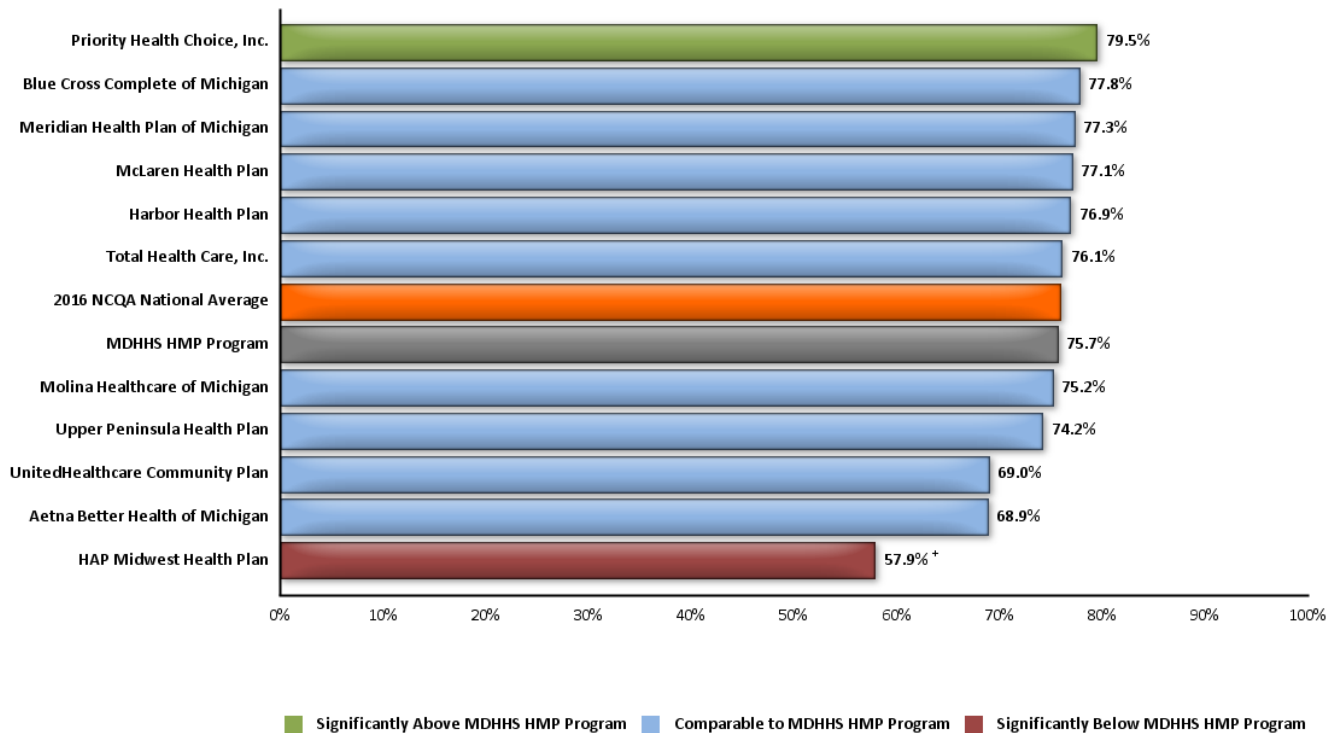
Advising Smokers and Tobacco Users to Quit

Adult members were asked how often they were advised to quit smoking or using tobacco by a doctor or other health provider (Question 46 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 46.** In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
 - Never
 - Sometimes
 - Usually
 - Always

The results of this measure represent the percentage of smokers/tobacco users who answered “Sometimes,” “Usually,” or “Always” to this question. Figure 3-10 shows the Advising Smokers and Tobacco Users to Quit rates.

Figure 3-10—Advising Smokers and Tobacco Users to Quit Rates



Note: + indicates fewer than 100 responses

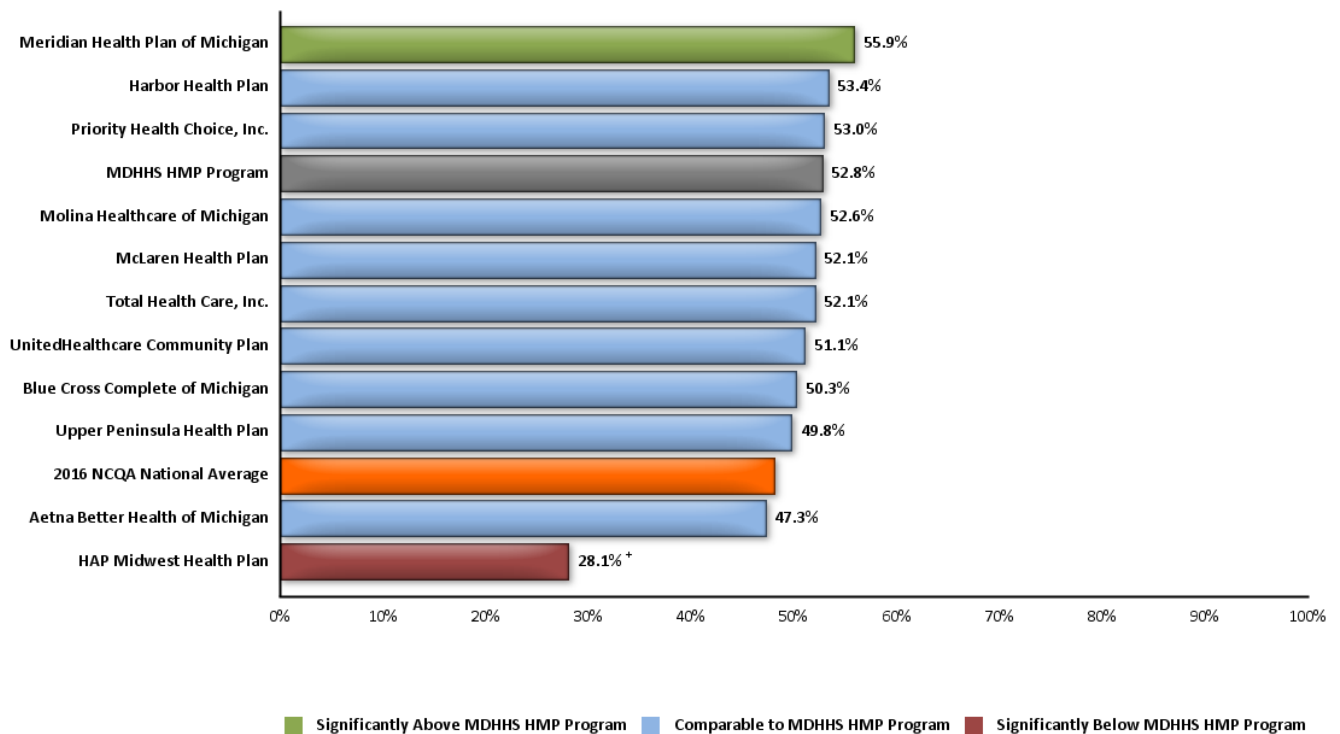
Discussing Cessation Medications

Adult members were asked how often medication was recommended or discussed by a doctor or other health provider to assist them with quitting smoking or using tobacco (Question 47 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 47.** In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
 - Never
 - Sometimes
 - Usually
 - Always

The results of this measure represent the percentage of smokers/tobacco users who answered “Sometimes,” “Usually,” or “Always” to this question. Figure 3-11 shows the Discussing Cessation Medications rates.

Figure 3-11—Discussing Cessation Medications Rates



Note: + indicates fewer than 100 responses

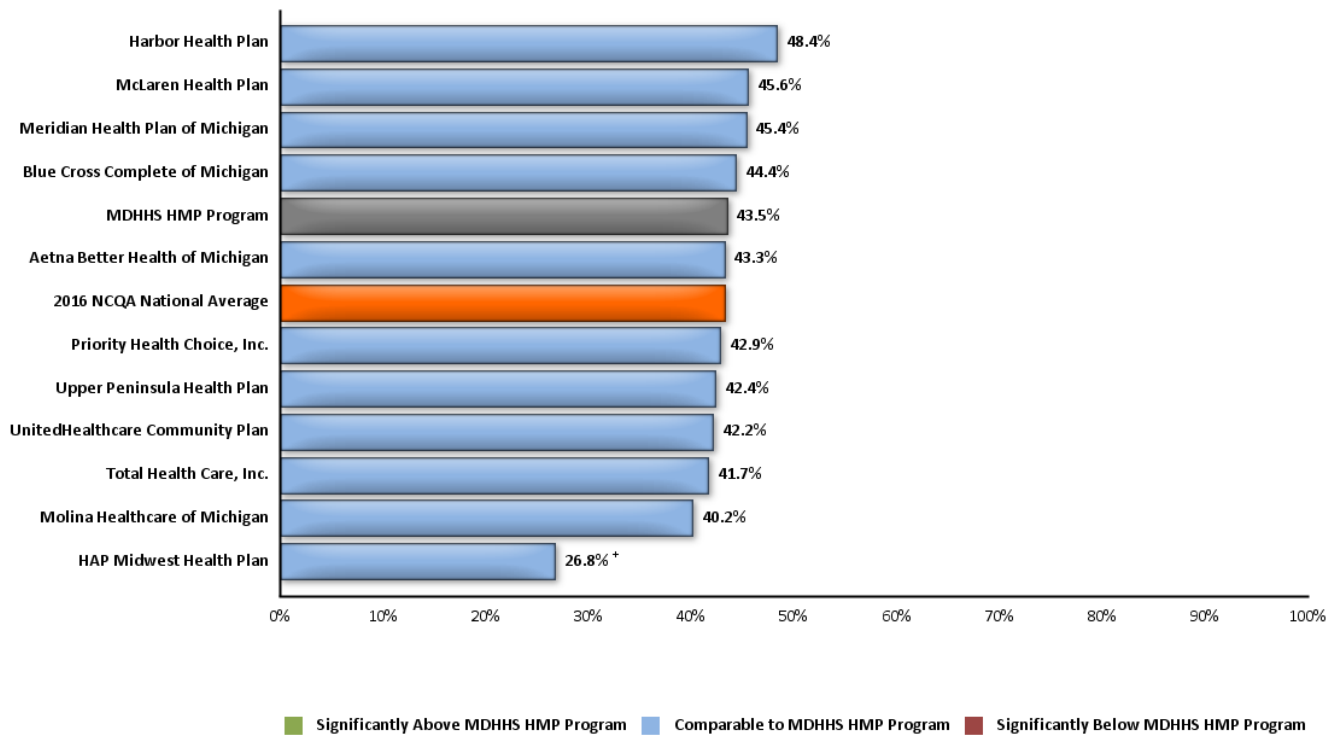
Discussing Cessation Strategies

Adult members were asked how often their doctor or health provider discussed or provided methods and strategies other than medication to assist them with quitting smoking or using tobacco (Question 48 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 48.** In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
 - Never
 - Sometimes
 - Usually
 - Always

The results of this measure represent the percentage of smokers/tobacco users who answered “Sometimes,” “Usually,” or “Always” to this question. Figure 3-12 shows the Discussing Cessation Strategies rates.

Figure 3-12—Discussing Cessation Strategies Rates



Note: + indicates fewer than 100 responses

Summary of Results

Table 3-9 provides a summary of the Statewide Comparisons results for the global ratings.

Table 3-9—Statewide Comparisons: Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Aetna Better Health of Michigan	↓	—	—	—
Blue Cross Complete of Michigan	—	—	—	—
HAP Midwest Health Plan	↓ ⁺	— ⁺	— ⁺	— ⁺
Harbor Health Plan	—	↓	—	—
McLaren Health Plan	↑	↑	—	—
Meridian Health Plan of Michigan	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—
Priority Health Choice, Inc.	↑	↑	—	—
Total Health Care, Inc.	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—
Upper Peninsula Health Plan	↑	—	—	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDHHS HMP Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.

Table 3-10 provides a summary of the Statewide Comparisons for the composite measures.

Table 3-10—Statewide Comparisons: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Aetna Better Health of Michigan	—	—	—	— ⁺	— ⁺
Blue Cross Complete of Michigan	—	—	—	—	—
HAP Midwest Health Plan	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺
Harbor Health Plan	—	—	—	—	— ⁺
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Total Health Care, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	— ⁺	—
Upper Peninsula Health Plan	—	—	—	—	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDHHS HMP Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.

Table 3-11 provides a summary of the Statewide Comparisons for the Effectiveness of Care measures.

Table 3-11—Statewide Comparisons: Effectiveness of Care Measures

Plan Name	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
Aetna Better Health of Michigan	—	—	—
Blue Cross Complete of Michigan	—	—	—
HAP Midwest Health Plan	↓ ⁺	↓ ⁺	— ⁺
Harbor Health Plan	—	—	—
McLaren Health Plan	—	—	—
Meridian Health Plan of Michigan	—	↑	—
Molina Healthcare of Michigan	—	—	—
Priority Health Choice, Inc.	↑	—	—
Total Health Care, Inc.	—	—	—
UnitedHealthcare Community Plan	—	—	—
Upper Peninsula Health Plan	—	—	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDHHS HMP Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDHHS HMP Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS HMP Program average.

Trend Analysis

The completed surveys from the 2017 and 2016 CAHPS results were used to perform the trend analysis presented in this section. The 2017 CAHPS top-box scores were compared to the 2016 CAHPS top-box scores to determine whether there were statistically significant differences. Statistically significant differences between 2017 scores and 2016 scores are noted with triangles. Scores that were statistically significantly higher in 2017 than in 2016 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2017 than in 2016 are noted with downward triangles (▼). Scores in 2017 that were not statistically significantly different from scores in 2016 are noted with a dash (–). Measures that did not meet the minimum number of 100 responses required by NCQA are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Global Ratings

Rating of Health Plan

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Table 4-1 shows the 2016 and 2017 top-box responses and the trend results for Rating of Health Plan.

Table 4-1—Rating of Health Plan Trend Analysis

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	57.1%	58.5%	—
Aetna Better Health of Michigan	48.0%	51.2%	—
Blue Cross Complete of Michigan	57.0%	55.7%	—
HAP Midwest Health Plan	52.6% ⁺	45.7% ⁺	—
Harbor Health Plan	53.9%	54.5%	—
McLaren Health Plan	59.4%	62.9%	—
Meridian Health Plan of Michigan	56.2%	58.2%	—
Molina Healthcare of Michigan	55.0%	56.7%	—
Priority Health Choice, Inc.	66.1%	63.5%	—
Total Health Care, Inc.	58.9%	56.9%	—
UnitedHealthcare Community Plan	56.7%	59.6%	—
Upper Peninsula Health Plan	60.1%	62.6%	—
<p>⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>▲ statistically significantly higher in 2017 than in 2016.</p> <p>▼ statistically significantly lower in 2017 than in 2016.</p> <p>— not statistically significantly different in 2017 than in 2016.</p>			

There were no statistically significant differences between scores in 2017 and scores in 2016 for this measure.

Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Table 4-2 shows the 2016 and 2017 top-box responses and the trend results for Rating of All Health Care.

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

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	52.6%	50.5%	—
Aetna Better Health of Michigan	45.3%	43.2%	—
Blue Cross Complete of Michigan	54.6%	50.4%	—
HAP Midwest Health Plan	53.6% ⁺	41.9% ⁺	—
Harbor Health Plan	42.1%	41.1%	—
McLaren Health Plan	58.0%	57.3%	—
Meridian Health Plan of Michigan	51.3%	48.4%	—
Molina Healthcare of Michigan	52.5%	50.9%	—
Priority Health Choice, Inc.	56.6%	55.6%	—
Total Health Care, Inc.	57.8%	54.5%	—
UnitedHealthcare Community Plan	47.6%	46.8%	—
Upper Peninsula Health Plan	53.0%	50.0%	—
⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] statistically significantly higher in 2017 than in 2016. [▼] statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.			

There were no statistically significant differences between scores in 2017 and scores in 2016 for this measure.

Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Table 4-3 shows the 2016 and 2017 top-box responses and the trend results for Rating of Personal Doctor.

Table 4-3—Rating of Personal Doctor Trend Analysis

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	61.7%	61.0%	—
Aetna Better Health of Michigan	57.1%	61.1%	—
Blue Cross Complete of Michigan	65.0%	56.0%	▼
HAP Midwest Health Plan	40.7% ⁺	47.1% ⁺	—
Harbor Health Plan	52.1%	60.7%	—
McLaren Health Plan	66.2%	61.6%	—
Meridian Health Plan of Michigan	59.1%	60.9%	—
Molina Healthcare of Michigan	62.8%	63.3%	—
Priority Health Choice, Inc.	62.6%	64.0%	—
Total Health Care, Inc.	64.2%	64.4%	—
UnitedHealthcare Community Plan	57.8%	60.6%	—
Upper Peninsula Health Plan	67.5%	60.4%	▼
⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.			

There were two statistically significant differences between scores in 2017 and scores in 2016 for this measure.

The following scored statistically significantly *lower* in 2017 than in 2016:

- Blue Cross Complete of Michigan
- Upper Peninsula Health Plan

Rating of Specialist Seen Most Often

Adult members were asked to rate their specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Table 4-4 shows the 2016 and 2017 top-box responses and the trend results for Rating of Specialist Seen Most Often.

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

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	62.5%	62.4%	—
Aetna Better Health of Michigan	63.7%	63.6%	—
Blue Cross Complete of Michigan	71.6%	57.7%	▼
HAP Midwest Health Plan	80.0% ⁺	52.6% ⁺	—
Harbor Health Plan	61.1%	57.3%	—
McLaren Health Plan	70.4%	64.2%	—
Meridian Health Plan of Michigan	58.0%	65.9%	—
Molina Healthcare of Michigan	60.0%	55.3%	—
Priority Health Choice, Inc.	69.9%	61.2%	—
Total Health Care, Inc.	68.2%	63.4%	—
UnitedHealthcare Community Plan	57.6%	69.6%	▲
Upper Peninsula Health Plan	61.6%	58.1%	—
<p>⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.</p>			

There were two statistically significant differences between scores in 2017 and scores in 2016 for this measure.

The following scored statistically significantly *higher* in 2017 than in 2016:

- UnitedHealthcare Community Plan

The following scored statistically significantly *lower* in 2017 than in 2016:

- Blue Cross Complete of Michigan

Composite Measures

Getting Needed Care

Two questions in the CAHPS Adult Medicaid Health Plan Survey (Questions 19 and 30) were asked to assess how often it was easy to get needed care. Table 4-5 shows the 2016 and 2017 top-box responses and trend results for the Getting Needed Care composite measure.

Table 4-5—Getting Needed Care Composite Trend Analysis

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	83.8%	81.2%	▼
Aetna Better Health of Michigan	75.9%	76.3%	—
Blue Cross Complete of Michigan	84.9%	85.8%	—
HAP Midwest Health Plan	86.3% ⁺	78.8% ⁺	—
Harbor Health Plan	74.8%	79.4%	—
McLaren Health Plan	85.9%	85.9%	—
Meridian Health Plan of Michigan	85.8%	79.8%	▼
Molina Healthcare of Michigan	82.9%	78.3%	—
Priority Health Choice, Inc.	84.7%	81.2%	—
Total Health Care, Inc.	82.6%	82.3%	—
UnitedHealthcare Community Plan	79.4%	80.3%	—
Upper Peninsula Health Plan	85.0%	81.7%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.</p>			

There were two statistically significant differences between scores in 2017 and scores in 2016 for this measure.

The following scored statistically significantly *lower* in 2017 than in 2016:

- MDHHS HMP Program
- Meridian Health Plan of Michigan

Getting Care Quickly

Two questions in the CAHPS Adult Medicaid Health Plan Survey (Questions 4 and 7) were asked to assess how often adult members received care quickly. Table 4-6 shows the 2016 and 2017 top-box responses and trend results for the Getting Care Quickly composite measure.

Table 4-6—Getting Care Quickly Composite Trend Analysis

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	81.4%	82.2%	—
Aetna Better Health of Michigan	76.5%	77.4%	—
Blue Cross Complete of Michigan	81.6%	82.9%	—
HAP Midwest Health Plan	80.7% ⁺	80.3% ⁺	—
Harbor Health Plan	75.5%	82.8%	▲
McLaren Health Plan	82.8%	83.1%	—
Meridian Health Plan of Michigan	81.5%	82.4%	—
Molina Healthcare of Michigan	81.7%	82.8%	—
Priority Health Choice, Inc.	83.1%	82.7%	—
Total Health Care, Inc.	84.6%	78.1%	▼
UnitedHealthcare Community Plan	78.7%	79.8%	—
Upper Peninsula Health Plan	82.6%	85.7%	—
⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.			

There were two statistically significant differences between scores in 2017 and scores in 2016 for this measure.

The following scored statistically significantly *higher* in 2017 than in 2016:

- Harbor Health Plan

The following scored statistically significantly *lower* in 2017 than in 2016:

- Total Health Care, Inc.

How Well Doctors Communicate

A series of four questions (Questions 22, 23, 24, and 25 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well. Table 4-7 shows the 2016 and 2017 top-box responses and trend results for the How Well Doctors Communicate composite measure.

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

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	91.0%	91.3%	—
Aetna Better Health of Michigan	90.4%	92.2%	—
Blue Cross Complete of Michigan	94.0%	90.7%	—
HAP Midwest Health Plan	91.7% ⁺	86.6% ⁺	—
Harbor Health Plan	92.4%	92.3%	—
McLaren Health Plan	93.8%	91.2%	—
Meridian Health Plan of Michigan	90.4%	91.5%	—
Molina Healthcare of Michigan	87.8%	90.5%	—
Priority Health Choice, Inc.	91.8%	92.6%	—
Total Health Care, Inc.	93.5%	91.6%	—
UnitedHealthcare Community Plan	90.6%	91.1%	—
Upper Peninsula Health Plan	93.4%	92.5%	—
⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] statistically significantly higher in 2017 than in 2016. [▼] statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.			

There were no statistically significant differences between scores in 2017 and scores in 2016 for this measure.

Customer Service

Two questions (Questions 36 and 37 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service. Table 4-8 shows the 2016 and 2017 top-box responses and trend results for the Customer Service composite measure.

Table 4-8—Customer Service Composite Trend Analysis

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	88.5%	86.6%	—
Aetna Better Health of Michigan	92.6%	90.4% ⁺	—
Blue Cross Complete of Michigan	92.6%	84.6%	▼
HAP Midwest Health Plan	96.4% ⁺	81.9% ⁺	—
Harbor Health Plan	89.8%	86.0%	—
McLaren Health Plan	86.7% ⁺	81.8%	—
Meridian Health Plan of Michigan	89.3%	89.4%	—
Molina Healthcare of Michigan	87.4%	86.2%	—
Priority Health Choice, Inc.	89.0%	89.6%	—
Total Health Care, Inc.	87.9%	89.8%	—
UnitedHealthcare Community Plan	86.7%	83.6% ⁺	—
Upper Peninsula Health Plan	87.2% ⁺	87.4%	—
⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.			

There was one statistically significant difference between scores in 2017 and scores in 2016 for this measure.

The following scored statistically significantly *lower* in 2017 than in 2016:

- Blue Cross Complete of Michigan

Shared Decision Making

Three questions (Questions 15, 16, and 17 in the CAHPS Adult Medicaid Health Plan Survey) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine. Table 4-9 shows the 2016 and 2017 top-box responses and trend results for the Shared Decision composite measure.

Table 4-9—Shared Decision Making Composite Trend Analysis

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	79.7%	79.0%	—
Aetna Better Health of Michigan	78.9%	77.6% ⁺	—
Blue Cross Complete of Michigan	82.1%	74.8%	▼
HAP Midwest Health Plan	NA	86.7% ⁺	NT
Harbor Health Plan	71.6%	79.8% ⁺	▲
McLaren Health Plan	82.3%	79.9%	—
Meridian Health Plan of Michigan	80.1%	79.1%	—
Molina Healthcare of Michigan	79.6%	80.4%	—
Priority Health Choice, Inc.	81.0%	80.5%	—
Total Health Care, Inc.	73.4%	80.2%	—
UnitedHealthcare Community Plan	76.0%	78.4%	—
Upper Peninsula Health Plan	82.6%	82.8%	—
<p>⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016. NA indicates that results for this measure are not displayed because too few members responded to the questions. NT indicates the results for this measure are not trendable.</p>			

There were two statistically significant differences between scores in 2017 and scores in 2016 for this measure.

The following scored statistically significantly *higher* in 2017 than in 2016:

- Harbor Health Plan

The following scored statistically significantly *lower* in 2017 than in 2016:

- Blue Cross Complete of Michigan

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

One question (Question 46 in the CAHPS Adult Medicaid Health Plan Survey) was asked to determine how often adult members were advised to quit smoking or using tobacco by a doctor or other health provider. Table 4-10 shows the 2016 and 2017 rates and trend results for the Advising Smokers and Tobacco Users to Quit measure.

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

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	76.5%	75.7%	—
Aetna Better Health of Michigan	72.1%	68.9%	—
Blue Cross Complete of Michigan	79.6%	77.8%	—
HAP Midwest Health Plan	66.7% ⁺	57.9% ⁺	—
Harbor Health Plan	75.9%	76.9%	—
McLaren Health Plan	79.4%	77.1%	—
Meridian Health Plan of Michigan	75.9%	77.3%	—
Molina Healthcare of Michigan	76.9%	75.2%	—
Priority Health Choice, Inc.	83.3%	79.5%	—
Total Health Care, Inc.	75.9%	76.1%	—
UnitedHealthcare Community Plan	70.3%	69.0%	—
Upper Peninsula Health Plan	74.2%	74.2%	—
<p>⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.</p>			

There were no statistically significant differences between scores in 2017 and scores in 2016 for this measure.

Discussing Cessation Medications

One question (Question 47 in the CAHPS Adult Medicaid Health Plan Survey) was asked to ascertain how often medication was recommended or discussed by their doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-11 shows the 2016 and 2017 rates and trend results for the Discussing Cessation Medications measure.

Table 4-11—Discussing Cessation Medications Trend Analysis

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	52.5%	52.8%	—
Aetna Better Health of Michigan	50.3%	47.3%	—
Blue Cross Complete of Michigan	51.0%	50.3%	—
HAP Midwest Health Plan	28.6% ⁺	28.1% ⁺	—
Harbor Health Plan	51.8%	53.4%	—
McLaren Health Plan	51.5%	52.1%	—
Meridian Health Plan of Michigan	56.4%	55.9%	—
Molina Healthcare of Michigan	50.0%	52.6%	—
Priority Health Choice, Inc.	54.9%	53.0%	—
Total Health Care, Inc.	53.1%	52.1%	—
UnitedHealthcare Community Plan	50.0%	51.1%	—
Upper Peninsula Health Plan	48.8%	49.8%	—
<p>⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.</p>			

There were no statistically significant differences between scores in 2017 and scores in 2016 for this measure.

Discussing Cessation Strategies

One question (Question 48 in the CAHPS Adult Medicaid Health Plan Survey) was asked to ascertain how often methods or strategies other than medication were discussed or provided by their doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-12 shows the 2016 and 2017 rates and trend results for the Discussing Cessation Strategies measure.

Table 4-12—Discussing Cessation Strategies Trend Analysis

Plan Name	2016	2017	Trend Results
MDHHS HMP Program	43.3%	43.5%	—
Aetna Better Health of Michigan	43.5%	43.3%	—
Blue Cross Complete of Michigan	45.1%	44.4%	—
HAP Midwest Health Plan	25.0% ⁺	26.8% ⁺	—
Harbor Health Plan	48.5%	48.4%	—
McLaren Health Plan	45.7%	45.6%	—
Meridian Health Plan of Michigan	43.9%	45.4%	—
Molina Healthcare of Michigan	40.1%	40.2%	—
Priority Health Choice, Inc.	46.8%	42.9%	—
Total Health Care, Inc.	44.4%	41.7%	—
UnitedHealthcare Community Plan	41.5%	42.2%	—
Upper Peninsula Health Plan	41.4%	42.4%	—
⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.			

There were no statistically significant differences between scores in 2017 and scores in 2016 for this measure.

5. Key Drivers of Satisfaction

Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The analysis provides information on: (1) how well the MDHHS HMP Program is performing on the survey item (i.e., question), and (2) how important the item is to overall satisfaction.

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader’s Guide section.

Table 5-1 depicts those items identified for each of the three measures as being key drivers of satisfaction for the MDHHS HMP Program.

Table 5-1—MDHHS HMP Program Key Drivers of Satisfaction

Rating of Health Plan
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Respondents reported that forms from their health plan were often not easy to fill out.
Respondents reported that it was often not easy to obtain appointments with specialists.
Rating of All Health Care
Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Respondents reported that it was often not easy to obtain appointments with specialists.
Rating of Personal Doctor
Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.

The following key driver was identified for all three global ratings:

- Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.

Additionally, the following key drivers were identified for the Rating of Health Plan and Rating of All Health Care global ratings:

- Respondents reported that it was often not easy to obtain appointments with specialists.
- Respondents reported that information in written materials or on the Internet about how the health plans work did not always provide the information they needed.

When compared with the 2016 key drivers of satisfaction results, more items were identified as key drivers in this year's results. The following item was identified as a new key driver for the Rating of Health Plan global rating in 2017: Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers. The following item was identified as a new key driver for the Rating of Personal Doctor global rating in 2017: Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan. Additionally, the following item was identified as a new key driver for the Rating of All Health Care global rating in 2017: Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed. These changes in the results of the key drivers of satisfaction analysis indicate possible declines in respondents' perceptions of coordination of care and health plan materials.

6. Supplemental Items

Supplemental Items Results

MDHHS elected to add five supplemental questions to the CAHPS Adult Medicaid Health Plan Survey. These five questions focused on the number of times members had gone to an emergency room, the number of days members waited between making an appointment and seeing a health provider, members' access to after hours care, and whether members received help with transportation to their doctors' offices or clinics.

Emergency Room Care

Members were asked how many times they had gone to an emergency room to receive care for themselves in the last 6 months (Question 5). Table 6-1 displays the responses for this question.

Table 6-1—How Many Times Visited Emergency Room

	None		1 time		2		3		4		5 to 9		10 or more times	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
	MDHHS HMP Program	606	41.7%	484	33.3%	202	13.9%	91	6.3%	44	3.0%	20	1.4%	7
Aetna Better Health of Michigan	28	29.5%	37	38.9%	17	17.9%	6	6.3%	5	5.3%	1	1.1%	1	1.1%
Blue Cross Complete of Michigan	59	42.4%	50	36.0%	19	13.7%	8	5.8%	3	2.2%	0	0.0%	0	0.0%
HAP Midwest Health Plan	7	36.8%	6	31.6%	3	15.8%	3	15.8%	0	0.0%	0	0.0%	0	0.0%
Harbor Health Plan	41	36.9%	29	26.1%	24	21.6%	7	6.3%	6	5.4%	3	2.7%	1	0.9%
McLaren Health Plan	74	46.8%	58	36.7%	14	8.9%	7	4.4%	2	1.3%	2	1.3%	1	0.6%
Meridian Health Plan of Michigan	61	39.6%	51	33.1%	23	14.9%	9	5.8%	7	4.5%	3	1.9%	0	0.0%
Molina Healthcare of Michigan	62	41.6%	49	32.9%	18	12.1%	10	6.7%	7	4.7%	2	1.3%	1	0.7%
Priority Health Choice, Inc.	73	40.8%	65	36.3%	23	12.8%	12	6.7%	4	2.2%	1	0.6%	1	0.6%
Total Health Care, Inc.	63	45.0%	42	30.0%	20	14.3%	6	4.3%	4	2.9%	3	2.1%	2	1.4%
UnitedHealthcare Community Plan	49	39.5%	40	32.3%	18	14.5%	12	9.7%	2	1.6%	3	2.4%	0	0.0%
Upper Peninsula Health Plan	89	47.8%	57	30.6%	23	12.4%	11	5.9%	4	2.2%	2	1.1%	0	0.0%

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 3.

Number of Days to See a Health Provider

Members were asked how many days they waited between making an appointment and seeing a health provider in the last 6 months (Question 8). Table 6-2 displays the responses for this question.

Table 6-2—Number of Days to See a Health Provider

	Same day		1 day		2 to 3 days		4 to 7 days		8 to 14 days		15 to 30 days		31 to 60 days		61 to 90 days		91 days or longer	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	272	10.5%	199	7.7%	576	22.3%	608	23.5%	392	15.2%	327	12.6%	114	4.4%	54	2.1%	43	1.7%
Aetna Better Health of Michigan	25	14.8%	16	9.5%	35	20.7%	29	17.2%	27	16.0%	19	11.2%	11	6.5%	4	2.4%	3	1.8%
Blue Cross Complete of Michigan	28	10.6%	24	9.1%	51	19.4%	58	22.1%	45	17.1%	41	15.6%	8	3.0%	5	1.9%	3	1.1%
HAP Midwest Health Plan	7	20.0%	5	14.3%	7	20.0%	7	20.0%	5	14.3%	3	8.6%	0	0.0%	1	2.9%	0	0.0%
Harbor Health Plan	17	8.9%	9	4.7%	35	18.3%	50	26.2%	31	16.2%	34	17.8%	9	4.7%	3	1.6%	3	1.6%
McLaren Health Plan	14	5.2%	20	7.4%	64	23.7%	68	25.2%	40	14.8%	42	15.6%	8	3.0%	11	4.1%	3	1.1%
Meridian Health Plan of Michigan	36	12.9%	21	7.5%	64	22.9%	61	21.8%	43	15.4%	33	11.8%	14	5.0%	1	0.4%	7	2.5%
Molina Healthcare of Michigan	35	12.7%	17	6.2%	62	22.5%	63	22.9%	37	13.5%	40	14.5%	10	3.6%	8	2.9%	3	1.1%
Priority Health Choice, Inc.	27	8.8%	28	9.2%	74	24.2%	72	23.5%	54	17.6%	29	9.5%	8	2.6%	7	2.3%	7	2.3%
Total Health Care, Inc.	32	13.0%	21	8.5%	60	24.3%	63	25.5%	31	12.6%	20	8.1%	14	5.7%	3	1.2%	3	1.2%
UnitedHealthcare Community Plan	28	12.0%	18	7.7%	50	21.4%	62	26.5%	29	12.4%	22	9.4%	15	6.4%	4	1.7%	6	2.6%
Upper Peninsula Health Plan	23	7.3%	20	6.3%	74	23.5%	75	23.8%	50	15.9%	44	14.0%	17	5.4%	7	2.2%	5	1.6%

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 6.

After Hours Care

Members were asked how often it was easy to receive the after hours care they thought they needed in the last 6 months (Question 10). Table 6-3 displays the responses for this question.

Table 6-3—How Often Received After Hours Care

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MDHHS HMP Program	40	8.9%	65	14.5%	83	18.5%	261	58.1%
Aetna Better Health of Michigan	3	15.0%	6	30.0%	2	10.0%	9	45.0%
Blue Cross Complete of Michigan	4	11.4%	7	20.0%	6	17.1%	18	51.4%
HAP Midwest Health Plan	0	0.0%	1	14.3%	1	14.3%	5	71.4%
Harbor Health Plan	6	21.4%	3	10.7%	5	17.9%	14	50.0%
McLaren Health Plan	1	2.0%	5	10.0%	6	12.0%	38	76.0%
Meridian Health Plan of Michigan	1	1.9%	7	13.2%	11	20.8%	34	64.2%
Molina Healthcare of Michigan	6	11.1%	9	16.7%	14	25.9%	25	46.3%
Priority Health Choice, Inc.	3	6.0%	10	20.0%	10	20.0%	27	54.0%
Total Health Care, Inc.	5	12.5%	3	7.5%	6	15.0%	26	65.0%
UnitedHealthcare Community Plan	5	9.8%	9	17.6%	8	15.7%	29	56.9%
Upper Peninsula Health Plan	6	9.8%	5	8.2%	14	23.0%	36	59.0%

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 9.

Members were asked what reasons limited their ability to receive after hours care (Question 11). Table 6-4 displays the responses for this question.

Table 6-4—Reason Not Easy to Receive After Hours Care

	Unsure where to go for after hours care		Unsure where to find a list of doctor’s offices or clinics open for after hours care		Doctor’s office or clinic with after hours care was too far away		Office or clinic hours for after hours care did not meet your needs		Some other reason	
	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	36	22.5%	48	30.0%	29	18.1%	41	25.6%	69	43.1%
Aetna Better Health of Michigan	2	20.0%	3	30.0%	3	30.0%	2	20.0%	2	20.0%
Blue Cross Complete of Michigan	5	35.7%	4	28.6%	2	14.3%	6	42.9%	4	28.6%
HAP Midwest Health Plan	1	50.0%	1	50.0%	1	50.0%	1	50.0%	1	50.0%
Harbor Health Plan	4	40.0%	5	50.0%	3	30.0%	1	10.0%	4	40.0%
McLaren Health Plan	2	22.2%	3	33.3%	0	0.0%	0	0.0%	5	55.6%
Meridian Health Plan of Michigan	2	11.8%	5	29.4%	1	5.9%	5	29.4%	7	41.2%
Molina Healthcare of Michigan	6	22.2%	8	29.6%	9	33.3%	5	18.5%	13	48.1%
Priority Health Choice, Inc.	5	27.8%	7	38.9%	2	11.1%	4	22.2%	6	33.3%
Total Health Care, Inc.	2	15.4%	4	30.8%	2	15.4%	5	38.5%	5	38.5%
UnitedHealthcare Community Plan	3	16.7%	5	27.8%	0	0.0%	5	27.8%	6	33.3%
Upper Peninsula Health Plan	4	18.2%	3	13.6%	6	27.3%	7	31.8%	16	72.7%
<p><i>Please note: Results presented in this table are based on respondents that answered "Yes" to Question 9 and did not answer "Always" to Question 10.</i></p> <p><i>*Respondents can choose more than one response for this question. Therefore, percentages will not total 100%.</i></p>										

Transportation

Members were asked if their health plan had helped them with transportation to get to doctors’ offices or clinics (Question 40). Table 6-5 displays the responses for this question.

Table 6-5—Helped with Transportation to Doctors’ Offices or Clinics

	Yes		No	
	N	%	N	%
MDHHS HMP Program	401	9.6%	3,794	90.4%
Aetna Better Health of Michigan	37	12.0%	272	88.0%
Blue Cross Complete of Michigan	40	9.6%	377	90.4%
HAP Midwest Health Plan	1	1.2%	82	98.8%
Harbor Health Plan	81	24.9%	244	75.1%
McLaren Health Plan	23	5.3%	411	94.7%
Meridian Health Plan of Michigan	44	10.3%	385	89.7%
Molina Healthcare of Michigan	43	10.5%	368	89.5%
Priority Health Choice, Inc.	27	5.6%	452	94.4%
Total Health Care, Inc.	35	8.6%	371	91.4%
UnitedHealthcare Community Plan	34	9.3%	332	90.7%
Upper Peninsula Health Plan	36	6.7%	500	93.3%

Survey Instrument

The survey instrument selected was the CAHPS 5.0 Adult 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 you get. You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-839-3455.

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

1. Our records show that you are now in [HEALTH PLAN NAME]. Is that right?

- Yes → *Go to Question 3*
- No

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



YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

Yes
 No → *Go to Question 6*

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

Never
 Sometimes
 Usually
 Always

5. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

None
 1 time
 2
 3
 4
 5 to 9
 10 or more times

6. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

Yes
 No → *Go to Question 9*

7. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

Never
 Sometimes
 Usually
 Always

8. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider?

Same day
 1 day
 2 to 3 days
 4 to 7 days
 8 to 14 days
 15 to 30 days
 31 to 60 days
 61 to 90 days
 91 days or longer

9. After hours care is health care when your usual doctor's office or clinic is closed.

In the last 6 months, did you need to visit a doctor's office or clinic for after hours care?

Yes
 No → *Go to Question 12*

10. In the last 6 months, how often was it easy to get the after hours care you thought you needed?

Never
 Sometimes
 Usually
 Always → *Go to Question 12*



11. Were any of the following a reason it was not easy to get the after hours care you thought you needed? Mark one or more.

- You did not know where to go for after hours care
- You weren't sure where to find a list of doctor's offices or clinics in your health plan or network that are open for after hours care
- The doctor's office or clinic that had after hours care was too far away
- Office or clinic hours for after hours care did not meet your needs
- Some other reason

12. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None → **Go to Question 20**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

13. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- Yes
- No

14. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- Yes
- No → **Go to Question 18**

15. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- Yes
- No

16. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

- Yes
- No

17. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always



YOUR PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 29*

21. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → *Go to Question 28*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

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



GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

29. 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 to see a specialist?

- Yes
 No → *Go to Question 33*

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

- Never
 Sometimes
 Usually
 Always

31. How many specialists have you seen in the last 6 months?

- None → *Go to Question 33*
 1 specialist
 2
 3
 4
 5 or more specialists

32. We want to know your rating of the specialist you saw 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 Specialist Possible Best Specialist Possible

YOUR HEALTH PLAN

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

33. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- Yes
 No → *Go to Question 35*

34. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 38*



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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 40*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Excellent
- Very Good
- Good
- Fair
- Poor

44. Have you had either a flu shot or flu spray in the nose since July 1, 2016?

- Yes
- No
- Don't know

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

- Every day
- Some days
- Not at all → *Go to Question 49*
- Don't know → *Go to Question 49*



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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

49. Do you take aspirin daily or every other day?

- Yes
- No
- Don't know

50. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- Yes
- No
- Don't know

51. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- Yes
- No

52. Are you aware that you have any of the following conditions? Mark one or more.

- High cholesterol
- High blood pressure
- Parent or sibling with heart attack before the age of 60

53. Has a doctor ever told you that you have any of the following conditions? Mark one or more.

- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar

54. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- Yes
- No → *Go to Question 56*

55. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No



◆

56. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- Yes
- No → **Go to Question 58**

57. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

58. What is your age?

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

59. Are you male or female?

- Male
- Female

60. 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

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

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

◆

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

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

63. Did someone help you complete this survey?

- Yes → **Go to Question 64**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

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

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

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

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

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

