2017 Michigan Department of Health and Human Services

Adult Medicaid Health Plan CAHPS® Report

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HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

The Michigan Department of Health and Human Services (MDHHS) periodically assesses the perceptions and experiences of members enrolled in the MDHHS Medicaid health plans (MHPs) and the Fee-for-Service (FFS) population as part of its process for evaluating the quality of health care services provided to adult members in the MDHHS Medicaid Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for the MDHHS Medicaid Program.[1-1,1-2] The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

This report presents the 2017 CAHPS results of adult members enrolled in an MHP or FFS. The surveys were completed in the spring of 2017. The standardized survey instrument selected was the CAHPS 5.0H Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.[1-3,1-4]

Report Overview

A sample of at least 1,350 adult members was selected from the FFS population and each MHP, with one exception.[1-5] Harbor Health Plan did not have enough eligible members to meet the sampling goal of 1,350 members; therefore, the sample size for Harbor Health Plan was 1,349 adult members.

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. Additionally, overall rates for three Effectiveness of Care measures are reported: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies.

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] HSAG surveyed the FFS Medicaid population. The 11 MHPs contracted with various survey vendors to administer the CAHPS survey.
[1-3] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[1-4] The 2017 CAHPS results were reported to NCQA for the 11 MHPs. The 2017 CAHPS survey results for the FFS population were not reported to NCQA.
[1-5] Some MHPs elected to oversample their population.

HSAG presents aggregate statewide results and compares them to national Medicaid data and the prior year's results, where appropriate. Throughout this report, two statewide aggregate results are presented for comparative purposes:

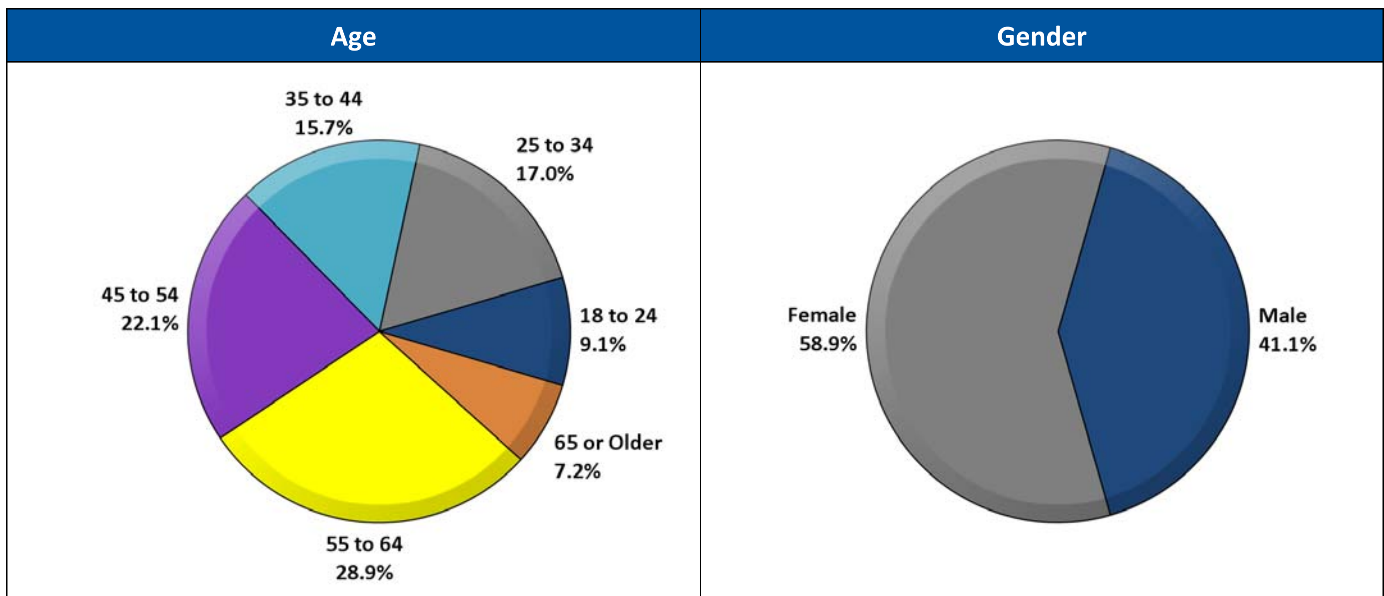
- MDHHS Medicaid Program – Combined results for FFS and the MHPs.
- MDHHS Medicaid Managed Care Program – Combined results for the MHPs.

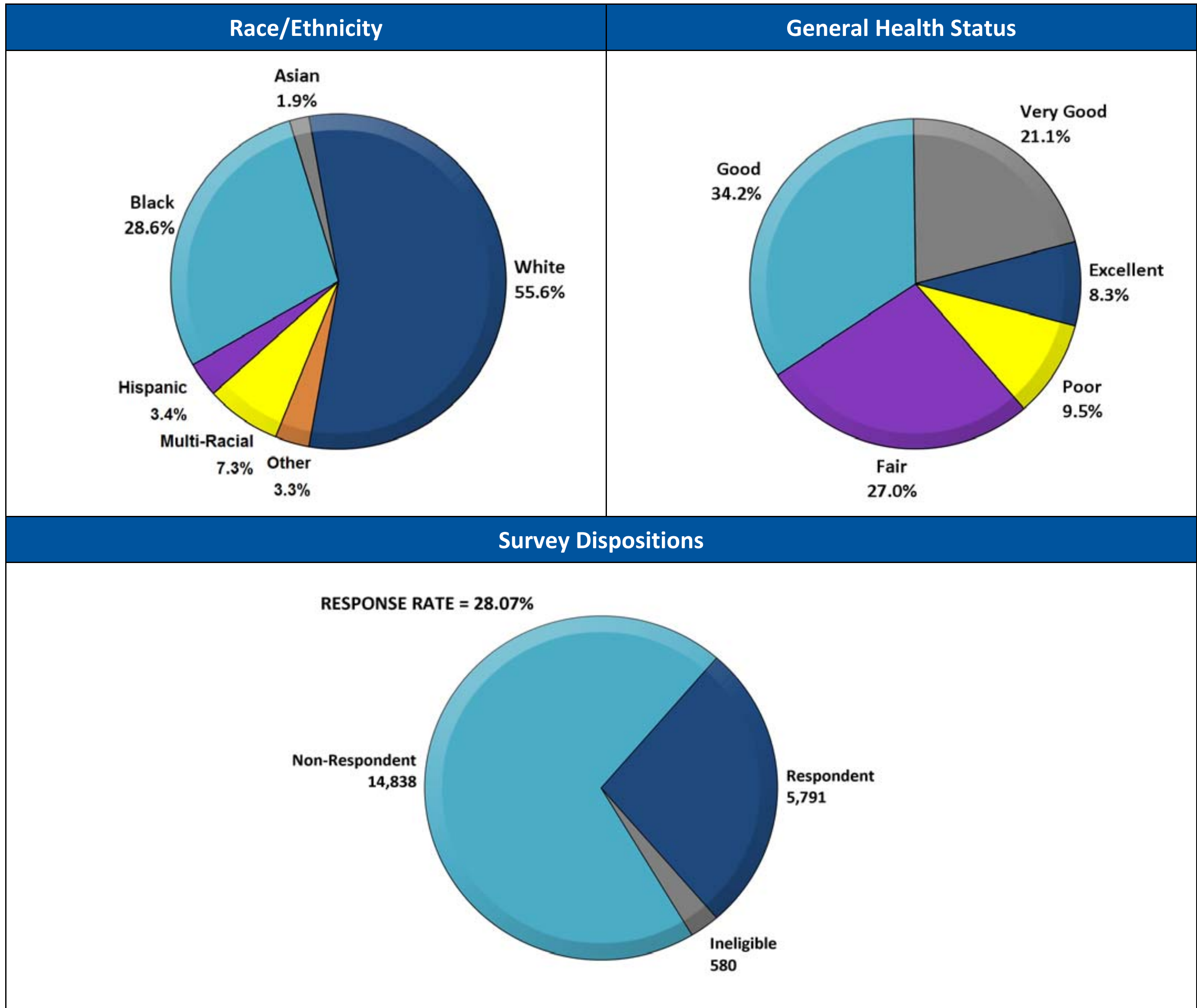
Key Findings

Survey Dispositions and Demographics

Table 1-1 provides an overview of the MDHHS Medicaid Program adult member demographics and survey dispositions. Please note, some percentages displayed in the table below may not total 100.0% due to rounding.

Table 1-1—Member Demographics and Survey Dispositions




Race/Ethnicity
Asian 1.9%
Black 28.6%
White 55.6%
Hispanic 3.4%
Multi-Racial 7.3%
Other 3.3%
General Health Status
Very Good 21.1%
Good 34.2%
Excellent 8.3%
Poor 9.5%
Fair 27.0%
Survey Dispositions
RESPONSE RATE = 28.07%
Non-Respondent 14,838
Respondent 5,791
Ineligible 580

National Comparisons and Trend Analysis

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point mean 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.[1-6,1-7] 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 Medicaid Program. The numbers presented below the stars 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.

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

Measure	National Comparisons	Trend Analysis
Global Ratings		
Rating of Health Plan	★★★ 2.47	—
Rating of All Health Care	★★★ 2.39	—
Rating of Personal Doctor	★★★ 2.52	—
Rating of Specialist Seen Most Often	★★★ 2.53	—
Composite Measures		
Getting Needed Care	★★★★ 2.41	—
Getting Care Quickly	★★★ 2.44	—
How Well Doctors Communicate	★★★★★ 2.66	—
Customer Service	★★★★ 2.60	—
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.*		

[1-6] National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

[1-7] 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.

The National Comparisons results indicated one composite measure scored at or above the 90th percentile, How Well Doctors Communicate. Two composite measures scored between the 75th and 89th percentiles, Getting Needed Care and Customer Service. Additionally, the Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often global ratings, and the Getting Care Quickly composite measure scored at or between the 50th and 74th percentiles.

Results from the trend analysis showed that the MDHHS Medicaid Program did not score statistically significantly *higher* or *lower* in 2017 than in 2016 on any of the measures.

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 MHP and FFS results to the MDHHS Medicaid Managed Care Program average to determine if plan or program results were statistically significantly different than the MDHHS Medicaid Managed Care Program average. Table 1-3 through Table 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
Fee-for-Service	—	—	—	—
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 Medicaid Managed Care Program average.*
↓ *indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.*
— *indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care 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
Fee-for-Service	—	—	—	—+	—
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 Medicaid Managed Care Program average.*
↓ *indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.*
— *indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care 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
Fee-for-Service	—	—	—
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 Medicaid Managed Care Program average.*
↓ *indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.*
— *indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.*

The results from the Statewide Comparisons presented in Table 1-3 through Table 1-5 revealed that the following plans had one measure that was statistically significantly *higher* than the MDHHS Medicaid Managed Care Program average:

- HAP Midwest Health Plan
- McLaren Health Plan
- Upper Peninsula Health Plan

Conversely, the following plan had two measures that were statistically significantly *lower* than the MDHHS Medicaid Managed Care Program average:

- Aetna Better Health of Michigan

The following plans had one measure that was statistically significantly *lower* than the MDHHS Medicaid Managed Care Program average:

- Harbor Health Plan
- McLaren Health Plan

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 Medicaid Program.

Table 1-6—MDHHS Medicaid 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 when they did not need care right away, they did not obtain an appointment for health care as soon as they thought 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.
Rating of Personal Doctor
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 5.0H Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 58 core questions that yield 12 measures of satisfaction. 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 5.0H 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	

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How CAHPS Results Were Collected

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

Sampling Procedures

MDHHS provided HSAG with a list of all eligible members for the sampling frame, per HEDIS specifications. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. The MHPs contracted with separate survey vendors to perform sampling. Following HEDIS requirements, members were sampled who met the following criteria:

- Were 18 years of age or older as of December 31, 2016.
- Were currently enrolled in an MHP or FFS.
- Had been continuously enrolled in the plan or program for at least five of the last six months (July through December) of 2016.
- Had Medicaid as a payer.

Next, a systematic sample of members was selected for inclusion in the survey. For each MHP, no more than one member per household was selected as part of the survey samples. A sample of at least 1,350 adult members was selected from the FFS population and each MHP, with one exception.[2-1] Harbor Health Plan did not have enough eligible members to meet the sampling goal of 1,350 members; therefore, the sample size for Harbor Health Plan was 1,349 adult members. Table 3-1 in the Results section provides an overview of the sample sizes for each plan and program.

Survey Protocol

The survey administration protocol employed by all of the MHPs and FFS 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. Non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard.

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.[2-2] It has been shown that the addition of the telephone phase aids in the reduction of

[2-1] Some MHPs elected to oversample their population.
[2-2] National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2017 Survey Measures.* Washington, DC: NCQA; 2016.

non-response bias by increasing the number of respondents who are more demographically representative of a plan's population.[2-3]

Table 2-2 shows the standard mixed-mode (i.e., mail followed by telephone follow-up) CAHPS 5.0H timeline used in the administration of the CAHPS surveys.

Table 2-2—CAHPS 5.0H 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

[2-3] 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.

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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 Medicaid Program average and an MDHHS Medicaid Managed Care Program average. HSAG combined results from FFS and the MHPs to form the MDHHS Medicaid Program average. HSAG combined results from the MHPs to form the MDHHS Medicaid Managed Care Program average. This section provides an overview of each analysis.

Who Responded to the Survey

The administration of the CAHPS survey is comprehensive and is designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.[2-4] HSAG considered a survey completed if members answered at least three of the following five questions: 3, 15, 24, 28, and 35. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

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

Demographics of Adult Members

The demographics analysis evaluated demographic information of adult members. 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 or program.

National Comparisons

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

[2-4] National Committee for Quality Assurance. *HEDIS® 2017*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2016.

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. 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.[2-5]

Table 2-4 shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall adult Medicaid member satisfaction ratings on each CAHPS measure.[2-6] NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

Table 2-4—Overall Adult Medicaid 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

[2-5] For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2017, Volume 3: Specifications for Survey Measures.*

[2-6] National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

Statewide Comparisons

Global Ratings and Composite Measures

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.[2-7] 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. Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. The 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 and 2017.

Weighting

Both a weighted MDHHS Medicaid Program rate and a weighted MDHHS Medicaid Managed Care Program rate were calculated. Results were weighted based on the total eligible population for each plan's or program's adult population. The MDHHS Medicaid Program average includes results from both the MHPs and the FFS population. The MDHHS Medicaid Managed Care Program average is limited to the results of the MHPs (i.e., the FFS population is not included). For the Statewide

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[2-7] National Committee for Quality Assurance. *HEDIS® 2017*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2016.

Comparisons, no threshold number of responses was required for the results to be reported. Measures with less than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

MHP Comparisons

The results of the MHPs were compared to the MDHHS Medicaid Managed Care 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 MHP means was significant. If the F test demonstrated MHP-level differences (i.e., p value < 0.05), then a t test was performed for each MHP. The t test determined whether each MHP's mean was statistically significantly different from the MDHHS Medicaid Managed Care 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.

Fee-for-Service Comparisons

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

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. Measures with less than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

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 Medicaid Program is performing on the survey item and 2) how important that item is to overall satisfaction.

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.[2-8]

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 an MHP or the FFS population. These analyses identify whether respondents give different ratings of satisfaction with their MHP or the FFS population. The survey by itself does not necessarily reveal the exact cause of these differences.

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.

[2-8] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

Survey Vendor Effects

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

3. Results

Who Responded to the Survey

A total of 21,209 surveys were distributed to adult members. A total of 5,791 surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was considered complete if members answered at least three of the following five questions on the survey: 3, 15, 24, 28, and 35. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

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 Medicaid Program	**21,209**	**5,791**	**580**	**28.07%**
Fee-for-Service	1,350	419	117	33.98%
MDHHS Medicaid Managed Care Program	**19,859**	**5,372**	**463**	**27.70%**
Aetna Better Health of Michigan	1,485	328	23	22.44%
Blue Cross Complete of Michigan	1,825	413	30	23.01%
HAP Midwest Health Plan	1,350	445	73	34.85%
Harbor Health Plan	1,349	242	45	18.56%
McLaren Health Plan	1,350	420	22	31.63%
Meridian Health Plan of Michigan	1,890	567	26	30.42%
Molina Healthcare of Michigan	2,700	719	63	27.27%
Priority Health Choice, Inc.	1,890	442	38	23.87%
Total Health Care, Inc.	2,160	505	45	23.88%
UnitedHealthcare Community Plan	1,700	472	63	28.83%
Upper Peninsula Health Plan	2,160	819	35	38.54%

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	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and Older
MDHHS Medicaid Program	**9.1%**	**17.0%**	**15.7%**	**22.1%**	**28.9%**	**7.2%**
Fee-for-Service	6.3%	10.9%	7.8%	15.3%	21.1%	38.6%
MDHHS Medicaid Managed Care Program	**9.4%**	**17.5%**	**16.3%**	**22.7%**	**29.5%**	**4.7%**
Aetna Better Health of Michigan	9.5%	14.8%	21.1%	23.7%	30.0%	0.9%
Blue Cross Complete of Michigan	7.9%	21.4%	19.9%	21.4%	28.7%	0.7%
HAP Midwest Health Plan	1.3%	6.8%	9.4%	19.3%	24.0%	39.2%
Harbor Health Plan	7.0%	14.8%	12.2%	18.3%	44.8%	3.0%
McLaren Health Plan	8.2%	17.4%	16.9%	25.8%	30.8%	1.0%
Meridian Health Plan of Michigan	11.5%	19.6%	15.7%	22.0%	28.8%	2.3%
Molina Healthcare of Michigan	9.4%	17.1%	15.8%	26.5%	26.5%	4.7%
Priority Health Choice, Inc.	15.5%	25.3%	18.8%	17.6%	22.0%	0.7%
Total Health Care, Inc.	8.8%	14.8%	14.2%	28.3%	31.8%	2.1%
UnitedHealthcare Community Plan	11.6%	21.0%	15.9%	20.8%	29.0%	1.7%
Upper Peninsula Health Plan	9.4%	17.0%	17.8%	21.8%	33.0%	1.0%

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 Medicaid Program	**41.1%**	**58.9%**
Fee-for-Service	36.2%	63.8%
MDHHS Medicaid Managed Care Program	**41.5%**	**58.5%**
Aetna Better Health of Michigan	38.9%	61.1%
Blue Cross Complete of Michigan	47.5%	52.5%
HAP Midwest Health Plan	38.0%	62.0%
Harbor Health Plan	54.7%	45.3%
McLaren Health Plan	46.7%	53.3%
Meridian Health Plan of Michigan	39.1%	60.9%
Molina Healthcare of Michigan	41.0%	59.0%
Priority Health Choice, Inc.	31.1%	68.9%
Total Health Care, Inc.	46.0%	54.0%
UnitedHealthcare Community Plan	40.5%	59.5%
Upper Peninsula Health Plan	40.4%	59.6%
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 Medicaid Program	**55.6%**	**3.4%**	**28.6%**	**1.9%**	**3.3%**	**7.3%**
Fee-for-Service	66.5%	3.7%	16.9%	2.2%	3.7%	7.1%
MDHHS Medicaid Managed Care Program	**54.7%**	**3.3%**	**29.5%**	**1.9%**	**3.3%**	**7.3%**
Aetna Better Health of Michigan	28.3%	2.6%	58.8%	1.9%	1.6%	6.8%
Blue Cross Complete of Michigan	44.7%	4.0%	39.5%	3.0%	3.7%	5.2%
HAP Midwest Health Plan	36.3%	3.0%	48.6%	4.3%	3.4%	4.3%
Harbor Health Plan	14.8%	2.6%	71.7%	1.7%	3.5%	5.7%
McLaren Health Plan	72.0%	3.0%	11.4%	0.5%	2.0%	11.2%
Meridian Health Plan of Michigan	67.0%	4.5%	16.1%	0.9%	2.2%	9.2%
Molina Healthcare of Michigan	51.2%	3.0%	32.1%	2.0%	3.8%	7.9%
Priority Health Choice, Inc.	62.6%	8.0%	13.2%	2.6%	3.5%	10.1%
Total Health Care, Inc.	32.9%	1.5%	54.3%	1.5%	2.5%	7.3%
UnitedHealthcare Community Plan	50.4%	4.5%	28.9%	3.2%	5.7%	7.2%
Upper Peninsula Health Plan	89.0%	1.2%	0.6%	0.4%	3.4%	5.4%
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 Medicaid Program	**8.3%**	**21.1%**	**34.2%**	**27.0%**	**9.5%**
Fee-for-Service	4.3%	14.5%	32.5%	36.6%	12.0%
MDHHS Medicaid Managed Care Program	**8.6%**	**21.6%**	**34.3%**	**26.2%**	**9.3%**
Aetna Better Health of Michigan	8.4%	24.1%	32.8%	26.6%	8.1%
Blue Cross Complete of Michigan	11.5%	22.1%	39.5%	19.1%	7.8%
HAP Midwest Health Plan	6.0%	16.4%	32.6%	35.1%	9.9%
Harbor Health Plan	9.4%	12.8%	33.2%	34.0%	10.6%
McLaren Health Plan	9.5%	19.8%	34.4%	25.1%	11.2%
Meridian Health Plan of Michigan	8.0%	25.1%	29.5%	26.2%	11.2%
Molina Healthcare of Michigan	8.6%	20.8%	32.3%	29.0%	9.2%
Priority Health Choice, Inc.	8.6%	20.9%	37.1%	22.5%	10.9%
Total Health Care, Inc.	8.3%	20.5%	31.9%	30.3%	8.9%
UnitedHealthcare Community Plan	9.7%	21.2%	34.3%	26.1%	8.6%
Upper Peninsula Health Plan	7.8%	26.2%	38.4%	20.4%	7.3%
Please note, percentages may not total 100.0% due to rounding.					

National Comparisons

In order to assess the overall performance of the MDHHS Medicaid Program, HSAG scored each CAHPS measure on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the plans' and programs' 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 overall member satisfaction ratings with the three-point means when compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

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

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 Medicaid Program	★★★ **2.47**	★★★ **2.39**	★★★ **2.52**	★★★ **2.53**
Fee-for-Service	★★ 2.37	★★ 2.36	★★★★ 2.53	★★★ 2.54
MDHHS Medicaid Managed Care Program	★★★ **2.47**	★★★ **2.39**	★★★ **2.51**	★★★ **2.53**
Aetna Better Health of Michigan	★★ 2.37	★ 2.29	★★ 2.43	★★ 2.50
Blue Cross Complete of Michigan	★★★★ 2.48	★★★ 2.38	★★ 2.47	★ 2.46
HAP Midwest Health Plan	★★★★ 2.51	★★★ 2.39	★★★★★ 2.57	★★★★ 2.56
Harbor Health Plan	★ 2.34	★★ 2.37	★★ 2.48	★★★+ 2.54
McLaren Health Plan	★★ 2.42	★★ 2.32	★ 2.42	★★★ 2.51
Meridian Health Plan of Michigan	★★★★ 2.50	★★★ 2.38	★★ 2.49	★★★★ 2.58
Molina Healthcare of Michigan	★★★ 2.47	★★★ 2.42	★★★★ 2.53	★★★ 2.51
Priority Health Choice, Inc.	★★★★ 2.52	★★★★ 2.43	★★★ 2.51	★★★★★ 2.61
Total Health Care, Inc.	★★★★ 2.50	★★★★★ 2.46	★★★★★ 2.58	★ 2.47
UnitedHealthcare Community Plan	★★★★ 2.51	★★ 2.32	★★ 2.46	★★★★ 2.56
Upper Peninsula Health Plan	★★★★ 2.48	★★★ 2.42	★★★★★ 2.58	★★ 2.49

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

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for all four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often.

Table 3-8 shows the overall member satisfaction ratings on four of the composite measures.[3-2]

Table 3-8—National Comparisons: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
MDHHS Medicaid Program	★★★★ **2.41**	★★★ **2.44**	★★★★★ **2.66**	★★★★ **2.60**
Fee-for-Service	★★★ 2.38	★★★ 2.41	★★★★★ 2.64	★+ 2.41
MDHHS Medicaid Managed Care Program	★★★★ **2.41**	★★★ **2.44**	★★★★★ **2.66**	★★★★★ **2.61**
Aetna Better Health of Michigan	★★ 2.33	★★ 2.35	★★★★★ 2.65	★★ 2.53
Blue Cross Complete of Michigan	★★★★★ 2.45	★★★★ 2.45	★★★★ 2.63	★★★★ 2.60
HAP Midwest Health Plan	★★★★★ 2.45	★★★★★ 2.52	★★★★★ 2.70	★★★★ 2.60
Harbor Health Plan	★★ 2.29	★★ 2.38	★★★★ 2.60	★★★★★+ 2.64
McLaren Health Plan	★★★★★ 2.47	★★★ 2.43	★★★★ 2.58	★★★ 2.54
Meridian Health Plan of Michigan	★★★ 2.40	★★★ 2.43	★★★★ 2.63	★★★★★ 2.63
Molina Healthcare of Michigan	★★★★ 2.43	★★★ 2.44	★★★★ 2.63	★★★★★ 2.62
Priority Health Choice, Inc.	★★★★ 2.41	★★★ 2.40	★★★★★ 2.69	★★★★★ 2.64
Total Health Care, Inc.	★★★★ 2.42	★★★★ 2.48	★★★★★ 2.67	★★★★★ 2.64
UnitedHealthcare Community Plan	★★★ 2.40	★★★ 2.42	★★★★ 2.63	★★★★★ 2.62
Upper Peninsula Health Plan	★★★ 2.39	★★★★ 2.47	★★★★★ 2.74	★★★★★ 2.62
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.				

[3-2] NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

The MDHHS Medicaid Program scored at or above the 90th percentile for one composite measure, How Well Doctors Communicate, and the MDHHS Medicaid Managed Care Program scored at or above the 90th percentile for two composite measures: How Well Doctors Communicate and Customer Service. The MDHHS Medicaid Program scored at or between the 75th and 89th percentiles for two composite measures: Getting Needed Care and Customer Service, and the MDHHS Medicaid Managed Care Program scored at or between the 75th and 89th percentiles for one composite measure, Getting Needed Care. Additionally, the MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program both scored at or between the 50th and 74th percentiles for the Getting Care Quickly composite measure.

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. 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.

HSAG also calculated overall rates for the Effectiveness of Care measures, Medical Assistance with Smoking and Tobacco Use Cessation. Refer to the Reader's Guide section for more detailed information regarding the calculation of these measures.

The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program results were weighted based on the eligible population for each adult population (i.e., FFS and/or MHPs). HSAG compared the MHP results to the MDHHS Medicaid Managed Care Program average to determine if the MHP results were statistically significantly different than the MDHHS Medicaid Managed Care Program average. Additionally, HSAG compared the FFS results to the MDHHS Medicaid Managed Care Program results to determine if the FFS results were statistically significantly different than the MDHHS Medicaid Managed Care Program results. The NCQA adult Medicaid national averages also are presented for comparison.[3-3] Colors in the figures note statistically significant differences. Green indicates a top-box rate that was statistically significantly higher than the MDHHS Medicaid Managed Care Program average. Conversely, red indicates a top-box rate that was statistically significantly lower than the MDHHS Medicaid Managed Care Program average. Blue represents top-box rates that were not statistically significantly different from the MDHHS Medicaid Managed Care 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 were similar, but one was statistically different from the MDHHS Medicaid Managed Care 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.

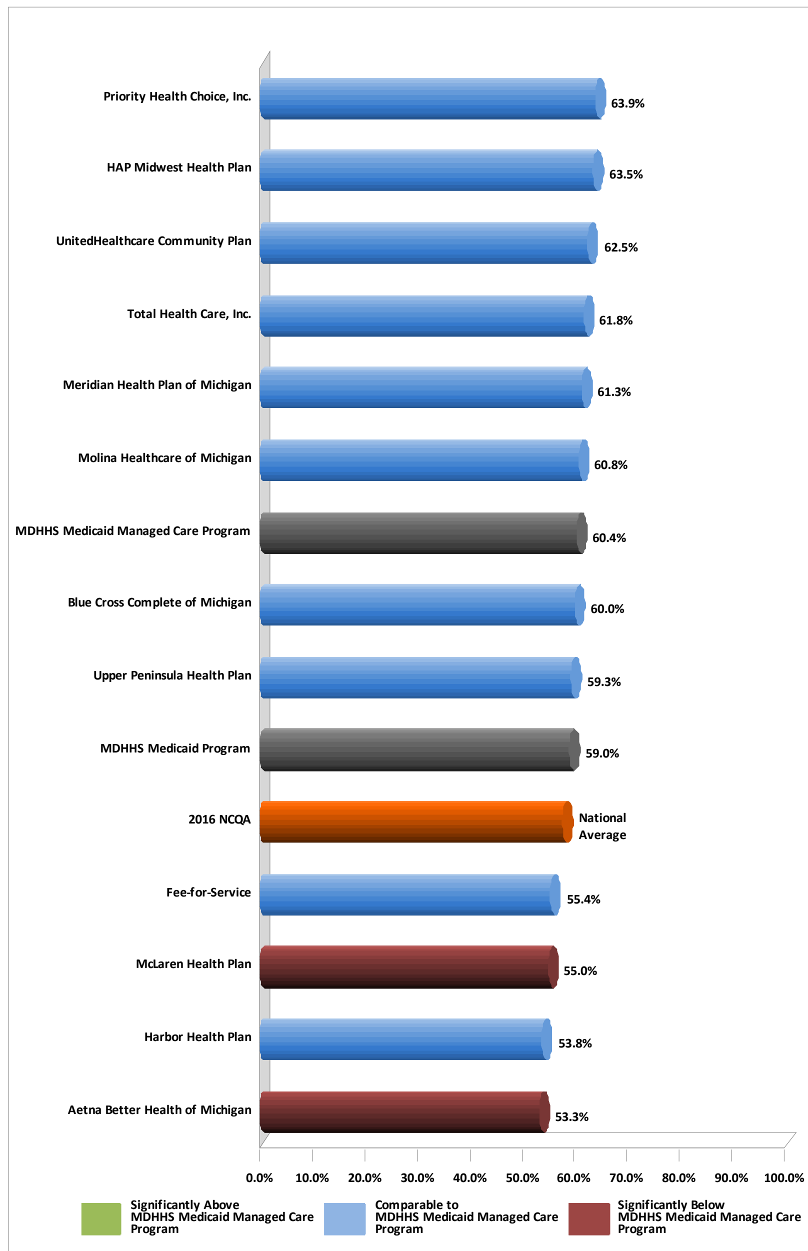
[3-3] The source for the national data contained in this publication is Quality Compass® 2016 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2016 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these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

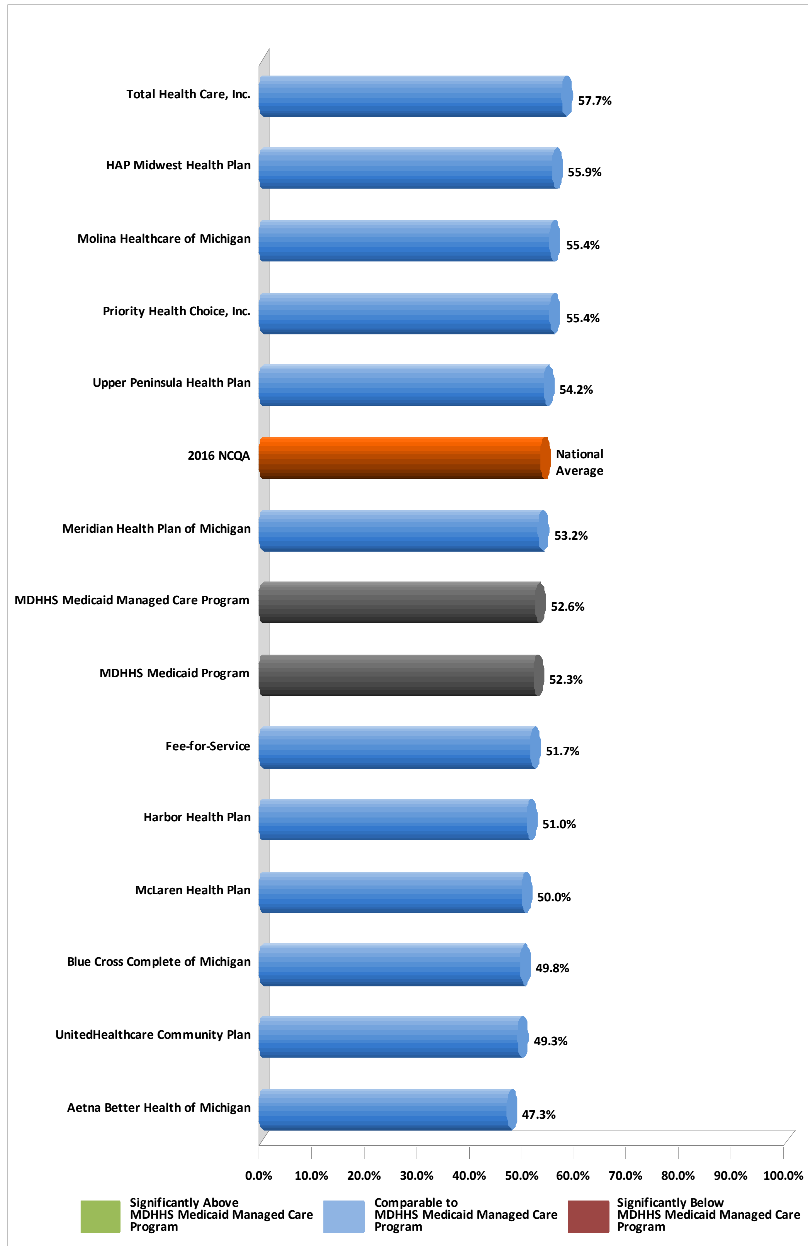
Figure 3-1—Rating of Health Plan Top-Box Rates



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.

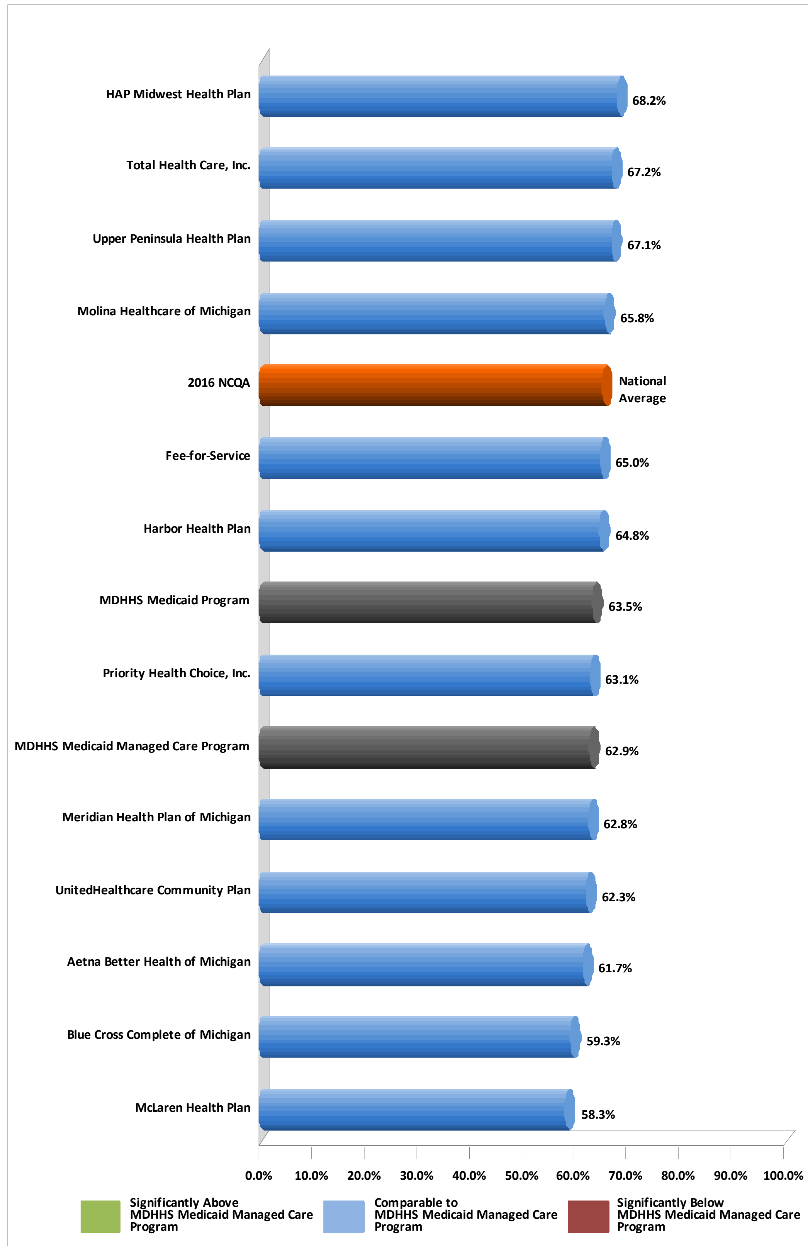
Figure 3-2—Rating of All Health Care Top-Box Rates



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.

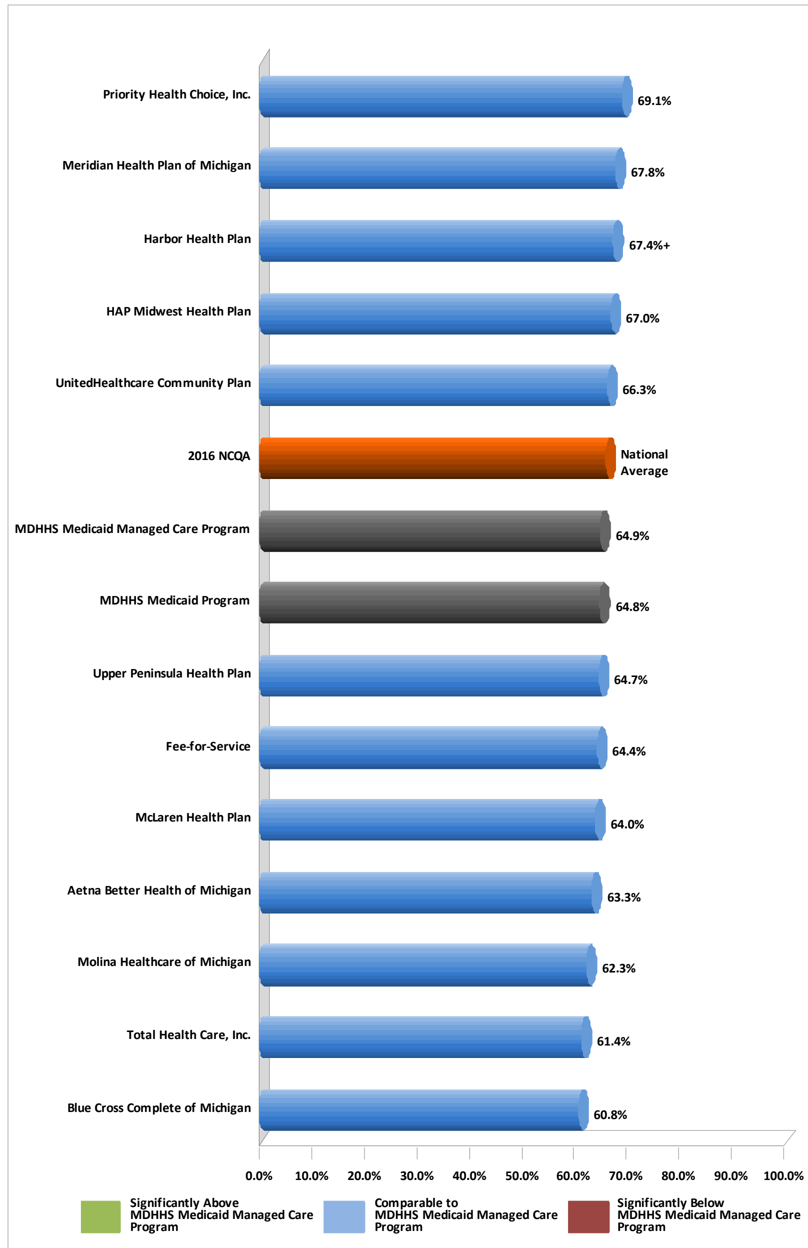
Figure 3-3—Rating of Personal Doctor Top-Box Rates



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

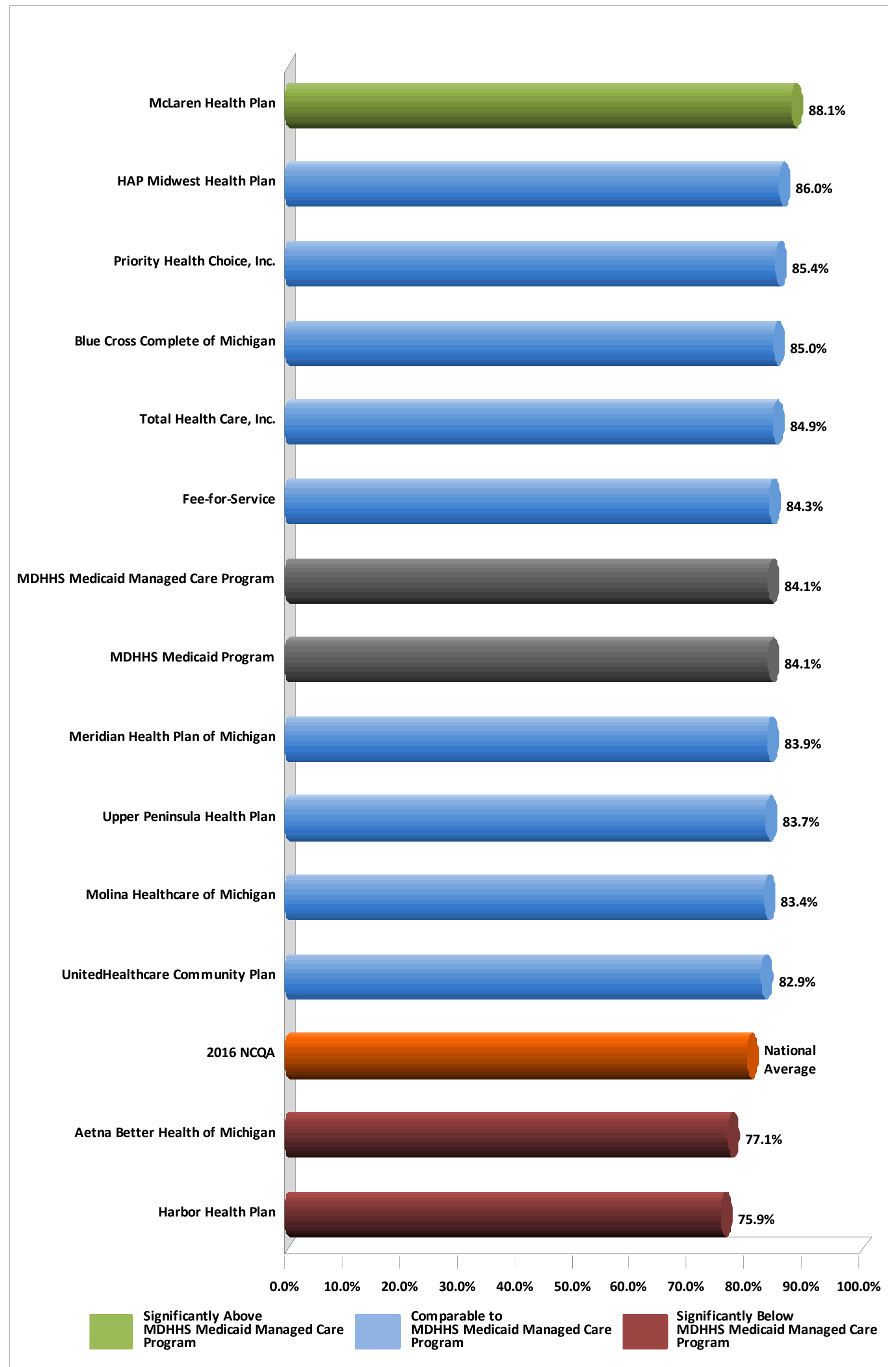
Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

- **Question 14**. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 25.** 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



Getting Care Quickly

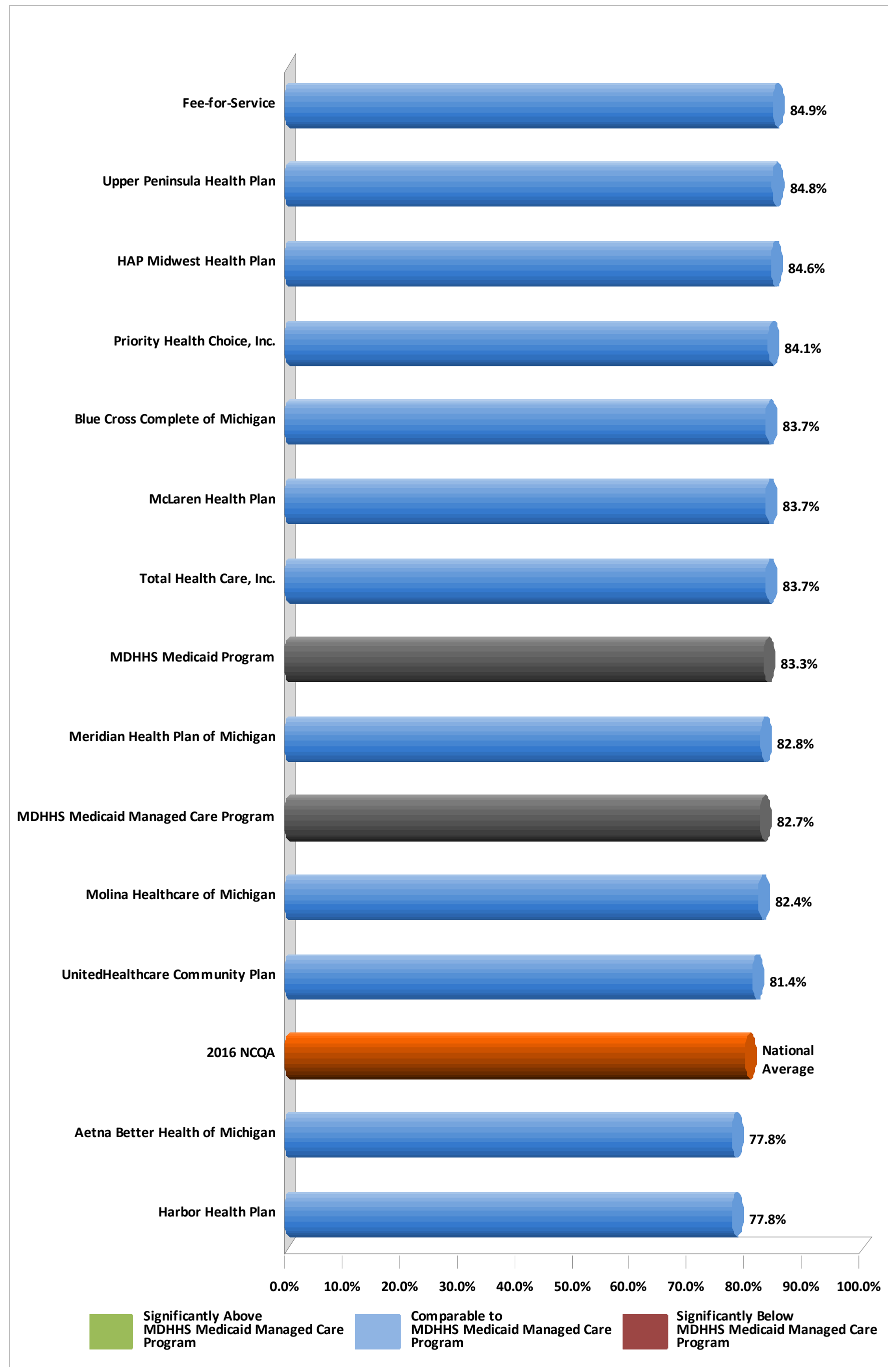
Two questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members received care quickly:

- **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 6**. 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



How Well Doctors Communicate

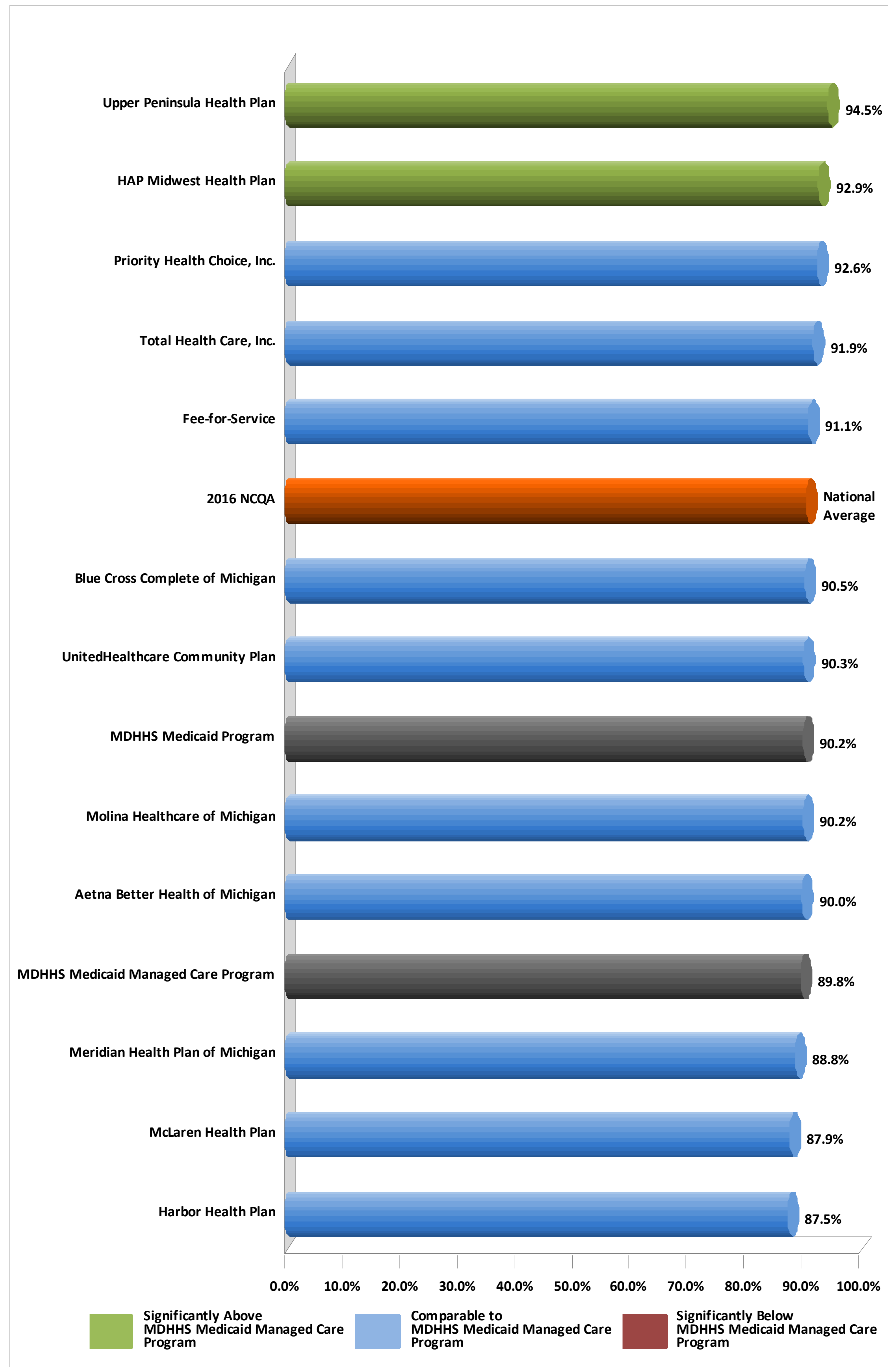
A series of four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

- **Question 17**. 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 18**. In the last 6 months, how often did your personal doctor listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 19**. In the last 6 months, how often did your personal doctor show respect for what you had to say?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 20**. 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



Customer Service

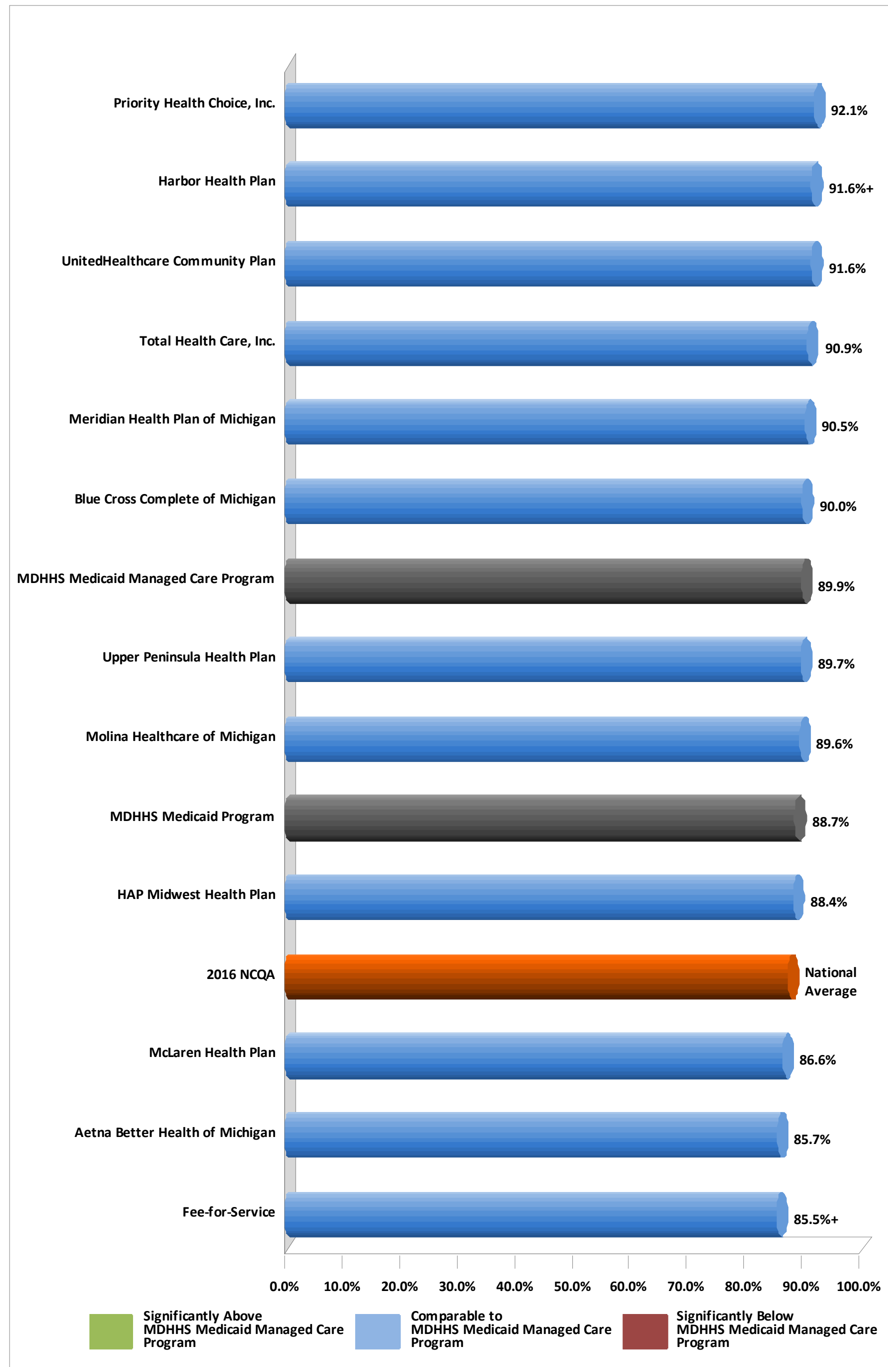
Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service:

- **Question 31**. 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 32**. 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

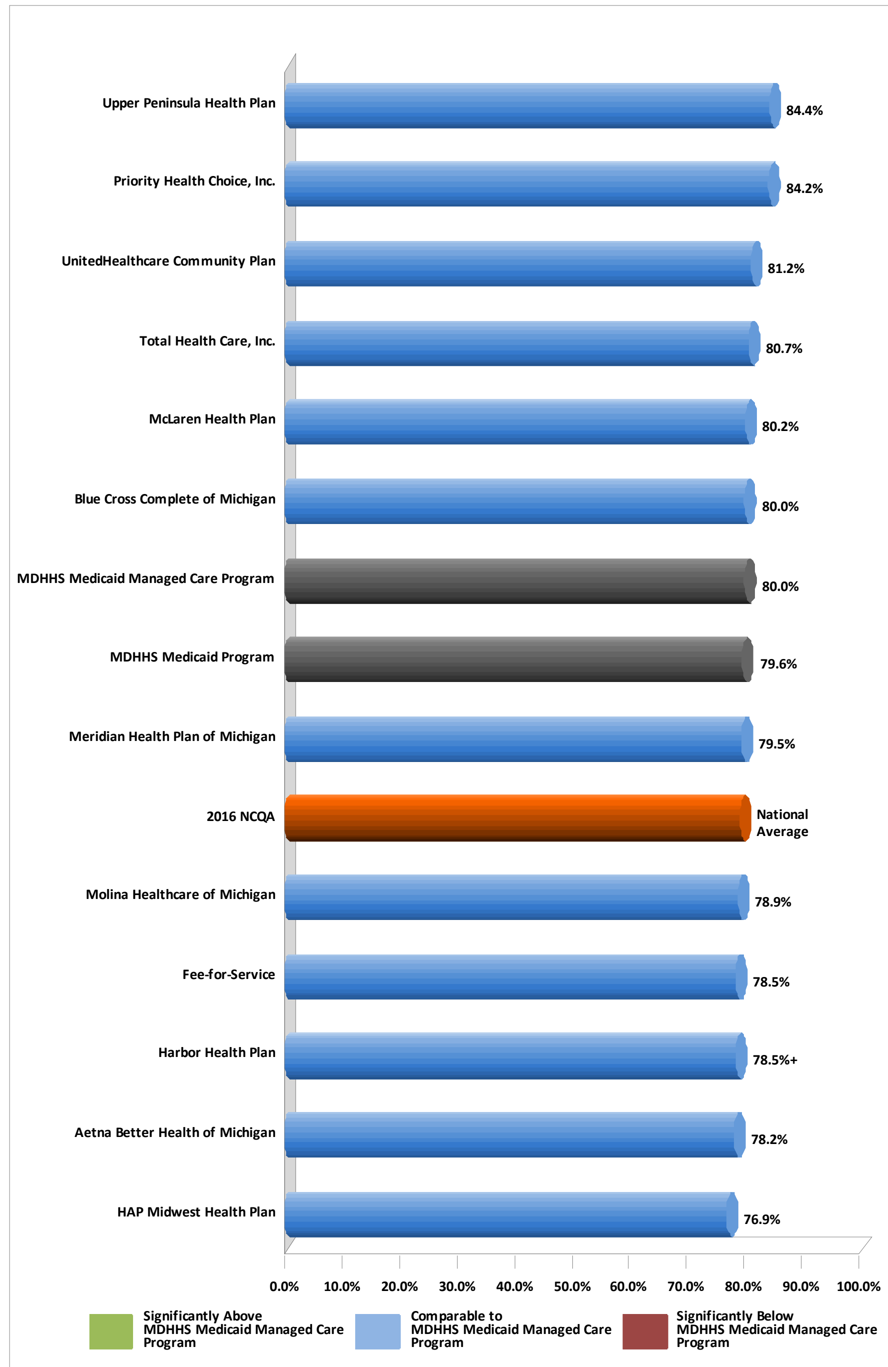
Three questions (Questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine:

- **Question 10**. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
  - Yes
  - No
- **Question 11**. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
  - Yes
  - No
- **Question 12**. 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

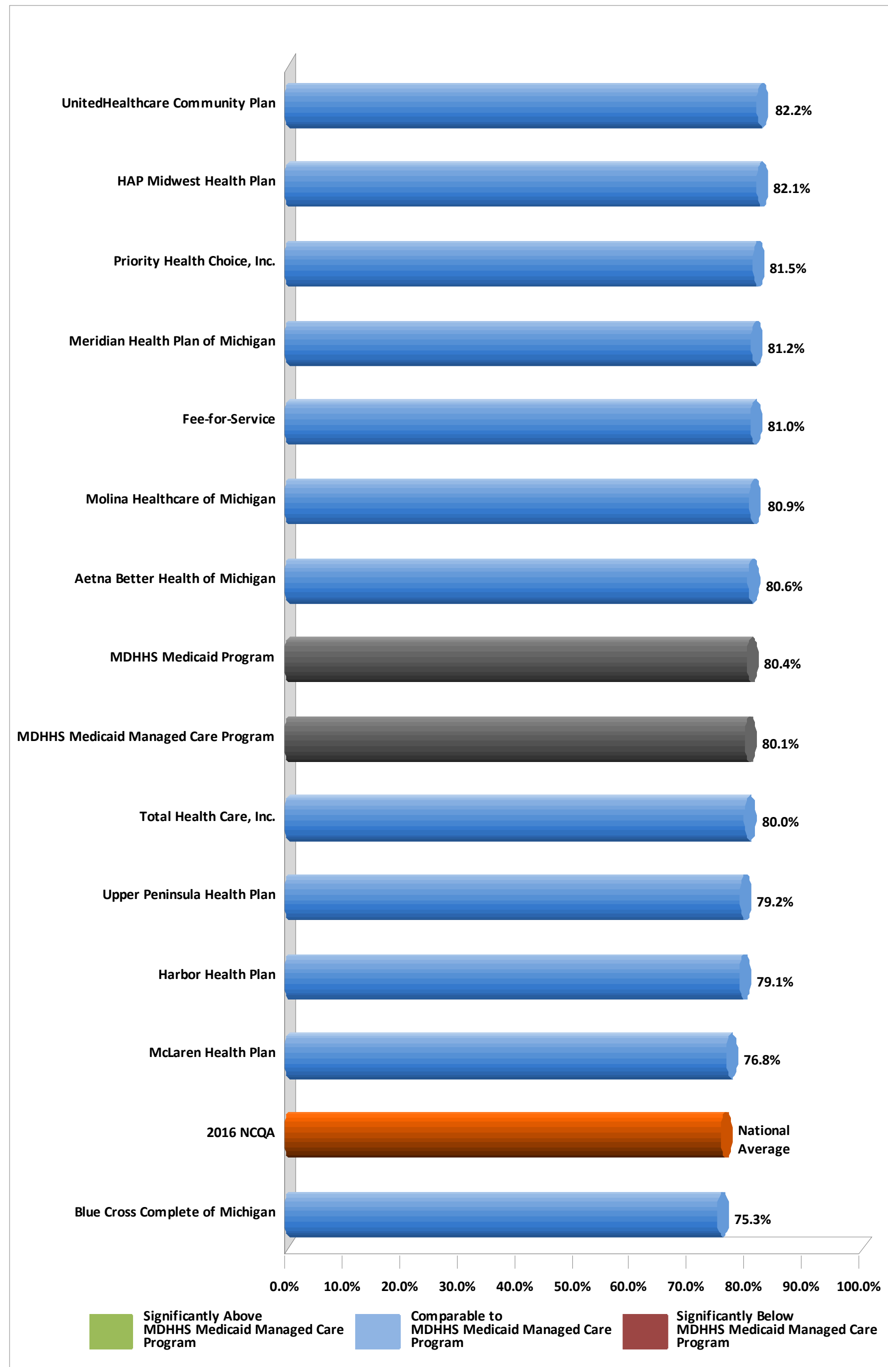
Adult members were asked how often they were advised to quit smoking or using tobacco by a doctor or other health provider (Question 40 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 40**. 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. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior years' results.

Figure 3-10 shows the Advising Smokers and Tobacco Users to Quit rates.

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



Discussing Cessation Medications

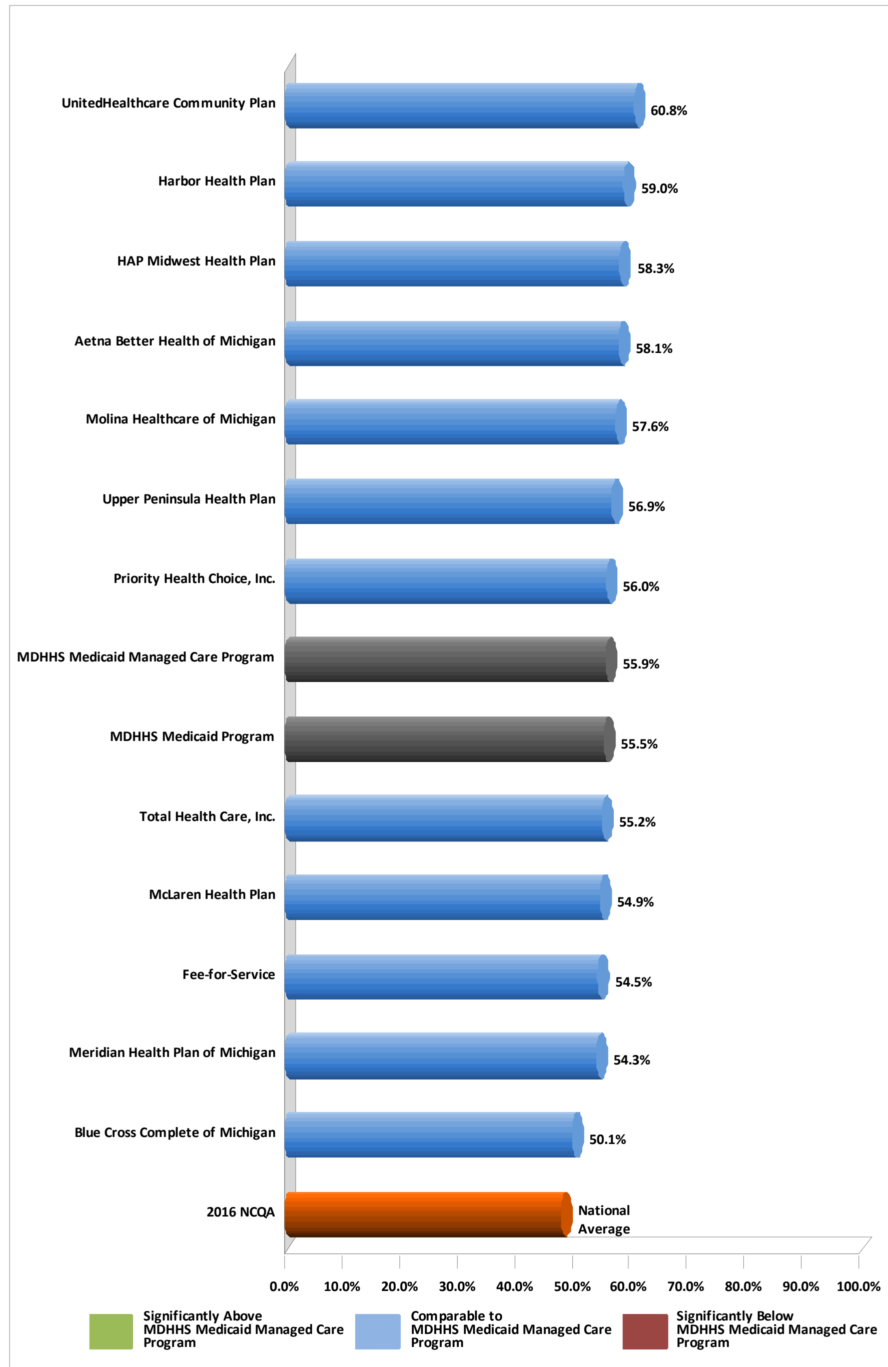
Adult members were asked how often medication was recommended or discussed by a doctor or other health provider to assist them with quitting smoking or using tobacco (Question 41 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 41**. 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. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior years' results.

Figure 3-11 shows the Discussing Cessation Medications rates.

Figure 3-11—Discussing Cessation Medications Rates



Discussing Cessation Strategies

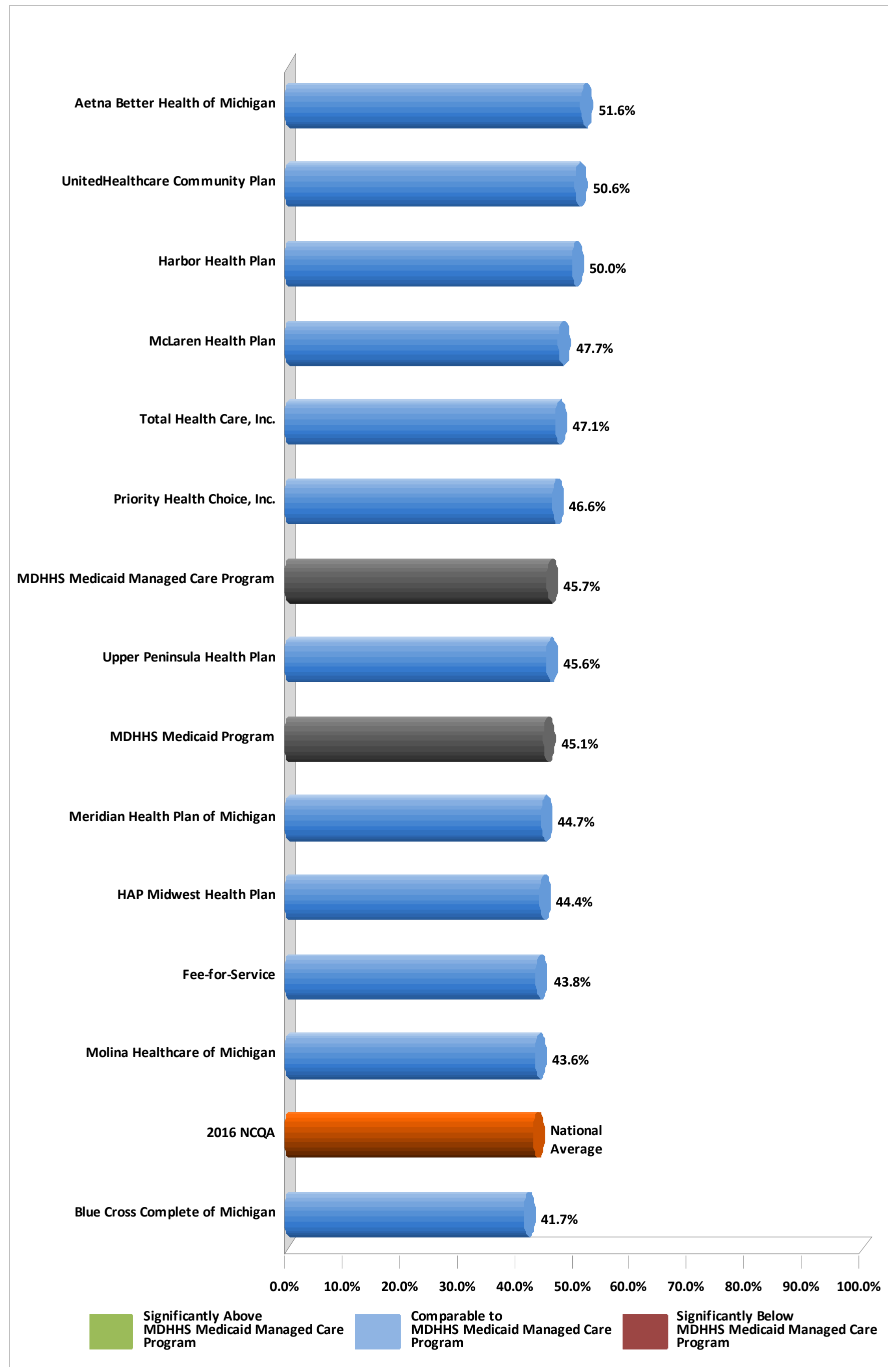
Adult members were asked how often their doctor or health provider discussed or provided methods and strategies other than medication to assist them with quitting smoking or using tobacco (Question 42 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 42**. 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. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior years' results.

Figure 3-12 shows the Discussing Cessation Strategies rates.

Figure 3-12—Discussing Cessation Strategies Rates



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
Fee-for-Service	—	—	—	—
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 Medicaid Managed Care Program average.*
↓ *indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.*
— *indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care 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
Fee-for-Service	—	—	—	—+	—
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 Medicaid Managed Care Program average.*
↓ *indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.*
— *indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care 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
Fee-for-Service	—	—	—
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 Medicaid Managed Care Program average.*
↓ *indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.*
— *indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care 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 Medicaid Program	**60.7%**	**59.0%**	**—**
Fee-for-Service	58.6%	55.4%	—
MDHHS Medicaid Managed Care Program	**61.4%**	**60.4%**	**—**
Aetna Better Health of Michigan	53.0%	53.3%	—
Blue Cross Complete of Michigan	67.1%	60.0%	▼
HAP Midwest Health Plan	54.1%	63.5%	▲
Harbor Health Plan	50.0%	53.8%	—
McLaren Health Plan	59.2%	55.0%	—
Meridian Health Plan of Michigan	63.0%	61.3%	—
Molina Healthcare of Michigan	59.6%	60.8%	—
Priority Health Choice, Inc.	64.9%	63.9%	—
Total Health Care, Inc.	61.8%	61.8%	—
UnitedHealthcare Community Plan	60.5%	62.5%	—
Upper Peninsula Health Plan	61.9%	59.3%	—

\+ *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. HAP Midwest Health Plan scored statistically significantly *higher* in 2017 than in 2016. Conversely, Blue Cross Complete of Michigan scored statistically significantly *lower* in 2017 than in 2016.

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 Medicaid Program	**54.2%**	**52.3%**	**—**
Fee-for-Service	55.1%	51.7%	—
MDHHS Medicaid Managed Care Program	**53.9%**	**52.6%**	**—**
Aetna Better Health of Michigan	44.8%	47.3%	—
Blue Cross Complete of Michigan	56.2%	49.8%	—
HAP Midwest Health Plan	49.7%	55.9%	—
Harbor Health Plan	48.3%	51.0%	—
McLaren Health Plan	53.0%	50.0%	—
Meridian Health Plan of Michigan	54.0%	53.2%	—
Molina Healthcare of Michigan	53.9%	55.4%	—
Priority Health Choice, Inc.	53.0%	55.4%	—
Total Health Care, Inc.	54.4%	57.7%	—
UnitedHealthcare Community Plan	54.7%	49.3%	—
Upper Peninsula Health Plan	56.3%	54.2%	—

\+ *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 Medicaid Program	**64.0%**	**63.5%**	**—**
Fee-for-Service	66.4%	65.0%	—
MDHHS Medicaid Managed Care Program	**63.2%**	**62.9%**	**—**
Aetna Better Health of Michigan	60.5%	61.7%	—
Blue Cross Complete of Michigan	66.4%	59.3%	▼
HAP Midwest Health Plan	61.1%	68.2%	▲
Harbor Health Plan	59.8%	64.8%	—
McLaren Health Plan	62.4%	58.3%	—
Meridian Health Plan of Michigan	64.0%	62.8%	—
Molina Healthcare of Michigan	63.0%	65.8%	—
Priority Health Choice, Inc.	62.2%	63.1%	—
Total Health Care, Inc.	64.6%	67.2%	—
UnitedHealthcare Community Plan	61.7%	62.3%	—
Upper Peninsula Health Plan	63.3%	67.1%	—

\+ *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. HAP Midwest Health Plan scored statistically significantly *higher* in 2017 than in 2016. Conversely, Blue Cross Complete of Michigan scored statistically significantly *lower* in 2017 than in 2016.

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 Medicaid Program	**64.8%**	**64.8%**	**—**
Fee-for-Service	62.2%	64.4%	—
MDHHS Medicaid Managed Care Program	**65.6%**	**64.9%**	**—**
Aetna Better Health of Michigan	57.3%	63.3%	—
Blue Cross Complete of Michigan	62.0%	60.8%	—
HAP Midwest Health Plan	65.7%	67.0%	—
Harbor Health Plan	66.7%	67.4%+	—
McLaren Health Plan	64.9%	64.0%	—
Meridian Health Plan of Michigan	68.8%	67.8%	—
Molina Healthcare of Michigan	66.7%	62.3%	—
Priority Health Choice, Inc.	68.1%	69.1%	—
Total Health Care, Inc.	63.2%	61.4%	—
UnitedHealthcare Community Plan	62.1%	66.3%	—
Upper Peninsula Health Plan	64.6%	64.7%	—

\+ *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 no statistically significant differences between scores in 2017 and scores in 2016 for this measure.

Composite Measures

Getting Needed Care

Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey) 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 Medicaid Program	**83.1%**	**84.1%**	**—**
Fee-for-Service	85.9%	84.3%	—
MDHHS Medicaid Managed Care Program	**82.2%**	**84.1%**	**—**
Aetna Better Health of Michigan	73.7%	77.1%	—
Blue Cross Complete of Michigan	82.0%	85.0%	—
HAP Midwest Health Plan	82.9%	86.0%	—
Harbor Health Plan	78.2%	75.9%	—
McLaren Health Plan	84.0%	88.1%	—
Meridian Health Plan of Michigan	83.4%	83.9%	—
Molina Healthcare of Michigan	80.2%	83.4%	—
Priority Health Choice, Inc.	84.8%	85.4%	—
Total Health Care, Inc.	83.2%	84.9%	—
UnitedHealthcare Community Plan	80.2%	82.9%	—
Upper Peninsula Health Plan	86.3%	83.7%	—

\+ *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 no statistically significant differences between scores in 2017 and scores in 2016 for this measure.

Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey) 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 Medicaid Program	**84.0%**	**83.3%**	**—**
Fee-for-Service	87.1%	84.9%	—
MDHHS Medicaid Managed Care Program	**82.9%**	**82.7%**	**—**
Aetna Better Health of Michigan	78.8%	77.8%	—
Blue Cross Complete of Michigan	82.3%	83.7%	—
HAP Midwest Health Plan	82.4%	84.6%	—
Harbor Health Plan	78.7%	77.8%	—
McLaren Health Plan	80.3%	83.7%	—
Meridian Health Plan of Michigan	83.8%	82.8%	—
Molina Healthcare of Michigan	82.5%	82.4%	—
Priority Health Choice, Inc.	83.3%	84.1%	—
Total Health Care, Inc.	85.7%	83.7%	—
UnitedHealthcare Community Plan	83.4%	81.4%	—
Upper Peninsula Health Plan	86.8%	84.8%	—

\+ *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.

How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 20 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 Medicaid Program	**90.6%**	**90.2%**	**—**
Fee-for-Service	89.9%	91.1%	—
MDHHS Medicaid Managed Care Program	**90.9%**	**89.8%**	**—**
Aetna Better Health of Michigan	88.1%	90.0%	—
Blue Cross Complete of Michigan	91.6%	90.5%	—
HAP Midwest Health Plan	89.6%	92.9%	—
Harbor Health Plan	90.1%	87.5%	—
McLaren Health Plan	90.9%	87.9%	—
Meridian Health Plan of Michigan	92.4%	88.8%	▼
Molina Healthcare of Michigan	88.6%	90.2%	—
Priority Health Choice, Inc.	91.6%	92.6%	—
Total Health Care, Inc.	90.9%	91.9%	—
UnitedHealthcare Community Plan	89.7%	90.3%	—
Upper Peninsula Health Plan	92.4%	94.5%	—

\+ *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 was one statistically significant difference between scores in 2017 and scores in 2016 for this measure. Meridian Health Plan of Michigan scored statistically significantly *lower* in 2017 than in 2016.

Customer Service

Two questions (Questions 31 and 32 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 Medicaid Program	**87.2%**	**88.7%**	**—**
Fee-for-Service	82.0%+	85.5%+	—
MDHHS Medicaid Managed Care Program	**89.0%**	**89.9%**	**—**
Aetna Better Health of Michigan	84.4%	85.7%	—
Blue Cross Complete of Michigan	88.1%	90.0%	—
HAP Midwest Health Plan	88.6%	88.4%	—
Harbor Health Plan	84.5%	91.6%+	▲
McLaren Health Plan	86.9%	86.6%	—
Meridian Health Plan of Michigan	90.1%	90.5%	—
Molina Healthcare of Michigan	89.4%	89.6%	—
Priority Health Choice, Inc.	91.5%	92.1%	—
Total Health Care, Inc.	86.8%	90.9%	—
UnitedHealthcare Community Plan	89.6%	91.6%	—
Upper Peninsula Health Plan	89.0%	89.7%	—

\+ *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 was one statistically significant difference between scores in 2017 and scores in 2016 for this measure. Harbor Health Plan scored statistically significantly *higher* in 2017 than in 2016.

Shared Decision Making

Three questions (Questions 10, 11, and 12 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 Medicaid Program	**79.8%**	**79.6%**	**—**
Fee-for-Service	77.7%	78.5%	—
MDHHS Medicaid Managed Care Program	**80.5%**	**80.0%**	**—**
Aetna Better Health of Michigan	74.7%	78.2%	—
Blue Cross Complete of Michigan	81.3%	80.0%	—
HAP Midwest Health Plan	80.3%	76.9%	—
Harbor Health Plan	73.4%	78.5%+	—
McLaren Health Plan	83.2%	80.2%	—
Meridian Health Plan of Michigan	81.9%	79.5%	—
Molina Healthcare of Michigan	78.0%	78.9%	—
Priority Health Choice, Inc.	81.2%	84.2%	—
Total Health Care, Inc.	76.8%	80.7%	—
UnitedHealthcare Community Plan	79.1%	81.2%	—
Upper Peninsula Health Plan	84.4%	84.4%	—

\+ *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.

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

One question (Question 40 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 Medicaid Program	**81.0%**	**80.4%**	**—**
Fee-for-Service	84.5%	81.0%	—
MDHHS Medicaid Managed Care Program	**79.7%**	**80.1%**	**—**
Aetna Better Health of Michigan	79.9%	80.6%	—
Blue Cross Complete of Michigan	77.3%	75.3%	—
HAP Midwest Health Plan	81.7%	82.1%	—
Harbor Health Plan	78.4%	79.1%	—
McLaren Health Plan	77.6%	76.8%	—
Meridian Health Plan of Michigan	80.2%	81.2%	—
Molina Healthcare of Michigan	83.5%	80.9%	—
Priority Health Choice, Inc.	79.1%	81.5%	—
Total Health Care, Inc.	78.2%	80.0%	—
UnitedHealthcare Community Plan	78.9%	82.2%	—
Upper Peninsula Health Plan	79.4%	79.2%	—

\+ *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.

Discussing Cessation Medications

One question (Question 41 in the CAHPS Adult Medicaid Health Plan Survey) was asked to ascertain how often medication was recommended or discussed by a 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 Medicaid Program	**55.1%**	**55.5%**	**—**
Fee-for-Service	55.1%	54.5%	—
MDHHS Medicaid Managed Care Program	**55.1%**	**55.9%**	**—**
Aetna Better Health of Michigan	55.7%	58.1%	—
Blue Cross Complete of Michigan	52.9%	50.1%	—
HAP Midwest Health Plan	52.6%	58.3%	—
Harbor Health Plan	54.5%	59.0%	—
McLaren Health Plan	50.5%	54.9%	—
Meridian Health Plan of Michigan	55.7%	54.3%	—
Molina Healthcare of Michigan	56.3%	57.6%	—
Priority Health Choice, Inc.	51.7%	56.0%	—
Total Health Care, Inc.	50.7%	55.2%	—
UnitedHealthcare Community Plan	59.4%	60.8%	—
Upper Peninsula Health Plan	56.0%	56.9%	—

\+ *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.

Discussing Cessation Strategies

One question (Question 42 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 a 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 Medicaid Program	**44.5%**	**45.1%**	**—**
Fee-for-Service	42.3%	43.8%	—
MDHHS Medicaid Managed Care Program	**45.2%**	**45.7%**	**—**
Aetna Better Health of Michigan	46.2%	51.6%	—
Blue Cross Complete of Michigan	46.7%	41.7%	—
HAP Midwest Health Plan	44.2%	44.4%	—
Harbor Health Plan	45.3%	50.0%	—
McLaren Health Plan	42.2%	47.7%	—
Meridian Health Plan of Michigan	44.9%	44.7%	—
Molina Healthcare of Michigan	45.9%	43.6%	—
Priority Health Choice, Inc.	43.6%	46.6%	—
Total Health Care, Inc.	42.3%	47.1%	—
UnitedHealthcare Community Plan	48.0%	50.6%	—
Upper Peninsula Health Plan	45.4%	45.6%	—

\+ *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.

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 Medicaid 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 Medicaid Program.

Table 5-1—MDHHS Medicaid 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 when they did not need care right away, they did not obtain an appointment for health care as soon as they thought 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.
Rating of Personal Doctor
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 results from the key drivers of satisfaction analysis identified the following item as a key driver 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. When compared with the 2016 key drivers of satisfaction results, two items were not identified as key drivers in this year's results. The following item was no longer identified as a key driver for the Rating of All Health Care global rating: Respondents reported that it was often not easy to obtain appointments with specialists. Additionally, the following item was not identified as a key driver for the Rating of Personal Doctor global rating: Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan. These changes in the results of the key drivers of satisfaction analysis indicate possible improvements in the Getting Needed Care composite measure.

6. Survey Instrument

Survey Instrument

The survey instrument selected was the CAHPS 5.0H Adult Medicaid Survey with the HEDIS supplemental item set. This section provides a copy of the survey instrument.

CAHPS® 5.0H Adult Questionnaire (Medicaid)

SURVEY INSTRUCTIONS

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

☑ Yes ➔**If Yes, Go to Question 1**

☐ No

{This box should be placed on the Cover Page}

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 {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.

1. **Our records show that you are now in {INSERT HEALTH PLAN NAME/ STATE MEDICAID PROGRAM NAME}. Is that right?**
   - [1] ☐ Yes ➔**If Yes, Go to Question 3**
   - [2] ☐ 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?**
   - [1] ☐ Yes
   - [2] ☐ No ➔**If No, Go to Question 5**

4. **In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?**
   - [1] ☐ Never
   - [2] ☐ Sometimes
   - [3] ☐ Usually
   - [4] ☐ Always

5. **In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?**
   - [1] ☐ Yes
   - [2] ☐ No ➔**If No, Go to Question 7**

6. **In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?**
   - [1] ☐ Never
   - [2] ☐ Sometimes
   - [3] ☐ Usually
   - [4] ☐ Always

7. 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?

- 0☐ None ➔**If None, Go to Question 15**
- 1☐ 1 time
- 2☐ 2
- 3☐ 3
- 4☐ 4
- 5☐ 5 to 9
- 6☐ 10 or more times

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

- 1☐ Yes
- 2☐ No

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

- 1☐ Yes
- 2☐ No ➔**If No, Go to Question 13**

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

- 1☐ Yes
- 2☐ No

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

- 1☐ Yes
- 2☐ No

12. 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?

- 1☐ Yes
- 2☐ No

13. 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?

- 00☐ 0 Worst health care possible
- 01☐ 1
- 02☐ 2
- 03☐ 3
- 04☐ 4
- 05☐ 5
- 06☐ 6
- 07☐ 7
- 08☐ 8
- 09☐ 9
- 10☐ 10 Best health care possible

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

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

YOUR PERSONAL DOCTOR

15. 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?

1☐ Yes
2☐ No ➔**If No, Go to Question 24**

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

0☐ None ➔**If None, Go to Question 23**
1☐ 1 time
2☐ 2
3☐ 3
4☐ 4
5☐ 5 to 9
6☐ 10 or more times

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

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

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

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

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

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

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

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

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

1☐ Yes
2☐ No ➔**If No, Go to Question 23**

22. 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?

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

23. 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?

00☐ 0 Worst personal doctor possible
01☐ 1
02☐ 2
03☐ 3
04☐ 4
05☐ 5
06☐ 6
07☐ 7
08☐ 8
09☐ 9
10☐ 10 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.

24. 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?

1☐ Yes
2☐ No ➔**If No, Go to Question 28**

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

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

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

0☐ None ➔**If None, Go to Question 28**
1☐ 1 specialist
2☐ 2
3☐ 3
4☐ 4
5☐ 5 or more specialists

27. 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?

00☐ 0 Worst specialist possible
01☐ 1
02☐ 2
03☐ 3
04☐ 4
05☐ 5
06☐ 6
07☐ 7
08☐ 8
09☐ 9
10☐ 10 Best specialist possible

YOUR HEALTH PLAN

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

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

1☐ Yes

2☐ No ➔**If No, Go to Question 30**

29. 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?

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

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

1☐ Yes

2☐ No ➔**If No, Go to Question 33**

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

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

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

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

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

1☐ Yes

2☐ No ➔**If No, Go to Question 35**

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

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

35. 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?

- 00☐ 0 Worst health plan possible
- 01☐ 1
- 02☐ 2
- 03☐ 3
- 04☐ 4
- 05☐ 5
- 06☐ 6
- 07☐ 7
- 08☐ 8
- 09☐ 9
- 10☐ 10 Best health plan possible

ABOUT YOU

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

- 1☐ Excellent
- 2☐ Very Good
- 3☐ Good
- 4☐ Fair
- 5☐ Poor

37. In general, how would you rate your overall <u>mental or emotional</u> health?

- 1☐ Excellent
- 2☐ Very Good
- 3☐ Good
- 4☐ Fair
- 5☐ Poor

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

- 1☐ Yes
- 2☐ No
- 3☐ Don't know

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

- 1☐ Every day
- 2☐ Some days
- 3☐ Not at all ➔ **If Not at all, Go to Question 43**
- 4☐ Don't know ➔ **If Don't know, Go to Question 43**

40. 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?

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

41. 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.

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

42. 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.

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

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

1☐ Yes
2☐ No
3☐ Don't know

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

1☐ Yes
2☐ No
3☐ Don't know

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

1☐ Yes
2☐ No

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

a☐ High cholesterol
b☐ High blood pressure
c☐ Parent or sibling with heart attack before the age of 60

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

a☐ A heart attack
b☐ Angina or coronary heart disease
c☐ A stroke
d☐ Any kind of diabetes or high blood sugar

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

1☐ Yes
2☐ No → **If No, Go to Question 50**

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

[1] ☐ Yes
[2] ☐ No

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

[1] ☐ Yes
[2] ☐ No ➔ **If No, Go to Question 52**

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

[1] ☐ Yes
[2] ☐ No

52. What is your age?

[1] ☐ 18 to 24
[2] ☐ 25 to 34
[3] ☐ 35 to 44
[4] ☐ 45 to 54
[5] ☐ 55 to 64
[6] ☐ 65 to 74
[7] ☐ 75 or older

53. Are you male or female?

[1] ☐ Male
[2] ☐ Female

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

[1] ☐ 8th grade or less
[2] ☐ Some high school, but did not graduate
[3] ☐ High school graduate or GED
[4] ☐ Some college or 2-year degree
[5] ☐ 4-year college graduate
[6] ☐ More than 4-year college degree

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

[1] ☐ Yes, Hispanic or Latino
[2] ☐ No, Not Hispanic or Latino

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

[a] ☐ White
[b] ☐ Black or African-American
[c] ☐ Asian
[d] ☐ Native Hawaiian or other Pacific Islander
[e] ☐ American Indian or Alaska Native
[f] ☐ Other

57. Did someone help you complete this survey?

[1] ☐ Yes ➔ **If Yes, Go to Question 58**

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

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

[a] ☐ Read the questions to me

[b] ☐ Wrote down the answers I gave

[c] ☐ Answered the questions for me

[d] ☐ Translated the questions into my language

[e] ☐ Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope.