2019 Michigan Department of Health and Human Services

Integrated Care Organization CAHPS® Report

September 2019

HSAG HEALTH SERVICES ADVISORY GROUP

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

The Michigan Department of Health and Human Services (MDHHS) assesses the perceptions and experiences of members enrolled in the MDHHS Integrated Care Organization (ICO) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members in the ICO Program (also referred to as MI Health Link Program). MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for the MI Health Link Program.[1-1] The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving members' overall experiences.

This report presents the 2019 CAHPS results of adult members enrolled in a MI Health Link health plan. A sample of 1,350 adult members was selected from each MI Health Link health plan. The survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.[1-2] The surveys were completed by adult members from May to July 2019. Seven MI Health Link health plans participated in the 2019 survey as listed the table below.

Plan Name	Plan Name Abbreviation
Aetna Better Health Premier Plan	Aetna Better Health Premier Plan
AmeriHealth Caritas VIP Care Plus	AmeriHealth Caritas VIP Care Plus
HAP Empowered[1-3]	HAP Empowered
MeridianComplete	MeridianComplete
Michigan Complete Health	Michigan Complete Health
Molina Dual Options MI Health Link Medicare-Medicaid Plan	Molina Dual Options
Upper Peninsula Health Plan MI Health Link Medicare-Medicaid Plan	Upper Peninsula Health Plan

Report Overview

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: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.
- Two individual item measures: Coordination of Care and Health Promotion and Education.

1-1 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
1-2 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
1-3 Effective January 2019, HAP Midwest changed its name to HAP Empowered.

- Three Effectiveness of Care measures: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies.

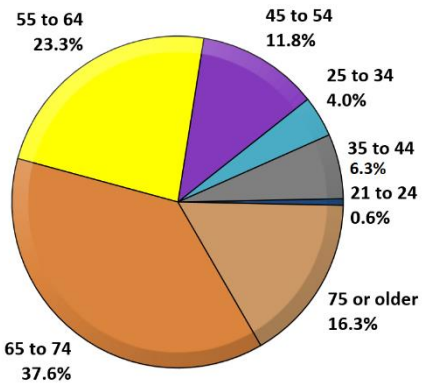
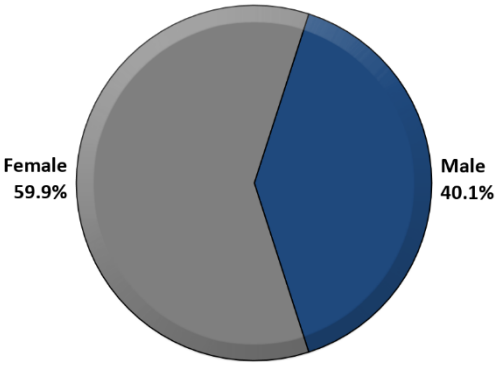
HSAG presents plan-level and aggregate statewide results (i.e., the MI Health Link Program) and compares them to national Medicaid data.[1-4] Additionally, overall scores for the supplemental items are reported.

Key Findings

Survey Demographics and Dispositions

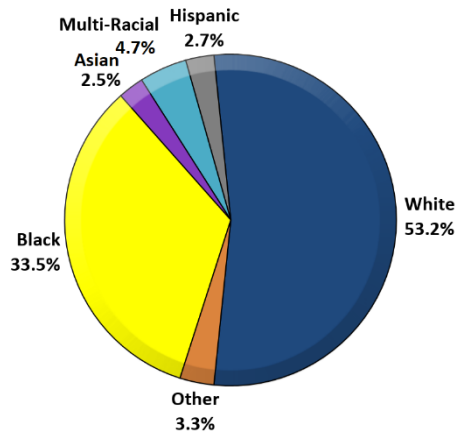
Table 1-1 provides an overview of the adult member demographics and survey dispositions for the MI Health Link Program. Please note, some percentages displayed in the table below may not total 100 percent due to rounding.

Table 1-1—Member Demographics and Survey Dispositions

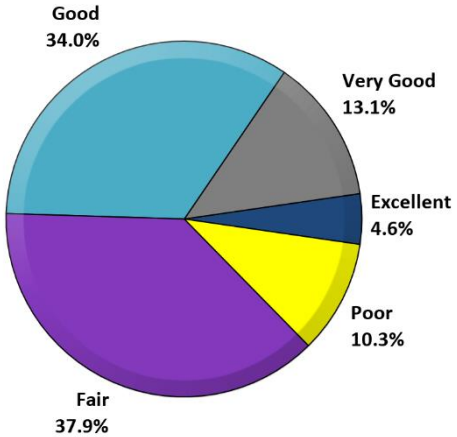
Age	Gender
	

[1-4] NCQA national averages for the adult Medicaid population were used for comparative purposes. Given the potential differences in the demographics of these populations (i.e., dual eligible and adult Medicaid), caution should be exercised when interpreting these results.

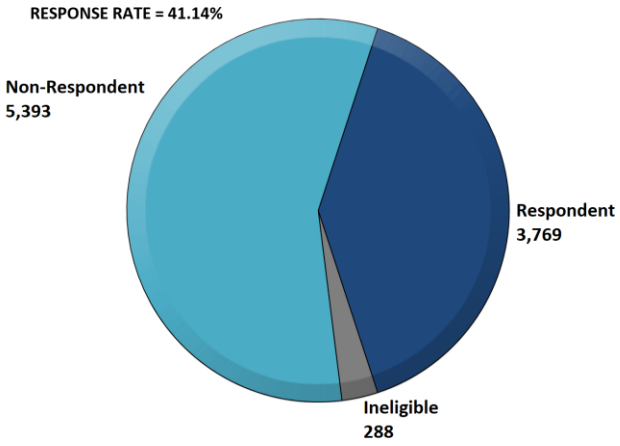
Race/Ethnicity



General Health Status



Survey Dispositions



NCQA Comparisons and Trend Analysis

HSAG compared top-box scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2018 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).[1-5,1-6,1-7] Based on this comparison, HSAG determined star ratings of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of this analysis are found in the Results section beginning on page 3-4.

In addition, a trend analysis was performed that compared the 2019 CAHPS results to their corresponding 2018 CAHPS results. Table 1-2, on the following page, provides highlights of the National Comparisons and Trend Analysis findings for the MI Health Link Program. The numbers presented in the table represent the top-box score for each measure, while the stars represent the overall member experience ratings when compared to NCQA's Quality Compass Benchmark and Compare Quality Data.

[1-5] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

[1-6] NCQA data for the adult Medicaid population were used for comparative purposes. Given the potential differences in the demographics of these populations (i.e., dual eligible and adult Medicaid), caution should be exercised when interpreting these results.

[1-7] In 2019, HSAG changed the benchmarking source for the NCQA Comparisons analysis from previous reports; therefore, results may not be comparable to previous years.

Table 1-2—NCQA Comparisons and Trend Analysis MI Health Link Program

Measure	National Comparisons	Trend Analysis
Global Rating		
Rating of Health Plan	★★★★ 67.0%	—
Rating of All Health Care	★★★ 55.7%	—
Rating of Personal Doctor	★★★ 69.2%	—
Rating of Specialist Seen Most Often	★★★ 67.7%	—
Composite Measure		
Getting Needed Care	★★★★ 86.6%	—
Getting Care Quickly	★★★★ 86.3%	—
How Well Doctors Communicate	★★★ 92.2%	—
Customer Service	★★★★★ 91.1%	—
Shared Decision Making	★★ 79.4%	—
Individual Item Measure		
Coordination of Care	★★★ 85.4%	—
Health Promotion and Education	★★★★ 77.5%	—
Effectiveness of Care Measure		
Advising Smokers and Tobacco Users to Quit	★★★★★ 86.1%	—
Discussing Cessation Medications	★★★★★ 66.5%	—
Discussing Cessation Strategies	★★★★ 53.2%	—

Star Assignments Based on Percentiles

★★★★★ 90th or Above ★★★★75th-89th ★★★50th-74th ★★ 25th-49th ★Below 25th

▲ *Statistically significantly higher in 2019 than in 2018.*

▼ *Statistically significantly lower in 2019 than in 2018.*

— *Indicates the 2019 score is not statistically significantly different than the 2018 score.*

The following are highlights of this comparison:

- The MI Health Link Program scored at or above the 90th percentile on three measures: Customer Service, Advising Smokers and Tobacco Users to Quit, and Discussing Cessation Medications.
- The MI Health Link Program scored at or between the 75th and 89th percentiles on five measures: Rating of Health Plan, Getting Needed Care, Getting Care Quickly, Health Promotion and Education, and Discussing Cessation Strategies.
- The MI Health Link Program scored at or between the 50th and 74th percentiles on five measures: Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, How Well Doctors Communicate, and Coordination of Care.
- The MI Health Link Program scored at or between the 25th and 49th percentiles on one measure, Shared Decision Making.

Results from the trend analysis showed that the MI Health Link Program did not score statistically significantly *higher* or *lower* in 2019 than in 2018 on any of the measures.

Statewide Comparisons

HSAG calculated top-box scores for each global rating, composite measure, individual item measure, and overall scores for the Effectiveness of Care measures. HSAG compared the MI Health Link health plan results to the MI Health Link Program average to determine if plan results were statistically significantly different from the MI Health Link Program average. Table 1-3 through Table 1-5 show the results of this analysis for the global ratings, composite measures, individual item measures, and Effectiveness of Care measures.

Table 1-3—Statewide Comparisons – Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Aetna Better Health Premier Plan	—	—	—	—
AmeriHealth Caritas VIP Care Plus	—	—	—	—
HAP Empowered	—	—	—	—
MeridianComplete	—	—	—	—
Michigan Complete Health	↓	↓	—	—
Molina Dual Options	—	—	—	—
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 above the MI Health Link Program average.*
↓ *Indicates the plan's score is statistically significantly below the MI Health Link Program average.*
— *Indicates the plan's score is not statistically significantly different than the MI Health Link Program average.*

Table 1-4—Statewide Comparisons: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Aetna Better Health Premier Plan	—	—	—	—	—
AmeriHealth Caritas VIP Care Plus	—	—	—	—	—
HAP Empowered	—	—	—	—	—
MeridianComplete	—	—	—	—	—
Michigan Complete Health	↓	↓	—	—	—
Molina Dual Options	—	—	—	—	—
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 above the MI Health Link Program average.*
↓ *Indicates the plan's score is statistically significantly below the MI Health Link Program average.*
— *Indicates the plan's score is not statistically significantly different than the MI Health Link Program average.*

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

Plan Name	Coordination of Care	Health Promotion and Education	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
Aetna Better Health Premier Plan	—	—	—	—	—
AmeriHealth Caritas VIP Care Plus	—	—	—	—	—
HAP Empowered	—	—	—	—	—
MeridianComplete	—	—	—	—	—
Michigan Complete Health	—	—	—	—	—
Molina Dual Options	—	—	—	—	—
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 above the MI Health Link Program average.*
↓ *Indicates the plan's score is statistically significantly below the MI Health Link Program average.*
— *Indicates the plan's score is not statistically significantly different than the MI Health Link Program average.*

The results from the Statewide Comparisons presented in Table 1-3 through Table 1-5 revealed that the following plan had six measures that were statistically significantly *higher* than the MI Health Link Program average:

- Upper Peninsula Health Plan

Conversely, the following plan had four measures that were statistically significantly *lower* than the MI Health Link Program average:

- Michigan Complete Health

Key Drivers of Member Experience Analysis

HSAG focused the key drivers of member experience 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 members' experience with each of the three measures. Table 1-6 provides a summary of the key drivers identified for the MI Health Link Program.

Table 1-6—MI Health Link Program Key Drivers of Member Experience

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Respondents reported that forms from their health plan were often not easy to fill out.	✓		
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	✓	✓	
Respondents reported that it was often not easy to obtain appointments with specialists.		✓	
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.	✓	✓	✓

2019 CAHPS Performance Measures

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 53 core questions that yield 14 measures. These measures include four global rating questions, five composite measures, two individual item measures, and three Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect members' overall experience with their health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "Getting Needed Care" or "Getting Care Quickly"). The individual item measures are individual questions that look at a specific area of care (i.e., "Coordination of Care" and "Health Promotion and Education"). The Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation.

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

Table 2-1—CAHPS Measures

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

How CAHPS Results Were Collected

HSAG's survey methodology ensured the collection of CAHPS data is consistent throughout all plans to allow for comparisons. The sampling procedures and survey protocol that were adhered to are described below.

Sampling Procedures

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

- Were 21 years of age or older as of February 28, 2019.
- Were currently enrolled in a MI Health Link health plan.
- Had been continuously enrolled in the plan for at least five out of six months (i.e., September 1, 2018 to February 28, 2019).

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

Survey Protocol

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

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

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

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

Table 2-2—CAHPS 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 seven days after mailing the first questionnaire.	7 days
Send a second questionnaire (and letter) to non-respondents 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents seven days after mailing the second questionnaire.	42 days
Initiate CATI interviews for non-respondents 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that up to three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56–85 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) 29 days after initiation.	85 days

How CAHPS Results Were Calculated and Displayed

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

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible members of the sample. HSAG considered a survey completed if members answered at least three of the following five questions: 3, 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.

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

Demographics of Adult Members

The demographics analysis evaluated demographic information of adult members. The demographic characteristics included age, gender, race/ethnicity, level of education, and general health status. MDHHS should exercise caution when extrapolating the MI Health Link survey results to the entire population if the respondent population differs significantly from the actual population of the plan.

NCQA Comparisons

HSAG conducted an analysis of the CAHPS survey results using NCQA's 2018 Quality Compass Benchmark and Compare Quality Data. In order to perform the National Comparisons, a top-box score was determined for each measure.[2-2] HSAG compared the resulting top-box scores to NCQA's Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings for each measure. Table 2-3 shows the percentiles that were used to determine the star ratings.

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

There are no national benchmarks available for a dual eligible population; therefore, national adult Medicaid data were used for comparative purposes.[2-3] Although NCQA requires a minimum of 100 responses on each item in order to report the item as a reportable CAHPS Survey result, HSAG presented results with fewer than 100 responses, which are denoted with a cross (+). Caution should be exercised when evaluating measures' results with fewer than 100 responses.

2-2 For detailed information on the derivation of top-box scores, please refer to *HEDIS® 2019, Volume 3: Specifications for Survey Measures.*

2-3 Given the potential differences in the demographics of these populations (i.e., dual eligible and adult Medicaid), caution should be exercised when interpreting these results.

Statewide Comparisons

Global Ratings, Composite Measures, and Individual Item Measures

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box scores following NCQA HEDIS Specifications for Survey Measures.[2-4] The scoring of the global ratings, composite measures, and individual item 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, and the Coordination of Care individual item;
- "Yes" for the Shared Decision Making composite, and the Health Promotion and Education individual item.

Effectiveness of Care Measures: Medical Assistance with Smoking and Tobacco Use Cessation

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

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

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. The 2019 scores 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 2019 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2018 and 2019.

Weighting

A weighted MI Health Link Program score was calculated. Results were weighted based on the total eligible population for each plan's adult MI Health Link population.

[2-4] National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2018.

MI Health Link Health Plan Comparisons

The results of the MI Health Link health plans were compared to the MI Health Link 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 MI Health Link health plans' means was significant. If the *F* test demonstrated plan-level differences (i.e., p value < 0.05), then a *t* test was performed for each MI Health Link health plan. The *t* test determined whether each MI Health Link health plan's mean was statistically significantly different from the MI Health Link Program average. This analytic approach follows the Agency for Healthcare Research and Quality's (AHRQ's) recommended methodology for identifying significant plan-level performance differences.

Trend Analysis

A trend analysis was performed that compared the 2019 CAHPS scores to the corresponding 2018 CAHPS scores to determine whether there were statistically significant differences. A *t* test was performed to determine whether results in 2019 were statistically significantly different from results in 2018. 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 fewer than 100 responses are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience 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 member experience 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 MI Health Link Program is performing on the survey item and 2) how ***important*** that item is to members' overall experience.

Table 2-4, on the following page, provides a list of the survey items considered for the key drivers analysis (indicated by a checkmark [✓]) for the Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor global ratings.

Table 2-4—Correlation Matrix

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4	✓	✓	✓
Q6	✓	✓	✓
Q8	✓	✓	✓
Q10	✓	✓	✓
Q11	✓	✓	✓
Q12	✓	✓	✓
Q14	✓	✓	✓
Q17	✓	✓	✓
Q18	✓	✓	✓
Q19	✓	✓	✓
Q20	✓	✓	✓
Q22	✓	✓	✓
Q25	✓	✓	
Q29	✓	✓	
Q31	✓	✓	
Q32	✓	✓	
Q34	✓	✓	

Perceived performance on a survey question is measured by calculating a *problem score*, in which a negative experience with care is defined as a problem and assigned a "1," and a positive experience is assigned a "0." The higher the problem score, the lower the member's experience with the aspect of service measured by that question. The problem score can range from 0 to 1.

Table 2-5 depicts the problem score assignments for the different response categories.

Table 2-5—Assignment of Problem Scores

Never/Sometimes/Usually/Always Format		
Response Category	***Classification***	***Code***
Never	Problem	1
Sometimes	Problem	1
Usually	Not a problem	0
Always	Not a problem	0
No Answer	Not classified	Missing
No/Yes Format		
Response Category	***Classification***	***Code***
No	Problem	1
Yes	Not a problem	0
No Answer	Not classified	Missing

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

The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of r is used in the analysis, and the range for r is 0 to 1. An r of zero indicates no relationship between the response to a question and the member's experience. As r increases, the importance of the question to the respondent's overall experience increases.

A problem score at or above the median problem score is considered to be "high." A correlation at or above the median correlation is considered to be "high." Key drivers are those items for which the problem score and correlation are both at or above their respective medians. The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have disproportionate influence in prioritizing individual questions.

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 experience. 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.[2-5]

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 with various aspects of their health care experiences, these differences may not be completely attributable to the plan. These analyses identify whether respondents give different ratings of experience with their plan. 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.

[2-5] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

National Data for Comparisons

While comparisons to national data were performed for the survey measures, it is important to note that the survey instrument utilized for the 2019 survey administration was the standard CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set; however, the population being surveyed was a Medicare-Medicaid dual eligible population, not an adult Medicaid population. There are currently no available benchmarks for a dual eligible population; therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

3. Results

Who Responded to the Survey

A total of 9,450 surveys were distributed to adult members. A total of 3,769 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
MI Health Link Program	**9,450**	**3,769**	**288**	**41.14%**
Aetna Better Health Premier Plan	1,350	563	36	42.85%
AmeriHealth Caritas VIP Care Plus	1,350	450	48	34.56%
HAP Empowered	1,350	481	49	36.97%
MeridianComplete	1,350	608	29	46.03%
Michigan Complete Health	1,350	417	51	32.10%
Molina Dual Options	1,350	563	33	42.75%
Upper Peninsula Health Plan	1,350	687	42	52.52%

Demographics of Adult Members

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

Table 3-2—Adult Member Demographics: Age

Plan Name	21 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
MI Health Link Program	**0.6%**	**4.0%**	**6.3%**	**11.8%**	**23.3%**	**37.6%**	**16.3%**
Aetna Better Health Premier Plan	0.9%	6.0%	5.7%	11.7%	23.7%	37.0%	15.0%
AmeriHealth Caritas VIP Care Plus	0.5%	4.8%	7.1%	11.9%	20.2%	38.1%	17.4%
HAP Empowered	0.4%	3.8%	6.3%	9.9%	23.1%	38.7%	17.9%
MeridianComplete	0.7%	3.6%	6.9%	13.2%	25.2%	38.7%	11.7%
Michigan Complete Health	0.2%	4.2%	6.4%	12.5%	20.8%	37.9%	18.1%
Molina Dual Options	1.1%	2.9%	4.6%	11.2%	22.7%	42.0%	15.5%
Upper Peninsula Health Plan	0.4%	3.2%	7.2%	12.2%	25.4%	32.3%	19.2%
Please note, percentages may not total 100.0% due to rounding.							

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

Table 3-3—Adult Member Demographics: Gender

Plan Name	Male	Female
MI Health Link Program	**40.1%**	**59.9%**
Aetna Better Health Premier Plan	40.0%	60.0%
AmeriHealth Caritas VIP Care Plus	47.6%	52.4%
HAP Empowered	34.9%	65.1%
MeridianComplete	35.7%	64.3%
Michigan Complete Health	45.3%	54.7%
Molina Dual Options	42.3%	57.7%
Upper Peninsula Health Plan	37.7%	62.3%
Please note, percentages may not total 100.0% due to rounding.		

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

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

Plan Name	White	Hispanic	Black	Asian	Other	Multi-Racial
MI Health Link Program	**53.2%**	**2.7%**	**33.5%**	**2.5%**	**3.3%**	**4.7%**
Aetna Better Health Premier Plan	54.7%	2.2%	31.8%	2.6%	3.0%	5.7%
AmeriHealth Caritas VIP Care Plus	37.5%	2.7%	51.0%	3.0%	2.7%	3.0%
HAP Empowered	37.9%	3.4%	46.3%	4.3%	3.2%	4.9%
MeridianComplete	72.7%	3.2%	16.1%	0.8%	2.0%	5.1%
Michigan Complete Health	28.0%	2.5%	55.0%	4.5%	2.8%	7.3%
Molina Dual Options	31.8%	3.9%	54.4%	3.3%	2.9%	3.7%
Upper Peninsula Health Plan	88.0%	1.5%	0.6%	0.7%	5.6%	3.5%
Please note, percentages may not total 100.0% due to rounding.						

Table 3-5 depicts the level of education of members who completed a survey.

Table 3-5—Adult Member Demographics: Education

Plan Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
MI Health Link Program	**10.3%**	**19.1%**	**41.2%**	**24.1%**	**5.3%**
Aetna Better Health Premier Plan	8.9%	18.2%	45.1%	22.9%	4.8%
AmeriHealth Caritas VIP Care Plus	12.6%	21.9%	38.4%	21.6%	5.6%
HAP Empowered	9.2%	19.7%	38.0%	23.8%	9.2%
MeridianComplete	11.3%	16.0%	43.9%	25.1%	3.7%
Michigan Complete Health	11.0%	25.5%	33.8%	24.3%	5.5%
Molina Dual Options	11.9%	21.5%	38.3%	24.1%	4.3%
Upper Peninsula Health Plan	8.0%	14.5%	46.5%	26.1%	5.0%
Please note, percentages may not total 100.0% due to rounding.					

Table 3-6 depicts the general health status of members who completed a survey.

Table 3-6—Adult Member Demographics: General Health Status

Plan Name	Excellent	Very Good	Good	Fair	Poor
MI Health Link Program	**4.6%**	**13.1%**	**34.0%**	**37.9%**	**10.3%**
Aetna Better Health Premier Plan	4.7%	13.8%	34.3%	37.2%	10.0%
AmeriHealth Caritas VIP Care Plus	6.3%	14.1%	35.8%	35.4%	8.4%
HAP Empowered	4.2%	12.4%	37.6%	37.8%	8.0%
MeridianComplete	3.5%	12.3%	33.4%	39.0%	11.7%
Michigan Complete Health	5.9%	13.3%	29.7%	41.5%	9.6%
Molina Dual Options	4.0%	12.2%	32.2%	39.4%	12.2%
Upper Peninsula Health Plan	4.4%	13.9%	34.8%	35.8%	11.1%
Please note, percentages may not total 100.0% due to rounding.					

NCQA Comparisons

In order to assess the overall performance of the MI Health Link Program, HSAG scored each measure using an NCQA-approved scoring methodology. HSAG compared the plans' and program's top-box scores to NCQA's Quality Compass Benchmark and Compare Quality Data.[3-1,3-2]

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 3-7.

Table 3-7—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 three tables represent the top-box scores for each measure, while the stars represent the overall member experience ratings when the top-box scores were compared to NCQA's Quality Compass Benchmark and Compare Quality Data.

3-1 Given the potential differences in demographic make-up of the MI Health Link population and services received from the MI Health Link health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA Quality Compass Benchmark and Compare Quality Data.

3-2 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

Table 3-8 shows the scores and overall member experience ratings on each of the four global ratings.

Table 3-8—NCQA Comparisons: Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
MI Health Link Program	★★★★ **67.0%**	★★★ **55.7%**	★★★ **69.2%**	★★★ **67.7%**
Aetna Better Health Premier Plan	★★★ 63.9%	★★★ 56.2%	★★★ 70.3%	★★ 66.5%
AmeriHealth Caritas VIP Care Plus	★★★★★ 68.2%	★★★ 55.1%	★★★ 68.9%	★★★★ 72.9%
HAP Empowered	★★★★★ 69.0%	★★★ 56.1%	★★★★ 71.0%	★★★ 67.4%
MeridianComplete	★★★★ 66.3%	★★ 54.5%	★★★ 68.4%	★★★ 67.7%
Michigan Complete Health	★ 54.1%	★ 46.5%	★★ 65.2%	★ 63.1%
Molina Dual Options	★★★★★ 67.7%	★★ 54.5%	★★ 66.7%	★★ 65.5%
Upper Peninsula Health Plan	★★★★★ 75.0%	★★★★★ 63.7%	★★★★★ 74.7%	★★★★★ 73.9%

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

The MI Health Link Program scored at or between the 75th and 89th percentiles for the Rating of Health Plan global rating. The MI Health Link Program scored at or between the 50th and 74th percentiles for three global ratings: Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often.

Table 3-9 shows the scores and overall member experience ratings on each of the five composite measures.

Table 3-9—NCQA Comparisons: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
MI Health Link Program	★★★★ **86.6%**	★★★★ **86.3%**	★★★ **92.2%**	★★★★★ **91.1%**	★★ **79.4%**
Aetna Better Health Premier Plan	★★★★★ 87.3%	★★★★ 85.2%	★★★ 92.5%	★★★ 89.1%	★ 77.5%
AmeriHealth Caritas VIP Care Plus	★★★★★ 87.9%	★★★★★ 87.8%	★★★ 92.2%	★★★★★ 92.6%	★★ 78.6%
HAP Empowered	★★★★★ 87.5%	★★★★★ 87.5%	★★★ 92.8%	★★★★★ 93.3%	★★★ 80.7%
MeridianComplete	★★★★★ 87.4%	★★★★★ 87.1%	★★ 91.5%	★★★★★ 93.1%	★★★ 79.9%
Michigan Complete Health	★★ 81.9%	★★★ 82.6%	★★★ 92.8%	★★★★ 90.1%	★ 73.2%
Molina Dual Options	★★★ 84.9%	★★★ 84.7%	★★ 91.0%	★★★ 88.9%	★★★ 81.7%
Upper Peninsula Health Plan	★★★★★ 89.5%	★★★★★ 90.8%	★★★★★ 94.3%	★★★★★ 94.6%	★★ 78.8%

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

The MI Health Link Program scored at or above the 90th percentile for the Customer Service composite measure. The MI Health Link Program scored at or between the 75th and 89th percentiles for two composite measures: Getting Needed Care and Getting Care Quickly. The MI Health Link Program scored at or between the 50th and 74th percentiles for the How Well Doctors Communicate composite measure. The MI Health Link Program scored at or between the 25th and 49th percentiles for the Shared Decision Making composite measure.

Table 3-10 shows the scores and overall member experience ratings on the two individual item measures and three Effectiveness of Care measures.

Table 3-10—NCQA Comparisons: Individual Item Measures and Effectiveness of Care Measures

Plan Name	Coordination of Care	Health Promotion and Education	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
MI Health Link Program	★★★ **85.4%**	★★★★ **77.5%**	★★★★★ **86.1%**	★★★★★ **66.5%**	★★★★ **53.2%**
Aetna Better Health Premier Plan	★★★ 84.5%	★★★ 74.9%	★★★★★ 87.7%	★★★★★ 66.2%	★★★★ 51.3%
AmeriHealth Caritas VIP Care Plus	★ 80.5%	★★★★★ 80.9%	★★★★★ 87.0%	★★★★★ 65.8%	★★★★ 52.8%
HAP Empowered	★★★ 83.9%	★★★★★ 80.7%	★★★★★ 84.1%	★★★★★ 63.7%	★★★★ 56.0%
MeridianComplete	★★★★ 86.8%	★★★★★ 78.7%	★★★★★ 89.8%	★★★★★ 66.1%	★★★★ 55.3%
Michigan Complete Health	★★★★ 86.3%	★★★★★ 78.7%	★★★★★ 84.9%	★★★★★ 66.3%	★★★★ 53.5%
Molina Dual Options	★★★ 84.8%	★★★★ 76.6%	★★★★★ 84.4%	★★★★★ 69.2%	★★★★ 54.3%
Upper Peninsula Health Plan	★★★★★ 90.6%	★★★★ 76.2%	★★★★★ 85.1%	★★★★★ 64.8%	★★★ 48.5%

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

The MI Health Link Program scored at or between the 75th and 89th percentiles for the Health Promotion and Education individual item measure. The MI Health Link Program scored at or between the 50th and 74th percentiles for the Coordination of Care individual item measure.

The MI Health Link Program scored at or above the 90th percentile for two Effectiveness of Care measures: Advising Smokers and Tobacco Users to Quit and Discussing Cessation Medications. The MI Health Link Program scored at or between the 75th and 89th percentiles for the Discussing Cessation Strategies Effectiveness of Care measure.

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box scores for each global rating, composite measure, and individual item 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, and the Coordination of Care individual item;
- "Yes" for the Shared Decision Making composite and the Health Promotion and Education individual item.

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

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

In some instances, the top-box scores presented for two plans may be similar, but one was statistically significantly different from the MI Health Link 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 statistically 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® 2018 and is used with the permission of the NCQA. Quality Compass 2018 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.

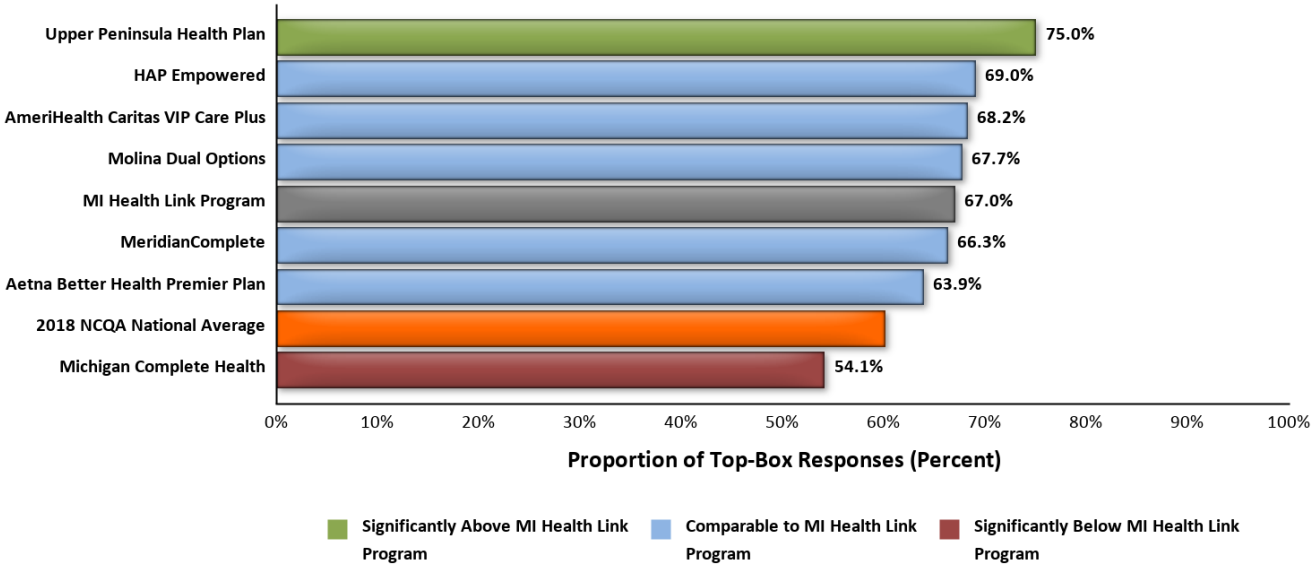
3-4 NCQA national averages for the adult Medicaid population were used for comparisons. Given the potential differences in the demographics of these populations (i.e., adult Medicaid and Medicare/Medicaid dual eligible members), caution should be exercised when interpreting these results.

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 scores.

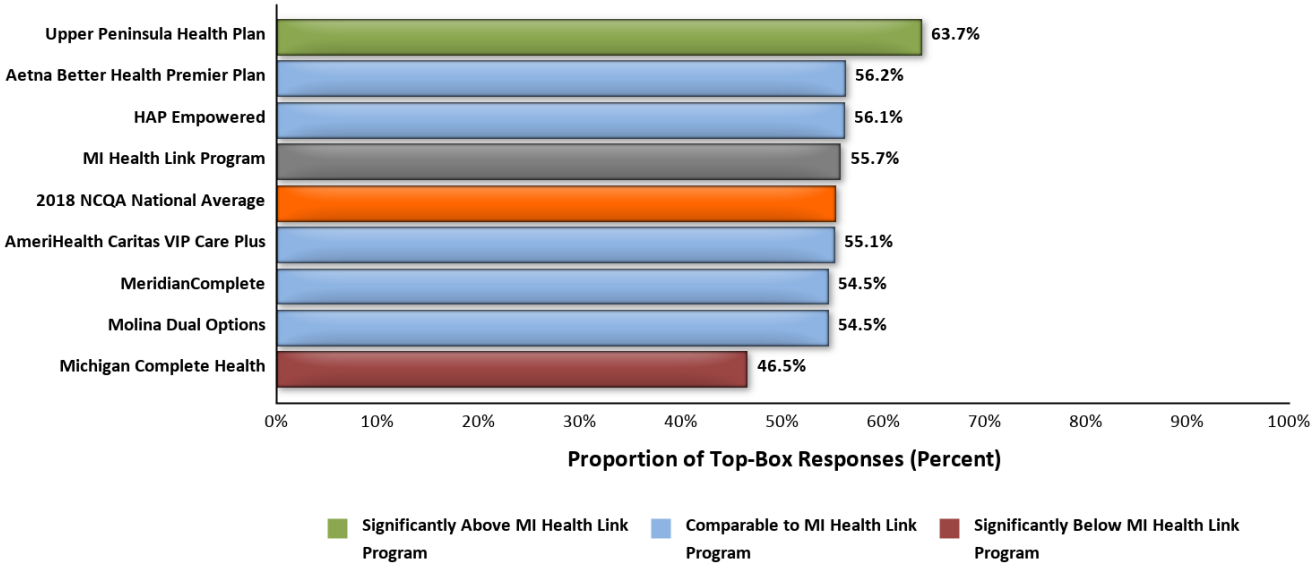
Figure 3-1—Rating of Health Plan Top-Box Scores



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 scores.

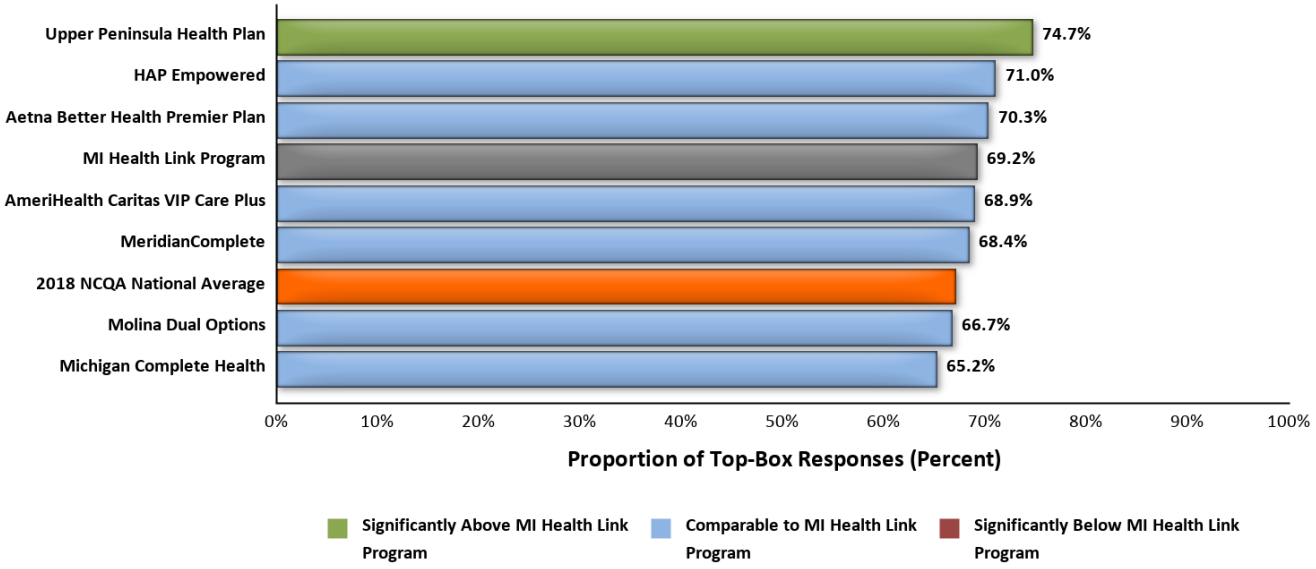
Figure 3-2—Rating of All Health Care Top-Box Scores



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 scores.

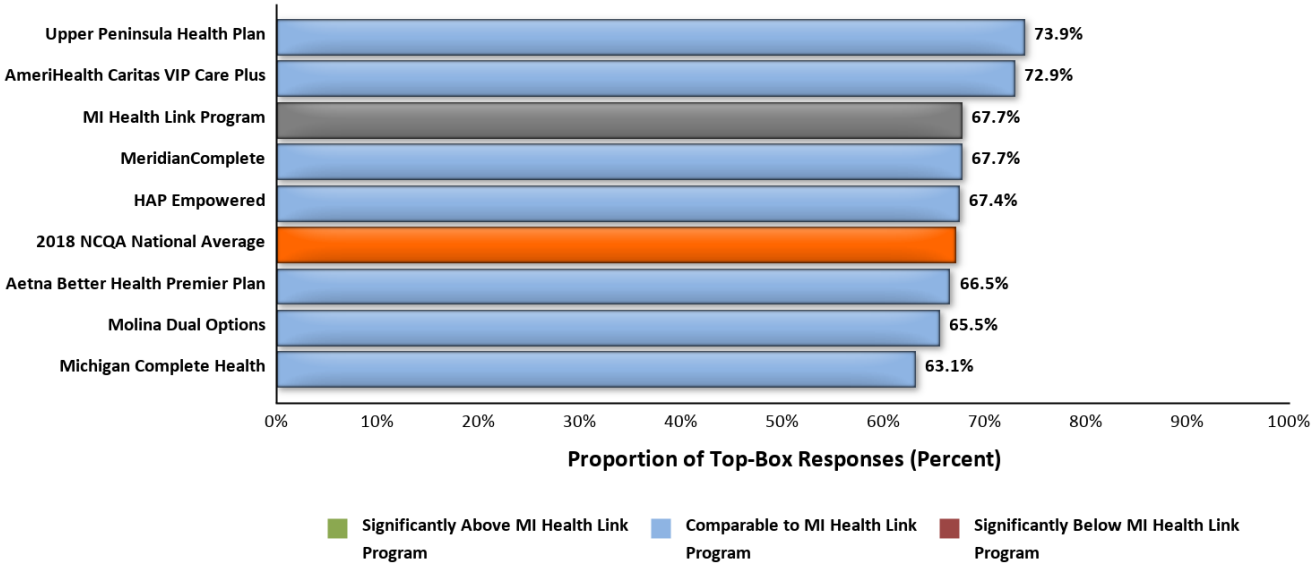
Figure 3-3—Rating of Personal Doctor Top-Box Scores



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 scores.

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



Composite Measures

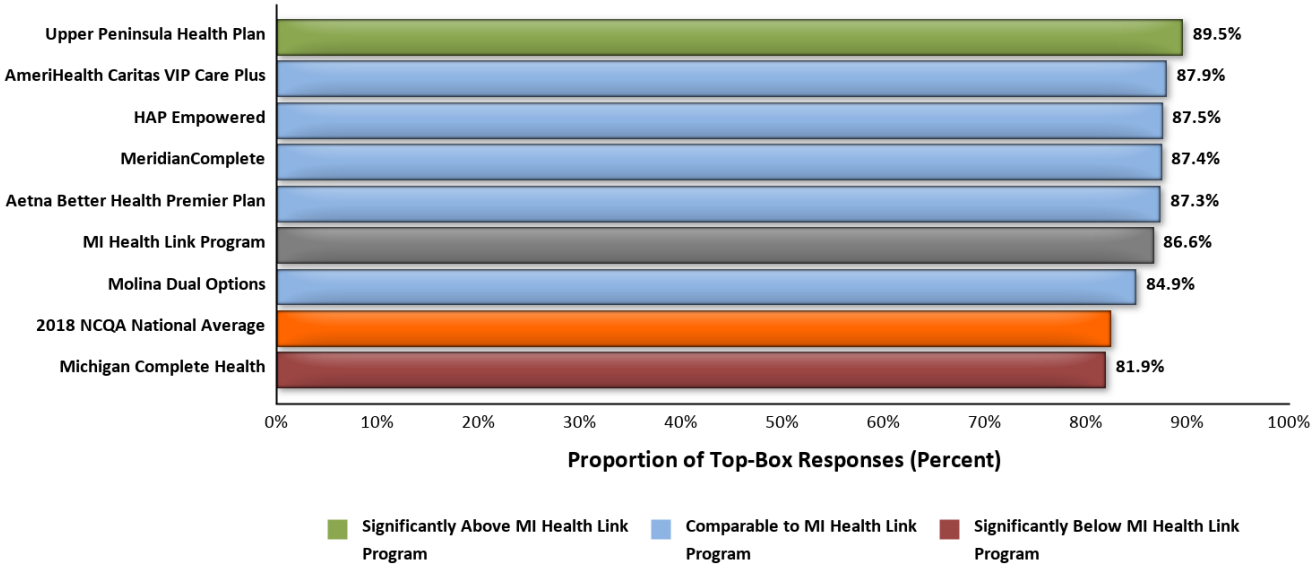
Getting Needed Care

Two questions (Questions 14 and 25) 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

Responses of "Usually" or "Always" were used to calculate top-box scores for the Getting Needed Care composite measure. Figure 3-5 shows the Getting Needed Care top-box scores.

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



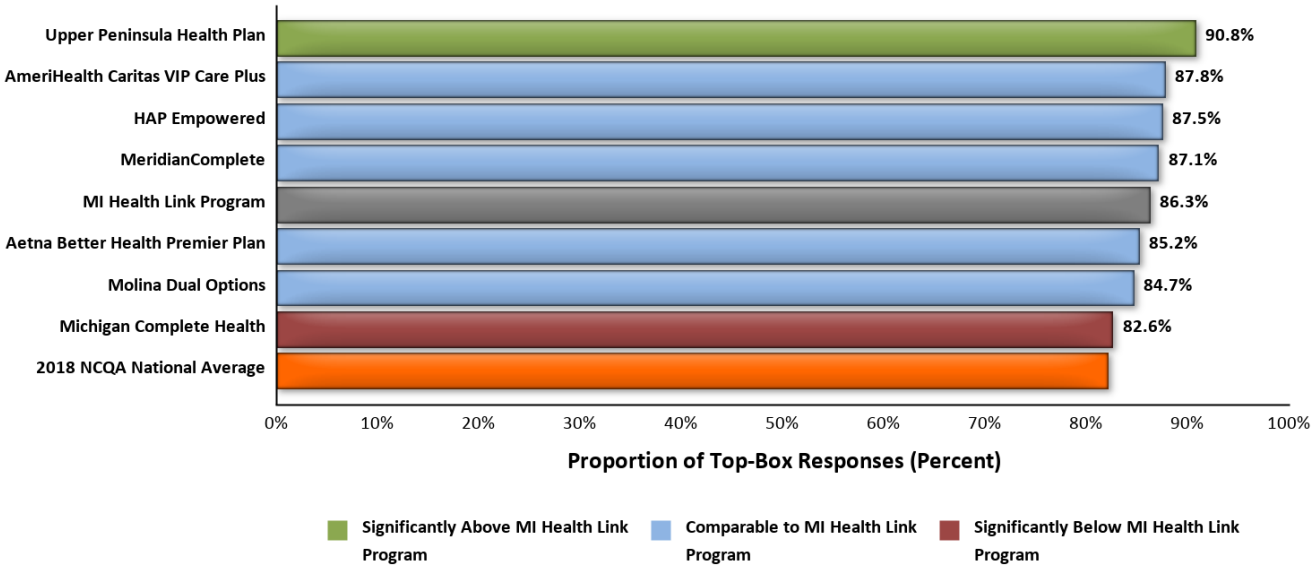
Getting Care Quickly

Two questions (Questions 4 and 6) 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

Responses of "Usually" or "Always" were used to calculate top-box scores for the Getting Care Quickly composite measure. Figure 3-6 shows the Getting Care Quickly top-box scores.

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



How Well Doctors Communicate

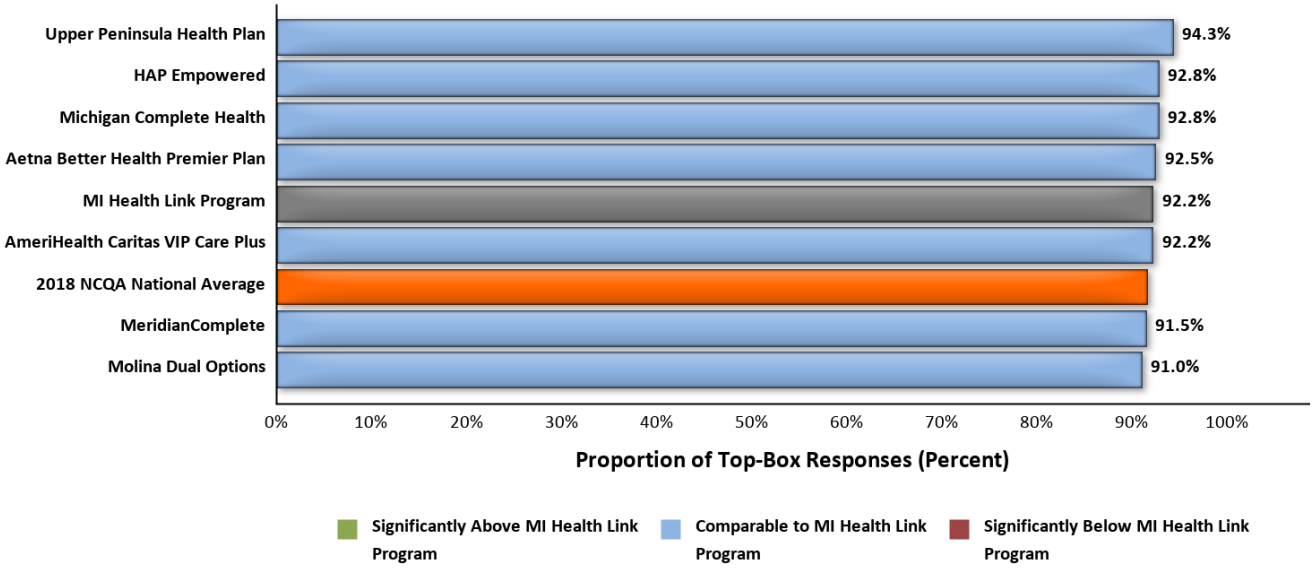
A series of four questions (Questions 17, 18, 19, and 20) was asked to assess how often doctors communicated well:

- **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

Responses of "Usually" or "Always" were used to calculate top-box scores for the How Well Doctors Communicate composite measure.

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

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



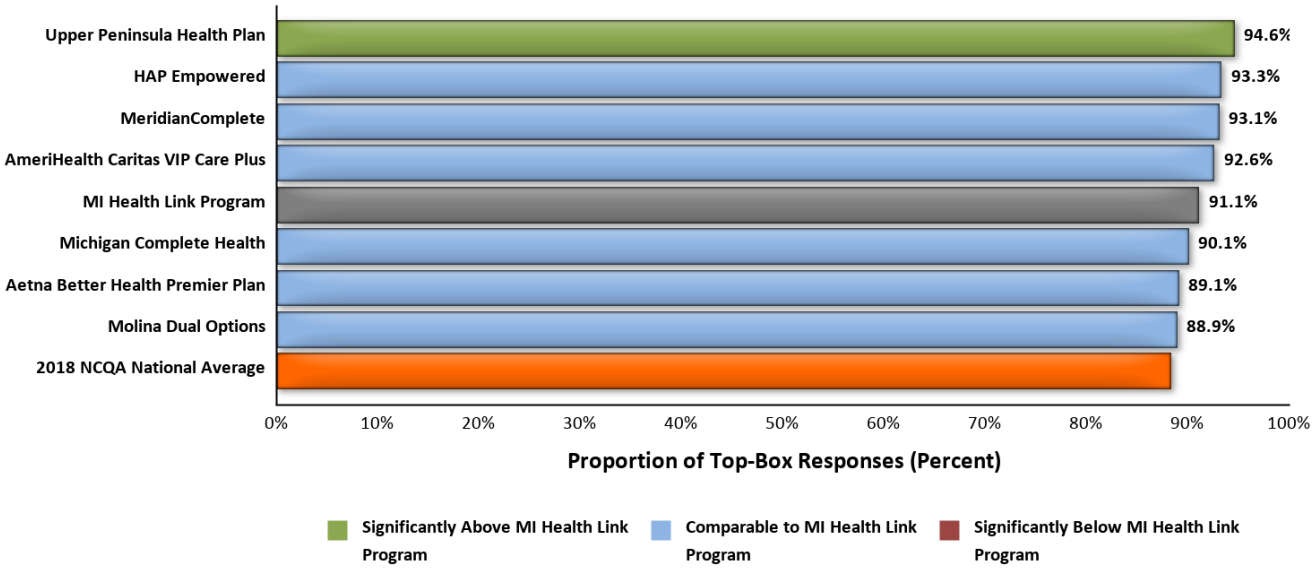
Customer Service

Two questions (Questions 31 and 32) 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

Responses of "Usually" or "Always" were used to calculate top-box scores for the Customer Service composite measure. Figure 3-8 shows the Customer Service top-box scores.

Figure 3-8—Customer Service Top-Box Scores



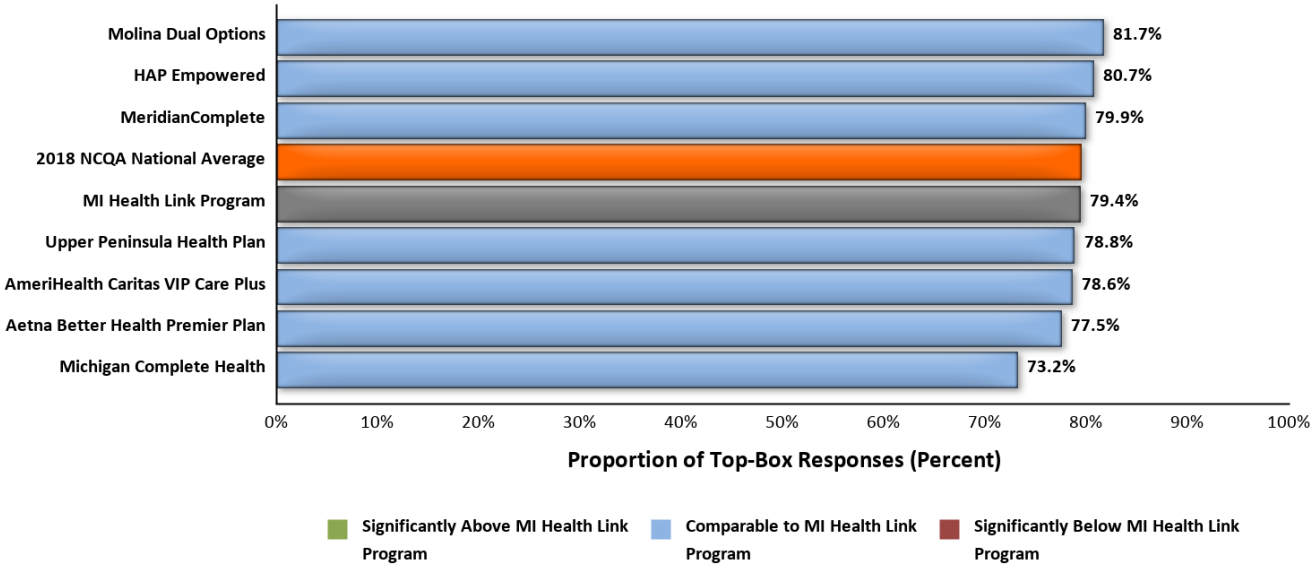
Shared Decision Making

Three questions (Questions 10, 11, and 12) 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

Responses of "Yes" were used to calculate top-box scores for the Shared Decision Making composite measure. Figure 3-9 shows the Shared Decision Making top-box scores.

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



Individual Item Measures

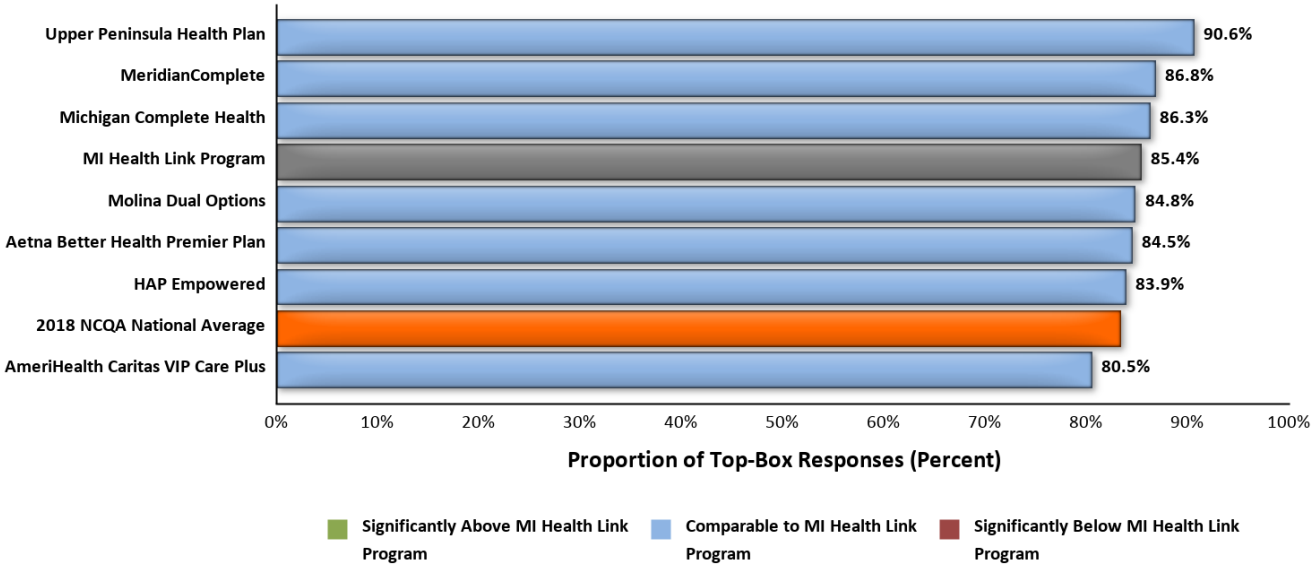
Coordination of Care

Adult members were asked one question (Question 22) to assess how often their personal doctor seemed informed and up to date about care they received from another doctor.

- **Question 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?
    - Never
    - Sometimes
    - Usually
    - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the Coordination of Care individual item measure. Figure 3-10 shows the Coordination of Care top-box scores.

Figure 3-10—Coordination of Care Top-Box Scores



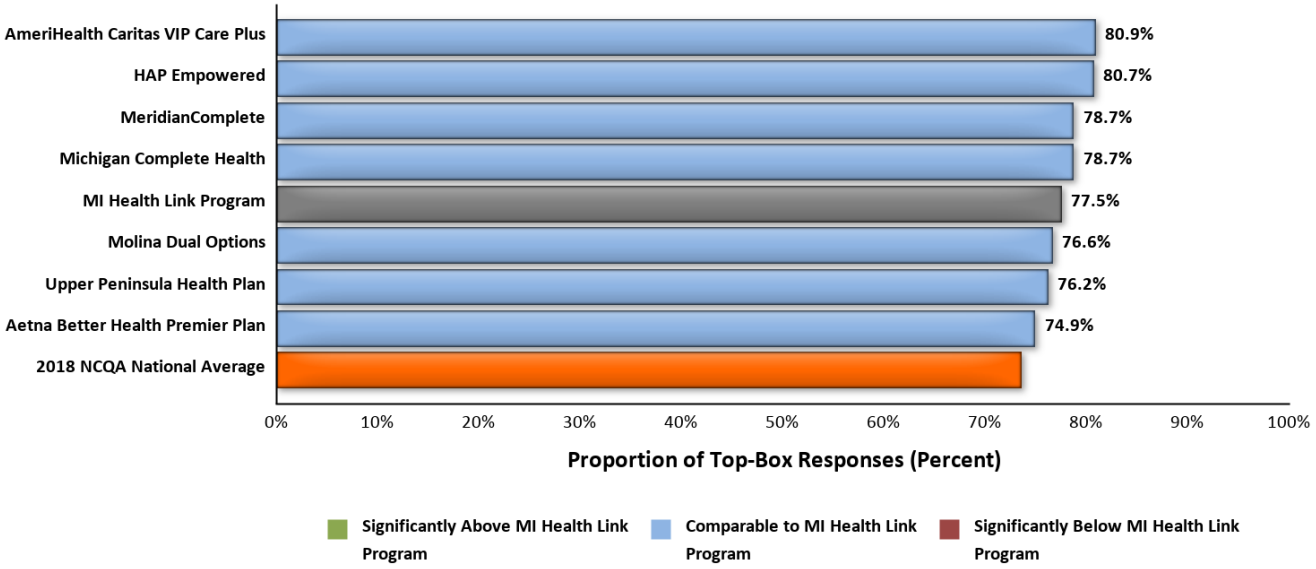
Health Promotion and Education

Adult members were asked one question (Question 8) to assess if their doctor talked with them about specific things they could do to prevent illness:

- **Question 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?
  - Yes
  - No

Responses of "Yes" were used to calculate top-box scores for the Health Promotion and Education individual item measure. Figure 3-11 shows the Health Promotion and Education top-box scores.

Figure 3-11—Health Promotion and Education Top-Box Scores



Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

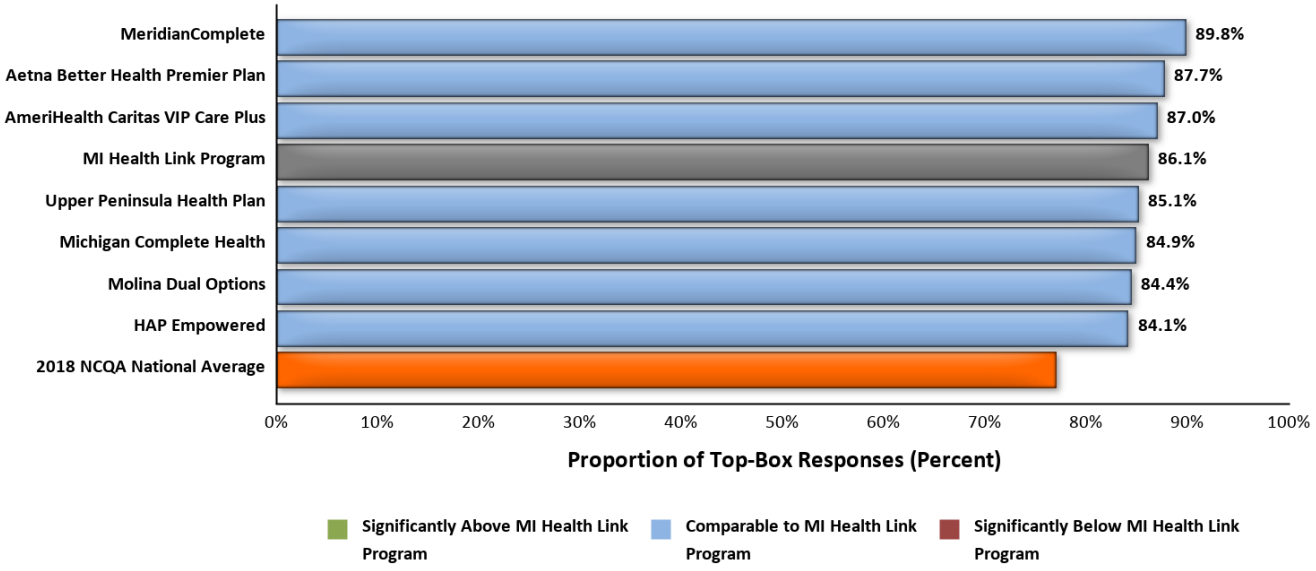
Advising Smokers and Tobacco Users to Quit

Adult members were asked how often they were advised to quit smoking or using tobacco by a doctor or other health provider (Question 40):

- **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. Figure 3-12 shows the Advising Smokers and Tobacco Users to Quit scores.

Figure 3-12—Advising Smokers and Tobacco Users to Quit Scores



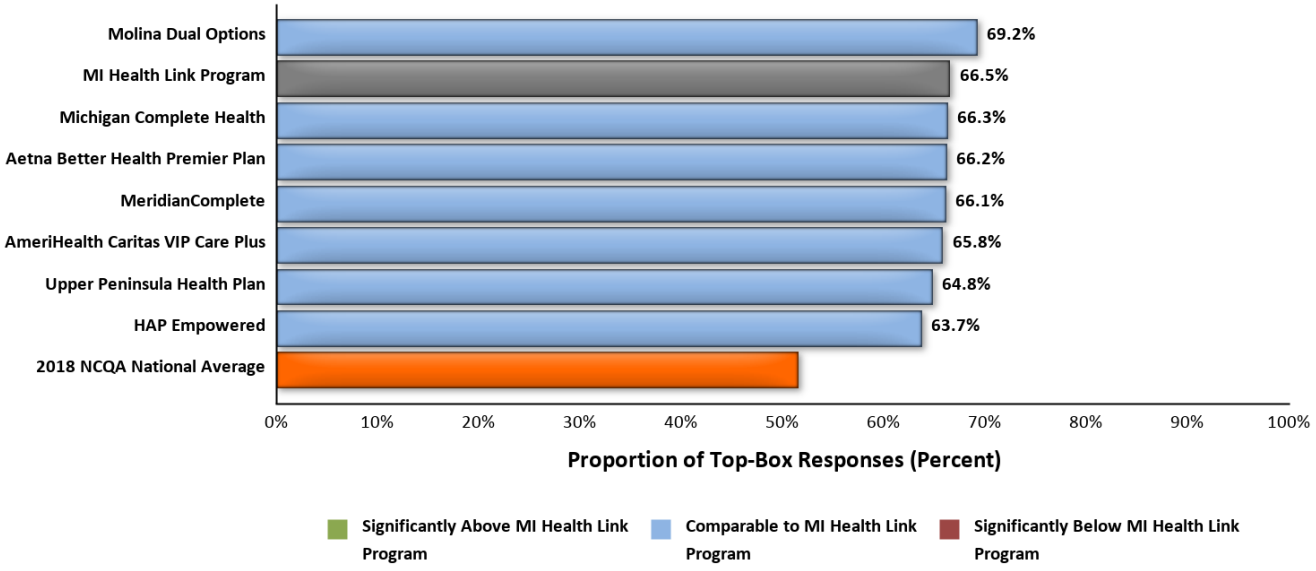
Discussing Cessation Medications

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):

- **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. Figure 3-13 shows the Discussing Cessation Medications scores.

Figure 3-13—Discussing Cessation Medications Scores



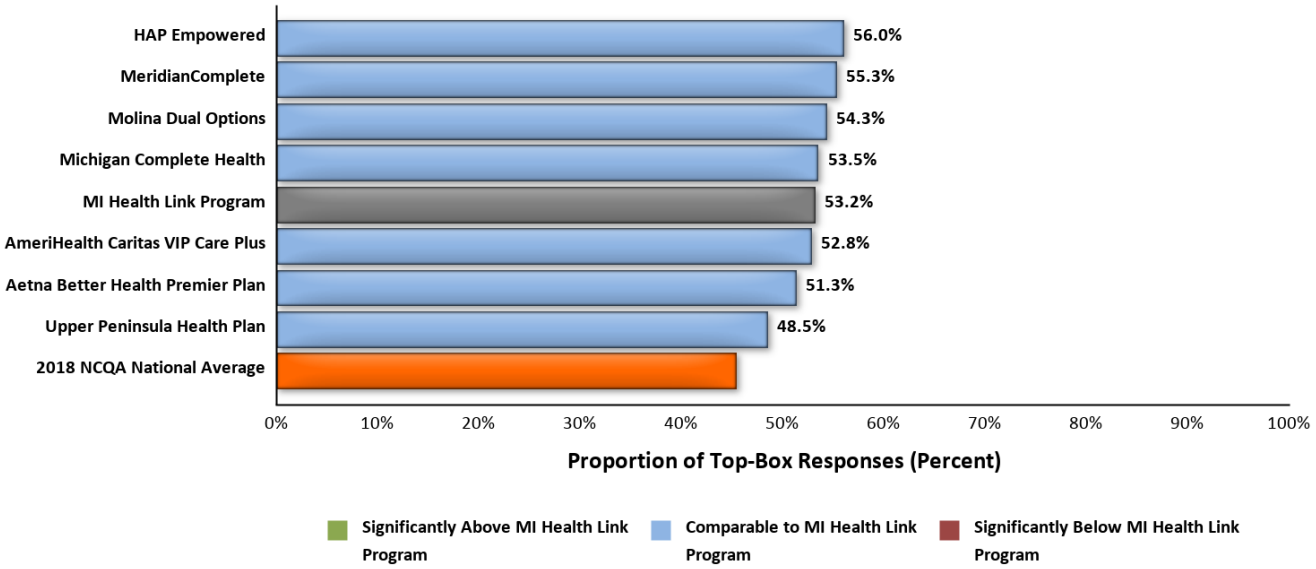
Discussing Cessation Strategies

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):

- **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. Figure 3-14 shows the Discussing Cessation Strategies scores.

Figure 3-14—Discussing Cessation Strategies Scores



Summary of Results

Table 3-11 provides a summary of the Statewide Comparisons results for the global ratings.

Table 3-11—Statewide Comparisons: Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Aetna Better Health Premier Plan	—	—	—	—
AmeriHealth Caritas VIP Care Plus	—	—	—	—
HAP Empowered	—	—	—	—
MeridianComplete	—	—	—	—
Michigan Complete Health	↓	↓	—	—
Molina Dual Options	—	—	—	—
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 above the MI Health Link Program average.*
↓ *Indicates the plan's score is statistically significantly below the MI Health Link Program average.*
— *Indicates the plan's score is not statistically significantly different than the MI Health Link Program average.*

Table 3-12 provides a summary of the Statewide Comparisons for the composite measures.

Table 3-12—Statewide Comparisons: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Aetna Better Health Premier Plan	—	—	—	—	—
AmeriHealth Caritas VIP Care Plus	—	—	—	—	—
HAP Empowered	—	—	—	—	—
MeridianComplete	—	—	—	—	—
Michigan Complete Health	↓	↓	—	—	—
Molina Dual Options	—	—	—	—	—
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 above the MI Health Link Program average.*
↓ *Indicates the plan's score is statistically significantly below the MI Health Link Program average.*
— *Indicates the plan's score is not statistically significantly different than the MI Health Link Program average.*

Table 3-13 provides a summary of the Statewide Comparisons for the individual item and Effectiveness of Care measures.

Table 3-13—Statewide Comparisons: Individual Item and Effectiveness of Care Measures

Plan Name	Coordination of Care	Health Promotion and Education	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
Aetna Better Health Premier Plan	—	—	—	—	—
AmeriHealth Caritas VIP Care Plus	—	—	—	—	—
HAP Empowered	—	—	—	—	—
MeridianComplete	—	—	—	—	—
Michigan Complete Health	—	—	—	—	—
Molina Dual Options	—	—	—	—	—
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 above the MI Health Link Program average.*
↓ *Indicates the plan's score is statistically significantly below the MI Health Link Program average.*
— *Indicates the plan's score is not statistically significantly different than the MI Health Link Program average.*

Trend Analysis

The completed surveys from the 2019 and 2018 CAHPS results were used to perform the trend analysis presented in this section. The 2019 CAHPS scores were compared to the 2018 CAHPS scores to determine whether there were statistically significant differences. Statistically significant differences between 2019 scores and 2018 scores are noted with triangles. Scores that were statistically significantly higher in 2019 than in 2018 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2019 than in 2018 are noted with downward triangles (▼). Scores in 2019 that were not statistically significantly different from scores in 2018 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 scores 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 2018 and 2019 top-box scores and the trend results for Rating of Health Plan.

Table 4-1—Rating of Health Plan Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**64.8%**	**67.0%**	**—**
Aetna Better Health Premier Plan	61.4%	63.9%	—
AmeriHealth Caritas VIP Care Plus	63.9%	68.2%	—
HAP Empowered	64.7%	69.0%	—
MeridianComplete	65.8%	66.3%	—
Michigan Complete Health	57.5%	54.1%	—
Molina Dual Options	64.5%	67.7%	—
Upper Peninsula Health Plan	74.7%	75.0%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Table 4-2 shows the 2018 and 2019 top-box scores and the trend results for Rating of All Health Care.

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

Plan Name	2018	2019	Trend Results
MI Health Link Program	**55.0%**	**55.7%**	**—**
Aetna Better Health Premier Plan	52.8%	56.2%	—
AmeriHealth Caritas VIP Care Plus	55.5%	55.1%	—
HAP Empowered	53.3%	56.1%	—
MeridianComplete	52.6%	54.5%	—
Michigan Complete Health	54.1%	46.5%	—
Molina Dual Options	54.7%	54.5%	—
Upper Peninsula Health Plan	64.2%	63.7%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 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 2018 and 2019 top-box scores and the trend results for Rating of Personal Doctor.

Table 4-3—Rating of Personal Doctor Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**70.1%**	**69.2%**	**—**
Aetna Better Health Premier Plan	70.7%	70.3%	—
AmeriHealth Caritas VIP Care Plus	68.4%	68.9%	—
HAP Empowered	65.8%	71.0%	—
MeridianComplete	68.5%	68.4%	—
Michigan Complete Health	71.5%	65.2%	—
Molina Dual Options	71.3%	66.7%	—
Upper Peninsula Health Plan	73.8%	74.7%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

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 2018 and 2019 top-box scores and the trend results for Rating of Specialist Seen Most Often.

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

Plan Name	2018	2019	Trend Results
MI Health Link Program	**70.8%**	**67.7%**	**—**
Aetna Better Health Premier Plan	68.7%	66.5%	—
AmeriHealth Caritas VIP Care Plus	77.1%	72.9%	—
HAP Empowered	69.8%	67.4%	—
MeridianComplete	71.7%	67.7%	—
Michigan Complete Health	65.1%	63.1%	—
Molina Dual Options	70.3%	65.5%	—
Upper Peninsula Health Plan	74.0%	73.9%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Composite Measures

Getting Needed Care

Two questions (Questions 14 and 25) were asked to assess how often it was easy to get needed care. Table 4-5 shows the 2018 and 2019 top-box scores and trend results for the Getting Needed Care composite measure.

Table 4-5—Getting Needed Care Composite Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**86.2%**	**86.6%**	**—**
Aetna Better Health Premier Plan	85.7%	87.3%	—
AmeriHealth Caritas VIP Care Plus	82.5%	87.9%	▲
HAP Empowered	84.2%	87.5%	—
MeridianComplete	86.0%	87.4%	—
Michigan Complete Health	87.9%	81.9%	▼
Molina Dual Options	85.4%	84.9%	—
Upper Peninsula Health Plan	92.7%	89.5%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were two statistically significant differences between scores in 2019 and scores in 2018 for this measure.

The following scored statistically significantly *higher* in 2019 than in 2018:

- AmeriHealth Caritas VIP Care Plus

The following scored statistically significantly *lower* in 2019 than in 2018:

- Michigan Complete Health

Getting Care Quickly

Two questions (Questions 4 and 6) were asked to assess how often adult members received care quickly. Table 4-6 shows the 2018 and 2019 top-box scores and trend results for the Getting Care Quickly composite measure.

Table 4-6—Getting Care Quickly Composite Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**87.1%**	**86.3%**	**—**
Aetna Better Health Premier Plan	87.9%	85.2%	—
AmeriHealth Caritas VIP Care Plus	82.7%	87.8%	—
HAP Empowered	86.7%	87.5%	—
MeridianComplete	86.5%	87.1%	—
Michigan Complete Health	86.6%	82.6%	—
Molina Dual Options	87.0%	84.7%	—
Upper Peninsula Health Plan	90.5%	90.8%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 20) was asked to assess how often doctors communicated well. Table 4-7 shows the 2018 and 2019 top-box scores and trend results for the How Well Doctors Communicate composite measure.

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

Plan Name	2018	2019	Trend Results
MI Health Link Program	**92.9%**	**92.2%**	**—**
Aetna Better Health Premier Plan	93.7%	92.5%	—
AmeriHealth Caritas VIP Care Plus	94.6%	92.2%	—
HAP Empowered	93.5%	92.8%	—
MeridianComplete	91.0%	91.5%	—
Michigan Complete Health	93.4%	92.8%	—
Molina Dual Options	92.4%	91.0%	—
Upper Peninsula Health Plan	93.2%	94.3%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Customer Service

Two questions (Questions 31 and 32) were asked to assess how often adult members were satisfied with customer service. Table 4-8 shows the 2018 and 2019 top-box scores and trend results for the Customer Service composite measure.

Table 4-8—Customer Service Composite Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**91.7%**	**91.1%**	**—**
Aetna Better Health Premier Plan	91.8%	89.1%	—
AmeriHealth Caritas VIP Care Plus	92.3%	92.6%	—
HAP Empowered	90.6%	93.3%	—
MeridianComplete	93.1%	93.1%	—
Michigan Complete Health	89.7%	90.1%	—
Molina Dual Options	91.1%	88.9%	—
Upper Peninsula Health Plan	93.5%	94.6%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Shared Decision Making

Three questions (Questions 10, 11, and 12) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine. Table 4-9 shows the 2018 and 2019 top-box scores and trend results for the Shared Decision Making composite measure.

Table 4-9—Shared Decision Making Composite Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**77.8%**	**79.4%**	**—**
Aetna Better Health Premier Plan	77.9%	77.5%	—
AmeriHealth Caritas VIP Care Plus	75.9%	78.6%	—
HAP Empowered	82.6%	80.7%	—
MeridianComplete	78.9%	79.9%	—
Michigan Complete Health	78.0%	73.2%	—
Molina Dual Options	74.6%	81.7%	▲
Upper Peninsula Health Plan	80.1%	78.8%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There was one statistically significant difference between scores in 2019 and scores in 2018 for this measure.

The following scored statistically significantly *higher* in 2019 than in 2018:

- Molina Dual Options

Individual Item Measures

Coordination of Care

One question (Question 22) asked adult members to assess how often their personal doctor seemed informed and up-to-date about care they had received from another doctor. Table 4-10 shows the 2018 and 2019 top-box scores and trend results for the Coordination of Care individual item measure.

Table 4-10—Coordination of Care Individual Item Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**85.4%**	**85.4%**	**—**
Aetna Better Health Premier Plan	86.5%	84.5%	—
AmeriHealth Caritas VIP Care Plus	87.7%	80.5%	—
HAP Empowered	81.4%	83.9%	—
MeridianComplete	86.9%	86.8%	—
Michigan Complete Health	85.6%	86.3%	—
Molina Dual Options	83.3%	84.8%	—
Upper Peninsula Health Plan	89.3%	90.6%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Health Promotion and Education

One question (Question 8) asked adult members to assess if their doctor talked with them about specific things they could do to prevent illness. Table 4-11 shows the 2018 and 2019 top-box scores and trend results for the Health Promotion and Education individual item measure.

Table 4-11—Health Promotion and Education Individual Item Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**76.5%**	**77.5%**	**—**
Aetna Better Health Premier Plan	72.4%	74.9%	—
AmeriHealth Caritas VIP Care Plus	81.0%	80.9%	—
HAP Empowered	77.4%	80.7%	—
MeridianComplete	76.1%	78.7%	—
Michigan Complete Health	78.1%	78.7%	—
Molina Dual Options	78.3%	76.6%	—
Upper Peninsula Health Plan	74.6%	76.2%	—

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 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) was asked to determine how often adult members were advised to quit smoking or using tobacco by a doctor or other health provider. Table 4-12 shows the 2018 and 2019 scores and trend results for the Advising Smokers and Tobacco Users to Quit measure.

Table 4-12—Advising Smokers and Tobacco Users to Quit Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**85.7%**	**86.1%**	**—**
Aetna Better Health Premier Plan	86.8%	87.7%	—
AmeriHealth Caritas VIP Care Plus	83.2%	87.0%	—
HAP Empowered	85.7%	84.1%	—
MeridianComplete	87.5%	89.8%	—
Michigan Complete Health	85.8%	84.9%	—
Molina Dual Options	86.0%	84.4%	—
Upper Peninsula Health Plan	83.0%	85.1%	—

+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Discussing Cessation Medications

One question (Question 41) 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 4-13 shows the 2018 and 2019 scores and trend results for the Discussing Cessation Medications measure.

Table 4-13—Discussing Cessation Medications Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**66.1%**	**66.5%**	**—**
Aetna Better Health Premier Plan	67.7%	66.2%	—
AmeriHealth Caritas VIP Care Plus	65.5%	65.8%	—
HAP Empowered	64.3%	63.7%	—
MeridianComplete	64.1%	66.1%	—
Michigan Complete Health	65.5%	66.3%	—
Molina Dual Options	67.7%	69.2%	—
Upper Peninsula Health Plan	65.2%	64.8%	—

+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Discussing Cessation Strategies

One question (Question 42) was asked to ascertain how often methods or strategies other than medication were discussed or provided by their doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-14 shows the 2018 and 2019 scores and trend results for the Discussing Cessation Strategies measure.

Table 4-14—Discussing Cessation Strategies Trend Analysis

Plan Name	2018	2019	Trend Results
MI Health Link Program	**53.3%**	**53.2%**	**—**
Aetna Better Health Premier Plan	54.5%	51.3%	—
AmeriHealth Caritas VIP Care Plus	50.0%	52.8%	—
HAP Empowered	52.9%	56.0%	—
MeridianComplete	51.1%	55.3%	—
Michigan Complete Health	54.0%	53.5%	—
Molina Dual Options	56.1%	54.3%	—
Upper Peninsula Health Plan	50.1%	48.5%	—

+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Statistically significantly higher in 2019 than in 2018.*
▼ *Statistically significantly lower in 2019 than in 2018.*
— *Not statistically significantly different in 2019 than in 2018.*

There were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers for three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor.

Key drivers of member experience are defined as those items 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 member experience for the MI Health Link Program.

Table 5-1—MI Health Link Program Key Drivers of Member Experience

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Respondents reported that forms from their health plan were often not easy to fill out.	✓		
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	✓	✓	
Respondents reported that it was often not easy to obtain appointments with specialists.		✓	
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.	✓	✓	✓

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

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

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

- 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.

Supplemental Items Results

MDHHS elected to add 10 supplemental questions to the CAHPS 5.0 Adult Medicaid Survey with the HEDIS supplemental item set. These 10 questions focused on members' health care decisions, home health care, personal doctor, prescriptions, and coordination of care.

Health Care Decisions

Members were asked if any decisions were made about their health care in the last six months (Question 54). Table 6-1 shows the results for this question.

Table 6-1—Health Care Decisions Made in the Last Six Months

	Yes		No	
	N	%	N	%
MI Health Link Program	**1,728**	**48.4%**	**1,842**	**51.6%**
Aetna Better Health Premier Plan	242	45.5%	290	54.5%
AmeriHealth Caritas VIP Care Plus	208	49.8%	210	50.2%
HAP Empowered	208	45.0%	254	55.0%
MeridianComplete	320	55.7%	255	44.3%
Michigan Complete Health	162	42.1%	223	57.9%
Molina Dual Options	258	48.8%	271	51.2%
Upper Peninsula Health Plan	330	49.3%	339	50.7%

Members were asked how often they were involved as much as they wanted in decisions about their health care in the last six months (Question 55). Table 6-2 shows the results for this question.

Table 6-2—Involvement in Health Care Decisions

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MI Health Link Program	**40**	**2.4%**	**139**	**8.4%**	**346**	**20.9%**	**1,133**	**68.3%**
Aetna Better Health Premier Plan	11	4.7%	19	8.2%	55	23.6%	148	63.5%
AmeriHealth Caritas VIP Care Plus	6	3.0%	22	11.0%	37	18.5%	135	67.5%
HAP Empowered	1	0.5%	20	10.0%	44	21.9%	136	67.7%
MeridianComplete	8	2.6%	19	6.1%	70	22.6%	213	68.7%
Michigan Complete Health	5	3.2%	23	14.7%	33	21.2%	95	60.9%
Molina Dual Options	4	1.6%	21	8.5%	44	17.9%	177	72.0%
Upper Peninsula Health Plan	5	1.6%	15	4.8%	63	20.2%	229	73.4%
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 54.								

Home Health Care

Members were asked if they needed someone to come to their home to give them home health care or assistance in the last six months (Question 56). Table 6-3 shows the results for this question.

Table 6-3—Home Health Care

	Yes		No	
	N	%	N	%
MI Health Link Program	**916**	**25.2%**	**2,723**	**74.8%**
Aetna Better Health Premier Plan	118	21.8%	424	78.2%
AmeriHealth Caritas VIP Care Plus	123	28.3%	312	71.7%
HAP Empowered	144	30.6%	326	69.4%
MeridianComplete	139	23.7%	448	76.3%
Michigan Complete Health	118	29.9%	277	70.1%
Molina Dual Options	150	27.6%	393	72.4%
Upper Peninsula Health Plan	124	18.6%	543	81.4%

Members were asked how often it was easy for them to get home health care or assistance through their health plan in the last six months (Question 57). Table 6-4 shows the results for this question.

Table 6-4—Ease in Acquiring Home Health Care

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MI Health Link Program	**91**	**10.8%**	**54**	**6.4%**	**142**	**16.8%**	**559**	**66.1%**
Aetna Better Health Premier Plan	8	7.5%	11	10.3%	16	15.0%	72	67.3%
AmeriHealth Caritas VIP Care Plus	12	10.7%	5	4.5%	21	18.8%	74	66.1%
HAP Empowered	16	11.9%	7	5.2%	18	13.4%	93	69.4%
MeridianComplete	15	11.8%	6	4.7%	23	18.1%	83	65.4%
Michigan Complete Health	7	6.5%	11	10.3%	15	14.0%	74	69.2%
Molina Dual Options	17	12.0%	10	7.0%	30	21.1%	85	59.9%
Upper Peninsula Health Plan	16	13.7%	4	3.4%	19	16.2%	78	66.7%
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 56.								

Personal Doctor

Members were asked whether they have the same personal doctor they had before joining their current health plan (Question 58). Table 6-5 shows the results for this question.

Table 6-5—Same Personal Doctor

	Yes		No	
	N	%	N	%
MI Health Link Program	**2,170**	**60.2%**	**1,437**	**39.8%**
Aetna Better Health Premier Plan	316	59.2%	218	40.8%
AmeriHealth Caritas VIP Care Plus	218	50.5%	214	49.5%
HAP Empowered	296	64.5%	163	35.5%
MeridianComplete	362	62.1%	221	37.9%
Michigan Complete Health	202	51.0%	194	49.0%
Molina Dual Options	335	62.0%	205	38.0%
Upper Peninsula Health Plan	441	66.5%	222	33.5%

Members were asked how often it was easy to get a personal doctor that they were happy with since joining their health plan (Question 59). Table 6-6 shows the results for this question.

Table 6-6—Ease in Acquiring a Personal Doctor

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MI Health Link Program	**143**	**11.0%**	**240**	**18.4%**	**358**	**27.5%**	**562**	**43.1%**
Aetna Better Health Premier Plan	31	16.2%	39	20.4%	44	23.0%	77	40.3%
AmeriHealth Caritas VIP Care Plus	18	9.2%	32	16.4%	57	29.2%	88	45.1%
HAP Empowered	15	10.1%	18	12.2%	42	28.4%	73	49.3%
MeridianComplete	22	11.1%	44	22.2%	56	28.3%	76	38.4%
Michigan Complete Health	23	13.2%	34	19.5%	47	27.0%	70	40.2%
Molina Dual Options	18	9.5%	35	18.4%	61	32.1%	76	40.0%
Upper Peninsula Health Plan	16	7.7%	38	18.4%	51	24.6%	102	49.3%
Please note: Results presented in this table are based on respondents that answered "No" to Question 58.								

Prescriptions

Members were asked if they got any new prescription medications or refilled a prescription in the last six months (Question 60). Table 6-7 shows the results for this question.

Table 6-7—New Prescription or Prescription Refill

	Yes		No	
	N	%	N	%
MI Health Link Program	**2,871**	**78.2%**	**801**	**21.8%**
Aetna Better Health Premier Plan	423	77.0%	126	23.0%
AmeriHealth Caritas VIP Care Plus	332	75.5%	108	24.5%
HAP Empowered	357	76.8%	108	23.2%
MeridianComplete	497	83.8%	96	16.2%
Michigan Complete Health	279	69.6%	122	30.4%
Molina Dual Options	427	77.6%	123	22.4%
Upper Peninsula Health Plan	556	82.5%	118	17.5%

Members were asked how often it was easy for them to get their prescription medication from their health plan in the last six months (Question 61). Table 6-8 shows the results for this question.

Table 6-8—Ease in Getting a Prescription

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MI Health Link Program	**25**	**0.9%**	**153**	**5.6%**	**584**	**21.4%**	**1,967**	**72.1%**
Aetna Better Health Premier Plan	6	1.5%	21	5.2%	94	23.1%	286	70.3%
AmeriHealth Caritas VIP Care Plus	4	1.3%	17	5.4%	56	17.7%	239	75.6%
HAP Empowered	2	0.6%	16	4.7%	77	22.6%	246	72.1%
MeridianComplete	6	1.3%	35	7.4%	107	22.6%	326	68.8%
Michigan Complete Health	4	1.5%	17	6.4%	66	24.9%	178	67.2%
Molina Dual Options	2	0.5%	28	6.9%	88	21.8%	285	70.7%
Upper Peninsula Health Plan	1	0.2%	19	3.6%	96	18.4%	407	77.8%
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 60.								

Coordination of Care

Members were asked who helped them coordinate their care in the last six months (Question 62). Table 6-9 shows the results for this question.

Table 6-9—Who Helped with Coordination of Care

	Someone from your health plan		Someone from your doctor's office or clinic		Someone from another organization		A friend or family member		You	
	N	%	N	%	N	%	N	%	N	%
MI Health Link Program	**1,044**	**28.7%**	**1,047**	**28.7%**	**232**	**6.4%**	**1,183**	**32.5%**	**1,653**	**45.4%**
Aetna Better Health Premier Plan	120	22.2%	155	28.7%	27	5.0%	182	33.7%	279	51.7%
AmeriHealth Caritas VIP Care Plus	130	29.9%	100	23.0%	18	4.1%	150	34.5%	178	40.9%
HAP Empowered	129	27.7%	114	24.5%	21	4.5%	171	36.8%	189	40.6%
MeridianComplete	200	34.1%	182	31.1%	44	7.5%	166	28.3%	274	46.8%
Michigan Complete Health	129	32.3%	118	29.6%	26	6.5%	149	37.3%	155	38.8%
Molina Dual Options	140	25.7%	164	30.1%	24	4.4%	183	33.6%	253	46.4%
Upper Peninsula Health Plan	196	29.1%	214	31.8%	72	10.7%	182	27.0%	325	48.3%

Please note: Respondents can choose more than one response for this question. Therefore, percentages will not total 100%.

Members were asked how satisfied they were with the help they received in coordinating their care in the last six months (Question 63). Table 6-10 shows the results for this question.

Table 6-10—Satisfaction with Help in Coordination of Care

	Very dissatisfied		Dissatisfied		Neither dissatisfied nor satisfied		Satisfied		Very satisfied	
	N	%	N	%	N	%	N	%	N	%
MI Health Link Program	**137**	**3.8%**	**71**	**2.0%**	**281**	**7.8%**	**1,461**	**40.6%**	**1,652**	**45.9%**
Aetna Better Health Premier Plan	17	3.2%	8	1.5%	46	8.7%	215	40.7%	242	45.8%
AmeriHealth Caritas VIP Care Plus	18	4.1%	7	1.6%	22	5.0%	173	39.6%	217	49.7%
HAP Empowered	14	3.1%	12	2.6%	34	7.5%	165	36.4%	228	50.3%
MeridianComplete	18	3.1%	13	2.2%	43	7.4%	250	42.7%	261	44.6%
Michigan Complete Health	16	4.0%	13	3.3%	39	9.8%	188	47.2%	142	35.7%
Molina Dual Options	25	4.6%	10	1.9%	45	8.3%	238	44.2%	221	41.0%
Upper Peninsula Health Plan	29	4.4%	8	1.2%	52	7.9%	232	35.0%	341	51.5%

Survey Instrument

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

MDHHS
Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

DataStat

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

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

If you want to know more about this study, please call 1-888-248-8962.

SURVEY INSTRUCTIONS

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

Correct Mark ● **Incorrect Marks**

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

● **Yes** ➔ ***Go to Question 1***
○ **No**

⬇ START HERE ⬇

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

○ Yes ➔ ***Go to Question 3***
○ No

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

_____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 5***

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Yes
- ○ No ➔ ***Go to Question 7***

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ None ➔ ***Go to Question 15***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 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?

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No ➔ ***Go to Question 13***

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ 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?

- ○ Yes
- ○ 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?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Health Care Possible										Best Health Care Possible

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

YOUR PERSONAL DOCTOR

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?

- ○ Yes
- ○ 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?

- ○ None ➔ ***Go to Question 23***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 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?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Yes
- ○ No ➔ ***Go to Question 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?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ 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?

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

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do <u>not</u> 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?

- ○ Yes
- ○ 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?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ None ➔ ***Go to Question 28***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 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?

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

YOUR HEALTH PLAN

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

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?

- ○ Yes
- ○ 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?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Yes
- ○ 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?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 35***

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ 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?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Health Plan Possible										Best Health Plan Possible

ABOUT YOU

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

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

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

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2018?

- ○ Yes
- ○ No
- ○ Don't know

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

- ○ Every day
- ○ Some days
- ○ Not at all ➔ ***Go to Question 43***
- ○ 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?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ 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.

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ 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.

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Yes
- ○ No ➔ ***Go to Question 45***

44. Is this a condition or problem that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.

- ○ Yes
- ○ No

45. Do you now need or take medicine prescribed by a doctor? Do <u>not</u> include birth control.

- ○ Yes
- ○ No ➔ ***Go to Question 47***

46. Is this medicine to treat a condition that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.

- ○ Yes
- ○ No

47. What is your age?

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

48. Are you male or female?

- ○ Male
- ○ Female

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

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

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

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

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

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

52. Did someone help you complete this survey?

- ○ Yes
- ○ No ➔ ***Go to Question 54***

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

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

54. We want to know how you, your doctors, and other health providers make decisions about your health care.

In the last 6 months, were any decisions made about your health care?

- ○ Yes
- ○ No ➔ ***Go to Question 56***

55. In the last 6 months, how often were you involved as much as you wanted in these decisions about your health care?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

56. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 6 months, did you need someone to come into your home to give you home health care or assistance?

- ○ Yes
- ○ No ➔ ***Go to Question 58***

57. In the last 6 months, how often was it easy to get home health care or assistance through your health plan?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

58. Did you have the same personal doctor before you joined this health plan?

- ○ Yes ➔ ***Go to Question 60***
- ○ No

59. Since you joined your health plan, how often was it easy to get a personal doctor you are happy with?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

60. In the last 6 months, did you get any new prescription medicines or refill a prescription?

- ○ Yes
- ○ No ➔ ***Go to Question 62***

61. In the last 6 months, how often was it easy to get your prescription medicine from your health plan?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

62. In the last 6 months, who helped to coordinate your care? Mark one or more.

- ○ Someone from your health plan
- ○ Someone from your doctor's office or clinic
- ○ Someone from another organization
- ○ A friend or family member
- ○ You

63. How satisfied are you with the help you received to coordinate your care in the last 6 months?

- ○ Very dissatisfied
- ○ Dissatisfied
- ○ Neither dissatisfied nor satisfied
- ○ Satisfied
- ○ Very satisfied

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

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

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