

2019 Michigan Department of Health and Human Services

Child Medicaid Health Plan CAHPS® Report

August 2019



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Introduction

The Michigan Department of Health and Human Services (MDHHS) assesses the perceptions and experiences of members enrolled in the MDHHS Medicaid health plans (MHPs) and the Fee-for-Service (FFS) population as part of its process for evaluating the quality of health care services provided to child members in the MDHHS Medicaid Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Health Plan Survey for the MDHHS Medicaid Program.¹⁻¹ 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 child Medicaid CAHPS results based on responses of parents or caretakers who completed the survey on behalf of child members enrolled in an MHP or FFS. A sample of 1,650 child members was selected for the FFS program and each MHP.¹⁻² The surveys were completed from February to May 2019. The standardized survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.^{1-3,1-4}

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.
- Six composite measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Shared Decision Making, and Transportation.¹⁻⁵
- 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 HAP Empowered did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample size for HAP Empowered was 551 child members. Effective January 2019, HAP Midwest changed its name to HAP Empowered.

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

¹⁻⁴ The 2019 CAHPS results were reported to NCQA for the 11 MHPs. The 2019 CAHPS survey results for the FFS program were not reported to NCQA.

¹⁻⁵ The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey.

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

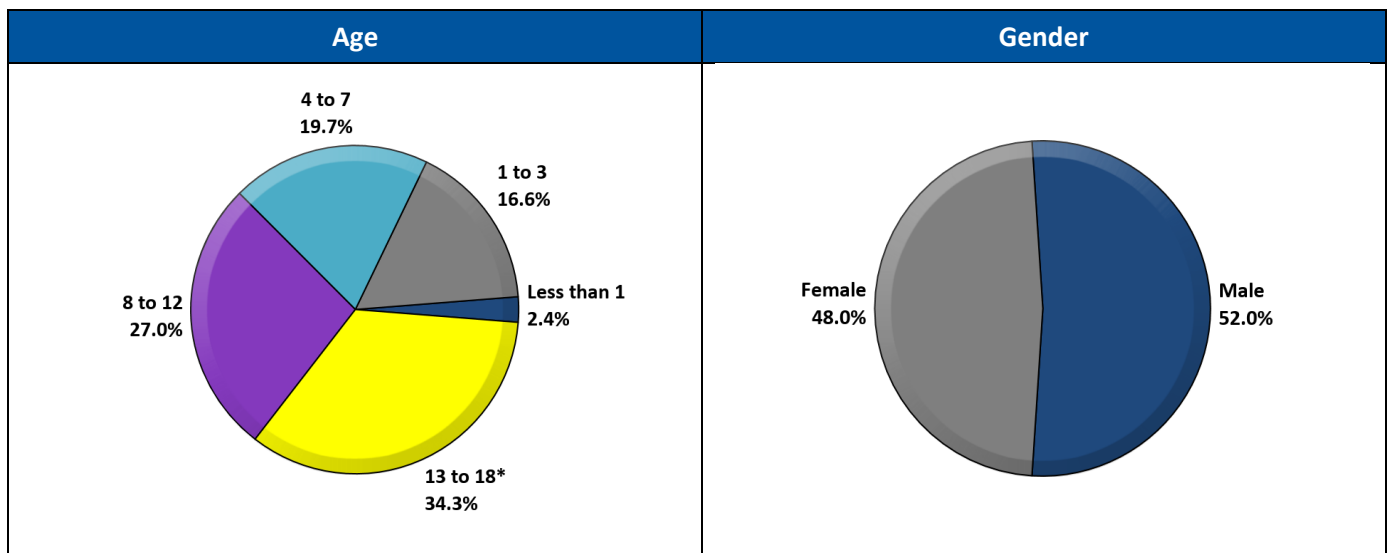
- MDHHS Medicaid Program – Combined results for FFS and the MHPs.
- MDHHS Medicaid Managed Care Program – Combined results for the MHPs.

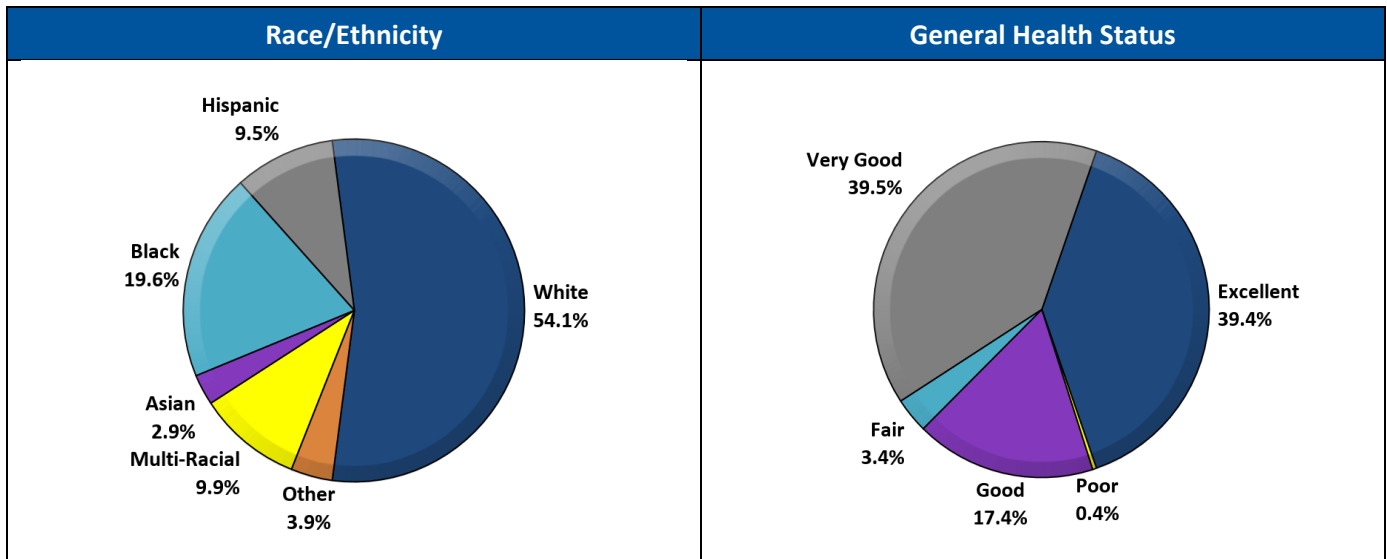
Key Findings

Survey Demographics and Dispositions

Table 1-1 provides an overview of the MDHHS Medicaid Program child member demographics. Please note, some percentages displayed in the table below may not total 100 percent due to rounding.

Table 1-1—Member Demographics

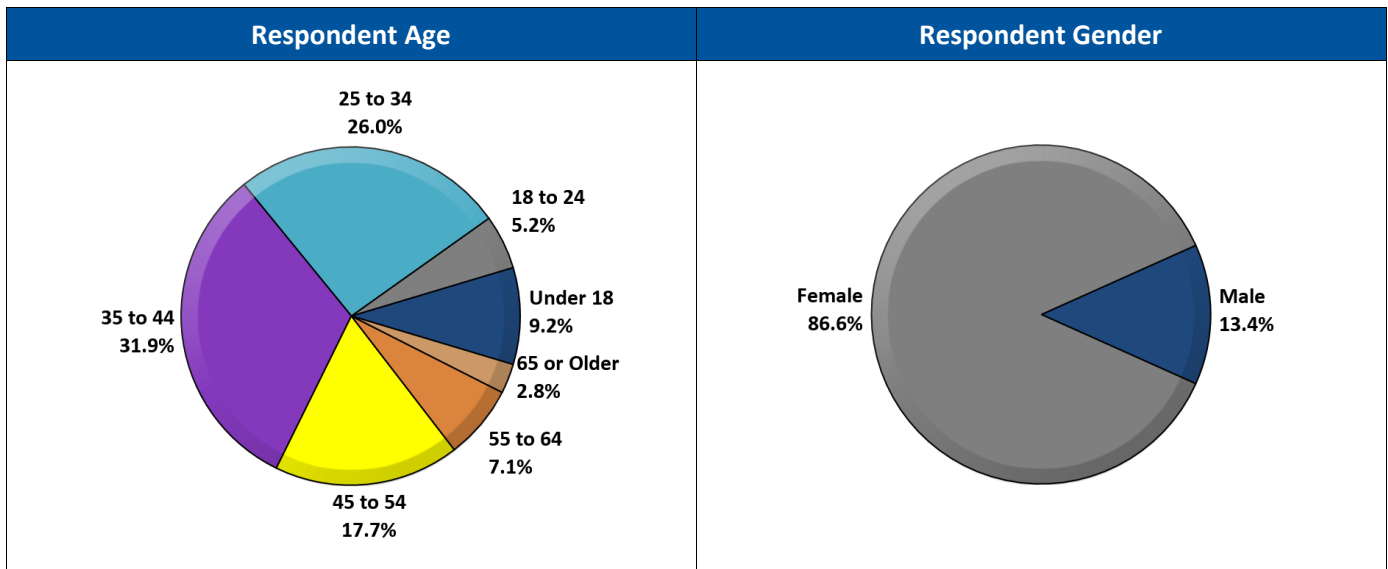


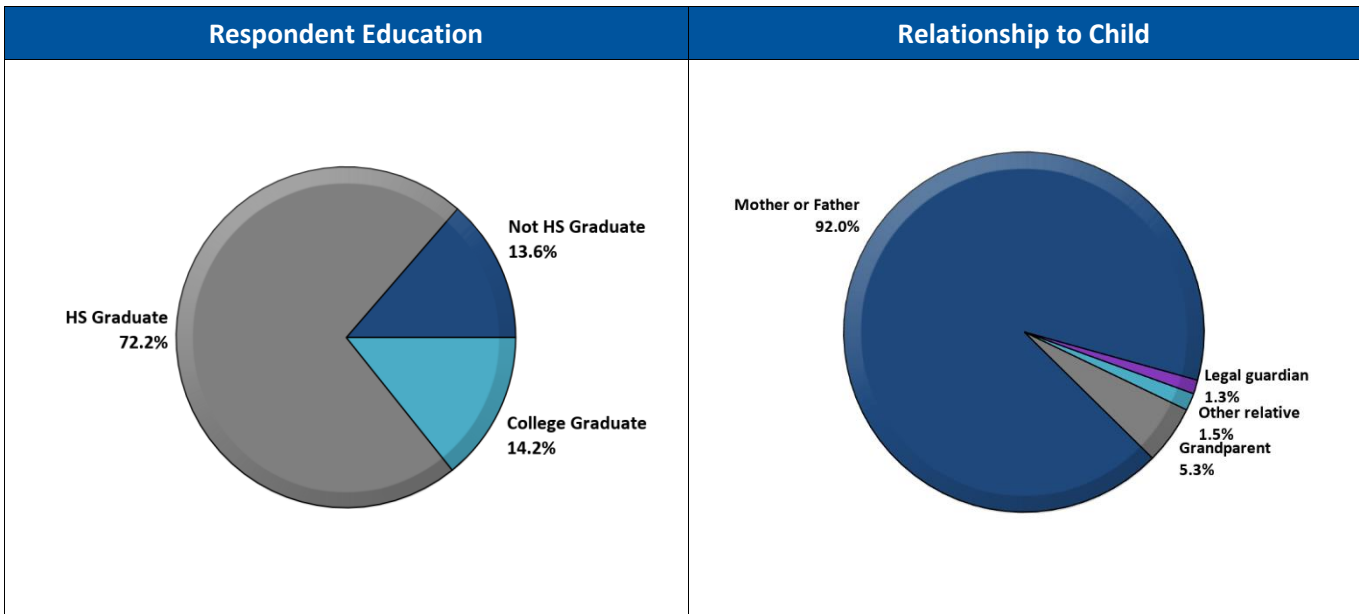


*Children are eligible for inclusion in CAHPS if they are age 17 or younger as of December 31, 2018. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2019, and the time of survey administration.

Table 1-2 provides an overview of the demographics of parents or caregivers who completed a survey and survey dispositions for the MDHHS Medicaid Program.

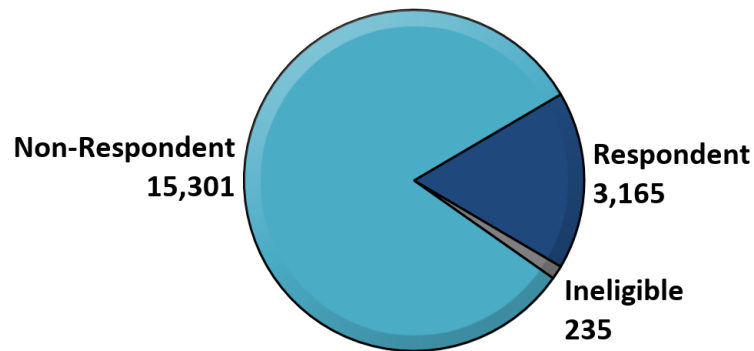
Table 1-2—Respondent Demographics and Survey Dispositions





Survey Dispositions

RESPONSE RATE = 17.14%



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

NQCA Comparisons and Trend Analysis

HSAG compared scores for the CAHPS measures to 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) for each CAHPS measure.^{1-6,1-7,1-8,1-9} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars 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 described in the Reader's Guide section beginning on page 2-1.

In addition, a trend analysis was performed that compared the 2019 CAHPS results to their corresponding 2018 CAHPS results. Table 1-3, on the following page, provides highlights of the NCQA Comparisons and Trend Analysis findings for the MDHHS Medicaid Program. The numbers presented below the stars represent the score for each measure, while the stars represent overall member experience ratings when compared to NCQA Quality Compass Benchmark and Compare Quality Data.

¹⁻⁶ Quality Compass[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻⁷ National Committee for Quality Assurance. *Quality Compass[®]: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

¹⁻⁸ The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey. These questions are NCQA-approved supplemental items that were added to the survey. A 2018 NCQA national average is not available for this measure.

¹⁻⁹ 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 1-3—NQCA Comparisons and Trend Analysis MDHHS Medicaid Program

Measure	National Comparisons	Trend Analysis
Global Rating		
Rating of Health Plan	★ 62.6%	▼
Rating of All Health Care	★ 64.4%	—
Rating of Personal Doctor	★ 72.8%	—
Rating of Specialist Seen Most Often	★ 69.5%	—
Composite Measure		
Getting Needed Care	★★★★ 85.5%	—
Getting Care Quickly	★★★★ 90.5%	—
How Well Doctors Communicate	★★★★ 94.2%	—
Customer Service	★★ 87.9%	—
Shared Decision Making	★★★★ 80.4%	—
Individual Item Measure		
Coordination of Care	★★★★ 84.5%	—
Health Promotion and Education	★★★★ 73.1%	—
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 MDHHS Medicaid Program scored at or between the 50th and 74th percentiles on six measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Shared Decision Making, Coordination of Care, and Health Promotion and Education.
- The MDHHS Medicaid Program scored at or between the 25th and 49th percentiles on one measure, Customer Service.

- The MDHHS Medicaid Program scored below the 25th percentile on four measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often.

Results from the trend analysis showed that the MDHHS Medicaid Program scored statistically significantly *lower* in 2019 than in 2018 on one measure:

- Rating of Health Plan

Statewide Comparisons

HSAG calculated top-box scores (i.e., rates of experience) for each measure. HSAG compared the MHP and FFS results to the MDHHS Medicaid Managed Care Program average to determine if plan or program results were statistically significantly different than the MDHHS Medicaid Managed Care Program average. Table 1-4 through Table 1-6 show the results of this analysis for the global ratings, composite measures, and individual item measures.

Table 1-4—Statewide Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Fee-for-Service	↓	—	—	— ⁺
Aetna Better Health of Michigan	—	—	—	— ⁺
Blue Cross Complete of Michigan	—	—	↑	— ⁺
HAP Empowered	— ⁺	— ⁺	— ⁺	NA
McLaren Health Plan	—	—	—	— ⁺
Meridian Health Plan of Michigan	—	—	—	— ⁺
Molina Healthcare of Michigan	—	—	↑	— ⁺
Priority Health Choice, Inc.	—	—	↑	— ⁺
Total Health Care, Inc.	—	—	—	— ⁺
Trusted Health Plan Michigan, Inc. ¹⁻¹⁰	—	— ⁺	↓ ⁺	— ⁺
UnitedHealthcare Community Plan	—	—	—	— ⁺
Upper Peninsula Health Plan	—	—	—	— ⁺

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ Indicates the plan's score is statistically significantly above the MDHHS Medicaid Managed Care Program average.
 ↓ Indicates the plan's score is statistically significantly below than the MDHHS Medicaid Managed Care Program average.
 — Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.
 NA Indicates that results for this measure are not displayed because too few members responded to the questions.

¹⁻¹⁰ Effective April 2019, Harbor Health Plan changed its name to Trusted Health Plan Michigan, Inc.

Table 1-5—Statewide Comparisons: Composite Measures

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making	Transportation
Fee-for-Service	↑	↑	—	— ⁺	— ⁺	NA
Aetna Better Health of Michigan	— ⁺	—	—	— ⁺	— ⁺	— ⁺
Blue Cross Complete of Michigan	—	—	—	— ⁺	— ⁺	NA
HAP Empowered	↑ ⁺	↑ ⁺	— ⁺	— ⁺	NA	NA
McLaren Health Plan	—	—	—	— ⁺	— ⁺	— ⁺
Meridian Health Plan of Michigan	—	—	↑	— ⁺	— ⁺	NA
Molina Healthcare of Michigan	—	↓	—	— ⁺	— ⁺	— ⁺
Priority Health Choice, Inc.	—	—	↑	— ⁺	— ⁺	NA
Total Health Care, Inc.	↑	—	—	— ⁺	— ⁺	↓ ⁺
Trusted Health Plan Michigan, Inc.	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺	NA
UnitedHealthcare Community Plan	↓	—	↓	— ⁺	— ⁺	↓ ⁺
Upper Peninsula Health Plan	↑	↑	↑	— ⁺	—	↑ ⁺
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ Indicates the plan's score is statistically significantly above the MDHHS Medicaid Managed Care Program average. ↓ Indicates the plan's score is statistically significantly below than the MDHHS Medicaid Managed Care Program average. — Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average. NA Indicates that results for this measure are not displayed because too few members responded to the questions.</p>						

Table 1-6—Statewide Comparisons: Individual Item Measures

	Coordination of Care	Health Promotion and Education
Fee-for-Service	— ⁺	—
Aetna Better Health of Michigan	— ⁺	—
Blue Cross Complete of Michigan	— ⁺	—
HAP Empowered	NA	— ⁺
McLaren Health Plan	— ⁺	—
Meridian Health Plan of Michigan	— ⁺	—
Molina Healthcare of Michigan	— ⁺	—
Priority Health Choice, Inc.	—	—
Total Health Care, Inc.	— ⁺	—
Trusted Health Plan Michigan, Inc.	— ⁺	— ⁺
UnitedHealthcare Community Plan	— ⁺	—
Upper Peninsula Health Plan	—	—

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ Indicates the plan’s score is statistically significantly above the MDHHS Medicaid Managed Care Program average.
 ↓ Indicates the plan’s score is statistically significantly below the MDHHS Medicaid Managed Care Program average.
 — Indicates the plan’s score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.
 NA Indicates that results for this measure are not displayed because too few members responded to the questions.

The results from the Statewide Comparisons revealed that the following plan had four measures that were statistically significantly *higher* than the MDHHS Medicaid Managed Care Program average:

- Upper Peninsula Health Plan

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

- Blue Cross Complete of Michigan
- Meridian Health Plan of Michigan
- Molina Healthcare of Michigan
- Total Health Care, Inc.

The following plans/population had two measures that were statistically significantly *higher* than the MDHHS Medicaid Managed Care Program average:

- Fee-for-Service
- HAP Empowered
- Priority Health Choice, Inc.

The following plans/population had one measure that was statistically significantly *lower* than the

MDHHS Medicaid Managed Care Program average:

- Fee-for-Service
- Molina Healthcare of Michigan
- Total Health Care, Inc.
- Trusted Health Plan Michigan, Inc.

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

- UnitedHealthcare Community Plan

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 experience with each of the three measures. Table 1-7, on the following page, provides a summary of the key drivers identified for the MDHHS Medicaid Program.

Table 1-7—MDHHS Medicaid 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 child’s health plan were often not easy to fill out.	✓		
Respondents reported that it was often not easy for their child to obtain appointments with specialists.	✓	✓	
Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.	✓		
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.	✓	✓	✓
Respondents reported that their child’s personal doctor did not always spend enough time with them.			✓
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.			✓
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.	✓	✓	
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for their child.		✓	

2019 CAHPS Performance Measures

The CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set includes 48 core questions that yield 11 measures of experience. These measures include four global rating questions, five composite measures, and two individual item measures. The global measures (also referred to as global ratings) reflect overall member experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “Getting Needed Care” or “Getting Care Quickly”). The individual item measures are individual questions that look at a specific area of care (i.e., “Coordination of Care” and “Health Promotion and Education”). In addition, supplemental questions related to transportation assistance were added to the survey instrument.

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

Table 2-1—CAHPS Measures

Global Ratings	Composite Measures	Individual Item Measures
Rating of Health Plan	Getting Needed Care	Coordination of Care
Rating of All Health Care	Getting Care Quickly	Health Promotion and Education
Rating of Personal Doctor	How Well Doctors Communicate	
Rating of Specialist Seen Most Often	Customer Service	
	Shared Decision Making	
	Transportation*	
<i>* The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey.</i>		

How CAHPS Results Were Collected

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

Sampling Procedures

For FFS, MDHHS provided HSAG with a list of all eligible members for the sampling frame, per HEDIS specifications. HSAG received the MHPs’ sample frame files from the MHPs or their survey

vendor. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. Following HEDIS requirements, HSAG sampled members who met the following criteria:

- Were 17 years of age or younger as of December 31, 2018.
- Were currently enrolled in an MHP or FFS.
- Had been continuously enrolled in the plan or program for at least five of the last six months (July through December) of 2018.
- Had Medicaid as a payer.

Next, a systematic sample of members was selected for inclusion in the survey. For each MHP, no more than one member per household was selected as part of the survey samples. A sample of at least 1,650 child members was selected from the FFS program and each MHP, with one exception. HAP Empowered did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample size for HAP Empowered was 551 child members. Table 3-1 in the Results section provides an overview of the sample sizes for each plan and program.

Survey Protocol

The survey administration protocol employed was a mixed-mode methodology, which allowed for two methods by which parents or caretakers of child members could complete a survey. The first phase, or mail phase, consisted of sampled members receiving a survey via mail. HSAG tried to obtain new addresses for members selected for the sample by processing their addresses through the United States Postal Service's National Change of Address (NCOA) system. The parents or caretakers of sampled child members received an English version of the survey, with the option of completing the survey in Spanish. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of parents or caretakers of child members who did not mail in a completed survey. At least three CATI calls to each non-respondent were attempted.²⁻¹ 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.²⁻²

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

²⁻¹ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2019 Survey Measures*. Washington, DC: NCQA; 2018.

²⁻² 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—CAHPS Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the parent or caretaker of child member.	0 days
Send a postcard reminder to non-respondents 7 days after mailing the first questionnaire.	7 days
Send a second questionnaire (and letter) to non-respondents approximately 21 days after mailing the first questionnaire.	28 days
Send a second postcard reminder to non-respondents 7 days after mailing the second questionnaire.	35 days
Initiate CATI interviews for non-respondents approximately 24 days after mailing the second questionnaire.	52 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	52–86 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 34 days after initiation.	86 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 an MDHHS Medicaid Program average and an MDHHS Medicaid Managed Care Program average. HSAG combined results from FFS and the MHPs to calculate the MDHHS Medicaid Program average. HSAG combined results from the MHPs to calculate the MDHHS Medicaid Managed Care Program average. This section provides an overview of each analysis.

Who Responded to the Survey

The administration of the CAHPS survey is comprehensive and is designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.²⁻³ HSAG considered a survey completed if members answered at least three of the following five questions: questions 3, 15, 27, 31, and 36. 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), or had a language barrier.

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

Demographics of Child Members and Respondents

The demographics analysis evaluated demographic information of child members and respondents based on parents' or caregivers' responses to the survey. The demographic characteristics of children included age, gender, race/ethnicity, and general health status. Self-reported parent or caretaker demographic information included age, gender, level of education, and relationship to the child. MDHHS should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan or program.

NCQA Comparisons

An analysis of the CAHPS survey results was conducted using NCQA's 2018 Quality Compass Benchmark and Compare Quality Data.²⁻⁴ Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable CAHPS Survey result, HSAG presented results with fewer than 100 responses. Therefore, caution should be exercised when evaluating measures' results with fewer than 100 responses, which are denoted with a cross (+).

In order to perform the NCQA comparisons, HSAG calculated top-box scores for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.²⁻⁵ HSAG compared the resulting top-box scores to published NCQA Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings). Ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure using the percentile distributions shown in Table 2-3.

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

²⁻⁴ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

²⁻⁵ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

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

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.²⁻⁶ The scoring 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, Customer Service, and Transportation composite measures, and the Coordination of Care individual item measure;
- “Yes” for the Shared Decision Making composite measure and the Health Promotion and Education individual item measure.

Weighting

Both a weighted MDHHS Medicaid Program score and a weighted MDHHS Medicaid Managed Care Program score were calculated. Results were weighted based on the total eligible population for each plan’s or program’s child population. The MDHHS Medicaid Program average includes results from both the MHPs and the FFS program. The MDHHS Medicaid Managed Care Program average is limited to the results of the MHPs (i.e., the FFS program is not included). For the Statewide Comparisons, a threshold of 11 responses was required for the results to be reported. Measures with fewer than 100 responses are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents.

²⁻⁶ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2018.

MHP Comparisons

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

Fee-for-Service Comparisons

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

Trend Analysis

A trend analysis was performed that compared the 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 2018 were statistically significantly different from results in 2019. 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 three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement activities. The analysis provides information on: 1) how *well* the MDHHS Medicaid Program is performing on the survey item and 2) how *important* that item is to overall member experience.

Table 2-4 depicts the survey items that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓).

Table 2-4—Correlation Matrix

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4	✓	✓	✓
Q6	✓	✓	✓
Q8	✓	✓	✓
Q9	✓	✓	✓
Q10	✓	✓	✓
Q11	✓	✓	✓
Q12	✓	✓	✓
Q14	✓	✓	✓
Q17	✓	✓	✓
Q18	✓	✓	✓
Q19	✓	✓	✓
Q21	✓	✓	✓
Q22	✓	✓	✓
Q23	✓	✓	✓
Q25	✓	✓	✓
Q28	✓	✓	
Q32	✓	✓	
Q33	✓	✓	
Q35	✓	✓	
Q50	✓		
Q51	✓		

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		
<i>Response Category</i>	<i>Classification</i>	<i>Code</i>
Never	Problem	1
Sometimes	Problem	1
Usually	Not a problem	0
Always	Not a problem	0
No Answer	Not classified	Missing
No/Yes Format		
<i>Response Category</i>	<i>Classification</i>	<i>Code</i>
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.²⁻⁷

Non-Response Bias

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

Causal Inferences

Although this report examines whether respondents report differences in experience with various aspects of their health care experiences, these differences may not be completely attributable to an MHP or the FFS program. These analyses identify whether respondents give different ratings of experience with their child's MHP or the FFS program. 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.

²⁻⁷ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

Who Responded to the Survey

A total of 18,701 child surveys were distributed to parents or caretakers of child members. A total of 3,165 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 respondents answered at least three of the following five questions on the survey: questions 3, 15, 27, 31, and 36. 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), 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

	Sample Size	Completes	Ineligibles	Response Rates
MDHHS Medicaid Program	18,701	3,165	235	17.14%
Fee-for-Service	1,650	271	22	16.65%
MDHHS Medicaid Managed Care Program	17,051	2,894	213	17.19%
Aetna Better Health of Michigan	1,650	223	26	13.73%
Blue Cross Complete of Michigan	1,650	270	27	16.64%
HAP Empowered	551	50	3	9.12%
McLaren Health Plan	1,650	313	10	19.09%
Meridian Health Plan of Michigan	1,650	325	21	19.95%
Molina Healthcare of Michigan	1,650	265	24	16.30%
Priority Health Choice, Inc.	1,650	296	22	18.18%
Total Health Care, Inc.	1,650	281	20	17.24%
Trusted Health Plan Michigan, Inc.	1,650	113	27	6.96%
UnitedHealthcare Community Plan	1,650	334	19	20.48%
Upper Peninsula Health Plan	1,650	424	14	25.92%

Demographics of Child Members

Table 3-2 depicts the ages of children for whom a parent or caretaker completed a survey.

Table 3-2—Child Member Demographics: Age

	Less than 1	1 to 3	4 to 7	8 to 12	13 to 18*
MDHHS Medicaid Program	2.4%	16.6%	19.7%	27.0%	34.3%
Fee-for-Service	1.1%	9.7%	15.3%	31.3%	42.5%
MDHHS Medicaid Managed Care Program	2.6%	17.2%	20.1%	26.6%	33.5%
Aetna Better Health of Michigan	1.8%	20.3%	20.7%	23.0%	34.1%
Blue Cross Complete of Michigan	2.2%	20.6%	19.1%	25.1%	33.0%
HAP Empowered	2.0%	22.4%	12.2%	22.4%	40.8%
McLaren Health Plan	3.6%	18.3%	19.6%	26.5%	32.0%
Meridian Health Plan of Michigan	2.5%	17.0%	22.6%	26.0%	31.9%
Molina Healthcare of Michigan	1.9%	14.1%	16.0%	30.2%	37.8%
Priority Health Choice, Inc.	3.1%	20.1%	17.1%	27.6%	32.1%
Total Health Care, Inc.	2.2%	12.2%	21.6%	23.0%	41.0%
Trusted Health Plan Michigan, Inc.	5.3%	25.7%	25.7%	23.9%	19.5%
UnitedHealthcare Community Plan	1.2%	11.9%	23.2%	30.6%	33.0%
Upper Peninsula Health Plan	3.1%	17.5%	19.4%	27.8%	32.3%

Please note, percentages may not total 100.0% due to rounding.
**Children are eligible for inclusion in CAHPS if they are age 17 or younger as of December 31, 2018. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2019, and the time of survey administration.*

Table 3-3 depicts the gender of children for whom a parent or caretaker completed a survey.

Table 3-3—Child Member Demographics: Gender

	Male	Female
MDHHS Medicaid Program	52.0%	48.0%
Fee-for-Service	52.1%	47.9%
MDHHS Medicaid Managed Care Program	52.0%	48.0%
Aetna Better Health of Michigan	51.2%	48.8%
Blue Cross Complete of Michigan	51.3%	48.7%
HAP Empowered	53.1%	46.9%
McLaren Health Plan	52.8%	47.2%
Meridian Health Plan of Michigan	50.6%	49.4%
Molina Healthcare of Michigan	54.2%	45.8%
Priority Health Choice, Inc.	51.2%	48.8%
Total Health Care, Inc.	53.4%	46.6%
Trusted Health Plan Michigan, Inc.	49.6%	50.4%
UnitedHealthcare Community Plan	55.8%	44.2%
Upper Peninsula Health Plan	49.1%	50.9%

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

Table 3-4 depicts the race and ethnicity of children for whom a parent or caretaker completed a survey.

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

	White	Hispanic	Black	Asian	Other	Multi-Racial
MDHHS Medicaid Program	54.1%	9.5%	19.6%	2.9%	3.9%	9.9%
Fee-for-Service	64.4%	8.2%	10.9%	4.1%	3.7%	8.6%
MDHHS Medicaid Managed Care Program	53.1%	9.7%	20.5%	2.8%	4.0%	10.0%
Aetna Better Health of Michigan	16.9%	5.6%	61.0%	3.8%	3.3%	9.4%
Blue Cross Complete of Michigan	50.0%	10.2%	18.9%	2.7%	5.3%	12.9%
HAP Empowered	63.3%	6.1%	20.4%	0.0%	4.1%	6.1%
McLaren Health Plan	67.7%	5.9%	11.9%	1.7%	2.6%	10.2%
Meridian Health Plan of Michigan	63.0%	11.2%	10.6%	2.8%	2.2%	10.2%
Molina Healthcare of Michigan	43.9%	14.6%	21.3%	5.1%	4.7%	10.3%
Priority Health Choice, Inc.	59.9%	19.2%	8.2%	2.7%	0.7%	9.2%
Total Health Care, Inc.	34.6%	5.9%	41.5%	4.4%	4.4%	9.2%
Trusted Health Plan Michigan, Inc.	20.7%	12.6%	48.6%	3.6%	5.4%	9.0%
UnitedHealthcare Community Plan	45.5%	12.6%	21.2%	3.7%	7.1%	9.8%
Upper Peninsula Health Plan	81.5%	3.1%	0.9%	0.2%	4.5%	9.7%

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

Table 3-5 depicts the general health status of children for whom a parent or caretaker completed a survey.

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

	Excellent	Very Good	Good	Fair	Poor
MDHHS Medicaid Program	39.4%	39.5%	17.4%	3.4%	0.4%
Fee-for-Service	34.8%	39.0%	22.1%	3.7%	0.4%
MDHHS Medicaid Managed Care Program	39.8%	39.6%	16.9%	3.3%	0.4%
Aetna Better Health of Michigan	40.6%	33.6%	17.1%	8.3%	0.5%
Blue Cross Complete of Michigan	45.8%	38.6%	12.5%	2.7%	0.4%
HAP Empowered	54.2%	33.3%	10.4%	2.1%	0.0%
McLaren Health Plan	37.0%	44.2%	15.5%	3.0%	0.3%
Meridian Health Plan of Michigan	42.7%	37.5%	17.3%	2.5%	0.0%
Molina Healthcare of Michigan	33.3%	42.2%	20.2%	3.9%	0.4%
Priority Health Choice, Inc.	38.5%	44.0%	15.8%	1.4%	0.3%
Total Health Care, Inc.	39.6%	32.4%	23.3%	4.0%	0.7%
Trusted Health Plan Michigan, Inc.	41.4%	36.0%	20.7%	0.9%	0.9%
UnitedHealthcare Community Plan	39.5%	36.2%	18.5%	5.5%	0.3%
Upper Peninsula Health Plan	38.5%	45.9%	13.5%	1.7%	0.5%

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

Demographics of Respondents

Table 3-6 depicts the age of the parent or caretaker who completed a survey.

Table 3-6—Respondent Demographics: Age

	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or Older
MDHHS Medicaid Program	9.2%	5.2%	26.0%	31.9%	17.7%	7.1%	2.8%
Fee-for-Service	5.8%	2.3%	21.2%	37.8%	24.7%	6.6%	1.5%
MDHHS Medicaid Managed Care Program	9.5%	5.5%	26.5%	31.4%	17.0%	7.1%	3.0%
Aetna Better Health of Michigan	11.5%	7.7%	26.8%	30.6%	12.9%	6.2%	4.3%
Blue Cross Complete of Michigan	7.4%	4.3%	28.1%	28.5%	20.3%	6.6%	4.7%
HAP Empowered	6.7%	8.9%	22.2%	31.1%	11.1%	11.1%	8.9%
McLaren Health Plan	11.0%	5.5%	26.2%	30.7%	18.3%	5.5%	2.8%
Meridian Health Plan of Michigan	7.0%	7.7%	26.5%	31.0%	17.6%	8.0%	2.2%
Molina Healthcare of Michigan	11.6%	3.6%	23.2%	30.8%	16.4%	12.0%	2.4%
Priority Health Choice, Inc.	8.9%	6.1%	29.6%	31.8%	14.6%	6.1%	2.9%
Total Health Care, Inc.	11.2%	2.7%	23.3%	36.4%	16.7%	7.4%	2.3%
Trusted Health Plan Michigan, Inc.	12.7%	4.5%	34.5%	26.4%	13.6%	4.5%	3.6%
UnitedHealthcare Community Plan	9.6%	5.6%	23.6%	30.7%	20.8%	8.1%	1.6%
Upper Peninsula Health Plan	8.1%	5.9%	27.9%	33.0%	16.6%	5.6%	2.9%

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

Table 3-7 depicts the gender of the parent or caretaker who completed a survey.

Table 3-7—Respondent Demographics: Gender

	Male	Female
MDHHS Medicaid Program	13.4%	86.6%
Fee-for-Service	10.4%	89.6%
MDHHS Medicaid Managed Care Program	13.7%	86.3%
Aetna Better Health of Michigan	12.1%	87.9%
Blue Cross Complete of Michigan	15.0%	85.0%
HAP Empowered	20.8%	79.2%
McLaren Health Plan	13.7%	86.3%
Meridian Health Plan of Michigan	12.8%	87.2%
Molina Healthcare of Michigan	20.0%	80.0%
Priority Health Choice, Inc.	8.6%	91.4%
Total Health Care, Inc.	10.9%	89.1%
Trusted Health Plan Michigan, Inc.	25.2%	74.8%
UnitedHealthcare Community Plan	15.2%	84.8%
Upper Peninsula Health Plan	11.1%	88.9%

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

Table 3-8 depicts the level of education of the parent or caretaker who completed a survey.

Table 3-8—Respondent Demographics: Education

	Not a High School Graduate	High School Graduate	College Graduate
MDHHS Medicaid Program	13.6%	72.2%	14.2%
Fee-for-Service	6.7%	64.9%	28.4%
MDHHS Medicaid Managed Care Program	14.3%	72.9%	12.9%
Aetna Better Health of Michigan	21.0%	67.8%	11.2%
Blue Cross Complete of Michigan	13.7%	65.3%	21.0%
HAP Empowered	12.2%	71.4%	16.3%
McLaren Health Plan	11.5%	78.0%	10.5%
Meridian Health Plan of Michigan	14.2%	71.7%	14.2%
Molina Healthcare of Michigan	18.0%	73.5%	8.6%
Priority Health Choice, Inc.	11.2%	72.6%	16.1%
Total Health Care, Inc.	17.4%	70.7%	11.9%
Trusted Health Plan Michigan, Inc.	25.0%	64.8%	10.2%
UnitedHealthcare Community Plan	16.1%	73.0%	10.9%
Upper Peninsula Health Plan	7.1%	80.8%	12.1%
<i>Please note, percentages may not total 100.0% due to rounding.</i>			

Table 3-9 depicts the relationship to child of parents or caregivers who completed a survey.

Table 3-9—Respondent Demographics: Relationship to Child

	Mother or Father	Grandparent	Other relative	Legal guardian
MDHHS Medicaid Program	92.0%	5.3%	1.5%	1.3%
Fee-for-Service	93.6%	2.6%	1.9%	1.9%
MDHHS Medicaid Managed Care Program	91.8%	5.5%	1.5%	1.2%
Aetna Better Health of Michigan	89.6%	7.1%	2.4%	0.9%
Blue Cross Complete of Michigan	91.2%	5.7%	1.5%	1.5%
HAP Empowered	89.6%	8.3%	0.0%	2.1%
McLaren Health Plan	92.0%	5.7%	1.3%	1.0%
Meridian Health Plan of Michigan	91.7%	5.1%	1.6%	1.6%
Molina Healthcare of Michigan	92.7%	5.3%	0.4%	1.6%
Priority Health Choice, Inc.	91.9%	5.3%	1.1%	1.8%
Total Health Care, Inc.	91.0%	5.6%	2.6%	0.7%
Trusted Health Plan Michigan, Inc.	90.8%	6.4%	2.8%	0.0%
UnitedHealthcare Community Plan	92.5%	5.3%	1.3%	0.9%
Upper Peninsula Health Plan	93.2%	4.6%	1.2%	1.0%
<i>Please note, percentages may not total 100.0% due to rounding.</i>				

NCQA Comparisons

In order to assess the overall performance of the MDHHS Medicaid Program and each of the MHPs, HSAG compared scores for the measures to NCQA’s 2018 Quality Compass Benchmark and Compare Quality Data.^{3-1,3-2,3-3} 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 3-10.

Table 3-10—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 overall member experience ratings when the top-box scores were compared to NCQA Quality Compass Benchmark and Compare Quality Data.

³⁻¹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

³⁻² The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey. These questions are NCQA-approved supplemental items that were added to the survey. A 2018 NCQA national average is not available for this measure.

³⁻³ 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 3-11 shows the overall member experience ratings on each of the four global ratings.

Table 3-11—NCQA Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
MDHHS Medicaid Program	★ 62.6%	★ 64.4%	★ 72.8%	★ 69.5%
Fee-for-Service	★ 50.0%	★★ 66.7%	★★★ 77.5%	★★+ 73.6%
MDHHS Medicaid Managed Care Program	★ 64.4%	★ 64.0%	★ 72.1%	★ 68.9%
Aetna Better Health of Michigan	★ 63.3%	★ 65.7%	★★ 75.3%	★+ 63.9%
Blue Cross Complete of Michigan	★★ 69.8%	★★★ 72.0%	★★★ 77.1%	★★+ 71.9%
HAP Empowered	★+ 61.2%	★+ 63.6%	★+ 65.9%	NA
McLaren Health Plan	★ 61.3%	★ 58.7%	★ 67.0%	★+ 58.1%
Meridian Health Plan of Michigan	★ 60.9%	★ 65.6%	★ 69.3%	★+ 65.4%
Molina Healthcare of Michigan	★ 65.5%	★ 61.3%	★★★ 76.7%	★★★+ 75.5%
Priority Health Choice, Inc.	★★ 68.9%	★★ 67.4%	★★★ 78.5%	★★★★+ 77.2%
Total Health Care, Inc.	★ 66.8%	★★ 66.9%	★ 72.2%	★+ 69.6%
Trusted Health Plan Michigan, Inc.	★ 53.1%	★+ 62.5%	★+ 58.0%	★+ 55.0%
UnitedHealthcare Community Plan	★ 65.8%	★ 61.8%	★ 68.6%	★+ 68.8%
Upper Peninsula Health Plan	★ 67.6%	★ 60.8%	★ 71.7%	★+ 70.0%

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 NA Indicates that results for this measure are not displayed because too few members responded to the questions.

Table 3-12 shows the overall member experience ratings on the five composite measures.

Table 3-12—NCQA Comparisons: Composite Measures

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
MDHHS Medicaid Program	★★★★ 85.5%	★★★★ 90.5%	★★★★ 94.2%	★★ 87.9%	★★★★ 80.4%
Fee-for-Service	★★★★★ 91.6%	★★★★★ 94.2%	★★★ 95.0%	★ ⁺ 85.3%	★★★★★ ⁺ 82.3%
MDHHS Medicaid Managed Care Program	★★★★ 84.7%	★★ 89.9%	★★ 94.0%	★★ 88.3%	★★★★ 80.2%
Aetna Better Health of Michigan	★★★★* 84.6%	★★ 89.7%	★★ 93.7%	★★★★★ ⁺ 92.2%	★★★★★ ⁺ 84.6%
Blue Cross Complete of Michigan	★★★★ 89.5%	★★★ 92.1%	★★★ 94.8%	★★★★ ⁺ 90.7%	★★ ⁺ 76.2%
HAP Empowered	★★★★★ ⁺ 93.9%	★★★★★ ⁺ 96.6%	★★★★ ⁺ 95.9%	★★★ ⁺ 89.3%	NA
McLaren Health Plan	★ 81.0%	★★★ 91.6%	★ 92.4%	★★★ ⁺ 89.6%	★★ ⁺ 77.4%
Meridian Health Plan of Michigan	★★★ 87.2%	★★★ 91.3%	★★★★ 96.1%	★★ ⁺ 87.6%	★★★★★ ⁺ 83.0%
Molina Healthcare of Michigan	★★ 81.8%	★ 85.6%	★★ 93.0%	★★★★ ⁺ 91.7%	★★ ⁺ 79.3%
Priority Health Choice, Inc.	★★★ 87.4%	★★★ 90.9%	★★★★★ 96.7%	★★★ ⁺ 90.4%	★★★★★ ⁺ 82.1%
Total Health Care, Inc.	★★★★★ 90.6%	★★★★ 93.5%	★★★ 95.1%	★ ⁺ 86.1%	★★ ⁺ 78.5%
Trusted Health Plan Michigan, Inc.	★ ⁺ 79.3%	★ ⁺ 83.4%	★ ⁺ 89.4%	★★ ⁺ 88.0%	★★★ ⁺ 80.6%
UnitedHealthcare Community Plan	★ 80.0%	★★ 88.8%	★ 90.3%	★ ⁺ 81.3%	★★ ⁺ 78.8%
Upper Peninsula Health Plan	★★★★★ 90.8%	★★★★★ 95.3%	★★★★★ 97.2%	★★ ⁺ 88.2%	★★★★ 82.1%

⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 NA Indicates that results for this measure are not displayed because too few members responded to the questions.

Table 3-13 shows the overall member experience ratings on the two individual item measures.

Table 3-13—NCQA Comparisons: Individual Item Measures

	Coordination of Care	Health Promotion and Education
MDHHS Medicaid Program	★★★ 84.5%	★★★ 73.1%
Fee-for-Service	★★★+ 85.9%	★★ 72.4%
MDHHS Medicaid Managed Care Program	★★★ 84.3%	★★★ 73.2%
Aetna Better Health of Michigan	★★★★+ 88.2%	★★★★★ 80.0%
Blue Cross Complete of Michigan	★★★+ 85.9%	★★★ 73.9%
HAP Empowered	NA	★★+ 72.7%
McLaren Health Plan	★★+ 82.8%	★★ 71.8%
Meridian Health Plan of Michigan	★★★+ 85.1%	★★★ 75.0%
Molina Healthcare of Michigan	★★★★+ 87.5%	★★★ 74.0%
Priority Health Choice, Inc.	★★★★★ 89.3%	★★ 72.4%
Total Health Care, Inc.	★★★★+ 87.7%	★ 67.6%
Trusted Health Plan Michigan, Inc.	★+ 69.6%	★+ 65.8%
UnitedHealthcare Community Plan	★+ 74.4%	★ 70.3%
Upper Peninsula Health Plan	★★★★★ 88.8%	★★ 72.0%
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. NA Indicates that results for this measure are not displayed because too few members responded to the questions.</p>		

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box scores (i.e., rates of experience) for each 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, Customer Service, and Transportation composite measures, and the Coordination of Care individual item measure;
- “Yes” for the Shared Decision Making composite measure and the Health Promotion and Education individual item measure.

The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program results were weighted based on the eligible population for each child population (i.e., FFS and/or MHPs). HSAG compared the MHP results to the MDHHS Medicaid Managed Care Program average to determine if the MHP results were statistically significantly different than the MDHHS Medicaid Managed Care Program average. Additionally, HSAG compared the FFS results to the MDHHS Medicaid Managed Care Program results to determine if the FFS results were statistically significantly different than the MDHHS Medicaid Managed Care Program results. The NCQA child Medicaid national averages also are presented for comparison.³⁻⁴ Colors in the figures note statistically significant differences. Green indicates a top-box score that was statistically significantly above the MDHHS Medicaid Managed Care Program average. Conversely, red indicates a top-box score that was statistically significantly below the MDHHS Medicaid Managed Care Program average. Blue represents top-box scores that were not statistically significantly different from the MDHHS Medicaid Managed Care Program average. Health plan/program scores with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating score derived from fewer than 100 respondents. In addition, results based on fewer than 11 respondents were suppressed and are noted as “Not Applicable.”

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

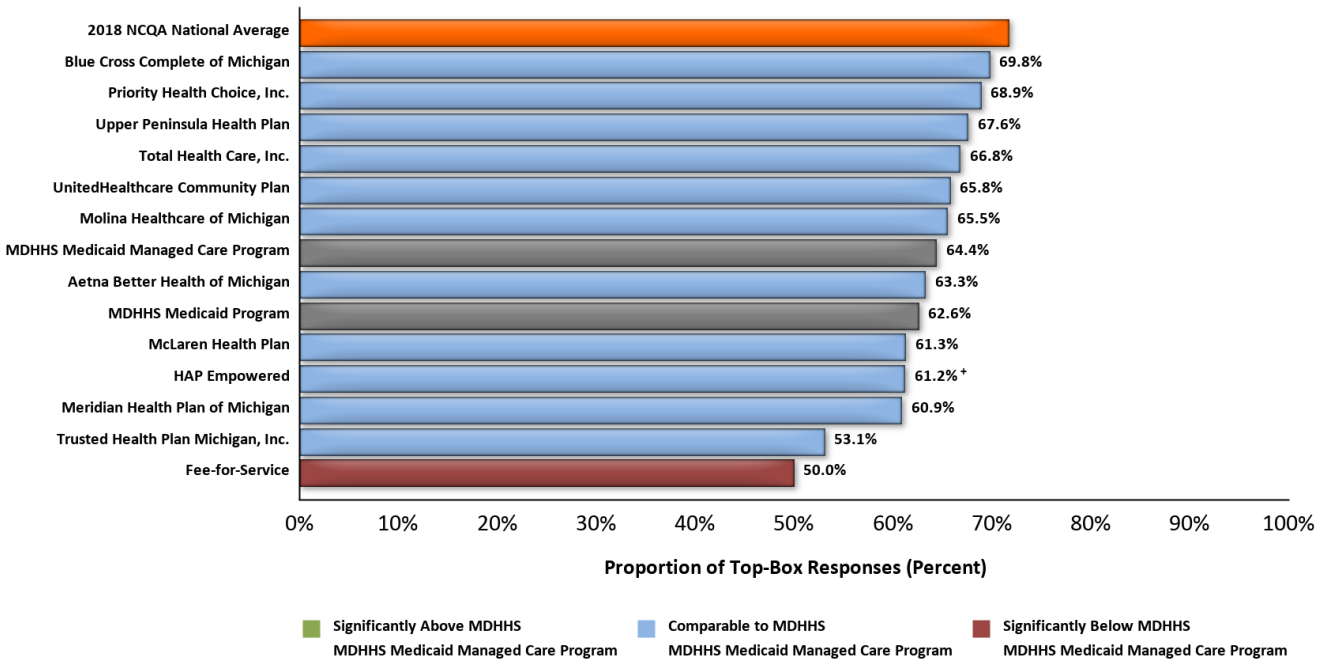
³⁻⁴ The source for the national data contained in this publication is Quality Compass[®] 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2018 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these 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. CAHPS[®] is a registered trademark of AHRQ.

Global Ratings

Rating of Health Plan

Parents or caretakers of child members were asked to rate their child’s 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

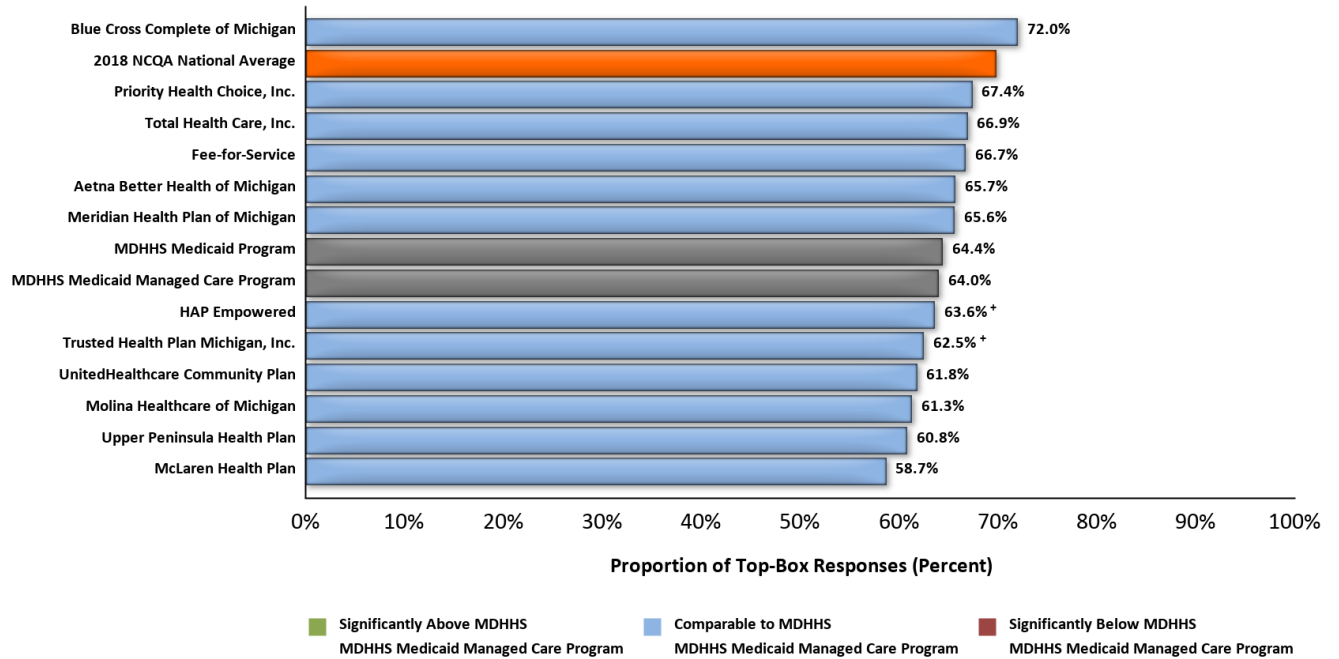


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Rating of All Health Care

Parents or caretakers of child members were asked to rate their child’s 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

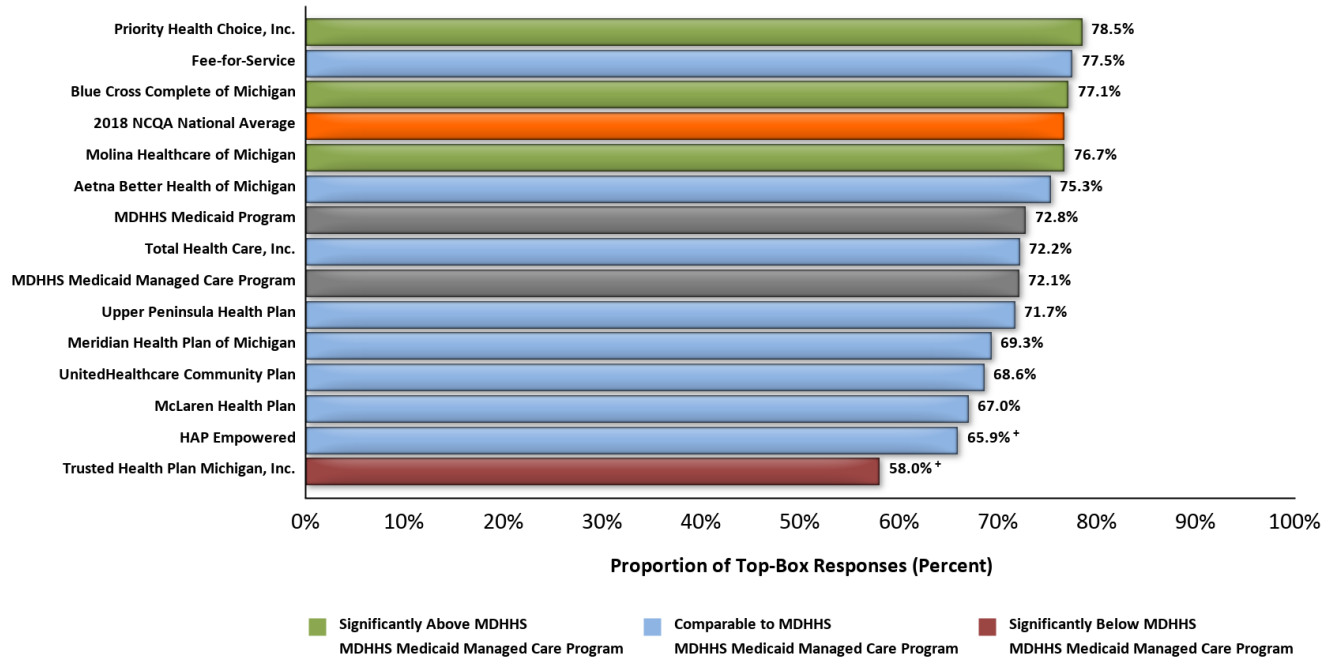


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Rating of Personal Doctor

Parents or caretakers of child members were asked to rate their child’s 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

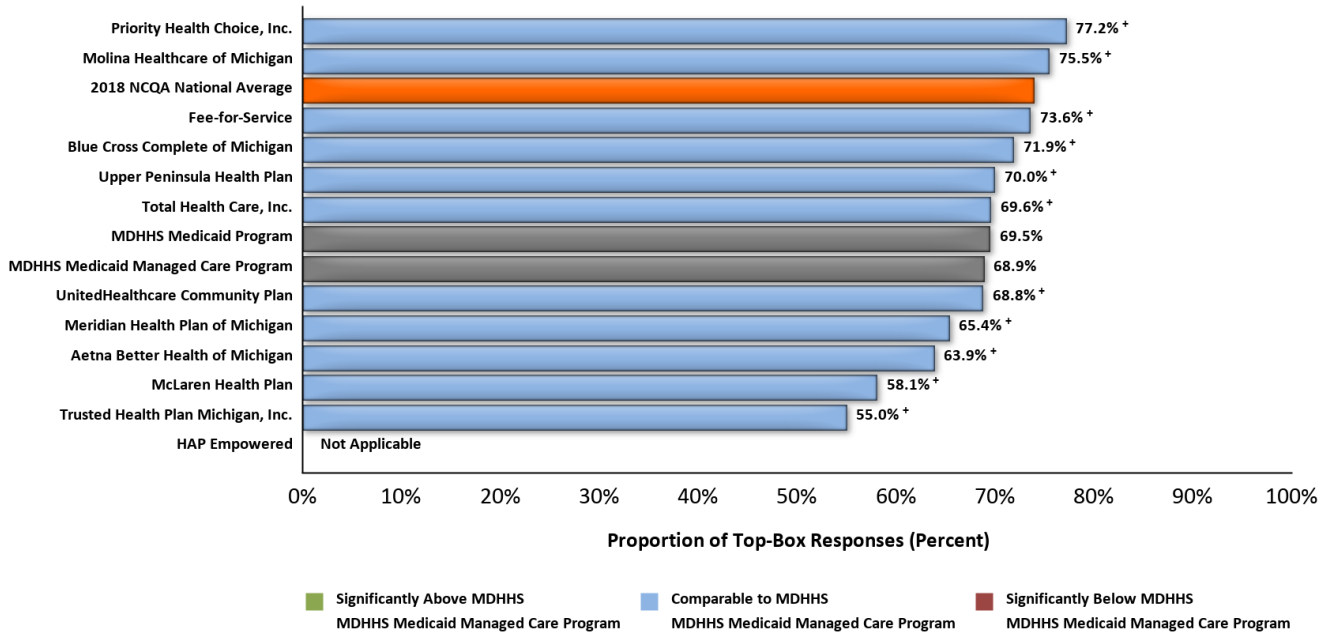


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate their child’s 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



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and are noted as “Not Applicable.”



Composite Measures

Getting Needed Care

Two questions (Questions 14 and 28) were asked to assess how often it was easy to get needed care:

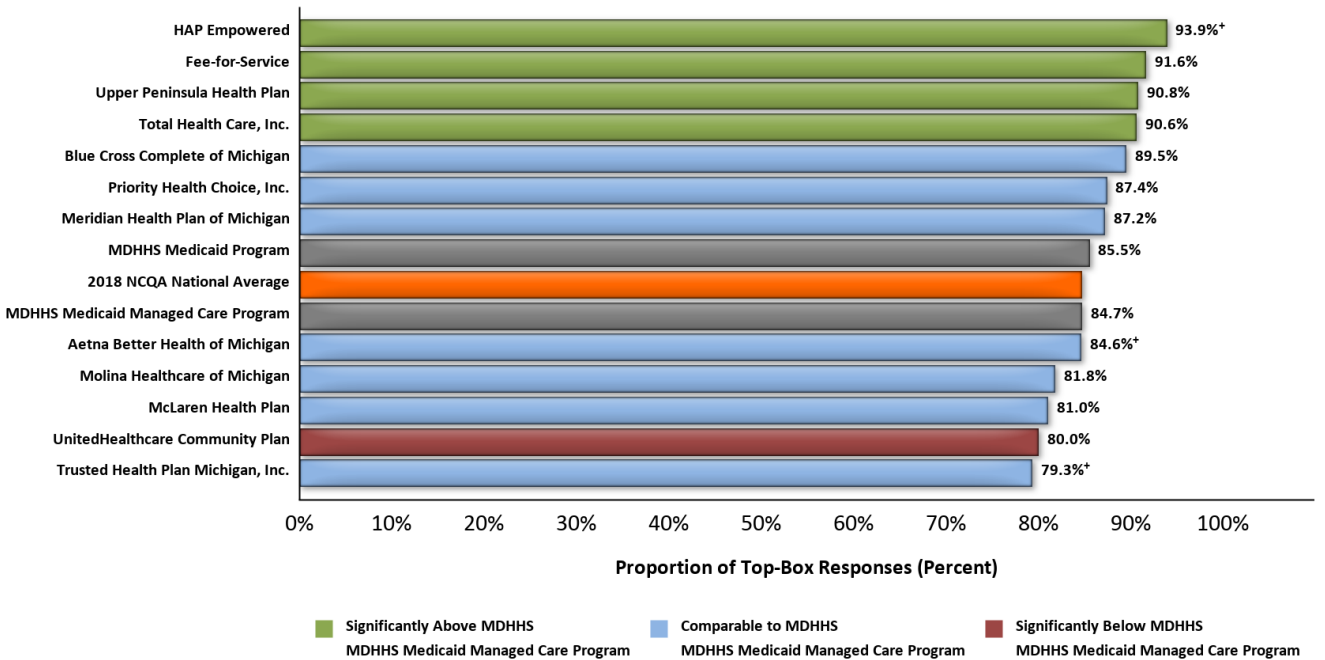
- **Question 14.** In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 28.** In the last 6 months, how often did you get an appointment for your child 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



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



Getting Care Quickly

Two questions (Questions 4 and 6) were asked to assess how often child members received care quickly:

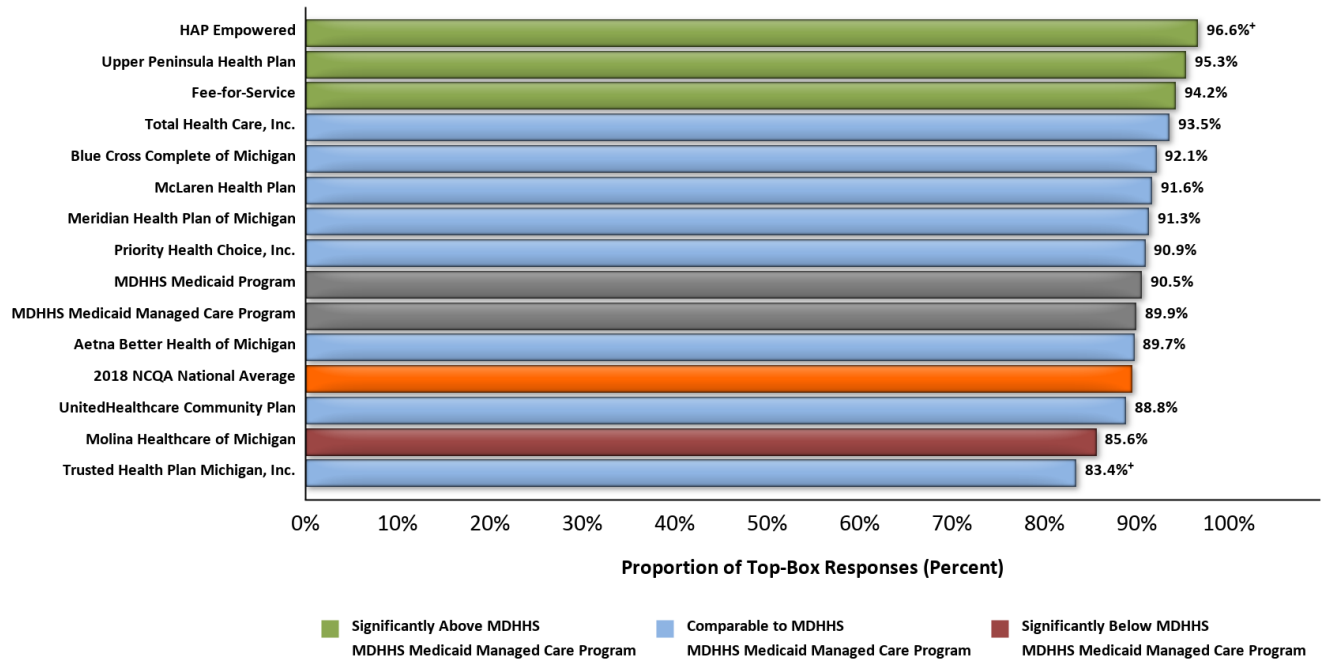
- **Question 4.** In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 6.** In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child 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



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

How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 22) was asked to assess how often doctors communicated well:

- **Question 17.** In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that was easy to understand?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 18.** In the last 6 months, how often did your child’s personal doctor listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always

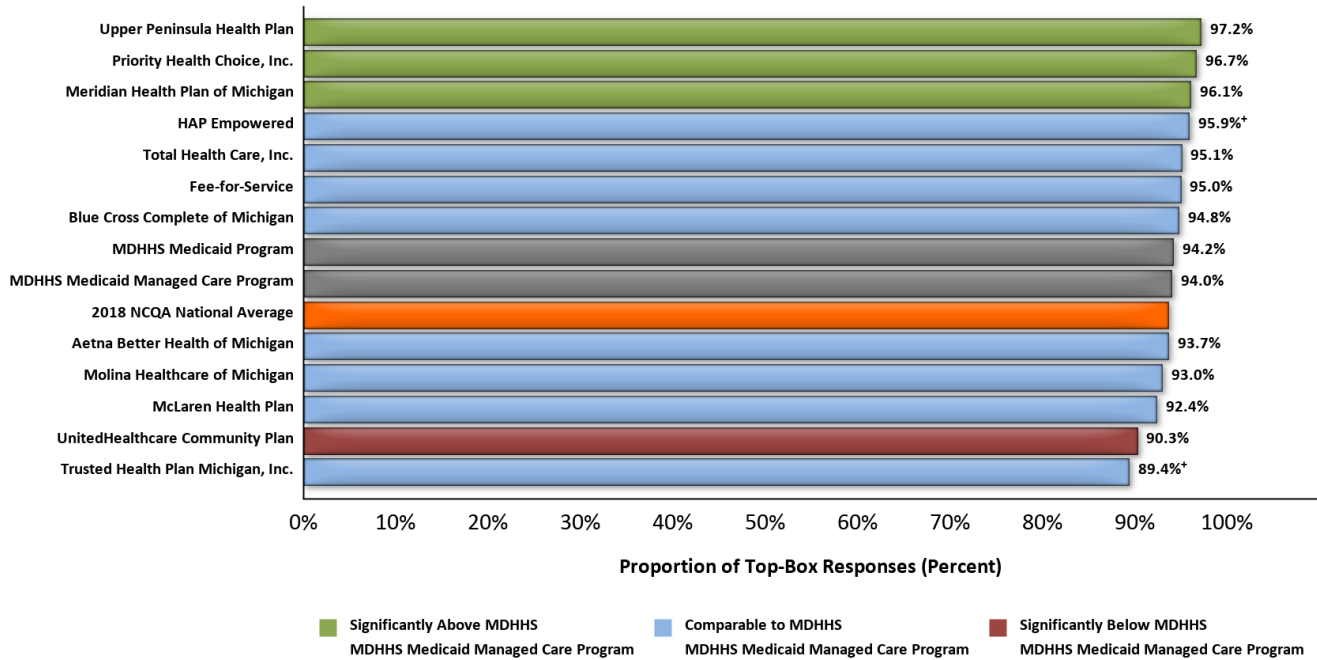
- **Question 19.** In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 22.** In the last 6 months, how often did your child’s personal doctor spend enough time with your child?
 - 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



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



Customer Service

Two questions (Questions 32 and 33) were asked to assess how often parents or caretakers were satisfied with customer service:

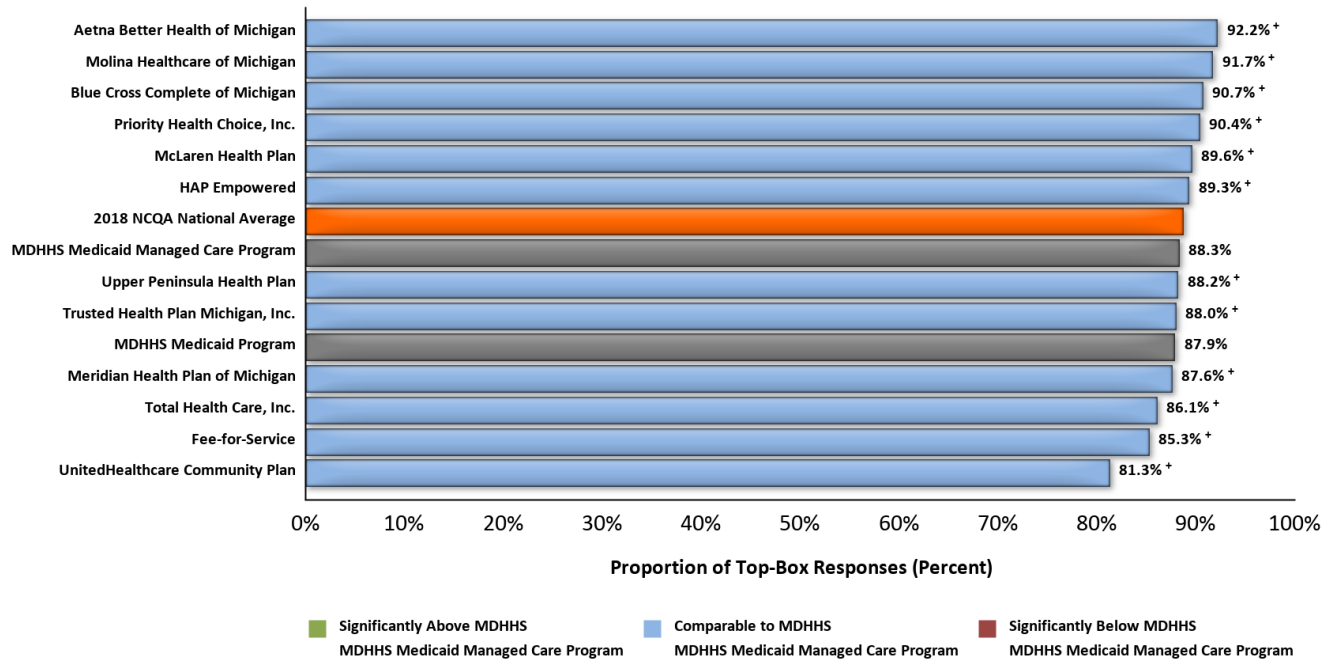
- **Question 32.** In the last 6 months, how often did customer service at your child’s health plan give you the information or help you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 33.** In the last 6 months, how often did customer service staff at your child’s health plan treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always

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



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



Shared Decision Making

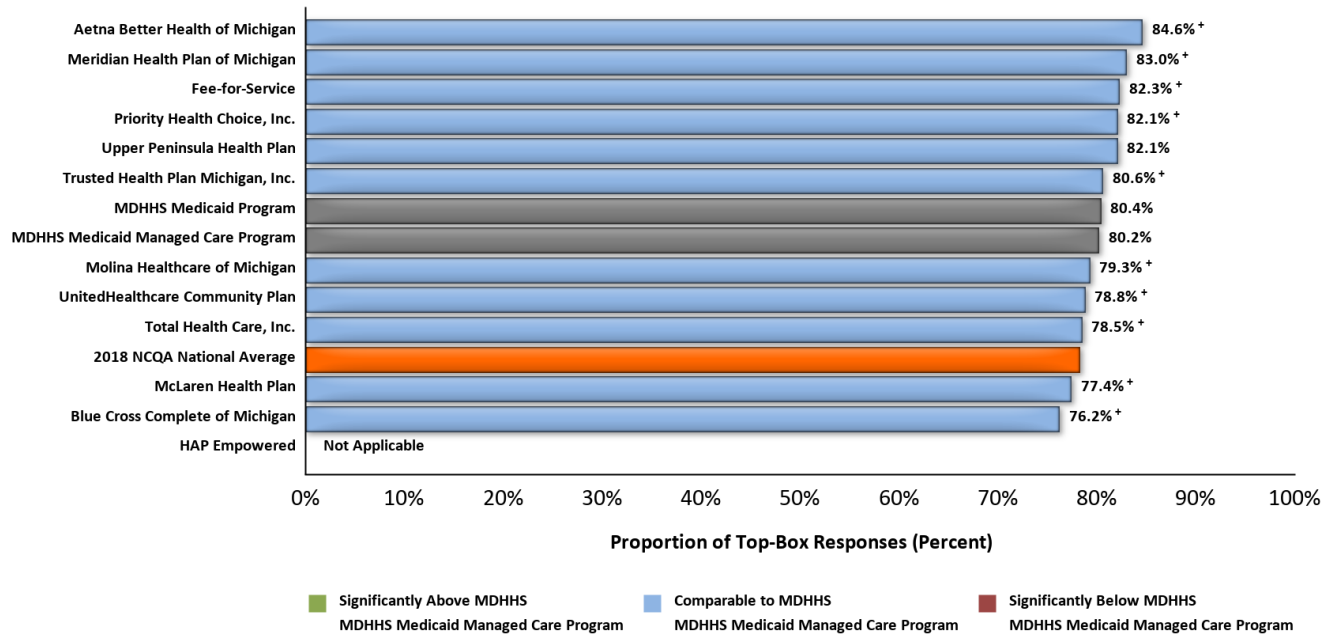
Three questions (Questions 10, 11, and 12) were asked regarding the involvement of parents or caretakers in decision making when starting or stopping a prescription medicine for their child:

- **Question 10.** Did you and a doctor or other health provider talk about the reasons you might want your child 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 your child to take a medicine?
 - Yes
 - No
- **Question 12.** When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?
 - 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



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and are noted as “Not Applicable.”



Transportation

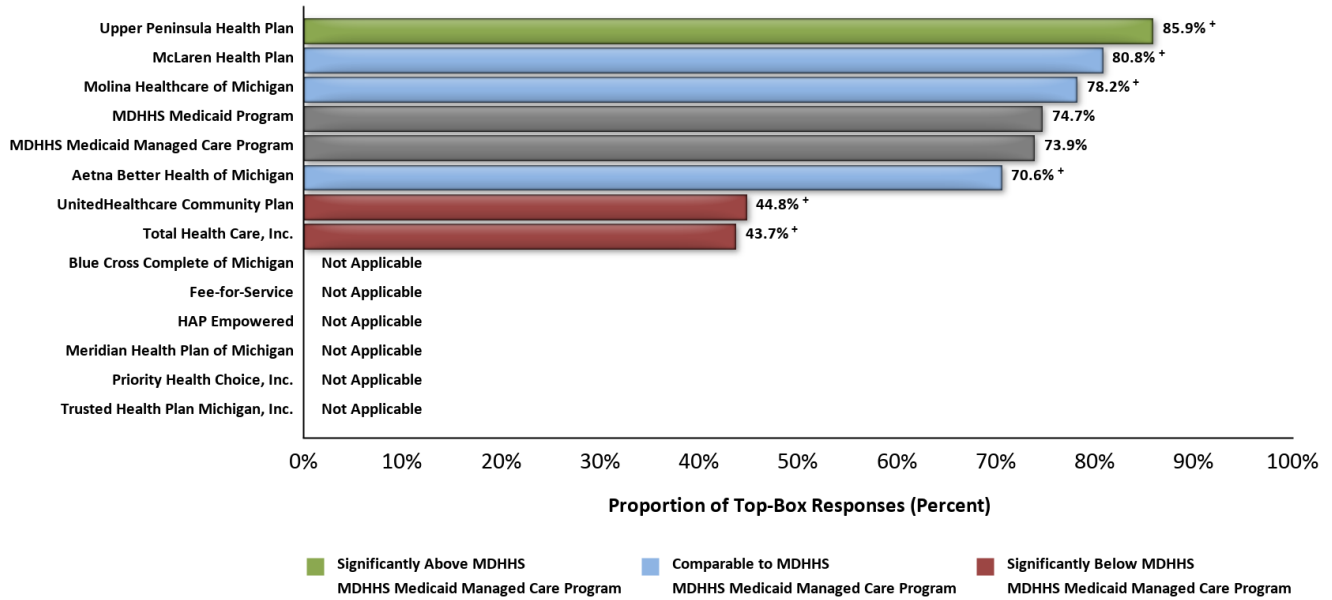
Two questions (Questions 50 and 51) were asked to assess how often parents or caregivers were satisfied with transportation services provided by their child's health plan:

- **Question 50.** In the last 6 months, when you phoned your child's health plan to get help with transportation, how often did you get it?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 51.** In the last 6 months, how often did the help with transportation for your child meet your needs?
 - Never
 - Sometimes
 - Usually
 - Always

Responses of "Usually" or "Always" were used to calculate top-box scores for the Transportation composite measure.

Figure 3-10 shows the Transportation top-box scores.

Figure 3-10—Transportation Top-Box Scores³⁻⁵



⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and are noted as “Not Applicable.”

³⁻⁵ The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey. These questions are NCQA-approved supplemental items that were added to the survey. A 2018 NCQA national average is not available for this measure.

Individual Item Measures

Coordination of Care

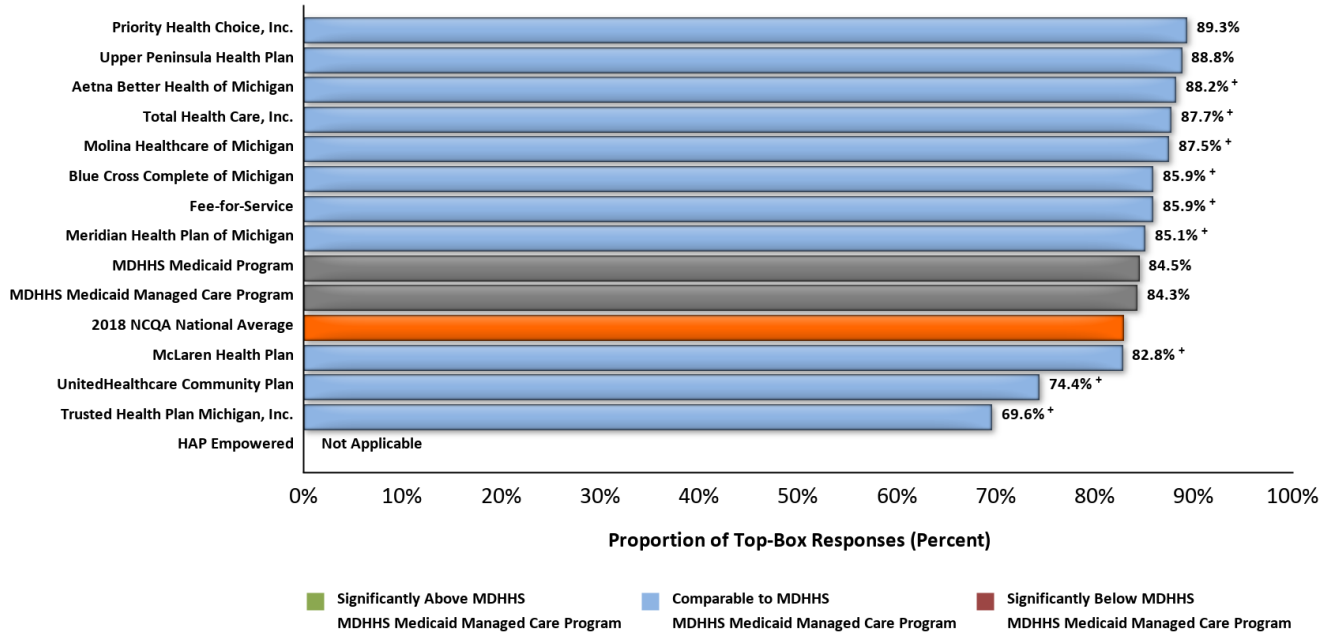
Parents or caretakers of child members were asked one question (Question 25) to assess how often their child's personal doctor seemed informed and up-to-date about care their child had received from another doctor:

- **Question 25.** In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?
 - Never
 - Sometimes
 - Usually
 - Always

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

Figure 3-11 shows the Coordination of Care top-box scores.

Figure 3-11—Coordination of Care Top-Box Scores



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. Results based on fewer than 11 respondents were suppressed and are noted as "Not Applicable."

Health Promotion and Education

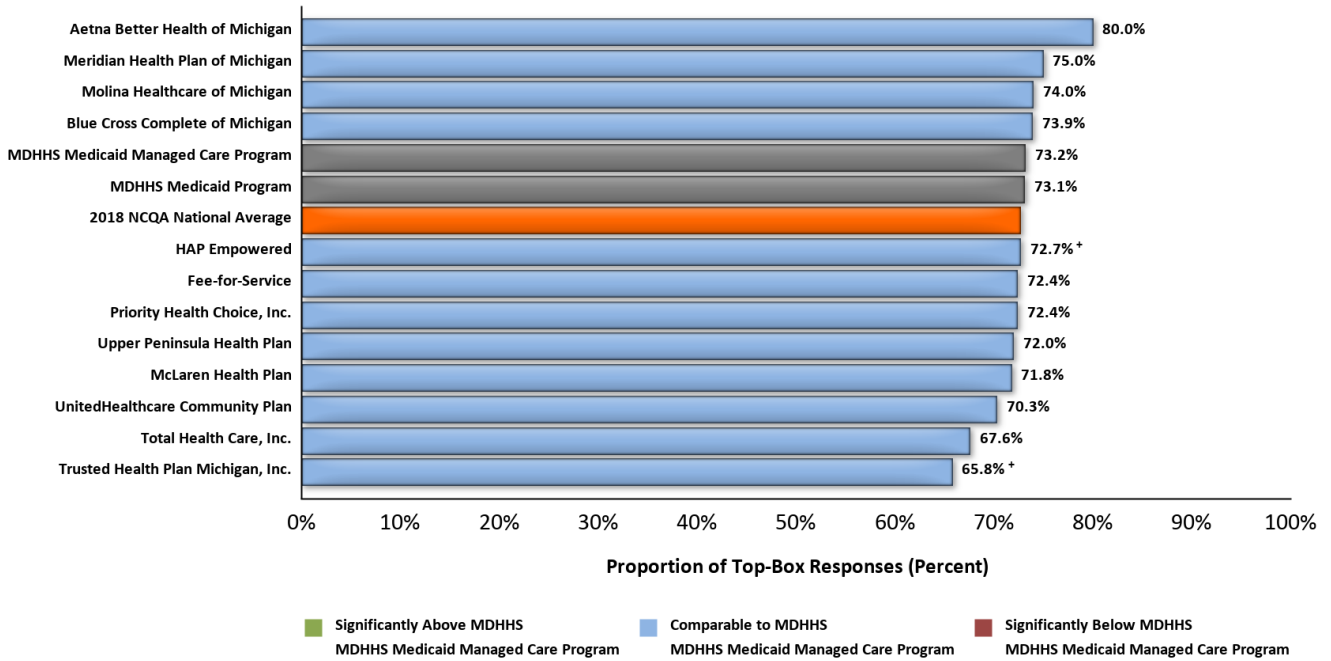
Parents or caretakers of child members were asked one question (Question 8) to assess if their child's doctor talked with them about specific things they could do to prevent illness in their child:

- **Question 8.** In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
 - Yes
 - No

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

Figure 3-12 shows the Health Promotion and Education top-box scores.

Figure 3-12—Health Promotion and Education Top-Box Scores



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

Summary of Results

Table 3-14 provides a summary of the Statewide Comparisons results for the global ratings.

Table 3-14—Statewide Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Fee-for-Service	↓	—	—	— ⁺
Aetna Better Health of Michigan	—	—	—	— ⁺
Blue Cross Complete of Michigan	—	—	↑	— ⁺
HAP Empowered	— ⁺	— ⁺	— ⁺	NA
McLaren Health Plan	—	—	—	— ⁺
Meridian Health Plan of Michigan	—	—	—	— ⁺
Molina Healthcare of Michigan	—	—	↑	— ⁺
Priority Health Choice, Inc.	—	—	↑	— ⁺
Total Health Care, Inc.	—	—	—	— ⁺
Trusted Health Plan Michigan, Inc.	—	— ⁺	↓ ⁺	— ⁺
UnitedHealthcare Community Plan	—	—	—	— ⁺
Upper Peninsula Health Plan	—	—	—	— ⁺
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>↑ Indicates the plan's score is statistically significantly above the MDHHS Medicaid Managed Care Program average.</p> <p>↓ Indicates the plan's score is statistically significantly below than the MDHHS Medicaid Managed Care Program average.</p> <p>— Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p> <p>NA Indicates that results for this measure are not displayed because too few members responded to the questions.</p>				

Table 3-15 provides a summary of the Statewide Comparisons results for the composite measures.

Table 3-15—Statewide Comparisons: Composite Measures

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making	Transportation
Fee-for-Service	↑	↑	—	— ⁺	— ⁺	NA
Aetna Better Health of Michigan	— ⁺	—	—	— ⁺	— ⁺	— ⁺
Blue Cross Complete of Michigan	—	—	—	— ⁺	— ⁺	NA
HAP Empowered	↑ ⁺	↑ ⁺	— ⁺	— ⁺	NA	NA
McLaren Health Plan	—	—	—	— ⁺	— ⁺	— ⁺
Meridian Health Plan of Michigan	—	—	↑	— ⁺	— ⁺	NA
Molina Healthcare of Michigan	—	↓	—	— ⁺	— ⁺	— ⁺
Priority Health Choice, Inc.	—	—	↑	— ⁺	— ⁺	NA
Total Health Care, Inc.	↑	—	—	— ⁺	— ⁺	↓ ⁺
Trusted Health Plan Michigan, Inc.	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺	NA
UnitedHealthcare Community Plan	↓	—	↓	— ⁺	— ⁺	↓ ⁺
Upper Peninsula Health Plan	↑	↑	↑	— ⁺	—	↑ ⁺
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ Indicates the plan's score is statistically significantly above the MDHHS Medicaid Managed Care Program average. ↓ Indicates the plan's score is statistically significantly below than the MDHHS Medicaid Managed Care Program average. — Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average. NA Indicates that results for this measure are not displayed because too few members responded to the questions.</p>						

Table 3-16 provides a summary of the Statewide Comparisons results for the individual item measures.

Table 3-16—Statewide Comparisons: Individual Item Measures

	Coordination of Care	Health Promotion and Education
Fee-for-Service	— ⁺	—
Aetna Better Health of Michigan	— ⁺	—
Blue Cross Complete of Michigan	— ⁺	—
HAP Empowered	NA	— ⁺
McLaren Health Plan	— ⁺	—
Meridian Health Plan of Michigan	— ⁺	—
Molina Healthcare of Michigan	— ⁺	—
Priority Health Choice, Inc.	—	—
Total Health Care, Inc.	— ⁺	—
Trusted Health Plan Michigan, Inc.	— ⁺	— ⁺
UnitedHealthcare Community Plan	— ⁺	—
Upper Peninsula Health Plan	—	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>↑ Indicates the plan's score is statistically significantly above the MDHHS Medicaid Managed Care Program average.</p> <p>↓ Indicates the plan's score is statistically significantly below the MDHHS Medicaid Managed Care Program average.</p> <p>— Indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p> <p>NA Indicates that results for this measure are not displayed because too few members responded to the questions.</p>		

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 top-box scores were compared to the 2018 CAHPS top-box 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 (–). Scores that were not able to be trended are noted with “NT”. Measures that did not meet the minimum number of 100 responses required by NCQA are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Global Ratings

Rating of Health Plan

Parents or caretakers of child members were asked to rate their child’s 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

	2018	2019	Trend Results
MDHHS Medicaid Program	66.9%	62.6%	▼
Fee-for-Service	53.1%	50.0%	—
MDHHS Medicaid Managed Care Program	68.7%	64.4%	▼
Aetna Better Health of Michigan	66.2%	63.3%	—
Blue Cross Complete of Michigan	68.1%	69.8%	—
HAP Empowered	55.1% ⁺	61.2% ⁺	—
McLaren Health Plan	64.0%	61.3%	—
Meridian Health Plan of Michigan	70.9%	60.9%	▼
Molina Healthcare of Michigan	67.7%	65.5%	—
Priority Health Choice, Inc.	67.5%	68.9%	—
Total Health Care, Inc.	69.2%	66.8%	—
Trusted Health Plan Michigan, Inc.	54.3%	53.1%	—
UnitedHealthcare Community Plan	70.2%	65.8%	—
Upper Peninsula Health Plan	70.2%	67.6%	—
⁺ 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 three statistically significant differences between scores in 2019 and scores in 2018 for this measure.

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

- MDHHS Medicaid Program
- MDHHS Medicaid Managed Care Program
- Meridian Health Plan of Michigan

Rating of All Health Care

Parents or caretakers of child members were asked to rate their child’s 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

	2018	2019	Trend Results
MDHHS Medicaid Program	65.5%	64.4%	—
Fee-for-Service	63.7%	66.7%	—
MDHHS Medicaid Managed Care Program	65.7%	64.0%	—
Aetna Better Health of Michigan	62.3%	65.7%	—
Blue Cross Complete of Michigan	62.0%	72.0%	▲
HAP Empowered	76.9% ⁺	63.6% ⁺	—
McLaren Health Plan	65.8%	58.7%	—
Meridian Health Plan of Michigan	67.7%	65.6%	—
Molina Healthcare of Michigan	62.3%	61.3%	—
Priority Health Choice, Inc.	71.6%	67.4%	—
Total Health Care, Inc.	65.7%	66.9%	—
Trusted Health Plan Michigan, Inc.	58.1%	62.5% ⁺	—
UnitedHealthcare Community Plan	66.8%	61.8%	—
Upper Peninsula Health Plan	65.3%	60.8%	—
⁺ 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:

- Blue Cross Complete of Michigan

Rating of Personal Doctor

Parents or caretakers of child members were asked to rate their child’s 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

	2018	2019	Trend Results
MDHHS Medicaid Program	74.6%	72.8%	—
Fee-for-Service	76.5%	77.5%	—
MDHHS Medicaid Managed Care Program	74.4%	72.1%	—
Aetna Better Health of Michigan	74.9%	75.3%	—
Blue Cross Complete of Michigan	70.2%	77.1%	—
HAP Empowered	78.3% ⁺	65.9% ⁺	—
McLaren Health Plan	69.7%	67.0%	—
Meridian Health Plan of Michigan	77.3%	69.3%	▼
Molina Healthcare of Michigan	74.3%	76.7%	—
Priority Health Choice, Inc.	74.6%	78.5%	—
Total Health Care, Inc.	72.5%	72.2%	—
Trusted Health Plan Michigan, Inc.	60.5%	58.0% ⁺	—
UnitedHealthcare Community Plan	75.0%	68.6%	—
Upper Peninsula Health Plan	74.1%	71.7%	—
⁺ 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 was one statistically significant difference between scores in 2019 and scores in 2018 for this measure.

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

- Meridian Health Plan of Michigan

Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate their child’s 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

	2018	2019	Trend Results
MDHHS Medicaid Program	68.2%	69.5%	—
Fee-for-Service	63.6% ⁺	73.6% ⁺	—
MDHHS Medicaid Managed Care Program	68.8%	68.9%	—
Aetna Better Health of Michigan	77.8% ⁺	63.9% ⁺	—
Blue Cross Complete of Michigan	64.9% ⁺	71.9% ⁺	—
HAP Empowered	NA	NA	NT
McLaren Health Plan	69.6% ⁺	58.1% ⁺	—
Meridian Health Plan of Michigan	63.8% ⁺	65.4% ⁺	—
Molina Healthcare of Michigan	72.7% ⁺	75.5% ⁺	—
Priority Health Choice, Inc.	71.3% ⁺	77.2% ⁺	—
Total Health Care, Inc.	70.1% ⁺	69.6% ⁺	—
Trusted Health Plan Michigan, Inc.	68.8% ⁺	55.0% ⁺	—
UnitedHealthcare Community Plan	71.4% ⁺	68.8% ⁺	—
Upper Peninsula Health Plan	67.8% ⁺	70.0% ⁺	—
<p>+ 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. NA Indicates that results for this measure are not displayed because too few members responded to the questions. NT Indicates the results are not trendable.</p>			

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 28) 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 Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	85.5%	85.5%	—
Fee-for-Service	83.2%	91.6%	▲
MDHHS Medicaid Managed Care Program	85.8%	84.7%	—
Aetna Better Health of Michigan	83.3%	84.6% ⁺	—
Blue Cross Complete of Michigan	85.1%	89.5%	—
HAP Empowered	83.3% ⁺	93.9% ⁺	—
McLaren Health Plan	87.4%	81.0%	—
Meridian Health Plan of Michigan	88.9%	87.2%	—
Molina Healthcare of Michigan	82.4%	81.8%	—
Priority Health Choice, Inc.	88.9%	87.4%	—
Total Health Care, Inc.	82.8%	90.6%	▲
Trusted Health Plan Michigan, Inc.	66.4% ⁺	79.3% ⁺	—
UnitedHealthcare Community Plan	84.2%	80.0%	—
Upper Peninsula Health Plan	86.8%	90.8%	—
<p>+ 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.</p>			

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:

- Fee-for-Service
- Total Health Care, Inc.

Getting Care Quickly

Two questions (Questions 4 and 6) were asked to assess how often child 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 Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	91.6%	90.5%	—
Fee-for-Service	90.0%	94.2%	—
MDHHS Medicaid Managed Care Program	91.8%	89.9%	—
Aetna Better Health of Michigan	88.3%	89.7%	—
Blue Cross Complete of Michigan	94.0%	92.1%	—
HAP Empowered	92.4% ⁺	96.6% ⁺	—
McLaren Health Plan	90.0%	91.6%	—
Meridian Health Plan of Michigan	94.9%	91.3%	—
Molina Healthcare of Michigan	89.3%	85.6%	—
Priority Health Choice, Inc.	92.4%	90.9%	—
Total Health Care, Inc.	90.2%	93.5%	—
Trusted Health Plan Michigan, Inc.	81.6% ⁺	83.4% ⁺	—
UnitedHealthcare Community Plan	90.5%	88.8%	—
Upper Peninsula Health Plan	91.9%	95.3%	—
⁺ 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.

How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 22) 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 Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	94.3%	94.2%	—
Fee-for-Service	96.0%	95.0%	—
MDHHS Medicaid Managed Care Program	94.1%	94.0%	—
Aetna Better Health of Michigan	88.9%	93.7%	▲
Blue Cross Complete of Michigan	92.0%	94.8%	—
HAP Empowered	93.6% ⁺	95.9% ⁺	—
McLaren Health Plan	92.5%	92.4%	—
Meridian Health Plan of Michigan	95.2%	96.1%	—
Molina Healthcare of Michigan	94.3%	93.0%	—
Priority Health Choice, Inc.	95.5%	96.7%	—
Total Health Care, Inc.	92.8%	95.1%	—
Trusted Health Plan Michigan, Inc.	85.1%	89.4% ⁺	—
UnitedHealthcare Community Plan	94.2%	90.3%	▼
Upper Peninsula Health Plan	95.7%	97.2%	—
⁺ 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 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:

- Aetna Better Health of Michigan

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

- UnitedHealthcare Community Plan

Customer Service

Two questions (Questions 32 and 33) were asked to assess how often parents and caretakers 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 Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	86.5%	87.9%	—
Fee-for-Service	87.6% ⁺	85.3% ⁺	—
MDHHS Medicaid Managed Care Program	86.3%	88.3%	—
Aetna Better Health of Michigan	89.7% ⁺	92.2% ⁺	—
Blue Cross Complete of Michigan	89.0% ⁺	90.7% ⁺	—
HAP Empowered	89.5% ⁺	89.3% ⁺	—
McLaren Health Plan	83.8% ⁺	89.6% ⁺	—
Meridian Health Plan of Michigan	85.3% ⁺	87.6% ⁺	—
Molina Healthcare of Michigan	82.9% ⁺	91.7% ⁺	▲
Priority Health Choice, Inc.	88.3% ⁺	90.4% ⁺	—
Total Health Care, Inc.	90.6% ⁺	86.1% ⁺	—
Trusted Health Plan Michigan, Inc.	80.6% ⁺	88.0% ⁺	—
UnitedHealthcare Community Plan	90.5% ⁺	81.3% ⁺	—
Upper Peninsula Health Plan	89.0% ⁺	88.2% ⁺	—
⁺ 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 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 Healthcare of Michigan

Shared Decision Making

Three questions (Questions 10, 11, and 12) were asked regarding the involvement of parents or caretakers in decision making when starting or stopping a prescription medicine for their child. 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 Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	80.5%	80.4%	—
Fee-for-Service	78.5% ⁺	82.3% ⁺	—
MDHHS Medicaid Managed Care Program	80.8%	80.2%	—
Aetna Better Health of Michigan	78.8% ⁺	84.6% ⁺	—
Blue Cross Complete of Michigan	80.0% ⁺	76.2% ⁺	—
HAP Empowered	NA	NA	NT
McLaren Health Plan	84.0% ⁺	77.4% ⁺	—
Meridian Health Plan of Michigan	77.6% ⁺	83.0% ⁺	—
Molina Healthcare of Michigan	81.5% ⁺	79.3% ⁺	—
Priority Health Choice, Inc.	84.9% ⁺	82.1% ⁺	—
Total Health Care, Inc.	79.8% ⁺	78.5% ⁺	—
Trusted Health Plan Michigan, Inc.	70.0% ⁺	80.6% ⁺	—
UnitedHealthcare Community Plan	82.7% ⁺	78.8% ⁺	—
Upper Peninsula Health Plan	79.6%	82.1%	—
<p>⁺ 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. NA Indicates that results for this measure are not displayed because too few members responded to the questions. NT Indicates the results are not trendable.</p>			

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

Transportation

Two questions (Questions 50 and 51) were asked to assess how often parents or caregivers were satisfied with transportation services provided by their child’s health plan. Table 4-10 shows the 2018 and 2019 top-box scores for the Transportation composite measure.

Table 4-10—Transportation Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	66.3%	74.7%	—
Fee-for-Service	NA	NA	NT
MDHHS Medicaid Managed Care Program	68.4%	73.9%	—
Aetna Better Health of Michigan	75.9% ⁺	70.6% ⁺	—
Blue Cross Complete of Michigan	83.0% ⁺	NA	NT
HAP Empowered	NA	NA	NT
McLaren Health Plan	NA	80.8% ⁺	NT
Meridian Health Plan of Michigan	65.9% ⁺	NA	NT
Molina Healthcare of Michigan	73.3% ⁺	78.2% ⁺	—
Priority Health Choice, Inc.	NA	NA	NT
Total Health Care, Inc.	70.5% ⁺	43.7% ⁺	—
Trusted Health Plan Michigan, Inc.	75.0% ⁺	NA	NT
UnitedHealthcare Community Plan	59.6% ⁺	44.8% ⁺	—
Upper Peninsula Health Plan	84.0% ⁺	85.9% ⁺	—
<p>⁺ 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. NA Indicates that results for this measure are not displayed because too few members responded to the questions. NT Indicates the results are not trendable.</p>			

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

Individual Item Measures

Coordination of Care

One question (Question 25) asked parents or caretakers of child members to assess how often their child’s personal doctor seemed informed and up-to-date about care their child had received from another doctor. Table 4-11 shows the 2018 and 2019 top-box scores and trend results for the Coordination of Care individual item measure.

Table 4-11—Coordination of Care Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	84.2%	84.5%	—
Fee-for-Service	87.7%	85.9% ⁺	—
MDHHS Medicaid Managed Care Program	83.8%	84.3%	—
Aetna Better Health of Michigan	72.4% ⁺	88.2% ⁺	▲
Blue Cross Complete of Michigan	81.5%	85.9% ⁺	—
HAP Empowered	85.7% ⁺	NA	NT
McLaren Health Plan	79.8%	82.8% ⁺	—
Meridian Health Plan of Michigan	87.6%	85.1% ⁺	—
Molina Healthcare of Michigan	81.1%	87.5% ⁺	—
Priority Health Choice, Inc.	87.6%	89.3%	—
Total Health Care, Inc.	86.2% ⁺	87.7% ⁺	—
Trusted Health Plan Michigan, Inc.	69.0% ⁺	69.6% ⁺	—
UnitedHealthcare Community Plan	84.9%	74.4% ⁺	—
Upper Peninsula Health Plan	79.6%	88.8%	▲
<p>⁺ 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. NA Indicates that results for this measure are not displayed because too few members responded to the questions. NT Indicates the results are not trendable.</p>			

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:

- Aetna Better Health of Michigan
- Upper Peninsula Health Plan

Health Promotion and Education

One question (Question 8) asked parents or caretakers of child members to assess if their child’s doctor talked with them about specific things they could do to prevent illness in their child. Table 4-12 shows the 2018 and 2019 top-box responses and trend results for the Health Promotion and Education individual item measure.

Table 4-12—Health Promotion and Education Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	72.9%	73.1%	—
Fee-for-Service	72.3%	72.4%	—
MDHHS Medicaid Managed Care Program	73.0%	73.2%	—
Aetna Better Health of Michigan	70.4%	80.0%	▲
Blue Cross Complete of Michigan	77.9%	73.9%	—
HAP Empowered	60.0% ⁺	72.7% ⁺	—
McLaren Health Plan	71.4%	71.8%	—
Meridian Health Plan of Michigan	71.4%	75.0%	—
Molina Healthcare of Michigan	75.5%	74.0%	—
Priority Health Choice, Inc.	78.7%	72.4%	—
Total Health Care, Inc.	72.1%	67.6%	—
Trusted Health Plan Michigan, Inc.	66.9%	65.8% ⁺	—
UnitedHealthcare Community Plan	68.2%	70.3%	—
Upper Peninsula Health Plan	76.3%	72.0%	—
⁺ 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 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:

- Aetna Better Health of Michigan

5. 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.

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 the survey items identified for each of the three measures as being key drivers of member experience for the MDHHS Medicaid Program.

Table 5-1—MDHHS Medicaid 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 child’s health plan were often not easy to fill out.	✓		
Respondents reported that it was often not easy for their child to obtain appointments with specialists.	✓	✓	
Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.	✓		
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.	✓	✓	✓
Respondents reported that their child’s personal doctor did not always spend enough time with them.			✓
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.			✓
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.	✓	✓	
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for their child.		✓	

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

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

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

- Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.
- Respondents reported that it was often not easy for their child to obtain appointments with specialists.

Survey Instrument

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



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

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

If you want to know more about this study, please call 1-888-506-5134.

SURVEY INSTRUCTIONS

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

Correct Mark 

Incorrect Marks



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

Yes ➔ *Go to Question 1*
 No

↓ START HERE ↓

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

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

Yes ➔ *Go to Question 3*
 No

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



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

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
 - Yes
 - No → *Go to Question 5*

- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 - Never
 - Sometimes
 - Usually
 - Always

- 5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
 - Yes
 - No → *Go to Question 7*

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

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
 - 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 your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
 - Yes
 - No

- 9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?
 - Yes
 - No → *Go to Question 13*

- 10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
 - Yes
 - No

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



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

- 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 child's health care in the last 6 months?

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

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

- Never
- Sometimes
- Usually
- Always

YOUR CHILD'S PERSONAL DOCTOR

15. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → *Go to Question 27*

16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- None → *Go to Question 26*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 22*



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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → **Go to Question 26**

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

- Never
- Sometimes
- Usually
- Always

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

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

GETTING HEALTH CARE FROM SPECIALISTS

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

27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments for your child to see a specialist?

- Yes
- No → **Go to Question 31**

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

- Never
- Sometimes
- Usually
- Always



29. How many specialists has your child seen in the last 6 months?

- None → **Go to Question 31**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

30. We want to know your rating of the specialist your child 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 CHILD'S HEALTH PLAN

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

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

- Yes
- No → **Go to Question 34**

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 36**

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

- Never
- Sometimes
- Usually
- Always

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

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

ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor



◆

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

- Excellent
- Very good
- Good
- Fair
- Poor

39. What is your child's age?

- Less than 1 year old

YEARS OLD (write in)

40. Is your child male or female?

- Male
- Female

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

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

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

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

43. What is your age?

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

◆

44. Are you male or female?

- Male
- Female

45. 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

46. How are you related to the child?

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

47. Did someone help you complete this survey?

- Yes
- No → *Go to Question 49*

48. 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

◆

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

- Yes → *Go to Question 50*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

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

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

