

2020 Healthy Michigan Plan CAHPS® Report

*Michigan Department of Health and Human
Services*

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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 Healthy Michigan Plan (HMP) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members in the HMP Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for the HMP Program.¹⁻¹ The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving members' overall experiences.

This report presents the 2020 CAHPS results of adult members enrolled in an HMP health plan. The survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.¹⁻² MDHHS elected to include nine supplemental questions in the survey. The surveys were completed from May to August 2020.

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*.
- Four composite measures: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service*.
- One individual item measure, *Coordination of Care*.
- Three Effectiveness of Care measures: *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies*.

HSAG presents plan-level results and aggregate statewide results (i.e., the MDHHS HMP Program) and compares them to national Medicaid data and the prior year's results. Additionally, overall scores for the supplemental items are reported.

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

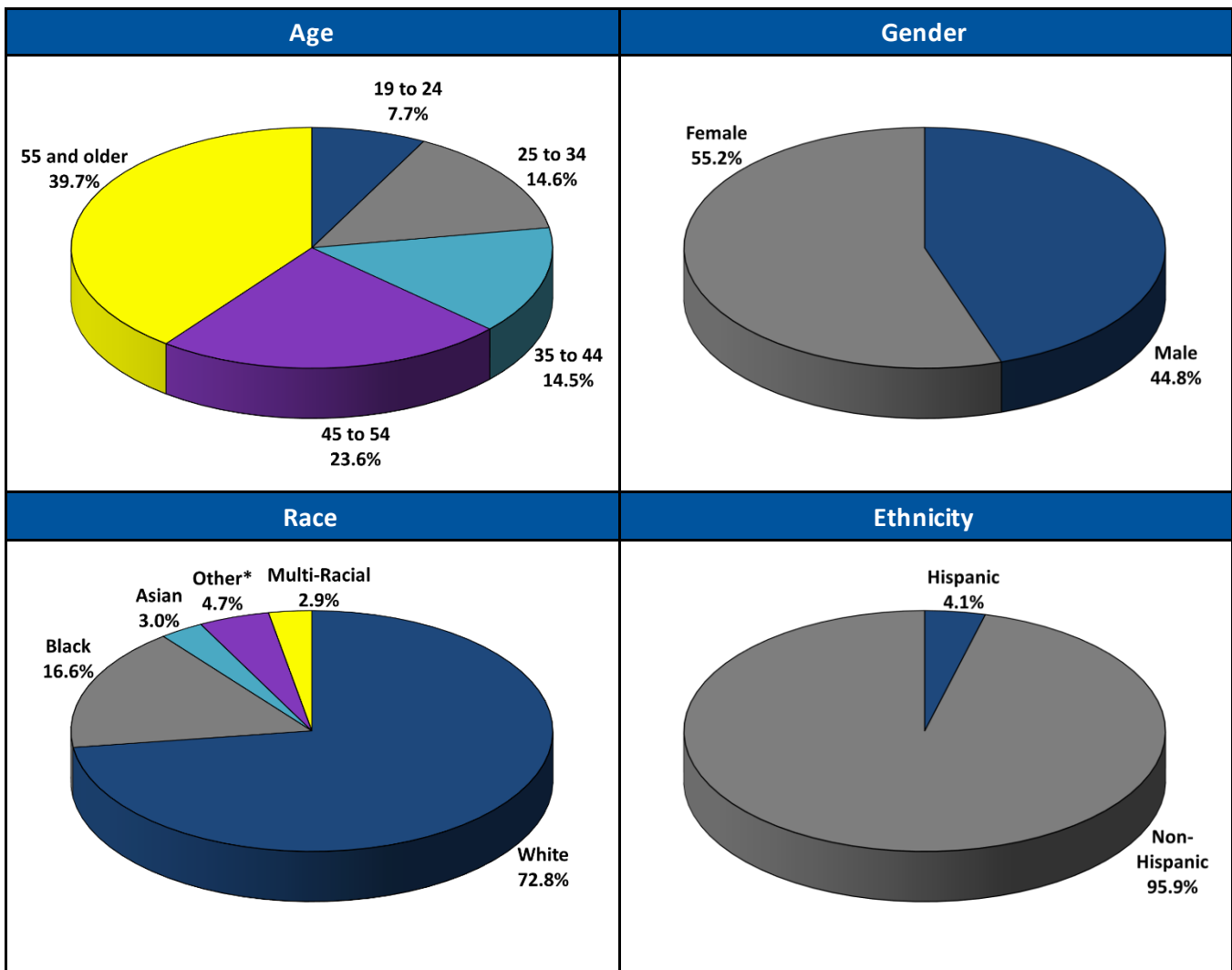
¹⁻² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

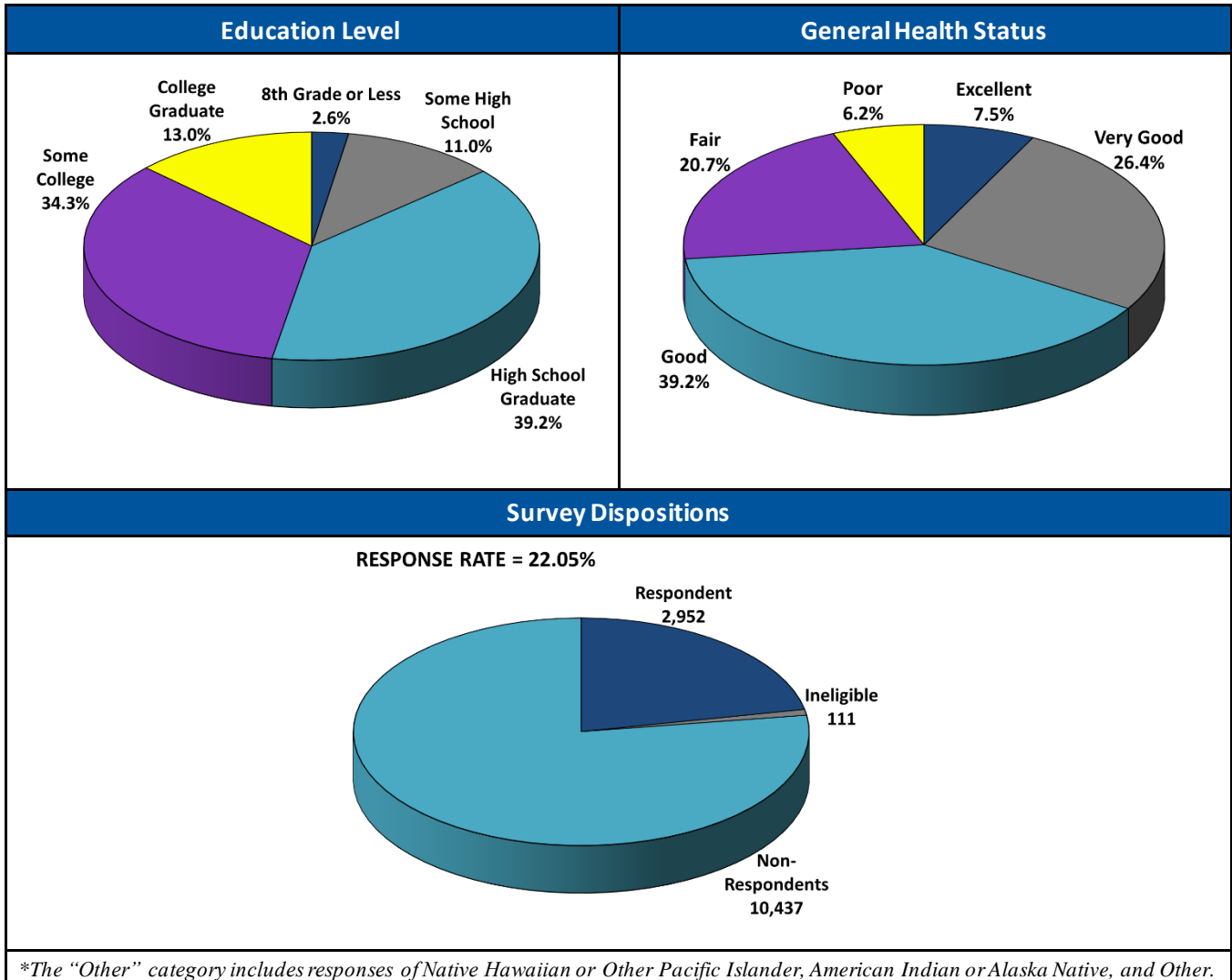
Key Findings

Survey Demographics and Dispositions

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

Table 1-1— Member Demographics and Survey Dispositions





NCQA Comparisons and Trend Analysis

HSAG calculated overall scores for the Effectiveness of Care measures and top-box scores (i.e., rates of experience) for the other measures. HSAG compared scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2019 Quality Compass[®] Benchmark and Compare Quality Data.^{1-3,1-4} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of this analysis are found in the Results section beginning on page 3-5. In addition, a trend analysis was performed that compared the 2020 CAHPS results to their corresponding 2019 CAHPS results. The detailed results of this analysis are found in the Trend Analysis section beginning on page 4-1.

Table 1-2, on the following page, provides highlights of the NCQA Comparisons and Trend Analysis findings for the MDHHS HMP Program for each measure. The percentages presented below the stars represent the scores, while the stars represent overall member experience ratings when compared to NCQA Quality Compass Benchmark and Compare Quality Data.

¹⁻³ Quality Compass[®] is a registered trademark of the National Committee for Quality Assurance (NCQA). National Committee for Quality Assurance. *Quality Compass[®]: Benchmark and Compare Quality Data 2019*. Washington, DC: NCQA, September 2019.

¹⁻⁴ Given the potential differences in the demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA Quality Compass benchmark data.

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

Measure	NCQA Comparisons	Trend Analysis
Global Ratings		
<i>Rating of Health Plan</i>	★★★ 63.2%	—
<i>Rating of All Health Care</i>	★★★★ 59.0%	▲
<i>Rating of Personal Doctor</i>	★★ 66.3%	—
<i>Rating of Specialist Seen Most Often</i>	★ 63.1%	—
Composite Measures		
<i>Getting Needed Care</i>	★★★ 83.3%	—
<i>Getting Care Quickly</i>	★★★ 83.0%	—
<i>How Well Doctors Communicate</i>	★★★★★ 95.3%	▲
<i>Customer Service</i>	★★★ 89.5%	—
Individual Item Measure		
<i>Coordination of Care</i>	★★★ 84.6%	—
Effectiveness of Care Measures		
<i>Advising Smokers and Tobacco Users to Quit</i>	★★ 76.3%	—
<i>Discussing Cessation Medications</i>	★★★ 55.3%	—
<i>Discussing Cessation Strategies</i>	★★ 44.6%	—
Star Assignments Based on Percentiles: ★★★★★90th or Above ★★★★★75th-89th ★★★50th-74th ★★25th-49th ★Below 25th ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.		

Statewide Comparisons

HSAG compared the HMP health plan results to the MDHHS HMP Program to determine if plan results were statistically significantly different from the MDHHS HMP Program. The detailed results of this analysis are found in the Results section beginning on page 3-8. Table 1-3 shows a summary of the statistically significant results of this analysis.

Table 1-3—Statewide Comparisons: Statistically Significant Results

	<i>Rating of Health Plan</i>	<i>Advising Smokers and Tobacco Users to Quit</i>	<i>Discussing Cessation Medications</i>	<i>Discussing Cessation Strategies</i>
Aetna Better Health of Michigan	↓			
HAP Empowered	↓			
Total Health Care, Inc.		↑	↑	↑
Upper Peninsula Health Plan	↑	↓		
↑ Statistically significantly above the MDHHS HMP Program. ↓ Statistically significantly below the MDHHS HMP Program.				

2020 CAHPS Performance Measures

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 40 core questions that yield 12 measures. These measures include four global rating questions, four composite measures, one individual item measure, and three Effectiveness of Care 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 measure is an individual question that looks at a specific area of care (i.e., “*Coordination of Care*”). The Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation.

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

Table 2-1—CAHPS Measures

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

Table 2-2 presents the survey language and response options for each measure.

Table 2-2—Question Language and Response Options

Question Language	Response Options
Global Ratings	
<i>Rating of Health Plan</i>	
37. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0–10 Scale

Question Language	Response Options
<i>Rating of All Health Care</i>	
16. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0–10 Scale
<i>Rating of Personal Doctor</i>	
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 personal doctor?	0–10 Scale
<i>Rating of Specialist Seen Most Often</i>	
30. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
Composite Measures	
<i>Getting Needed Care</i>	
17. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	Never, Sometimes, Usually, Always
<i>Getting Care Quickly</i>	
4. In the last 6 months, when you <u>needed care right a way</u> , how often did you get care as soon as you needed?	Never, Sometimes, Usually, Always
7. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> at a doctor's office or clinic as soon as you needed?	Never, Sometimes, Usually, Always
<i>How Well Doctors Communicate</i>	
20. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
21. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
22. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
23. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always
<i>Customer Service</i>	
32. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
33. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always

Question Language	Response Options
Individual Item Measure	
<i>Coordination of Care</i>	
25. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Never, Sometimes, Usually, Always
Effectiveness of Care Measures	
<i>Advising Smokers and Tobacco Users to Quit</i>	
42. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Never, Sometimes, Usually, Always
<i>Discussing Cessation Medications</i>	
43. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	Never, Sometimes, Usually, Always
<i>Discussing Cessation Strategies</i>	
44. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	Never, Sometimes, Usually, Always

How CAHPS Results Were Collected

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

Sampling Procedures

MDHHS provided HSAG with a list of all eligible members for the sampling frame. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. HSAG tried to obtain new addresses by processing sampled members’ addresses through the United States Postal Service’s National Change of Address (NCOA) system. HSAG sampled adult members who met the following criteria:

- Were 19 years of age or older as of February 29, 2020.
- Were currently enrolled in an HMP health plan.
- Had been continuously enrolled in the plan for at least five of the last six months of the measurement period (September 1, 2019 to February 29, 2020).

Next, a sample of members was selected for inclusion in the survey. No more than one member per household was selected as part of the survey samples. A sample of 1,350 adult members was selected from each HMP health plan.

Survey Protocol

The survey administration protocol employed was a mail only methodology, except for sampled members that completed the survey in Spanish via Computer Assisted Telephone Interviewing (CATI). Sampled members received an English version of the survey with the option of completing the survey in Spanish. The cover letter provided with the English version of the survey questionnaire included additional text informing sampled members that they could call a toll-free number to request to complete the survey in Spanish via CATI. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder, and a third survey mailing.

Table 2-3 shows the timeline used in the survey administration.

Table 2-3—Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the adult member.	0 days
Send a postcard reminder to non-respondents eight days after mailing the first questionnaire.	8 days
Send a second questionnaire (and letter) to non-respondents 22 days after mailing the first questionnaire.	22 days
Send a second postcard reminder to non-respondents seven days after mailing the second questionnaire.	29 days
Send a third questionnaire (and letter) to non-respondents 28 days after mailing the second questionnaire.	50 days
Survey field closes 35 days after mailing the third questionnaire.	85 days

How CAHPS Results Were Calculated and Displayed

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

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible members of the sample. HSAG considered a survey completed if members answered at least three of the following five questions: 3, 18, 27, 31, and 37. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligibility criteria), were mentally or physically incapacitated, or had a language barrier.

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

Demographics of Adult Members

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

Scoring Calculations

For purposes of the NCQA Comparisons, Statewide Comparisons, and Trend analyses, HSAG calculated scores for each measure following NCQA HEDIS Specifications for Survey Measures.²⁻¹

Although NCQA requires a minimum of at least 100 responses on each item in order to report the item as a reportable survey result, HSAG presented results with fewer than 100 responses, which are denoted with a cross (+). Caution should be exercised when evaluating measures' results with fewer than 100 responses.

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated top-box scores by assigning top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings;
- "Usually" or "Always" for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures, and the *Coordination of Care* individual item measure.

²⁻¹ National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2019.

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

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

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

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator. The scores presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results. Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measures, as the 2020 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2019 or 2020.

Weighting

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

NCQA Comparisons

HSAG compared the scores to NCQA’s 2019 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).²⁻² Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 2-4.

Table 2-4—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

²⁻² National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019*. Washington, DC: NCQA, September 2019.

There are no national benchmarks available for this population; therefore, national adult Medicaid data were used for comparative purposes.²⁻³

Statewide Comparisons

HMP Health Plan Comparisons

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

Colors in the figures note statistically significant differences. Green indicates a score that was statistically significantly higher than the MDHHS HMP Program. Conversely, red indicates a score that was statistically significantly lower than the MDHHS HMP Program. Blue indicates scores that were not statistically significantly different from the MDHHS HMP Program. Also, the NCQA adult Medicaid national averages are presented in the figures for comparison.²⁻⁴

Trend Analysis

HSAG performed a *t* test to determine whether results in 2020 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.

Scores that were statistically significantly higher in 2020 than in 2019 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2020 than in 2019 are noted with downward

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

²⁻⁴ The source for the national data contained in this publication is Quality Compass[®] 2019 and is used with the permission of NCQA. Quality Compass 2019 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.

triangles (▼). Scores in 2020 that were not statistically significantly different from scores in 2019 are noted with a dash (—).²⁻⁵

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.

Table 2-5 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation.

Table 2-5—Correlation Matrix

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q4. Received Care as Soon as Needed	✓	✓	✓	Always
Q7. Received Appointment for Check-up or Routine Care as Soon as Needed	✓	✓	✓	Always
Q17. Getting Care Believed Necessary	✓	✓	✓	Always
Q20. Doctor Explained Things in Way They Could Understand	✓	✓	✓	Always
Q21. Doctor Listened Carefully	✓	✓	✓	Always
Q22. Doctor Showed Respect	✓	✓	✓	Always
Q23. Doctor Spent Enough Time with You	✓	✓	✓	Always
Q25. Doctor Seemed Informed and Up-to-Date About Care from Other Doctors or Health Providers	✓	✓	✓	Always
Q28. Seeing a Specialist	✓	✓		Always
Q32. Obtaining Help Needed from Customer Service	✓	✓		Always
Q33. Health Plan Customer Service Treated with Courtesy and Respect	✓	✓		Always
Q35. Forms from Health Plan Easy to Fill Out	✓	✓		Always

²⁻⁵ HSAG removed Trusted Health Plan Michigan, Inc.'s 2019 results from the trend analysis, since Trusted Health Plan Michigan, Inc. was acquired by HAP Empowered in 2020. Therefore, the 2019 MDHHS HMP Program results presented in this report will differ from the 2019 Healthy Michigan Plan CAHPS Report.

HSAG measured each global rating's performance by assigning the responses into a three-point scale as follows:

- 0 to 6 = 1 (Dissatisfied)
- 7 to 8 = 2 (Neutral)
- 9 to 10 = 3 (Satisfied)

For each item evaluated, HSAG assigned (Satisfied) 3 to each item's baseline response (Always), assigned (Neutral) 2 to each item's "Usually" response and (Dissatisfied) 1 to each item's "Never" or "Sometimes" responses. HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their correlation to each measure.

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

After prioritizing items based on their correlation to each measure, HSAG estimated the odds ratio, which is used to quantify respondents' tendency to choose a lower rating over a higher rating based on their responses to the evaluated items. The odds ratio can range from 0 to infinity. Key drivers are those items for which the odds ratio is statistically significantly greater than 1. If a response to an item has an odds ratio value that is statistically significantly greater than 1, then a respondent who provides a response other than the baseline (i.e., "Always") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provided a non-baseline response to choose a lower rating increases.

In the example table below, the results indicate that respondents who answered "Never" or "Sometimes" to question 17 are 3.6 times more likely to provide a Dissatisfied (1) rating and 4.9 times more likely to provide a Dissatisfied (1) or Neutral (2) rating for their health plan than respondents who answered "Always." Respondents who answered "Usually" to question 17 are 2.8 times more likely to provide a lower rating for their health plan than respondents who answered "Always."

Key Drivers	Response Options	Odds Ratio Estimates
		Rating of Health Plan
Q17. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	(Never + Sometimes) vs. Always	3.6 (1) 4.9 (1 or 2)
	Usually vs. Always	2.8

Limitations and Cautions

The findings presented in this 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 CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these results.²⁻⁶

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 the plan. These analyses identify whether respondents give different ratings of experience with their plan. The survey by itself does not necessarily reveal the exact cause of these differences.

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. Therefore, MDHHS should consider the potential for non-response bias when interpreting CAHPS results.

National Data for Comparisons

While comparisons to national data were performed for the survey measures, it is important to note that the survey instrument utilized for the 2020 survey administration was the standard CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set; however, the population being surveyed was not a standard adult Medicaid population. There are currently no available benchmarks for this population; therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

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

COVID-19 Impact

Due to guidelines outlined by President Trump's declaration of a national emergency in March 2020 in response to the coronavirus (COVID-19) outbreak in the United States, the survey administration protocol was updated from a mixed-mode methodology (i.e., mail followed by telephone follow-up [CATI]) to a mail-only methodology with a third questionnaire and cover letter being mailed to non-respondents. In addition, members' perceptions of and experiences with the health care system may have been impacted due to the COVID-19 pandemic. Therefore, caution should be exercised when evaluating the results as the number of completed surveys and experience of members may have been impacted.

3. Results

Who Responded to the Survey

Table 3-1 shows the total number of members sampled, the number of surveys completed, the number of ineligible members, and the response rates. The survey response rate is the total number of completed surveys divided by all eligible members of the sample.

Table 3-1—Distribution of Surveys and Response Rates

	Sample Size	Completes	Ineligibles	Response Rates
MDHHS HMP Program	13,500	2,952	111	22.05%
Aetna Better Health of Michigan	1,350	192	17	14.40%
Blue Cross Complete of Michigan	1,350	288	10	21.49%
HAP Empowered	1,350	168	8	12.52%
McLaren Health Plan	1,350	317	13	23.71%
Meridian Health Plan of Michigan	1,350	330	9	24.61%
Molina Healthcare of Michigan	1,350	297	6	22.10%
Priority Health Choice, Inc.	1,350	380	10	28.36%
Total Health Care, Inc.	1,350	279	11	20.84%
UnitedHealthcare Community Plan	1,350	296	9	22.07%
Upper Peninsula Health Plan	1,350	405	18	30.41%

Demographics of Adult Members

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

Table 3-2—Adult Member Demographics: Age

	19 to 24	25 to 34	35 to 44	45 to 54	55 and older
MDHHS HMP Program	7.7%	14.6%	14.5%	23.6%	39.7%
Aetna Better Health of Michigan	9.4%	13.5%	15.6%	20.3%	41.1%
Blue Cross Complete of Michigan	6.3%	15.7%	11.1%	25.1%	41.8%
HAP Empowered	7.1%	17.3%	15.5%	22.0%	38.1%
McLaren Health Plan	6.1%	13.5%	15.1%	23.1%	42.3%
Meridian Health Plan of Michigan	7.4%	16.6%	15.3%	23.6%	37.1%
Molina Healthcare of Michigan	10.9%	15.7%	16.7%	20.8%	35.8%
Priority Health Choice, Inc.	6.9%	13.2%	14.6%	24.1%	41.3%
Total Health Care, Inc.	5.8%	13.5%	10.2%	28.5%	42.0%
UnitedHealthcare Community Plan	10.7%	14.8%	13.8%	25.9%	34.8%
Upper Peninsula Health Plan	7.2%	13.8%	16.3%	21.5%	41.2%

Please note, percentages may not total 100% due to rounding.

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

Table 3-3—Adult Member Demographics: Gender

	Male	Female
MDHHS HMP Program	44.8%	55.2%
Aetna Better Health of Michigan	50.5%	49.5%
Blue Cross Complete of Michigan	50.3%	49.7%
HAP Empowered	54.8%	45.2%
McLaren Health Plan	41.7%	58.3%
Meridian Health Plan of Michigan	38.9%	61.1%
Molina Healthcare of Michigan	40.1%	59.9%
Priority Health Choice, Inc.	39.6%	60.4%
Total Health Care, Inc.	50.7%	49.3%
UnitedHealthcare Community Plan	45.4%	54.6%
Upper Peninsula Health Plan	45.3%	54.7%

Please note, percentages may not total 100% due to rounding.

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

Table 3-4—Adult Member Demographics: Race

	White	Black	Asian	Other*	Multi-Racial
MDHHS HMP Program	72.8%	16.6%	3.0%	4.7%	2.9%
Aetna Better Health of Michigan	49.7%	39.2%	3.7%	4.8%	2.6%
Blue Cross Complete of Michigan	60.1%	29.4%	3.5%	3.1%	3.8%
HAP Empowered	76.0%	12.6%	2.4%	4.8%	4.2%
McLaren Health Plan	84.8%	7.7%	1.6%	1.9%	3.9%
Meridian Health Plan of Michigan	73.9%	13.8%	2.8%	5.2%	4.3%
Molina Healthcare of Michigan	63.4%	23.8%	4.5%	5.2%	3.1%
Priority Health Choice, Inc.	86.8%	4.8%	2.7%	4.3%	1.3%
Total Health Care, Inc.	50.5%	38.9%	2.9%	5.8%	1.8%
UnitedHealthcare Community Plan	68.5%	13.0%	6.5%	9.6%	2.4%
Upper Peninsula Health Plan	93.3%	0.7%	0.2%	3.5%	2.2%

Please note, percentages may not total 100% due to rounding.

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

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

Table 3-5—Adult Member Demographics: Ethnicity

	Hispanic	Non-Hispanic
MDHHS HMP Program	4.1%	95.9%
Aetna Better Health of Michigan	3.2%	96.8%
Blue Cross Complete of Michigan	4.6%	95.4%
HAP Empowered	6.7%	93.3%
McLaren Health Plan	2.9%	97.1%
Meridian Health Plan of Michigan	5.2%	94.8%
Molina Healthcare of Michigan	5.2%	94.8%
Priority Health Choice, Inc.	5.9%	94.1%
Total Health Care, Inc.	2.3%	97.7%
UnitedHealthcare Community Plan	4.1%	95.9%
Upper Peninsula Health Plan	1.5%	98.5%

Please note, percentages may not total 100% due to rounding.

Table 3-6 depicts the education level of members who completed a survey.

Table 3-6—Adult Member Demographics: Education Level

	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
MDHHS HMP Program	2.6%	11.0%	39.2%	34.3%	13.0%
Aetna Better Health of Michigan	2.6%	13.5%	34.9%	33.3%	15.6%
Blue Cross Complete of Michigan	1.4%	8.0%	32.8%	38.0%	19.9%
HAP Empowered	1.8%	10.1%	44.0%	33.3%	10.7%
McLaren Health Plan	1.0%	12.5%	35.8%	35.5%	15.3%
Meridian Health Plan of Michigan	3.3%	10.3%	39.5%	37.1%	9.7%
Molina Healthcare of Michigan	3.8%	12.4%	39.7%	32.8%	11.4%
Priority Health Choice, Inc.	2.7%	9.9%	42.4%	33.9%	11.2%
Total Health Care, Inc.	3.3%	15.7%	40.9%	30.3%	9.9%
UnitedHealthcare Community Plan	5.8%	13.0%	36.2%	30.4%	14.7%
Upper Peninsula Health Plan	0.7%	7.2%	43.8%	36.1%	12.1%

Please note, percentages may not total 100% due to rounding.

Table 3-7 depicts the general health status of members who completed a survey.

Table 3-7—Adult Member Demographics: General Health Status

	Excellent	Very Good	Good	Fair	Poor
MDHHS HMP Program	7.5%	26.4%	39.2%	20.7%	6.2%
Aetna Better Health of Michigan	10.6%	30.2%	34.9%	20.1%	4.2%
Blue Cross Complete of Michigan	10.3%	28.5%	38.4%	16.4%	6.4%
HAP Empowered	5.4%	25.7%	38.3%	23.4%	7.2%
McLaren Health Plan	8.0%	26.6%	36.2%	22.4%	6.7%
Meridian Health Plan of Michigan	6.2%	24.6%	41.8%	21.2%	6.2%
Molina Healthcare of Michigan	7.8%	26.1%	41.0%	19.3%	5.8%
Priority Health Choice, Inc.	5.2%	21.5%	42.2%	25.6%	5.4%
Total Health Care, Inc.	7.6%	24.3%	39.9%	21.4%	6.9%
UnitedHealthcare Community Plan	8.3%	24.5%	40.3%	20.0%	6.9%
Upper Peninsula Health Plan	6.8%	32.3%	37.1%	17.8%	6.0%

Please note, percentages may not total 100% due to rounding.

NCQA Comparisons

In order to assess the overall performance of the MDHHS HMP Program, HSAG compared scores for each measure to NCQA’s Quality Compass Benchmark and Compare Quality Data.^{3-1,3-2} Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). The percentages presented in the following three tables represent the scores, while the stars represent overall member experience ratings for each measure when the scores were compared to NCQA’s Quality Compass Benchmark and Compare Quality Data.

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

Table 3-8—NCQA Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
MDHHS HMP Program	★★★ 63.2%	★★★★★ 59.0%	★★ 66.3%	★ 63.1%
Aetna Better Health of Michigan	★ 55.5%	★★★★★ 60.2%	★★★ 69.0%	★★★+ 69.6%+
Blue Cross Complete of Michigan	★★★★★ 66.5%	★★★★★ 58.7%	★★★ 70.1%	★★+ 66.3%+
HAP Empowered	★ 54.8%	★★★+ 57.0%+	★★ 65.5%	★★★★★+ 73.6%+
McLaren Health Plan	★★ 60.9%	★★★★★ 58.7%	★ 63.8%	★ 58.0%
Meridian Health Plan of Michigan	★★★★★ 65.5%	★★★ 58.2%	★★ 65.9%	★+ 61.1%+
Molina Healthcare of Michigan	★★ 58.6%	★★★★★ 59.9%	★★ 65.3%	★ 63.2%
Priority Health Choice, Inc.	★★★★★ 66.1%	★★★★★ 58.9%	★★ 66.7%	★★ 64.9%
Total Health Care, Inc.	★★★ 63.3%	★★★★★ 61.5%	★★ 66.2%	★★★+ 70.0%+
UnitedHealthcare Community Plan	★★ 60.1%	★★★★★ 59.0%	★ 64.3%	★★ 63.4%

³⁻¹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019*. Washington, DC: NCQA, September 2019.

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

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Upper Peninsula Health Plan	★★★★★ 71.9%	★★★★★ 61.1%	★★★★ 71.7%	★★★ 68.9%

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

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

Table 3-9—NCQA Comparisons: Composite Measures

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
MDHHS HMP Program	★★★ 83.3%	★★★ 83.0%	★★★★★ 95.3%	★★★ 89.5%
Aetna Better Health of Michigan	★★ ⁺ 81.4% ⁺	★ ⁺ 79.3% ⁺	★★★★ ⁺ 94.5% ⁺	★★★ ⁺ 89.0% ⁺
Blue Cross Complete of Michigan	★★ 81.7%	★★★★ 86.1%	★★★★★ 95.0%	★★★★ ⁺ 91.8% ⁺
HAP Empowered	★★★★★ ⁺ 88.9% ⁺	★★★★ ⁺ 85.8% ⁺	★★★★★ ⁺ 97.1% ⁺	★★★★ ⁺ 91.4% ⁺
McLaren Health Plan	★★★★ 86.7%	★★★ 83.6%	★★★★★ 95.7%	★★★★★ ⁺ 92.5% ⁺
Meridian Health Plan of Michigan	★★ 82.5%	★★★ 84.1%	★★★★ 94.7%	★ ⁺ 86.0% ⁺
Molina Healthcare of Michigan	★★ 82.1%	★★ 81.1%	★★★★★ 95.6%	★★ ⁺ 87.2% ⁺
Priority Health Choice, Inc.	★★★ 84.3%	★★★ 83.6%	★★★★★ 94.9%	★★★★ ⁺ 91.6% ⁺
Total Health Care, Inc.	★★★★★ 87.4%	★★★ 82.8%	★★★★ 94.6%	★★ ⁺ 88.1% ⁺
UnitedHealthcare Community Plan	★★ 82.9%	★ 77.8%	★★★★★ 96.0%	★★★★★ ⁺ 93.0% ⁺
Upper Peninsula Health Plan	★★★★★ 88.3%	★★★★★ 87.5%	★★★★★ 97.0%	★★★★ ⁺ 92.1% ⁺

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

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

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

	<i>Coordination of Care</i>	<i>Advising Smokers and Tobacco Users to Quit</i>	<i>Discussing Cessation Medications</i>	<i>Discussing Cessation Strategies</i>
MDHHS HMP Program	★★★★ 84.6%	★★ 76.3%	★★★★ 55.3%	★★ 44.6%
Aetna Better Health of Michigan	★★★★+ 88.2% ⁺	★★ 76.4%	★★ 52.1%	★★ 45.0%
Blue Cross Complete of Michigan	★★+ 81.6% ⁺	★★ 75.3%	★ 48.0%	★ 39.7%
HAP Empowered	★★★★+ 85.1% ⁺	★ 68.1%	★★ 50.4%	★★ 45.7%
McLaren Health Plan	★★+ 84.0% ⁺	★★ 77.1%	★★★★ 54.4%	★★★★ 48.1%
Meridian Health Plan of Michigan	★★★★+ 84.7% ⁺	★★★★ 78.0%	★★★★ 57.8%	★★ 45.3%
Molina Healthcare of Michigan	★★★★+ 87.2% ⁺	★★ 76.0%	★★★★ 57.1%	★ 42.2%
Priority Health Choice, Inc.	★★★★ 86.8%	★★★★ 80.0%	★★★★ 59.3%	★★★★ 48.0%
Total Health Care, Inc.	★+ 75.7% ⁺	★★★★ 81.5%	★★★★★ 64.3%	★★★★★ 57.3%
UnitedHealthcare Community Plan	★★★★+ 84.4% ⁺	★ 72.1%	★★★★ 55.3%	★★ 44.8%
Upper Peninsula Health Plan	★★★★ 88.5%	★ 69.5%	★★ 49.8%	★ 41.9%

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

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated scores for each measure. For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 2-1. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide beginning on page 2-5.

The MDHHS HMP Program results were weighted based on the eligible population for each adult population (i.e., HMP health plans). HSAG compared the HMP health plan results to the MDHHS HMP Program to determine if the results were statistically significantly different than the MDHHS HMP Program. Colors in the figures note statistically significant differences. Health plan scores with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. The NCQA adult Medicaid national averages are presented for comparison.^{3-3,3-4}

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

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

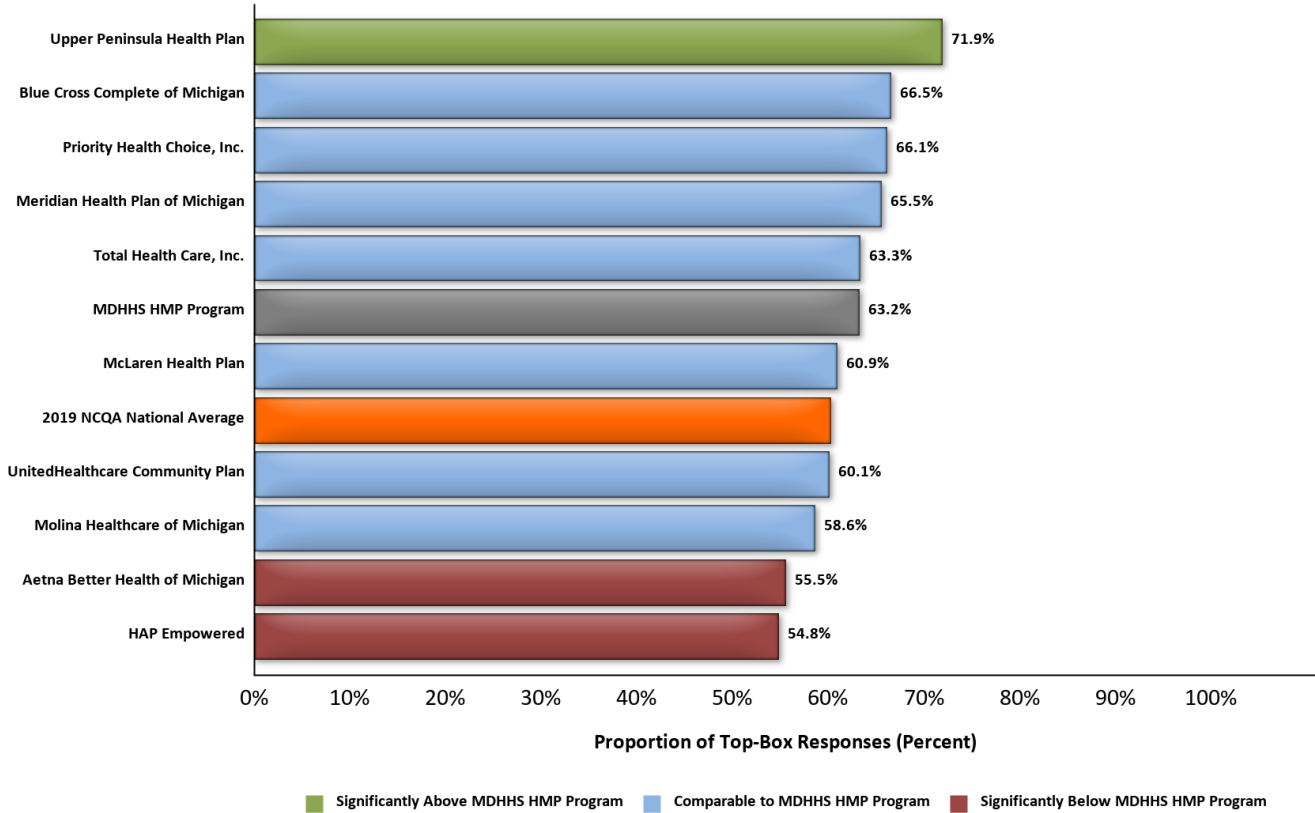
³⁻⁴ The source for the national data contained in this publication is Quality Compass[®] 2019 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2019 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS[®] is a registered trademark of AHRQ.

Global Ratings

Rating of Health Plan

Figure 3-1 shows the *Rating of Health Plan* top-box scores.

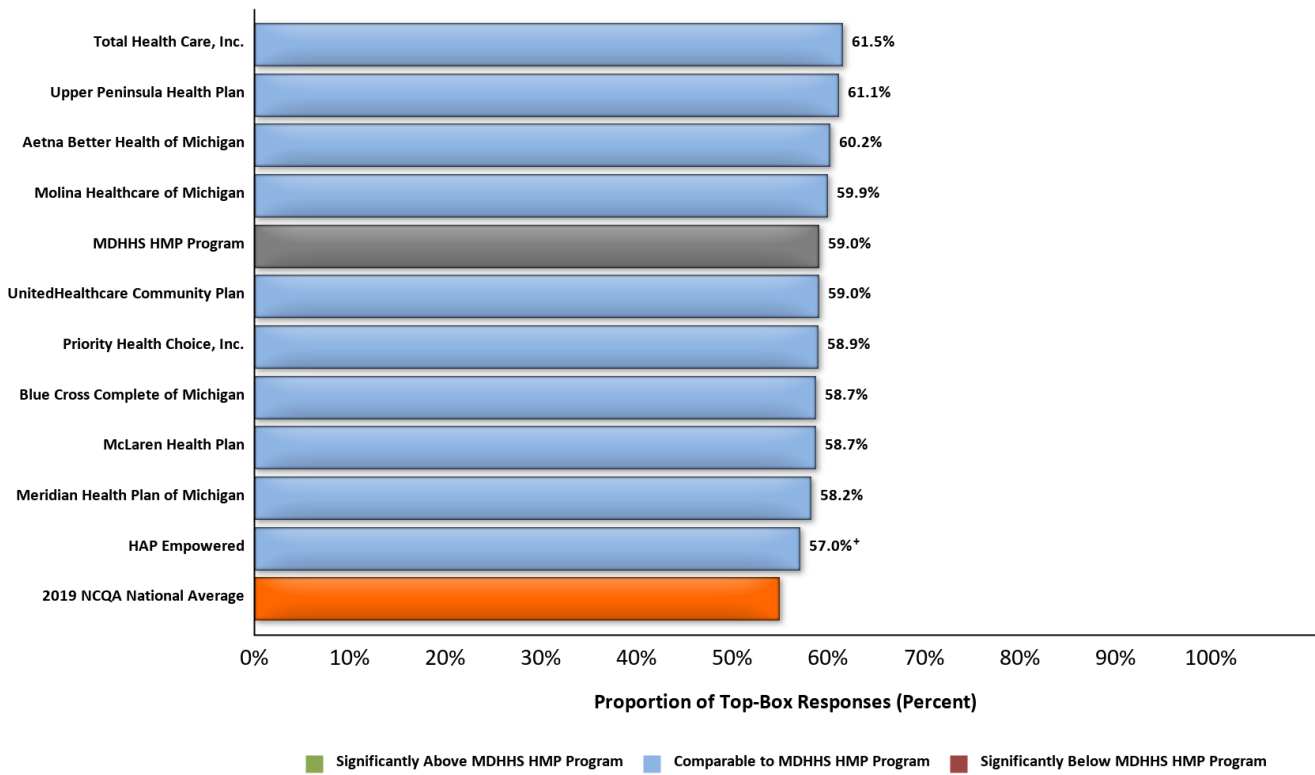
Figure 3-1—Rating of Health Plan Top-Box Scores



Rating of All Health Care

Figure 3-2 shows the *Rating of All Health Care* top-box scores.

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

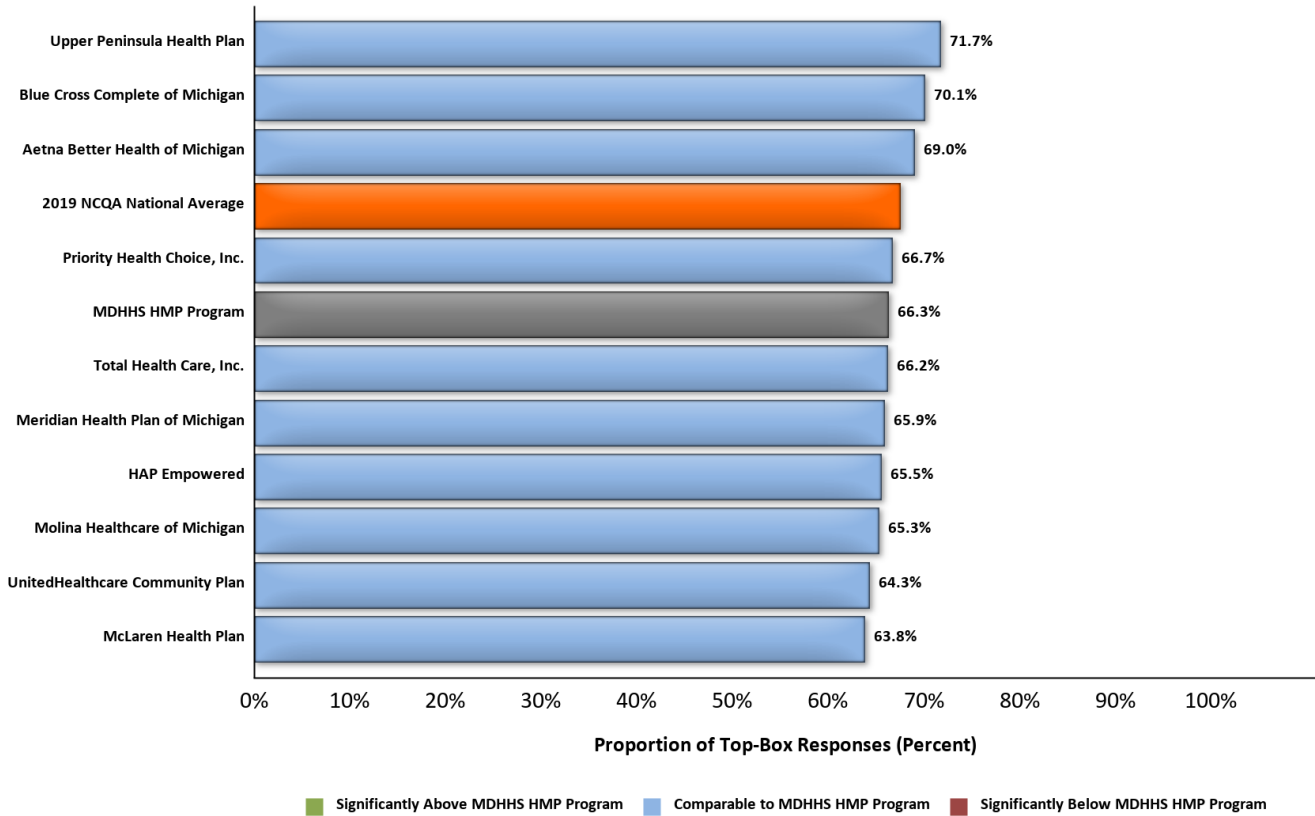


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Rating of Personal Doctor

Figure 3-3 shows the *Rating of Personal Doctor* top-box scores.

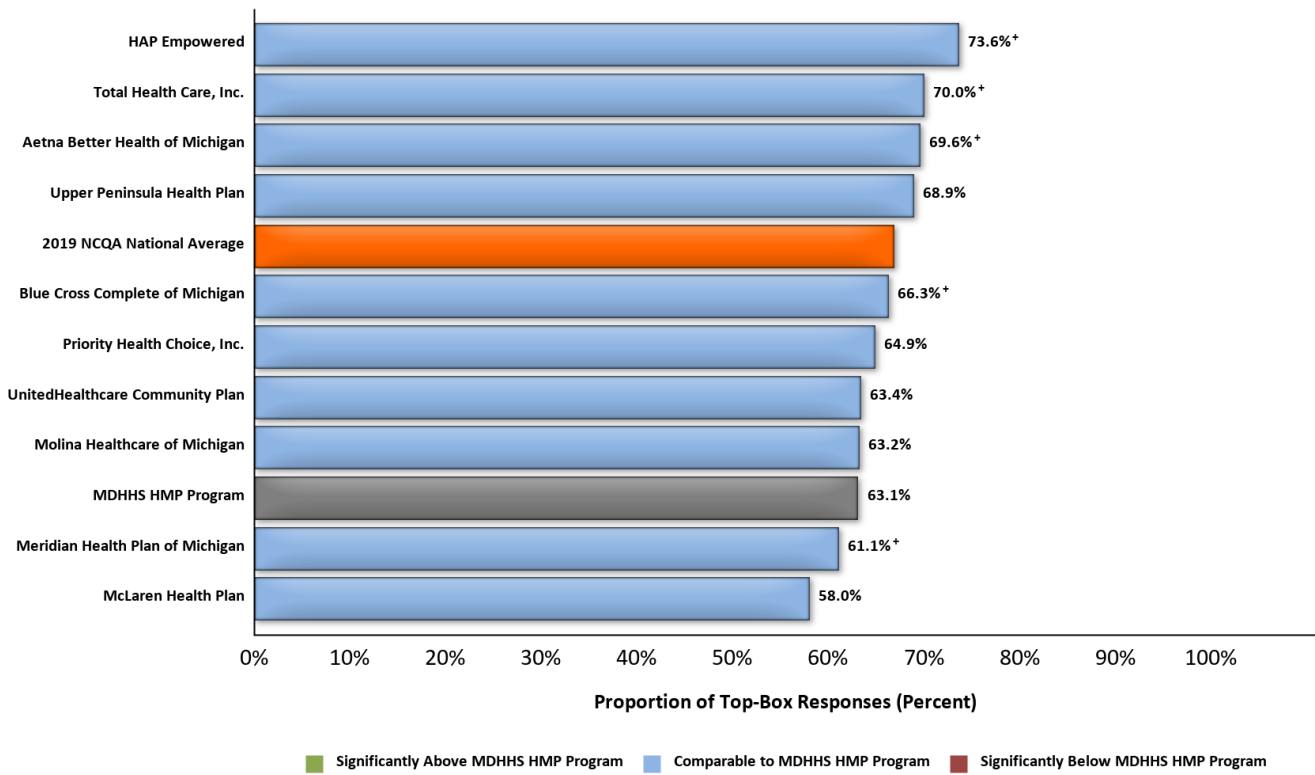
Figure 3-3—Rating of Personal Doctor Top-Box Scores



Rating of Specialist Seen Most Often

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



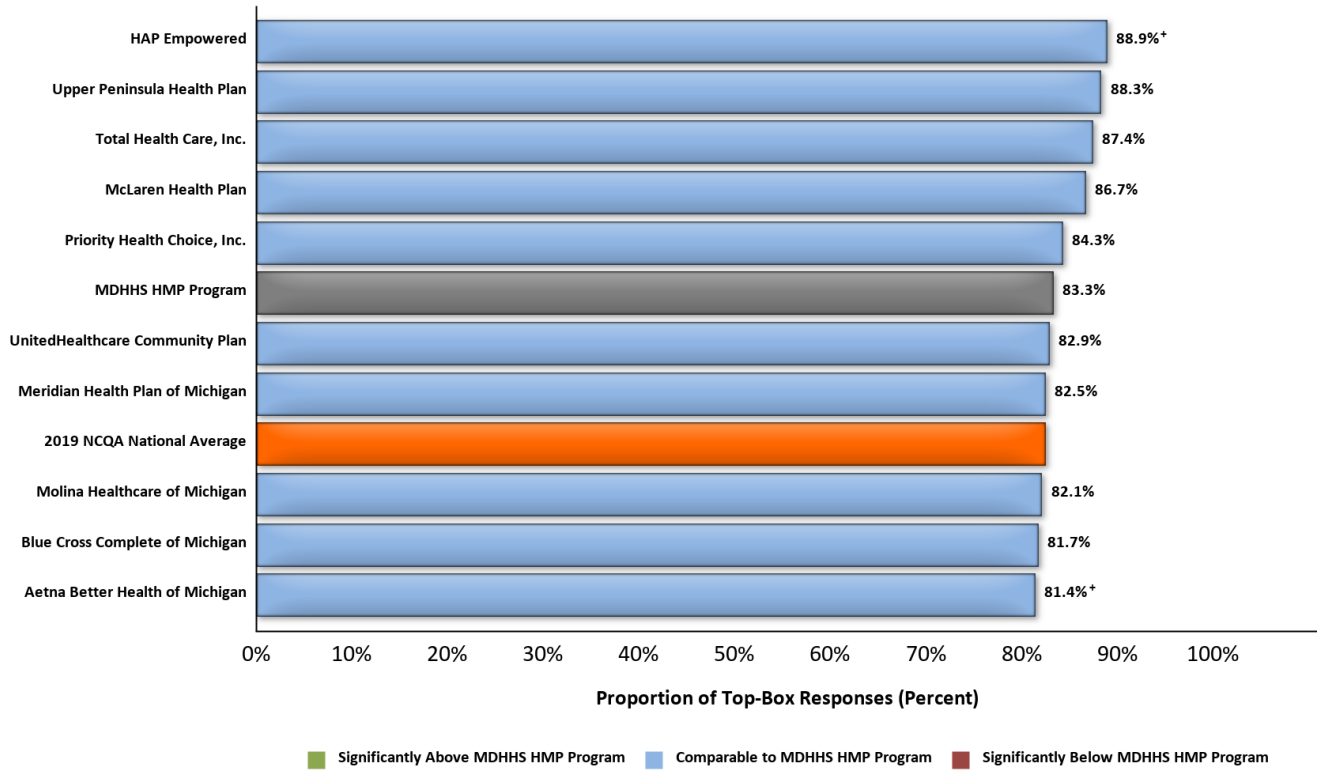
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Composite Measures

Getting Needed Care

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

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

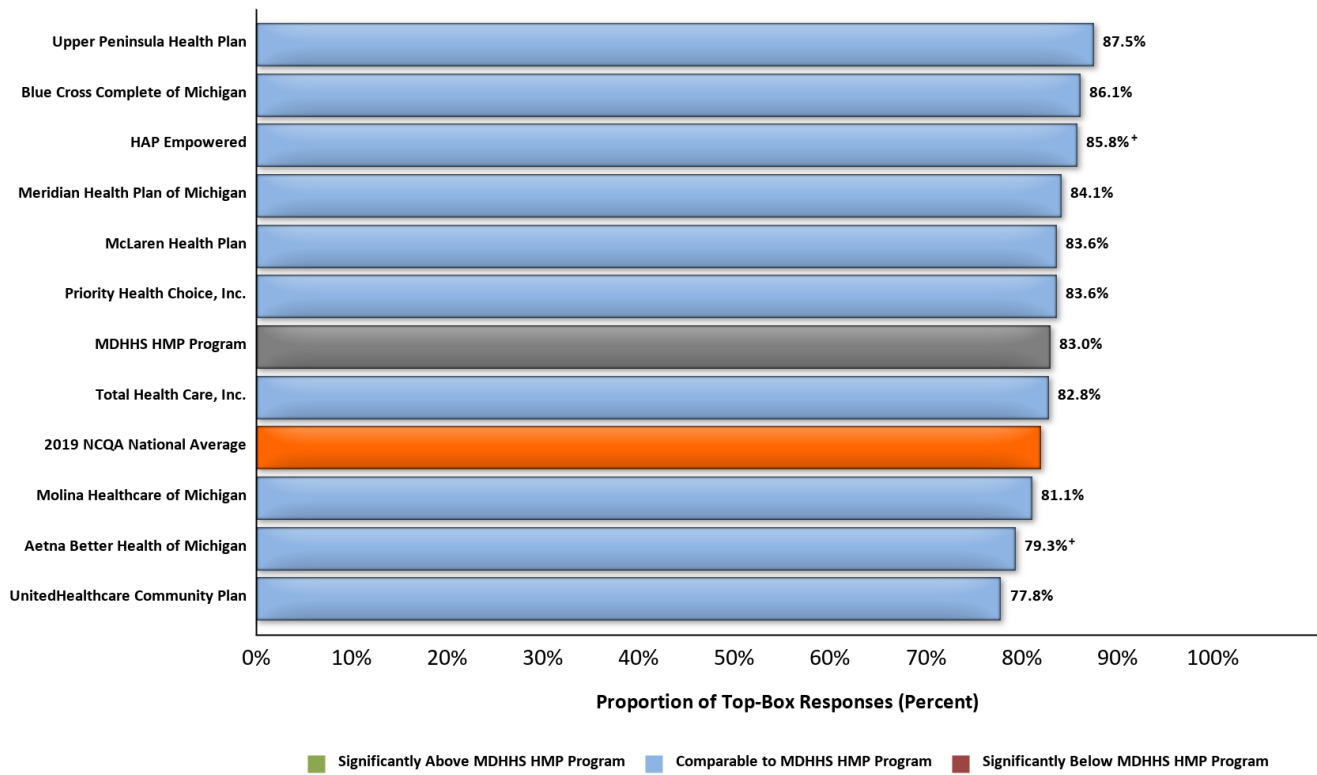


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Getting Care Quickly

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

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

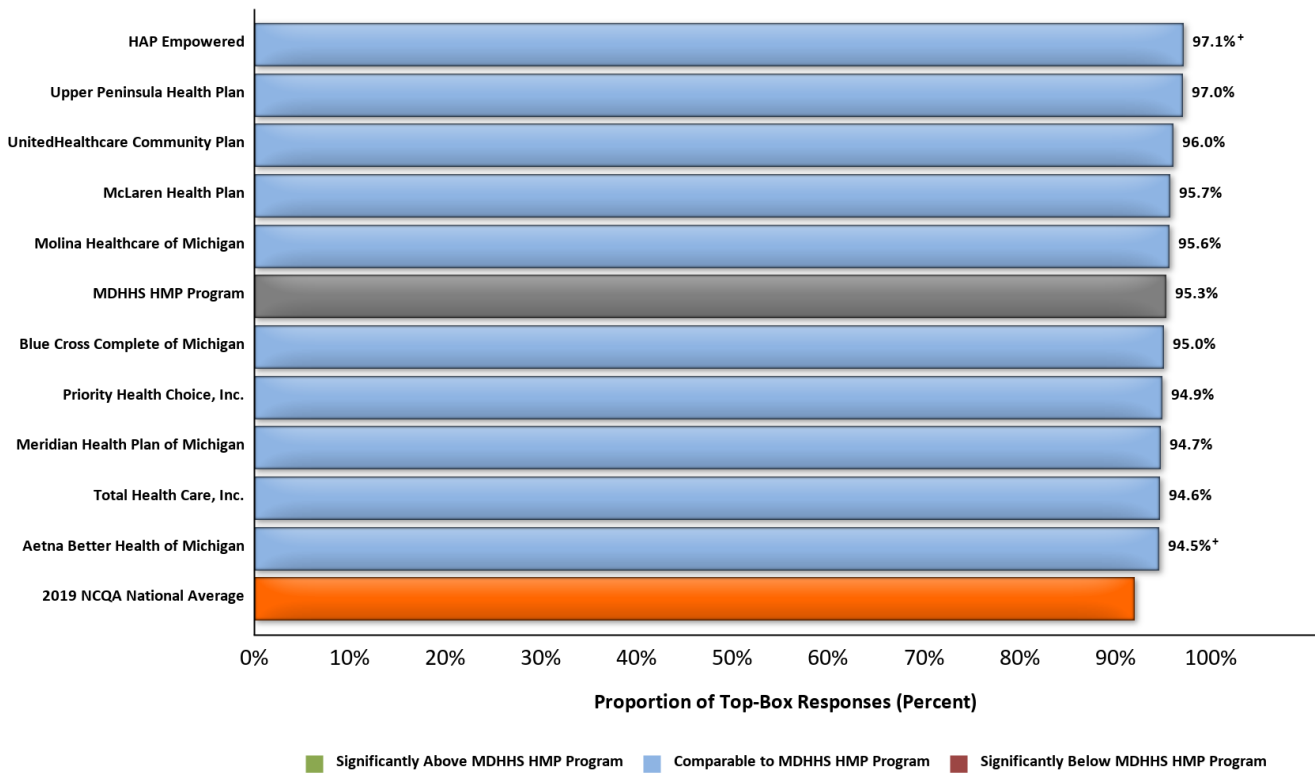


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

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

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

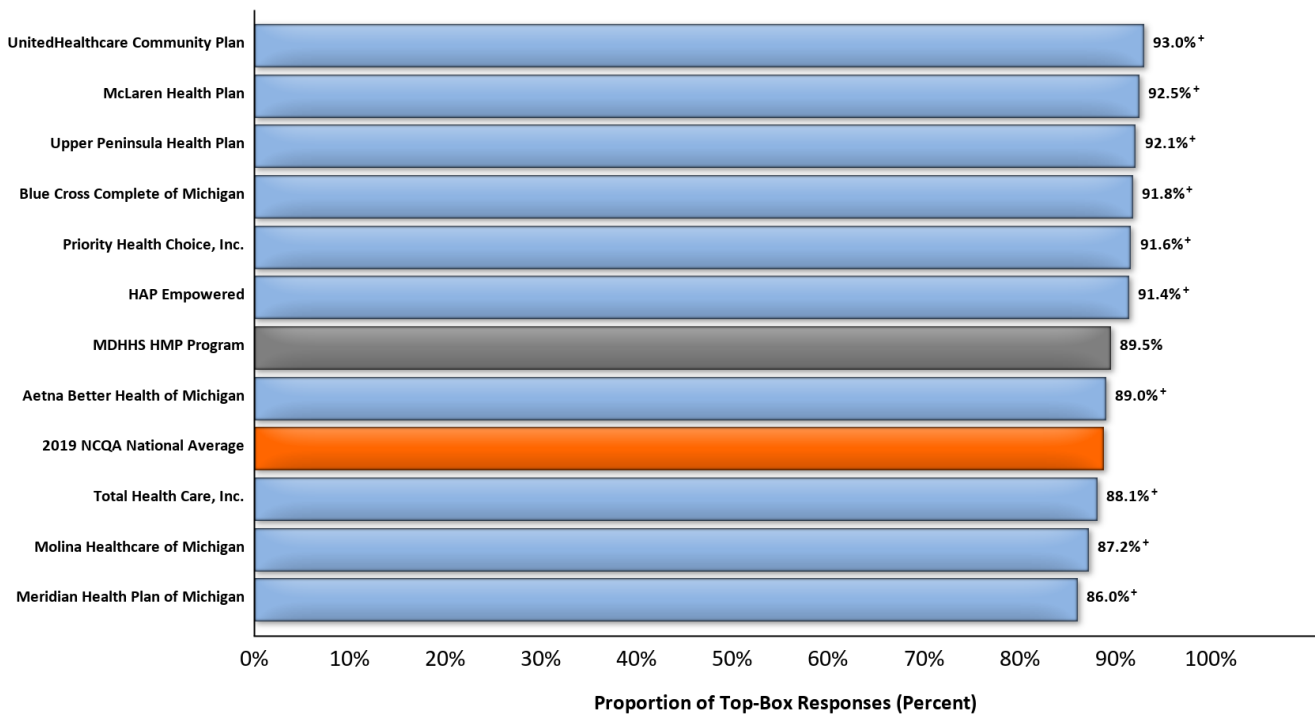


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Customer Service

Figure 3-8 shows the *Customer Service* top-box scores.

Figure 3-8— Customer Service Top-Box Scores



■ Significantly Above MDHHS HMP Program
 ■ Comparable to MDHHS HMP Program
 ■ Significantly Below MDHHS HMP Program

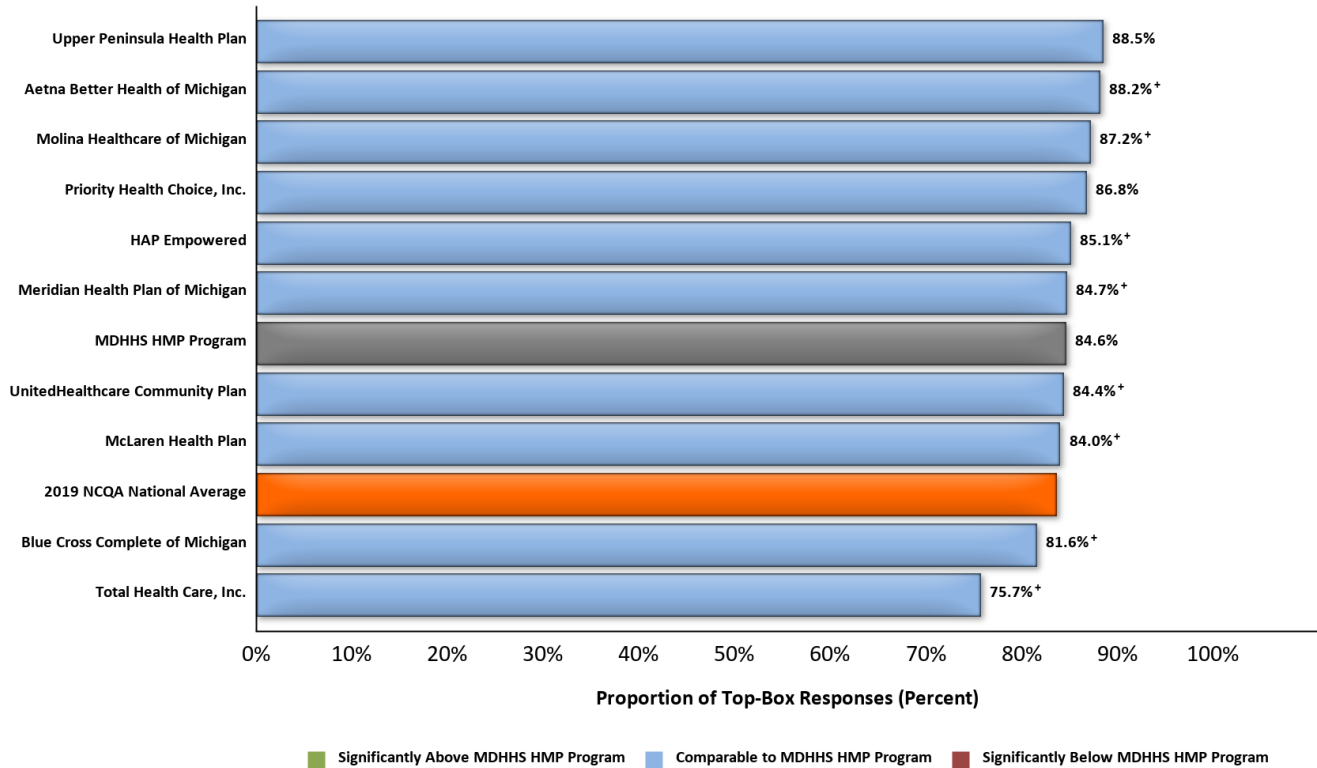
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Individual Item Measure

Coordination of Care

Figure 3-9 shows the *Coordination of Care* top-box scores.

Figure 3-9—Coordination of Care Top-Box Scores



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

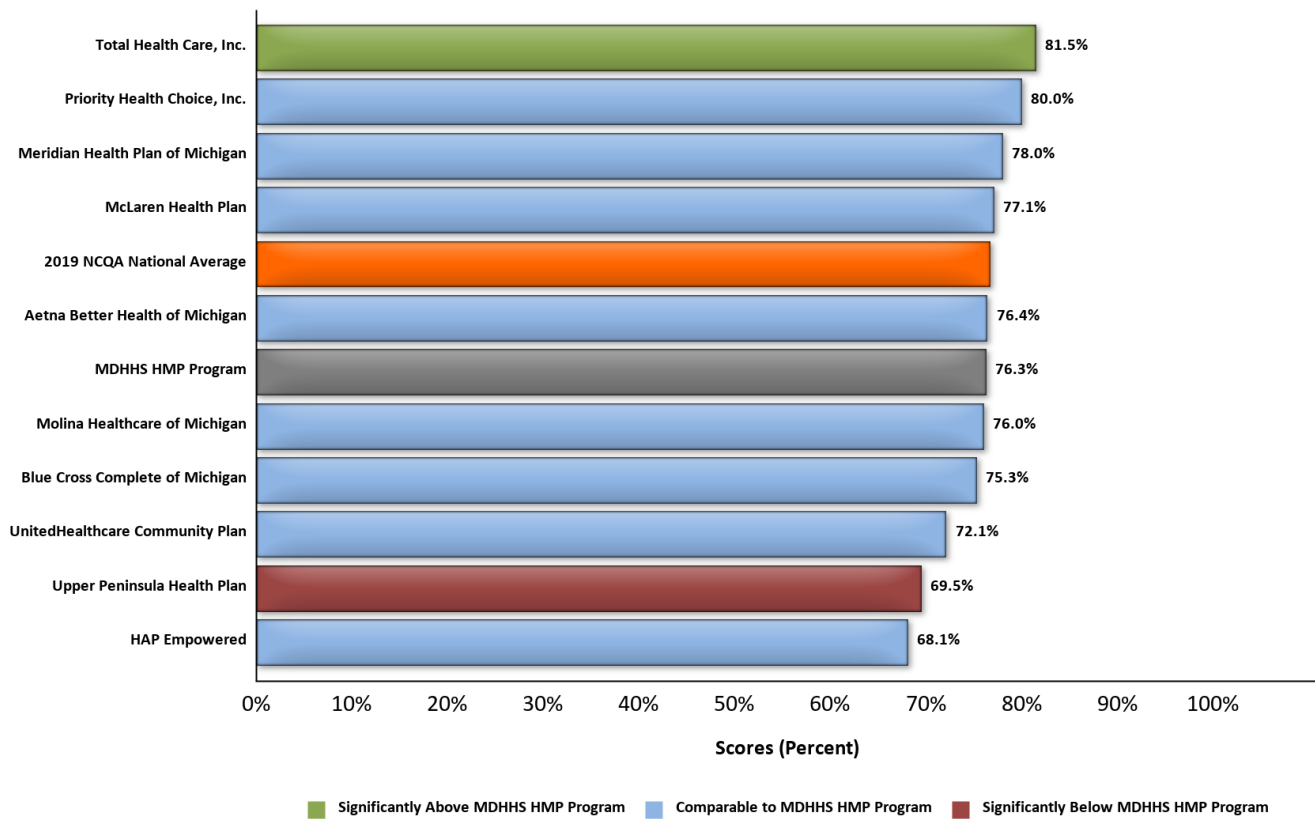
Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

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

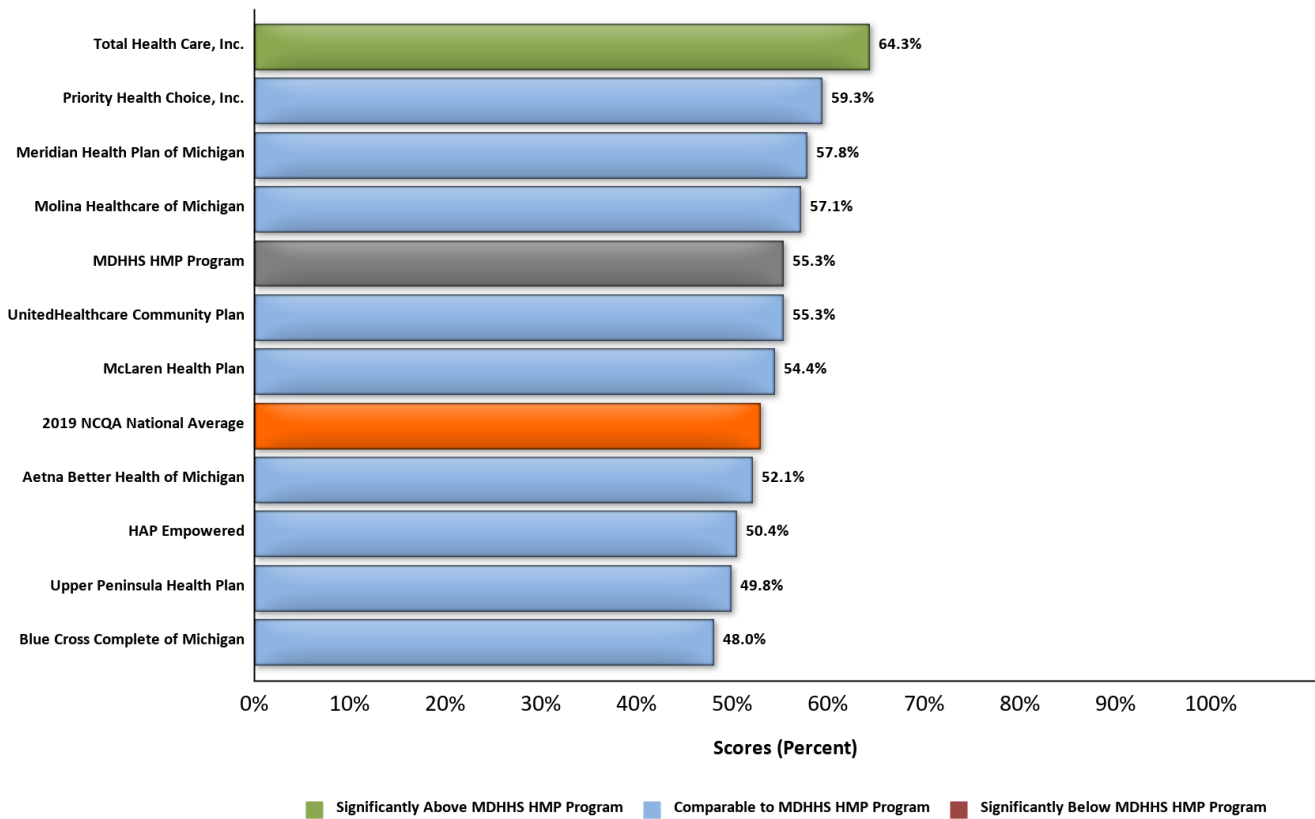
Figure 3-10—Advising Smokers and Tobacco Users to Quit Scores



Discussing Cessation Medications

Figure 3-11 shows the *Discussing Cessation Medications* scores.

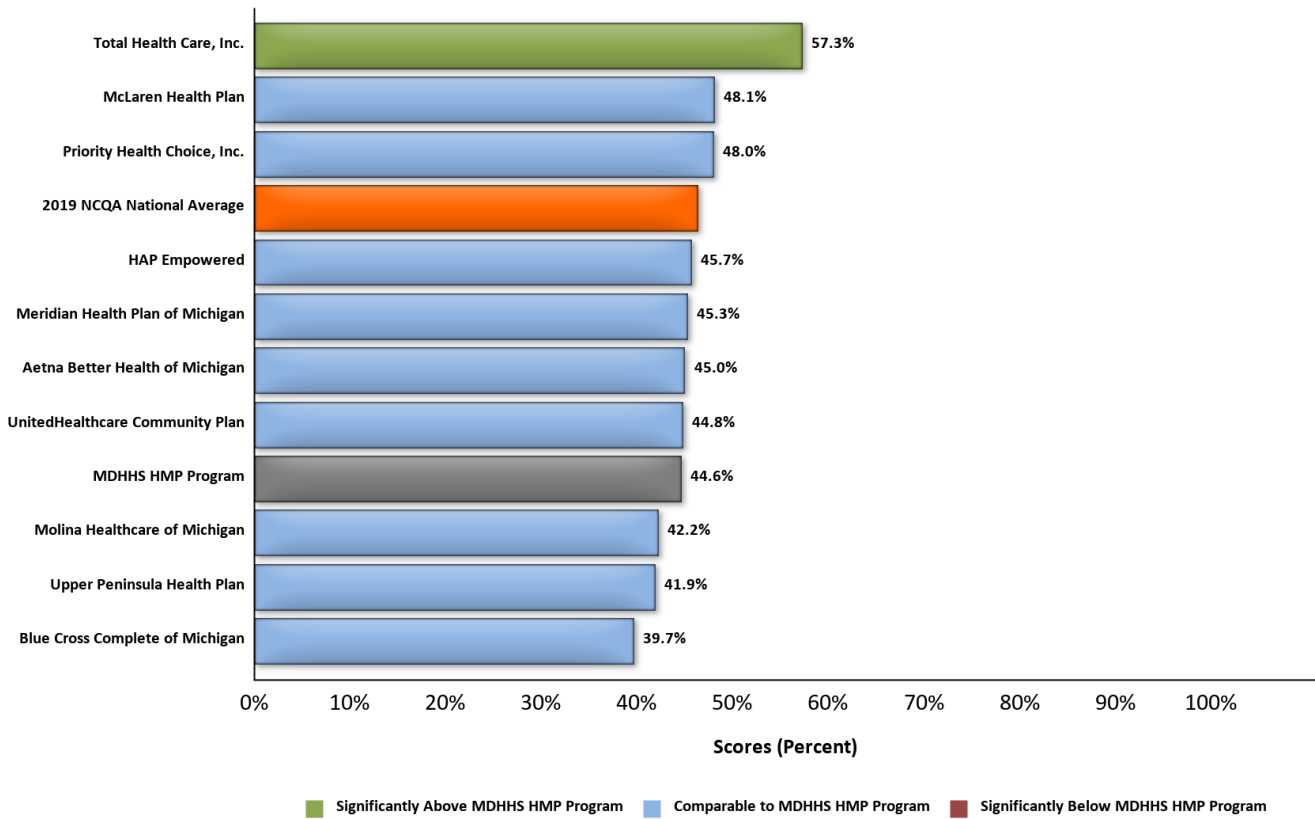
Figure 3-11—Discussing Cessation Medications Scores



Discussing Cessation Strategies

Figure 3-12 shows the *Discussing Cessation Strategies* scores.

Figure 3-12—Discussing Cessation Strategies Scores



Trend Analysis

The results from the 2020 and 2019 completed surveys were used to perform the trend analysis presented in this section.⁴⁻¹ The 2020 scores were compared to the 2019 scores to determine whether there were statistically significant differences. Statistically significant results are noted with triangles. Measures that did not meet the minimum number of 100 responses required by NCQA are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. For more detailed information regarding this analysis, please refer to the Reader's Guide beginning on page 2-7.

⁴⁻¹ Following NCQA's methodology of calculating a rolling average for the Effectiveness of Care measures, the 2020 scores contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2019 and 2020.

Global Ratings

Rating of Health Plan

Table 4-1 shows the 2019 and 2020 top-box scores and the trend results for *Rating of Health Plan*.

Table 4-1—Rating of Health Plan Trend Analysis

	2019	2020	Trend Results
MDHHS HMP Program	60.4%	63.2%	—
Aetna Better Health of Michigan	50.0%	55.5%	—
Blue Cross Complete of Michigan	60.5%	66.5%	—
HAP Empowered	55.4%	54.8%	—
McLaren Health Plan	58.6%	60.9%	—
Meridian Health Plan of Michigan	60.3%	65.5%	—
Molina Healthcare of Michigan	58.4%	58.6%	—
Priority Health Choice, Inc.	63.5%	66.1%	—
Total Health Care, Inc.	66.9%	63.3%	—
UnitedHealthcare Community Plan	62.3%	60.1%	—
Upper Peninsula Health Plan	66.4%	71.9%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Rating of All Health Care

Table 4-2 shows the 2019 and 2020 top-box scores and the trend results for *Rating of All Health Care*.

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

	2019	2020	Trend Results
MDHHS HMP Program	53.3%	59.0%	▲
Aetna Better Health of Michigan	49.3%	60.2%	—
Blue Cross Complete of Michigan	53.5%	58.7%	—
HAP Empowered	54.3% ⁺	57.0% ⁺	—
McLaren Health Plan	53.6%	58.7%	—
Meridian Health Plan of Michigan	46.1%	58.2%	▲
Molina Healthcare of Michigan	58.4%	59.9%	—
Priority Health Choice, Inc.	57.4%	58.9%	—
Total Health Care, Inc.	57.1%	61.5%	—
UnitedHealthcare Community Plan	59.8%	59.0%	—
Upper Peninsula Health Plan	53.3%	61.1%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Rating of Personal Doctor

Table 4-3 shows the 2019 and 2020 top-box scores and the trend results for *Rating of Personal Doctor*.

Table 4-3—Rating of Personal Doctor Trend Analysis

	2019	2020	Trend Results
MDHHS HMP Program	64.7%	66.3%	—
Aetna Better Health of Michigan	60.9%	69.0%	—
Blue Cross Complete of Michigan	63.1%	70.1%	—
HAP Empowered	62.4% ⁺	65.5%	—
McLaren Health Plan	64.5%	63.8%	—
Meridian Health Plan of Michigan	62.7%	65.9%	—
Molina Healthcare of Michigan	65.8%	65.3%	—
Priority Health Choice, Inc.	65.9%	66.7%	—
Total Health Care, Inc.	67.8%	66.2%	—
UnitedHealthcare Community Plan	68.9%	64.3%	—
Upper Peninsula Health Plan	65.2%	71.7%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Rating of Specialist Seen Most Often

Table 4-4 shows the 2019 and 2020 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

	2019	2020	Trend Results
MDHHS HMP Program	63.1%	63.1%	—
Aetna Better Health of Michigan	56.4% ⁺	69.6% ⁺	—
Blue Cross Complete of Michigan	61.9%	66.3% ⁺	—
HAP Empowered	62.5% ⁺	73.6% ⁺	—
McLaren Health Plan	56.9%	58.0%	—
Meridian Health Plan of Michigan	59.2%	61.1% ⁺	—
Molina Healthcare of Michigan	67.2%	63.2%	—
Priority Health Choice, Inc.	65.3%	64.9%	—
Total Health Care, Inc.	71.5%	70.0% ⁺	—
UnitedHealthcare Community Plan	70.7% ⁺	63.4%	—
Upper Peninsula Health Plan	68.2%	68.9%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Composite Measures

Getting Needed Care

Table 4-5 shows the 2019 and 2020 top-box scores and trend results for the *Getting Needed Care* composite measure.

Table 4-5—Getting Needed Care Trend Analysis

	2019	2020	Trend Results
MDHHS HMP Program	81.5%	83.3%	—
Aetna Better Health of Michigan	74.9%	81.4% ⁺	—
Blue Cross Complete of Michigan	84.5%	81.7%	—
HAP Empowered	87.3% ⁺	88.9% ⁺	—
McLaren Health Plan	82.1%	86.7%	—
Meridian Health Plan of Michigan	76.5%	82.5%	—
Molina Healthcare of Michigan	83.9%	82.1%	—
Priority Health Choice, Inc.	86.3%	84.3%	—
Total Health Care, Inc.	83.6%	87.4%	—
UnitedHealthcare Community Plan	81.8%	82.9%	—
Upper Peninsula Health Plan	87.2%	88.3%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Getting Care Quickly

Table 4-6 shows the 2019 and 2020 top-box scores and trend results for the *Getting Care Quickly* composite measure.

Table 4-6—Getting Care Quickly Trend Analysis

	2019	2020	Trend Results
MDHHS HMP Program	83.6%	83.0%	—
Aetna Better Health of Michigan	80.5% ⁺	79.3% ⁺	—
Blue Cross Complete of Michigan	79.6%	86.1%	—
HAP Empowered	79.4% ⁺	85.8% ⁺	—
McLaren Health Plan	83.4%	83.6%	—
Meridian Health Plan of Michigan	84.3%	84.1%	—
Molina Healthcare of Michigan	85.5%	81.1%	—
Priority Health Choice, Inc.	84.5%	83.6%	—
Total Health Care, Inc.	81.6%	82.8%	—
UnitedHealthcare Community Plan	84.4%	77.8%	—
Upper Peninsula Health Plan	87.5%	87.5%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

How Well Doctors Communicate

Table 4-7 shows the 2019 and 2020 top-box scores and trend results for the *How Well Doctors Communicate* composite measure.

Table 4-7—How Well Doctors Communicate Trend Analysis

	2019	2020	Trend Results
MDHHS HMP Program	93.7%	95.3%	▲
Aetna Better Health of Michigan	92.0%	94.5% ⁺	—
Blue Cross Complete of Michigan	91.6%	95.0%	—
HAP Empowered	92.6% ⁺	97.1% ⁺	—
McLaren Health Plan	92.5%	95.7%	—
Meridian Health Plan of Michigan	95.4%	94.7%	—
Molina Healthcare of Michigan	92.8%	95.6%	—
Priority Health Choice, Inc.	95.9%	94.9%	—
Total Health Care, Inc.	94.5%	94.6%	—
UnitedHealthcare Community Plan	93.4%	96.0%	—
Upper Peninsula Health Plan	94.8%	97.0%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Customer Service

Table 4-8 shows the 2019 and 2020 top-box scores and trend results for the *Customer Service* composite measure.

Table 4-8—Customer Service Trend Analysis

	2019	2020	Trend Results
MDHHS HMP Program	88.4%	89.5%	—
Aetna Better Health of Michigan	84.7% ⁺	89.0% ⁺	—
Blue Cross Complete of Michigan	92.9% ⁺	91.8% ⁺	—
HAP Empowered	88.4% ⁺	91.4% ⁺	—
McLaren Health Plan	84.0% ⁺	92.5% ⁺	—
Meridian Health Plan of Michigan	90.8% ⁺	86.0% ⁺	—
Molina Healthcare of Michigan	83.3% ⁺	87.2% ⁺	—
Priority Health Choice, Inc.	89.3% ⁺	91.6% ⁺	—
Total Health Care, Inc.	90.3% ⁺	88.1% ⁺	—
UnitedHealthcare Community Plan	88.6% ⁺	93.0% ⁺	—
Upper Peninsula Health Plan	86.9% ⁺	92.1% ⁺	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Individual Item Measure

Coordination of Care

Table 4-9 shows the 2019 and 2020 top-box scores and trend results for the *Coordination of Care* individual item measure.

Table 4-9—Coordination of Care Trend Analysis

	2019	2020	Trend Results
MDHHS HMP Program	83.7%	84.6%	—
Aetna Better Health of Michigan	84.3% ⁺	88.2% ⁺	—
Blue Cross Complete of Michigan	83.1% ⁺	81.6% ⁺	—
HAP Empowered	83.3% ⁺	85.1% ⁺	—
McLaren Health Plan	77.8%	84.0% ⁺	—
Meridian Health Plan of Michigan	85.1%	84.7% ⁺	—
Molina Healthcare of Michigan	82.5% ⁺	87.2% ⁺	—
Priority Health Choice, Inc.	84.8%	86.8%	—
Total Health Care, Inc.	87.9%	75.7% ⁺	▼
UnitedHealthcare Community Plan	87.7% ⁺	84.4% ⁺	—
Upper Peninsula Health Plan	82.0%	88.5%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

Table 4-10 shows the 2019 and 2020 scores and trend results for the *Advising Smokers and Tobacco Users to Quit* measure.

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

	2019	2020	Trend Results
MDHHS HMP Program	78.5%	76.3%	—
Aetna Better Health of Michigan	78.1%	76.4%	—
Blue Cross Complete of Michigan	80.5%	75.3%	—
HAP Empowered	77.1%	68.1%	—
McLaren Health Plan	79.5%	77.1%	—
Meridian Health Plan of Michigan	79.0%	78.0%	—
Molina Healthcare of Michigan	77.8%	76.0%	—
Priority Health Choice, Inc.	80.1%	80.0%	—
Total Health Care, Inc.	82.6%	81.5%	—
UnitedHealthcare Community Plan	74.1%	72.1%	—
Upper Peninsula Health Plan	75.3%	69.5%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Discussing Cessation Medications

Table 4-11 shows the 2019 and 2020 scores and trend results for the *Discussing Cessation Medications* measure.

Table 4-11—Discussing Cessation Medications Trend Analysis

	2019	2020	Trend Results
MDHHS HMP Program	56.4%	55.3%	—
Aetna Better Health of Michigan	58.8%	52.1%	—
Blue Cross Complete of Michigan	55.6%	48.0%	—
HAP Empowered	51.5%	50.4%	—
McLaren Health Plan	54.6%	54.4%	—
Meridian Health Plan of Michigan	55.9%	57.8%	—
Molina Healthcare of Michigan	59.9%	57.1%	—
Priority Health Choice, Inc.	55.1%	59.3%	—
Total Health Care, Inc.	64.5%	64.3%	—
UnitedHealthcare Community Plan	54.7%	55.3%	—
Upper Peninsula Health Plan	54.7%	49.8%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Discussing Cessation Strategies

Table 4-12 shows the 2019 and 2020 scores and trend results for the *Discussing Cessation Strategies* measure.

Table 4-12—Discussing Cessation Strategies Trend Analysis

	2019	2020	Trend Results
MDHHS HMP Program	44.6%	44.6%	—
Aetna Better Health of Michigan	46.3%	45.0%	—
Blue Cross Complete of Michigan	47.5%	39.7%	—
HAP Empowered	47.1%	45.7%	—
McLaren Health Plan	46.5%	48.1%	—
Meridian Health Plan of Michigan	41.8%	45.3%	—
Molina Healthcare of Michigan	45.8%	42.2%	—
Priority Health Choice, Inc.	43.7%	48.0%	—
Total Health Care, Inc.	54.5%	57.3%	—
UnitedHealthcare Community Plan	41.7%	44.8%	—
Upper Peninsula Health Plan	45.2%	41.9%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

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 for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader’s Guide on page 2-8. Table 5-1 depicts the survey items identified for each of the three measures as being key drivers of member experience for the MDHHS HMP Program.

Table 5-1—MDHHS HMP Program Key Drivers of Member Experience

Key Drivers	Response Options	Odds Ratio Estimates		
		<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>
Q4. In the last 6 months, when you <u>needed care right a way</u> , how often did you get care as soon as you needed?	(Never + Sometimes) vs. Always	2.4 (1) 1.7 (1 or 2)	1.8	NS
	Usually vs. Always	NS	2.3	NS
Q17. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	(Never + Sometimes) vs. Always	8.0 (1) 3.8 (1 or 2)	12.9	NS
	Usually vs. Always	2.5 (1) 2.6 (1 or 2)	3.9	NS
Q20. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	(Never + Sometimes) vs. Always	1.6 (1 or 2)	NS	4.5
	Usually vs. Always	NS	NS	1.7
Q21. In the last 6 months, how often did your personal doctor listen carefully to you	(Never + Sometimes) vs. Always	NS	3.3	5.3
	Usually vs. Always	NS	NS	NS
Q23. In the last 6 months, how often did your personal doctor spend enough time with you?	(Never + Sometimes) vs. Always	NS	NS	5.7
	Usually vs. Always	NS	NS	NS
Q25. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	(Never + Sometimes) vs. Always	NS	1.9 (1 or 2)	5.0 (1) 4.0 (1 or 2)
	Usually vs. Always	NS	1.9 (1 or 2)	2.2 (1 or 2)
Q32. In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?	(Never + Sometimes) vs. Always	2.5	NS	NA
	Usually vs. Always	NS	NS	NA

Key Drivers	Response Options	Odds Ratio Estimates		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q35. In the last 6 months, how often were the forms from your health plan easy to fill out?	(Never + Sometimes) vs. Always	2.2	NS	NA
	Usually vs. Always	1.9	NS	NA
<p><i>NA indicates that this question was not evaluated for this measure.</i></p> <p><i>NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses does not significantly affect their rating.</i></p> <p><i>(1) indicates the tendency for respondents to choose a Dissatisfied rating over a Neutral or Satisfied rating.</i></p> <p><i>(1 or 2) indicates the tendency for respondents to choose a Dissatisfied or Neutral rating over a Satisfied rating.</i></p>				

Supplemental Items Results

MDHHS elected to add nine supplemental questions to the HMP CAHPS Survey.⁶⁻¹ These nine questions focused on the number of times members had gone to an emergency room, the number of days members waited between making an appointment and seeing a health provider, access to after-hours care, prescription medicine, and transportation. The following tables show the number (N) and percentage of responses (%) for each supplemental item.

Emergency Room Care

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

Table 6-1—How Many Times Visited Emergency Room

	None		1 time		2		3		4		5 to 9		10 or more times	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	369	45.2%	304	37.3%	78	9.6%	40	4.9%	10	1.2%	12	1.5%	3	0.4%
Aetna Better Health of Michigan	14	27.5%	26	51.0%	7	13.7%	2	3.9%	2	3.9%	0	0.0%	0	0.0%
Blue Cross Complete of Michigan	34	41.5%	31	37.8%	6	7.3%	6	7.3%	2	2.4%	3	3.7%	0	0.0%
HAP Empowered	14	40.0%	12	34.3%	4	11.4%	4	11.4%	0	0.0%	1	2.9%	0	0.0%
McLaren Health Plan	47	51.1%	33	35.9%	7	7.6%	4	4.3%	1	1.1%	0	0.0%	0	0.0%
Meridian Health Plan of Michigan	46	51.7%	28	31.5%	10	11.2%	3	3.4%	2	2.2%	0	0.0%	0	0.0%
Molina Healthcare of Michigan	43	50.0%	28	32.6%	8	9.3%	6	7.0%	0	0.0%	1	1.2%	0	0.0%
Priority Health Choice, Inc.	52	44.8%	47	40.5%	9	7.8%	4	3.4%	0	0.0%	3	2.6%	1	0.9%
Total Health Care, Inc.	33	44.0%	22	29.3%	10	13.3%	5	6.7%	2	2.7%	2	2.7%	1	1.3%
UnitedHealthcare Community Plan	41	49.4%	32	38.6%	7	8.4%	2	2.4%	0	0.0%	1	1.2%	0	0.0%
Upper Peninsula Health Plan	45	42.1%	45	42.1%	10	9.3%	4	3.7%	1	0.9%	1	0.9%	1	0.9%

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

⁶⁻¹ HSAG did not display responses to supplemental Question 3 (i.e., “After hours care is health care when your usual doctor’s office or clinic is closed. In the last 6 months, did you need to visit a doctor’s office or clinic for a after hours care?”) and Question 12 (i.e., “In the last 6 months, did you get any new prescription medicines or refill a prescription ?”) since they served as gateways to the other supplemental questions referencing after hours care and prescription medicine.

Number of Days to See a Health Provider

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

Table 6-3 display the responses for this question.

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

	Same day		1 day		2 to 3 days		4 to 7 days		8 to 14 days	
	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	161	9.8%	158	9.7%	357	21.8%	369	22.5%	212	13.0%
Aetna Better Health of Michigan	12	12.2%	12	12.2%	14	14.3%	25	25.5%	13	13.3%
Blue Cross Complete of Michigan	14	8.3%	17	10.1%	38	22.6%	40	23.8%	14	8.3%
HAP Empowered	4	5.1%	10	12.8%	25	32.1%	19	24.4%	5	6.4%
McLaren Health Plan	21	11.9%	15	8.5%	30	17.0%	47	26.7%	26	14.8%
Meridian Health Plan of Michigan	16	8.6%	22	11.8%	41	21.9%	41	21.9%	30	16.0%
Molina Healthcare of Michigan	25	14.3%	23	13.1%	32	18.3%	37	21.1%	17	9.7%
Priority Health Choice, Inc.	14	6.9%	14	6.9%	46	22.8%	39	19.3%	31	15.3%
Total Health Care, Inc.	16	9.0%	13	7.3%	45	25.4%	32	18.1%	32	18.1%
UnitedHealthcare Community Plan	20	13.0%	13	8.4%	39	25.3%	35	22.7%	14	9.1%
Upper Peninsula Health Plan	19	8.6%	19	8.6%	47	21.2%	54	24.3%	30	13.5%

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

Table 6-3—Number of Days to See a Health Provider (Continued)

	15 to 30 days		31 to 60 days		61 to 90 days		91 days or longer	
	N	%	N	%	N	%	N	%
MDHHS HMP Program	211	12.9%	83	5.1%	53	3.2%	33	2.0%
Aetna Better Health of Michigan	13	13.3%	5	5.1%	4	4.1%	0	0.0%
Blue Cross Complete of Michigan	23	13.7%	10	6.0%	7	4.2%	5	3.0%
HAP Empowered	7	9.0%	4	5.1%	2	2.6%	2	2.6%
McLaren Health Plan	19	10.8%	11	6.3%	6	3.4%	1	0.6%
Meridian Health Plan of Michigan	18	9.6%	11	5.9%	6	3.2%	2	1.1%
Molina Healthcare of Michigan	26	14.9%	10	5.7%	4	2.3%	1	0.6%
Priority Health Choice, Inc.	30	14.9%	9	4.5%	9	4.5%	10	5.0%
Total Health Care, Inc.	24	13.6%	5	2.8%	5	2.8%	5	2.8%
UnitedHealthcare Community Plan	20	13.0%	6	3.9%	4	2.6%	3	1.9%
Upper Peninsula Health Plan	31	14.0%	12	5.4%	6	2.7%	4	1.8%

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

After Hours Care

Members were asked how often it was easy to receive the after hours care they thought they needed in the last 6 months (Question 10). Table 6-4 displays the responses for this question.

Table 6-4—How Often Received Needed After Hours Care

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MDHHS HMP Program	22	9.0%	28	11.5%	44	18.0%	150	61.5%
Aetna Better Health of Michigan	4	23.5%	2	11.8%	3	17.6%	8	47.1%
Blue Cross Complete of Michigan	3	12.5%	4	16.7%	4	16.7%	13	54.2%
HAP Empowered	0	0.0%	2	22.2%	2	22.2%	5	55.6%
McLaren Health Plan	2	6.5%	2	6.5%	6	19.4%	21	67.7%
Meridian Health Plan of Michigan	3	10.7%	1	3.6%	5	17.9%	19	67.9%
Molina Healthcare of Michigan	2	7.1%	2	7.1%	5	17.9%	19	67.9%
Priority Health Choice, Inc.	1	3.8%	6	23.1%	7	26.9%	12	46.2%
Total Health Care, Inc.	3	14.3%	5	23.8%	3	14.3%	10	47.6%
UnitedHealthcare Community Plan	1	3.7%	3	11.1%	5	18.5%	18	66.7%
Upper Peninsula Health Plan	3	9.1%	1	3.0%	4	12.1%	25	75.8%

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

Members were asked what reasons limited their ability to receive after hours care (Question 11). Table 6-5 displays the responses for this question.

Table 6-5—Reason Not Easy to Receive After Hours Care

	Unsure where to go for after hours care		Unsure where to find a list of doctor's offices or clinics open for after hours care		Doctor's office or clinic with after hours care was too far away		Office or clinic hours for after hours care did not meet your needs		Some other reason	
	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	16	18.4%	16	18.4%	9	10.3%	19	21.8%	39	44.8%
Aetna Better Health of Michigan	1	11.1%	2	22.2%	1	11.1%	1	11.1%	5	55.6%
Blue Cross Complete of Michigan	1	10.0%	2	20.0%	3	30.0%	0	0.0%	5	50.0%
HAP Empowered	0	0.0%	2	50.0%	1	25.0%	0	0.0%	1	25.0%
McLaren Health Plan	2	20.0%	1	10.0%	0	0.0%	2	20.0%	5	50.0%
Meridian Health Plan of Michigan	2	22.2%	3	33.3%	2	22.2%	2	22.2%	2	22.2%
Molina Healthcare of Michigan	2	25.0%	1	12.5%	0	0.0%	2	25.0%	5	62.5%
Priority Health Choice, Inc.	1	8.3%	2	16.7%	0	0.0%	5	41.7%	7	58.3%
Total Health Care, Inc.	4	50.0%	1	12.5%	1	12.5%	3	37.5%	1	12.5%
UnitedHealthcare Community Plan	2	22.2%	2	22.2%	0	0.0%	0	0.0%	5	55.6%
Upper Peninsula Health Plan	1	12.5%	0	0.0%	1	12.5%	4	50.0%	3	37.5%

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 9 and did not answer "Always" to Question 10.

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

Prescription Medicine

Members were asked how often it was easy to get their prescription medicine from their health plan in the last 6 months (Question 13). Table 6-6 displays the responses for this question.

Table 6-6—Ease of Receiving Prescription Medicine

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MDHHS HMP Program	37	2.0%	111	6.0%	373	20.0%	1,340	72.0%
Aetna Better Health of Michigan	4	3.8%	8	7.7%	21	20.2%	71	68.3%
Blue Cross Complete of Michigan	3	1.6%	14	7.4%	37	19.6%	135	71.4%
HAP Empowered	3	3.3%	4	4.3%	14	15.2%	71	77.2%
McLaren Health Plan	4	1.9%	16	7.5%	39	18.2%	155	72.4%
Meridian Health Plan of Michigan	5	2.3%	14	6.3%	45	20.3%	158	71.2%
Molina Healthcare of Michigan	3	1.6%	13	7.1%	29	15.8%	138	75.4%
Priority Health Choice, Inc.	4	1.7%	18	7.5%	57	23.7%	162	67.2%
Total Health Care, Inc.	4	2.3%	8	4.6%	35	20.2%	126	72.8%
UnitedHealthcare Community Plan	2	1.1%	10	5.3%	40	21.3%	136	72.3%
Upper Peninsula Health Plan	5	2.0%	6	2.4%	56	22.0%	188	73.7%

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 12.

Members were asked how often they got the prescription medicine they needed through their health plan in the last 6 months (Question 14). Table 6-7 displays the responses for this question.

Table 6-7—How Often Received Prescription Medicine

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MDHHS HMP Program	40	2.1%	108	5.8%	240	12.9%	1,479	79.2%
Aetna Better Health of Michigan	4	3.8%	9	8.5%	12	11.3%	81	76.4%
Blue Cross Complete of Michigan	2	1.0%	14	7.3%	26	13.6%	149	78.0%
HAP Empowered	3	3.2%	6	6.5%	8	8.6%	76	81.7%
McLaren Health Plan	3	1.4%	9	4.2%	25	11.6%	178	82.8%
Meridian Health Plan of Michigan	4	1.8%	11	5.0%	28	12.7%	178	80.5%
Molina Healthcare of Michigan	6	3.2%	14	7.6%	25	13.5%	140	75.7%
Priority Health Choice, Inc.	6	2.5%	8	3.3%	38	15.8%	188	78.3%
Total Health Care, Inc.	3	1.7%	14	8.1%	23	13.4%	132	76.7%
UnitedHealthcare Community Plan	3	1.6%	10	5.3%	27	14.2%	150	78.9%
Upper Peninsula Health Plan	6	2.4%	13	5.1%	28	11.0%	207	81.5%

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 12.

Transportation

Members were asked if they called their health plan to get help with transportation to doctors’ offices or clinics (Question 36). Table 6-8 displays the responses for this question.

Table 6-8—Called Health Plan to Get Help with Transportation

	Yes		No	
	N	%	N	%
MDHHS HMP Program	215	7.4%	2,686	92.6%
Aetna Better Health of Michigan	19	10.2%	168	89.8%
Blue Cross Complete of Michigan	24	8.5%	259	91.5%
HAP Empowered	8	4.8%	158	95.2%
McLaren Health Plan	16	5.1%	295	94.9%
Meridian Health Plan of Michigan	26	8.2%	293	91.8%
Molina Healthcare of Michigan	26	8.9%	266	91.1%
Priority Health Choice, Inc.	21	5.6%	352	94.4%
Total Health Care, Inc.	24	8.8%	250	91.2%
UnitedHealthcare Community Plan	26	8.9%	267	91.1%
Upper Peninsula Health Plan	25	6.2%	378	93.8%

Survey Instrument

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



Michigan Department of Health & Human Services

GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR



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

If you want to know more about this study, please call 1-888-839-3455.

SURVEY INSTRUCTIONS

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



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

- Yes -> Go to Question 1
No

START HERE

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

- Yes -> Go to Question 3
No

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



**YOUR HEALTH CARE IN
THE LAST 6 MONTHS**

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

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

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

- 5. In the last 6 months, how many times did you go to an emergency room to get care for yourself?
 - None
 - 1 time
 - 2
 - 3
 - 4
 - 5 to 9
 - 10 or more times

- 6. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
 - Yes
 - No → *Go to Question 9*

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

- 8. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider?
 - Same day
 - 1 day
 - 2 to 3 days
 - 4 to 7 days
 - 8 to 14 days
 - 15 to 30 days
 - 31 to 60 days
 - 61 to 90 days
 - 91 days or longer

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

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

 - Yes
 - No → *Go to Question 12*

- 10. In the last 6 months, how often was it easy to get the after hours care you thought you needed?
 - Never
 - Sometimes
 - Usually
 - Always → *Go to Question 12*

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

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

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

- Yes
- No → **Go to Question 15**

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

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did you get the prescription medicine you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

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

- None → **Go to Question 18**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

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

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

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

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

- Yes
- No → **Go to Question 27**

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 26**

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

- Never
- Sometimes
- Usually
- Always

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 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 you got when you 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 to see a specialist?

- Yes
- No → **Go to Question 31**

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

- Never
- Sometimes
- Usually
- Always

29. How many specialists have you 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 you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

YOUR HEALTH PLAN

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

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

- Yes
- No → *Go to Question 34*

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, did your 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 health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Excellent
- Very Good
- Good
- Fair
- Poor

40. Have you had either a flu shot or flu spray in the nose since July 1, 2019?

- Yes
- No
- Don't know

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

- Every day
- Some days
- Not at all → **Go to Question 45**
- Don't know → **Go to Question 45**

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

45. What is your age?

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

45. Are you male or female?

- Male
- Female

47. 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

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

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

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

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

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

