

State of Michigan
Department of Health and Human Services

**2016 Michigan Department of Health
and Human Services Child Medicaid
Health Plan CAHPS® Report**

September 2016



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Introduction

The Michigan Department of Health and Human Services (MDHHS) periodically assesses the perceptions and experiences of members enrolled in the MDHHS Medicaid health plans (MHPs) and the Fee-for-Service (FFS) program 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 overall member satisfaction.

This report presents the 2016 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.¹⁻² The surveys were completed from February to May 2016. 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

Report Overview

A sample of at least 1,650 child members was selected from the FFS population and each MHP, with two exceptions. HAP Midwest Health Plan and Harbor Health Plan did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample sizes for HAP Midwest Health Plan and Harbor Health Plan were 172 and 1,094, respectively.

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. Additionally, five composite measures are reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

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

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

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

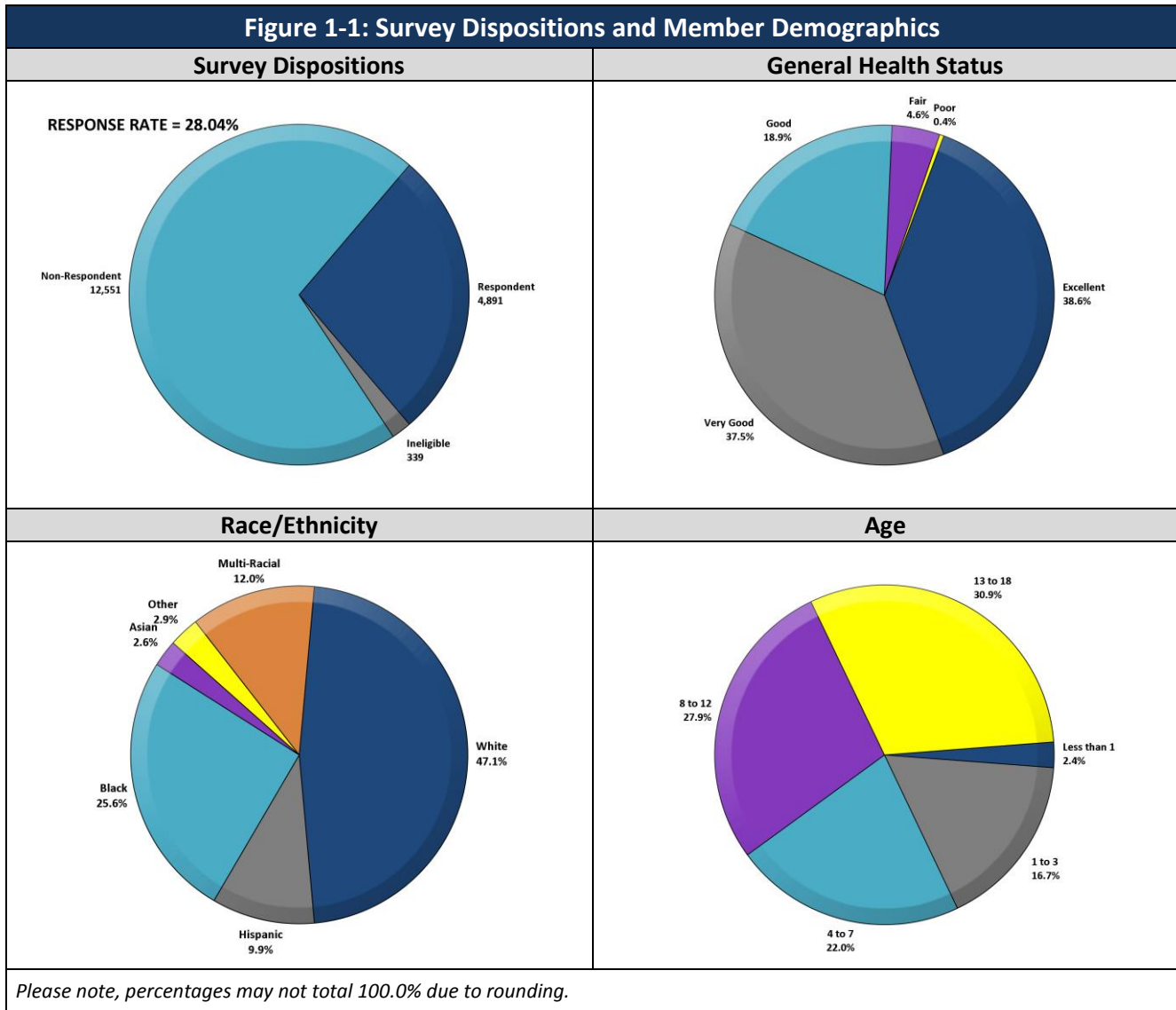
¹⁻² The health plan name for one of the MHPs changed since the child MHP population was surveyed in 2015. Aetna Better Health of Michigan was previously referred to as CoventryCares.

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

Key Findings

Survey Dispositions and Demographics

Figure 1-1 provides an overview of the MDHHS Medicaid Program survey dispositions and child member demographics.



National Comparisons and Trend Analysis

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point mean scores were compared to the National Committee for Quality Assurance’s (NCQA’s) 2016 HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS

measure.^{1-4,1-5} In addition, a trend analysis was performed that compared the 2016 CAHPS results to their corresponding 2015 CAHPS results, where appropriate. Table 1-1 provides highlights of the National Comparisons and Trend Analysis findings for the MDHHS Medicaid Program. The numbers presented below represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

Table 1-1: National Comparisons and Trend Analysis MDHHS Medicaid Program		
Measure	National Comparisons	Trend Analysis
Global Rating		
Rating of Health Plan	★★ 2.54	—
Rating of All Health Care	★★★ 2.55	▼
Rating of Personal Doctor	★★★ 2.64	—
Rating of Specialist Seen Most Often	★★★ 2.59	—
Composite Measure		
Getting Needed Care	★★ 2.44	▼
Getting Care Quickly	★★★ 2.64	—
How Well Doctors Communicate	★★★★ 2.73	—
Customer Service	★★★ 2.57	—
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th		
▲ statistically significantly higher in 2016 than in 2015. ▼ statistically significantly lower in 2016 than in 2015. — indicates the 2016 score is not statistically significantly different than the 2015 score.		

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

Results from the trend analysis showed that the MDHHS Medicaid Program scored significantly *lower* in 2016 than in 2015 on two measures: Rating of All Health Care and Getting Needed Care.

¹⁻⁴ National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

¹⁻⁵ NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite 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 1-2 and Table 1-3 show the results of this analysis for the global ratings and composite measures, respectively.

Table 1-2: Statewide Comparisons—Global Ratings

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

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

Table 1-3: Statewide Comparisons—Composite Measures

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

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

The results from the Statewide Comparisons presented in Table 1-2 and Table 1-3 revealed that FFS had one measure that was significantly *higher* than the MDHHS Medicaid Managed Care Program. Additionally, Priority Health Choice, Inc. had one measure that was significantly *higher* than the MDHHS Medicaid Managed Care Program average.

Conversely, FFS, Aetna Better Health of Michigan, and Harbor Health Plan had one measure that was significantly *lower* than the MDHHS Medicaid Managed Care Program average.

Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated each of these measures to determine if particular CAHPS items (i.e., questions) strongly correlated with these measures, which HSAG refers to as “key drivers.” These individual CAHPS items are driving levels of satisfaction with each of the three measures. Table 1-4 provides a summary of the key drivers identified for the MDHHS Medicaid Program.

Table 1-4: MDHHS Medicaid Program Key Drivers of Satisfaction
Rating of Health Plan
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 not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan.
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 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.
Rating of All Health Care
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 not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan.
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 it was often not easy for their child to obtain appointments with specialists.
Rating of Personal Doctor
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.

2016 CAHPS Performance Measures

The CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set includes 48 core questions that yield 9 measures of satisfaction. These measures include four global rating questions and five composite measures. The global measures (also referred to as global ratings) reflect overall satisfaction with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “Getting Needed Care” or “Getting Care Quickly”).

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

Global Ratings	Composite Measures
Rating of Health Plan	Getting Needed Care
Rating of All Health Care	Getting Care Quickly
Rating of Personal Doctor	How Well Doctors Communicate
Rating of Specialist Seen Most Often	Customer Service
	Shared Decision Making

How CAHPS Results Were Collected

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

Sampling Procedures

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

- ◆ Were 17 years of age or younger as of December 31, 2015.
- ◆ 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 2015.
- ◆ 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 population and each MHP, with two exceptions. HAP Midwest Health Plan and Harbor Health Plan did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample sizes for HAP Midwest Health Plan and Harbor Health Plan were 172 and 1,094, respectively. Table 3-1 in the Results section provides an overview of the sample sizes for each plan and program.

Survey Protocol

The CAHPS 5.0 Health Plan Survey process allows for two methods by which parents or caretakers of child members could complete a survey. The first, 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 sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system. All sampled parents or caretakers of 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

²⁻¹ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2016 Survey Measures*. Washington, DC: NCQA; 2015.

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

Table 2-2: CAHPS 5.0 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 4-10 days after mailing the first questionnaire.	4-10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents 4-10 days after mailing the second questionnaire.	39-45 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

How CAHPS Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess member satisfaction. In addition to individual plan results, HSAG calculated an MDHHS 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), were removed from the sample during deduplication, or had a language barrier.

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

Demographics of Child Members

The demographics analysis evaluated demographic information of child members. MDHHS should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan or program.

National Comparisons

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

²⁻³ National Committee for Quality Assurance. *HEDIS® 2016, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2015.

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

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

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure. HSAG compared the resulting three-point mean scores to published NCQA HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings for each CAHPS measure.²⁻⁴

Table 2-4 shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall child Medicaid member satisfaction ratings on each CAHPS measure.²⁻⁵ NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.67	2.62	2.57	2.51
Rating of All Health Care	2.59	2.57	2.52	2.49
Rating of Personal Doctor	2.69	2.65	2.62	2.58
Rating of Specialist Seen Most Often	2.66	2.62	2.59	2.53
Getting Needed Care	2.58	2.53	2.47	2.39
Getting Care Quickly	2.69	2.66	2.61	2.54
How Well Doctors Communicate	2.75	2.72	2.68	2.63
Customer Service	2.63	2.58	2.53	2.50

²⁻⁴ For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2016, Volume 3: Specifications for Survey Measures*.

²⁻⁵ National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated question summary rates for each global rating and global proportions for each composite measure, following NCQA HEDIS Specifications for Survey Measures.²⁻⁶ The scoring of the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

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

Weighting

Both a weighted MDHHS Medicaid Program rate and a weighted MDHHS Medicaid Managed Care Program rate were calculated. Results were weighted based on the total eligible population for each plan’s or program’s child population. The MDHHS Medicaid Program average includes results from both the MHPs and the FFS population. The MDHHS Medicaid Managed Care Program average is limited to the results of the MHPs (i.e., the FFS population is not included). For the Statewide Comparisons, no threshold number of responses was required for the results to be reported. Measures with less than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

MHP Comparisons

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

Fee-for-Service Comparisons

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

²⁻⁶ National Committee for Quality Assurance. *HEDIS® 2016, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2015.

Trend Analysis

A trend analysis was performed that compared the 2016 CAHPS scores to the corresponding 2015 CAHPS scores, where appropriate, to determine whether there were significant differences. A *t*-test was performed to determine whether results in 2015 were significantly different from results in 2016. A difference was considered significant if the two-sided *p* value of the *t*-test was less than or equal to 0.05. The two-sided *p* value of the *t*-test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Measures with less than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Key Drivers of Satisfaction Analysis

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

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

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

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

Limitations and Cautions

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

Case-Mix Adjustment

The demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting 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 satisfaction 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 satisfaction 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 17,781 child surveys were distributed to parents or caretakers of child members. A total of 4,891 child surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was considered complete if members answered at least three of the following five questions on the survey: 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), were removed from sample during deduplication, or had a language barrier.

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

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

Plan Name	Sample Size	Completes	Ineligibles	Response Rates
MDHHS Medicaid Program	17,781	4,891	339	28.04%
Fee-for-Service	1,650	439	62	27.64%
MDHHS Medicaid Managed Care Program	16,131	4,452	277	28.08%
Aetna Better Health of Michigan	1,651	369	28	22.74%
Blue Cross Complete of Michigan	1,654	517	19	31.62%
HAP Midwest Health Plan	172	26	2	15.29%
Harbor Health Plan	1,094	154	46	14.69%
McLaren Health Plan	1,651	508	18	31.11%
Meridian Health Plan of Michigan	1,653	503	24	30.88%
Molina Healthcare of Michigan	1,652	424	30	26.14%
Priority Health Choice, Inc.	1,652	472	14	28.82%
Total Health Care, Inc.	1,652	458	27	28.18%
UnitedHealthcare Community Plan	1,650	480	53	30.06%
Upper Peninsula Health Plan	1,650	541	16	33.11%

Demographics of Child Members

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

Table 3-2: Child Member Demographics—Age					
Plan Name	Less than 1	1 to 3	4 to 7	8 to 12	13 to 18*
MDHHS Medicaid Program	2.4%	16.7%	22.0%	27.9%	30.9%
Fee-for-Service	1.2%	10.2%	20.0%	32.1%	36.5%
MDHHS Medicaid Managed Care Program	2.5%	17.4%	22.2%	27.5%	30.4%
Aetna Better Health of Michigan	2.0%	10.4%	22.3%	30.7%	34.6%
Blue Cross Complete of Michigan	3.3%	22.1%	22.3%	26.2%	26.2%
HAP Midwest Health Plan	3.8%	15.4%	23.1%	30.8%	26.9%
Harbor Health Plan	5.3%	29.8%	29.1%	17.2%	18.5%
McLaren Health Plan	2.8%	16.7%	22.0%	27.8%	30.8%
Meridian Health Plan of Michigan	1.2%	18.6%	22.8%	28.6%	28.8%
Molina Healthcare of Michigan	2.9%	14.4%	20.6%	31.3%	30.9%
Priority Health Choice, Inc.	2.8%	18.0%	20.1%	30.5%	28.6%
Total Health Care, Inc.	2.0%	13.4%	20.9%	21.8%	41.9%
UnitedHealthcare Community Plan	0.8%	17.8%	22.6%	28.5%	30.2%
Upper Peninsula Health Plan	3.7%	18.4%	23.6%	26.4%	27.7%

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, 2015. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2016, and the time of survey administration.*

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

Table 3-3: Child Member Demographics—Gender		
Plan Name	Male	Female
MDHHS Medicaid Program	51.6%	48.4%
Fee-for-Service	50.5%	49.5%
MDHHS Medicaid Managed Care Program	51.7%	48.3%
Aetna Better Health of Michigan	47.9%	52.1%
Blue Cross Complete of Michigan	50.4%	49.6%
HAP Midwest Health Plan	50.0%	50.0%
Harbor Health Plan	55.3%	44.7%
McLaren Health Plan	56.0%	44.0%
Meridian Health Plan of Michigan	50.7%	49.3%
Molina Healthcare of Michigan	52.5%	47.5%
Priority Health Choice, Inc.	51.7%	48.3%
Total Health Care, Inc.	53.0%	47.0%
UnitedHealthcare Community Plan	49.0%	51.0%
Upper Peninsula Health Plan	52.2%	47.8%
<i>Please note, percentages may not total 100.0% due to rounding.</i>		

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

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

Plan Name	White	Hispanic	Black	Asian	Other	Multi-Racial
MDHHS Medicaid Program	47.1%	9.9%	25.6%	2.6%	2.9%	12.0%
Fee-for-Service	58.5%	10.9%	10.9%	2.8%	3.9%	13.0%
MDHHS Medicaid Managed Care Program	46.0%	9.8%	27.0%	2.5%	2.8%	11.9%
Aetna Better Health of Michigan	6.8%	3.1%	83.0%	0.3%	1.4%	5.4%
Blue Cross Complete of Michigan	36.2%	8.1%	30.2%	3.2%	5.9%	16.4%
HAP Midwest Health Plan	60.0%	4.0%	20.0%	0.0%	0.0%	16.0%
Harbor Health Plan	15.9%	9.3%	57.6%	2.0%	2.6%	12.6%
McLaren Health Plan	62.3%	9.8%	9.2%	3.0%	1.6%	14.0%
Meridian Health Plan of Michigan	59.1%	12.1%	11.3%	2.6%	2.8%	12.1%
Molina Healthcare of Michigan	40.5%	16.0%	27.7%	2.4%	2.4%	10.9%
Priority Health Choice, Inc.	51.5%	20.4%	10.7%	2.1%	0.9%	14.4%
Total Health Care, Inc.	23.7%	3.6%	56.8%	4.3%	2.9%	8.7%
UnitedHealthcare Community Plan	42.8%	12.7%	25.0%	4.0%	4.0%	11.4%
Upper Peninsula Health Plan	82.3%	2.4%	0.6%	0.9%	2.8%	11.0%

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 CAHPS survey.

Table 3-5: Child Member Demographics—General Health Status					
Plan Name	Excellent	Very Good	Good	Fair	Poor
MDHHS Medicaid Program	38.6%	37.5%	18.9%	4.6%	0.4%
Fee-for-Service	38.9%	35.0%	21.9%	3.9%	0.2%
MDHHS Medicaid Managed Care Program	38.6%	37.8%	18.6%	4.6%	0.4%
Aetna Better Health of Michigan	35.0%	30.6%	24.7%	9.4%	0.3%
Blue Cross Complete of Michigan	42.8%	39.6%	15.0%	2.3%	0.2%
HAP Midwest Health Plan	50.0%	34.6%	11.5%	3.8%	0.0%
Harbor Health Plan	40.4%	35.1%	19.9%	3.3%	1.3%
McLaren Health Plan	39.6%	39.3%	17.6%	3.4%	0.2%
Meridian Health Plan of Michigan	36.3%	39.7%	17.1%	5.8%	1.0%
Molina Healthcare of Michigan	39.4%	30.5%	23.2%	6.4%	0.5%
Priority Health Choice, Inc.	37.3%	38.6%	18.0%	5.8%	0.2%
Total Health Care, Inc.	34.6%	38.2%	22.4%	3.9%	0.9%
UnitedHealthcare Community Plan	38.8%	39.0%	17.4%	4.7%	0.2%
Upper Peninsula Health Plan	40.7%	41.9%	15.1%	2.1%	0.2%

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

National Comparisons

In order to assess the overall performance of the MDHHS Medicaid Program, HSAG scored each CAHPS measure on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the plans' and programs' three-point mean scores to NCQA HEDIS Benchmarks and Thresholds for Accreditation.³⁻¹

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

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

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

³⁻¹ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

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

Table 3-7: National Comparisons—Global Ratings				
Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
MDHHS Medicaid Program	★★ 2.54	★★★ 2.55	★★★ 2.64	★★★ 2.59
Fee-for-Service	★ 2.36	★★★ 2.52	★★★★ 2.68	★★+ 2.57
MDHHS Medicaid Managed Care Program	★★ 2.56	★★★ 2.55	★★★ 2.64	★★★ 2.60
Aetna Better Health of Michigan	★ 2.37	★ 2.46	★★★ 2.62	★★★★+ 2.64
Blue Cross Complete of Michigan	★★★ 2.60	★★★ 2.54	★★★★ 2.67	★★+ 2.58
HAP Midwest Health Plan	★+ 2.32	★★+ 2.50	★★+ 2.58	★★★★★+ 2.71
Harbor Health Plan	★ 2.36	★★★ 2.52	★ 2.52	★+ 2.50
McLaren Health Plan	★★★ 2.58	★★★ 2.54	★★ 2.60	★ 2.51
Meridian Health Plan of Michigan	★★ 2.56	★★★ 2.53	★★★ 2.62	★★★★ 2.63
Molina Healthcare of Michigan	★★★ 2.60	★★★★★ 2.62	★★★★ 2.65	★★★★★+ 2.68
Priority Health Choice, Inc.	★★★★ 2.66	★★★★★ 2.60	★★★★ 2.65	★★+ 2.55
Total Health Care, Inc.	★ 2.50	★★★★ 2.57	★★★ 2.63	★★★★★+ 2.73
UnitedHealthcare Community Plan	★★★ 2.60	★★★ 2.54	★★ 2.61	★★★+ 2.59
Upper Peninsula Health Plan	★★★ 2.60	★★★ 2.53	★★★★★ 2.69	★+ 2.51

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

The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for three global ratings: Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. In addition, the MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 25th and 49th percentiles for the Rating of Health Plan global rating. The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program did not score at or below the 25th percentile for any of the global ratings.

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

Table 3-8: National Comparisons—Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
MDHHS Medicaid Program	★★ 2.44	★★★ 2.64	★★★★★ 2.73	★★★ 2.57
Fee-for-Service	★★ 2.45	★★★★★ 2.66	★★★★★ 2.80	★★★★+ 2.55
MDHHS Medicaid Managed Care Program	★★ 2.44	★★★ 2.64	★★★★★ 2.73	★★★ 2.57
Aetna Better Health of Michigan	★★★★★ 2.53	★★★ 2.61	★★★★★ 2.76	★★★ 2.56
Blue Cross Complete of Michigan	★★ 2.42	★★★ 2.64	★★★★★ 2.76	★★★★★ 2.59
HAP Midwest Health Plan	★+ 2.25	★★★★+ 2.66	★★★★★+ 2.76	★+ 2.25
Harbor Health Plan	★+ 2.19	★★★★★+ 2.73	★★+ 2.65	★+ 2.36
McLaren Health Plan	★★★ 2.50	★★★ 2.64	★★★★★ 2.72	★★ 2.52
Meridian Health Plan of Michigan	★★ 2.46	★★★ 2.65	★★★ 2.68	★★★★★ 2.68
Molina Healthcare of Michigan	★★ 2.45	★★ 2.57	★★★★★ 2.72	★ 2.48
Priority Health Choice, Inc.	★★ 2.41	★★★ 2.63	★★★★★ 2.75	★★★★+ 2.60
Total Health Care, Inc.	★★ 2.45	★★ 2.59	★★★★★ 2.76	★★★★★ 2.64
UnitedHealthcare Community Plan	★ 2.32	★★★★★ 2.66	★★ 2.67	★★ 2.52
Upper Peninsula Health Plan	★★★ 2.47	★★★★★ 2.67	★★★★★ 2.73	★★★★★+ 2.67

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

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 75th and 89th percentiles for one composite measure, How Well Doctors Communicate. The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for two composite measures: Getting Care Quickly and Customer Service. The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 25th and 49th percentiles for the Getting Needed Care composite measure. The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program did not score at or below the 25th percentile for any of the composite measures.

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

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure. A “top-box” response was defined as follows:

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

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 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 significantly different than the MDHHS Medicaid Managed Care Program results. The NCQA child Medicaid national averages also are presented for comparison.³⁻³ Colors in the figures note significant differences. Green indicates a top-box rate that was significantly higher than the MDHHS Medicaid Managed Care Program average. Conversely, red indicates a top-box rate that was significantly lower than the MDHHS Medicaid Managed Care Program average. Blue represents top-box rates that were not significantly different from the MDHHS Medicaid Managed Care Program average. Health plan/program rates with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

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

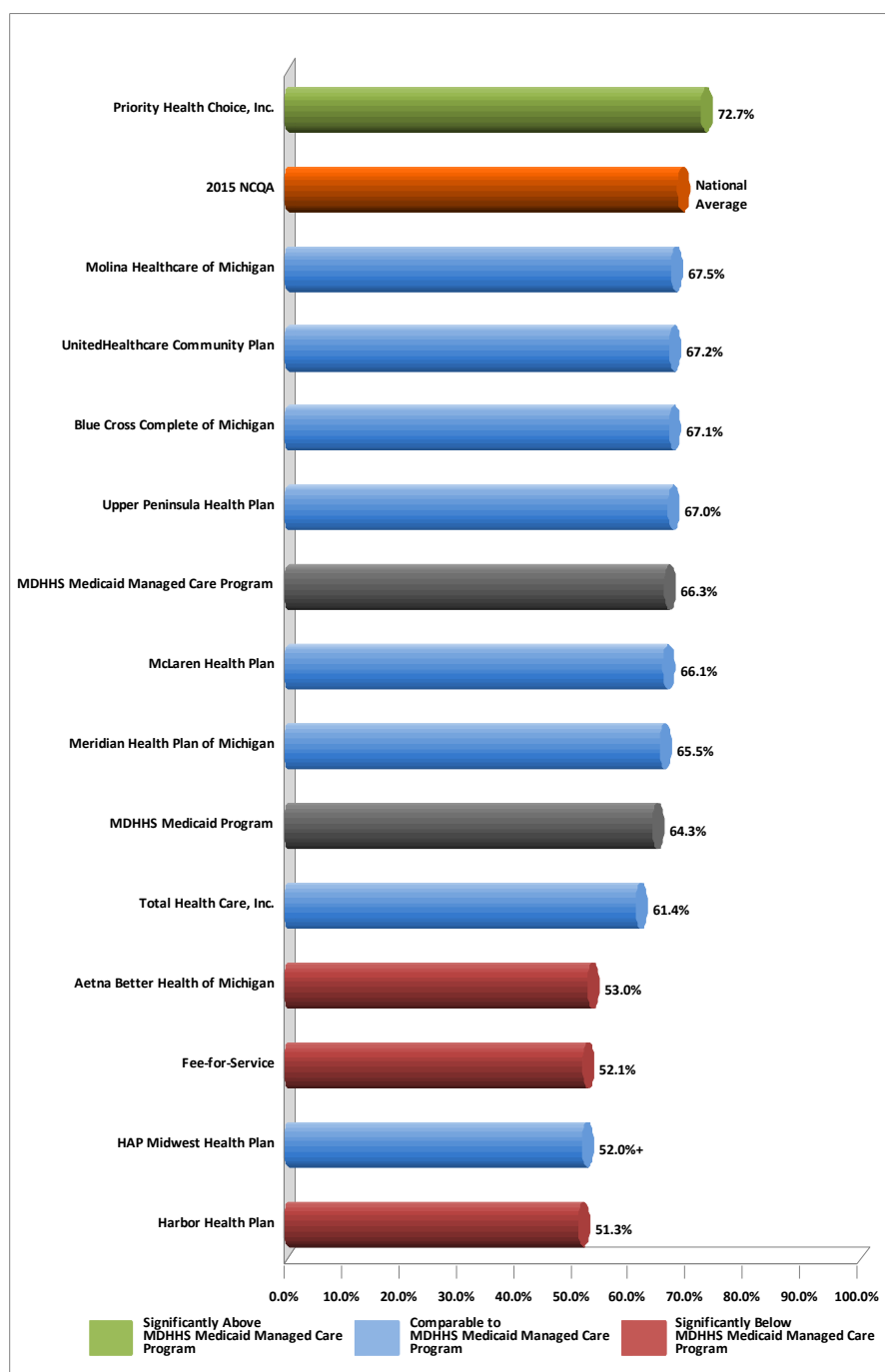
³⁻³ The source for the national data contained in this publication is Quality Compass[®] 2015 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2015 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these 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 rates.

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

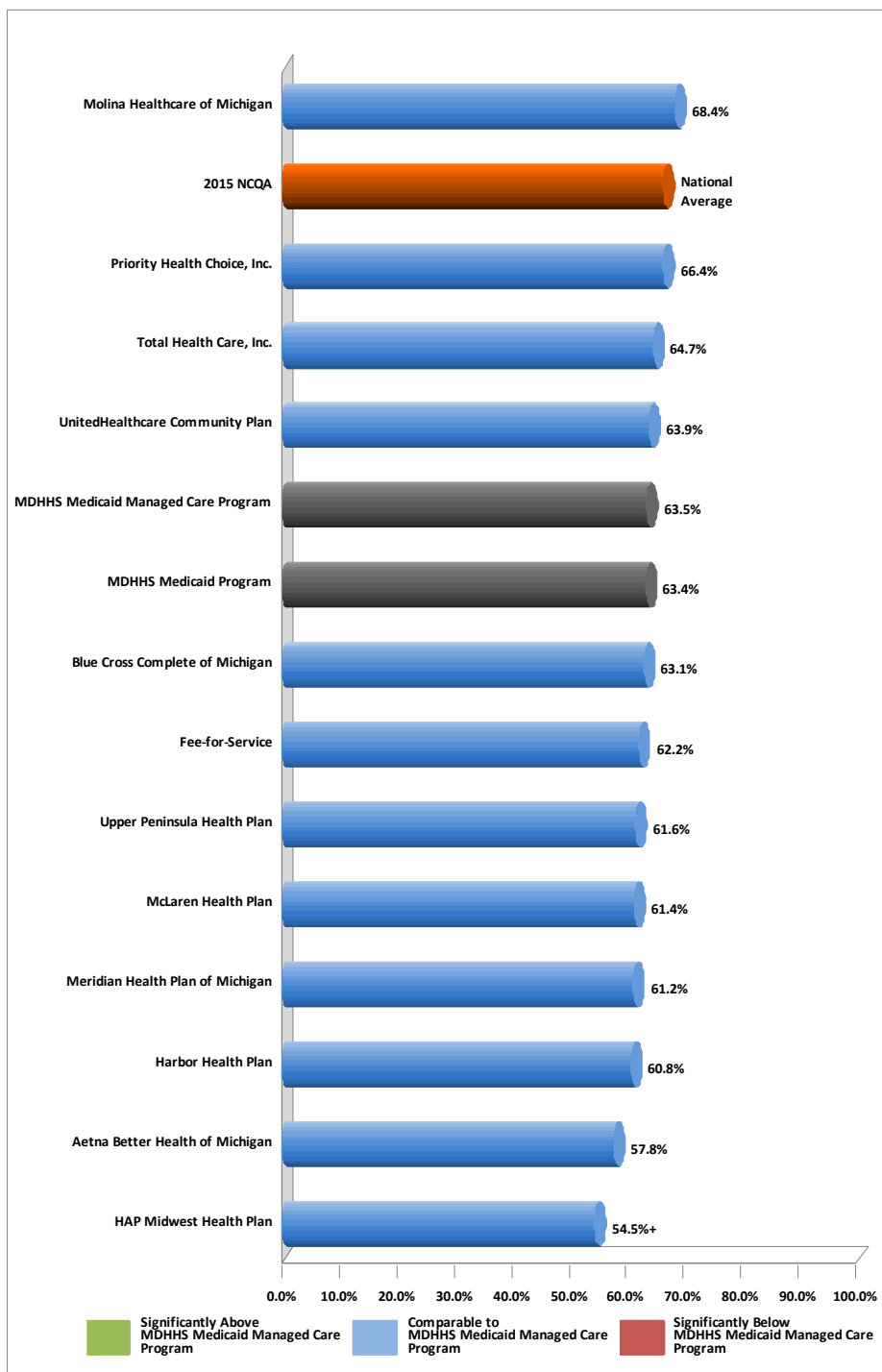


Note: + indicates fewer than 100 responses

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 rates.

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

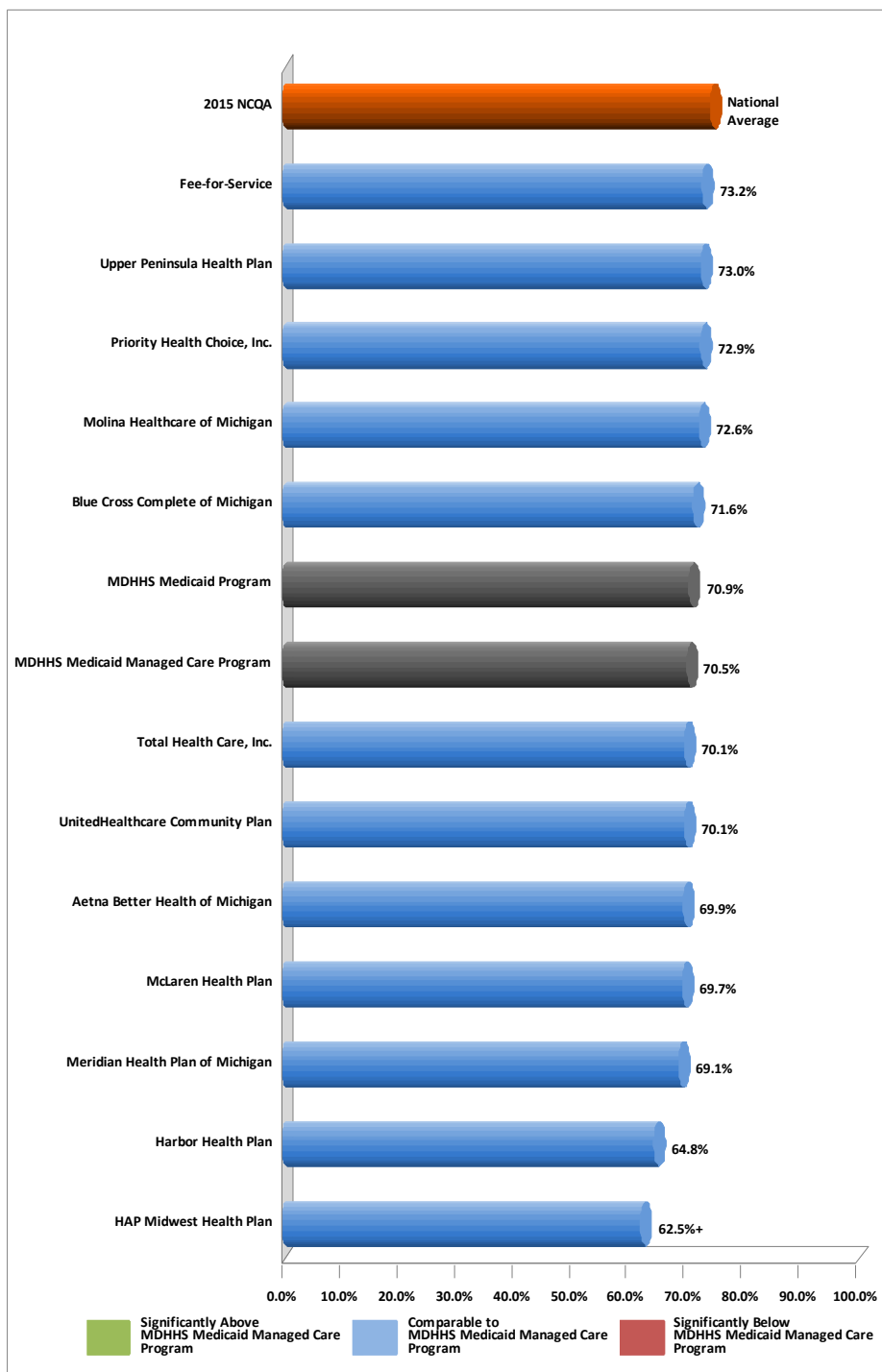


Note: + indicates fewer than 100 responses

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 rates.

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

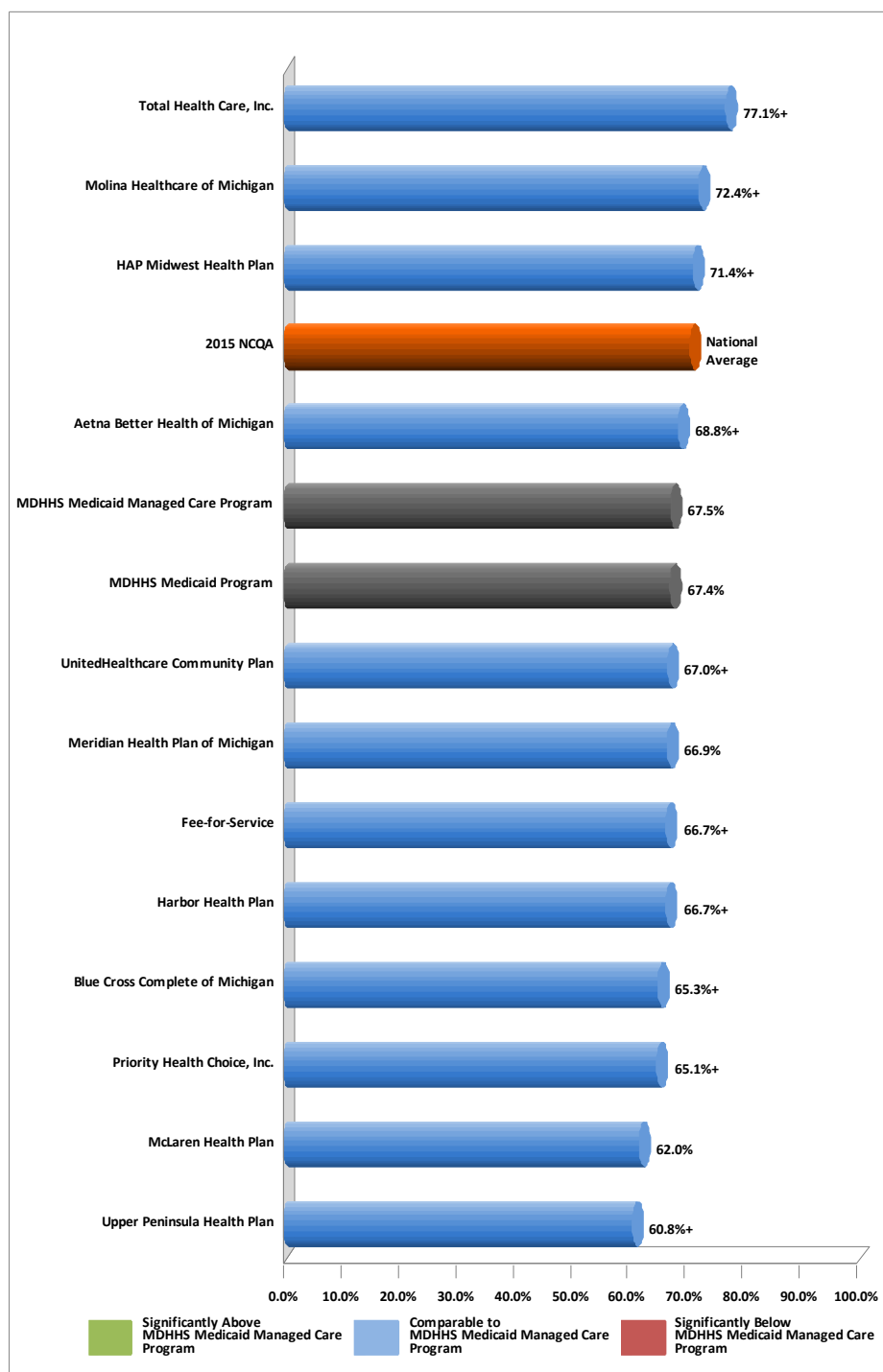


Note: + indicates fewer than 100 responses

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 rates.

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



Note: + indicates fewer than 100 responses

Composite Measures

Getting Needed Care

Two questions (Questions 14 and 28 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

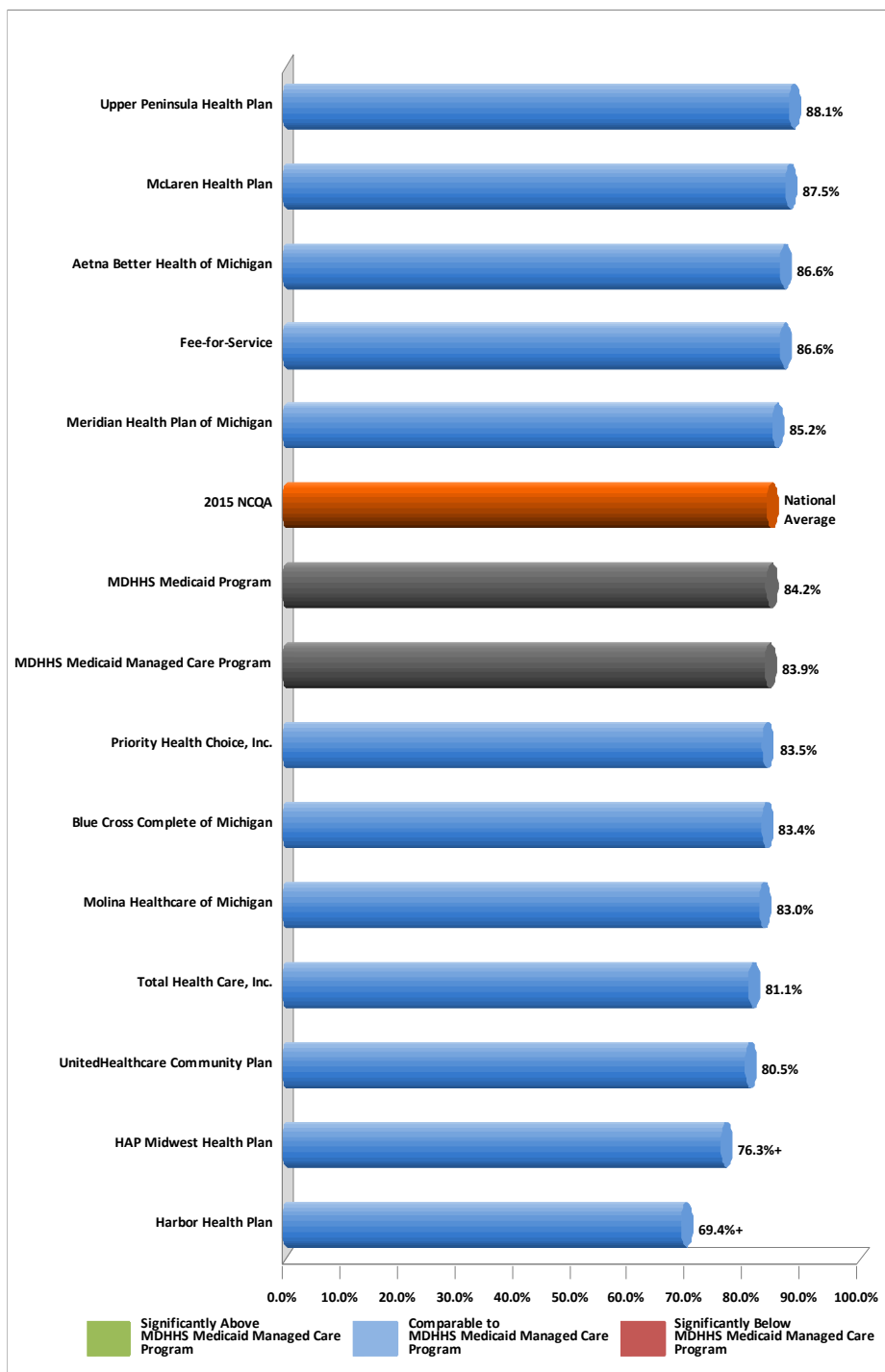
- ◆ **Question 14.** In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **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

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

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

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



Note: + indicates fewer than 100 responses

Getting Care Quickly

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

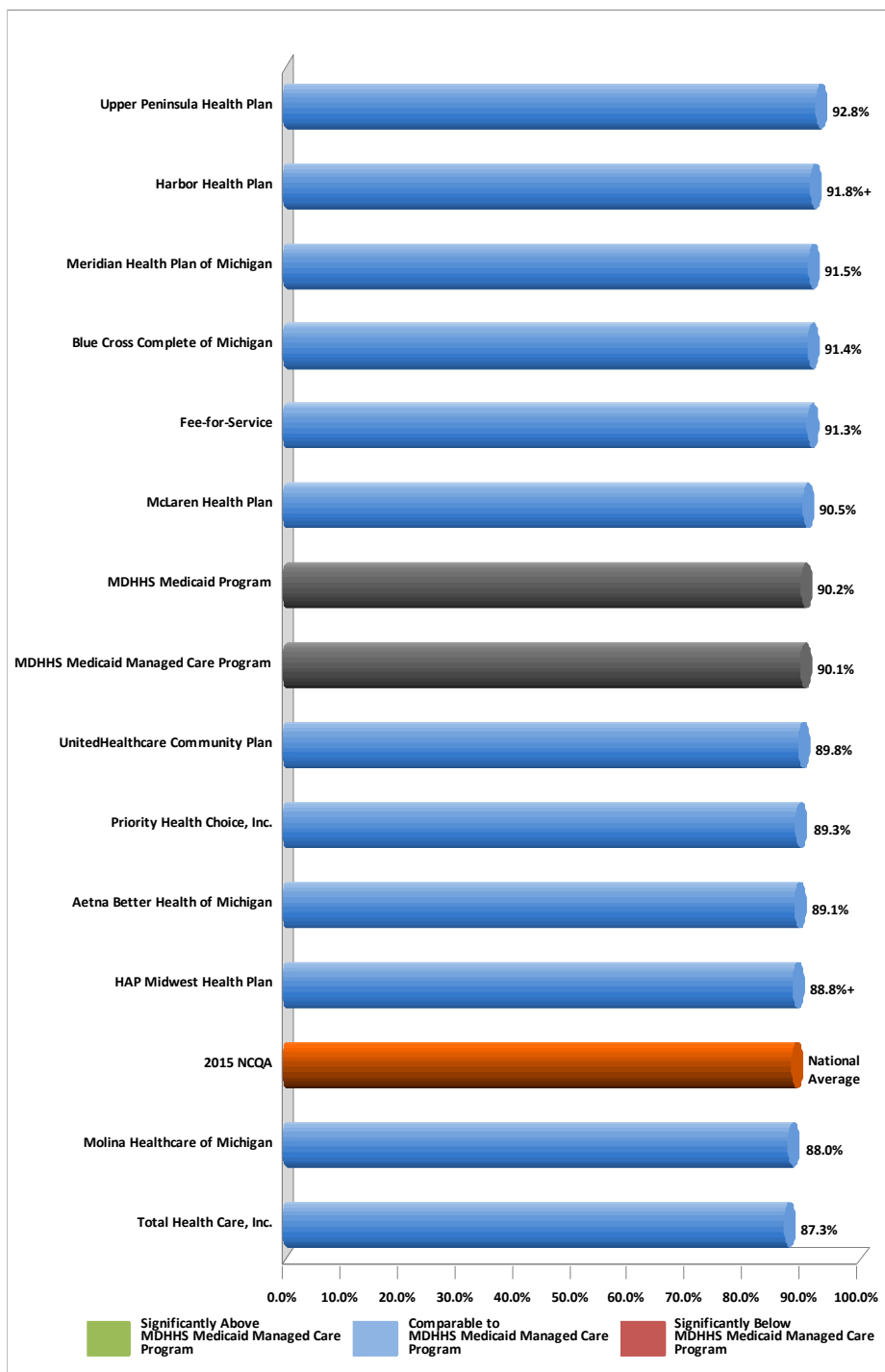
- ◆ **Question 4.** In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **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

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

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

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



Note: + indicates fewer than 100 responses

How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 22 in the CAHPS Child Medicaid Health Plan Survey) 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

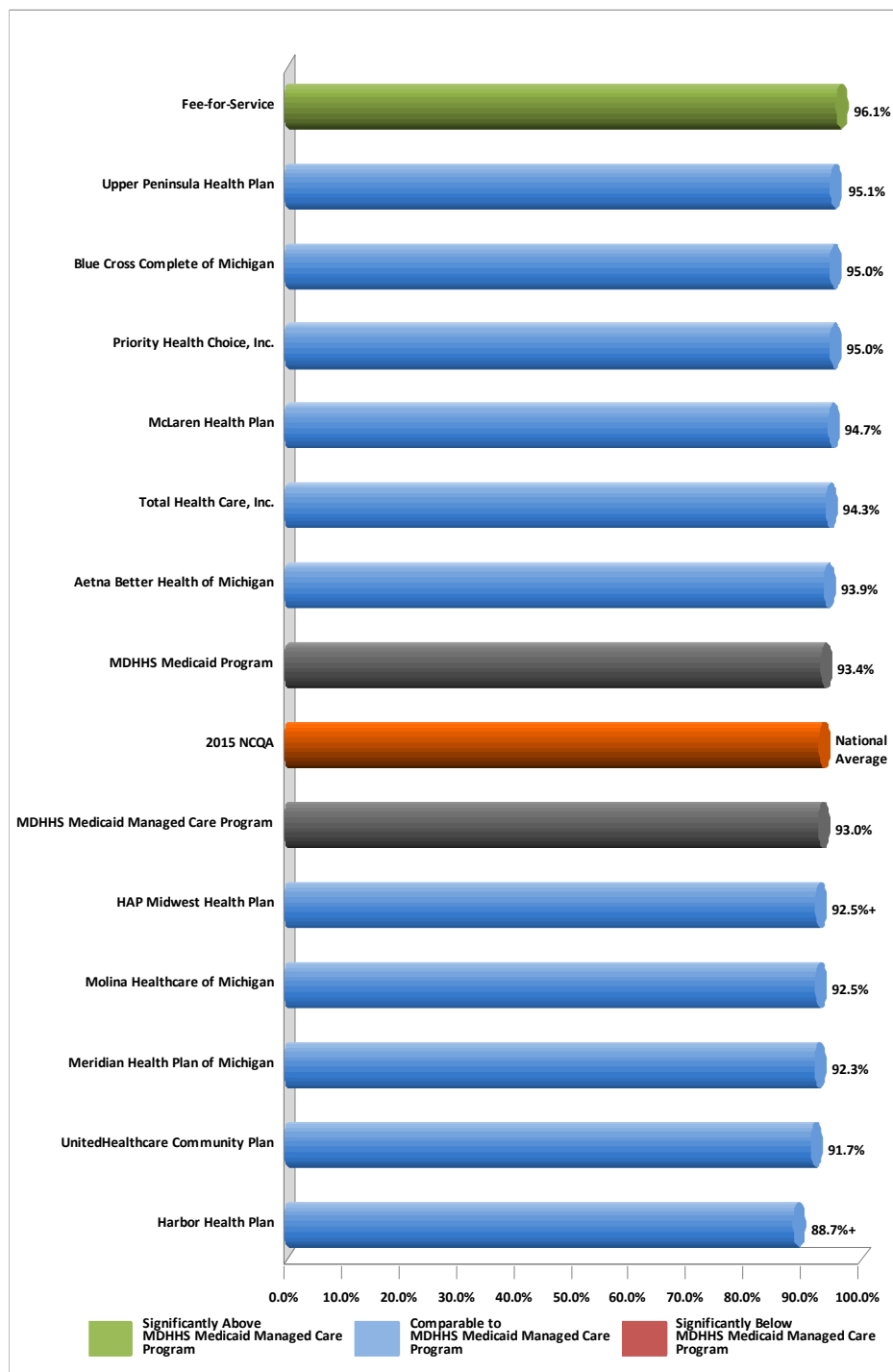
- ◆ **Question 19.** In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **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

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

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

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



Note: + indicates fewer than 100 responses

Customer Service

Two questions (Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often parents or caretakers were satisfied with customer service:

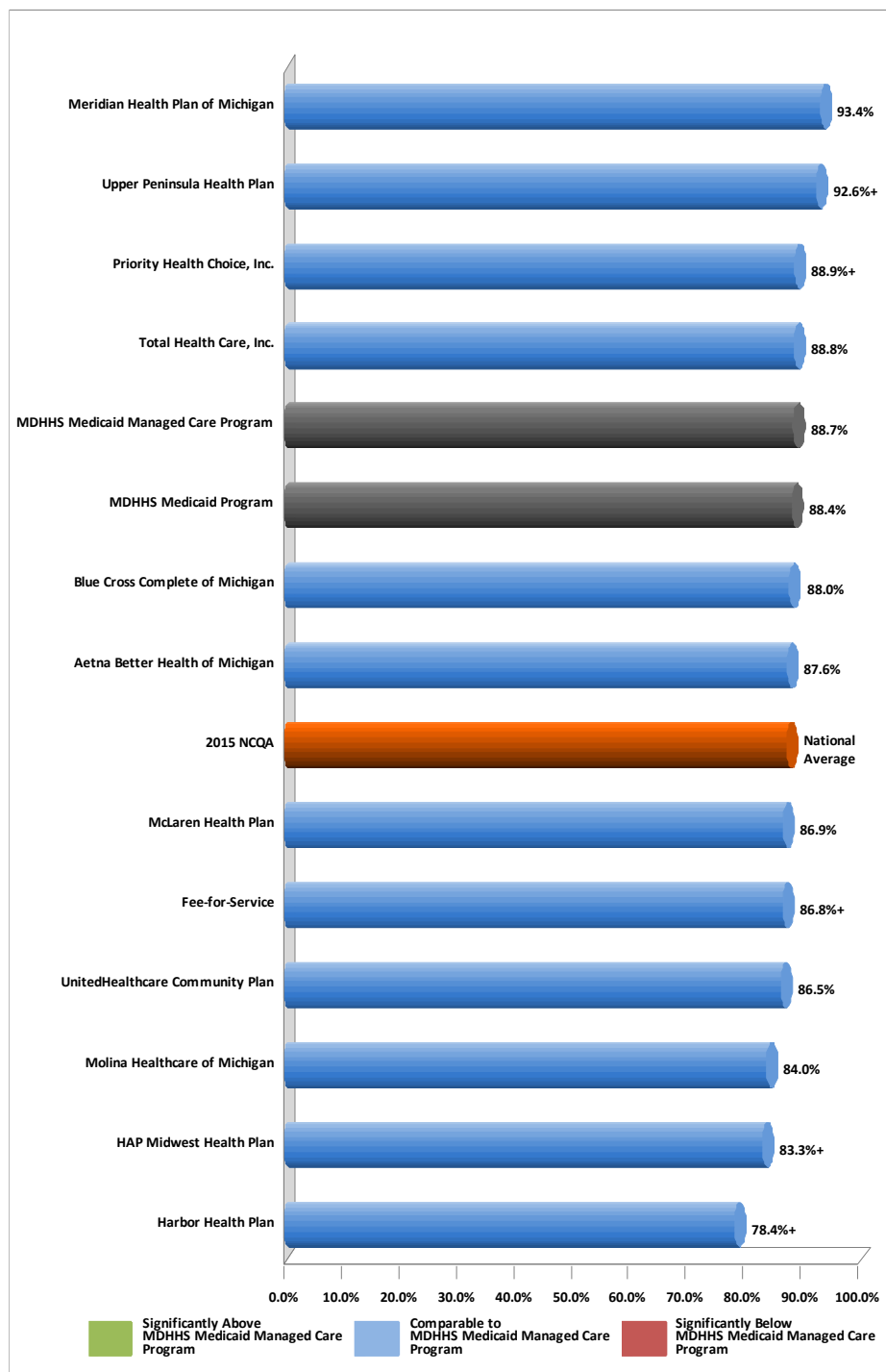
- ◆ **Question 32.** In the last 6 months, how often did customer service at your child’s health plan give you the information or help you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **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

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

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

Figure 3-8: Customer Service Top-Box Rates



Note: + indicates fewer than 100 responses

Shared Decision Making

Three questions (Questions 10, 11, and 12 in the CAHPS Child Medicaid Health Plan Survey) 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

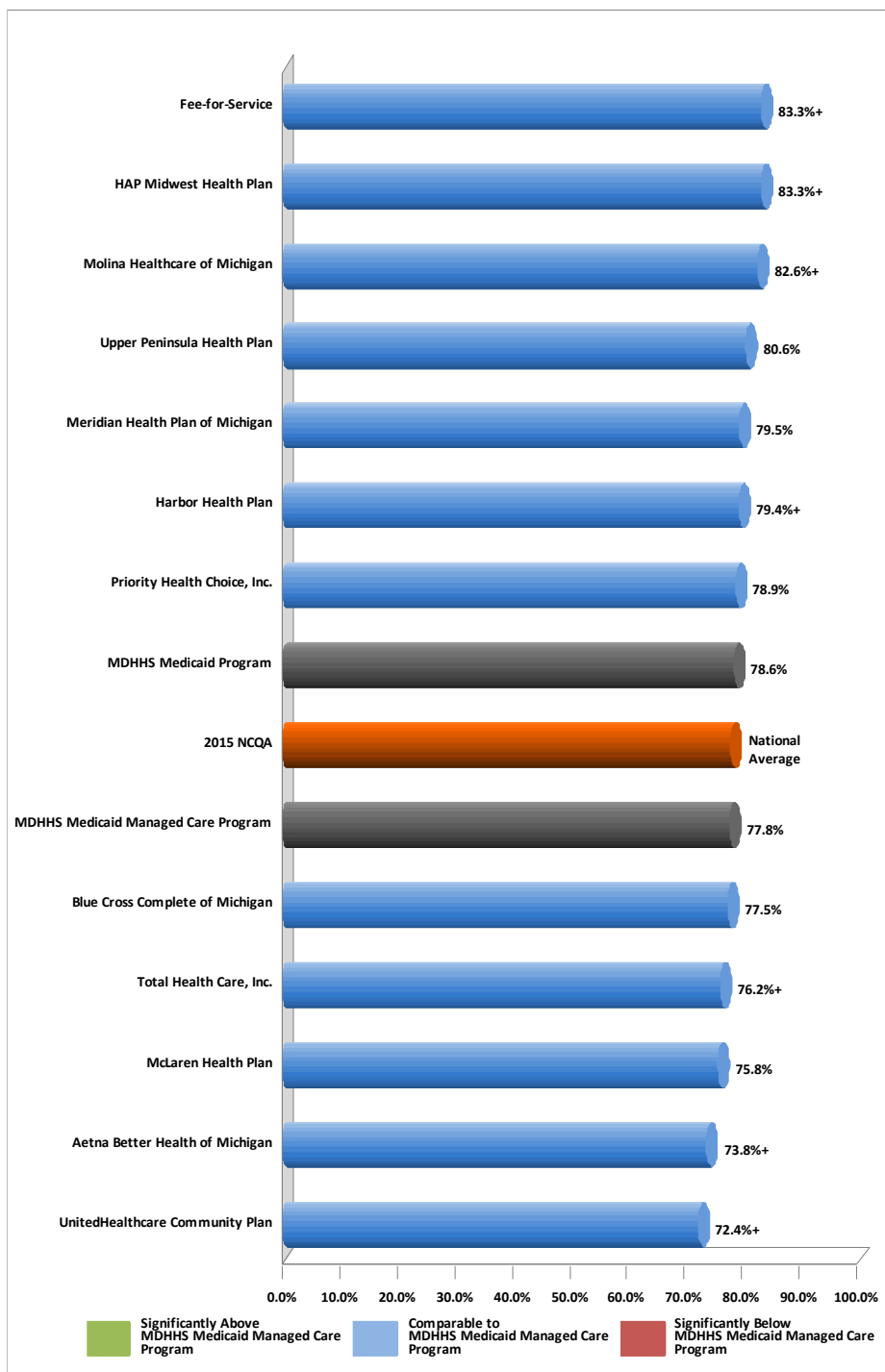
- ◆ **Question 11.** Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?
 - Yes
 - No

- ◆ **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

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

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

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



Note: + indicates fewer than 100 responses

Summary of Results

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

Table 3-9: Statewide Comparisons—Global Ratings				
Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Fee-for-Service	↓	—	—	— ⁺
Aetna Better Health of Michigan	↓	—	—	— ⁺
Blue Cross Complete of Michigan	—	—	—	— ⁺
HAP Midwest Health Plan	— ⁺	— ⁺	— ⁺	— ⁺
Harbor Health Plan	↓	—	—	— ⁺
McLaren Health Plan	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—
Molina Healthcare of Michigan	—	—	—	— ⁺
Priority Health Choice, Inc.	↑	—	—	— ⁺
Total Health Care, Inc.	—	—	—	— ⁺
UnitedHealthcare Community Plan	—	—	—	— ⁺
Upper Peninsula Health Plan	—	—	—	— ⁺
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average ↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average — indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average</p>				

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

Table 3-10: Statewide Comparisons—Composite Measures					
Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Fee-for-Service	—	—	↑	— ⁺	— ⁺
Aetna Better Health of Michigan	—	—	—	—	— ⁺
Blue Cross Complete of Michigan	—	—	—	—	—
HAP Midwest Health Plan	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺
Harbor Health Plan	— ⁺	— ⁺	— ⁺	— ⁺	— ⁺
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	— ⁺
Priority Health Choice, Inc.	—	—	—	— ⁺	—
Total Health Care, Inc.	—	—	—	—	— ⁺
UnitedHealthcare Community Plan	—	—	—	—	— ⁺
Upper Peninsula Health Plan	—	—	—	— ⁺	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average</p> <p>↓ indicates the plan's score is statistically significantly lower 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>					

Trend Analysis

The completed surveys from the 2016 and 2015 CAHPS results were used to perform the trend analysis presented in this section. The 2016 CAHPS scores were compared to the 2015 CAHPS scores to determine whether there were statistically significant differences. Statistically significant differences between 2016 scores and 2015 scores are noted with triangles. Scores that were statistically significantly higher in 2016 than in 2015 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2016 than in 2015 are noted with downward triangles (▼). Scores in 2016 that were not statistically significantly different from scores in 2015 are noted with a dash (—). Measures that did not meet the minimum number of 100 responses required by NCQA are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Global Ratings

Rating of Health Plan

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 2015 and 2016 top-box responses and the trend results for Rating of Health Plan.⁴⁻¹

Plan Name	2015	2016	Trend Results
MDHHS Medicaid Program	63.9%*	64.3%	—
Fee-for-Service	56.1%	52.1%	—
MDHHS Medicaid Managed Care Program	65.1%**	66.3%	—
Aetna Better Health of Michigan	61.6%	53.0%	▼
Blue Cross Complete of Michigan	69.8%	67.1%	—
HAP Midwest Health Plan	63.3%	52.0% ⁺	—
Harbor Health Plan	47.9%	51.3%	—
McLaren Health Plan	59.6%	66.1%	▲
Meridian Health Plan of Michigan	66.0%	65.5%	—
Molina Healthcare of Michigan	63.4%	67.5%	—
Priority Health Choice, Inc.	72.8%	72.7%	—
Total Health Care, Inc.	64.4%	61.4%	—
UnitedHealthcare Community Plan	64.4%	67.2%	—
Upper Peninsula Health Plan	69.6%	67.0%	—

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2016 than in 2015.
 ▼ statistically significantly lower in 2016 than in 2015.
 — not statistically significantly different in 2016 than in 2015.
 *The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 63.6%.
 ** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 64.9%.

There were two statistically significant differences between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *higher* in 2016 than in 2015:

- ◆ McLaren Health Plan

The following scored statistically significantly *lower* in 2016 than in 2015:

- ◆ Aetna Better Health of Michigan

⁴⁻¹ Due to the removal of two MHPs in 2016 (HealthPlus Partners and Sparrow PHP), the 2015 MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program top-box responses presented in the 2016 Child Medicaid Health Plan CAHPS Report will be different from the top-box responses presented in the 2015 Child Medicaid Health Plan CAHPS Report.

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 2015 and 2016 top-box responses and the trend results for Rating of All Health Care.

Table 4-2: Rating of All Health Care Trend Analysis			
Plan Name	2015	2016	Trend Results
MDHHS Medicaid Program	66.3%*	63.4%	▼
Fee-for-Service	72.6%	62.2%	▼
MDHHS Medicaid Managed Care Program	65.3%**	63.5%	—
Aetna Better Health of Michigan	62.5%	57.8%	—
Blue Cross Complete of Michigan	67.6%	63.1%	—
HAP Midwest Health Plan	60.7%	54.5% ⁺	—
Harbor Health Plan	46.2% ⁺	60.8%	▲
McLaren Health Plan	64.0%	61.4%	—
Meridian Health Plan of Michigan	68.0%	61.2%	—
Molina Healthcare of Michigan	63.9%	68.4%	—
Priority Health Choice, Inc.	71.9%	66.4%	—
Total Health Care, Inc.	65.1%	64.7%	—
UnitedHealthcare Community Plan	63.9%	63.9%	—
Upper Peninsula Health Plan	61.3%	61.6%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>▲ statistically significantly higher in 2016 than in 2015.</p> <p>▼ statistically significantly lower in 2016 than in 2015.</p> <p>— not statistically significantly different in 2016 than in 2015.</p> <p>*The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 66.5%.</p> <p>** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 65.4%.</p>			

There were three statistically significant differences between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *higher* in 2016 than in 2015:

- ◆ Harbor Health Plan

The following scored statistically significantly *lower* in 2016 than in 2015:

- ◆ MDHHS Medicaid Program
- ◆ FFS

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 2015 and 2016 top-box responses and the trend results for Rating of Personal Doctor.

Table 4-3: Rating of Personal Doctor Trend Analysis			
Plan Name	2015	2016	Trend Results
MDHHS Medicaid Program	72.6%*	70.9%	—
Fee-for-Service	74.3%	73.2%	—
MDHHS Medicaid Managed Care Program	72.3%**	70.5%	—
Aetna Better Health of Michigan	70.1%	69.9%	—
Blue Cross Complete of Michigan	72.6%	71.6%	—
HAP Midwest Health Plan	72.1%	62.5% ⁺	—
Harbor Health Plan	64.1%	64.8%	—
McLaren Health Plan	70.9%	69.7%	—
Meridian Health Plan of Michigan	74.4%	69.1%	—
Molina Healthcare of Michigan	71.4%	72.6%	—
Priority Health Choice, Inc.	79.4%	72.9%	▼
Total Health Care, Inc.	69.8%	70.1%	—
UnitedHealthcare Community Plan	70.3%	70.1%	—
Upper Peninsula Health Plan	73.1%	73.0%	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ statistically significantly higher in 2016 than in 2015.
▼ statistically significantly lower in 2016 than in 2015.
— not statistically significantly different in 2016 than in 2015.
*The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 72.8%.
** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 72.5%.

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- ◆ Priority Health Choice, Inc.

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 2015 and 2016 top-box responses and the trend results for Rating of Specialist Seen Most Often.

Table 4-4: Rating of Specialist Seen Most Often Trend Analysis			
Plan Name	2015	2016	Trend Results
MDHHS Medicaid Program	68.3%*	67.4%	—
Fee-for-Service	66.7% ⁺	66.7% ⁺	—
MDHHS Medicaid Managed Care Program	68.6%**	67.5%	—
Aetna Better Health of Michigan	60.5% ⁺	68.8% ⁺	—
Blue Cross Complete of Michigan	63.7%	65.3% ⁺	—
HAP Midwest Health Plan	70.3% ⁺	71.4% ⁺	—
Harbor Health Plan	68.8% ⁺	66.7% ⁺	—
McLaren Health Plan	61.4%	62.0%	—
Meridian Health Plan of Michigan	74.0%	66.9%	—
Molina Healthcare of Michigan	71.0%	72.4% ⁺	—
Priority Health Choice, Inc.	74.4% ⁺	65.1% ⁺	—
Total Health Care, Inc.	68.3% ⁺	77.1% ⁺	—
UnitedHealthcare Community Plan	65.3% ⁺	67.0% ⁺	—
Upper Peninsula Health Plan	63.2% ⁺	60.8% ⁺	—

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

▲ statistically significantly higher in 2016 than in 2015.

▼ statistically significantly lower in 2016 than in 2015.

— not statistically significantly different in 2016 than in 2015.

*The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 68.6%.

** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 68.9%.

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

Composite Measures

Getting Needed Care

Two questions (Questions 14 and 28 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care. Table 4-5 shows the 2015 and 2016 top-box responses and trend results for the Getting Needed Care composite measure.

Plan Name	2015	2016	Trend Results
MDHHS Medicaid Program	86.7%*	84.2%	▼
Fee-for-Service	93.6%	86.6%	▼
MDHHS Medicaid Managed Care Program	85.6%**	83.9%	—
Aetna Better Health of Michigan	84.8%	86.6%	—
Blue Cross Complete of Michigan	85.5%	83.4%	—
HAP Midwest Health Plan	81.4%	76.3% ⁺	—
Harbor Health Plan	74.0% ⁺	69.4% ⁺	—
McLaren Health Plan	85.1%	87.5%	—
Meridian Health Plan of Michigan	87.9%	85.2%	—
Molina Healthcare of Michigan	83.7%	83.0%	—
Priority Health Choice, Inc.	88.1%	83.5%	—
Total Health Care, Inc.	83.5%	81.1%	—
UnitedHealthcare Community Plan	85.0%	80.5%	—
Upper Peninsula Health Plan	86.1%	88.1%	—

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

▲ statistically significantly higher in 2016 than in 2015.

▼ statistically significantly lower in 2016 than in 2015.

— not statistically significantly different in 2016 than in 2015.

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 86.7%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 85.5%.*

There were two statistically significant differences between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- ◆ MDHHS Medicaid Program
- ◆ FFS

Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often child members received care quickly. Table 4-6 shows the 2015 and 2016 top-box responses and trend results for the Getting Care Quickly composite measure.

Plan Name	2015	2016	Trend Results
MDHHS Medicaid Program	90.8%*	90.2%	—
Fee-for-Service	95.7%	91.3%	▼
MDHHS Medicaid Managed Care Program	89.9%**	90.1%	—
Aetna Better Health of Michigan	85.2%	89.1%	—
Blue Cross Complete of Michigan	89.4%	91.4%	—
HAP Midwest Health Plan	88.5%	88.8% ⁺	—
Harbor Health Plan	84.9% ⁺	91.8% ⁺	—
McLaren Health Plan	90.3%	90.5%	—
Meridian Health Plan of Michigan	93.5%	91.5%	—
Molina Healthcare of Michigan	87.1%	88.0%	—
Priority Health Choice, Inc.	90.3%	89.3%	—
Total Health Care, Inc.	91.5%	87.3%	—
UnitedHealthcare Community Plan	87.0%	89.8%	—
Upper Peninsula Health Plan	93.6%	92.8%	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ statistically significantly higher in 2016 than in 2015.
▼ statistically significantly lower in 2016 than in 2015.
— not statistically significantly different in 2016 than in 2015.
*The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 90.6%.
** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 89.7%.

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- ◆ FFS

How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 22 in the CAHPS Child Medicaid Health Plan Survey) was asked to assess how often doctors communicated well. Table 4-7 shows the 2015 and 2016 top-box responses and trend results for the How Well Doctors Communicate composite measure.

Table 4-7: How Well Doctors Communicate Composite Trend Analysis			
Plan Name	2015	2016	Trend Results
MDHHS Medicaid Program	94.0%*	93.4%	—
Fee-for-Service	97.1%	96.1%	—
MDHHS Medicaid Managed Care Program	93.5%**	93.0%	—
Aetna Better Health of Michigan	91.0%	93.9%	—
Blue Cross Complete of Michigan	93.4%	95.0%	—
HAP Midwest Health Plan	94.6%	92.5% ⁺	—
Harbor Health Plan	90.2% ⁺	88.7% ⁺	—
McLaren Health Plan	92.3%	94.7%	—
Meridian Health Plan of Michigan	95.1%	92.3%	▼
Molina Healthcare of Michigan	92.8%	92.5%	—
Priority Health Choice, Inc.	95.8%	95.0%	—
Total Health Care, Inc.	92.6%	94.3%	—
UnitedHealthcare Community Plan	92.1%	91.7%	—
Upper Peninsula Health Plan	95.1%	95.1%	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ statistically significantly higher in 2016 than in 2015.
▼ statistically significantly lower in 2016 than in 2015.
— not statistically significantly different in 2016 than in 2015.
*The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 94.1%.
** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 93.5%.

There was one statistically significant difference between scores in 2016 and scores in 2015 for this measure.

The following scored statistically significantly *lower* in 2016 than in 2015:

- ◆ Meridian Health Plan of Michigan

Customer Service

Two questions (Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often parents and caretakers were satisfied with customer service. Table 4-8 shows the 2015 and 2016 top-box responses and trend results for the Customer Service composite measure.

Table 4-8: Customer Service Composite Trend Analysis			
Plan Name	2015	2016	Trend Results
MDHHS Medicaid Program	88.0%*	88.4%	—
Fee-for-Service	85.8% ⁺	86.8% ⁺	—
MDHHS Medicaid Managed Care Program	88.4%**	88.7%	—
Aetna Better Health of Michigan	84.4%	87.6%	—
Blue Cross Complete of Michigan	91.5%	88.0%	—
HAP Midwest Health Plan	86.8%	83.3% ⁺	—
Harbor Health Plan	74.1% ⁺	78.4% ⁺	—
McLaren Health Plan	88.3% ⁺	86.9%	—
Meridian Health Plan of Michigan	89.6%	93.4%	—
Molina Healthcare of Michigan	89.0%	84.0%	—
Priority Health Choice, Inc.	88.3% ⁺	88.9% ⁺	—
Total Health Care, Inc.	83.5% ⁺	88.8%	—
UnitedHealthcare Community Plan	87.6%	86.5%	—
Upper Peninsula Health Plan	89.9% ⁺	92.6% ⁺	—

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

▲ statistically significantly higher in 2016 than in 2015.

▼ statistically significantly lower in 2016 than in 2015.

— not statistically significantly different in 2016 than in 2015.

*The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 87.9%.

** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 88.3%.

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

Shared Decision Making

Three questions (Questions 10, 11, and 12 in the CAHPS Child Medicaid Health Plan Survey) 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 2015 and 2016 top-box responses and trend results for the Shared Decision Making composite measure.

Plan Name	2015	2016	Trend Results
MDHHS Medicaid Program	78.5%*	78.6%	—
Fee-for-Service	84.2% ⁺	83.3% ⁺	—
MDHHS Medicaid Managed Care Program	77.6%**	77.8%	—
Aetna Better Health of Michigan	79.0% ⁺	73.8% ⁺	—
Blue Cross Complete of Michigan	78.8%	77.5%	—
HAP Midwest Health Plan	79.0% ⁺	83.3% ⁺	—
Harbor Health Plan	76.4% ⁺	79.4% ⁺	—
McLaren Health Plan	77.2%	75.8%	—
Meridian Health Plan of Michigan	75.8%	79.5%	—
Molina Healthcare of Michigan	79.3%	82.6% ⁺	—
Priority Health Choice, Inc.	81.1%	78.9%	—
Total Health Care, Inc.	76.5% ⁺	76.2% ⁺	—
UnitedHealthcare Community Plan	77.2%	72.4% ⁺	—
Upper Peninsula Health Plan	79.0%	80.6%	—

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

▲ statistically significantly higher in 2016 than in 2015.

▼ statistically significantly lower in 2016 than in 2015.

— not statistically significantly different in 2016 than in 2015.

**The MDHHS Medicaid Program 2015 average includes two MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 78.7%.*

*** The MDHHS Medicaid Managed Care Program 2015 average includes 2 MHPs that were not active in 2016. There is no plan specific trend analysis for these two MHPs. An adjusted 2015 rate, which excludes these plans, would be 77.8%.*

There were no statistically significant differences between scores in 2016 and scores in 2015 for this measure.

Key Drivers of Satisfaction

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

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader’s Guide section. Table 5-1 lists those items identified for each of the three measures as being key drivers of satisfaction for the MDHHS Medicaid Program.

Table 5-1: MDHHS Medicaid Program Key Drivers of Satisfaction
Rating of Health Plan
Respondents reported that 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 not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan.
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 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.
Rating of All Health Care
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 not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan.
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 it was often not easy for their child to obtain appointments with specialists.
Rating of Personal Doctor
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.

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?

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

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

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 | | | | | | | | | | Best |
| Specialist | | | | | | | | | | Specialist |
| Possible | | | | | | | | | | 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 | | | | | | | | | | Best |
| Health Plan | | | | | | | | | | Health Plan |
| Possible | | | | | | | | | | 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 → **Go to Question 48**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

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

◆ ◆
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

CD Contents

The accompanying CD includes all of the information from the Executive Summary, Reader's Guide, Results, Trend Analysis, Key Drivers of Satisfaction, and Survey Instrument sections of this report. The CD also contains electronic copies of comprehensive crosstabulations that show responses to each survey question stratified by select categories. The following content is included in the CD:

- ◆ 2016 Michigan Child Medicaid CAHPS Report
- ◆ MDHHS Child Medicaid Program Crosstabulations
- ◆ MDHHS Child Medicaid Plan-level Crosstabulations