

# 2017 Michigan Department of Health and Human Services

*Child Medicaid Health Plan CAHPS® Report*

*September 2017*



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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) population as part of its process for evaluating the quality of health care services provided to child members in the MDHHS Medicaid Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for the MDHHS Medicaid Program.<sup>1-1,1-2</sup> The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

This report presents the 2017 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. The surveys were completed from February to May 2017. The standardized survey instrument selected was the CAHPS 5.0H Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.<sup>1-3,1-4</sup>

### Report Overview

A sample of at least 1,650 child members was selected from the FFS population and each MHP, with one exception. HAP Midwest Health Plan did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample size for HAP Midwest Health Plan was 421 child members.

Results presented in this report include four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. Additionally, five composite measures are reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

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<sup>1-1</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>1-2</sup> HSAG surveyed the FFS Medicaid population. The 11 MHPs contracted with various survey vendors to administer the CAHPS survey.

<sup>1-3</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>1-4</sup> The 2017 CAHPS results were reported to NCQA for the 11 MHPs. The 2017 CAHPS survey results for the FFS population were not reported to NCQA.

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

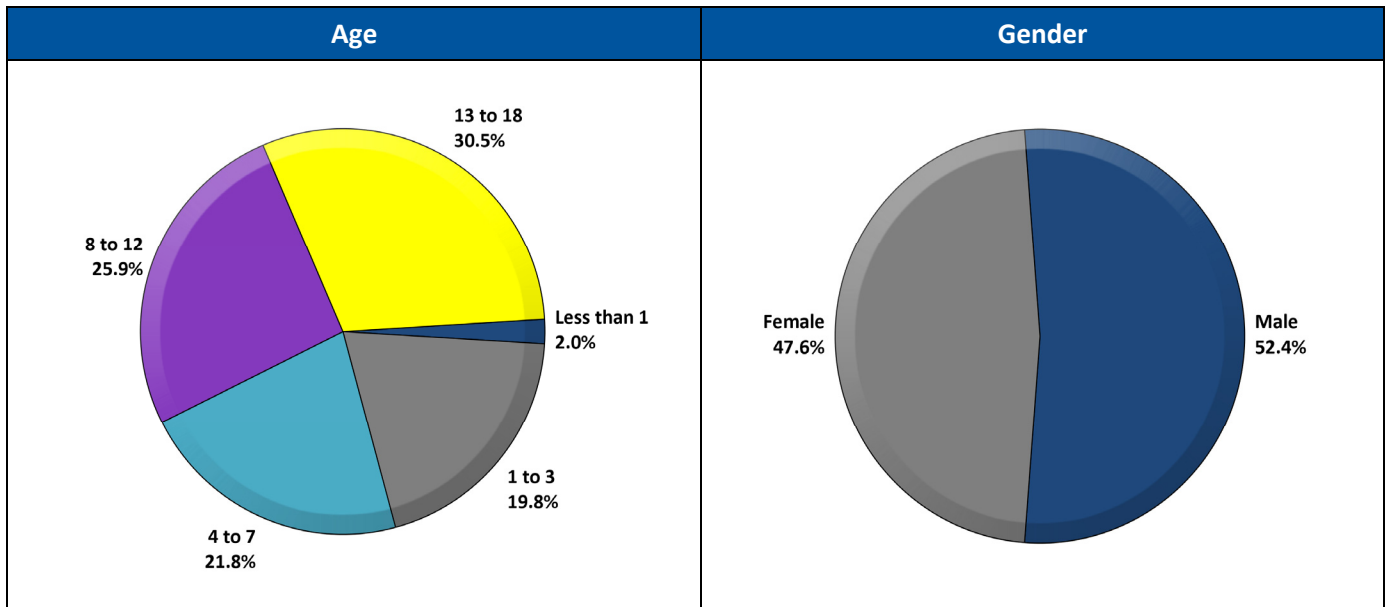
- MDHHS Medicaid Program – Combined results for FFS and the MHPs.
- MDHHS Medicaid Managed Care Program – Combined results for the MHPs.

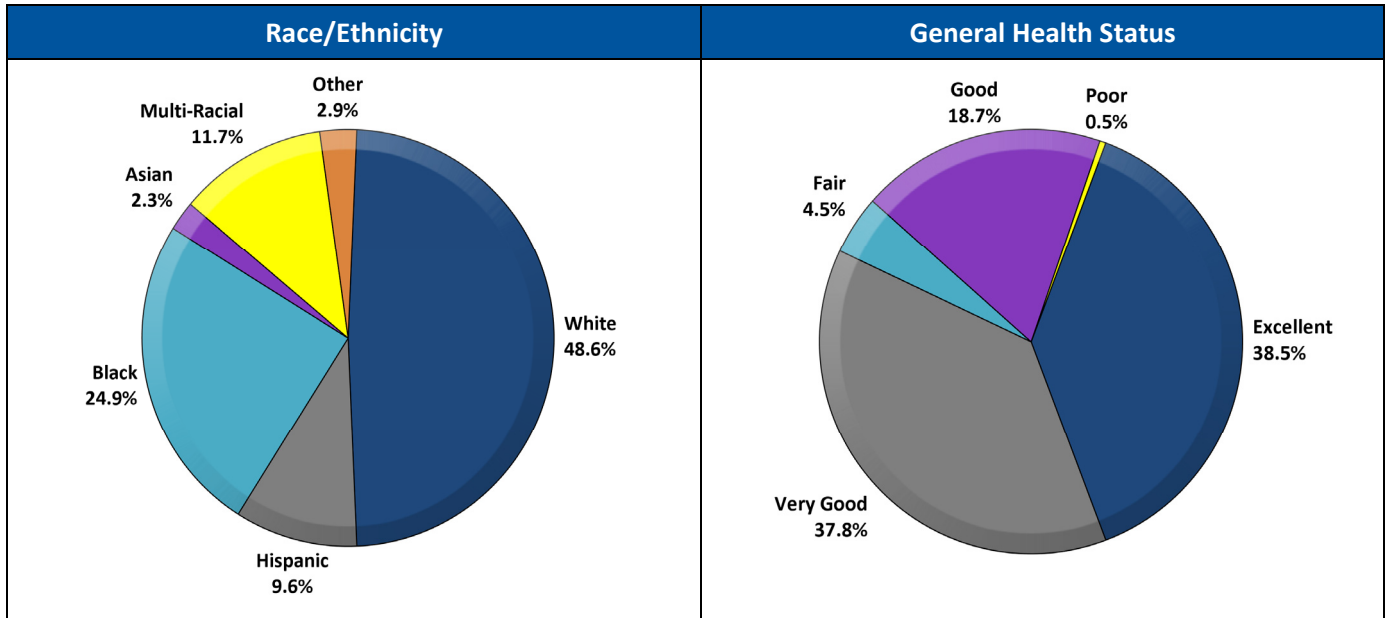
## Key Findings

### Survey Dispositions and Demographics

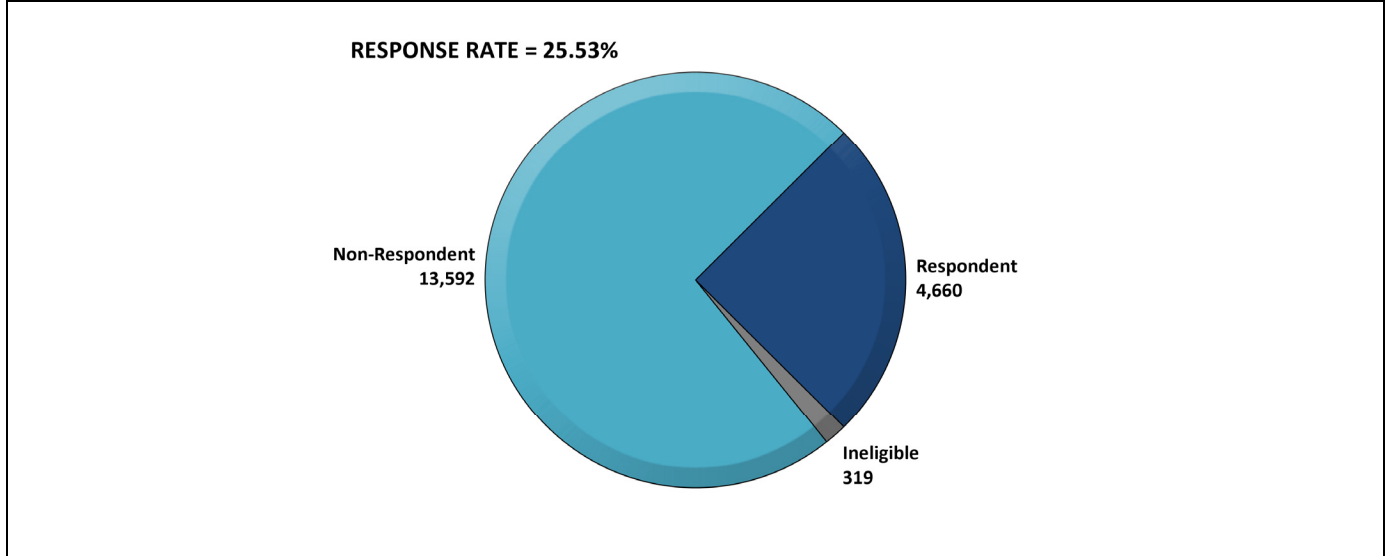
Table 1-1 provides an overview of the MDHHS Medicaid Program child member demographics and survey dispositions. Please note, some percentages displayed in the table below may not total 100.0% due to rounding.

**Table 1-1— Member Demographics and Survey Dispositions**





**Survey Dispositions**



### National Comparisons and Trend Analysis

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point mean scores were compared to the National Committee for Quality Assurance’s (NCQA’s) 2017 HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.<sup>1-5,1-6</sup> In addition, a trend analysis was performed that compared the 2017 CAHPS results to their corresponding 2016 CAHPS results. Table 1-2 provides highlights of the National Comparisons and Trend Analysis findings for the MDHHS Medicaid Program. The numbers presented below the stars represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

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

Measure	National Comparisons	Trend Analysis
<b>Global Rating</b>		
Rating of Health Plan	★★★ 2.58	▲
Rating of All Health Care	★★★★★ 2.58	▲
Rating of Personal Doctor	★★★ 2.64	—
Rating of Specialist Seen Most Often	★★★★★ 2.62	—
<b>Composite Measure</b>		
Getting Needed Care	★★★ 2.47	—
Getting Care Quickly	★★★ 2.65	—
How Well Doctors Communicate	★★★★★ 2.74	—
Customer Service	★★★ 2.57	—
Star Assignments Based on Percentiles ★★★★★ 90th or Above   ★★★★★ 75th-89th   ★★★ 50th-74th   ★★ 25th-49th   ★ Below 25th		
▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — indicates the 2017 score is not statistically significantly different than the 2016 score.		

<sup>1-5</sup> National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

<sup>1-6</sup> NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

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

Results from the trend analysis showed that the MDHHS Medicaid Program scored statistically significantly *higher* in 2017 than in 2016 on two measures: Rating of Health Plan and Rating of All Health Care.



### 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 1-3 and Table 1-4 show the results of this analysis for the global ratings and composite measures, respectively.

**Table 1-3—Statewide Comparisons: Global Ratings**

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

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

**Table 1-4—Statewide Comparisons: Composite Measures**

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

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

The results from the Statewide Comparisons presented in Table 1-3 and Table 1-4 revealed that the following plan had five measures that were statistically significantly *higher* than the MDHHS Medicaid Managed Care Program average:

- Priority Health Choice, Inc.

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

- Molina Healthcare of Michigan
- Upper Peninsula Health Plan

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

- Fee-for-Service

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

- Meridian Health Plan of Michigan
- McLaren Health Plan
- Total Health Care, Inc.
- UnitedHealthcare Community Plan

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

- Harbor Health Plan

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

- Fee-for-Service
- Aetna Better Health of Michigan

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

- HAP Midwest Health Plan

## Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated these global ratings to determine if particular CAHPS items (i.e., questions) are strongly correlated with one or more of these measures. These individual CAHPS items, which HSAG refers to as “key drivers” are driving levels of satisfaction with each of the three measures. Table 1-5 provides a summary of the key drivers identified for the MDHHS Medicaid Program.

**Table 1-5—MDHHS Medicaid Program Key Drivers of Satisfaction**

<b>Rating of Health Plan</b>
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 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.
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.
<b>Rating of All Health Care</b>
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 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.
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.
<b>Rating of Personal Doctor</b>
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 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.

## 2017 CAHPS Performance Measures

The CAHPS 5.0H 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 5.0H Child Medicaid Health Plan Survey with the HEDIS supplemental item set.

**Table 2-1—CAHPS Measures**

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

Next, a systematic sample of members was selected for inclusion in the survey. For each MHP, no more than one member per household was selected as part of the survey samples. A sample of at least 1,650 child members was selected from the FFS population and each MHP, with one exception. HAP Midwest Health Plan did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample size for HAP Midwest Health Plan was 421 child members. Table 3-1 in the Results section provides an overview of the sample sizes for each plan and program.

### *Survey Protocol*

The CAHPS 5.0H 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.<sup>2-1</sup> 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.<sup>2-2</sup>

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

**Table 2-2—CAHPS 5.0H Mixed-Mode Methodology Survey Timeline**

Task	Timeline
Send first questionnaire with cover letter to the 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

<sup>2-1</sup> National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2017 Survey Measures*. Washington, DC: NCQA; 2016.

<sup>2-2</sup> 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.

## 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.<sup>2-3</sup> HSAG considered a survey completed if members answered at least three of the following five questions: questions 3, 15, 27, 31, and 36. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier.

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

### Demographics of Child Members

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 at least 100 responses on each item in order to obtain a reportable CAHPS Survey result, HSAG presented results with less than 100 responses.

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<sup>2-3</sup> National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2016.



Therefore, caution should be exercised when evaluating measures' results with less than 100 responses, which are denoted with a cross (+).

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

**Table 2-3—Star Ratings**

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

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

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

<sup>2-4</sup> For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2017, Volume 3: Specifications for Survey Measures*.

<sup>2-5</sup> National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

**Table 2-4—Overall Child Medicaid Member Satisfaction Ratings Crosswalk**

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	2.56	2.51	2.46	2.37
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

## 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.<sup>2-6</sup> 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  $\leq 0.05$ ), then a *t* test was performed for each MHP. The *t* test determined whether each MHP’s mean was statistically significantly different from the MDHHS Medicaid Managed Care Program average. This analytic approach follows the Agency for Healthcare Research and Quality’s (AHRQ’s) recommended methodology for identifying significant plan-level performance differences.

## Fee-for-Service Comparisons

The results of the FFS population were compared to the MDHHS Medicaid Managed Care Program average. One type of hypothesis test was applied to these results. A *t* test was performed to determine

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<sup>2-6</sup> National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2016.

whether the results of the FFS population were statistically significantly different (i.e.,  $p$  value  $\leq 0.05$ ) from the MDHHS Medicaid Managed Care Program average results.

### ***Trend Analysis***

A trend analysis was performed that compared the 2017 CAHPS scores to the corresponding 2016 CAHPS scores to determine whether there were statistically significant differences. A  $t$  test was performed to determine whether results in 2016 were statistically significantly different from results in 2017. A difference was considered statistically significant if the two-sided  $p$  value of the  $t$  test was less than 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 Medicaid CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these CAHPS results.<sup>2-7</sup>

### *Non-Response Bias*

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

### *Causal Inferences*

Although this report examines whether respondents report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to an MHP or the FFS population. These analyses identify whether respondents give different ratings of satisfaction with their child's MHP or the FFS population. The survey by itself does not necessarily reveal the exact cause of these differences.

### *Missing Phone Numbers*

The volume of missing telephone numbers may impact the response rates and the validity of the survey results. For instance, a certain segment of the population may be more likely to have missing phone information than other segments.

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

## Who Responded to the Survey

A total of 18,571 child surveys were distributed to parents or caretakers of child members. A total of 4,660 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), 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
<b>MDHHS Medicaid Program</b>	<b>18,571</b>	<b>4,660</b>	<b>319</b>	<b>25.53%</b>
Fee-for-Service	1,650	321	40	19.94%
<b>MDHHS Medicaid Managed Care Program</b>	<b>16,921</b>	<b>4,339</b>	<b>279</b>	<b>26.07%</b>
Aetna Better Health of Michigan	1,650	360	26	22.17%
Blue Cross Complete of Michigan	1,650	459	20	28.16%
HAP Midwest Health Plan	421	64	9	15.53%
Harbor Health Plan	1,650	257	65	16.21%
McLaren Health Plan	1,650	441	20	27.06%
Meridian Health Plan of Michigan	1,650	494	22	30.34%
Molina Healthcare of Michigan	1,650	434	29	26.77%
Priority Health Choice, Inc.	1,650	429	14	26.22%
Total Health Care, Inc.	1,650	420	31	25.94%
UnitedHealthcare Community Plan	1,650	476	37	29.51%
Upper Peninsula Health Plan	1,650	505	6	30.72%

## 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*
<b>MDHHS Medicaid Program</b>	<b>2.0%</b>	<b>19.8%</b>	<b>21.8%</b>	<b>25.9%</b>	<b>30.5%</b>
Fee-for-Service	1.9%	12.7%	21.5%	32.0%	32.0%
<b>MDHHS Medicaid Managed Care Program</b>	<b>2.0%</b>	<b>20.4%</b>	<b>21.8%</b>	<b>25.5%</b>	<b>30.4%</b>
Aetna Better Health of Michigan	2.3%	17.5%	22.3%	23.7%	34.4%
Blue Cross Complete of Michigan	3.8%	23.4%	17.7%	22.7%	32.5%
HAP Midwest Health Plan	1.6%	23.4%	18.8%	23.4%	32.8%
Harbor Health Plan	1.2%	35.9%	26.3%	18.3%	18.3%
McLaren Health Plan	1.8%	19.9%	20.4%	28.8%	29.1%
Meridian Health Plan of Michigan	2.7%	24.7%	22.9%	22.1%	27.6%
Molina Healthcare of Michigan	2.3%	14.8%	25.6%	27.0%	30.3%
Priority Health Choice, Inc.	2.6%	20.0%	22.1%	26.6%	28.7%
Total Health Care, Inc.	0.2%	15.7%	21.3%	25.1%	37.7%
UnitedHealthcare Community Plan	0.6%	17.5%	22.2%	29.5%	30.1%
Upper Peninsula Health Plan	1.8%	19.2%	20.4%	27.9%	30.7%

*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, 2016. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2017, 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
<b>MDHHS Medicaid Program</b>	<b>52.4%</b>	<b>47.6%</b>
Fee-for-Service	56.5%	43.5%
<b>MDHHS Medicaid Managed Care Program</b>	<b>52.1%</b>	<b>47.9%</b>
Aetna Better Health of Michigan	51.8%	48.2%
Blue Cross Complete of Michigan	50.1%	49.9%
HAP Midwest Health Plan	54.7%	45.3%
Harbor Health Plan	53.4%	46.6%
McLaren Health Plan	54.6%	45.4%
Meridian Health Plan of Michigan	48.1%	51.9%
Molina Healthcare of Michigan	47.1%	52.9%
Priority Health Choice, Inc.	53.3%	46.7%
Total Health Care, Inc.	49.8%	50.2%
UnitedHealthcare Community Plan	54.8%	45.2%
Upper Peninsula Health Plan	57.5%	42.5%
<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
<b>MDHHS Medicaid Program</b>	<b>48.6%</b>	<b>9.6%</b>	<b>24.9%</b>	<b>2.3%</b>	<b>2.9%</b>	<b>11.7%</b>
Fee-for-Service	58.5%	8.5%	15.2%	0.3%	5.4%	12.0%
<b>MDHHS Medicaid Managed Care Program</b>	<b>47.9%</b>	<b>9.7%</b>	<b>25.6%</b>	<b>2.4%</b>	<b>2.7%</b>	<b>11.6%</b>
Aetna Better Health of Michigan	15.8%	8.0%	66.8%	1.7%	1.1%	6.6%
Blue Cross Complete of Michigan	43.5%	8.0%	27.1%	3.0%	4.3%	14.1%
HAP Midwest Health Plan	58.7%	3.2%	22.2%	0.0%	1.6%	14.3%
Harbor Health Plan	17.8%	11.2%	48.3%	3.7%	3.7%	15.3%
McLaren Health Plan	64.1%	9.4%	14.3%	2.5%	0.5%	9.2%
Meridian Health Plan of Michigan	58.8%	10.2%	12.0%	1.4%	2.4%	15.1%
Molina Healthcare of Michigan	44.1%	12.0%	28.2%	1.6%	2.6%	11.5%
Priority Health Choice, Inc.	52.9%	21.7%	10.7%	2.1%	1.4%	11.2%
Total Health Care, Inc.	23.8%	5.3%	52.9%	3.4%	1.9%	12.6%
UnitedHealthcare Community Plan	45.1%	11.4%	21.0%	5.0%	5.2%	12.3%
Upper Peninsula Health Plan	84.0%	2.4%	0.4%	0.8%	3.8%	8.6%

*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
<b>MDHHS Medicaid Program</b>	<b>38.5%</b>	<b>37.8%</b>	<b>18.7%</b>	<b>4.5%</b>	<b>0.5%</b>
Fee-for-Service	33.9%	40.8%	19.3%	5.4%	0.6%
<b>MDHHS Medicaid Managed Care Program</b>	<b>38.8%</b>	<b>37.6%</b>	<b>18.7%</b>	<b>4.4%</b>	<b>0.5%</b>
Aetna Better Health of Michigan	34.7%	30.7%	24.1%	10.2%	0.3%
Blue Cross Complete of Michigan	44.3%	35.2%	17.2%	2.6%	0.7%
HAP Midwest Health Plan	39.1%	37.5%	18.8%	4.7%	0.0%
Harbor Health Plan	40.0%	36.0%	18.8%	5.2%	0.0%
McLaren Health Plan	40.6%	40.8%	16.1%	2.1%	0.5%
Meridian Health Plan of Michigan	37.9%	37.3%	19.3%	4.7%	0.8%
Molina Healthcare of Michigan	37.9%	38.4%	18.2%	5.0%	0.5%
Priority Health Choice, Inc.	39.9%	41.6%	15.9%	2.4%	0.2%
Total Health Care, Inc.	35.2%	34.7%	21.4%	7.7%	1.0%
UnitedHealthcare Community Plan	35.0%	38.2%	22.2%	4.1%	0.4%
Upper Peninsula Health Plan	41.9%	40.5%	15.2%	2.2%	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.<sup>3-1</sup>

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

**Table 3-6—Star Ratings**

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

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

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

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

**Table 3-7—National Comparisons: Global Ratings**

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
<b>MDHHS Medicaid Program</b>	★★★ 2.58	★★★★★ 2.58	★★★ 2.64	★★★★★ 2.62
Fee-for-Service	★ 2.40	★★★ 2.56	★★★★★ 2.73	★+ 2.42
<b>MDHHS Medicaid Managed Care Program</b>	★★★ 2.59	★★★★★ 2.58	★★★ 2.63	★★★★★ 2.64
Aetna Better Health of Michigan	★ 2.43	★★ 2.51	★★★ 2.64	★★+ 2.55
Blue Cross Complete of Michigan	★★ 2.56	★★★★★ 2.61	★★★ 2.62	★★+ 2.56
HAP Midwest Health Plan	★+ 2.31	★+ 2.44	★+ 2.55	★★★★★+ 2.67
Harbor Health Plan	★ 2.35	★ 2.43	★ 2.53	★★★★+ 2.59
McLaren Health Plan	★★★ 2.58	★★★ 2.55	★★★★ 2.65	★★★★+ 2.60
Meridian Health Plan of Michigan	★★★ 2.61	★★★ 2.55	★★★ 2.64	★★★★ 2.64
Molina Healthcare of Michigan	★★★★★ 2.68	★★★★★ 2.69	★★★★ 2.66	★★★★★+ 2.67
Priority Health Choice, Inc.	★★★★★ 2.73	★★★★★ 2.69	★★★★★ 2.72	★★★★★+ 2.66
Total Health Care, Inc.	★★★ 2.61	★★★★★ 2.61	★★★★ 2.67	★★★★★+ 2.74
UnitedHealthcare Community Plan	★★★★ 2.63	★★★★ 2.58	★ 2.57	★★★★★+ 2.69
Upper Peninsula Health Plan	★★★★ 2.66	★★★ 2.54	★★ 2.59	★★★★★+ 2.69

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

Table 3-8 shows the overall satisfaction ratings on four of the composite measures.<sup>3-2</sup>

**Table 3-8—National Comparisons: Composite Measures**

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
<b>MDHHS Medicaid Program</b>	★★★ 2.47	★★★ 2.65	★★★★ 2.74	★★★ 2.57
Fee-for-Service	★★ 2.44	★★★★★ 2.69	★★★★★ 2.79	★★★★+ 2.55
<b>MDHHS Medicaid Managed Care Program</b>	★★★ 2.48	★★★ 2.65	★★★★ 2.73	★★★ 2.57
Aetna Better Health of Michigan	★★ 2.39	★★ 2.58	★★★★ 2.73	★★★★+ 2.56
Blue Cross Complete of Michigan	★★★ 2.48	★★★ 2.62	★★★★ 2.73	★★ 2.50
HAP Midwest Health Plan	★★★★+ 2.46	★★★★+ 2.67	★★★★+ 2.71	★+ 2.44
Harbor Health Plan	★ 2.33	★★ 2.54	★★ 2.66	★★★★+ 2.56
McLaren Health Plan	★★★★★ 2.56	★★★★★ 2.71	★★★★★ 2.75	★★★★+ 2.54
Meridian Health Plan of Michigan	★★★ 2.46	★★★ 2.65	★★★★ 2.73	★★★★★ 2.65
Molina Healthcare of Michigan	★★ 2.41	★★★★★ 2.70	★★★ 2.69	★ 2.48
Priority Health Choice, Inc.	★★★★★ 2.56	★★★ 2.64	★★★★★ 2.79	★★★★+ 2.59
Total Health Care, Inc.	★★★ 2.50	★★★★★ 2.69	★★★★★ 2.76	★★★★★+ 2.72
UnitedHealthcare Community Plan	★★ 2.43	★★★ 2.61	★★★ 2.71	★★★ 2.54
Upper Peninsula Health Plan	★★★★★ 2.58	★★★★ 2.68	★★★★ 2.74	★★★★★+ 2.65

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

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

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

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

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

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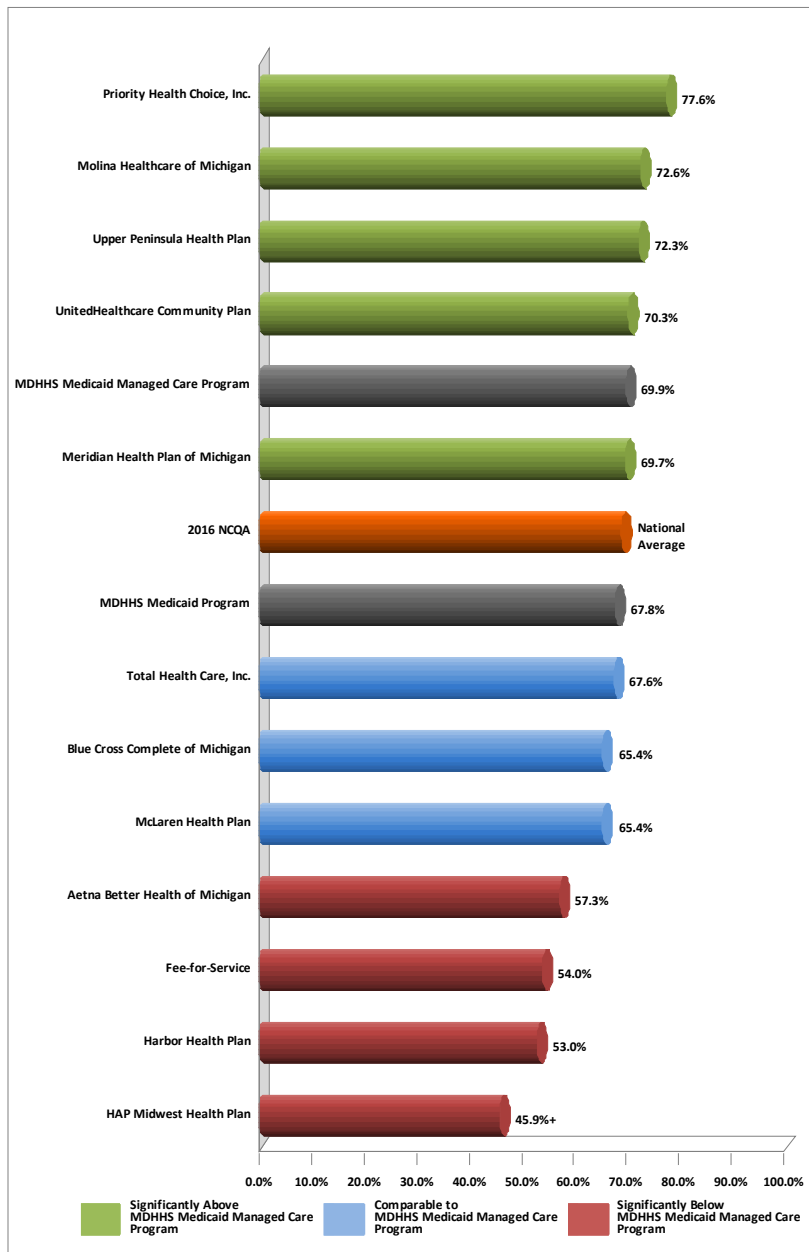
<sup>3-3</sup> The source for the national data contained in this publication is Quality Compass<sup>®</sup> 2016 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2016 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS<sup>®</sup> 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**



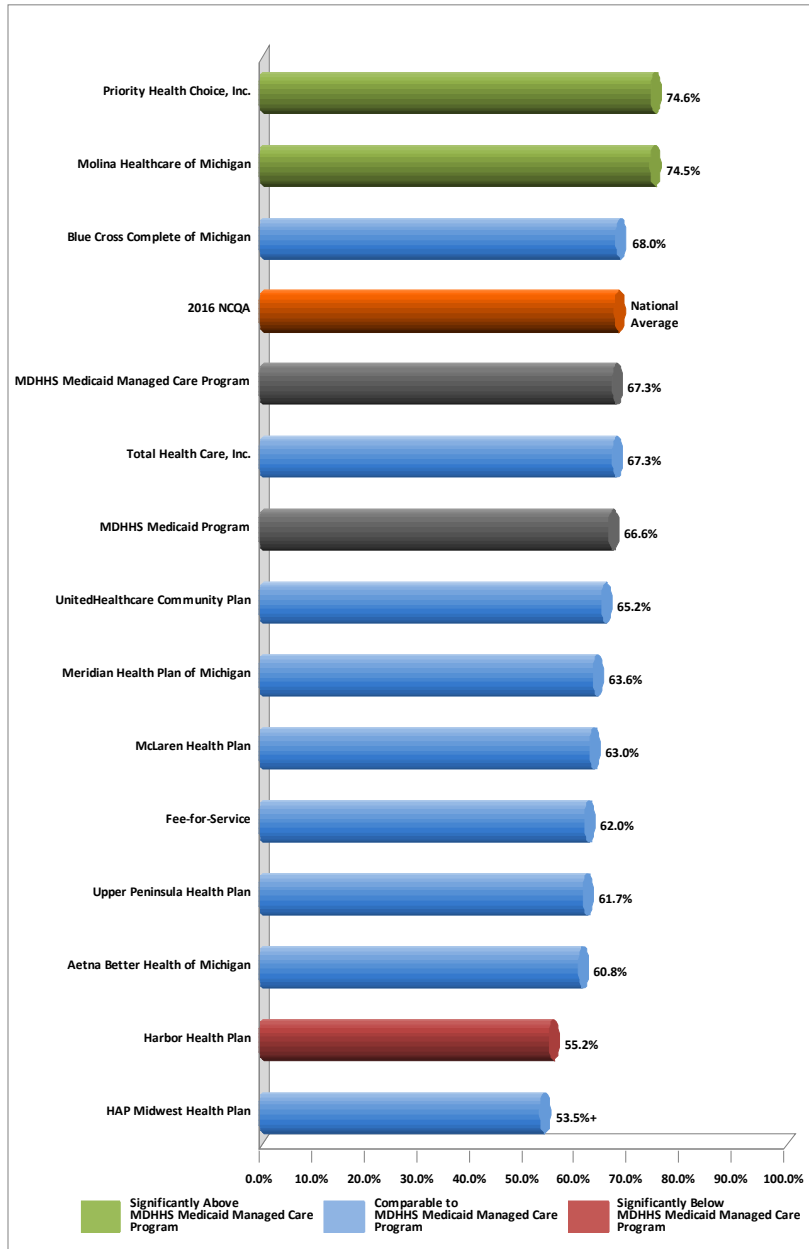
Note: + indicates fewer than 100 responses



### 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**

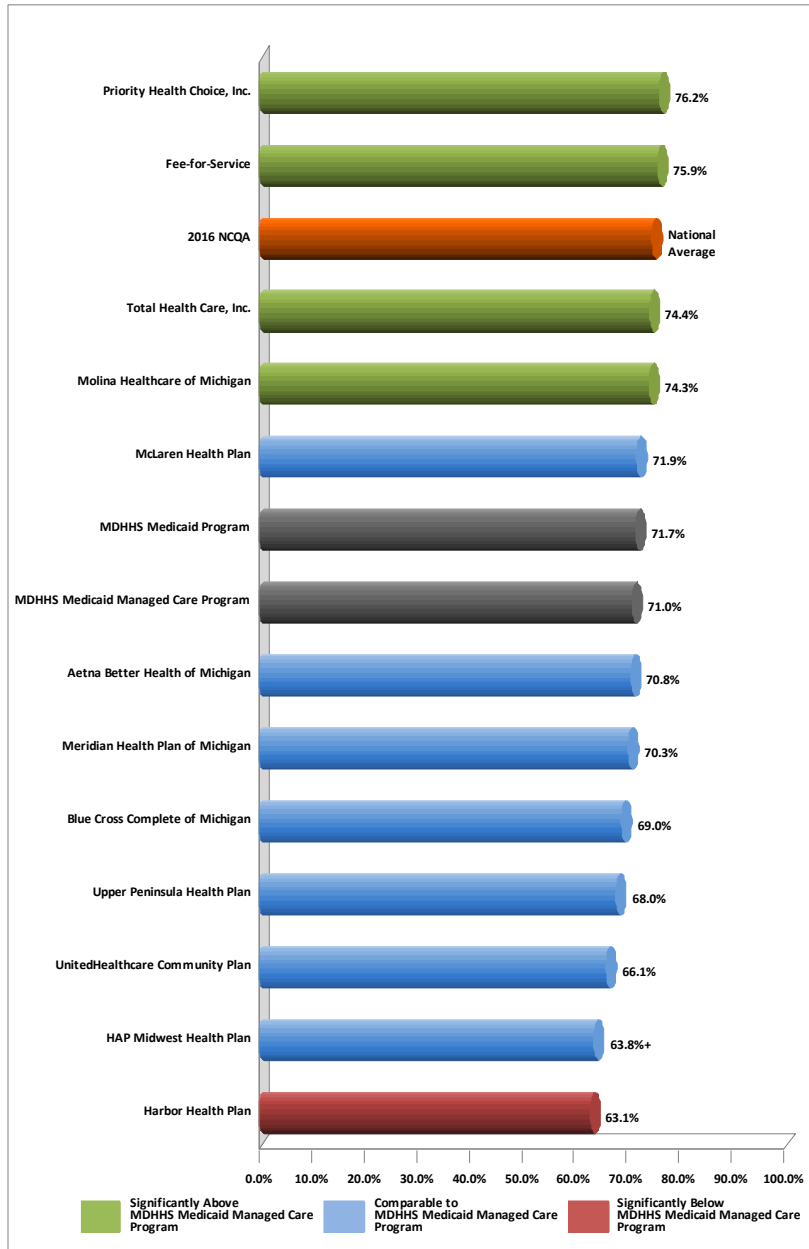


*Note: + indicates fewer than 100 responses*

### 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**

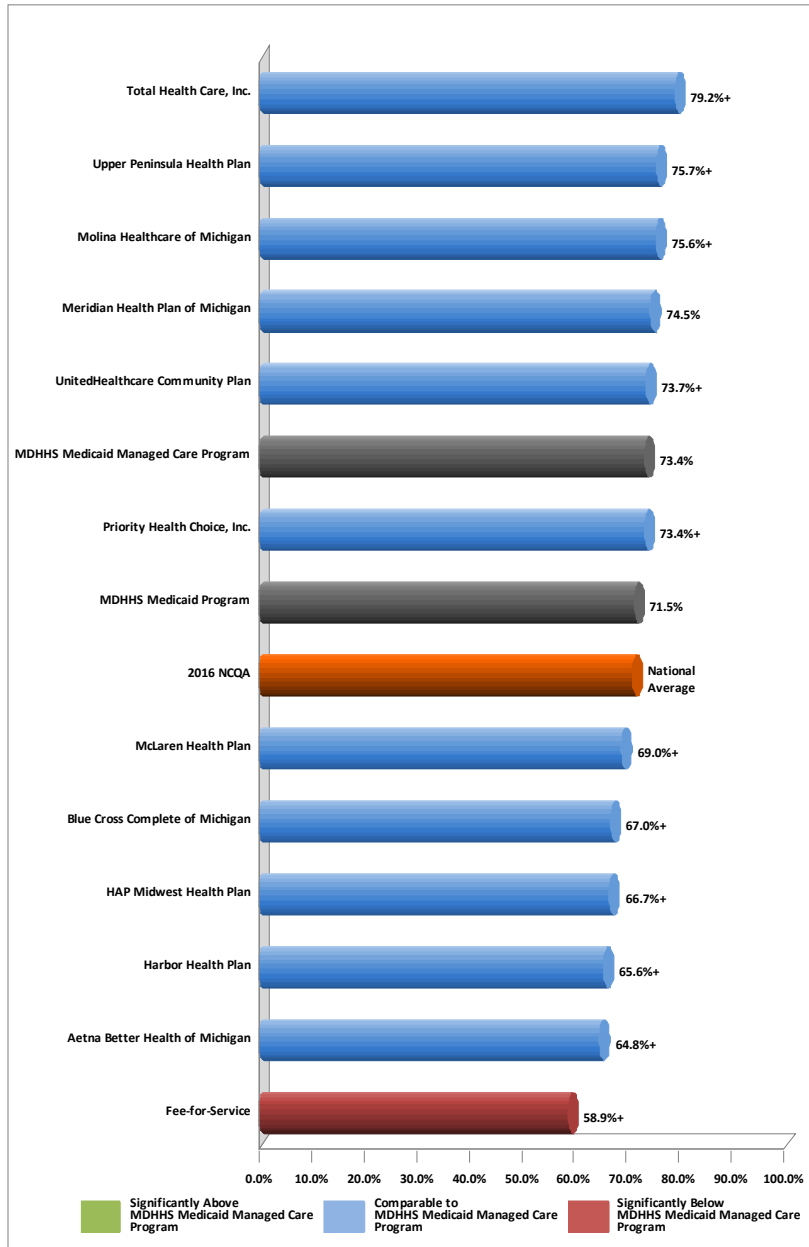


*Note: + indicates fewer than 100 responses*

### 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**





## Composite Measures

### Getting Needed Care

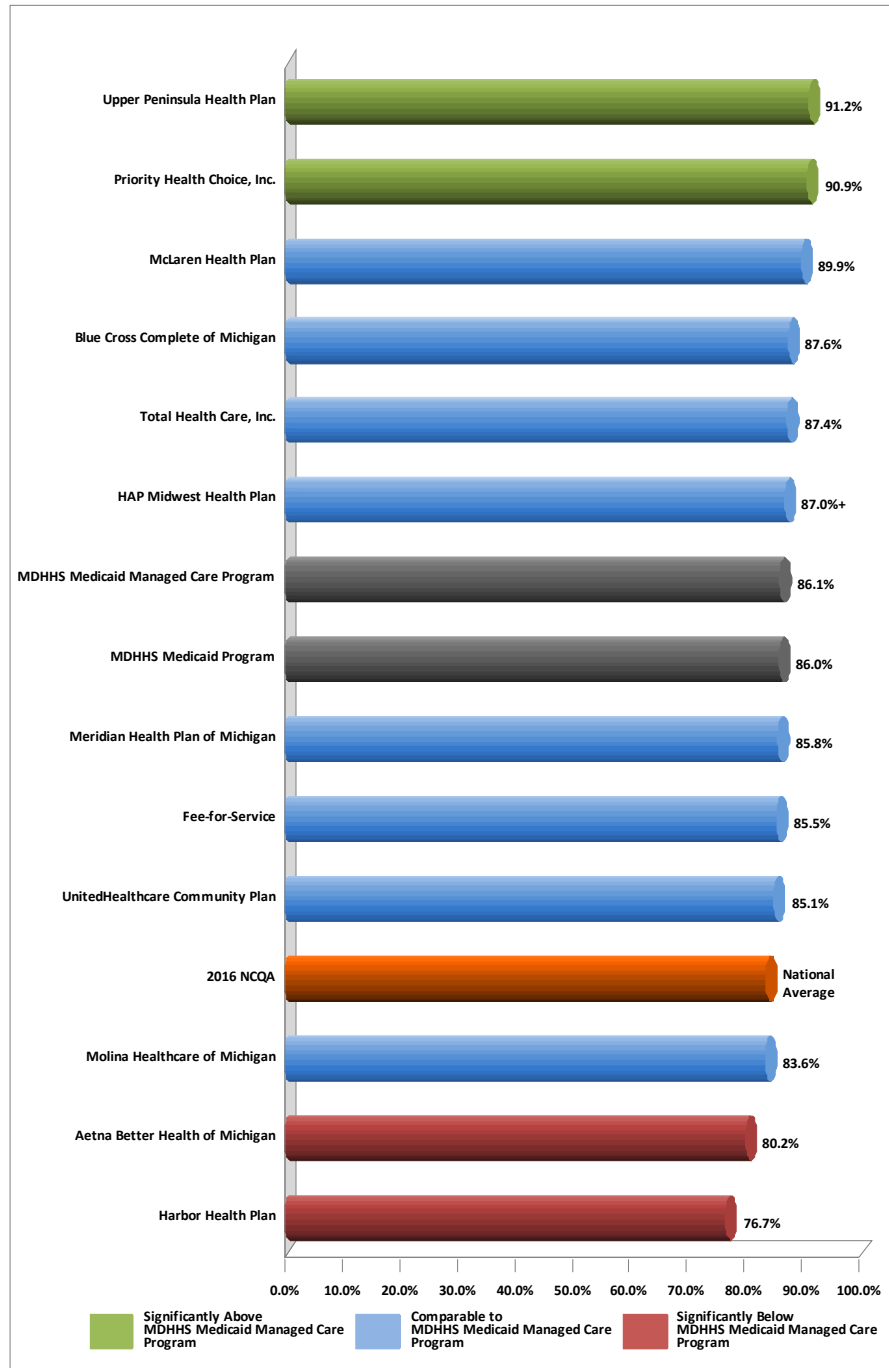
Two questions (Questions 14 and 28 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

- **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

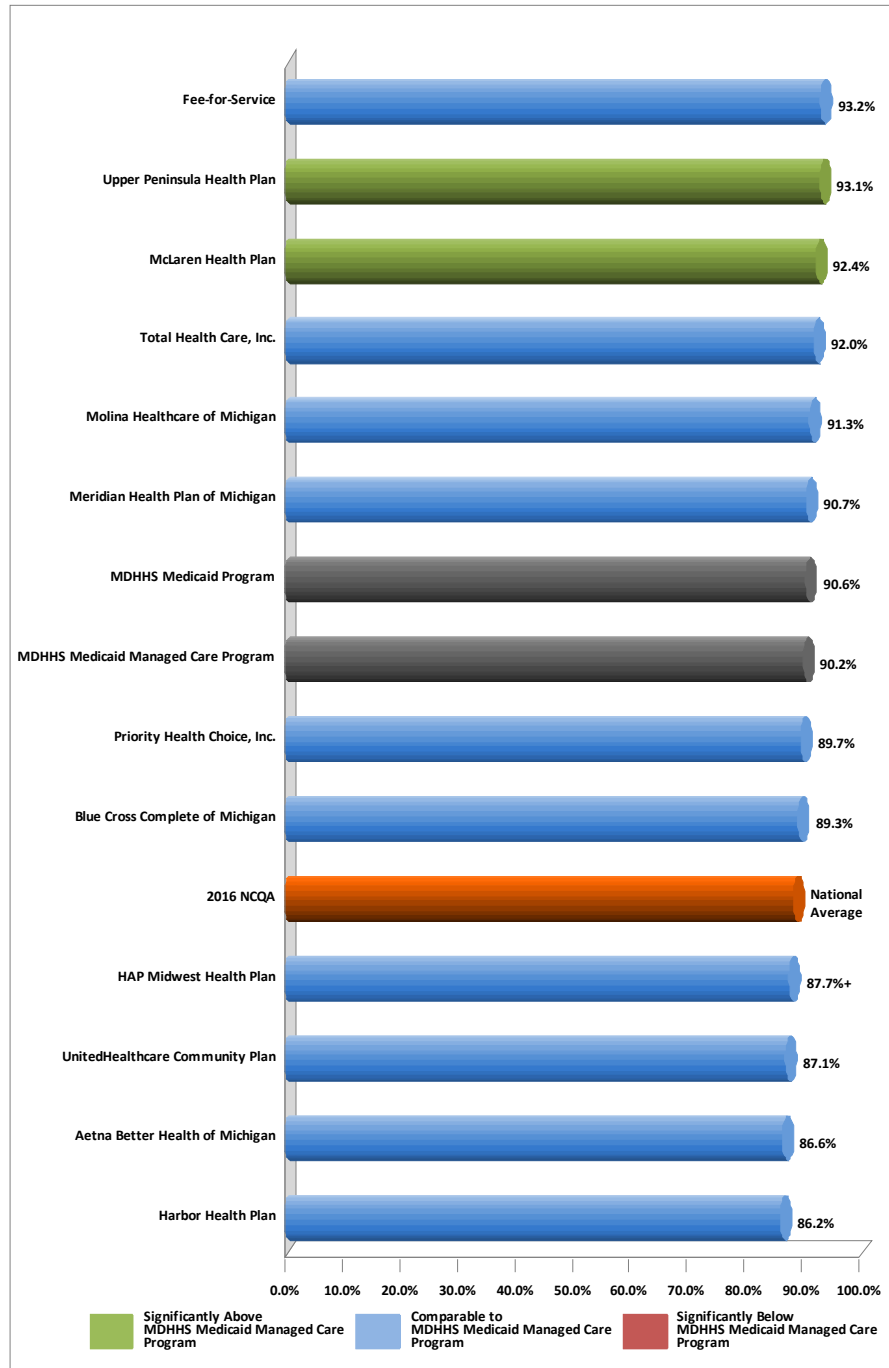
Two questions (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often child members received care quickly:

- **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:

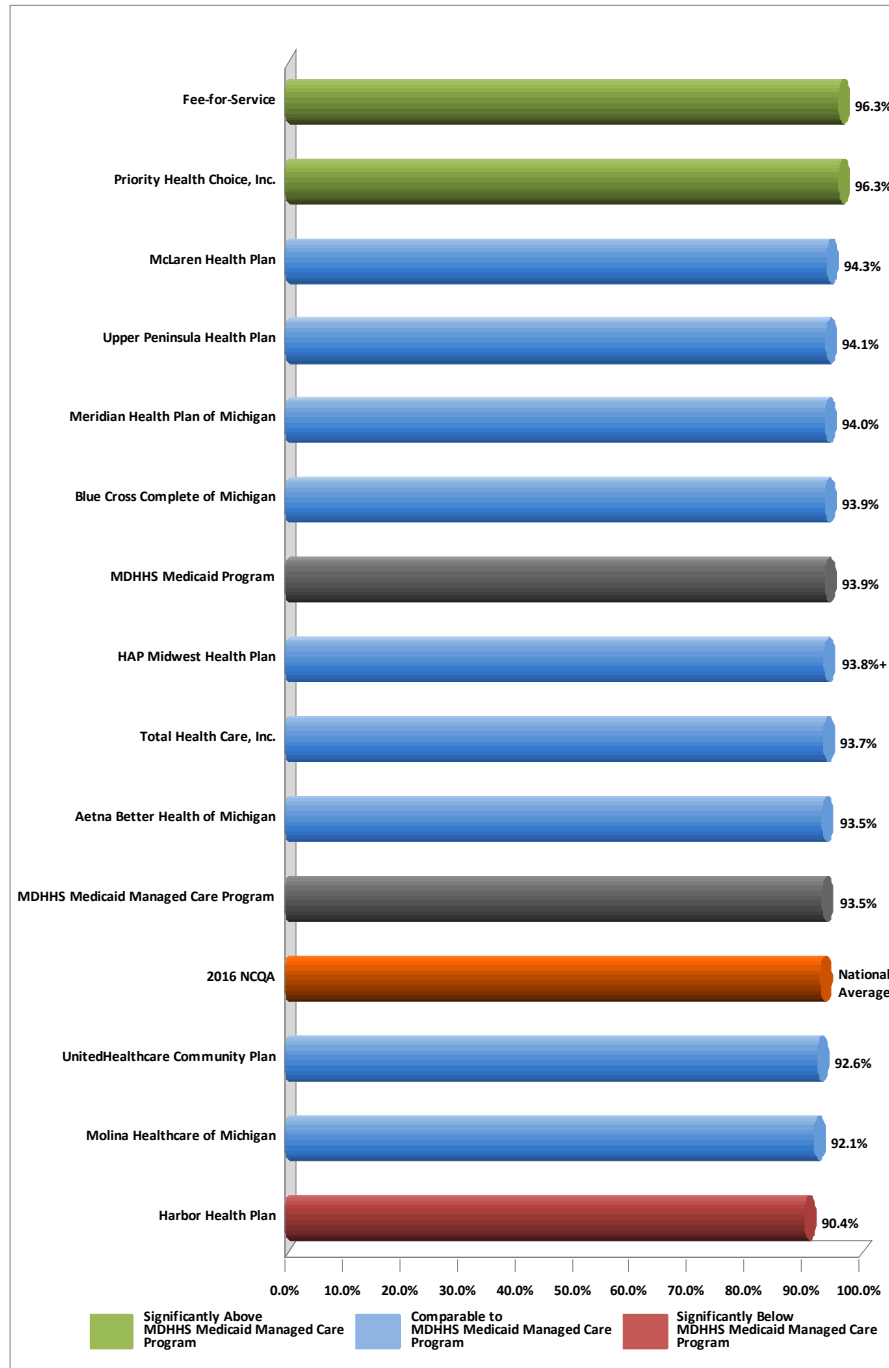
- **Question 17.** In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that was easy to understand?
  - Never
  - Sometimes
  - Usually
  - Always
  
- **Question 18.** In the last 6 months, how often did your child’s personal doctor listen 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

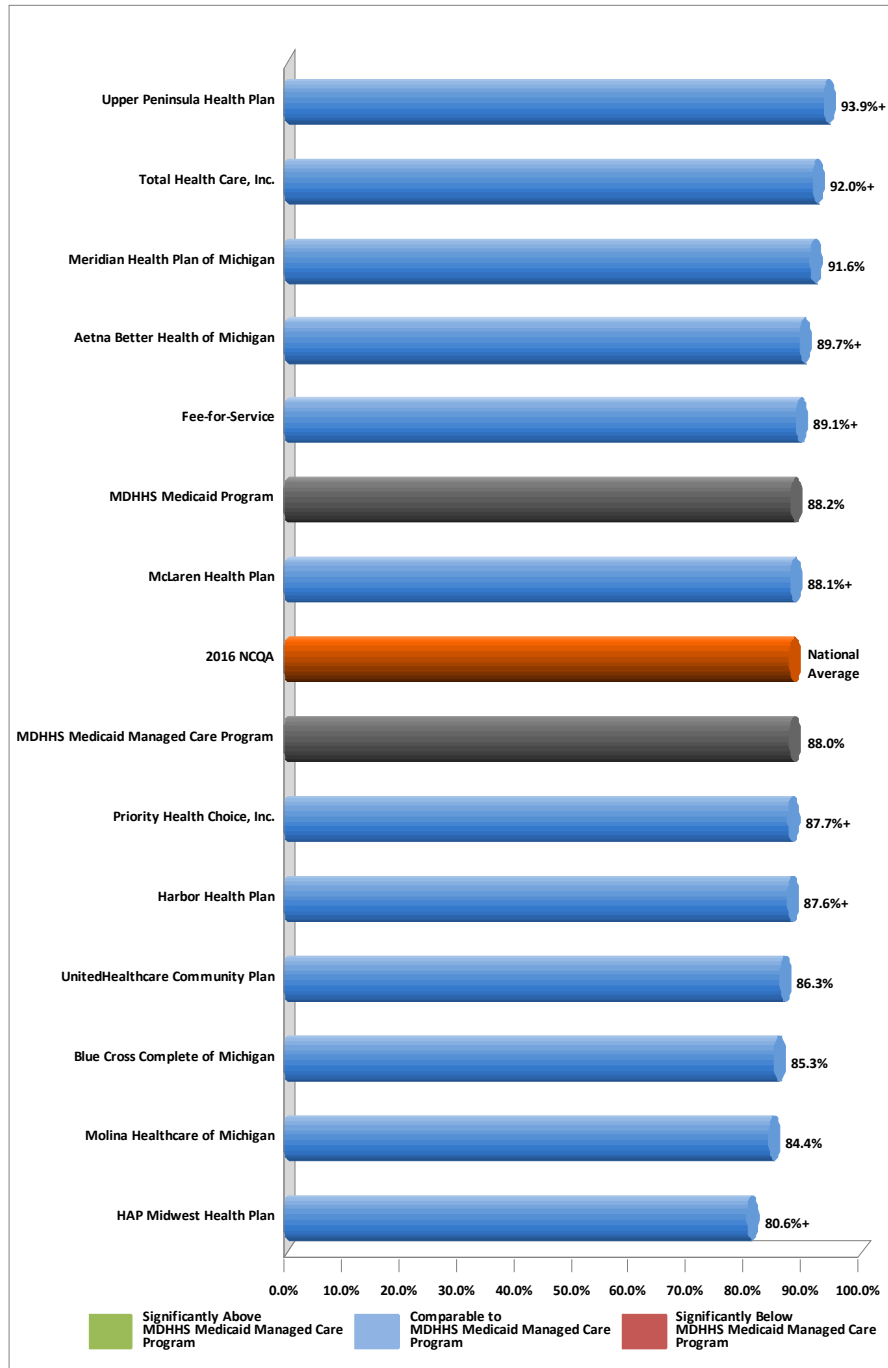
Two questions (Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often parents or caretakers were satisfied with customer service:

- **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

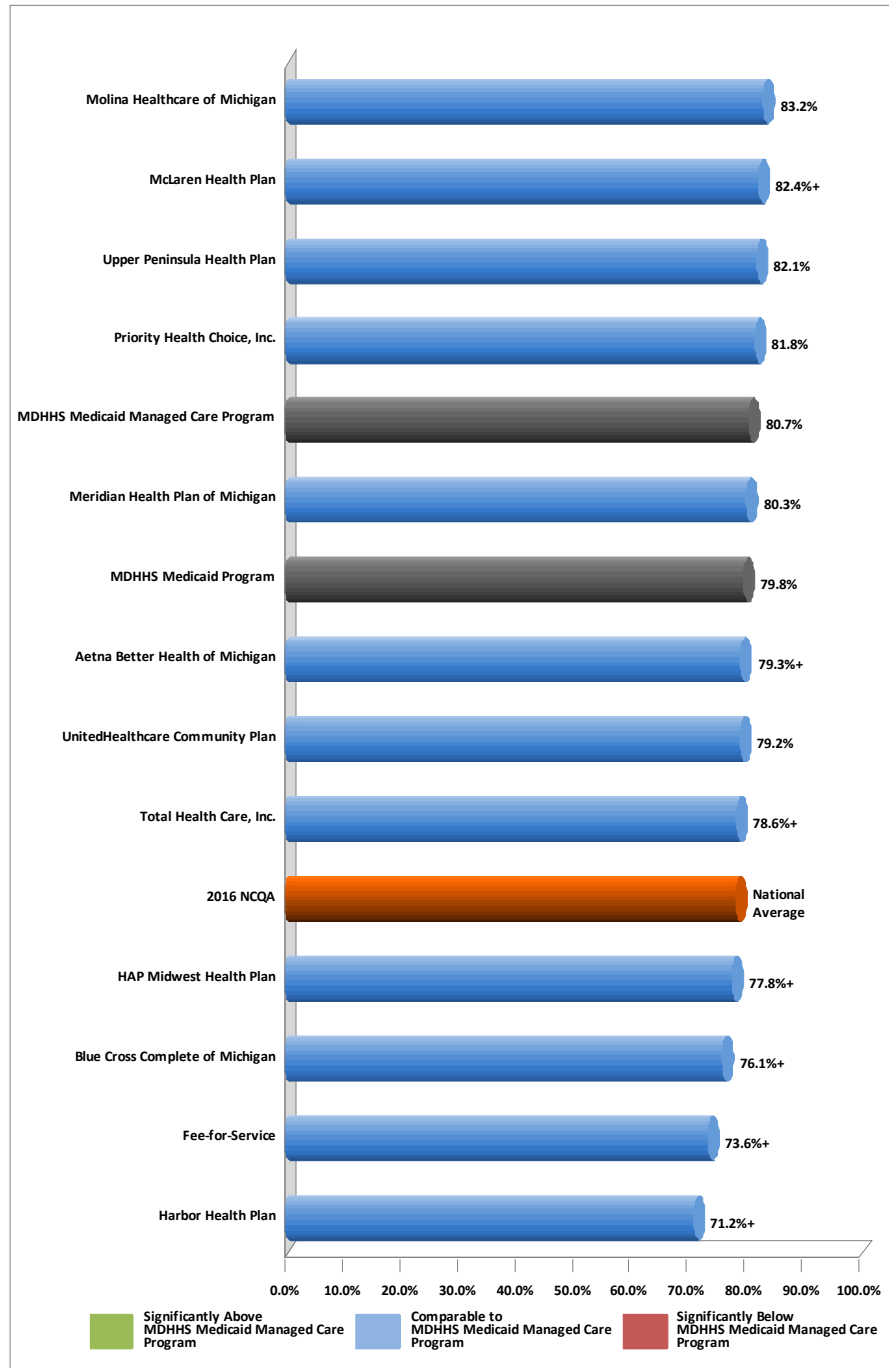
Three questions (Questions 10, 11, and 12 in the CAHPS Child Medicaid Health Plan Survey) were asked regarding the involvement of parents or caretakers in decision making when starting or stopping a prescription medicine for their child:

- **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	↓	—	↑	↓ <sup>+</sup>
Aetna Better Health of Michigan	↓	—	—	— <sup>+</sup>
Blue Cross Complete of Michigan	—	—	—	— <sup>+</sup>
HAP Midwest Health Plan	↓ <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
Harbor Health Plan	↓	↓	↓	— <sup>+</sup>
McLaren Health Plan	—	—	—	— <sup>+</sup>
Meridian Health Plan of Michigan	↑	—	—	—
Molina Healthcare of Michigan	↑	↑	↑	— <sup>+</sup>
Priority Health Choice, Inc.	↑	↑	↑	— <sup>+</sup>
Total Health Care, Inc.	—	—	↑	— <sup>+</sup>
UnitedHealthcare Community Plan	↑	—	—	— <sup>+</sup>
Upper Peninsula Health Plan	↑	—	—	— <sup>+</sup>

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

Table 3-10 provides a summary of the Statewide Comparisons 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	—	—	↑	— <sup>+</sup>	— <sup>+</sup>
Aetna Better Health of Michigan	↓	—	—	— <sup>+</sup>	— <sup>+</sup>
Blue Cross Complete of Michigan	—	—	—	—	— <sup>+</sup>
HAP Midwest Health Plan	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>	— <sup>+</sup>
Harbor Health Plan	↓	—	↓	— <sup>+</sup>	— <sup>+</sup>
McLaren Health Plan	—	↑	—	— <sup>+</sup>	— <sup>+</sup>
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	↑	—	↑	— <sup>+</sup>	—
Total Health Care, Inc.	—	—	—	— <sup>+</sup>	— <sup>+</sup>
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	↑	↑	—	— <sup>+</sup>	—
<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>					

### Trend Analysis

The completed surveys from the 2017 and 2016 CAHPS results were used to perform the trend analysis presented in this section. The 2017 CAHPS top-box scores were compared to the 2016 CAHPS top-box scores to determine whether there were statistically significant differences. Statistically significant differences between 2017 scores and 2016 scores are noted with triangles. Scores that were statistically significantly higher in 2017 than in 2016 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2017 than in 2016 are noted with downward triangles (▼). Scores in 2017 that were not statistically significantly different from scores in 2016 are noted with a dash (–). Measures that did not meet the minimum number of 100 responses required by NCQA are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.



## Global Ratings

### Rating of Health Plan

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 2016 and 2017 top-box responses and the trend results for Rating of Health Plan.

**Table 4-1—Rating of Health Plan Trend Analysis**

Plan Name	2016	2017	Trend Results
<b>MDHHS Medicaid Program</b>	<b>64.3%</b>	<b>67.8%</b>	<b>▲</b>
Fee-for-Service	52.1%	54.0%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>66.3%</b>	<b>69.9%</b>	<b>▲</b>
Aetna Better Health of Michigan	53.0%	57.3%	—
Blue Cross Complete of Michigan	67.1%	65.4%	—
HAP Midwest Health Plan	52.0% <sup>+</sup>	45.9% <sup>+</sup>	—
Harbor Health Plan	51.3%	53.0%	—
McLaren Health Plan	66.1%	65.4%	—
Meridian Health Plan of Michigan	65.5%	69.7%	—
Molina Healthcare of Michigan	67.5%	72.6%	—
Priority Health Choice, Inc.	72.7%	77.6%	—
Total Health Care, Inc.	61.4%	67.6%	—
UnitedHealthcare Community Plan	67.2%	70.3%	—
Upper Peninsula Health Plan	67.0%	72.3%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.            ▲ statistically significantly higher in 2017 than in 2016.            ▼ statistically significantly lower in 2017 than in 2016.            — not statistically significantly different in 2017 than in 2016.</p>			

There were two statistically significant differences between scores in 2017 and scores in 2016 for this measure.

The following scored statistically significantly *higher* in 2017 than in 2016:

- MDHHS Medicaid Program
- MDHHS Medicaid Managed Care Program

### 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 2016 and 2017 top-box responses and the trend results for Rating of All Health Care.

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

Plan Name	2016	2017	Trend Results
<b>MDHHS Medicaid Program</b>	<b>63.4%</b>	<b>66.6%</b>	<b>▲</b>
Fee-for-Service	62.2%	62.0%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>63.5%</b>	<b>67.3%</b>	<b>▲</b>
Aetna Better Health of Michigan	57.8%	60.8%	—
Blue Cross Complete of Michigan	63.1%	68.0%	—
HAP Midwest Health Plan	54.5% <sup>+</sup>	53.5% <sup>+</sup>	—
Harbor Health Plan	60.8%	55.2%	—
McLaren Health Plan	61.4%	63.0%	—
Meridian Health Plan of Michigan	61.2%	63.6%	—
Molina Healthcare of Michigan	68.4%	74.5%	—
Priority Health Choice, Inc.	66.4%	74.6%	<b>▲</b>
Total Health Care, Inc.	64.7%	67.3%	—
UnitedHealthcare Community Plan	63.9%	65.2%	—
Upper Peninsula Health Plan	61.6%	61.7%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.            ▲ statistically significantly higher in 2017 than in 2016.            ▼ statistically significantly lower in 2017 than in 2016.            — not statistically significantly different in 2017 than in 2016.</p>			

There were three statistically significant differences between scores in 2017 and scores in 2016 for this measure.

The following scored statistically significantly *higher* in 2017 than in 2016:

- MDHHS Medicaid Program
- MDHHS Medicaid Managed Care Program
- Priority Health Choice, Inc.

### 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 2016 and 2017 top-box responses and the trend results for Rating of Personal Doctor.

**Table 4-3—Rating of Personal Doctor Trend Analysis**

Plan Name	2016	2017	Trend Results
<b>MDHHS Medicaid Program</b>	<b>70.9%</b>	<b>71.7%</b>	—
Fee-for-Service	73.2%	75.9%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>70.5%</b>	<b>71.0%</b>	—
Aetna Better Health of Michigan	69.9%	70.8%	—
Blue Cross Complete of Michigan	71.6%	69.0%	—
HAP Midwest Health Plan	62.5% <sup>+</sup>	63.8% <sup>+</sup>	—
Harbor Health Plan	64.8%	63.1%	—
McLaren Health Plan	69.7%	71.9%	—
Meridian Health Plan of Michigan	69.1%	70.3%	—
Molina Healthcare of Michigan	72.6%	74.3%	—
Priority Health Choice, Inc.	72.9%	76.2%	—
Total Health Care, Inc.	70.1%	74.4%	—
UnitedHealthcare Community Plan	70.1%	66.1%	—
Upper Peninsula Health Plan	73.0%	68.0%	—
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.			

There were no statistically significant differences between scores in 2017 and scores in 2016 for this measure.

### Rating of 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 2016 and 2017 top-box responses and the trend results for Rating of Specialist Seen Most Often.

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

Plan Name	2016	2017	Trend Results
<b>MDHHS Medicaid Program</b>	<b>67.4%</b>	<b>71.5%</b>	—
Fee-for-Service	66.7% <sup>+</sup>	58.9% <sup>+</sup>	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>67.5%</b>	<b>73.4%</b>	▲
Aetna Better Health of Michigan	68.8% <sup>+</sup>	64.8% <sup>+</sup>	—
Blue Cross Complete of Michigan	65.3% <sup>+</sup>	67.0% <sup>+</sup>	—
HAP Midwest Health Plan	71.4% <sup>+</sup>	66.7% <sup>+</sup>	—
Harbor Health Plan	66.7% <sup>+</sup>	65.6% <sup>+</sup>	—
McLaren Health Plan	62.0%	69.0% <sup>+</sup>	—
Meridian Health Plan of Michigan	66.9%	74.5%	—
Molina Healthcare of Michigan	72.4% <sup>+</sup>	75.6% <sup>+</sup>	—
Priority Health Choice, Inc.	65.1% <sup>+</sup>	73.4% <sup>+</sup>	—
Total Health Care, Inc.	77.1% <sup>+</sup>	79.2% <sup>+</sup>	—
UnitedHealthcare Community Plan	67.0% <sup>+</sup>	73.7% <sup>+</sup>	—
Upper Peninsula Health Plan	60.8% <sup>+</sup>	75.7% <sup>+</sup>	▲
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.            ▲ statistically significantly higher in 2017 than in 2016.            ▼ statistically significantly lower in 2017 than in 2016.            — not statistically significantly different in 2017 than in 2016.</p>			

There were two statistically significant differences between scores in 2017 and scores in 2016 for this measure.

The following scored statistically significantly *higher* in 2017 than in 2016:

- MDHHS Medicaid Managed Care Program
- Upper Peninsula Health Plan

## 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 2016 and 2017 top-box responses and trend results for the Getting Needed Care composite measure.

**Table 4-5—Getting Needed Care Composite Trend Analysis**

Plan Name	2016	2017	Trend Results
<b>MDHHS Medicaid Program</b>	<b>84.2%</b>	<b>86.0%</b>	—
Fee-for-Service	86.6%	85.5%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>83.9%</b>	<b>86.1%</b>	—
Aetna Better Health of Michigan	86.6%	80.2%	—
Blue Cross Complete of Michigan	83.4%	87.6%	—
HAP Midwest Health Plan	76.3% <sup>+</sup>	87.0% <sup>+</sup>	—
Harbor Health Plan	69.4% <sup>+</sup>	76.7%	—
McLaren Health Plan	87.5%	89.9%	—
Meridian Health Plan of Michigan	85.2%	85.8%	—
Molina Healthcare of Michigan	83.0%	83.6%	—
Priority Health Choice, Inc.	83.5%	90.9%	▲
Total Health Care, Inc.	81.1%	87.4%	—
UnitedHealthcare Community Plan	80.5%	85.1%	—
Upper Peninsula Health Plan	88.1%	91.2%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.            ▲ statistically significantly higher in 2017 than in 2016.            ▼ statistically significantly lower in 2017 than in 2016.            — not statistically significantly different in 2017 than in 2016.</p>			

There was one statistically significant difference between scores in 2017 and scores in 2016 for this measure. Priority Health Choice, Inc. scored statistically significantly *higher* in 2017 than in 2016.

### 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 2016 and 2017 top-box responses and trend results for the Getting Care Quickly composite measure.

**Table 4-6—Getting Care Quickly Composite Trend Analysis**

Plan Name	2016	2017	Trend Results
<b>MDHHS Medicaid Program</b>	<b>90.2%</b>	<b>90.6%</b>	—
Fee-for-Service	91.3%	93.2%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>90.1%</b>	<b>90.2%</b>	—
Aetna Better Health of Michigan	89.1%	86.6%	—
Blue Cross Complete of Michigan	91.4%	89.3%	—
HAP Midwest Health Plan	88.8% <sup>+</sup>	87.7% <sup>+</sup>	—
Harbor Health Plan	91.8% <sup>+</sup>	86.2%	—
McLaren Health Plan	90.5%	92.4%	—
Meridian Health Plan of Michigan	91.5%	90.7%	—
Molina Healthcare of Michigan	88.0%	91.3%	—
Priority Health Choice, Inc.	89.3%	89.7%	—
Total Health Care, Inc.	87.3%	92.0%	▲
UnitedHealthcare Community Plan	89.8%	87.1%	—
Upper Peninsula Health Plan	92.8%	93.1%	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 ▲ statistically significantly higher in 2017 than in 2016.  
 ▼ statistically significantly lower in 2017 than in 2016.  
 — not statistically significantly different in 2017 than in 2016.

There was one statistically significant difference between scores in 2017 and scores in 2016 for this measure. Total Health Care, Inc. scored statistically significantly *higher* in 2017 than in 2016.

### 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 2016 and 2017 top-box responses and trend results for the How Well Doctors Communicate composite measure.

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

Plan Name	2016	2017	Trend Results
<b>MDHHS Medicaid Program</b>	<b>93.4%</b>	<b>93.9%</b>	—
Fee-for-Service	96.1%	96.3%	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>93.0%</b>	<b>93.5%</b>	—
Aetna Better Health of Michigan	93.9%	93.5%	—
Blue Cross Complete of Michigan	95.0%	93.9%	—
HAP Midwest Health Plan	92.5% <sup>+</sup>	93.8% <sup>+</sup>	—
Harbor Health Plan	88.7% <sup>+</sup>	90.4%	—
McLaren Health Plan	94.7%	94.3%	—
Meridian Health Plan of Michigan	92.3%	94.0%	—
Molina Healthcare of Michigan	92.5%	92.1%	—
Priority Health Choice, Inc.	95.0%	96.3%	—
Total Health Care, Inc.	94.3%	93.7%	—
UnitedHealthcare Community Plan	91.7%	92.6%	—
Upper Peninsula Health Plan	95.1%	94.1%	—
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.			

There were no statistically significant differences between scores in 2017 and scores in 2016 for this measure.

### 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 2016 and 2017 top-box responses and trend results for the Customer Service composite measure.

**Table 4-8—Customer Service Composite Trend Analysis**

Plan Name	2016	2017	Trend Results
<b>MDHHS Medicaid Program</b>	<b>88.4%</b>	<b>88.2%</b>	—
Fee-for-Service	86.8% <sup>+</sup>	89.1% <sup>+</sup>	—
<b>MDHHS Medicaid Managed Care Program</b>	<b>88.7%</b>	<b>88.0%</b>	—
Aetna Better Health of Michigan	87.6%	89.7% <sup>+</sup>	—
Blue Cross Complete of Michigan	88.0%	85.3%	—
HAP Midwest Health Plan	83.3% <sup>+</sup>	80.6% <sup>+</sup>	—
Harbor Health Plan	78.4% <sup>+</sup>	87.6% <sup>+</sup>	—
McLaren Health Plan	86.9%	88.1% <sup>+</sup>	—
Meridian Health Plan of Michigan	93.4%	91.6%	—
Molina Healthcare of Michigan	84.0%	84.4%	—
Priority Health Choice, Inc.	88.9% <sup>+</sup>	87.7% <sup>+</sup>	—
Total Health Care, Inc.	88.8%	92.0% <sup>+</sup>	—
UnitedHealthcare Community Plan	86.5%	86.3%	—
Upper Peninsula Health Plan	92.6% <sup>+</sup>	93.9% <sup>+</sup>	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.            ▲ statistically significantly higher in 2017 than in 2016.            ▼ statistically significantly lower in 2017 than in 2016.            — not statistically significantly different in 2017 than in 2016.</p>			

There were no statistically significant differences between scores in 2017 and scores in 2016 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 2016 and 2017 top-box responses and trend results for the Shared Decision Making composite measure.

**Table 4-9—Shared Decision Making Composite Trend Analysis**

Plan Name	2016	2017	Trend Results
<b>MDHHS Medicaid Program</b>	<b>78.6%</b>	<b>79.8%</b>	—
Fee-for-Service	83.3% <sup>+</sup>	73.6% <sup>+</sup>	▼
<b>MDHHS Medicaid Managed Care Program</b>	<b>77.8%</b>	<b>80.7%</b>	▲
Aetna Better Health of Michigan	73.8% <sup>+</sup>	79.3% <sup>+</sup>	—
Blue Cross Complete of Michigan	77.5%	76.1% <sup>+</sup>	—
HAP Midwest Health Plan	83.3% <sup>+</sup>	77.8% <sup>+</sup>	—
Harbor Health Plan	79.4% <sup>+</sup>	71.2% <sup>+</sup>	—
McLaren Health Plan	75.8%	82.4% <sup>+</sup>	—
Meridian Health Plan of Michigan	79.5%	80.3%	—
Molina Healthcare of Michigan	82.6% <sup>+</sup>	83.2%	—
Priority Health Choice, Inc.	78.9%	81.8%	—
Total Health Care, Inc.	76.2% <sup>+</sup>	78.6% <sup>+</sup>	—
UnitedHealthcare Community Plan	72.4% <sup>+</sup>	79.2%	—
Upper Peninsula Health Plan	80.6%	82.1%	—
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2017 than in 2016. ▼ statistically significantly lower in 2017 than in 2016. — not statistically significantly different in 2017 than in 2016.			

There were two statistically significant differences between scores in 2017 and scores in 2016 for this measure. The MDHHS Medicaid Managed Care Program scored statistically significantly *higher* in 2017 than in 2016. Conversely, the Fee-for-Service population scored statistically significantly *lower* in 2017 than in 2016.

## 5. Key Drivers of Satisfaction

### 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, on the following page, 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**

<b>Rating of Health Plan</b>
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 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.
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.
<b>Rating of All Health Care</b>
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 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.
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.
<b>Rating of Personal Doctor</b>
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 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.

The following key drivers were identified for all three global ratings:

- Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed
- Respondents reported that 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 talk with them about how their child is feeling, growing, or behaving

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

- Respondents reported that it was often not easy for their child to obtain appointments with specialists

### Supplemental Items Results

MDHHS elected to add three supplemental questions to the CAHPS Child Medicaid Health Plan Survey. These three questions focused on whether child members received help with transportation to their doctors’ offices or clinics.

#### Transportation

Parents or caretakers of child members were asked if their child’s health plan had helped with transportation for their child to get to doctors’ offices or clinics (Question 49). Table 6-1 displays the responses for this question.

**Table 6-1—Helped with Transportation to Child’s Doctors’ Offices or Clinics**

Plan Name	Yes		No	
	N	%	N	%
<b>MDHHS Medicaid Program</b>	<b>218</b>	<b>4.8%</b>	<b>4,312</b>	<b>95.2%</b>
Fee-for-Service	3	1.0%	309	99.0%
<b>MDHHS Medicaid Managed Care Program</b>	<b>215</b>	<b>5.1%</b>	<b>4,003</b>	<b>94.9%</b>
Aetna Better Health of Michigan	37	10.7%	310	89.3%
Blue Cross Complete of Michigan	14	3.1%	436	96.9%
HAP Midwest Health Plan	1	1.6%	61	98.4%
Harbor Health Plan	17	7.2%	220	92.8%
McLaren Health Plan	9	2.1%	423	97.9%
Meridian Health Plan of Michigan	23	4.8%	461	95.2%
Molina Healthcare of Michigan	20	4.8%	401	95.2%
Priority Health Choice, Inc.	20	4.7%	402	95.3%
Total Health Care, Inc.	35	8.6%	374	91.4%
UnitedHealthcare Community Plan	28	6.2%	424	93.8%
Upper Peninsula Health Plan	11	2.2%	491	97.8%

*Please note: Percentages may not total 100.0% due to rounding.*

Parents or caretakers of child members were asked how often their child received help with transportation in the last 6 months (Question 50). Table 6-2 displays the responses for this question.

**Table 6-2—How Often Child Received Help with Transportation**

Plan Name	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
<b>MDHHS Medicaid Program</b>	<b>27</b>	<b>12.6%</b>	<b>34</b>	<b>15.8%</b>	<b>37</b>	<b>17.2%</b>	<b>117</b>	<b>54.4%</b>
Fee-for-Service	1	33.3%	0	0.0%	1	33.3%	1	33.3%
<b>MDHHS Medicaid Managed Care Program</b>	<b>26</b>	<b>12.3%</b>	<b>34</b>	<b>16.0%</b>	<b>36</b>	<b>17.0%</b>	<b>116</b>	<b>54.7%</b>
Aetna Better Health of Michigan	5	13.9%	7	19.4%	7	19.4%	17	47.2%
Blue Cross Complete of Michigan	1	7.1%	0	0.0%	2	14.3%	11	78.6%
HAP Midwest Health Plan	1	100%	0	0.0%	0	0.0%	0	0.0%
Harbor Health Plan	3	17.6%	2	11.8%	3	17.6%	9	52.9%
McLaren Health Plan	1	11.1%	1	11.1%	0	0.0%	7	77.8%
Meridian Health Plan of Michigan	2	8.7%	5	21.7%	4	17.4%	12	52.2%
Molina Healthcare of Michigan	2	11.1%	5	27.8%	3	16.7%	8	44.4%
Priority Health Choice, Inc.	2	10.0%	2	10.0%	1	5.0%	15	75.0%
Total Health Care, Inc.	6	17.1%	6	17.1%	9	25.7%	14	40.0%
UnitedHealthcare Community Plan	3	10.7%	5	17.9%	6	21.4%	14	50.0%
Upper Peninsula Health Plan	0	0.0%	1	9.1%	1	9.1%	9	81.8%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>								

Parents or caretakers of child members were asked how often the transportation their child had received in the last 6 months met their needs (Question 51). Table 6-3 displays the responses for this question.

**Table 6-3—How Often Transportation Met Needs**

Plan Name	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
<b>MDHHS Medicaid Program</b>	<b>11</b>	<b>5.9%</b>	<b>29</b>	<b>15.5%</b>	<b>36</b>	<b>19.3%</b>	<b>111</b>	<b>59.4%</b>
Fee-for-Service	0	0.0%	0	0.0%	1	50.0%	1	50.0%
<b>MDHHS Medicaid Managed Care Program</b>	<b>11</b>	<b>5.9%</b>	<b>29</b>	<b>15.7%</b>	<b>35</b>	<b>18.9%</b>	<b>110</b>	<b>59.5%</b>
Aetna Better Health of Michigan	3	10.0%	7	23.3%	5	16.7%	15	50.0%
Blue Cross Complete of Michigan	0	0.0%	2	15.4%	2	15.4%	9	69.2%
HAP Midwest Health Plan	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Harbor Health Plan	1	7.1%	1	7.1%	2	14.3%	10	71.4%
McLaren Health Plan	0	0.0%	1	12.5%	0	0.0%	7	87.5%
Meridian Health Plan of Michigan	2	9.5%	3	14.3%	4	19.0%	12	57.1%
Molina Healthcare of Michigan	0	0.0%	4	25.0%	4	25.0%	8	50.0%
Priority Health Choice, Inc.	0	0.0%	2	11.1%	3	16.7%	13	72.2%
Total Health Care, Inc.	1	3.4%	6	20.7%	7	24.1%	15	51.7%
UnitedHealthcare Community Plan	3	12.0%	3	12.0%	5	20.0%	14	56.0%
Upper Peninsula Health Plan	1	9.1%	0	0.0%	3	27.3%	7	63.6%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>								

### Survey Instrument

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















