2019 Michigan Department of Health and Human Services

Adult Medicaid Health Plan CAHPS® Report

August 2019

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

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 adult 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.[1-1,1-2] The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving members' overall experiences.

This report presents the 2019 CAHPS results of adult members enrolled in an MHP or FFS. A sample of at least 1,350 adult members was selected from the FFS program and each MHP. The surveys were completed from February to May 2019. The standardized survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.[1-3,1-4]

Report Overview

Results presented in this report include:

- Four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often.
- Five composite measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.
- Two individual item measures: Coordination of Care and Health Promotion and Education.
- Three Effectiveness of Care measures: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies.

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] HSAG surveyed the FFS Medicaid population. The 11 MHPs contracted with various survey vendors to administer the CAHPS survey.
[1-3] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[1-4] The 2019 CAHPS results were reported to NCQA for the 11 MHPs. The 2019 CAHPS survey results for the FFS program were not reported to NCQA.

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:

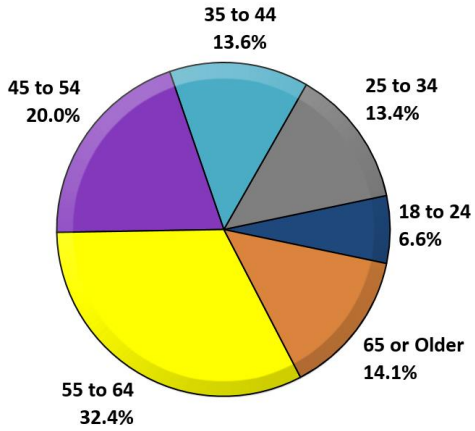
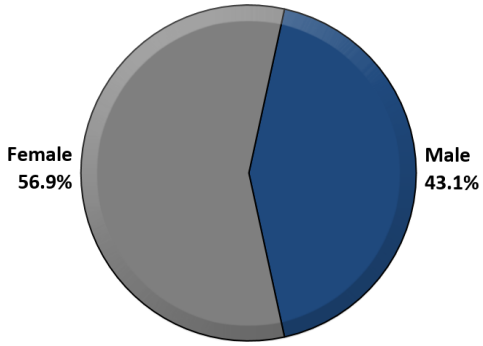
- MDHHS Medicaid Program – Combined results for FFS and the MHPs.
- MDHHS Medicaid Managed Care Program – Combined results for the MHPs.

Key Findings

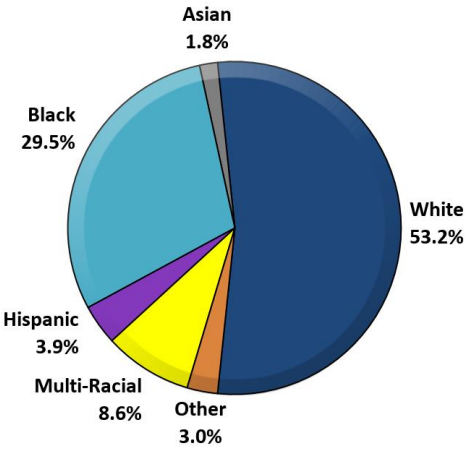
Survey Dispositions and Demographics

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

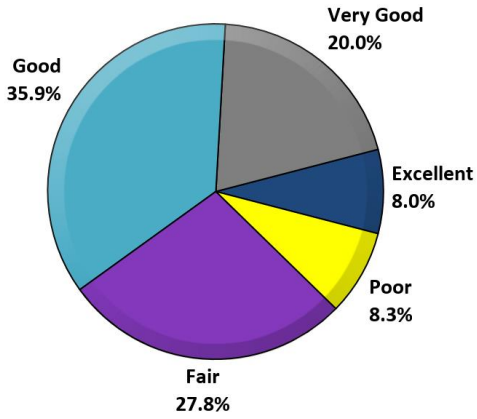
Table 1-1—Member Demographics and Survey Dispositions

Age	Gender
	

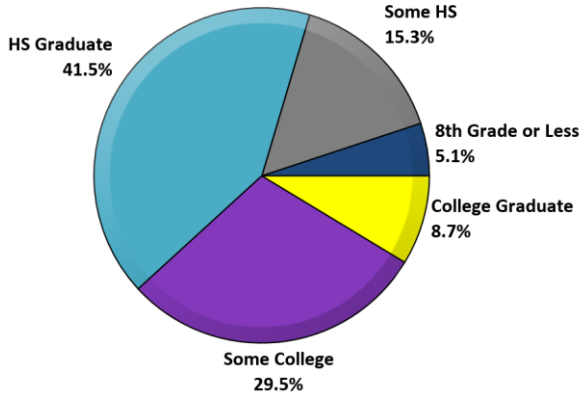
Race/Ethnicity



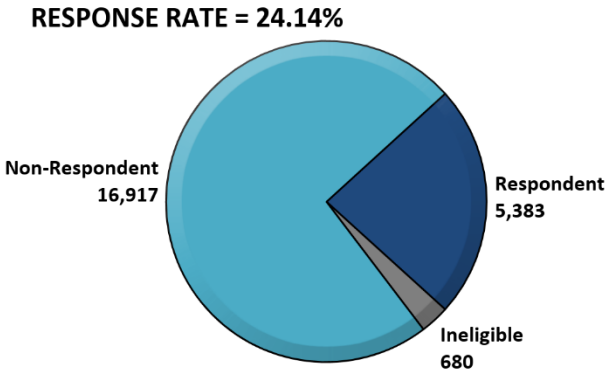
General Health Status



Education



Survey Dispositions



NCQA Comparisons and Trend Analysis

HSAG compared scores for each CAHPS measure to the National Committee for Quality Assurance's (NCQA's) 2018 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).[1-5,1-6] Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of this analysis are described in the Reader's Guide section beginning on page 2-5.

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

[1-5] Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[1-6] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018.* Washington, DC: NCQA, September 2018.

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

Measure	NCQA Comparisons	Trend Analysis
Global Ratings		
Rating of Health Plan	★★★ 61.0%	—
Rating of All Health Care	★★ 54.2%	—
Rating of Personal Doctor	★★ 64.7%	—
Rating of Specialist Seen Most Often	★★ 67.2%	—
Composite Measures		
Getting Needed Care	★★★ 85.1%	—
Getting Care Quickly	★★★★ 84.8%	—
How Well Doctors Communicate	★★ 91.3%	—
Customer Service	★★★ 89.6%	—
Shared Decision Making	★★ 78.9%	—
Individual Item Measures		
Coordination of Care	★★ 82.5%	—
Health Promotion and Education	★★★ 74.5%	—
Effectiveness of Care Measures		
Advising Smokers and Tobacco Users to Quit	★★★★ 82.1%	—
Discussing Cessation Medications	★★★★ 58.2%	—
Discussing Cessation Strategies	★★★ 48.8%	—

Star Assignments Based on Percentiles

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

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

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

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

Statewide Comparisons

HSAG calculated top-box scores (i.e., rates of experience) for each measure, and overall scores for the Effectiveness of Care measures. 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 through Table 1-5 show the results of this analysis for the global ratings, composite measures, individual item measures, and Effectiveness of Care measures.

Table 1-3—Statewide Comparisons: Global Ratings[1-7,1-8]

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

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

[1-7] Effective January 2019, HAP Midwest changed its name to HAP Empowered.
[1-8] Effective April 2019, Harbor Health Plan changed its name to Trusted Health Plan Michigan, Inc.

Table 1-4—Statewide Comparisons: Composite Measures

	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 Empowered	—	↑	—	—	—
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	↓	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Total Health Care, Inc.	—	—	—	—	—
Trusted Health Plan Michigan, Inc.	—	↓	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	↑	↑	—	—	—

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

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

	Coordination of Care	Health Promotion and Education	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
Fee-for-Service	—	—	—	—	—
Aetna Better Health of Michigan	—	—	—	—	—
Blue Cross Complete of Michigan	—	—	—	—	—
HAP Empowered	—	—	—	—	—
McLaren Health Plan	—+	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Total Health Care, Inc.	—	—	—	—	—
Trusted Health Plan Michigan, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	↑	—	—	—	—

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

The results from the Statewide Comparisons presented in Table 1-3 through Table 1-5 revealed that the following plan had four measures that were statistically significantly *higher* than the MDHHS Medicaid Managed Care Program average:

- Upper Peninsula Health Plan

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

- HAP Empowered

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

- Trusted Health Plan Michigan, Inc.

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

- Molina Healthcare of Michigan

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

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

Key Drivers of Member Experience Analysis

HSAG focused the key drivers of member experience analysis on the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated these global ratings to determine if particular CAHPS items (i.e., questions) are strongly correlated with one or more of these measures. These individual CAHPS items, which HSAG refers to as "key drivers," are driving members' levels of experience with each of the three measures. Table 1-6 provides a summary of the key drivers identified for the MDHHS Medicaid Program.

Table 1-6—MDHHS Medicaid Program Key Drivers of Member Experience

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Respondents reported that forms from their health plan were often not easy to fill out.	✓		
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	✓	✓	
Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.			✓
Respondents reported that it was often not easy to obtain appointments with specialists.	✓		
Respondents reported that their health plan's customer service did not always give them the information or help they needed.	✓	✓	
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.	✓	✓	✓

2019 CAHPS Performance Measures

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

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

Table 2-1—CAHPS Measures

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

How CAHPS Results Were Collected

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

Sampling Procedures

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

- Were 18 years of age or older as of December 31, 2018.
- Were currently enrolled in an MHP or FFS.
- Had been continuously enrolled in the plan or program for at least five of the last six months (July through December) of 2018.
- Had Medicaid as a payer.

Next, a systematic sample of members was selected for inclusion in the survey. For each MHP, no more than one member per household was selected as part of the survey samples. A sample of at least 1,350 adult members was selected from the FFS program and each MHP.[2-1] Table 3-1 in the Results section provides an overview of the sample sizes for each plan and program.

Survey Protocol

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

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

[2-1] Some MHPs elected to oversample their population.

were attempted.[2-2] 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.[2-3]

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

Table 2-2—CAHPS Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the adult member.	0 days
Send a postcard reminder to non-respondents 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

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

[2-3] 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 experience. In addition to individual plan results, HSAG calculated an MDHHS Medicaid Program average and an MDHHS Medicaid Managed Care Program average. HSAG combined results from FFS and the MHPs to calculate the MDHHS Medicaid Program average. HSAG combined results from the MHPs to calculate the MDHHS Medicaid Managed Care Program average. This section provides an overview of each analysis.

Who Responded to the Survey

The administration of the CAHPS survey is comprehensive and is designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.[2-4] HSAG considered a survey completed if members answered at least three of the following five questions: 3, 15, 24, 28, and 35. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

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

Demographics of Adult Members

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

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

NCQA Comparisons

An analysis of the CAHPS survey results was conducted using NCQA's 2018 Quality Compass Benchmark and Compare Quality Data.[2-5] Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable CAHPS Survey result, HSAG presented results with fewer than 100 responses. Therefore, caution should be exercised when evaluating measures' results with fewer than 100 responses, which are denoted with a cross (+).

In order to perform the NCQA comparisons, HSAG calculated top-box scores for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.[2-6] HSAG compared the resulting top-box scores to NCQA Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings). Ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure using the percentile distributions shown in Table 2-3.

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

[2-5] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018.* Washington, DC: NCQA, September 2018.

[2-6] National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

Statewide Comparisons

Global Ratings, Composite Measures, and Individual Item Measures

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.[2-7] The scoring involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

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

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

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

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

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. The scores presented follow NCQA's methodology of calculating a rolling average using the current and prior years' results. Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measures, as the 2019 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2018 and 2019.

Weighting

Both a weighted MDHHS Medicaid Program score and a weighted MDHHS Medicaid Managed Care Program score were calculated. Results were weighted based on the total eligible population for each plan's or program's adult population. The MDHHS Medicaid Program average includes results from both the MHPs and the FFS program. The MDHHS Medicaid Managed Care Program average is limited

[2-7] National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2018.

to the results of the MHPs (i.e., the FFS program is not included). For the Statewide Comparisons a threshold of 11 responses was required for the results to be reported. Measures with fewer than 100 responses are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents.

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 statistically significantly different from the MDHHS Medicaid Managed Care Program average. This analytic approach follows the Agency for Healthcare Research and Quality's (AHRQ's) recommended methodology for identifying significant plan-level performance differences.

Fee-for-Service Comparisons

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

Trend Analysis

A trend analysis was performed that compared the 2019 CAHPS scores to the corresponding 2018 CAHPS scores to determine whether there were statistically significant differences. A *t* test was performed to determine whether results in 2018 were statistically significantly different from results in 2019. A difference was considered statistically significant if the two-sided p value of the *t* test was less than 0.05. The two-sided p value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Measures with fewer than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Key Drivers of Member Experience Analysis

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

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

Table 2-4—Correlation Matrix

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

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

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

Table 2-5—Assignment of Problem Scores

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

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

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

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

Limitations and Cautions

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

Case-Mix Adjustment

The demographics of a response group may impact member experience. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting Medicaid CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these CAHPS results.[2-8]

Causal Inferences

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

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.

Survey Vendor Effects

The CAHPS survey was administered by multiple survey vendors. NCQA developed its Survey Vendor Certification Program to ensure standardization of data collection and the comparability of results across health plans. However, due to the different processes employed by the survey vendors, there is still the small potential for vendor effects. Therefore, survey vendor effects should be considered when interpreting the CAHPS results.

[2-8] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

3. Results

Who Responded to the Survey

A total of 22,980 surveys were distributed to adult members. A total of 5,383 surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was considered complete if members answered at least three of the following five questions on the survey: 3, 15, 24, 28, and 35. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

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

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

	Sample Size	Completes	Ineligibles	Response Rates
MDHHS Medicaid Program	**22,980**	**5,383**	**680**	**24.14%**
Fee-for-Service	1,350	374	134	30.76%
MDHHS Medicaid Managed Care Program	**21,630**	**5,009**	**546**	**23.76%**
Aetna Better Health of Michigan	1,485	344	41	23.82%
Blue Cross Complete of Michigan	1,825	303	22	16.81%
HAP Empowered	1,755	574	73	34.13%
McLaren Health Plan	1,350	273	25	20.60%
Meridian Health Plan of Michigan	1,890	496	41	26.83%
Molina Healthcare of Michigan	1,755	491	43	28.68%
Priority Health Choice, Inc.	1,850	440	35	24.24%
Total Health Care, Inc.	2,160	466	51	22.10%
Trusted Health Plan Michigan, Inc.	3,645	570	107	16.11%
UnitedHealthcare Community Plan	1,755	332	65	19.64%
Upper Peninsula Health Plan	2,160	720	43	34.01%

Demographics of Adult Members

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

Table 3-2—Adult Member Demographics: Age

	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and older
MDHHS Medicaid Program	**6.6%**	**13.4%**	**13.6%**	**20.0%**	**32.4%**	**14.1%**
Fee-for-Service	7.2%	6.3%	8.3%	14.6%	19.6%	44.1%
MDHHS Medicaid Managed Care Program	**6.5%**	**13.9%**	**14.0%**	**20.4%**	**33.3%**	**11.8%**
Aetna Better Health of Michigan	4.8%	9.9%	11.1%	20.8%	27.7%	25.6%
Blue Cross Complete of Michigan	8.3%	16.3%	14.7%	24.0%	35.0%	1.7%
HAP Empowered	1.1%	6.7%	7.3%	15.8%	23.3%	45.8%
McLaren Health Plan	10.0%	13.7%	17.0%	19.2%	40.2%	0.0%
Meridian Health Plan of Michigan	6.0%	17.7%	17.7%	19.4%	33.0%	6.2%
Molina Healthcare of Michigan	10.5%	16.7%	16.5%	19.4%	31.0%	5.9%
Priority Health Choice, Inc.	9.5%	16.2%	14.4%	15.3%	33.9%	10.7%
Total Health Care, Inc.	6.8%	13.3%	15.8%	24.6%	37.5%	2.0%
Trusted Health Plan Michigan, Inc.	3.9%	12.5%	14.7%	26.0%	41.1%	1.9%
UnitedHealthcare Community Plan	8.3%	19.4%	15.0%	21.7%	31.8%	3.8%
Upper Peninsula Health Plan	6.4%	13.8%	12.3%	19.9%	34.2%	13.5%
Please note, percentages may not total 100% due to rounding.						

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

Table 3-3—Adult Member Demographics: Gender

	Male	Female
MDHHS Medicaid Program	**43.1%**	**56.9%**
Fee-for-Service	34.4%	65.6%
MDHHS Medicaid Managed Care Program	**43.7%**	**56.3%**
Aetna Better Health of Michigan	41.6%	58.4%
Blue Cross Complete of Michigan	46.0%	54.0%
HAP Empowered	39.3%	60.7%
McLaren Health Plan	42.4%	57.6%
Meridian Health Plan of Michigan	40.9%	59.1%
Molina Healthcare of Michigan	36.6%	63.4%
Priority Health Choice, Inc.	39.4%	60.6%
Total Health Care, Inc.	44.1%	55.9%
Trusted Health Plan Michigan, Inc.	65.2%	34.8%
UnitedHealthcare Community Plan	40.2%	59.8%
Upper Peninsula Health Plan	42.2%	57.8%
Please note, percentages may not total 100% due to rounding.		

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

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

	White	Hispanic	Black	Asian	Other	Multi-Racial
MDHHS Medicaid Program	**53.2%**	**3.9%**	**29.5%**	**1.8%**	**3.0%**	**8.6%**
Fee-for-Service	63.0%	3.0%	20.4%	2.5%	4.4%	6.6%
MDHHS Medicaid Managed Care Program	**52.5%**	**4.0%**	**30.2%**	**1.7%**	**2.9%**	**8.7%**
Aetna Better Health of Michigan	39.0%	3.6%	45.6%	2.1%	3.0%	6.6%
Blue Cross Complete of Michigan	53.5%	3.0%	34.0%	1.7%	3.4%	4.4%
HAP Empowered	36.3%	3.8%	47.1%	3.1%	2.4%	7.3%
McLaren Health Plan	75.0%	3.7%	11.2%	1.5%	2.2%	6.3%
Meridian Health Plan of Michigan	65.3%	3.6%	16.8%	1.1%	2.5%	10.7%
Molina Healthcare of Michigan	46.2%	5.7%	33.7%	1.9%	2.8%	9.7%
Priority Health Choice, Inc.	72.2%	7.9%	8.6%	1.9%	3.0%	6.5%
Total Health Care, Inc.	33.4%	2.3%	47.5%	2.3%	3.0%	11.5%
Trusted Health Plan Michigan, Inc.	15.2%	2.7%	65.6%	1.5%	3.3%	11.7%
UnitedHealthcare Community Plan	46.6%	6.4%	25.7%	2.9%	5.5%	12.9%
Upper Peninsula Health Plan	87.9%	2.3%	0.4%	0.1%	2.0%	7.3%
Please note, percentages may not total 100% due to rounding.						

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

Table 3-5—Adult Member Demographics: Education

	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
MDHHS Medicaid Program	**5.1%**	**15.3%**	**41.5%**	**29.5%**	**8.7%**
Fee-for-Service	12.0%	14.8%	41.6%	25.4%	6.3%
MDHHS Medicaid Managed Care Program	**4.6%**	**15.3%**	**41.5%**	**29.8%**	**8.8%**
Aetna Better Health of Michigan	6.3%	17.7%	48.0%	21.6%	6.3%
Blue Cross Complete of Michigan	3.0%	14.0%	31.6%	38.5%	13.0%
HAP Empowered	9.3%	20.0%	39.8%	24.4%	6.5%
McLaren Health Plan	3.1%	15.1%	45.2%	26.6%	10.0%
Meridian Health Plan of Michigan	5.1%	13.3%	42.0%	30.4%	9.3%
Molina Healthcare of Michigan	4.2%	14.9%	39.6%	31.3%	10.1%
Priority Health Choice, Inc.	3.1%	11.0%	44.8%	31.7%	9.5%
Total Health Care, Inc.	4.6%	17.4%	40.6%	29.0%	8.4%
Trusted Health Plan Michigan, Inc.	2.9%	18.5%	44.2%	28.3%	6.2%
UnitedHealthcare Community Plan	4.2%	18.5%	36.7%	31.2%	9.4%
Upper Peninsula Health Plan	3.5%	10.4%	42.1%	33.9%	10.2%
Please note, percentages may not total 100% due to rounding.					

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

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

	Excellent	Very Good	Good	Fair	Poor
MDHHS Medicaid Program	**8.0%**	**20.0%**	**35.9%**	**27.8%**	**8.3%**
Fee-for-Service	5.2%	13.7%	32.6%	35.3%	13.2%
MDHHS Medicaid Managed Care Program	**8.3%**	**20.5%**	**36.1%**	**27.2%**	**7.9%**
Aetna Better Health of Michigan	6.9%	17.2%	32.6%	32.6%	10.6%
Blue Cross Complete of Michigan	14.1%	22.5%	40.9%	18.5%	4.0%
HAP Empowered	5.5%	15.0%	35.9%	32.1%	11.5%
McLaren Health Plan	8.5%	23.3%	35.9%	25.2%	7.0%
Meridian Health Plan of Michigan	7.4%	21.5%	38.8%	25.2%	7.0%
Molina Healthcare of Michigan	9.0%	21.0%	32.1%	30.9%	6.9%
Priority Health Choice, Inc.	8.6%	21.0%	39.7%	24.3%	6.3%
Total Health Care, Inc.	11.2%	20.4%	30.7%	28.9%	8.7%
Trusted Health Plan Michigan, Inc.	7.5%	22.8%	36.2%	26.8%	6.6%
UnitedHealthcare Community Plan	8.8%	22.6%	35.2%	25.8%	7.5%
Upper Peninsula Health Plan	6.7%	20.5%	38.4%	25.7%	8.7%
Please note, percentages may not total 100% due to rounding.					

NCQA Comparisons

In order to assess the overall performance of the MDHHS Medicaid Program and each of the MHPs, HSAG compared scores for the measures to NCQA's 2018 Quality Compass Benchmark and Compare Quality Data.[3-1]

Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each CAHPS measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent), as shown in Table 3-7.

Table 3-7—Star Ratings

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

The results presented in the following three tables represent the top-box scores for each measure, while the stars represent overall member experience ratings when the top-box scores were compared to NCQA Quality Compass Benchmark and Compare Quality Data.

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

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

Table 3-8—NCQA Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
MDHHS Medicaid Program	★★★ **61.0%**	★★ **54.2%**	★★ **64.7%**	★★ **67.2%**
Fee-for-Service	★ 53.6%	★★ 52.2%	★★ 65.6%	★★★ 67.7%
MDHHS Medicaid Managed Care Program	★★★ **63.2%**	★★ **54.8%**	★★ **64.4%**	★★ **67.1%**
Aetna Better Health of Michigan	★★★ 61.5%	★★★ 56.0%	★★ 66.5%	★ 61.7%
Blue Cross Complete of Michigan	★★★★ 65.1%	★★★ 57.3%	★★★ 69.6%	★★★ 68.1%
HAP Empowered	★★★★★ 69.7%	★★★ 57.2%	★★★ 70.0%	★★ 67.2%
McLaren Health Plan	★★★ 62.1%	★★ 54.1%	★★ 64.7%	★★★ 68.3%
Meridian Health Plan of Michigan	★★★★ 64.6%	★★★ 55.2%	★ 63.1%	★★★ 69.5%
Molina Healthcare of Michigan	★★ 58.5%	★★ 52.9%	★ 62.8%	★★ 65.6%
Priority Health Choice, Inc.	★★★★ 64.3%	★★ 54.6%	★★ 63.9%	★★★ 68.7%
Total Health Care, Inc.	★★★ 61.4%	★★★ 56.4%	★ 63.5%	★★ 66.3%
Trusted Health Plan Michigan, Inc.	★ 54.3%	★ 48.5%	★ 54.6%	★★★ 68.1%
UnitedHealthcare Community Plan	★★★★ 65.2%	★★ 54.7%	★ 63.1%	★ 61.8%
Upper Peninsula Health Plan	★★★★ 64.7%	★★ 53.5%	★★★ 68.6%	★★★★ 70.7%

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

Table 3-9—NCQA Comparisons: Composite Measures

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
MDHHS Medicaid Program	★★★ **85.1%**	★★★★ **84.8%**	★★ **91.3%**	★★★ **89.6%**	★★ **78.9%**
Fee-for-Service	★★★★★ 86.9%	★★★★ 86.1%	★★ 90.4%	★★★+ 88.9%	★★ 78.9%
MDHHS Medicaid Managed Care Program	★★★ **84.6%**	★★★ **84.4%**	★★ **91.6%**	★★★ **89.9%**	★★ **78.9%**
Aetna Better Health of Michigan	★ 78.2%	★★ 82.1%	★★ 91.1%	★★★ 89.3%	★ 75.6%
Blue Cross Complete of Michigan	★★★★★ 87.5%	★★★★★ 88.3%	★★★ 92.6%	★★ 88.1%	★★★ 81.9%
HAP Empowered	★★★★ 86.6%	★★★★★ 87.7%	★★ 91.2%	★★★★★ 90.8%	★★ 78.1%
McLaren Health Plan	★★★★ 85.9%	★★★ 82.5%	★★ 91.3%	★★+ 87.8%	★★★ 81.7%
Meridian Health Plan of Michigan	★★★★ 85.5%	★★★★ 85.6%	★★ 91.3%	★★★★★ 92.4%	★ 77.1%
Molina Healthcare of Michigan	★★ 82.1%	★★ 80.0%	★★ 91.4%	★★★ 88.9%	★ 77.5%
Priority Health Choice, Inc.	★★★ 84.8%	★★★★ 86.5%	★★★ 92.2%	★★★★★ 91.0%	★★ 78.9%
Total Health Care, Inc.	★★★ 83.7%	★★★★ 85.6%	★★★ 92.5%	★★★★★ 91.9%	★★★★ 82.0%
Trusted Health Plan Michigan, Inc.	★★ 80.8%	★★ 80.9%	★ 90.1%	★★ 88.0%	★ 76.8%
UnitedHealthcare Community Plan	★★ 82.7%	★★★ 83.9%	★★ 90.9%	★★+ 87.6%	★★ 79.0%
Upper Peninsula Health Plan	★★★★★ 89.1%	★★★★★ 89.5%	★★★★ 94.0%	★★★★★ 92.6%	★★★ 81.9%

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

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

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

	Coordination of Care	Health Promotion and Education	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
MDHHS Medicaid Program	★★ **82.5%**	★★★ **74.5%**	★★★★ **82.1%**	★★★★ **58.2%**	★★★ **48.8%**
Fee-for-Service	★ 80.0%	★★★ 74.9%	★★★★★ 84.7%	★★★ 57.5%	★★★ 48.0%
MDHHS Medicaid Managed Care Program	★★ **83.2%**	★★★ **74.4%**	★★★★ **81.3%**	★★★★ **58.4%**	★★★ **49.0%**
Aetna Better Health of Michigan	★★ 83.3%	★★★★ 77.5%	★★★★★ 85.1%	★★★★★ 63.7%	★★★★ 56.1%
Blue Cross Complete of Michigan	★ 78.5%	★★★★★ 82.2%	★★★★ 82.9%	★★★★ 60.4%	★★★★ 51.5%
HAP Empowered	★★★ 85.5%	★★★★★ 79.1%	★★★★ 83.2%	★★★★★ 65.7%	★★★★ 54.2%
McLaren Health Plan	★★+ 81.9%	★★ 73.1%	★★★ 79.4%	★★★★ 58.2%	★★★ 45.2%
Meridian Health Plan of Michigan	★★★★ 87.0%	★★ 71.6%	★★★ 80.8%	★★★ 56.1%	★★★ 47.6%
Molina Healthcare of Michigan	★★ 81.5%	★★ 73.0%	★★★ 80.0%	★★★ 56.5%	★★★ 45.6%
Priority Health Choice, Inc.	★★★ 84.2%	★★★ 75.3%	★★★★ 81.9%	★★★ 57.4%	★★★★ 50.2%
Total Health Care, Inc.	★★★ 83.4%	★★★★ 77.1%	★★★ 80.4%	★★★★ 60.1%	★★★ 47.5%
Trusted Health Plan Michigan, Inc.	★★ 81.9%	★★★ 76.0%	★★★ 79.3%	★★★ 55.4%	★★★ 46.9%
UnitedHealthcare Community Plan	★ 80.6%	★★★ 73.7%	★★★★★ 84.3%	★★★★★ 63.2%	★★★★ 55.3%
Upper Peninsula Health Plan	★★★★★ 91.0%	★★★ 75.8%	★★ 77.2%	★★★ 56.4%	★★★ 49.1%

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

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box scores (i.e., rates of experience) for each measure. A "top-box" response was defined as follows:

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

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

The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program results were weighted based on the eligible population for each adult 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 adult Medicaid national averages also are presented for comparison.[3-2] Colors in the figures note statistically significant differences. Green indicates a top-box score that was statistically significantly higher than the MDHHS Medicaid Managed Care Program average. Conversely, red indicates a top-box score that was statistically significantly lower than the MDHHS Medicaid Managed Care Program average. Blue represents top-box scores that were not statistically significantly different from the MDHHS Medicaid Managed Care Program average. Health plan/program scores with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. In addition, results based on fewer than 11 respondents were suppressed and are noted as "Not Applicable."

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

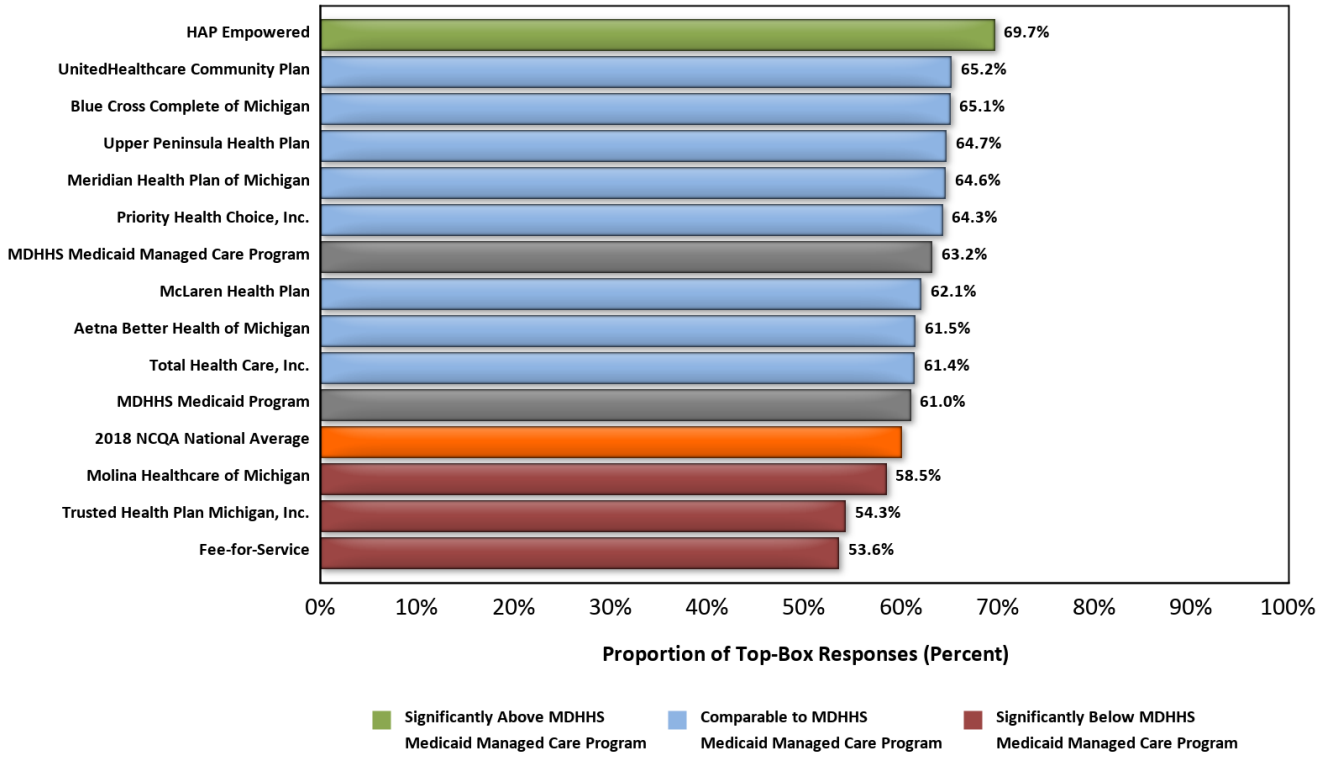
[3-2] The source for the national data contained in this publication is Quality Compass® 2018 and is used with the permission of NCQA. Quality Compass 2018 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

Global Ratings

Rating of Health Plan

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Figure 3-1 shows the Rating of Health Plan top-box scores.

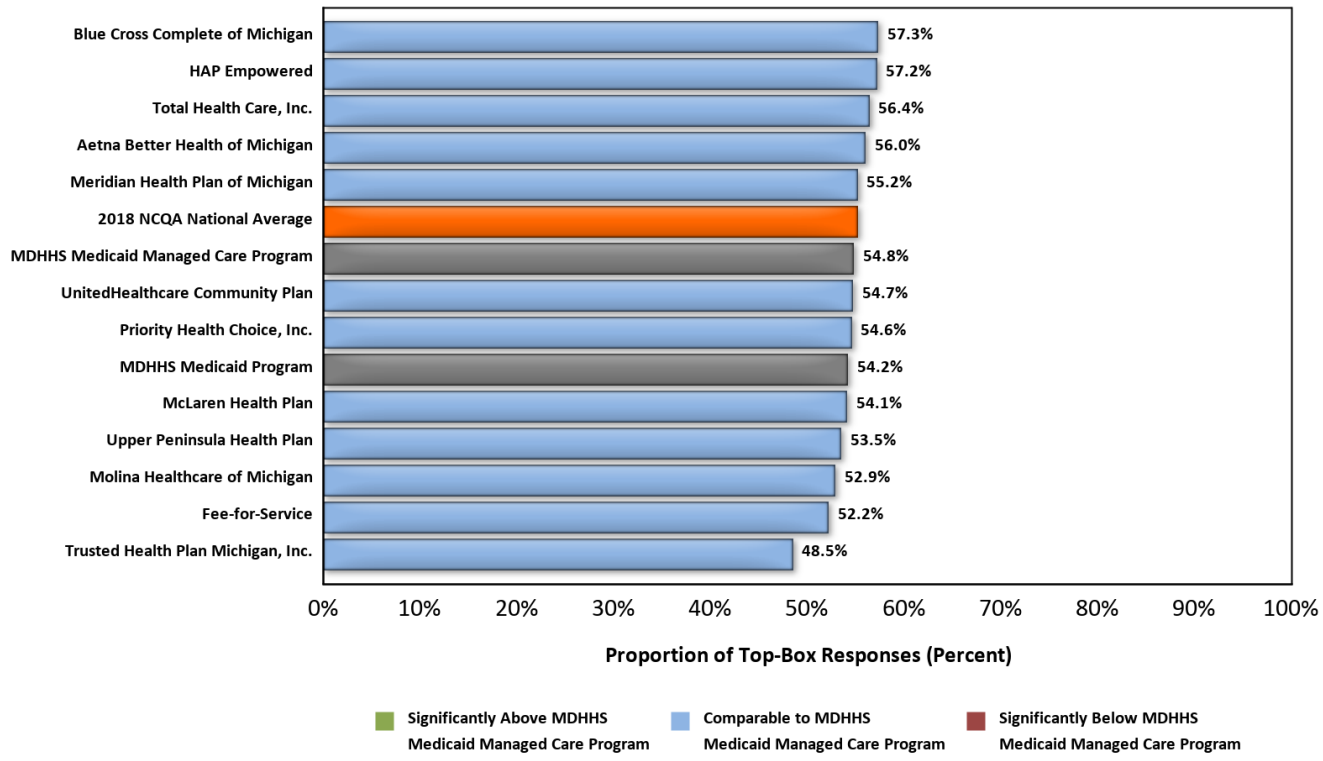
Figure 3-1—Rating of Health Plan Top-Box Scores



Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Figure 3-2 shows the Rating of All Health Care top-box scores.

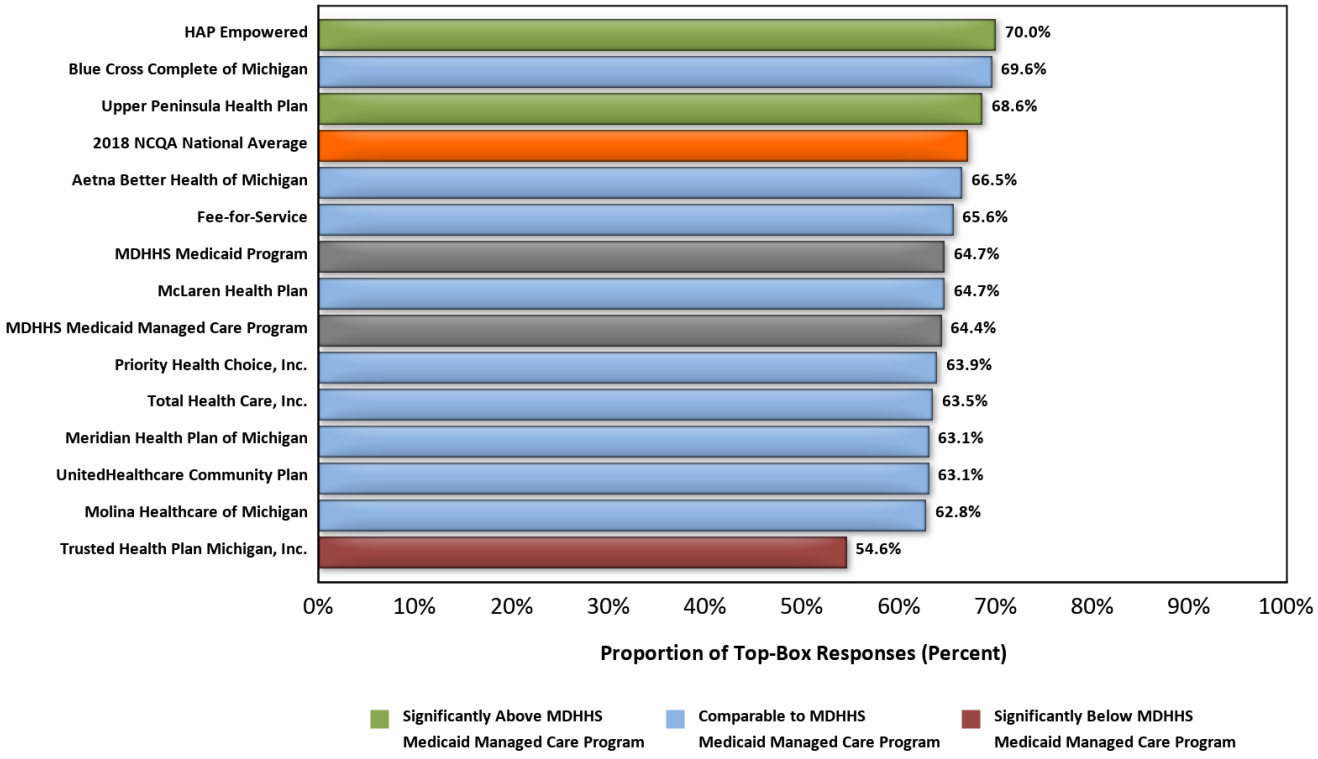
Figure 3-2—Rating of All Health Care Top-Box Scores



Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." Figure 3-3 shows the Rating of Personal Doctor top-box scores.

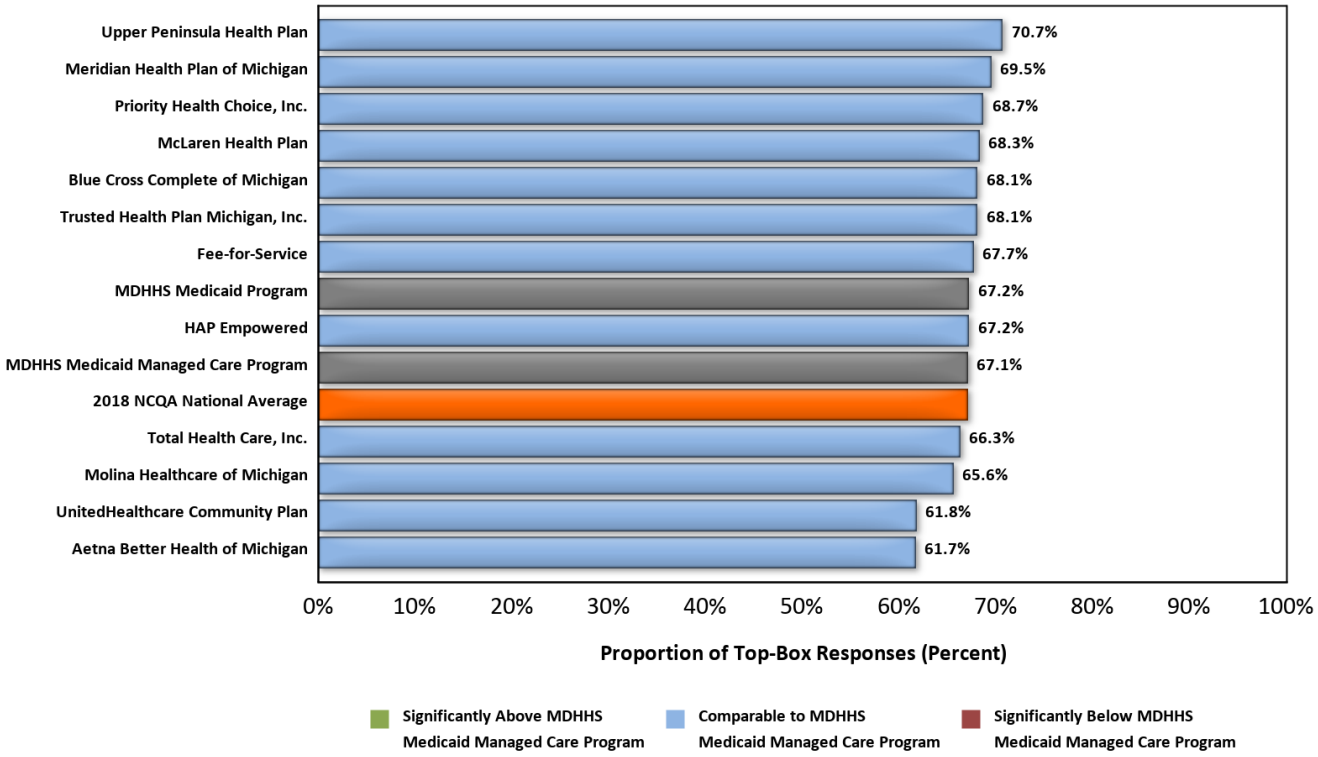
Figure 3-3—Rating of Personal Doctor Top-Box Scores



Rating of Specialist Seen Most Often

Adult members were asked to rate their specialist on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." Figure 3-4 shows the Rating of Specialist Seen Most Often top-box scores.

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



Composite Measures

Getting Needed Care

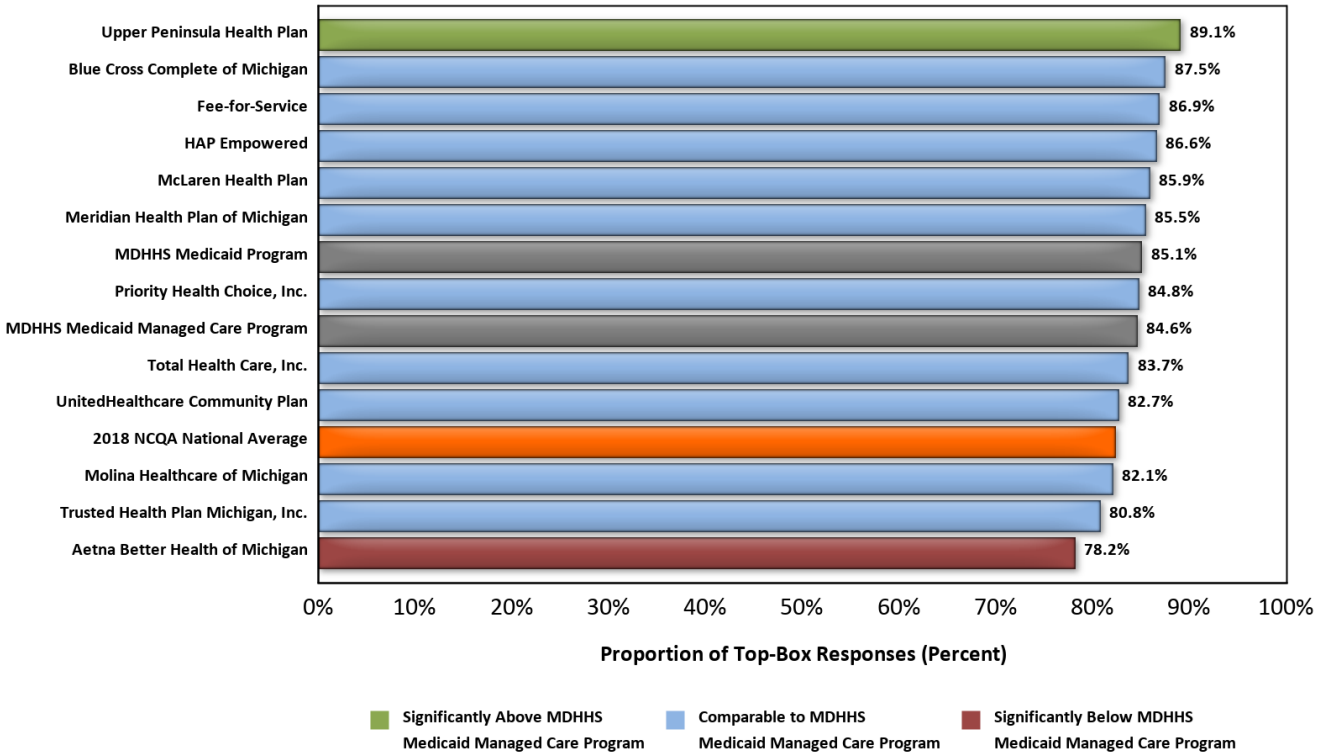
Two questions (Questions 14 and 25) were asked to assess how often it was easy to get needed care:

- **Question 14**. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
    - Never
    - Sometimes
    - Usually
    - Always
- **Question 25.** In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
    - Never
    - Sometimes
    - Usually
    - Always

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

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

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



Getting Care Quickly

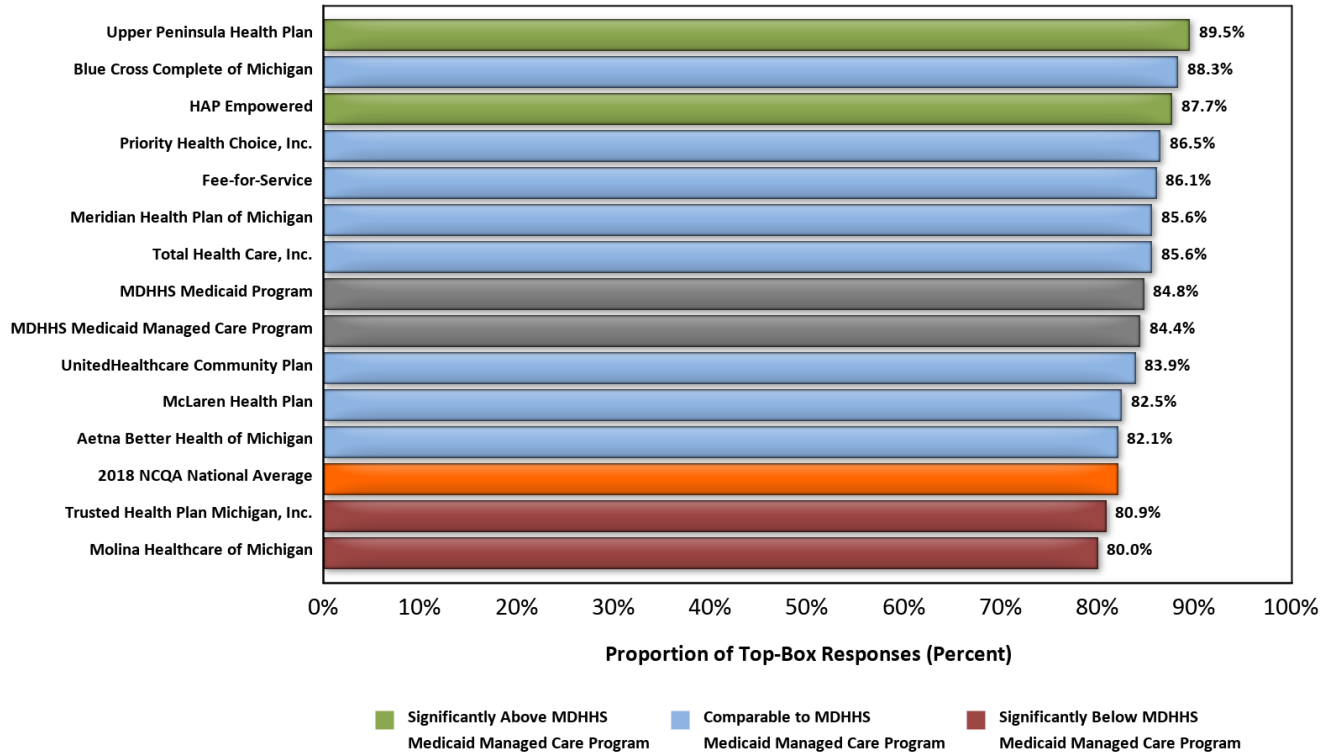
Two questions (Questions 4 and 6) were asked to assess how often adult members received care quickly:

- **Question 4**. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 6**. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
  - Never
  - Sometimes
  - Usually
  - Always

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

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

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



How Well Doctors Communicate

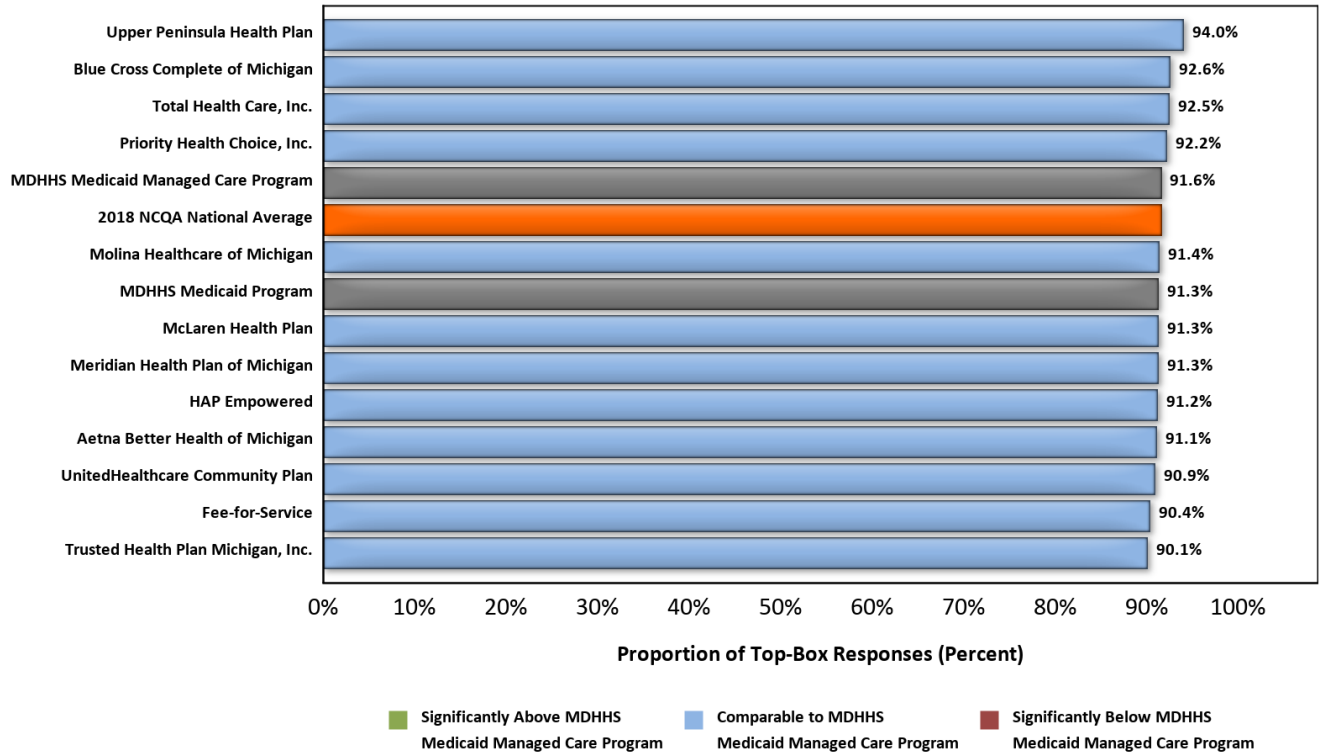
A series of four questions (Questions 17, 18, 19, and 20) was asked to assess how often doctors communicated well:

- **Question 17**. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 18**. In the last 6 months, how often did your personal doctor listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 19**. In the last 6 months, how often did your personal doctor show respect for what you had to say?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 20**. In the last 6 months, how often did your personal doctor spend enough time with you?
  - Never
  - Sometimes
  - Usually
  - Always

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

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

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



Customer Service

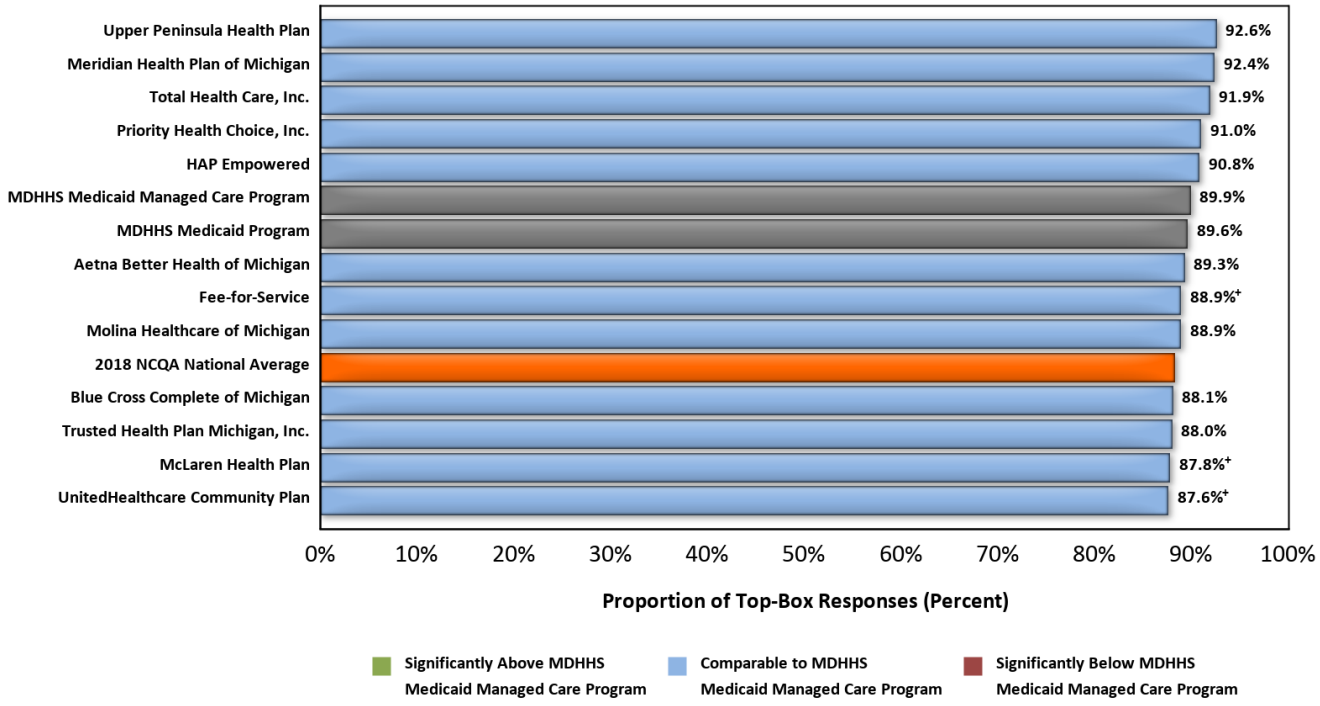
Two questions (Questions 31 and 32) were asked to assess how often adult members were satisfied with customer service:

- **Question 31**. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 32**. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
  - Never
  - Sometimes
  - Usually
  - Always

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

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

Figure 3-8—Customer Service Top-Box Scores



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

Shared Decision Making

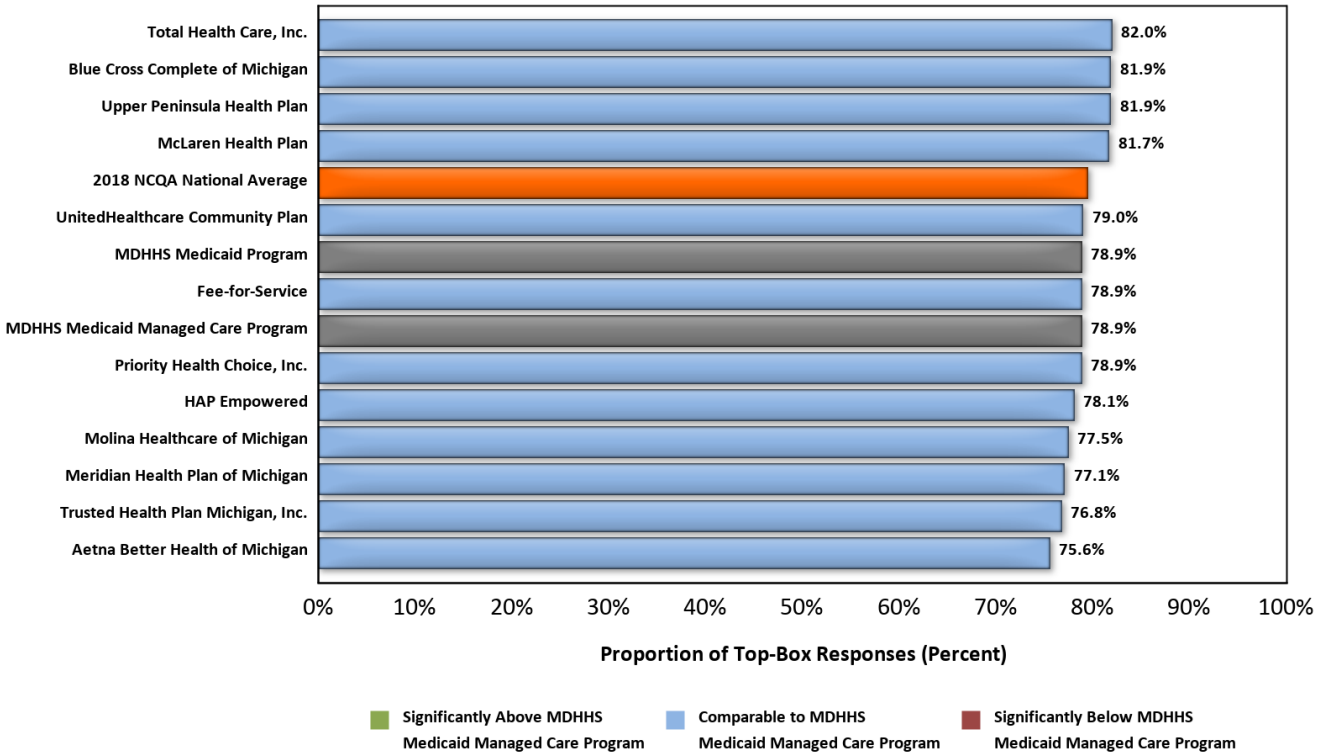
Three questions (Questions 10, 11, and 12) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine:

- **Question 10**. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
  - Yes
  - No
- **Question 11**. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
  - Yes
  - No
- **Question 12**. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
  - Yes
  - No

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

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

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



Individual Item Measures

Coordination of Care

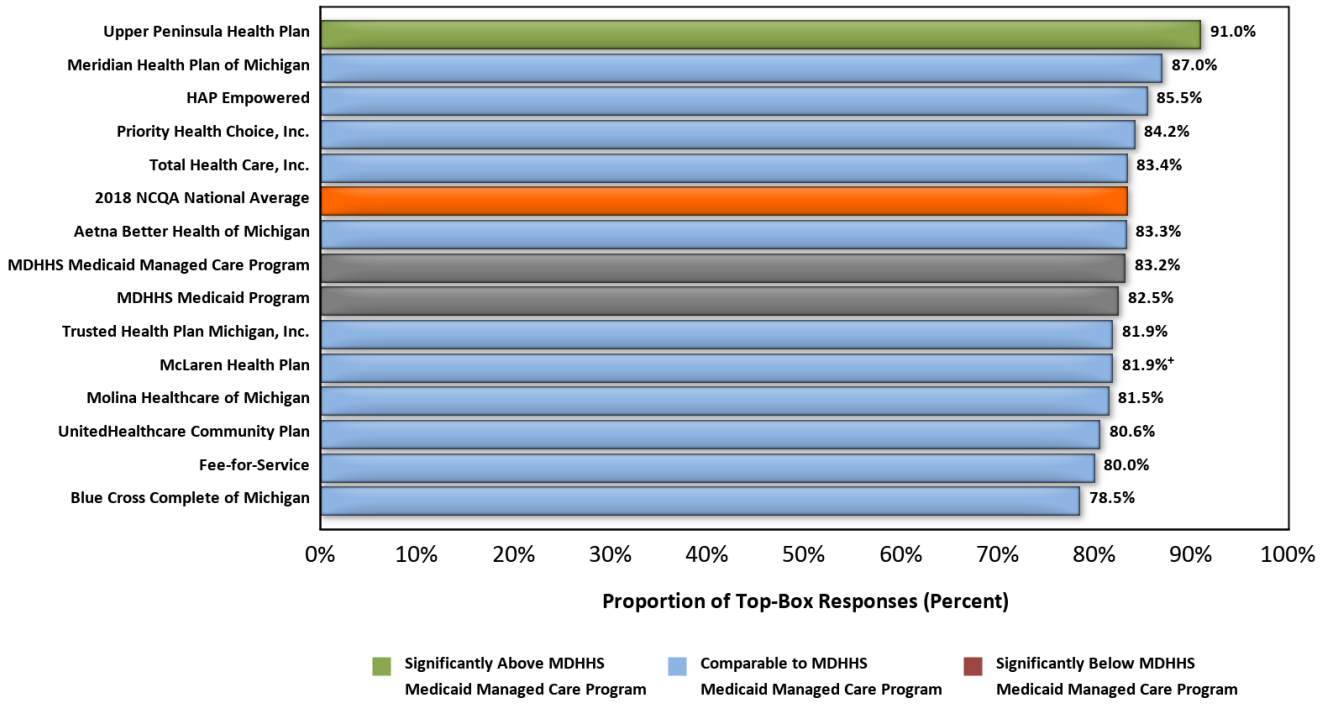
Adult members were asked one question (Question 22) to assess how often their personal doctor seemed informed and up-to-date about care they received from another doctor:

- **Question 22**. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?
  - Never
  - Sometimes
  - Usually
  - Always

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

Figure 3-10 shows the Coordination of Care top-box scores.

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



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

Health Promotion and Education

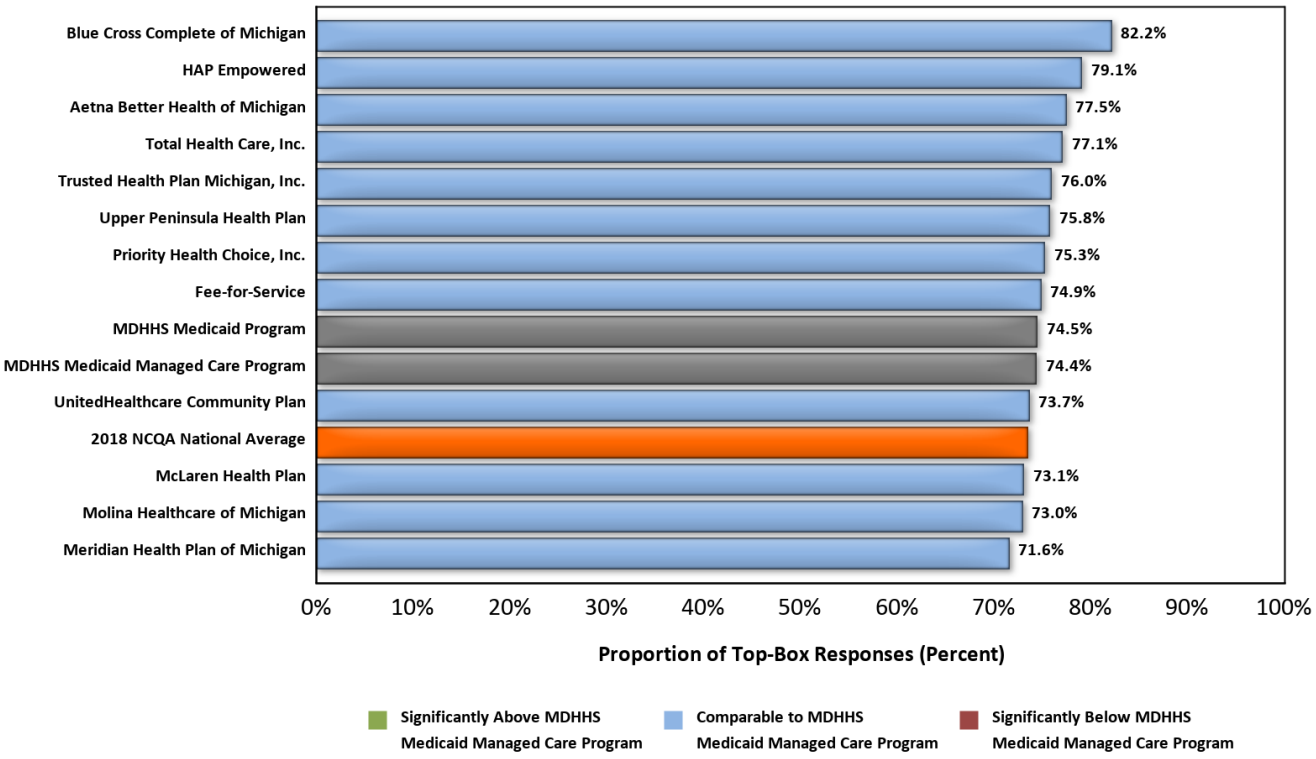
Adult members were asked one question (Question 8) to assess if their doctor talked with them about specific things they could do to prevent illness:

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

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

Figure 3-11 shows the Health Promotion and Education top-box scores.

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



Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

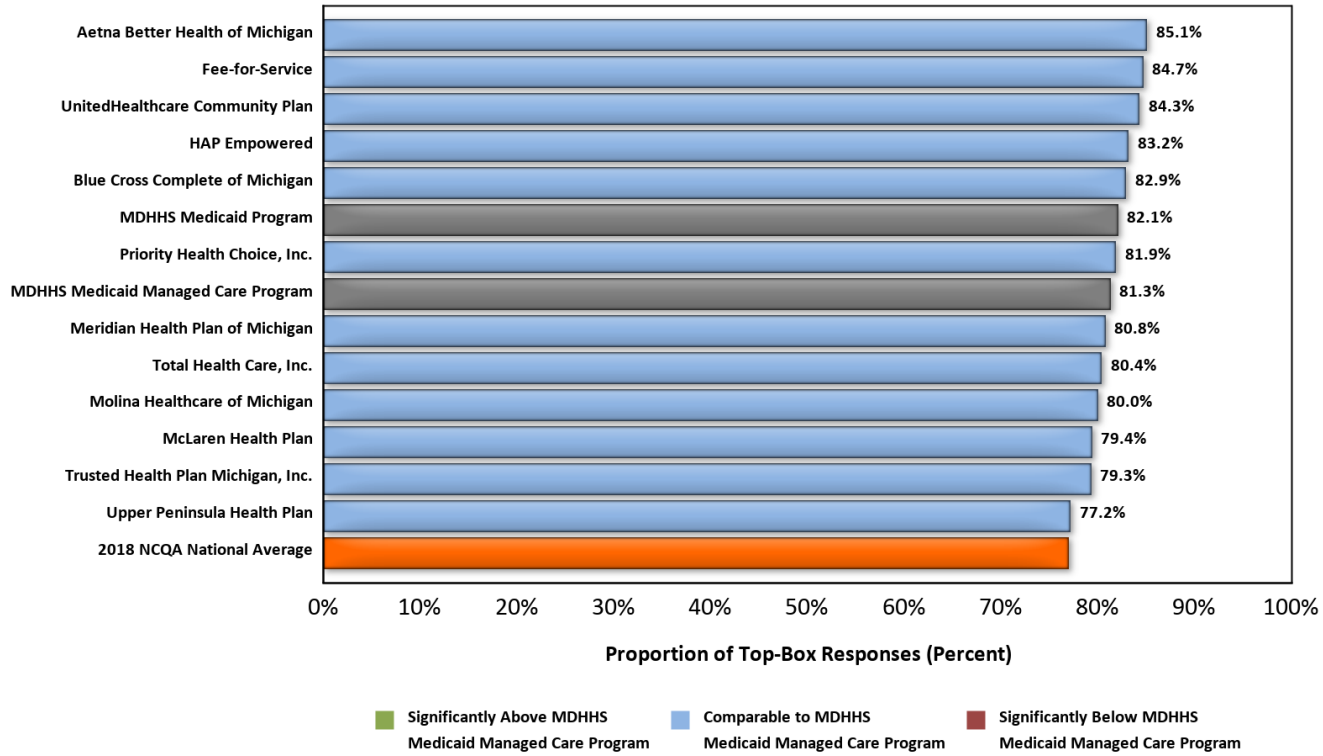
Adult members were asked how often they were advised to quit smoking or using tobacco by a doctor or other health provider (Question 40):

- **Question 40**. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
    - Never
    - Sometimes
    - Usually
    - Always

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question.

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

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



Discussing Cessation Medications

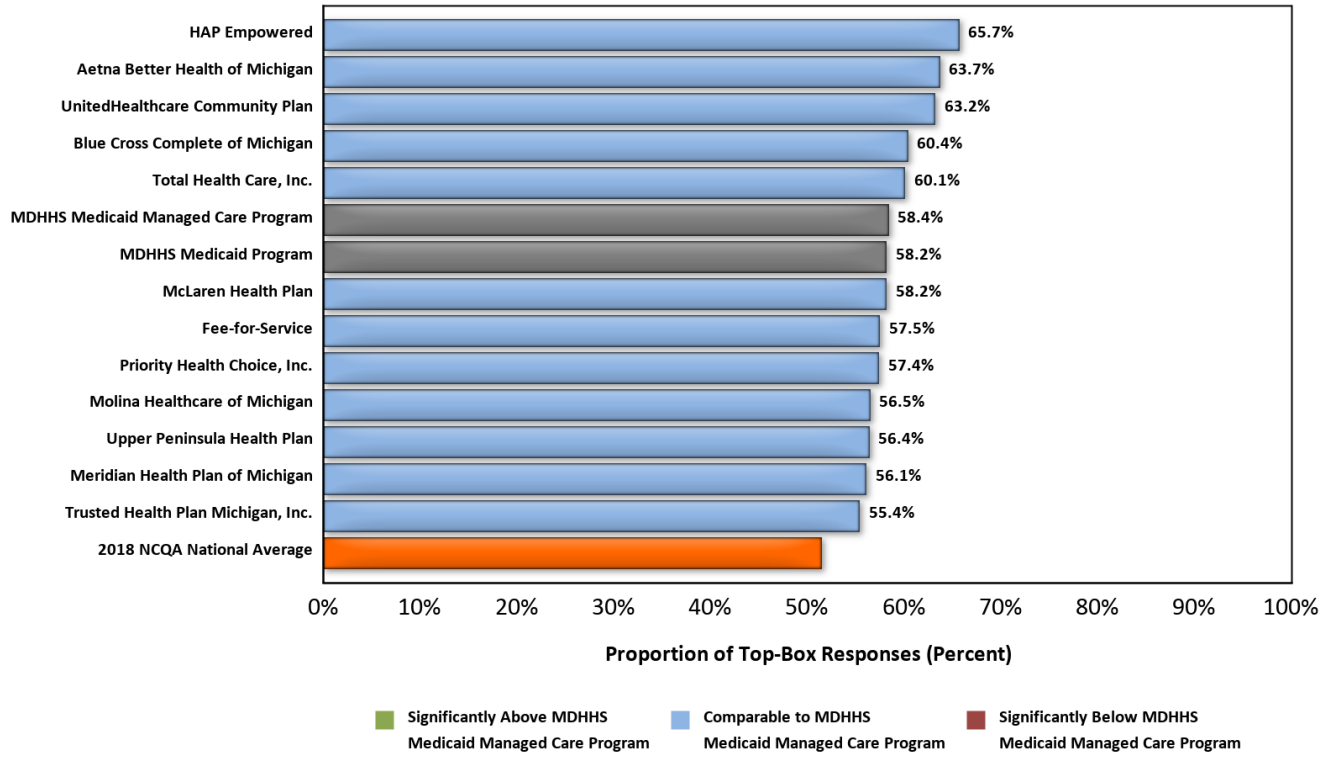
Adult members were asked how often medication was recommended or discussed by a doctor or other health provider to assist them with quitting smoking or using tobacco (Question 41):

- **Question 41**. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
    - Never
    - Sometimes
    - Usually
    - Always

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question.

Figure 3-13 shows the Discussing Cessation Medications scores.

Figure 3-13—Discussing Cessation Medications Scores



Discussing Cessation Strategies

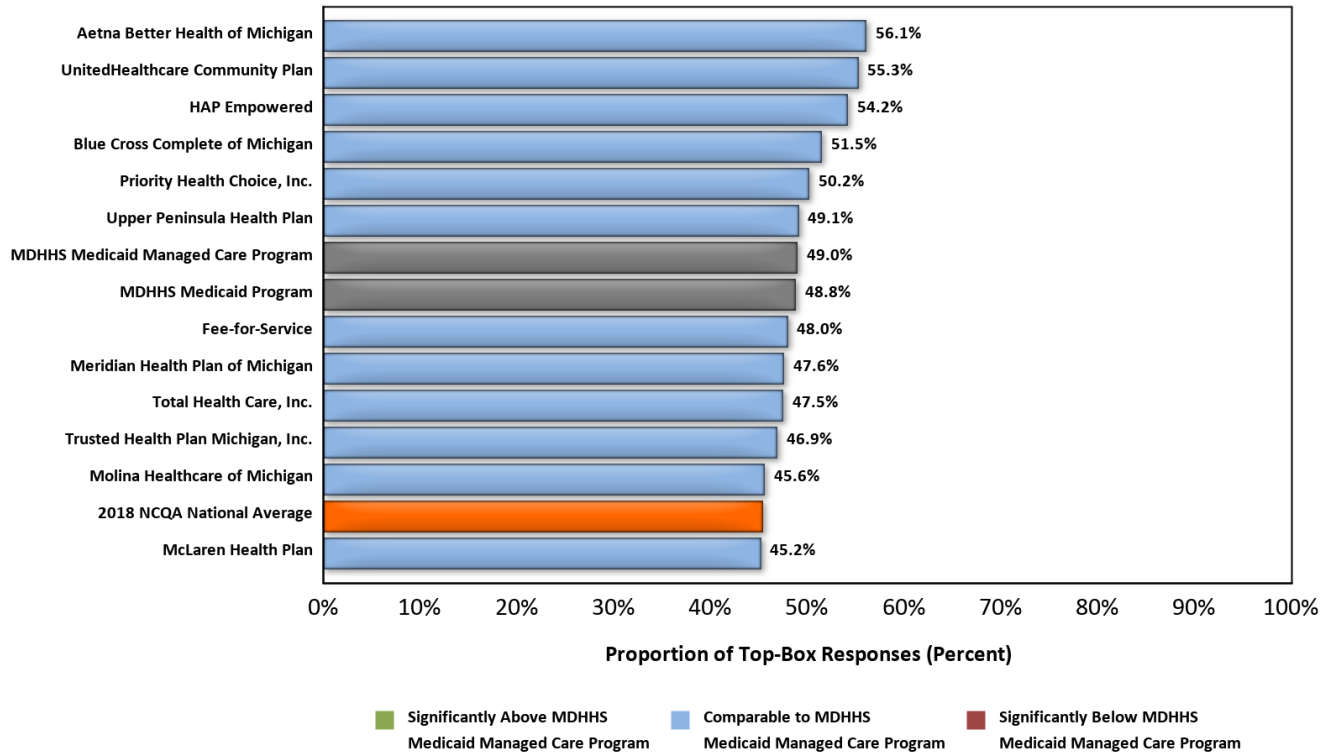
Adult members were asked how often their doctor or health provider discussed or provided methods and strategies other than medication to assist them with quitting smoking or using tobacco (Question 42):

- **Question 42**. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
    - Never
    - Sometimes
    - Usually
    - Always

The results of this measure represent the percentage of smokers/tobacco users who answered "Sometimes," "Usually," or "Always" to this question.

Figure 3-14 shows the Discussing Cessation Strategies scores.

Figure 3-14—Discussing Cessation Strategies Scores



Summary of Results

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

Table 3-11—Statewide Comparisons: Global Ratings

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

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

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

Table 3-12—Statewide Comparisons: Composite Measures

	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 Empowered	—	↑	—	—	—
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	↓	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Total Health Care, Inc.	—	—	—	—	—
Trusted Health Plan Michigan, Inc.	—	↓	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	↑	↑	—	—	—

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

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

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

	Coordination of Care	Health Promotion and Education	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
Fee-for-Service	—	—	—	—	—
Aetna Better Health of Michigan	—	—	—	—	—
Blue Cross Complete of Michigan	—	—	—	—	—
HAP Empowered	—	—	—	—	—
McLaren Health Plan	—+	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Total Health Care, Inc.	—	—	—	—	—
Trusted Health Plan Michigan, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	↑	—	—	—	—

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

Trend Analysis

The completed surveys from the 2019 and 2018 CAHPS results were used to perform the trend analysis presented in this section. The 2019 CAHPS top-box scores were compared to the 2018 CAHPS top-box scores to determine whether there were statistically significant differences. Statistically significant differences between 2019 scores and 2018 scores are noted with triangles. Scores that were statistically significantly higher in 2019 than in 2018 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2019 than in 2018 are noted with downward triangles (▼). Scores in 2019 that were not statistically significantly different from scores in 2018 are noted with a dash (–). Measures that did not meet the minimum number of 100 responses required by NCQA are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents.

Global Ratings

Rating of Health Plan

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Table 4-1 shows the 2018 and 2019 top-box scores and the trend results for Rating of Health Plan.

Table 4-1—Rating of Health Plan Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**59.0%**	**61.0%**	**—**
Fee-for-Service	52.8%	53.6%	—
MDHHS Medicaid Managed Care Program	**60.5%**	**63.2%**	**▲**
Aetna Better Health of Michigan	54.9%	61.5%	—
Blue Cross Complete of Michigan	62.1%	65.1%	—
HAP Empowered	67.5%	69.7%	—
McLaren Health Plan	65.9%	62.1%	—
Meridian Health Plan of Michigan	61.7%	64.6%	—
Molina Healthcare of Michigan	55.4%	58.5%	—
Priority Health Choice, Inc.	61.6%	64.3%	—
Total Health Care, Inc.	60.3%	61.4%	—
Trusted Health Plan Michigan, Inc.	54.5%	54.3%	—
UnitedHealthcare Community Plan	59.4%	65.2%	—
Upper Peninsula Health Plan	65.5%	64.7%	—

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

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

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

- MDHHS Medicaid Managed Care Program

Rating of All Health Care

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

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

	2018	2019	Trend Results
MDHHS Medicaid Program	**55.4%**	**54.2%**	**—**
Fee-for-Service	57.4%	52.2%	—
MDHHS Medicaid Managed Care Program	**54.9%**	**54.8%**	**—**
Aetna Better Health of Michigan	49.8%	56.0%	—
Blue Cross Complete of Michigan	56.7%	57.3%	—
HAP Empowered	53.3%	57.2%	—
McLaren Health Plan	58.6%	54.1%	—
Meridian Health Plan of Michigan	55.2%	55.2%	—
Molina Healthcare of Michigan	50.9%	52.9%	—
Priority Health Choice, Inc.	57.4%	54.6%	—
Total Health Care, Inc.	52.0%	56.4%	—
Trusted Health Plan Michigan, Inc.	49.1%	48.5%	—
UnitedHealthcare Community Plan	56.0%	54.7%	—
Upper Peninsula Health Plan	56.1%	53.5%	—

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

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

Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." Table 4-3 shows the 2018 and 2019 top-box scores and the trend results for Rating of Personal Doctor.

Table 4-3—Rating of Personal Doctor Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**64.3%**	**64.7%**	**—**
Fee-for-Service	66.4%	65.6%	—
MDHHS Medicaid Managed Care Program	**63.7%**	**64.4%**	**—**
Aetna Better Health of Michigan	68.7%	66.5%	—
Blue Cross Complete of Michigan	64.7%	69.6%	—
HAP Empowered	70.0%	70.0%	—
McLaren Health Plan	63.8%	64.7%	—
Meridian Health Plan of Michigan	62.7%	63.1%	—
Molina Healthcare of Michigan	63.7%	62.8%	—
Priority Health Choice, Inc.	64.3%	63.9%	—
Total Health Care, Inc.	60.0%	63.5%	—
Trusted Health Plan Michigan, Inc.	59.5%	54.6%	—
UnitedHealthcare Community Plan	63.9%	63.1%	—
Upper Peninsula Health Plan	66.2%	68.6%	—

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

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

Rating of Specialist Seen Most Often

Adult members were asked to rate their specialist on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." Table 4-4 shows the 2018 and 2019 top-box scores and the trend results for Rating of Specialist Seen Most Often.

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

	2018	2019	Trend Results
MDHHS Medicaid Program	**66.5%**	**67.2%**	**—**
Fee-for-Service	69.5%	67.7%	—
MDHHS Medicaid Managed Care Program	**65.7%**	**67.1%**	**—**
Aetna Better Health of Michigan	66.7%	61.7%	—
Blue Cross Complete of Michigan	61.9%	68.1%	—
HAP Empowered	71.0%	67.2%	—
McLaren Health Plan	73.6%	68.3%	—
Meridian Health Plan of Michigan	67.0%	69.5%	—
Molina Healthcare of Michigan	61.6%	65.6%	—
Priority Health Choice, Inc.	68.5%	68.7%	—
Total Health Care, Inc.	60.3%	66.3%	—
Trusted Health Plan Michigan, Inc.	60.8%+	68.1%	—
UnitedHealthcare Community Plan	66.0%	61.8%	—
Upper Peninsula Health Plan	63.2%	70.7%	—

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

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

Composite Measures

Getting Needed Care

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

Table 4-5—Getting Needed Care Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**83.7%**	**85.1%**	**—**
Fee-for-Service	82.6%	86.9%	—
MDHHS Medicaid Managed Care Program	**84.0%**	**84.6%**	**—**
Aetna Better Health of Michigan	88.3%	78.2%	▼
Blue Cross Complete of Michigan	83.1%	87.5%	—
HAP Empowered	86.6%	86.6%	—
McLaren Health Plan	89.6%	85.9%	—
Meridian Health Plan of Michigan	82.6%	85.5%	—
Molina Healthcare of Michigan	81.4%	82.1%	—
Priority Health Choice, Inc.	85.6%	84.8%	—
Total Health Care, Inc.	84.6%	83.7%	—
Trusted Health Plan Michigan, Inc.	79.0%	80.8%	—
UnitedHealthcare Community Plan	84.9%	82.7%	—
Upper Peninsula Health Plan	86.3%	89.1%	—

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

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

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

- Aetna Better Health of Michigan

Getting Care Quickly

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

Table 4-6—Getting Care Quickly Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**84.0%**	**84.8%**	**—**
Fee-for-Service	84.3%	86.1%	—
MDHHS Medicaid Managed Care Program	**83.9%**	**84.4%**	**—**
Aetna Better Health of Michigan	85.6%	82.1%	—
Blue Cross Complete of Michigan	83.2%	88.3%	—
HAP Empowered	90.5%	87.7%	—
McLaren Health Plan	83.7%	82.5%	—
Meridian Health Plan of Michigan	85.6%	85.6%	—
Molina Healthcare of Michigan	81.6%	80.0%	—
Priority Health Choice, Inc.	86.6%	86.5%	—
Total Health Care, Inc.	81.3%	85.6%	—
Trusted Health Plan Michigan, Inc.	77.3%	80.9%	—
UnitedHealthcare Community Plan	82.3%	83.9%	—
Upper Peninsula Health Plan	90.1%	89.5%	—

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

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

How Well Doctors Communicate

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

Table 4-7—How Well Doctors Communicate Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**91.1%**	**91.3%**	**—**
Fee-for-Service	91.0%	90.4%	—
MDHHS Medicaid Managed Care Program	**91.1%**	**91.6%**	**—**
Aetna Better Health of Michigan	93.2%	91.1%	—
Blue Cross Complete of Michigan	92.2%	92.6%	—
HAP Empowered	93.2%	91.2%	—
McLaren Health Plan	91.0%	91.3%	—
Meridian Health Plan of Michigan	91.0%	91.3%	—
Molina Healthcare of Michigan	90.1%	91.4%	—
Priority Health Choice, Inc.	91.5%	92.2%	—
Total Health Care, Inc.	89.5%	92.5%	—
Trusted Health Plan Michigan, Inc.	91.1%	90.1%	—
UnitedHealthcare Community Plan	91.3%	90.9%	—
Upper Peninsula Health Plan	92.5%	94.0%	—

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

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

Customer Service

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

Table 4-8—Customer Service Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**87.5%**	**89.6%**	—
Fee-for-Service	79.1%+	88.9%+	▲
MDHHS Medicaid Managed Care Program	**89.5%**	**89.9%**	—
Aetna Better Health of Michigan	90.4%+	89.3%	—
Blue Cross Complete of Michigan	90.0%	88.1%	—
HAP Empowered	91.0%	90.8%	—
McLaren Health Plan	91.9%+	87.8%+	—
Meridian Health Plan of Michigan	88.2%	92.4%	—
Molina Healthcare of Michigan	88.8%	88.9%	—
Priority Health Choice, Inc.	92.4%	91.0%	—
Total Health Care, Inc.	88.8%	91.9%	—
Trusted Health Plan Michigan, Inc.	89.7%	88.0%	—
UnitedHealthcare Community Plan	89.1%	87.6%+	—
Upper Peninsula Health Plan	90.2%	92.6%	—

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

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

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

- Fee-for-Service

Shared Decision Making

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

Table 4-9—Shared Decision Making Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**79.8%**	**78.9%**	**—**
Fee-for-Service	78.8%	78.9%	—
MDHHS Medicaid Managed Care Program	**80.1%**	**78.9%**	**—**
Aetna Better Health of Michigan	78.3%	75.6%	—
Blue Cross Complete of Michigan	80.1%	81.9%	—
HAP Empowered	77.4%	78.1%	—
McLaren Health Plan	82.4%	81.7%	—
Meridian Health Plan of Michigan	83.0%	77.1%	▼
Molina Healthcare of Michigan	78.2%	77.5%	—
Priority Health Choice, Inc.	79.0%	78.9%	—
Total Health Care, Inc.	75.7%	82.0%	—
Trusted Health Plan Michigan, Inc.	77.3%+	76.8%	—
UnitedHealthcare Community Plan	75.9%	79.0%	—
Upper Peninsula Health Plan	83.2%	81.9%	—

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

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

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

- Meridian Health Plan of Michigan

Individual Item Measures

Coordination of Care

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

Table 4-10—Coordination of Care Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**81.6%**	**82.5%**	**—**
Fee-for-Service	84.8%	80.0%	—
MDHHS Medicaid Managed Care Program	**80.9%**	**83.2%**	**—**
Aetna Better Health of Michigan	84.1%	83.3%	—
Blue Cross Complete of Michigan	83.3%	78.5%	—
HAP Empowered	83.3%	85.5%	—
McLaren Health Plan	81.2%	81.9%+	—
Meridian Health Plan of Michigan	81.0%	87.0%	—
Molina Healthcare of Michigan	76.8%	81.5%	—
Priority Health Choice, Inc.	83.0%	84.2%	—
Total Health Care, Inc.	78.4%	83.4%	—
Trusted Health Plan Michigan, Inc.	76.1%+	81.9%	—
UnitedHealthcare Community Plan	82.4%	80.6%	—
Upper Peninsula Health Plan	83.9%	91.0%	▲

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

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

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

- Upper Peninsula Health Plan

Health Promotion and Education

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

Table 4-11—Health Promotion and Education Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**77.0%**	**74.5%**	**—**
Fee-for-Service	73.3%	74.9%	—
MDHHS Medicaid Managed Care Program	**77.9%**	**74.4%**	**▼**
Aetna Better Health of Michigan	78.5%	77.5%	—
Blue Cross Complete of Michigan	81.0%	82.2%	—
HAP Empowered	77.1%	79.1%	—
McLaren Health Plan	73.5%	73.1%	—
Meridian Health Plan of Michigan	80.3%	71.6%	▼
Molina Healthcare of Michigan	76.8%	73.0%	—
Priority Health Choice, Inc.	72.9%	75.3%	—
Total Health Care, Inc.	73.7%	77.1%	—
Trusted Health Plan Michigan, Inc.	77.5%	76.0%	—
UnitedHealthcare Community Plan	77.8%	73.7%	—
Upper Peninsula Health Plan	77.4%	75.8%	—

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

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

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

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

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

One question (Question 40) was asked to determine how often adult members were advised to quit smoking or using tobacco by a doctor or other health provider. Table 4-12 shows the 2018 and 2019 scores and trend results for the Advising Smokers and Tobacco Users to Quit measure.

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

	2018	2019	Trend Results
MDHHS Medicaid Program	**80.5%**	**82.1%**	**—**
Fee-for-Service	79.9%	84.7%	—
MDHHS Medicaid Managed Care Program	**80.6%**	**81.3%**	**—**
Aetna Better Health of Michigan	81.1%	85.1%	—
Blue Cross Complete of Michigan	77.5%	82.9%	—
HAP Empowered	83.3%	83.2%	—
McLaren Health Plan	76.5%	79.4%	—
Meridian Health Plan of Michigan	81.3%	80.8%	—
Molina Healthcare of Michigan	81.1%	80.0%	—
Priority Health Choice, Inc.	83.7%	81.9%	—
Total Health Care, Inc.	78.7%	80.4%	—
Trusted Health Plan Michigan, Inc.	80.8%	79.3%	—
UnitedHealthcare Community Plan	83.5%	84.3%	—
Upper Peninsula Health Plan	78.0%	77.2%	—

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

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

Discussing Cessation Medications

One question (Question 41) was asked to ascertain how often medication was recommended or discussed by a doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-13 shows the 2018 and 2019 scores and trend results for the Discussing Cessation Medications measure.

Table 4-13—Discussing Cessation Medications Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**56.8%**	**58.2%**	**—**
Fee-for-Service	55.0%	57.5%	—
MDHHS Medicaid Managed Care Program	**57.2%**	**58.4%**	**—**
Aetna Better Health of Michigan	61.8%	63.7%	—
Blue Cross Complete of Michigan	54.5%	60.4%	—
HAP Empowered	60.6%	65.7%	—
McLaren Health Plan	54.5%	58.2%	—
Meridian Health Plan of Michigan	54.9%	56.1%	—
Molina Healthcare of Michigan	58.6%	56.5%	—
Priority Health Choice, Inc.	60.9%	57.4%	—
Total Health Care, Inc.	58.0%	60.1%	—
Trusted Health Plan Michigan, Inc.	63.2%	55.4%	—
UnitedHealthcare Community Plan	61.3%	63.2%	—
Upper Peninsula Health Plan	56.8%	56.4%	—

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

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

Discussing Cessation Strategies

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

Table 4-14—Discussing Cessation Strategies Trend Analysis

	2018	2019	Trend Results
MDHHS Medicaid Program	**46.7%**	**48.8%**	**—**
Fee-for-Service	44.2%	48.0%	—
MDHHS Medicaid Managed Care Program	**47.3%**	**49.0%**	**—**
Aetna Better Health of Michigan	57.7%	56.1%	—
Blue Cross Complete of Michigan	45.4%	51.5%	—
HAP Empowered	48.0%	54.2%	—
McLaren Health Plan	46.3%	45.2%	—
Meridian Health Plan of Michigan	45.8%	47.6%	—
Molina Healthcare of Michigan	46.0%	45.6%	—
Priority Health Choice, Inc.	48.1%	50.2%	—
Total Health Care, Inc.	45.7%	47.5%	—
Trusted Health Plan Michigan, Inc.	52.6%	46.9%	—
UnitedHealthcare Community Plan	52.9%	55.3%	—
Upper Peninsula Health Plan	46.7%	49.1%	—

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

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

5. Key Drivers of Member Experience Analysis

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

Key drivers of member experience are defined as those items that (1) have a problem score that is greater than or equal to the program's median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program's median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader's Guide section beginning on page 2-7. Table 5-1 depicts the survey items identified for each of the three measures as being key drivers of member experience for the MDHHS Medicaid Program.

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

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Respondents reported that forms from their health plan were often not easy to fill out.	✓		
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	✓	✓	
Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.			✓
Respondents reported that it was often not easy to obtain appointments with specialists.	✓		
Respondents reported that their health plan's customer service did not always give them the information or help they needed.	✓	✓	
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.	✓	✓	✓

Survey Instrument

The survey instrument selected was the CAHPS 5.0 Adult Medicaid Survey with the HEDIS supplemental item set. HSAG administered the CAHPS Survey to the FFS program. The 11 MHPs contracted with various survey vendors to administer the CAHPS survey. This section provides a copy of the survey instrument administered by HSAG.

MDHHS
Michigan Department of Health & Human Services

DataStat

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

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

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

SURVEY INSTRUCTIONS

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

  Correct Mark ● **Incorrect Marks** 

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

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

START HERE

1. **Our records show that you are now in Michigan Medicaid Fee-For-Service. Is that right?**

   ○ Yes ➔ ***Go to Question 3***
   ○ No

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

   _____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

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

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

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

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

- ○ None ➔ ***Go to Question 15***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- ○ Yes
- ○ No

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

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

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

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

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

YOUR PERSONAL DOCTOR

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

- ○ Yes
- ○ No ➔ ***Go to Question 24***

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

- ○ None ➔ ***Go to Question 23***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

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

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

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

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

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

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

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

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 23***

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

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

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

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

Worst Personal Doctor Possible — Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do <u>not</u> include dental visits or care you got when you stayed overnight in a hospital.

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 28***

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

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

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

- ○ None ➔ ***Go to Question 28***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

27. **We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?**

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

Worst Specialist Possible — Best Specialist Possible

YOUR HEALTH PLAN

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

28. **In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?**

- ○ Yes
- ○ No ➔ ***Go to Question 30***

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 33***

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

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

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

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

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

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

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

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

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

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

Worst Health Plan Possible — Best Health Plan Possible

ABOUT YOU

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

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

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

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

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

- ○ Yes
- ○ No
- ○ Don't know

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

- ○ Every day
- ○ Some days
- ○ Not at all ➔ ***Go to Question 43***
- ○ Don't know ➔ ***Go to Question 43***

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

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

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

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

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

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

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

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

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

- ○ Yes
- ○ No

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

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

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

- ○ Yes
- ○ No

47. What is your age?

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

48. Are you male or female?

- ○ Male
- ○ Female

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

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

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

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

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

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

52. Did someone help you complete this survey?

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

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

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

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

- ○ Yes ➔ ***Go to Question 55***
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

55. In the last 6 months, when you phoned to get help with transportation from your health plan, how often did you get it?

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

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

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

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

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

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