

2020 Child Medicaid Health Plan CAHPS[®] Report

*Michigan Department of Health and Human
Services*

July 2020



Table of Contents

1. Executive Summary	1-1
Introduction	1-1
Report Overview.....	1-1
Key Findings	1-2
Survey Demographics and Dispositions	1-2
NQCA Comparisons and Trend Analysis	1-5
Statewide Comparisons	1-7
2. Reader’s Guide.....	2-1
2020 CAHPS Performance Measures.....	2-1
How CAHPS Results Were Collected.....	2-3
Sampling Procedures.....	2-3
Survey Protocol.....	2-4
How CAHPS Results Were Calculated and Displayed.....	2-4
Who Responded to the Survey	2-5
Demographics of Child Members and Respondents	2-5
Scoring Calculations.....	2-5
NCQA Comparisons.....	2-6
Statewide Comparisons	2-7
Trend Analysis.....	2-7
Key Drivers of Member Experience Analysis.....	2-8
Limitations and Cautions.....	2-9
Case-Mix Adjustment.....	2-9
Causal Inferences	2-10
Non-Response Bias.....	2-10
COVID-19 Impact.....	2-10
3. Results.....	3-1
Who Responded to the Survey.....	3-1
Demographics of Child Members.....	3-2
Demographics of Respondents.....	3-4
NCQA Comparisons	3-7
Statewide Comparisons.....	3-10
Global Ratings	3-11
Composite Measures	3-15
Individual Item Measure.....	3-20
4. Trend Analysis.....	4-1
Trend Analysis.....	4-1
Global Ratings	4-2
Composite Measures	4-6
Individual Item Measure.....	4-11
5. Key Drivers of Member Experience Analysis	5-1



6. Survey Instrument6-1

Introduction

The Michigan Department of Health and Human Services (MDHHS) assesses the perceptions and experiences of members enrolled in the MDHHS Medicaid health plans (MHPs) and the Fee-for-Service (FFS) population as part of its process for evaluating the quality of health care services provided to child members in the MDHHS Medicaid Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for the MDHHS Medicaid Program.¹⁻¹ The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving members' overall experiences.

This report presents the 2020 child Medicaid CAHPS results based on responses of parents or caretakers who completed the survey on behalf of child members enrolled in an MHP or FFS. A sample of 1,650 child members was selected for the FFS program and each MHP.¹⁻² The surveys were completed from February to May 2020. The standardized survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey (without the children with chronic conditions measurement set) 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 Transportation.*¹⁻⁵
- One individual item measure, *Coordination of Care.*

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

¹⁻² HAP Empowered did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample size for HAP Empowered was 628 child members.

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

¹⁻⁴ The 2020 CAHPS results were reported to NCQA for the 10 MHPs. The 2020 CAHPS survey results for the FFS program were not reported to NCQA.

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

HSAG presents aggregate statewide results and compares them to national Medicaid data and the prior year's results, 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 Demographics and Dispositions

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

Table 1-1—Child Member Demographics

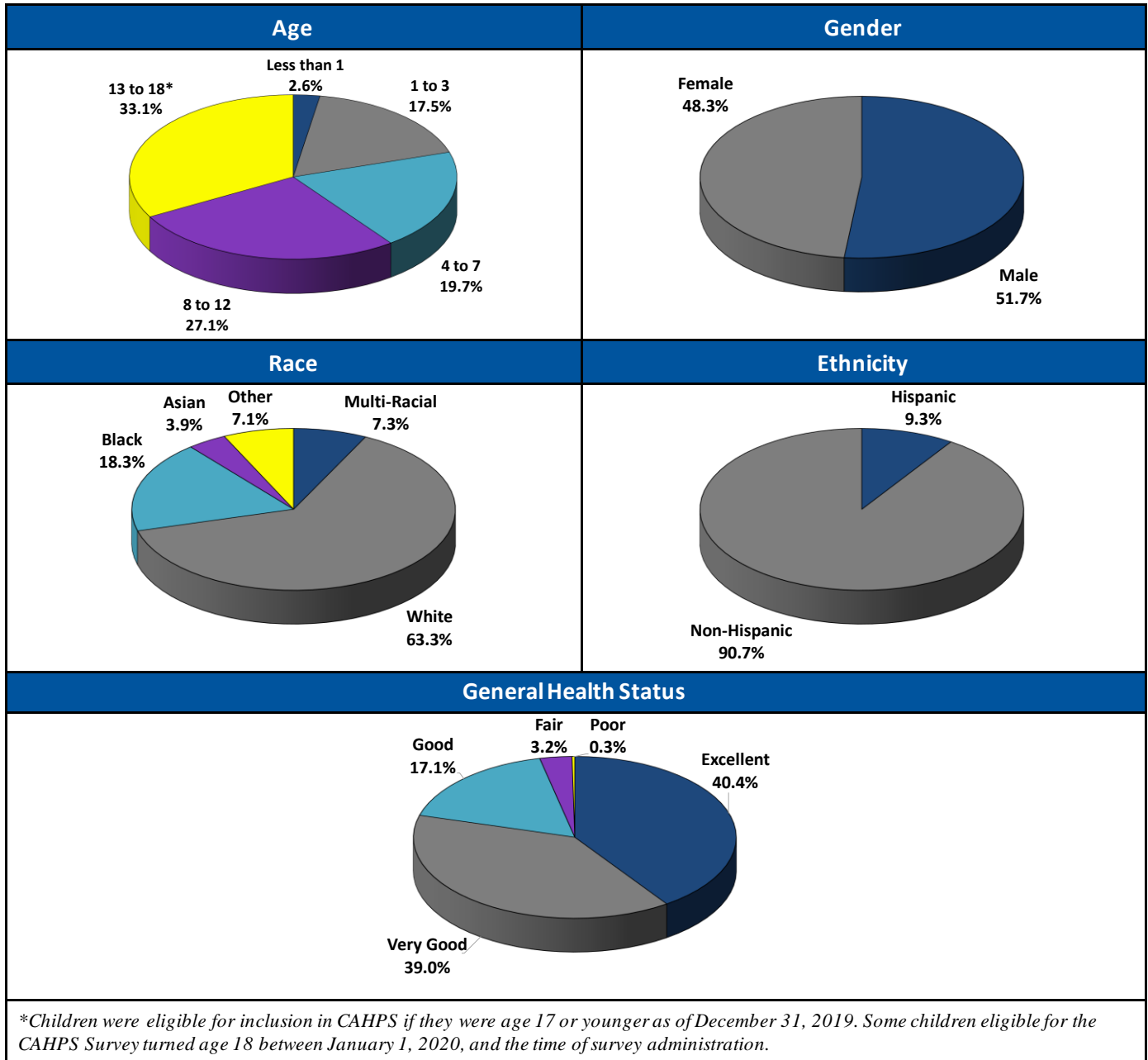
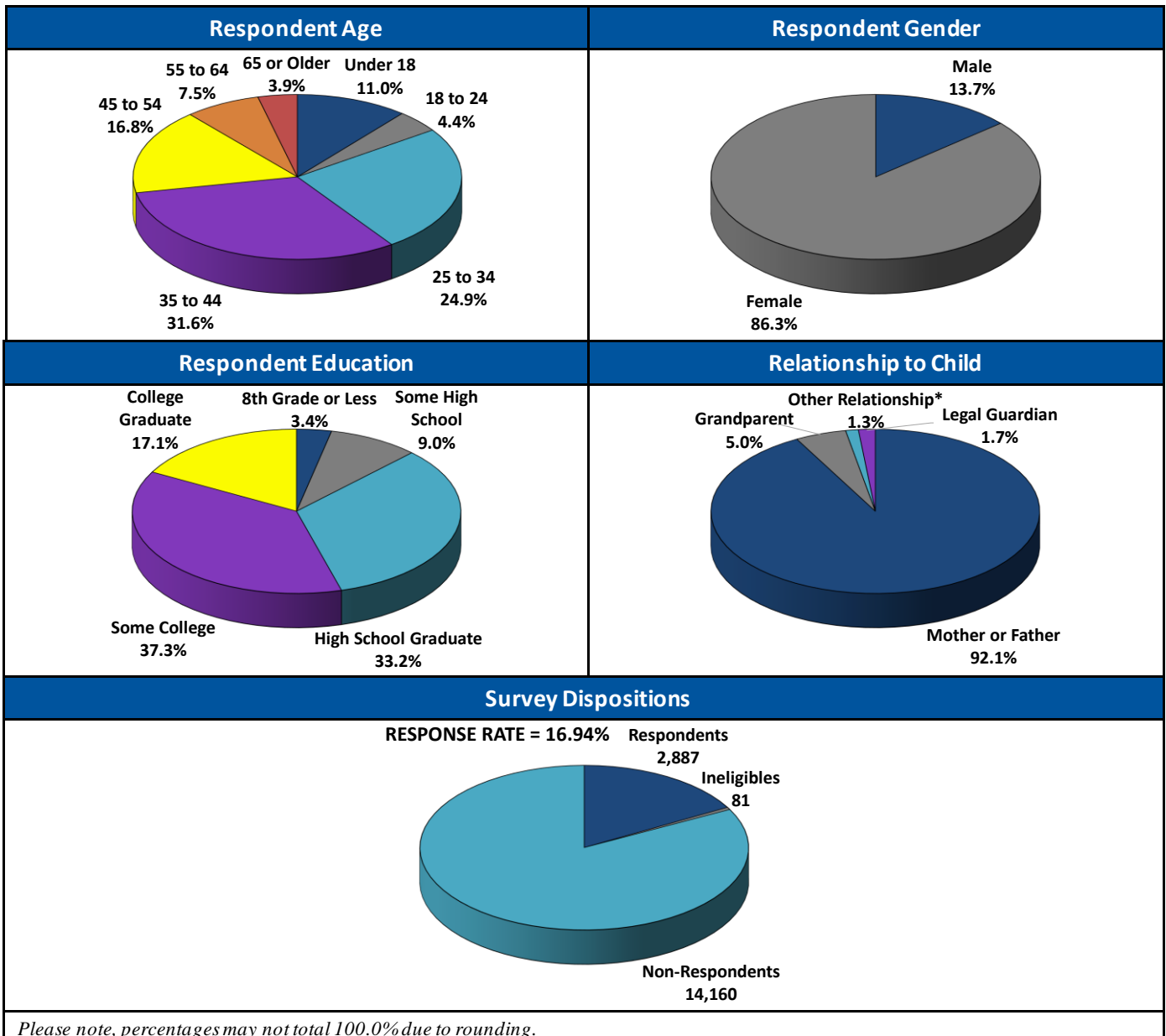


Table 1-2 provides an overview of the demographics of parents or caregivers who completed a survey and survey dispositions for the MDHHS Medicaid Program.

Table 1-2— Respondent Demographics and Survey Dispositions



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

NQCA Comparisons and Trend Analysis

HSAG calculated top-box scores (i.e., rates of experience) for the measures. HSAG compared scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2019 Quality Compass[®] Benchmark and Compare Quality Data.^{1-6,1-7} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of this analysis are in the Results section beginning on page 3-7.

In addition, a trend analysis was performed that compared the 2020 CAHPS results to their corresponding 2019 CAHPS results. The detailed results of this analysis are in the Trend Analysis section beginning on page 4-1. Table 1-3, on the following page, provides highlights of the NCQA Comparisons and Trend Analysis findings for the MDHHS Medicaid Program for each measure. The numbers presented below the stars represent the top-box scores, while the stars represent overall member experience ratings when compared to NCQA Quality Compass Benchmark and Compare Quality Data.

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

¹⁻⁷ National Committee for Quality Assurance. *Quality Compass[®]: Benchmark and Compare Quality Data 2019*. Washington, DC: NCQA, September 2019.

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

Measure	National Comparisons	Trend Analysis
Global Ratings		
<i>Rating of Health Plan</i>	★ 66.8%	▲
<i>Rating of All Health Care</i>	★★ 67.6%	—
<i>Rating of Personal Doctor</i>	★★ 75.0%	—
<i>Rating of Specialist Seen Most Often</i>	★★ 72.1%	—
Composite Measures		
<i>Getting Needed Care</i>	★★★★ 87.5%	—
<i>Getting Care Quickly</i>	★★★★ 91.2%	—
<i>How Well Doctors Communicate</i>	★★★★★ 96.1%	▲
<i>Customer Service</i>	★★★★ 88.9%	—
Individual Item Measure		
<i>Coordination of Care</i>	★★★★ 86.4%	—
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.		

Statewide Comparisons

HSAG compared the MHP and FFS results to the MDHHS Medicaid Managed Care Program to determine if plan or program results were statistically significantly different than the MDHHS Medicaid Managed Care Program. The detailed results of this analysis are in the Results section beginning on page 3-10. Table 1-4 shows a summary of the statistically significant results of this analysis.

Table 1-4—Statewide Comparisons: Statistically Significant Results

	Rating of Health Plan	Getting Care Quickly	How Well Doctors Communicate
Fee-for-Service	↓		↑
Blue Cross Complete of Michigan	↑		
HAP Empowered	↓ ⁺	↑ ⁺	
Priority Health Choice, Inc.	↑		
Total Health Care, Inc.		↓	
Upper Peninsula Health Plan	↑	↑	
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [↑] Statistically significantly above the MDHHS Medicaid Managed Care Program. [↓] Statistically significantly below the MDHHS Medicaid Managed Care Program.			

2020 CAHPS Performance Measures

The CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set includes 41 core questions that yield nine measures of experience. These measures include four global rating questions, four composite measures, and one individual item measure. The global measures (also referred to as global ratings) reflect overall member experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “*Getting Needed Care*” or “*Getting Care Quickly*”). The individual item measure is an individual question that looks at a specific area of care (i.e., “*Coordination of Care*”). The *Transportation* composite measure is a set of supplemental questions related to transportation assistance that were added to the survey instrument.

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

Table 2-1—CAHPS Measures

Global Ratings	Composite Measures	Individual Item Measure
<i>Rating of Health Plan</i>	<i>Getting Needed Care</i>	<i>Coordination of Care</i>
<i>Rating of All Health Care</i>	<i>Getting Care Quickly</i>	
<i>Rating of Personal Doctor</i>	<i>How Well Doctors Communicate</i>	
<i>Rating of Specialist Seen Most Often</i>	<i>Customer Service</i>	
	<i>Transportation*</i>	

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

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

Table 2-2—Question Language and Response Options

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

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

Question Language	Response Options
Transportation	
43. In the last 6 months, when you phoned your child's health plan to get help with transportation, how often did you get it?	Never, Sometimes, Usually, Always
44. In the last 6 months, how often did the help with transportation for your child meet your needs?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care	
20. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never, Sometimes, Usually, Always

How CAHPS Results Were Collected

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

Sampling Procedures

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

- Were 17 years of age or younger as of December 31, 2019.
- 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 2019.
- Had Medicaid as a payer.

Next, a systematic sample of members was selected for inclusion in the survey. For each MHP, no more than one member per household was selected as part of the survey samples. A sample of at least 1,650 child members was selected from the FFS program and each MHP, with one exception. HAP Empowered did not have enough eligible members to meet the sampling goal of 1,650 members; therefore, the sample size for HAP Empowered was 628 child members.

Survey Protocol

The survey administration protocol employed was a mail only methodology, except for the parents or caretakers of sampled child members that completed the survey in Spanish via Computer Assisted Telephone Interviewing (CATI). The parents or caretakers of sampled child members received an English version of the survey with the option of completing the survey in Spanish. The cover letter provided with the English version of the survey questionnaire included additional text informing parents or caretakers of sampled child members that they could call a toll-free number to request to complete the survey in Spanish via CATI. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder, and a third survey mailing. Table 2-3 shows the timeline used for the survey administration.²⁻¹

Table 2-3—Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the parent or caretaker of child member.	0 days
Send a postcard reminder to non-respondents seven days after mailing the first questionnaire.	7 days
Send a second questionnaire (and letter) to non-respondents 28 days after mailing the first questionnaire.	28 days
Send a second postcard reminder to non-respondents seven days after mailing the second questionnaire.	35 days
Send a third questionnaire (and letter) to non-respondents 34 days after mailing the second questionnaire.	69 days
Survey field closes 22 days after mailing the third questionnaire.	91 days

How CAHPS Results Were Calculated and Displayed

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

²⁻¹ The telephone phase of the survey field was not implemented for non-respondents as scheduled due to guidelines outlined by President Trump’s declaration of a national emergency in response to the Coronavirus (COVID-19) outbreak in the United States in March 2020.

Who Responded to the Survey

The administration of the 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.²⁻² HSAG considered a survey completed if members answered at least three of the following five questions: 3, 10, 22, 26, and 31. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier.

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

Demographics of Child Members and Respondents

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

Scoring Calculations

For purposes of the NCQA Comparisons, Statewide Comparisons, and Trend analyses, HSAG calculated scores for each measure following NCQA HEDIS Specifications for Survey Measures.²⁻³

Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable 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 (+). Additionally, a threshold of 11 responses was required for the Statewide Comparisons results to be reported; therefore, results based on fewer than 11 respondents were suppressed and are noted as "Not Applicable" in the figures.

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

²⁻³ Ibid.

Global Ratings, Composite Measures, and Individual Item Measure

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

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

Weighting

HSAG calculated both a weighted MDHHS Medicaid Program score and a weighted MDHHS Medicaid Managed Care Program score based on the total eligible population for each plan’s or program’s child population. The MDHHS Medicaid Program includes results from both the MHPs and the FFS program. The MDHHS Medicaid Managed Care Program is limited to the results of the MHPs (i.e., the FFS program is not included).

NCQA Comparisons

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

Table 2-4—Star Ratings

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

²⁻⁴ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data* 2019. Washington, DC: NCQA, September 2019.

Statewide Comparisons

The results of the MHPs and FFS program were compared to the MDHHS Medicaid Managed Care Program to determine if the results were statistically significantly different. Colors in the figures note statistically significant differences. Green indicates a score that was statistically significantly higher than the MDHHS Medicaid Managed Care Program. Conversely, red indicates a score that was statistically significantly lower than the MDHHS Medicaid Managed Care Program. Blue represents scores that were not statistically significantly different from the MDHHS Medicaid Managed Care Program. Also, the NCQA child Medicaid national averages are presented in the figures for comparison.²⁻⁵

MHP Comparisons

The results of the MHPs were compared to the MDHHS Medicaid Managed Care Program. Two types of hypothesis tests were applied to these results. First, a global F test was calculated, which determined whether the difference between the MHP scores 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 score was statistically significantly different from the MDHHS Medicaid Managed Care Program. 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. 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 results.

Trend Analysis

HSAG performed a t test to determine whether results in 2019 were statistically significantly different from results in 2020. A difference was considered statistically significant if the two-sided p value of the t test was less than 0.05. The two-sided p value of the t test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance.

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

²⁻⁵ The source for the national data contained in this publication is Quality Compass[®] 2019 and is used with the permission of NCQA. Quality Compass 2019 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

triangles (▼). Scores in 2020 that were not statistically significantly different from scores in 2019 are noted with a dash (–). Scores that were not able to be trended are noted with “NT.”

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement activities.

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

Table 2-5—Correlation Matrix

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q4	✓	✓	✓	Always
Q6	✓	✓	✓	Always
Q9	✓	✓	✓	Always
Q12	✓	✓	✓	Always
Q13	✓	✓	✓	Always
Q14	✓	✓	✓	Always
Q16	✓	✓	✓	Always
Q17	✓	✓	✓	Always
Q18	✓	✓	✓	Yes
Q20	✓	✓	✓	Always
Q23	✓	✓		Always
Q27	✓	✓		Always
Q28	✓	✓		Always
Q30	✓	✓		Always
Q43	✓			Always
Q44	✓			Always

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

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

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

In the example table below, the results indicate that respondents who answered "Never," "Sometimes," or "Usually" to question 9 are 3.6, 4.9, or 2.8 times, respectively, more likely to provide a lower rating for their child's health plan than respondents who answered "Always."

Key Drivers	Response Options	Odds Ratio Estimates
		Rating of Health Plan
Q9. Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through their health plan.	Never vs. Always	3.6
	Sometimes vs. Always	4.9
	Usually vs. Always	2.8

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 results.²⁻⁶

Causal Inferences

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

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.

COVID-19 Impact

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

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

Who Responded to the Survey

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

Table 3-1—Distribution of Surveys and Response Rates

	Sample Size	Completes	Ineligibles	Response Rates
MDHHS Medicaid Program	17,128	2,887	81	16.94%
Fee-for-Service	1,650	213	44	13.26%
MDHHS Medicaid Managed Care Program	15,478	2,674	37	17.32%
Aetna Better Health of Michigan	1,650	162	4	9.84%
Blue Cross Complete of Michigan	1,650	304	2	18.45%
HAP Empowered	628	63	3	10.08%
McLaren Health Plan	1,650	277	4	16.83%
Meridian Health Plan of Michigan	1,650	301	2	18.26%
Molina Healthcare of Michigan	1,650	291	2	17.66%
Priority Health Choice, Inc.	1,650	317	1	19.22%
Total Health Care, Inc.	1,650	232	3	14.09%
UnitedHealthcare Community Plan	1,650	298	8	18.15%
Upper Peninsula Health Plan	1,650	429	8	26.13%

Demographics of Child Members

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

Table 3-2—Child Member Demographics: Age

	Less than 1	1 to 3	4 to 7	8 to 12	13 to 18*
MDHHS Medicaid Program	2.6%	17.5%	19.7%	27.1%	33.1%
Fee-for-Service	2.4%	10.4%	17.5%	30.8%	38.9%
MDHHS Medicaid Managed Care Program	2.6%	18.1%	19.9%	26.8%	32.6%
Aetna Better Health of Michigan	2.5%	19.6%	17.7%	23.4%	36.7%
Blue Cross Complete of Michigan	4.3%	22.6%	18.6%	22.9%	31.6%
HAP Empowered	3.2%	19.0%	23.8%	23.8%	30.2%
McLaren Health Plan	3.3%	19.3%	16.0%	29.1%	32.4%
Meridian Health Plan of Michigan	2.7%	18.1%	22.5%	25.8%	30.9%
Molina Healthcare of Michigan	1.7%	11.5%	19.6%	27.6%	39.5%
Priority Health Choice, Inc.	3.2%	20.8%	20.2%	27.8%	28.1%
Total Health Care, Inc.	0.0%	13.5%	20.4%	28.7%	37.4%
UnitedHealthcare Community Plan	2.0%	17.6%	18.9%	29.4%	32.1%
Upper Peninsula Health Plan	3.0%	18.5%	22.2%	26.2%	30.1%

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

*Children are eligible for inclusion in CAHPS if they are age 17 or younger as of December 31, 2019. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2020, and the time of survey administration.

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

Table 3-3—Child Member Demographics: Gender

	Male	Female
MDHHS Medicaid Program	51.7%	48.3%
Fee-for-Service	51.4%	48.6%
MDHHS Medicaid Managed Care Program	51.8%	48.2%
Aetna Better Health of Michigan	52.8%	47.2%
Blue Cross Complete of Michigan	51.2%	48.8%
HAP Empowered	60.3%	39.7%
McLaren Health Plan	50.9%	49.1%
Meridian Health Plan of Michigan	58.0%	42.0%
Molina Healthcare of Michigan	50.7%	49.3%
Priority Health Choice, Inc.	49.2%	50.8%
Total Health Care, Inc.	55.2%	44.8%
UnitedHealthcare Community Plan	52.0%	48.0%
Upper Peninsula Health Plan	47.3%	52.7%

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

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

Table 3-4—Child Member Demographics: Race

	White	Black	Asian	Other*	Multi-Racial
MDHHS Medicaid Program	63.3%	18.3%	3.9%	7.1%	7.3%
Fee-for-Service	65.6%	11.0%	3.3%	9.6%	10.5%
MDHHS Medicaid Managed Care Program	63.2%	18.9%	4.0%	6.9%	7.1%
Aetna Better Health of Michigan	22.4%	61.5%	5.6%	6.2%	4.3%
Blue Cross Complete of Michigan	56.0%	23.0%	5.0%	8.0%	8.0%
HAP Empowered	63.5%	28.6%	0.0%	0.0%	7.9%
McLaren Health Plan	74.9%	10.2%	4.4%	4.7%	5.8%
Meridian Health Plan of Michigan	69.9%	12.2%	2.7%	8.8%	6.4%
Molina Healthcare of Michigan	57.2%	27.0%	3.9%	6.0%	6.0%
Priority Health Choice, Inc.	72.8%	6.1%	4.9%	7.8%	8.4%
Total Health Care, Inc.	34.9%	44.5%	4.8%	7.0%	8.7%
UnitedHealthcare Community Plan	62.0%	16.6%	6.8%	8.1%	6.4%
Upper Peninsula Health Plan	84.3%	0.5%	0.9%	6.3%	8.0%

Please note, percentages may not total 100% due to rounding.
**The "Other" category includes responses of Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other.*

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

Table 3-5—Child Member Demographics: Ethnicity

	Hispanic	Non-Hispanic
MDHHS Medicaid Program	9.3%	90.7%
Fee-for-Service	12.4%	87.6%
MDHHS Medicaid Managed Care Program	9.0%	91.0%
Aetna Better Health of Michigan	5.7%	94.3%
Blue Cross Complete of Michigan	9.4%	90.6%
HAP Empowered	9.5%	90.5%
McLaren Health Plan	9.1%	90.9%
Meridian Health Plan of Michigan	14.1%	85.9%
Molina Healthcare of Michigan	9.0%	91.0%
Priority Health Choice, Inc.	14.0%	86.0%
Total Health Care, Inc.	6.6%	93.4%
UnitedHealthcare Community Plan	8.8%	91.2%
Upper Peninsula Health Plan	4.2%	95.8%

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

Table 3-6 depicts the general health status of children for whom a parent or caretaker completed a survey.

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

	Excellent	Very Good	Good	Fair	Poor
MDHHS Medicaid Program	40.4%	39.0%	17.1%	3.2%	0.3%
Fee-for-Service	36.8%	42.6%	17.2%	3.3%	0.0%
MDHHS Medicaid Managed Care Program	40.6%	38.7%	17.1%	3.2%	0.3%
Aetna Better Health of Michigan	40.0%	35.0%	15.0%	8.8%	1.3%
Blue Cross Complete of Michigan	42.0%	39.7%	16.0%	2.3%	0.0%
HAP Empowered	52.4%	28.6%	14.3%	4.8%	0.0%
McLaren Health Plan	37.3%	42.8%	17.4%	2.5%	0.0%
Meridian Health Plan of Michigan	35.0%	44.4%	17.2%	2.7%	0.7%
Molina Healthcare of Michigan	39.6%	35.1%	21.2%	3.8%	0.3%
Priority Health Choice, Inc.	45.1%	36.5%	16.5%	1.9%	0.0%
Total Health Care, Inc.	33.9%	37.0%	23.9%	4.3%	0.9%
UnitedHealthcare Community Plan	40.7%	38.0%	18.2%	2.7%	0.3%
Upper Peninsula Health Plan	45.3%	39.9%	12.2%	2.6%	0.0%

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

Demographics of Respondents

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

Table 3-7—Respondent Demographics: Age

	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or Older
MDHHS Medicaid Program	11.0%	4.4%	24.9%	31.6%	16.8%	7.5%	3.9%
Fee-for-Service	7.5%	0.9%	25.5%	40.6%	16.0%	7.5%	1.9%
MDHHS Medicaid Managed Care Program	11.3%	4.6%	24.9%	30.9%	16.8%	7.5%	4.0%
Aetna Better Health of Michigan	14.3%	5.0%	23.6%	29.8%	18.6%	3.1%	5.6%
Blue Cross Complete of Michigan	10.7%	6.7%	25.0%	30.0%	19.0%	5.0%	3.7%
HAP Empowered	19.4%	14.5%	14.5%	22.6%	12.9%	6.5%	9.7%
McLaren Health Plan	9.7%	4.3%	25.3%	30.0%	19.1%	7.9%	3.6%
Meridian Health Plan of Michigan	11.4%	4.3%	27.8%	29.8%	15.7%	9.4%	1.7%
Molina Healthcare of Michigan	13.8%	2.1%	25.5%	28.6%	16.6%	7.2%	6.2%
Priority Health Choice, Inc.	9.5%	3.5%	29.7%	33.2%	12.7%	7.0%	4.4%
Total Health Care, Inc.	16.0%	2.6%	21.6%	32.5%	16.9%	6.9%	3.5%
UnitedHealthcare Community Plan	9.2%	5.1%	24.2%	30.4%	19.8%	8.2%	3.1%
Upper Peninsula Health Plan	8.9%	5.4%	22.5%	33.8%	15.7%	9.6%	4.0%

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

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

Table 3-8—Respondent Demographics: Gender

	Male	Female
MDHHS Medicaid Program	13.7%	86.3%
Fee-for-Service	10.4%	89.6%
MDHHS Medicaid Managed Care Program	14.0%	86.0%
Aetna Better Health of Michigan	13.6%	86.4%
Blue Cross Complete of Michigan	16.8%	83.2%
HAP Empowered	12.7%	87.3%
McLaren Health Plan	11.3%	88.7%
Meridian Health Plan of Michigan	12.0%	88.0%
Molina Healthcare of Michigan	13.4%	86.6%
Priority Health Choice, Inc.	14.0%	86.0%
Total Health Care, Inc.	9.5%	90.5%
UnitedHealthcare Community Plan	22.8%	77.2%
Upper Peninsula Health Plan	12.1%	87.9%
<i>Please note, percentages may not total 100% due to rounding.</i>		

Table 3-9 depicts the education level of the parent or caretaker who completed a survey.

Table 3-9—Respondent Demographics: Education Level

	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
MDHHS Medicaid Program	3.4%	9.0%	33.2%	37.3%	17.1%
Fee-for-Service	2.8%	7.1%	25.0%	42.9%	22.2%
MDHHS Medicaid Managed Care Program	3.5%	9.1%	33.9%	36.9%	16.7%
Aetna Better Health of Michigan	2.5%	11.8%	36.0%	36.6%	13.0%
Blue Cross Complete of Michigan	2.0%	8.4%	26.9%	42.1%	20.5%
HAP Empowered	1.6%	12.7%	34.9%	38.1%	12.7%
McLaren Health Plan	2.9%	11.3%	33.1%	35.6%	17.1%
Meridian Health Plan of Michigan	6.4%	7.7%	32.0%	38.4%	15.5%
Molina Healthcare of Michigan	4.2%	9.7%	34.4%	41.3%	10.4%
Priority Health Choice, Inc.	4.4%	7.9%	33.3%	32.7%	21.6%
Total Health Care, Inc.	4.4%	16.2%	36.7%	31.0%	11.8%
UnitedHealthcare Community Plan	4.7%	9.2%	36.9%	33.9%	15.3%
Upper Peninsula Health Plan	0.9%	4.2%	35.9%	38.3%	20.7%
<i>Please note, percentages may not total 100% due to rounding.</i>					

Table 3-10 depicts the relationship to child of parents or caregivers who completed a survey.

Table 3-10—Respondent Demographics: Relationship to Child

	Mother or Father	Grandparent	Other Relative*	Legal Guardian
MDHHS Medicaid Program	92.1%	5.0%	1.3%	1.7%
Fee-for-Service	96.6%	2.5%	0.0%	1.0%
MDHHS Medicaid Managed Care Program	91.7%	5.2%	1.4%	1.7%
Aetna Better Health of Michigan	88.2%	7.2%	2.0%	2.6%
Blue Cross Complete of Michigan	93.5%	3.4%	2.0%	1.0%
HAP Empowered	87.9%	3.4%	1.7%	6.9%
McLaren Health Plan	94.8%	3.3%	1.1%	0.7%
Meridian Health Plan of Michigan	91.1%	6.2%	2.4%	0.3%
Molina Healthcare of Michigan	93.2%	4.3%	1.1%	1.4%
Priority Health Choice, Inc.	91.6%	4.4%	1.3%	2.7%
Total Health Care, Inc.	91.3%	5.2%	0.4%	3.1%
UnitedHealthcare Community Plan	91.1%	5.8%	1.7%	1.4%
Upper Peninsula Health Plan	90.5%	7.4%	0.5%	1.7%
<i>Please note, percentages may not total 100% due to rounding.</i>				
<i>*The "Other Relative" category includes responses of aunt or uncle, older brother or sister, other relative, and someone else.</i>				

NCQA Comparisons

In order to assess the overall performance of the MDHHS Medicaid Program, the MDHHS Medicaid Managed Care Program, the FFS program, and each of the MHPs, HSAG compared scores for the measures to NCQA’s 2019 Quality Compass Benchmark and Compare Quality Data.^{3-1,3-2} Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-11.

Table 3-11—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 percentages presented in the following two tables represent the scores, while the stars represent overall member experience ratings when the 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 2019*. Washington, DC: NCQA, September 2019.

³⁻² The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey. These questions are NCQA-approved supplemental items that were added to the survey. A 2019 NCQA benchmark is not available for this measure.

Table 3-12 shows the scores and overall member experience ratings on each of the four global ratings.

Table 3-12—NCQA Comparisons: Global Ratings

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	<i>Rating of Specialist Seen Most Often</i>
MDHHS Medicaid Program	★ 66.8%	★★ 67.6%	★★ 75.0%	★★ 72.1%
Fee-for-Service	★ 57.6%	★ 66.7%	★ 74.6%	★★★★ ⁺ 78.2% ⁺
MDHHS Medicaid Managed Care Program	★ 68.1%	★★ 67.8%	★★ 75.1%	★★ 71.3%
Aetna Better Health of Michigan	★ 60.6%	★ 56.8%	★ 73.8%	★★ ⁺ 71.9% ⁺
Blue Cross Complete of Michigan	★★★★ 74.4%	★★ 70.0%	★★ 77.7%	★ ⁺ 67.2% ⁺
HAP Empowered	★ ⁺ 55.7% ⁺	★★★★ ⁺ 71.7% ⁺	★ ⁺ 73.6% ⁺	★★★★★ ⁺ 91.7% ⁺
McLaren Health Plan	★ 68.1%	★ 67.2%	★★ 76.8%	★ ⁺ 65.5% ⁺
Meridian Health Plan of Michigan	★ 67.9%	★ 66.2%	★★ 75.6%	★★ ⁺ 73.8% ⁺
Molina Healthcare of Michigan	★ 63.2%	★★ 69.1%	★ 70.7%	★★★★ ⁺ 74.2% ⁺
Priority Health Choice, Inc.	★★★★ 74.8%	★★ 70.9%	★★★★ 81.2%	★★★★ ⁺ 75.4% ⁺
Total Health Care, Inc.	★ 65.2%	★★ 70.2%	★ 69.7%	★★ ⁺ 73.8% ⁺
UnitedHealthcare Community Plan	★ 68.5%	★★ 67.6%	★ 74.9%	★ ⁺ 67.2% ⁺
Upper Peninsula Health Plan	★★★★ 73.4%	★ 66.9%	★★ 76.3%	★ ⁺ 65.9% ⁺

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

Table 3-13 shows the scores and overall member experience ratings on the four composite measures and one individual item measure.

Table 3-13—NCQA Comparisons: Composite and Individual Item Measures

	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>	<i>Coordination of Care</i>
MDHHS Medicaid Program	★★★★ 87.5%	★★★★ 91.2%	★★★★★ 96.1%	★★★★ 88.9%	★★★★ 86.4%
Fee-for-Service	★★★★★ 91.3%	★★ 88.7%	★★★★★ 97.9%	★ ⁺ 82.5% ⁺	★★★★★ ⁺ 89.7% ⁺
MDHHS Medicaid Managed Care Program	★★★★ 86.9%	★★★★ 91.5%	★★★★★ 95.8%	★★★★ 89.8%	★★★★ 85.9%
Aetna Better Health of Michigan	★★ ⁺ 83.0% ⁺	★★★★ ⁺ 90.6% ⁺	★★ 93.9%	★★★★★ ⁺ 93.3% ⁺	★ ⁺ 77.5% ⁺
Blue Cross Complete of Michigan	★★★★★ 91.4%	★★★★ 91.6%	★★★★★ 96.8%	★★★★★ ⁺ 93.0% ⁺	★★ ⁺ 83.9% ⁺
HAP Empowered	★★★★★ ⁺ 93.6% ⁺	★★★★★ ⁺ 97.8% ⁺	★★★★★ ⁺ 97.7% ⁺	★ ⁺ 86.4% ⁺	★★★★★ ⁺ 100.0% ⁺
McLaren Health Plan	★★ 84.3%	★★ 87.7%	★★★★ 95.4%	★★★★★ ⁺ 90.8% ⁺	★ ⁺ 76.0% ⁺
Meridian Health Plan of Michigan	★★★★ 85.7%	★★★★★ 92.9%	★★★★ 95.5%	★★ ⁺ 87.5% ⁺	★★★★★ 88.2%
Molina Healthcare of Michigan	★★★★★ 89.2%	★★★★★ 92.8%	★★★★ 95.4%	★★★★★ ⁺ 94.0% ⁺	★★★★★ ⁺ 92.0% ⁺
Priority Health Choice, Inc.	★★★★★ 89.4%	★★★★★ 92.8%	★★★★★ 98.0%	★★★★ ⁺ 89.1% ⁺	★★★★★ 88.9%
Total Health Care, Inc.	★★★★★ 89.9%	★ 86.2%	★★ 94.1%	★ ⁺ 85.0% ⁺	★★★★ ⁺ 86.4% ⁺
UnitedHealthcare Community Plan	★★ 83.6%	★★ 89.7%	★★★★★ 95.8%	★★ ⁺ 86.8% ⁺	★★ ⁺ 82.0% ⁺
Upper Peninsula Health Plan	★★★★★ 89.7%	★★★★★ 95.5%	★★★★★ 96.6%	★★★★★ ⁺ 90.4% ⁺	★ 79.7%

⁺ 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. For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 2-1. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide section beginning on page 2-7.

The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program results were weighted based on the eligible population for each child population (i.e., FFS and/or MHPs). HSAG compared the MHP and FFS results to the MDHHS Medicaid Managed Care Program to determine if the results were statistically significantly different than the MDHHS Medicaid Managed Care Program. Colors in the figures note statistically significant differences. 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." Also, the NCQA child Medicaid national averages are presented for comparison.³⁻³

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 and the other was not. In these instances, it was the difference in the number of respondents between the two plans that explains the different statistical results. It is more likely that a statistically significant result will be found in a plan with a larger number of respondents.

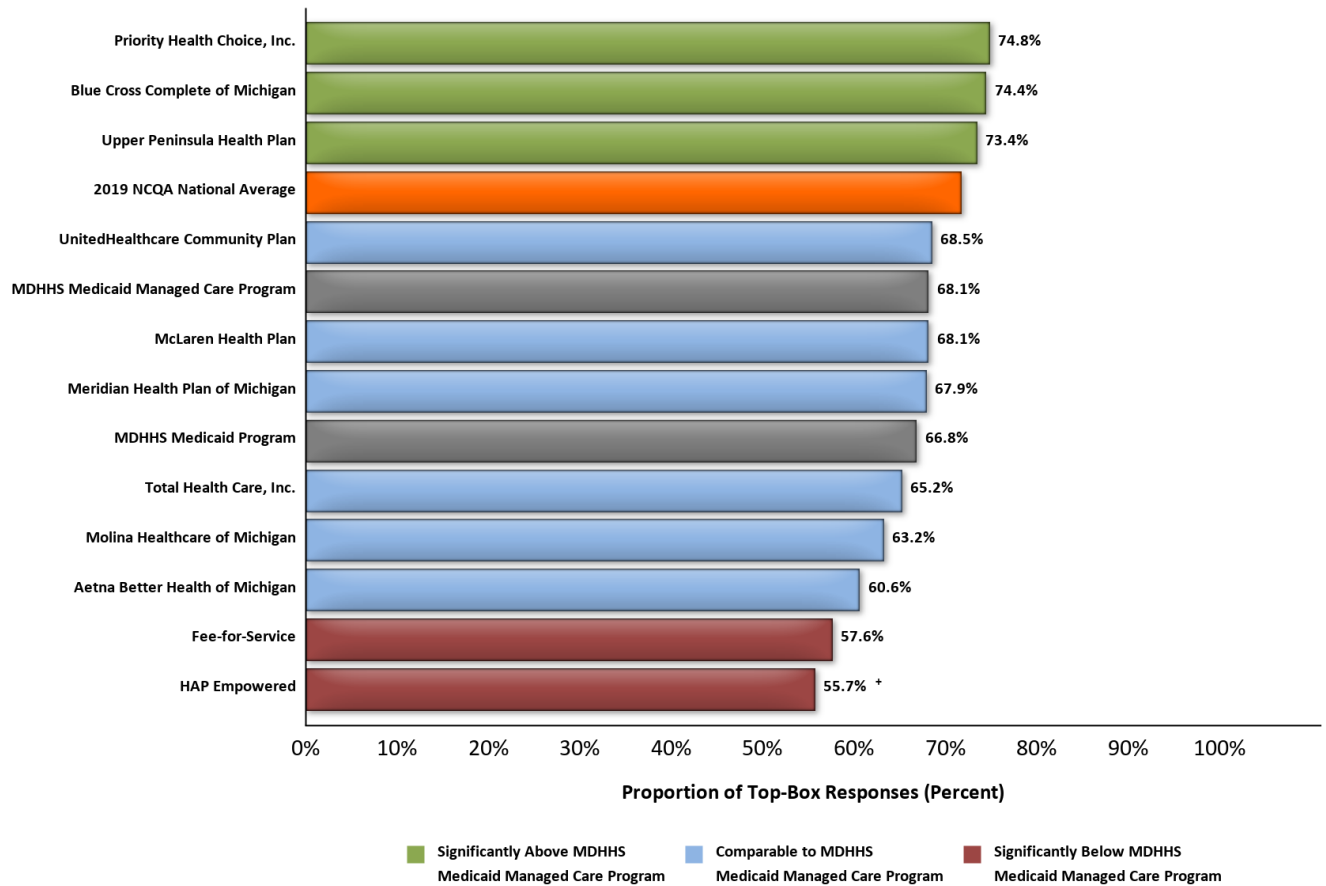
³⁻³ The source for the national data contained in this publication is Quality Compass[®] 2019 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2019 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these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

Global Ratings

Rating of Health Plan

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

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

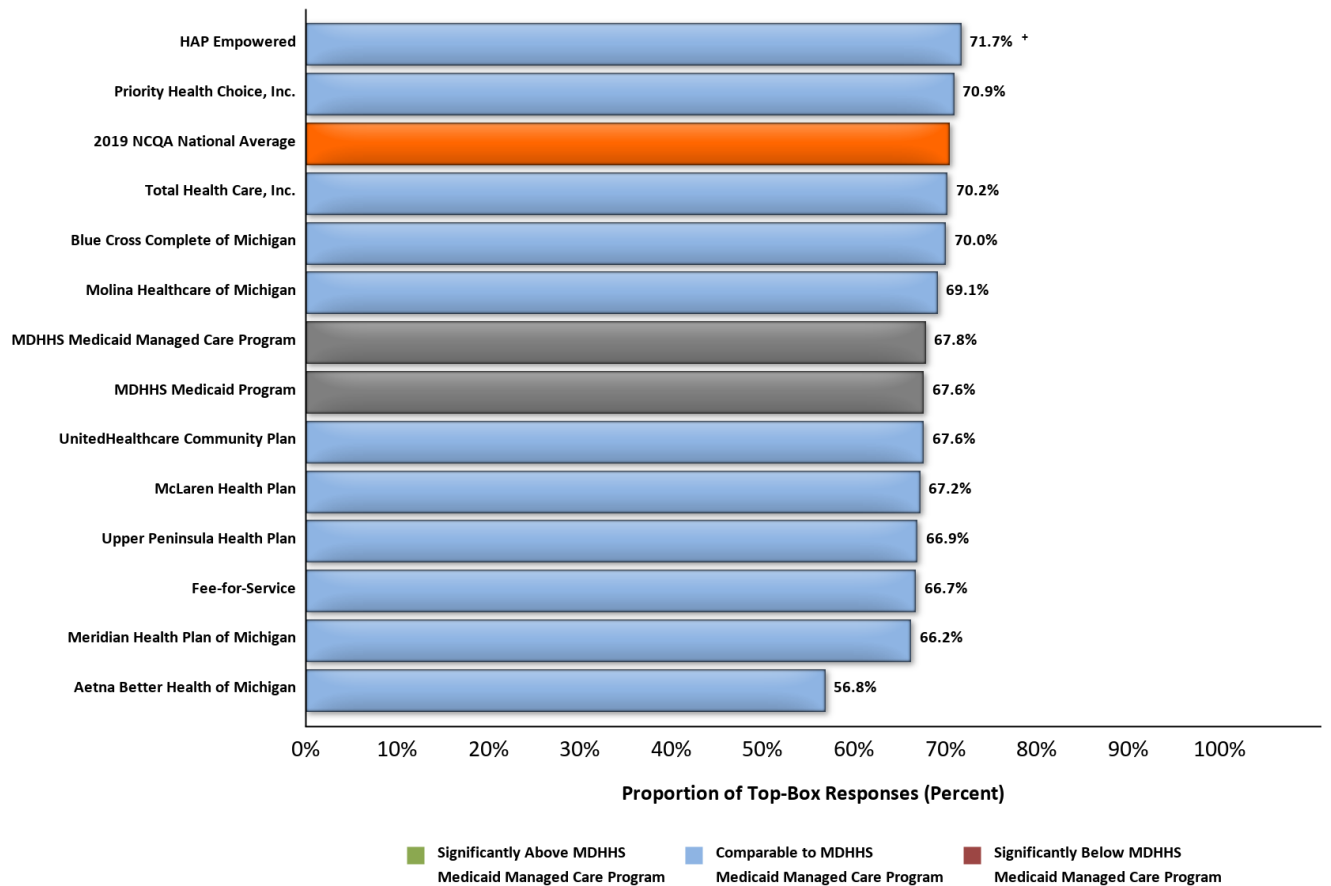


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Rating of All Health Care

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

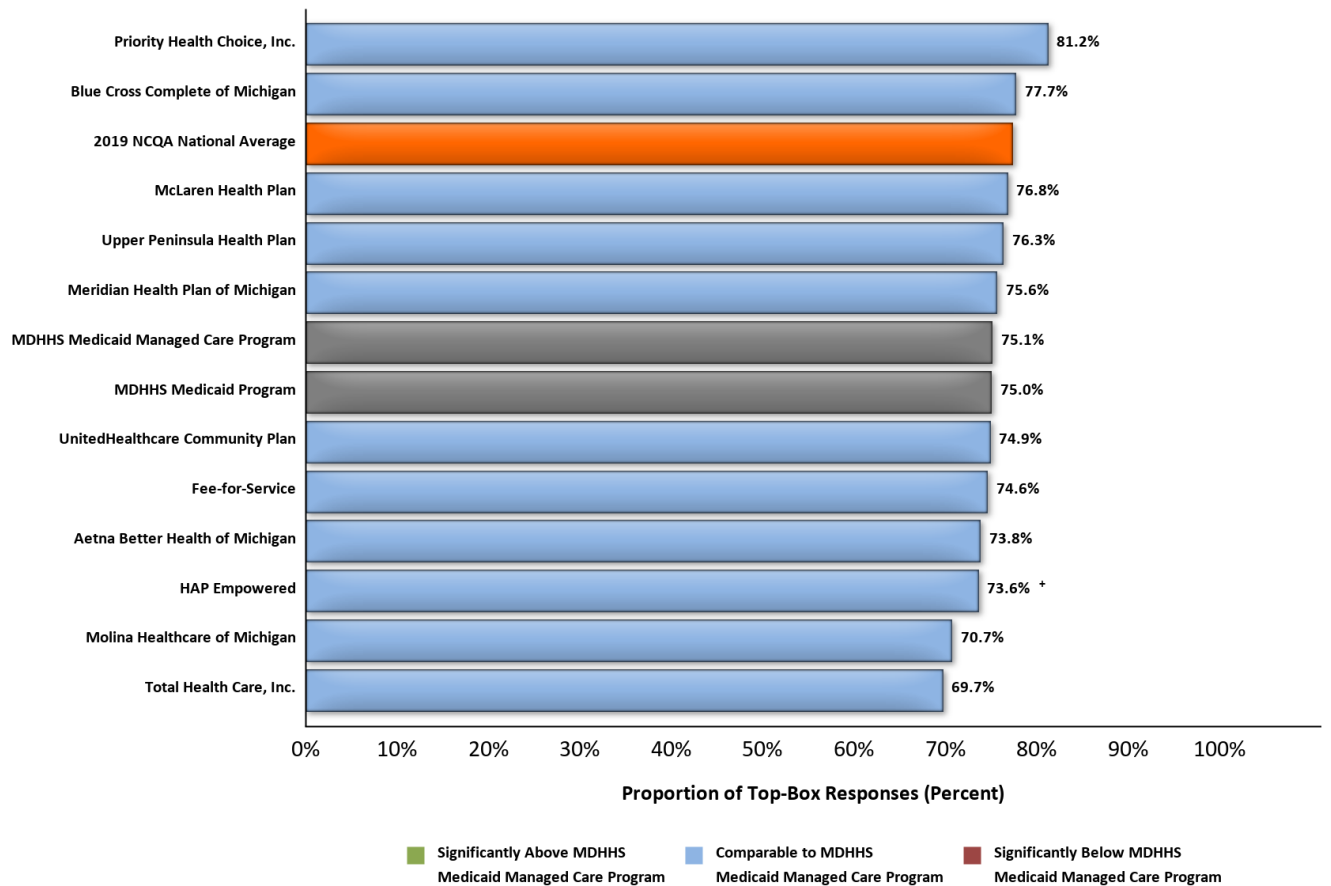
Figure 3-2—Rating of All Health Care Top-Box Scores



Rating of Personal Doctor

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

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

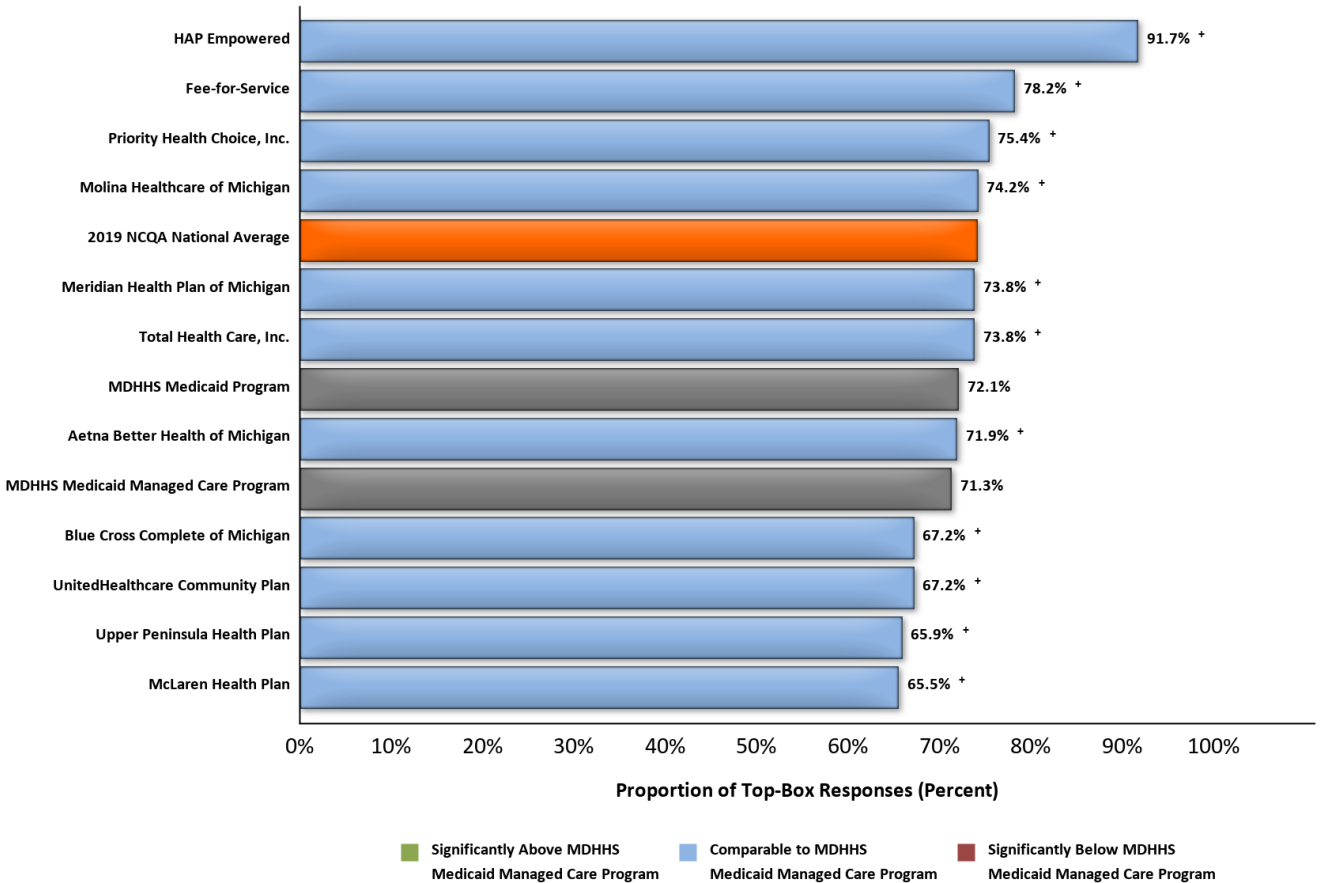


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Rating of Specialist Seen Most Often

Figure 3-4 shows the *Rating of Specialist Seen Most Often* top-box scores.

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



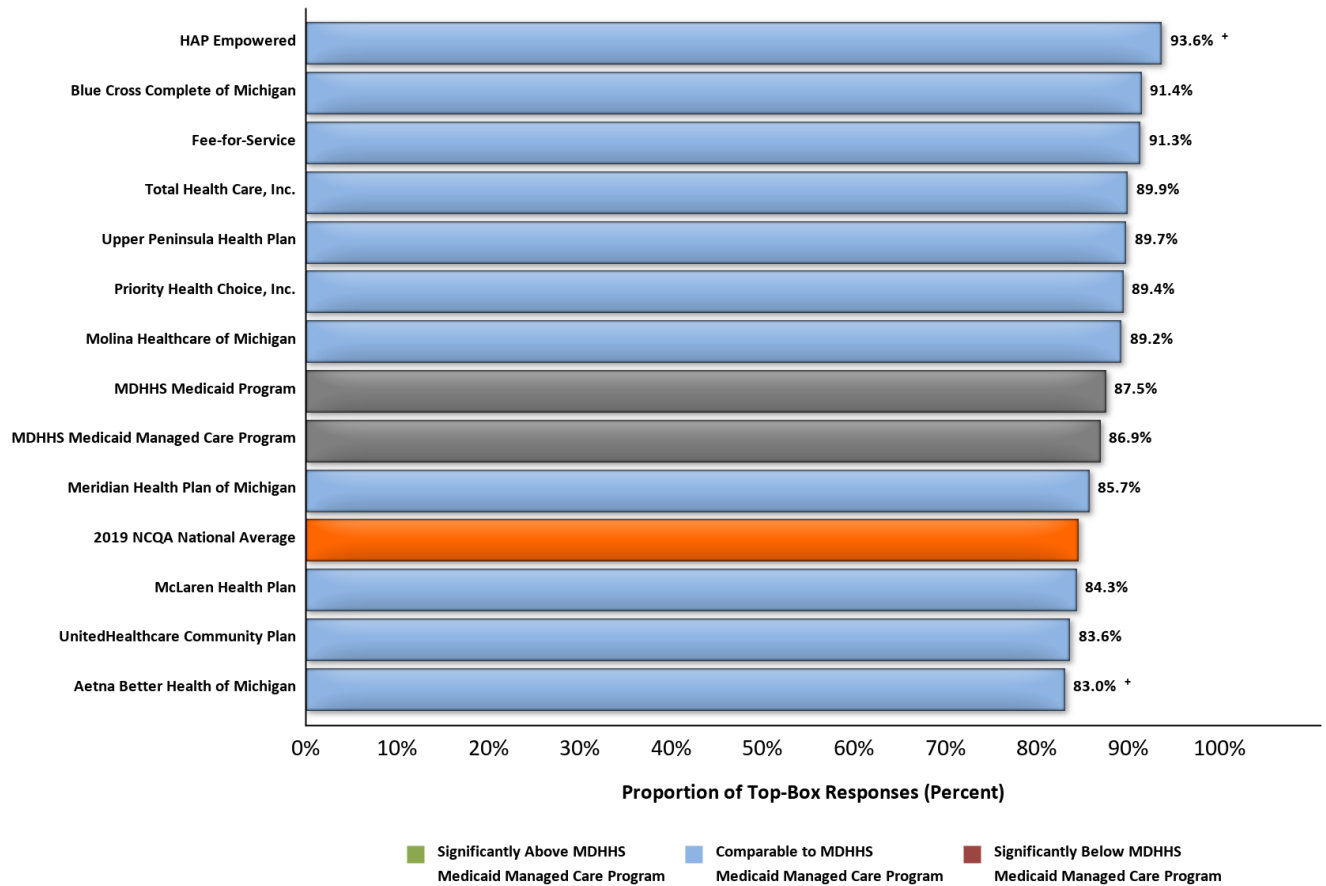
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Composite Measures

Getting Needed Care

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

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

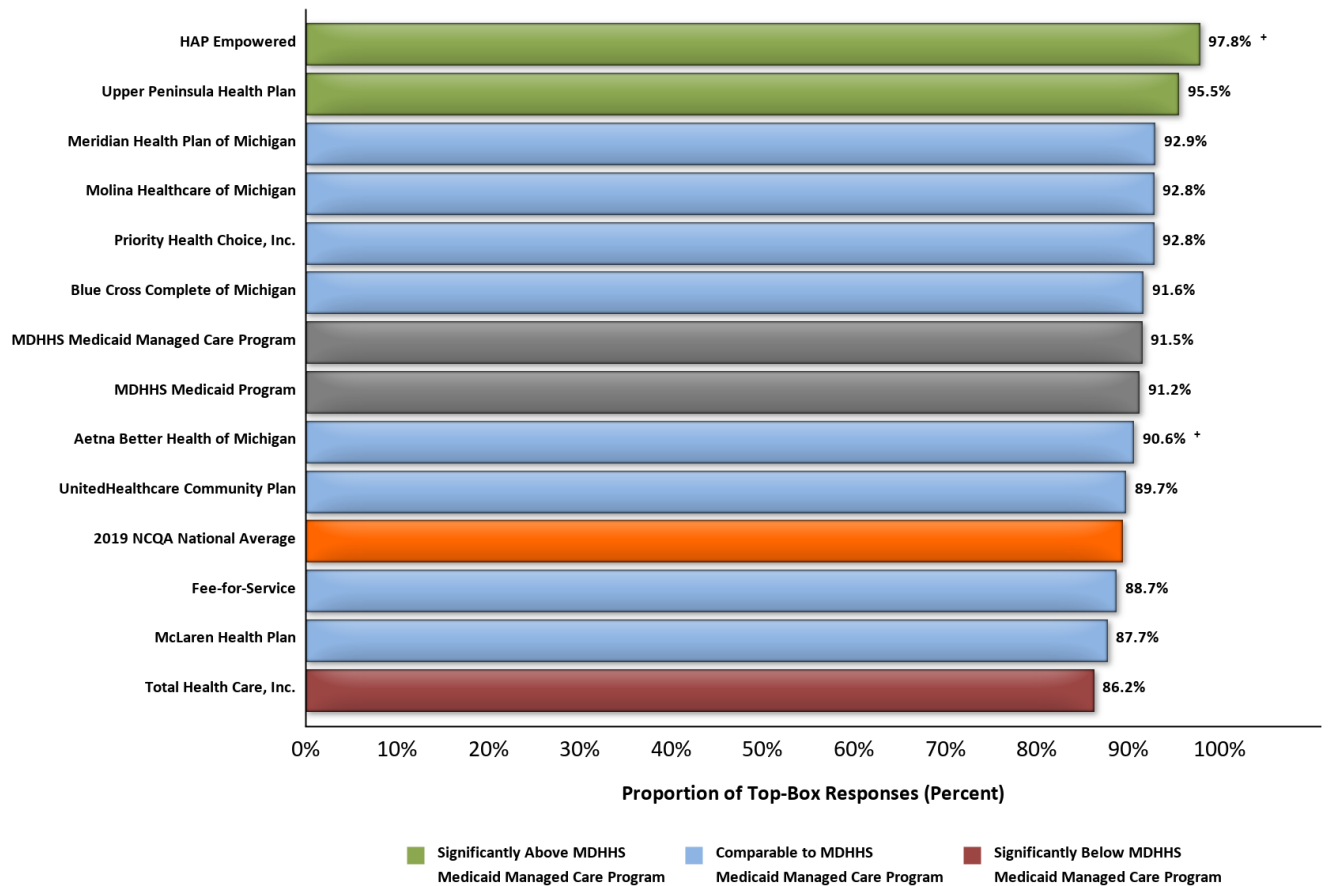


* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Getting Care Quickly

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

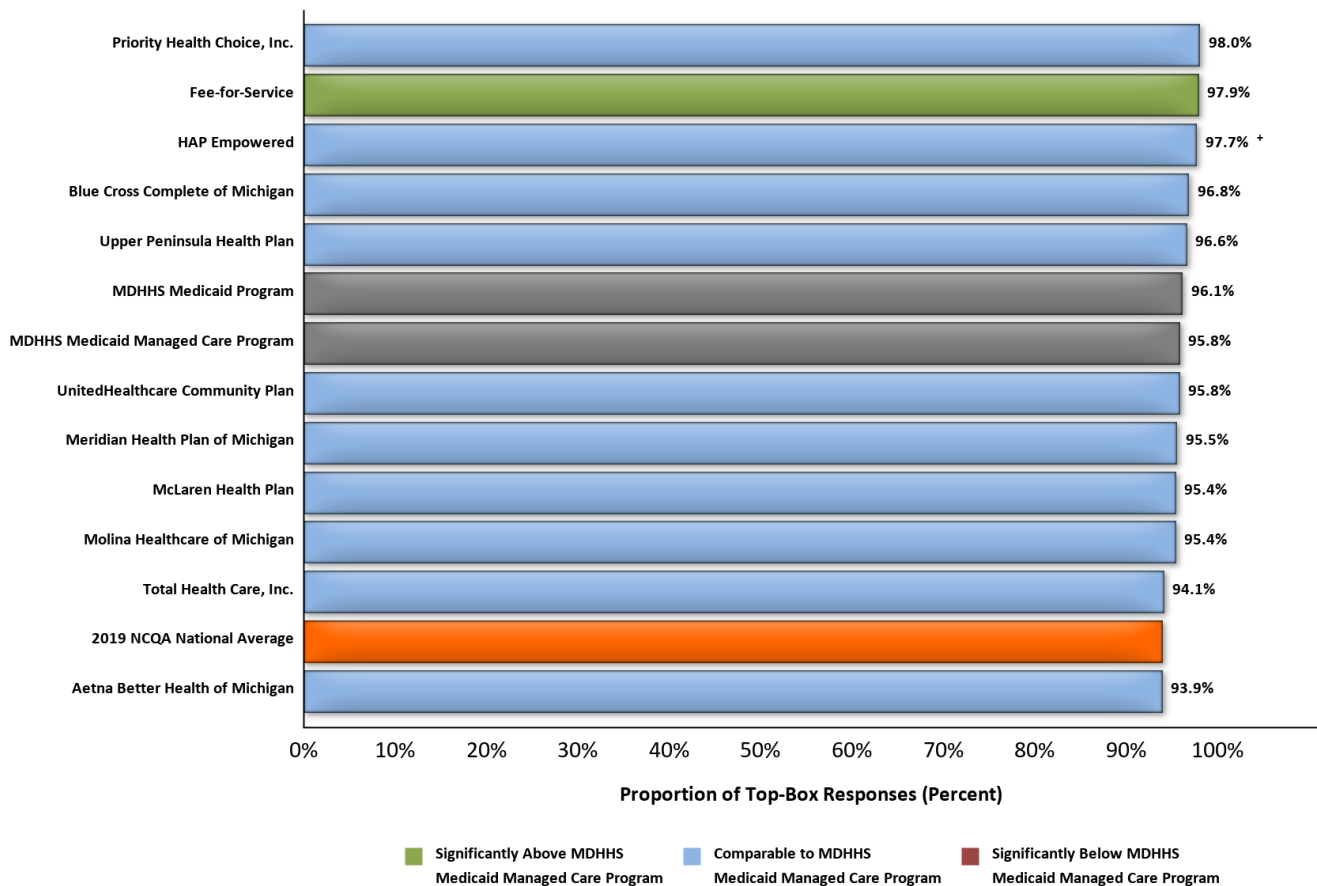
Figure 3-6—Getting Care Quickly Top-Box Scores



How Well Doctors Communicate

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

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

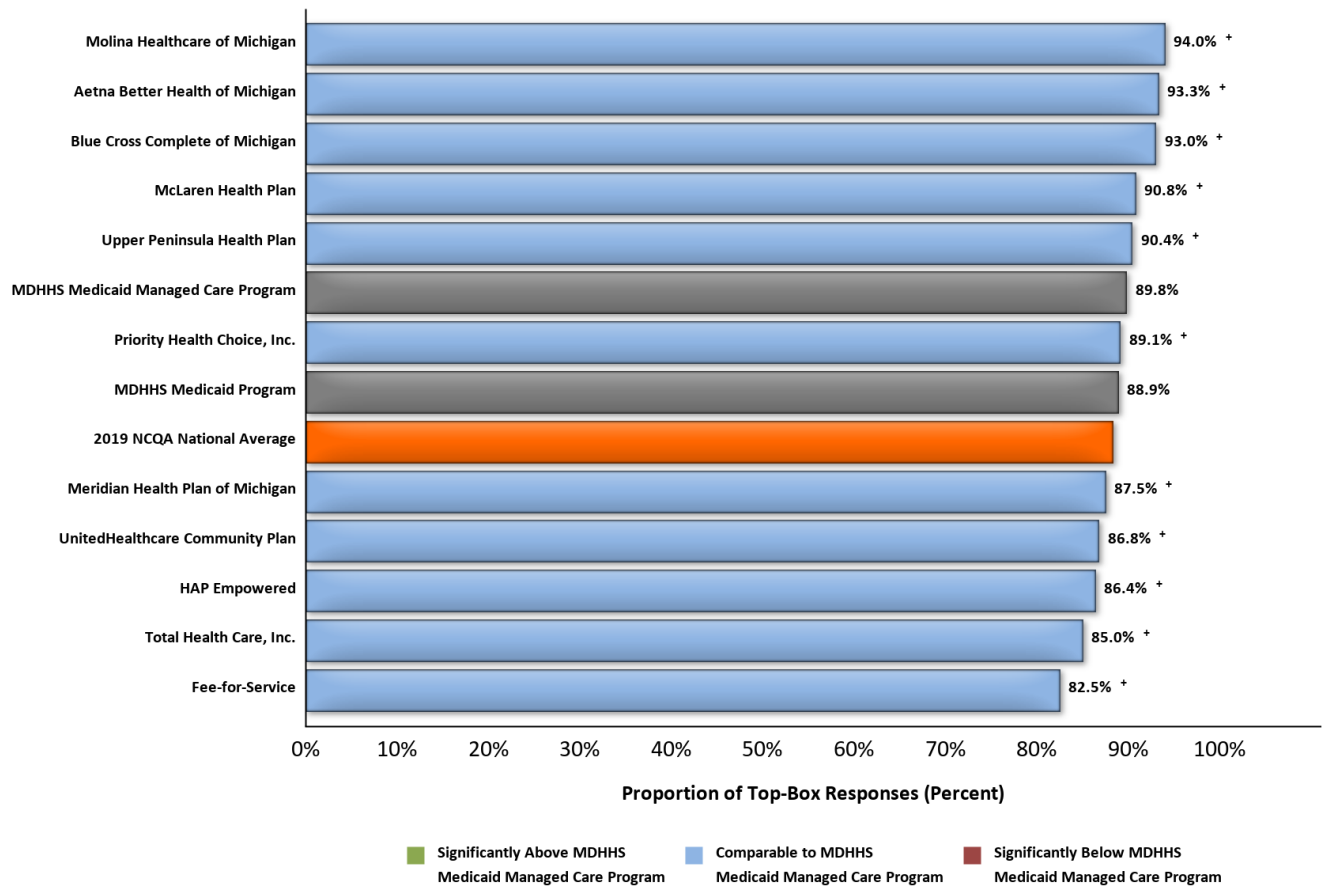


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Customer Service

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

Figure 3-8— Customer Service Top-Box Scores

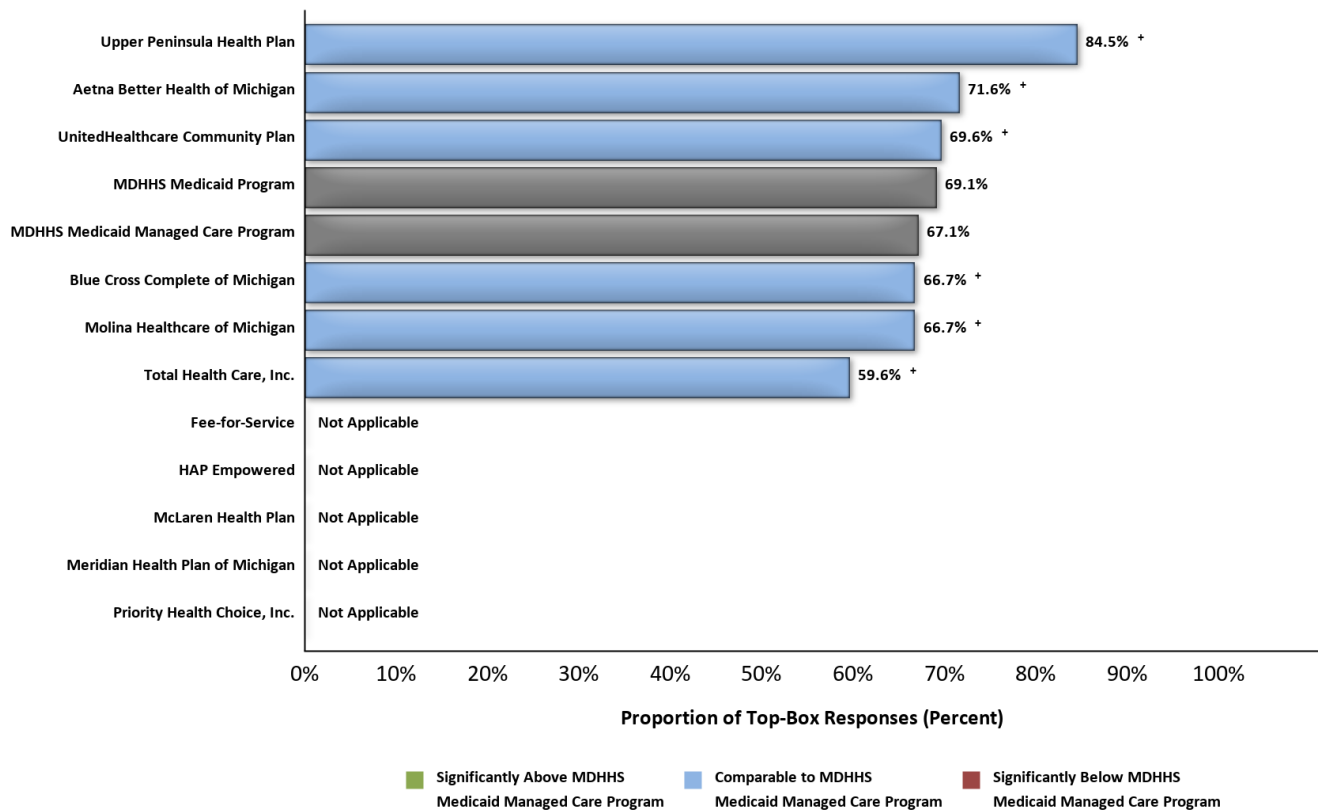


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Transportation

Figure 3-9 shows the *Transportation* top-box scores.

Figure 3-9— Transportation Top-Box Scores³⁻⁴



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

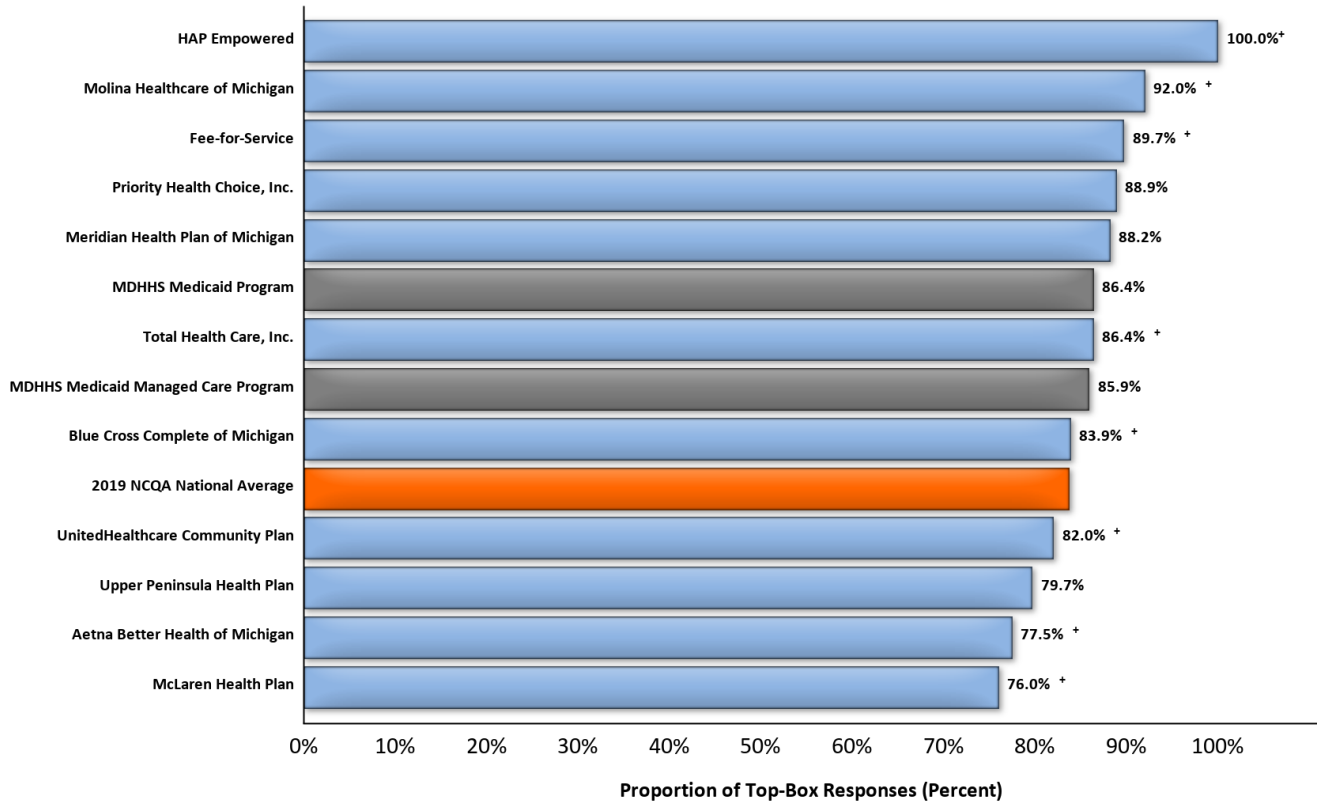
³⁻⁴ The Transportation composite measure survey questions are not included in the standard CAHPS 5.0 Child Medicaid Health Plan Survey. These questions are NCQA-approved supplemental items that were added to the survey. A 2019 NCQA national average is not available for this measure.

Individual Item Measure

Coordination of Care

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.

Trend Analysis

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

Global Ratings

Rating of Health Plan

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

Table 4-1—Rating of Health Plan Trend Analysis

	2019	2020	Trend Results
MDHHS Medicaid Program	62.7%	66.8%	▲
Fee-for-Service	50.0%	57.6%	—
MDHHS Medicaid Managed Care Program	64.5%	68.1%	▲
Aetna Better Health of Michigan	63.3%	60.6%	—
Blue Cross Complete of Michigan	69.8%	74.4%	—
HAP Empowered	61.2% ⁺	55.7% ⁺	—
McLaren Health Plan	61.3%	68.1%	—
Meridian Health Plan of Michigan	60.9%	67.9%	—
Molina Healthcare of Michigan	65.5%	63.2%	—
Priority Health Choice, Inc.	68.9%	74.8%	—
Total Health Care, Inc.	66.8%	65.2%	—
UnitedHealthcare Community Plan	65.8%	68.5%	—
Upper Peninsula Health Plan	67.6%	73.4%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Rating of All Health Care

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

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

	2019	2020	Trend Results
MDHHS Medicaid Program	64.4%	67.6%	—
Fee-for-Service	66.7%	66.7%	—
MDHHS Medicaid Managed Care Program	64.1%	67.8%	—
Aetna Better Health of Michigan	65.7%	56.8%	—
Blue Cross Complete of Michigan	72.0%	70.0%	—
HAP Empowered	63.6% ⁺	71.7% ⁺	—
McLaren Health Plan	58.7%	67.2%	—
Meridian Health Plan of Michigan	65.6%	66.2%	—
Molina Healthcare of Michigan	61.3%	69.1%	—
Priority Health Choice, Inc.	67.4%	70.9%	—
Total Health Care, Inc.	66.9%	70.2%	—
UnitedHealthcare Community Plan	61.8%	67.6%	—
Upper Peninsula Health Plan	60.8%	66.9%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Rating of Personal Doctor

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

Table 4-3—Rating of Personal Doctor Trend Analysis

	2019	2020	Trend Results
MDHHS Medicaid Program	72.8%	75.0%	—
Fee-for-Service	77.5%	74.6%	—
MDHHS Medicaid Managed Care Program	72.2%	75.1%	—
Aetna Better Health of Michigan	75.3%	73.8%	—
Blue Cross Complete of Michigan	77.1%	77.7%	—
HAP Empowered	65.9% ⁺	73.6% ⁺	—
McLaren Health Plan	67.0%	76.8%	▲
Meridian Health Plan of Michigan	69.3%	75.6%	—
Molina Healthcare of Michigan	76.7%	70.7%	—
Priority Health Choice, Inc.	78.5%	81.2%	—
Total Health Care, Inc.	72.2%	69.7%	—
UnitedHealthcare Community Plan	68.6%	74.9%	—
Upper Peninsula Health Plan	71.7%	76.3%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Rating of Specialist Seen Most Often

Table 4-4 shows the 2019 and 2020 top-box scores and the trend results for *Rating of Specialist Seen Most Often*.

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

	2019	2020	Trend Results
MDHHS Medicaid Program	69.5%	72.1%	—
Fee-for-Service	73.6% ⁺	78.2% ⁺	—
MDHHS Medicaid Managed Care Program	68.9%	71.3%	—
Aetna Better Health of Michigan	63.9% ⁺	71.9% ⁺	—
Blue Cross Complete of Michigan	71.9% ⁺	67.2% ⁺	—
HAP Empowered	NA	91.7% ⁺	NT
McLaren Health Plan	58.1% ⁺	65.5% ⁺	—
Meridian Health Plan of Michigan	65.4% ⁺	73.8% ⁺	—
Molina Healthcare of Michigan	75.5% ⁺	74.2% ⁺	—
Priority Health Choice, Inc.	77.2% ⁺	75.4% ⁺	—
Total Health Care, Inc.	69.6% ⁺	73.8% ⁺	—
UnitedHealthcare Community Plan	68.8% ⁺	67.2% ⁺	—
Upper Peninsula Health Plan	70.0% ⁺	65.9% ⁺	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019. NA Indicates that results for this measure are not displayed because too few members responded to the questions. NT Indicates the results are not trendable.</p>			

Composite Measures

Getting Needed Care

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

Table 4-5—Getting Needed Care Trend Analysis

	2019	2020	Trend Results
MDHHS Medicaid Program	85.6%	87.5%	—
Fee-for-Service	91.6%	91.3%	—
MDHHS Medicaid Managed Care Program	84.7%	86.9%	—
Aetna Better Health of Michigan	84.6% ⁺	83.0% ⁺	—
Blue Cross Complete of Michigan	89.5%	91.4%	—
HAP Empowered	93.9% ⁺	93.6% ⁺	—
McLaren Health Plan	81.0%	84.3%	—
Meridian Health Plan of Michigan	87.2%	85.7%	—
Molina Healthcare of Michigan	81.8%	89.2%	—
Priority Health Choice, Inc.	87.4%	89.4%	—
Total Health Care, Inc.	90.6%	89.9%	—
UnitedHealthcare Community Plan	80.0%	83.6%	—
Upper Peninsula Health Plan	90.8%	89.7%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Getting Care Quickly

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

Table 4-6—Getting Care Quickly Trend Analysis

	2019	2020	Trend Results
MDHHS Medicaid Program	90.5%	91.2%	—
Fee-for-Service	94.2%	88.7%	—
MDHHS Medicaid Managed Care Program	90.0%	91.5%	—
Aetna Better Health of Michigan	89.7%	90.6% ⁺	—
Blue Cross Complete of Michigan	92.1%	91.6%	—
HAP Empowered	96.6% ⁺	97.8% ⁺	—
McLaren Health Plan	91.6%	87.7%	—
Meridian Health Plan of Michigan	91.3%	92.9%	—
Molina Healthcare of Michigan	85.6%	92.8%	▲
Priority Health Choice, Inc.	90.9%	92.8%	—
Total Health Care, Inc.	93.5%	86.2%	▼
UnitedHealthcare Community Plan	88.8%	89.7%	—
Upper Peninsula Health Plan	95.3%	95.5%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

How Well Doctors Communicate

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

Table 4-7—How Well Doctors Communicate Trend Analysis

	2019	2020	Trend Results
MDHHS Medicaid Program	94.2%	96.1%	▲
Fee-for-Service	95.0%	97.9%	—
MDHHS Medicaid Managed Care Program	94.1%	95.8%	▲
Aetna Better Health of Michigan	93.7%	93.9%	—
Blue Cross Complete of Michigan	94.8%	96.8%	—
HAP Empowered	95.9% ⁺	97.7% ⁺	—
McLaren Health Plan	92.4%	95.4%	—
Meridian Health Plan of Michigan	96.1%	95.5%	—
Molina Healthcare of Michigan	93.0%	95.4%	—
Priority Health Choice, Inc.	96.7%	98.0%	—
Total Health Care, Inc.	95.1%	94.1%	—
UnitedHealthcare Community Plan	90.3%	95.8%	▲
Upper Peninsula Health Plan	97.2%	96.6%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Customer Service

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

Table 4-8—Customer Service Trend Analysis

	2019	2020	Trend Results
MDHHS Medicaid Program	87.9%	88.9%	—
Fee-for-Service	85.3% ⁺	82.5% ⁺	—
MDHHS Medicaid Managed Care Program	88.3%	89.8%	—
Aetna Better Health of Michigan	92.2% ⁺	93.3% ⁺	—
Blue Cross Complete of Michigan	90.7% ⁺	93.0% ⁺	—
HAP Empowered	89.3% ⁺	86.4% ⁺	—
McLaren Health Plan	89.6% ⁺	90.8% ⁺	—
Meridian Health Plan of Michigan	87.6% ⁺	87.5% ⁺	—
Molina Healthcare of Michigan	91.7% ⁺	94.0% ⁺	—
Priority Health Choice, Inc.	90.4% ⁺	89.1% ⁺	—
Total Health Care, Inc.	86.1% ⁺	85.0% ⁺	—
UnitedHealthcare Community Plan	81.3% ⁺	86.8% ⁺	—
Upper Peninsula Health Plan	88.2% ⁺	90.4% ⁺	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Transportation

Table 4-9 shows the 2019 and 2020 top-box scores for the *Transportation* composite measure.

Table 4-9—Transportation Trend Analysis

	2019	2020	Trend Results
MDHHS Medicaid Program	74.7%	69.1%	—
Fee-for-Service	NA	NA	NT
MDHHS Medicaid Managed Care Program	73.9%	67.1%	—
Aetna Better Health of Michigan	70.6% ⁺	71.6% ⁺	—
Blue Cross Complete of Michigan	NA	66.7% ⁺	NT
HAP Empowered	NA	NA	NT
McLaren Health Plan	80.8% ⁺	NA	NT
Meridian Health Plan of Michigan	NA	NA	NT
Molina Healthcare of Michigan	78.2% ⁺	66.7% ⁺	—
Priority Health Choice, Inc.	NA	NA	NT
Total Health Care, Inc.	43.7% ⁺	59.6% ⁺	—
UnitedHealthcare Community Plan	44.8% ⁺	69.6% ⁺	—
Upper Peninsula Health Plan	85.9% ⁺	84.5% ⁺	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019. NA Indicates that results for this measure are not displayed because too few members responded to the questions. NT Indicates the results are not trendable.</p>			

Individual Item Measure

Coordination of Care

Table 4-10 shows the 2019 and 2020 top-box scores and trend results for the *Coordination of Care* individual item measure.

Table 4-10—Coordination of Care Trend Analysis

	2019	2020	Trend Results
MDHHS Medicaid Program	84.5%	86.4%	—
Fee-for-Service	85.9% ⁺	89.7% ⁺	—
MDHHS Medicaid Managed Care Program	84.4%	85.9%	—
Aetna Better Health of Michigan	88.2% ⁺	77.5% ⁺	—
Blue Cross Complete of Michigan	85.9% ⁺	83.9% ⁺	—
HAP Empowered	NA	100.0% ⁺	NT
McLaren Health Plan	82.8% ⁺	76.0% ⁺	—
Meridian Health Plan of Michigan	85.1% ⁺	88.2%	—
Molina Healthcare of Michigan	87.5% ⁺	92.0% ⁺	—
Priority Health Choice, Inc.	89.3%	88.9%	—
Total Health Care, Inc.	87.7% ⁺	86.4% ⁺	—
UnitedHealthcare Community Plan	74.4% ⁺	82.0% ⁺	—
Upper Peninsula Health Plan	88.8%	79.7%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019. NA Indicates that results for this measure are not displayed because too few members responded to the questions. NT Indicates the results are not trendable.</p>			

5. Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader’s Guide section on page 2-8. Table 5-1 depicts the survey items identified for each of the three measures as being key drivers of member experience for the MDHHS Medicaid Program.

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

Key Drivers	Response Options	Odds Ratio Estimates		
		<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>
Q6. In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> for your child at a doctor’s office or clinic, how often did you get an appointment as soon as your child needed?	Never vs. Always	NS	NS	NS
	Sometimes vs. Always	2.0	NS	NS
	Usually vs. Always	1.4	NS	NS
Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never vs. Always	4.4	6.2	NS
	Sometimes vs. Always	4.8	7.6	2.3
	Usually vs. Always	2.7	3.7	2.2
Q12. In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that was easy to understand?	Never vs. Always	NS	NS	NS
	Sometimes vs. Always	NS	NS	NS
	Usually vs. Always	NS	NS	1.8
Q13. In the last 6 months, how often did your child’s personal doctor listen carefully to you?	Never vs. Always	NS	NS	NS
	Sometimes vs. Always	NS	NS	8.2
	Usually vs. Always	NS	NS	NS
Q20. In the last 6 months, how often did your child’s personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never vs. Always	NS	NS	3.0
	Sometimes vs. Always	NS	2.5	3.1
	Usually vs. Always	NS	NS	2.2
Q23. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	Never vs. Always	NS	NS	NA
	Sometimes vs. Always	1.8	NS	NA
	Usually vs. Always	NS	NS	NA
Q30. In the last 6 months, how often were the forms from your child’s health plan easy to fill out?	Never vs. Always	NS	NS	NA
	Sometimes vs. Always	6.3	NS	NA
	Usually vs. Always	2.6	NS	NA

NA indicates that this question was not evaluated for this measure.

NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for those responses does not significantly affect their rating.

6. Survey Instrument

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



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

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

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

SURVEY INSTRUCTIONS

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

Correct Mark 

Incorrect Marks   

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

Yes ➔ *Go to Question 1*
 No

↓ START HERE ↓

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

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

Yes ➔ *Go to Question 3*
 No

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



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

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

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

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

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

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

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
 - None → *Go to Question 10*
 - 1 time
 - 2
 - 3
 - 4
 - 5 to 9
 - 10 or more times

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

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

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

YOUR CHILD'S PERSONAL DOCTOR

- 10. A personal doctor is the one your child would see if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?
 - Yes
 - No → *Go to Question 22*



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

- None → **Go to Question 21**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 17**

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → **Go to Question 21**

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

- Never
- Sometimes
- Usually
- Always



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

0 1 2 3 4 5 6 7 8 9 10
Worst Personal Doctor Possible Personal Doctor Possible

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

- None → *Go to Question 26*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

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

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

GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
- No → *Go to Question 26*

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

- Never
- Sometimes
- Usually
- Always

YOUR CHILD'S HEALTH PLAN

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

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

- Yes
- No → *Go to Question 29*

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → Go to Question 31

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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Excellent
- Very good
- Good
- Fair
- Poor

34. What is your child's age?

- Less than 1 year old
- YEARS OLD (write in)

35. Is your child male or female?

- Male
- Female

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

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

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

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

38. What is your age?

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

ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor



◆ **39. Are you male or female?**

- Male
- Female

40. 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

41. How are you related to the child?

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

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

- Yes → **Go to Question 43**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

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

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