

# 2016 Michigan Department of Health and Human Services Integrated Care Organization CAHPS® Report

*February 2017*



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### Introduction

The Michigan Department of Health and Human Services (MDHHS) assesses the perceptions and experiences of members enrolled in the MDHHS Integrated Care Organization (ICO) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members in the ICO Program (also referred to as MI Health Link 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 MI Health Link Program.<sup>1-1</sup> The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

This report presents the 2016 CAHPS results of adult members enrolled in a MI Health Link health plan. The survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.<sup>1-2</sup> The surveys were completed by adult members from July to October 2016.

### Report Overview

A sample of 1,350 adult members was selected from each MI Health Link health plan. 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 are reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making. Overall rates for five Effectiveness of Care measures are reported: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, Discussing Cessation Strategies, Aspirin Use, and Discussing Aspirin Risks and Benefits. Additionally, overall rates for the supplemental items are reported. HSAG presents aggregate statewide results (i.e., the MI Health Link Program) and compares them to national Medicaid data.<sup>1-3</sup>

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

<sup>1-2</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

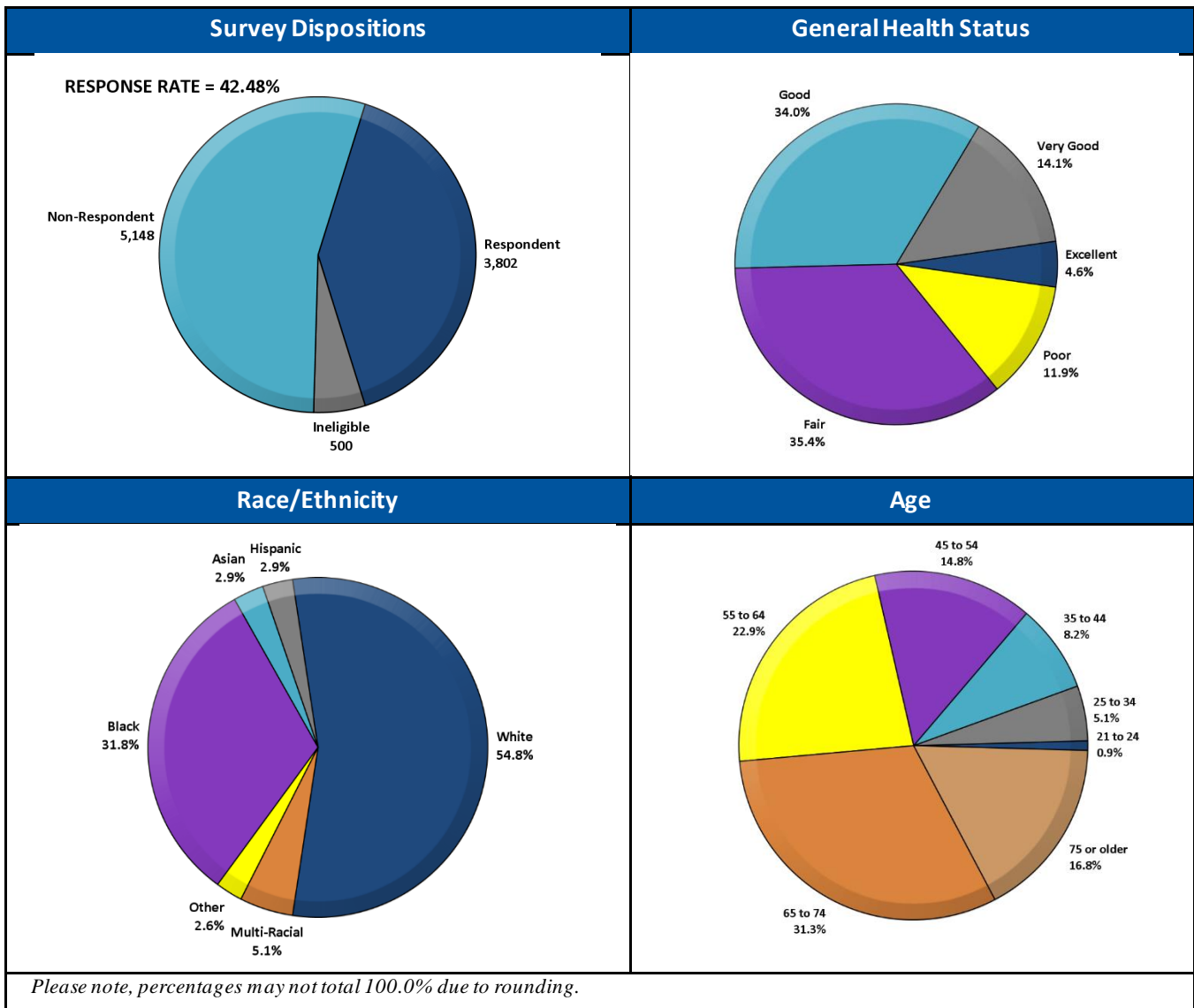
<sup>1-3</sup> NCQA national averages for the adult Medicaid population were used for comparative purposes. Given the potential differences in the demographics of these populations (i.e., dual eligible and adult Medicaid), caution should be exercised when interpreting these results.

## Key Findings

### Survey Demographics and Dispositions

Figure 1-1 provides an overview of the adult member demographics and survey dispositions for the MI Health Link Program.

**Figure 1-1 – Survey Demographics and Dispositions**



## National Comparisons

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point means scores were compared to the National Committee for Quality Assurance’s (NCQA’s) 2016 HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.<sup>1-4,1-5,1-6</sup> Table 1-1 provides highlights of the National Comparisons findings for the MI Health Link Program. The numbers presented below represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

**Table 1-1 – National Comparisons MI Health Link Program**

Measure	National Comparisons
<b>Global Rating</b>	
Rating of Health Plan	★★★ 2.45
Rating of All Health Care	★★ 2.35
Rating of Personal Doctor	★★★★★ 2.59
Rating of Specialist Seen Most Often	★★★★ 2.58
<b>Composite Measure</b>	
Getting Needed Care	★★★★ 2.42
Getting Care Quickly	★★★★ 2.48
How Well Doctors Communicate	★★★★★ 2.67
Customer Service	★★★★★ 2.62
Star Assignments Based on Percentiles	
★★★★★ 90th or Above    ★★★★ 75th-89th    ★★★ 50th-74th    ★★ 25th-49th    ★ Below 25th	

<sup>1-4</sup> National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

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

<sup>1-6</sup> NCQA data for the adult Medicaid population were used for comparative purposes. Given the potential differences in the demographics of these populations (i.e., dual eligible and adult Medicaid), caution should be exercised when interpreting these results.

The National Comparisons results on the previous page indicated the Rating of Personal Doctor global rating, and the How Well Doctors Communicate and Customer Service composite measures scored at or above the 90th percentile. The Rating of Specialist Seen Most Often global rating, and the Getting Needed Care and Getting Care Quickly composite measures scored at or between the 75th and 89th percentiles. The Rating of Health Plan global rating scored at or between the 50th and 74th percentiles, and the Rating of All Health Care global rating scored at or between the 25th and 49th percentiles.

### Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure, and overall rates for the Effectiveness of Care measures. HSAG compared the MI Health Link health plan results to the MI Health Link Program average to determine if plan results were statistically significantly different than the MI Health Link Program average. Table 1-2 through Table 1-4 show the results of this analysis for the global ratings, composite measures, and Effectiveness of Care measures, respectively.

**Table 1-2 – Statewide Comparisons – Global Ratings**

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Aetna Better Health of Michigan	—	—	—	—
AmeriHealth Michigan, Inc.	—	—	—	—
Fidelis SecureCare of Michigan, Inc.	↓	—	—	—
HAP Midwest Health Plan	↓	—	—	—
Meridian Health Plan of Michigan	—	—	—	—
Molina Healthcare of Michigan	—	—	—	↓
Upper Peninsula Health Plan	↑	↑	—	↑
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ indicates the plan's score is statistically significantly higher than the MI Health Link Program average ↓ indicates the plan's score is statistically significantly lower than the MI Health Link Program average — indicates the plan's score is not statistically significantly different than the MI Health Link Program average				

**Table 1-3 – Statewide Comparisons – Composite Measures**

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Aetna Better Health of Michigan	—	—	—	—	—
AmeriHealth Michigan, Inc.	↓	—	—	—	—
Fidelis SecureCare of Michigan, Inc.	↓	—	—	—	—
HAP Midwest Health Plan	—	—	—	↓	—
Meridian Health Plan of Michigan	↑	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Upper Peninsula Health Plan	↑	↑	—	↑	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 ↑ indicates the plan’s score is statistically significantly higher than the MI Health Link Program average  
 ↓ indicates the plan’s score is statistically significantly lower than the MI Health Link Program average  
 — indicates the plan’s score is not statistically significantly different than the MI Health Link Program average

**Table 1-4 – Statewide Comparisons – Effectiveness of Care Measures**

Plan Name	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies	Aspirin Use	Discussing Aspirin Risks and Benefits
Aetna Better Health of Michigan	—	—	—	— <sup>+</sup>	—
AmeriHealth Michigan, Inc.	—	—	—	— <sup>+</sup>	—
Fidelis SecureCare of Michigan, Inc.	—	—	—	— <sup>+</sup>	—
HAP Midwest Health Plan	—	—	—	— <sup>+</sup>	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	— <sup>+</sup>	—
Upper Peninsula Health Plan	—	—	—	—	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.  
 ↑ indicates the plan’s score is statistically significantly higher than the MI Health Link Program average  
 ↓ indicates the plan’s score is statistically significantly lower than the MI Health Link Program average  
 — indicates the plan’s score is not statistically significantly different than the MI Health Link Program average

The following plans scored statistically significantly *higher* than the MI Health Link Program average on at least one measure:

**Meridian Health Plan of Michigan**

- Getting Needed Care

**Upper Peninsula Health Plan**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly
- Customer Service

Conversely, the following plans scored statistically significantly *lower* than the MI Health Link Program average on at least one measure:

**AmeriHealth Michigan, Inc.**

- Getting Needed Care

**Fidelis Secure Care of Michigan, Inc.**

- Rating of Health Plan
- Getting Needed Care

**HAP Midwest Health Plan**

- Rating of Health Plan
- Customer Service

**Molina Healthcare of Michigan**

- Rating of Specialist Seen Most Often



### Key Drivers of Satisfaction

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

**Table 1-5 – MI Health Link Program Key Drivers of Satisfaction**

<b>Rating of Health Plan</b>
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.
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 forms from their health plan were often not easy to fill out.
Respondents reported that it was often not easy to obtain appointments with specialists.
<b>Rating of All Health Care</b>
Respondents reported that when they did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
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.
<b>Rating of Personal Doctor</b>
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 their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.

**2016 CAHPS Performance Measures**

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 58 core questions that yield 14 measures. These measures include four global rating questions, five composite measures, and five Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect overall satisfaction with 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 Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation and managing aspirin use for the primary prevention of cardiovascular disease.

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	Effectiveness of Care Measures
Rating of Health Plan	Getting Needed Care	Advising Smokers and Tobacco Users to Quit
Rating of All Health Care	Getting Care Quickly	Discussing Cessation Medications
Rating of Personal Doctor	How Well Doctors Communicate	Discussing Cessation Strategies
Rating of Specialist Seen Most Often	Customer Service	Aspirin Use
	Shared Decision Making	Discussing Aspirin Risks and Benefits

## How CAHPS Results Were Collected

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

### *Sampling Procedures*

MDHHS provided HSAG with a list of all eligible adult members in the MI Health Link Program for the sampling frame. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. HSAG sampled adult members who met the following criteria:

- Were 21 years of age or older as of May 31, 2016.
- Were currently enrolled in a MI Health Link health plan.
- Had been continuously enrolled in the plan for at least five of the last six months of the measurement year (December 1, 2015 through May 31, 2016).

Next, a sample of members was selected for inclusion in the survey. For each MI Health Link health plan, no more than one member per household was selected as part of the survey samples. A random sample of 1,350 adult members was selected from each MI Health Link health plan. Table 3-1 in the Results section provides an overview of the sample sizes for each plan.

### *Survey Protocol*

The MI Health Link CAHPS survey process 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 sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system. All sampled members received an English version of the survey, with the option of completing the survey in Spanish. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of members who did not mail in a completed survey. At least three CATI calls to each non-respondent were attempted. It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a plan's population.<sup>2-1</sup>

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<sup>2-1</sup> Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

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

**Table 2-2 – CAHPS 5.0 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

## How CAHPS Results Were Calculated and Displayed

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

### Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible members of the sample. HSAG considered a survey completed if members answered at least three of the following five questions: 3, 15, 24, 28, and 35. Eligible members included the entire random 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.

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

### Demographics of Adult Members

The demographics analysis evaluated demographic information of adult members. MDHHS should exercise caution when extrapolating the MI Health Link survey results to the entire population if the respondent population differs significantly from the actual population of the plan.

### National Comparisons

HSAG conducted an analysis of the CAHPS survey results using NCQA HEDIS Specifications for Survey Measures. Although NCQA requires a minimum of 100 responses on each item in order to report the item as a reportable CAHPS Survey result, HSAG presented results with less than 100 responses. Therefore, caution should be exercised when evaluating measures' results with less than 100 responses, which are denoted with a cross (+).<sup>2-2</sup>

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<sup>2-2</sup> NCQA data for the adult Medicaid population were used for comparative purposes. Given the potential differences in the demographics of these populations (i.e., dual eligible and adult Medicaid), caution should be exercised when interpreting these results.

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

**Table 2-3 – Star Ratings**

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

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure. HSAG compared the resulting three-point mean scores to published NCQA HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings for each CAHPS measure.<sup>2-3</sup>

Table 2-4 shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall member satisfaction ratings on each CAHPS measure.<sup>2-4</sup> NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis. In addition, there are no national benchmarks available for a dual eligible population; therefore, national adult Medicaid data were used for comparative purposes.<sup>2-5</sup>

**Table 2-4 – Overall Adult Medicaid Member Satisfaction Ratings Crosswalk**

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.55	2.49	2.43	2.37
Rating of All Health Care	2.45	2.42	2.36	2.31
Rating of Personal Doctor	2.57	2.53	2.50	2.43
Rating of Specialist Seen Most Often	2.59	2.56	2.51	2.48
Getting Needed Care	2.45	2.42	2.37	2.31
Getting Care Quickly	2.49	2.46	2.42	2.36
How Well Doctors Communicate	2.64	2.58	2.54	2.48
Customer Service	2.61	2.58	2.54	2.48

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

<sup>2-4</sup> National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

<sup>2-5</sup> NCQA national averages for the adult Medicaid population were used for comparative purposes. Given the potential differences in the demographics of these populations (i.e., dual eligible and adult Medicaid), caution should be exercised when interpreting these results.

## Statewide Comparisons

### Global Ratings and Composite Measures

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

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

### Medical Assistance with Smoking and Tobacco Use Cessation

HSAG calculated three rates 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 rates 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 rates presented do not follow NCQA’s methodology of calculating a rolling average using the current and prior year’s results. HSAG calculated these rates using one year of data (i.e., baseline year data).

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

## Aspirin Use and Discussion

HSAG calculated two rates that assess different facets of managing aspirin use for the primary prevention of cardiovascular disease:

- Aspirin Use
- Discussing Aspirin Risks and Benefits

The Aspirin Use measure assesses the percentage of members at risk for cardiovascular disease who are currently taking aspirin. The Discussing Aspirin Risks and Benefits measure assesses the percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider. Responses of “Yes” were used to determine if the member qualified for inclusion in the numerator. The rates presented do not follow NCQA’s methodology of calculating a rolling average using the current and prior year’s results. HSAG calculated these rates using one year of data (i.e., baseline year data).

## Weighting

A weighted MI Health Link Program rate was calculated. Results were weighted based on the total eligible population for each plan’s adult MI Health Link population. For the Statewide Comparisons, no threshold number of responses was required for the results to be reported. Measures with less than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

## MI Health Link Health Plan Comparisons

The results of the MI Health Link health plans were compared to the MI Health Link 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 MI Health Link health plans’ means was significant. If the  $F$  test demonstrated plan-level differences (i.e.,  $p$  value  $\leq 0.05$ ), then a  $t$  test was performed for each MI Health Link health plan. The  $t$  test determined whether each MI Health Link health plan’s mean was significantly different from the MI Health Link 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.



## Key Drivers of Satisfaction Analysis

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

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

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

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

## Limitations and Cautions

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

### *Case-Mix Adjustment*

The demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these CAHPS results.<sup>2-7</sup>

### *Non-Response Bias*

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

### *Causal Inferences*

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

### *Missing Phone Numbers*

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

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

## ***National Data for Comparisons***

While comparisons to national data were performed for the survey measures, it is important to note that the survey instrument utilized for the 2016 survey administration was the standard CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set; however, the population being surveyed was a Medicare-Medicaid dual eligible population, not an adult Medicaid population. There are currently no available benchmarks for a dual eligible population; therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

**Who Responded to the Survey**

A total of 9,450 surveys were distributed to adult members. A total of 3,802 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**

Plan Name	Sample Size	Completes	Ineligibles	Response Rates
<b>MI Health Link Program</b>	<b>9,450</b>	<b>3,802</b>	<b>500</b>	<b>42.48%</b>
Aetna Better Health of Michigan	1,350	551	55	42.55%
AmeriHealth Michigan, Inc.	1,350	415	84	32.78%
Fidelis SecureCare of Michigan, Inc.	1,350	417	92	33.15%
HAP Midwest Health Plan	1,350	486	104	39.00%
Meridian Health Plan of Michigan	1,350	644	40	49.16%
Molina Healthcare of Michigan	1,350	564	74	44.20%
Upper Peninsula Health Plan	1,350	725	51	55.81%

## Demographics of Adult Members

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

**Table 3-2 – Adult Member Demographics: Age**

Plan Name	21 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
<b>MI Health Link Program</b>	<b>0.9%</b>	<b>5.1%</b>	<b>8.2%</b>	<b>14.8%</b>	<b>22.9%</b>	<b>31.3%</b>	<b>16.8%</b>
Aetna Better Health of Michigan	0.9%	4.7%	8.1%	15.9%	24.0%	30.2%	16.1%
AmeriHealth Michigan, Inc.	0.7%	6.0%	8.0%	15.0%	22.2%	25.9%	22.2%
Fidelis SecureCare of Michigan, Inc.	0.7%	5.7%	9.9%	12.4%	18.4%	33.3%	19.6%
HAP Midwest Health Plan	1.0%	4.0%	7.3%	13.4%	21.5%	38.5%	14.2%
Meridian Health Plan of Michigan	0.8%	6.1%	8.8%	15.3%	27.1%	28.5%	13.4%
Molina Healthcare of Michigan	1.3%	4.4%	7.7%	16.2%	21.9%	35.1%	13.4%
Upper Peninsula Health Plan	0.6%	5.1%	7.7%	14.8%	22.9%	28.7%	20.3%

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

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

**Table 3-3 – Adult Member Demographics: Gender**

Plan Name	Male	Female
<b>MI Health Link Program</b>	<b>39.6%</b>	<b>60.4%</b>
Aetna Better Health of Michigan	37.2%	62.8%
AmeriHealth Michigan, Inc.	44.6%	55.4%
Fidelis SecureCare of Michigan, Inc.	42.9%	57.1%
HAP Midwest Health Plan	40.2%	59.8%
Meridian Health Plan of Michigan	39.3%	60.7%
Molina Healthcare of Michigan	35.1%	64.9%
Upper Peninsula Health Plan	39.7%	60.3%

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

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

**Table 3-4 – Adult Member Demographics: Race/Ethnicity**

Plan Name	White	Hispanic	Black	Asian	Other	Multi-Racial
<b>MI Health Link Program</b>	<b>54.8%</b>	<b>2.9%</b>	<b>31.8%</b>	<b>2.9%</b>	<b>2.6%</b>	<b>5.1%</b>
Aetna Better Health of Michigan	50.7%	3.6%	36.6%	2.3%	1.5%	5.4%
AmeriHealth Michigan, Inc.	41.2%	2.5%	40.5%	7.0%	2.0%	6.8%
Fidelis SecureCare of Michigan, Inc.	25.4%	3.0%	60.8%	2.0%	3.0%	5.7%
HAP Midwest Health Plan	39.8%	3.9%	42.2%	5.1%	3.9%	5.1%
Meridian Health Plan of Michigan	73.7%	2.4%	15.3%	1.7%	2.1%	4.7%
Molina Healthcare of Michigan	32.7%	4.9%	51.0%	3.4%	3.6%	4.5%
Upper Peninsula Health Plan	91.7%	0.7%	0.3%	0.8%	2.4%	4.1%

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

Table 3-5 depicts the general health status of members who completed a CAHPS survey.

**Table 3-5 – Adult Member Demographics: General Health Status**

Plan Name	Excellent	Very Good	Good	Fair	Poor
<b>MI Health Link Program</b>	<b>4.6%</b>	<b>14.1%</b>	<b>34.0%</b>	<b>35.4%</b>	<b>11.9%</b>
Aetna Better Health of Michigan	6.5%	12.2%	34.4%	34.0%	12.9%
AmeriHealth Michigan, Inc.	3.9%	13.9%	35.2%	35.9%	11.0%
Fidelis SecureCare of Michigan, Inc.	6.9%	14.7%	31.2%	36.1%	11.1%
HAP Midwest Health Plan	4.4%	12.8%	34.1%	37.4%	11.3%
Meridian Health Plan of Michigan	2.4%	16.3%	34.1%	34.2%	13.0%
Molina Healthcare of Michigan	4.8%	10.8%	33.9%	38.0%	12.5%
Upper Peninsula Health Plan	4.4%	17.0%	34.5%	33.2%	11.0%

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

## National Comparisons

In order to assess the overall performance of the MI Health Link Program, HSAG scored the four global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and four composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the plans’ and program’s three-point mean scores to NCQA HEDIS Benchmarks and Thresholds for Accreditation.<sup>3-1</sup>

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

**Table 3-6 – Star Ratings**

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

The results presented in the following two tables represent the three-point mean scores for each measure, while the stars represent the overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.<sup>3-2</sup>

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

<sup>3-2</sup> Given the potential differences in demographic make-up of the MI Health Link population and services received from the MI Health Link health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA HEDIS Benchmarks and Thresholds for Accreditation.

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

**Table 3-7 – National Comparisons – Global Ratings**

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
<b>MI Health Link Program</b>	★★★ 2.45	★★ 2.35	★★★★★ 2.59	★★★★★ 2.58
Aetna Better Health of Michigan	★★★ 2.44	★★ 2.34	★★★★★ 2.58	★★★ 2.52
AmeriHealth Michigan, Inc.	★ 2.35	★★ 2.32	★★★★★ 2.59	★★★ 2.54
Fidelis SecureCare of Michigan, Inc.	★ 2.31	★ 2.30	★★★★★ 2.59	★★★ 2.52
HAPMidwest Health Plan	★★ 2.39	★ 2.30	★★★★★ 2.56	★★★★★ 2.60
Meridian Health Plan of Michigan	★★★ 2.48	★★ 2.34	★★★★★ 2.56	★★★★★ 2.62
Molina Healthcare of Michigan	★★★ 2.45	★★ 2.32	★★★★★ 2.56	★ 2.46
Upper Peninsula Health Plan	★★★★★ 2.59	★★★★★ 2.47	★★★★★ 2.65	★★★★★ 2.71

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

The MI Health Link Program scored at or above the 90th percentile for the Rating of Personal Doctor global rating, and scored at or between the 75th and 89th percentiles for the Rating of Specialist Seen Most Often global rating. In addition, the MI Health Link Program scored at or between the 50th and 74th percentiles for the Rating of Health Plan global rating, and scored at or between the 25th and 49th percentiles for the Rating of All Health Care global rating. The MI Health Link Program did not score below the 25th percentile for any of the global ratings.



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

**Table 3-8 – National Comparisons – Composite Measures**

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
MI Health Link Program	★★★★ 2.42	★★★★ 2.48	★★★★★ 2.67	★★★★★ 2.62
Aetna Better Health of Michigan	★★★ 2.40	★★★★ 2.46	★★★★★ 2.65	★★★ 2.56
AmeriHealth Michigan, Inc.	★★ 2.35	★★★ 2.44	★★★★★ 2.74	★★★★ 2.60
Fidelis SecureCare of Michigan, Inc.	★★ 2.32	★★★★ 2.46	★★★★★ 2.68	★★★★★ 2.66
HAPMidwest Health Plan	★★★ 2.39	★★★★ 2.47	★★★★ 2.63	★★ 2.51
Meridian Health Plan of Michigan	★★★★★ 2.46	★★★ 2.45	★★★★★ 2.64	★★★★★ 2.63
Molina Healthcare of Michigan	★★★ 2.40	★★★★★ 2.49	★★★★★ 2.69	★★★★★ 2.62
Upper Peninsula Health Plan	★★★★★ 2.54	★★★★★ 2.58	★★★★★ 2.68	★★★★★ 2.73

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

The MI Health Link Program scored at or above the 90th percentile for the How Well Doctors Communicate and Customer Service composite measures. In addition, the MI Health Link Program scored at or between the 75th and 89th percentiles for the Getting Care Needed and Getting Care Quickly composite measures. The MI Health Link Program did not score below the 75th percentile for any of the composite measures.

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



## Statewide Comparisons

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

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

HSAG also calculated overall rates for the Effectiveness of Care measures: 1) Medical Assistance with Smoking and Tobacco Use Cessation and 2) Aspirin Use and Discussion. Refer to the Reader’s Guide section for more detailed information regarding the calculation of these measures.

The MI Health Link Program results were weighted based on the eligible population for each adult population (i.e., MI Health Link health plans). HSAG compared the MI Health Link health plan results to the MI Health Link Program average to determine if the MI Health Link health plan results were statistically significantly different than the MI Health Link Program average. The NCQA adult Medicaid national averages are also presented for comparison.<sup>3-4,3-5</sup> Colors in the figures note statistically significant differences. Green indicates a top-box rate that was statistically significantly higher than the MI Health Link Program average. Conversely, red indicates a top-box rate that was statistically significantly lower than the MI Health Link Program average. Blue represents top-box rates that were not statistically significantly different from the MI Health Link Program average. Health plan/program rates with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

In some instances, the top-box rates presented for two plans may be similar, but one was statistically different from the MI Health Link 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.

<sup>3-4</sup> The source for the national data contained in this publication is Quality Compass<sup>®</sup> 2015 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2015 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS<sup>®</sup> is a registered trademark of AHRQ.

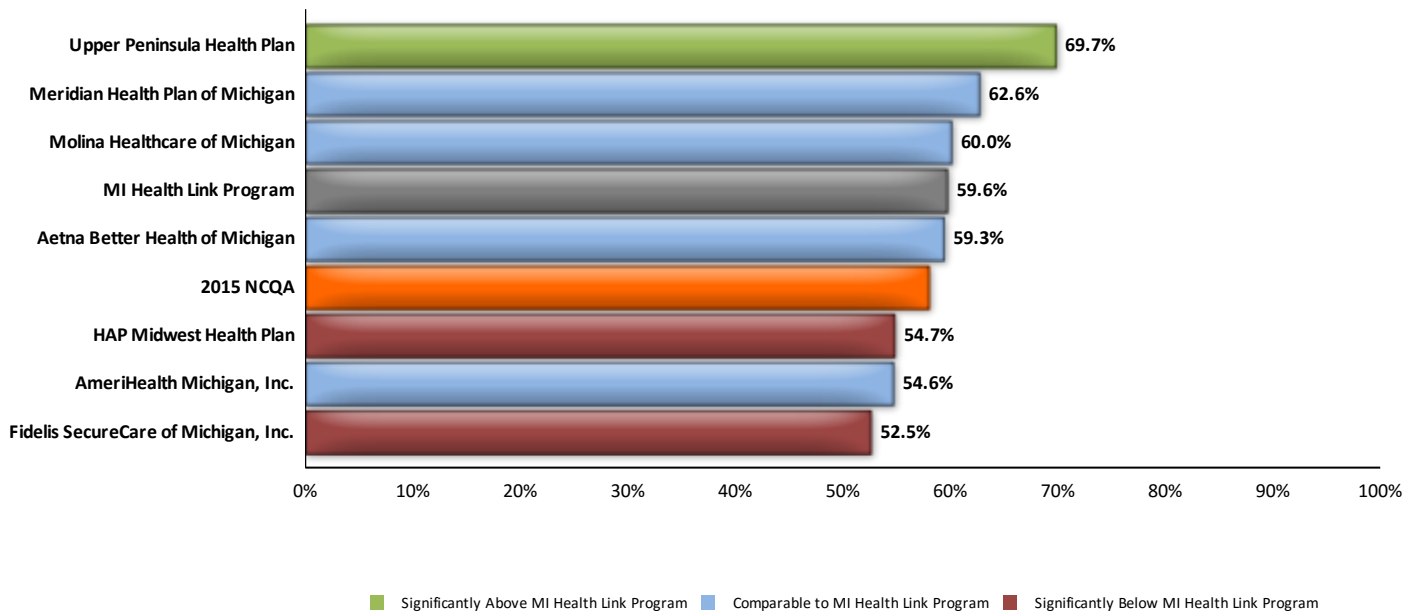
<sup>3-5</sup> NCQA national averages for the adult Medicaid population were used for comparisons. Given the potential differences in the demographics of these populations (i.e., adult Medicaid and Medicare/Medicaid dual eligible members), caution should be exercised when interpreting these results.

## 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 rates.

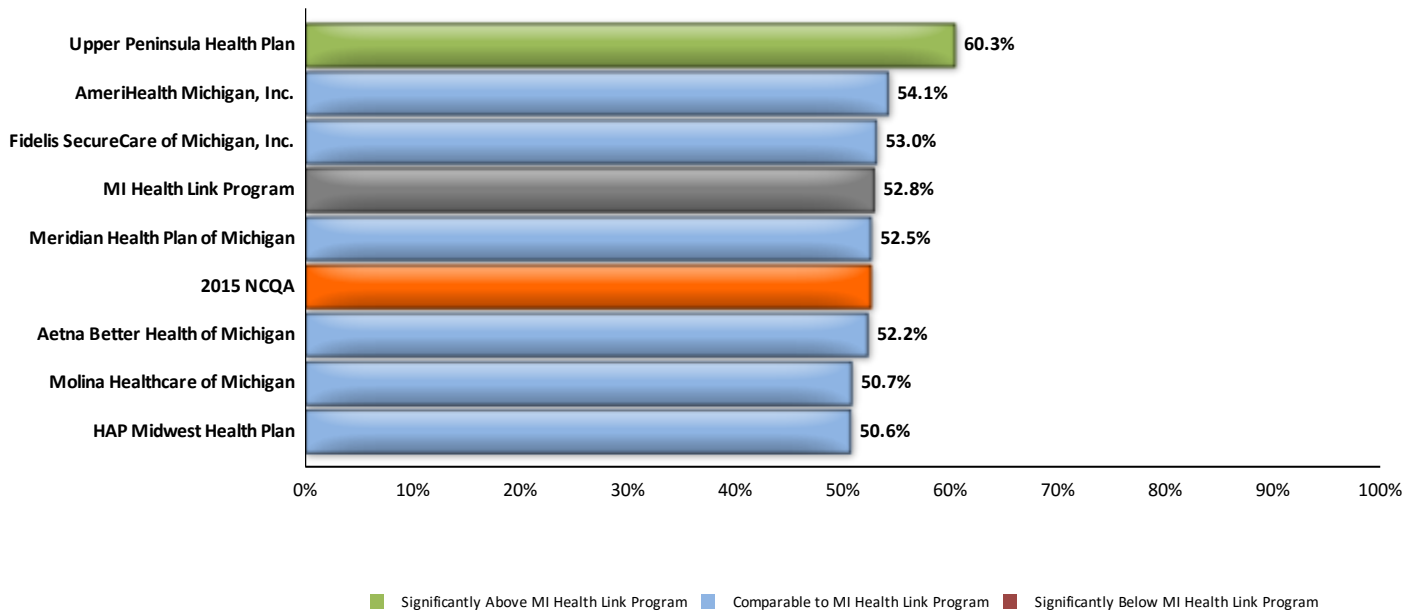
**Figure 3-1 – Rating of Health Plan Top-Box Rates**



### 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 rates.

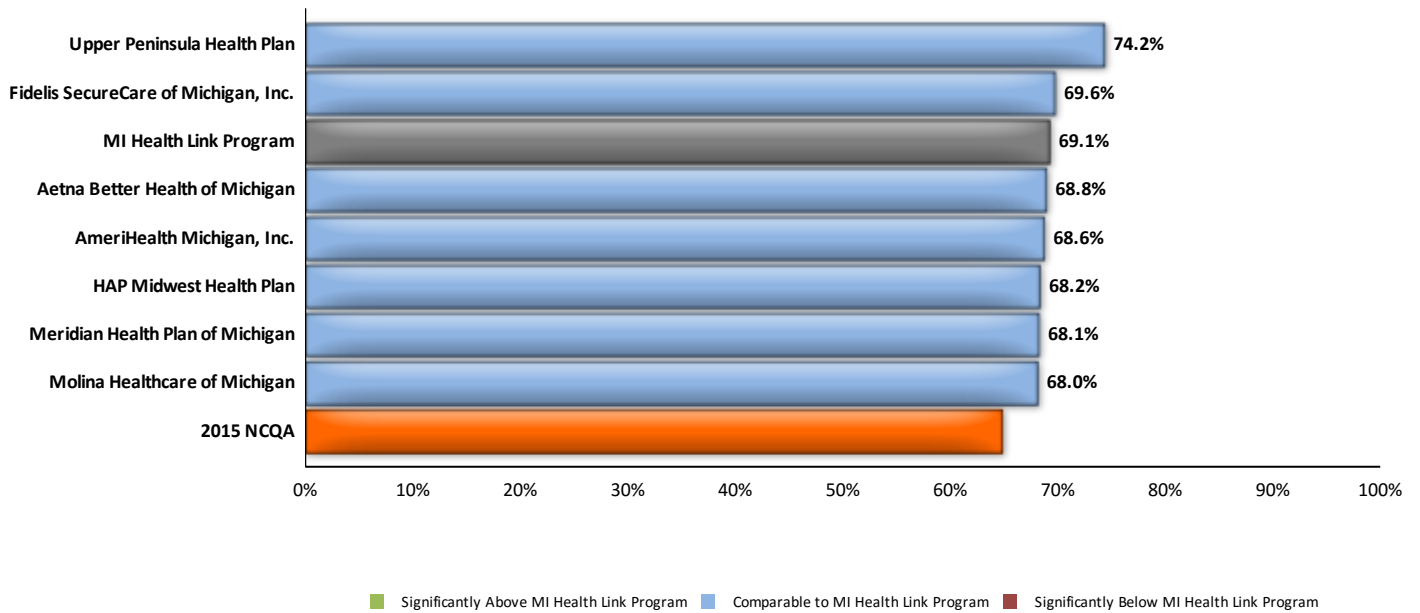
**Figure 3-2 – Rating of All Health Care Top-Box Rates**



### 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 rates.

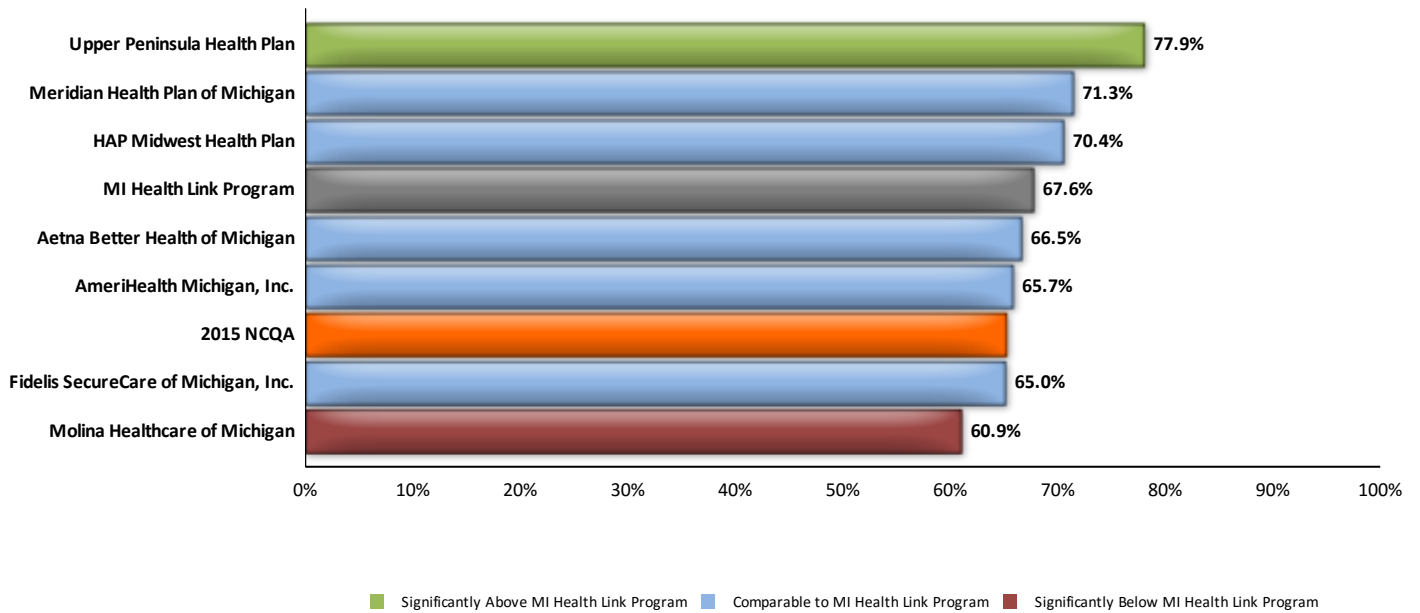
**Figure 3-3 – Rating of Personal Doctor Top-Box Rates**



### 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 rates.

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



## Composite Measures

### Getting Needed Care

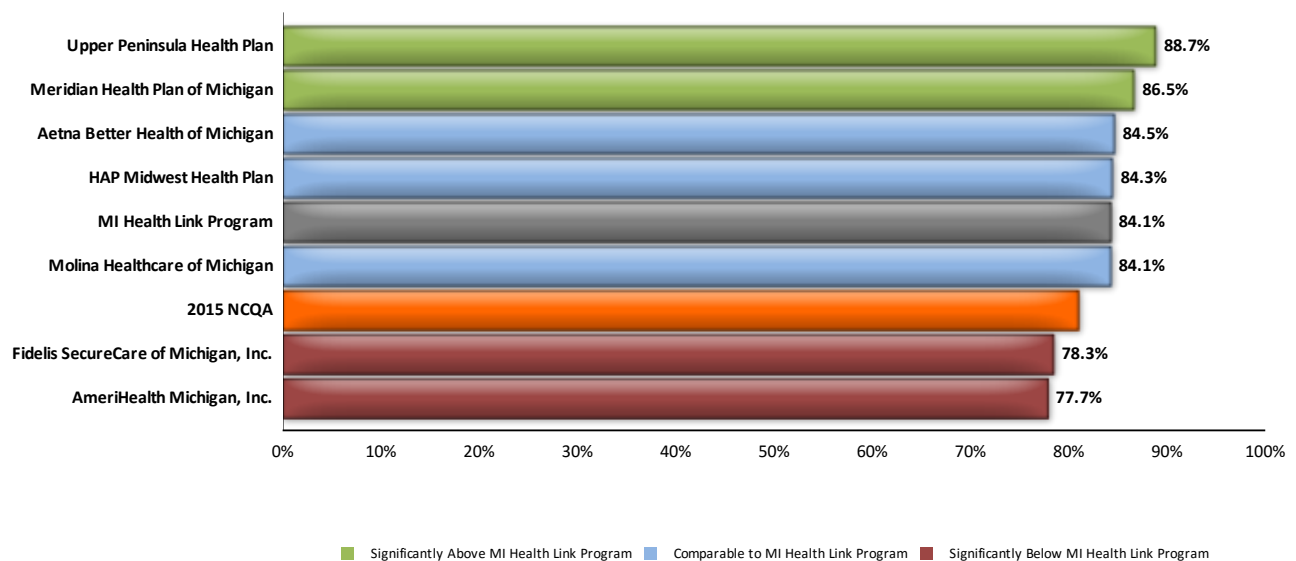
Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

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

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

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

**Figure 3-5 – Getting Needed Care Top-Box Rates**



### Getting Care Quickly

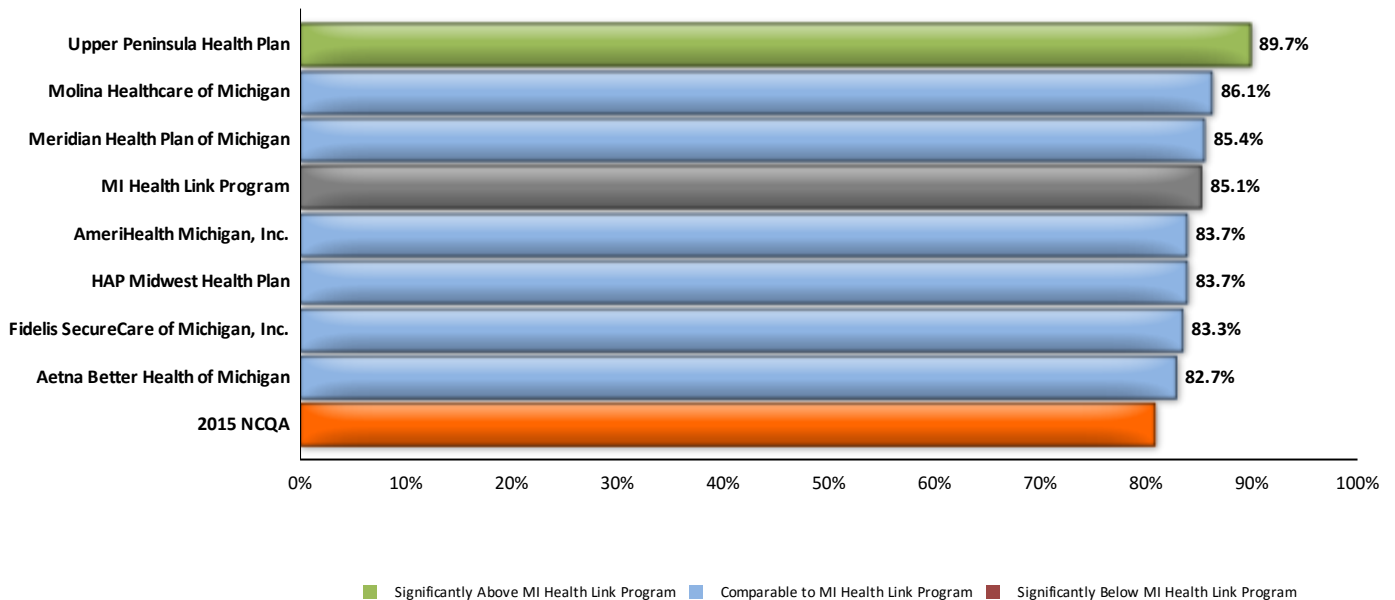
Two questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members received care quickly:

- **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

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

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

**Figure 3-6 – Getting Care Quickly Top-Box Rates**





## How Well Doctors Communicate

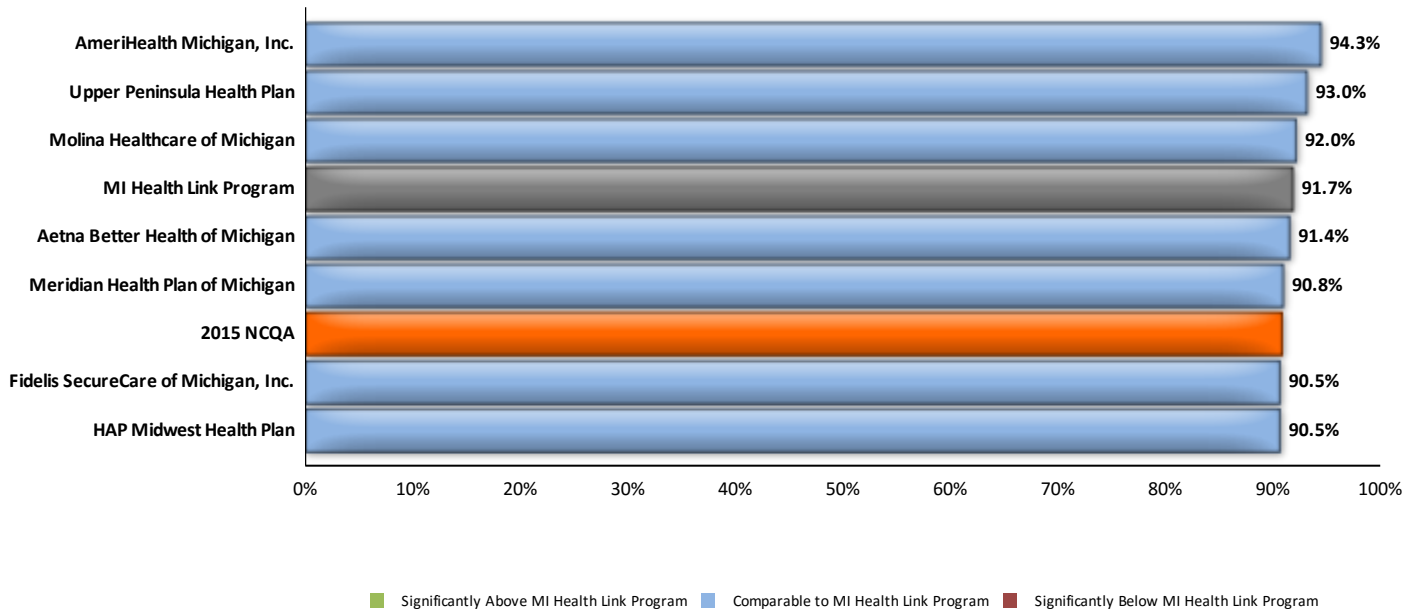
A series of four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

- **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

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

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

**Figure 3-7 – How Well Doctors Communicate Top-Box Rates**



### Customer Service

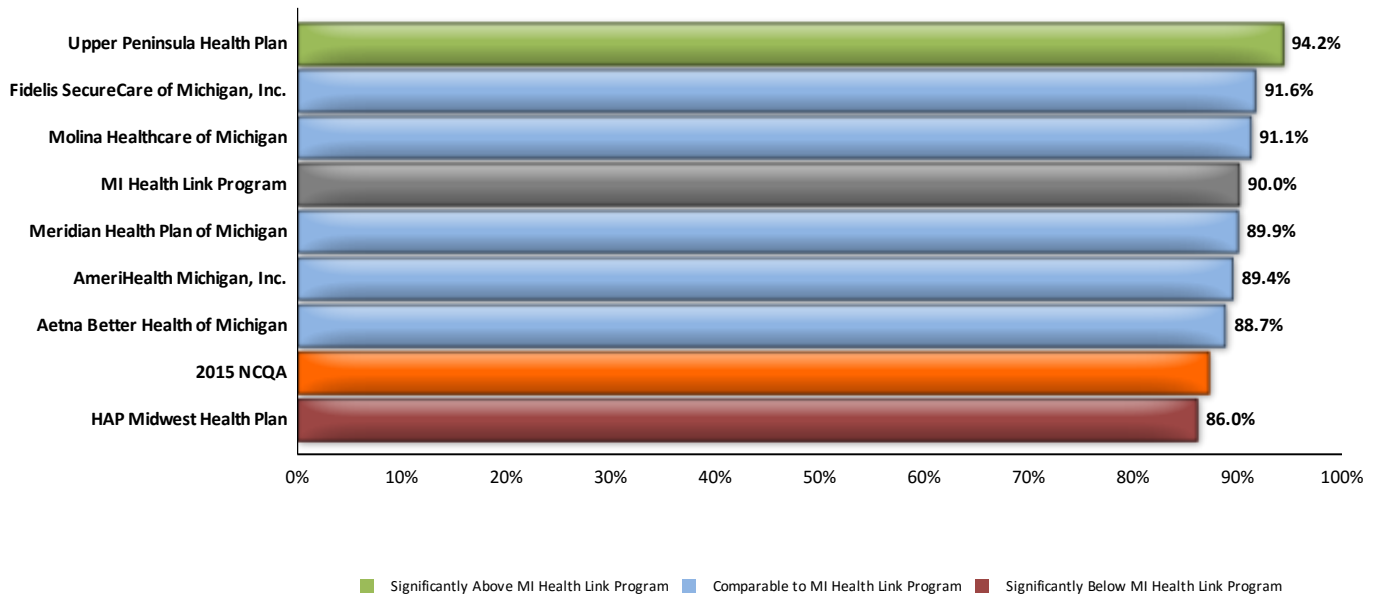
Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service:

- **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

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

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

**Figure 3-8: Customer Service Top-Box Rates**



### Shared Decision Making

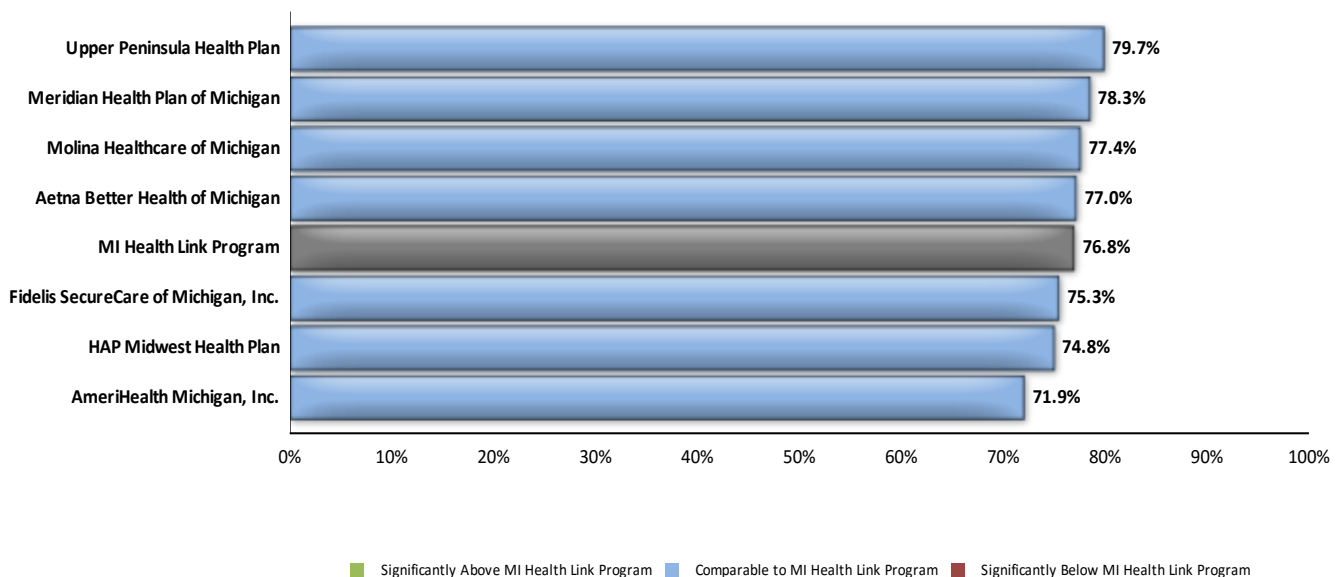
Three questions (Questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine:

- **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

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

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

**Figure 3-9 – Shared Decision Making Top-Box Rates**



## Effectiveness of Care Measures

### Medical Assistance with Smoking and Tobacco Use Cessation

#### Advising Smokers and Tobacco Users to Quit

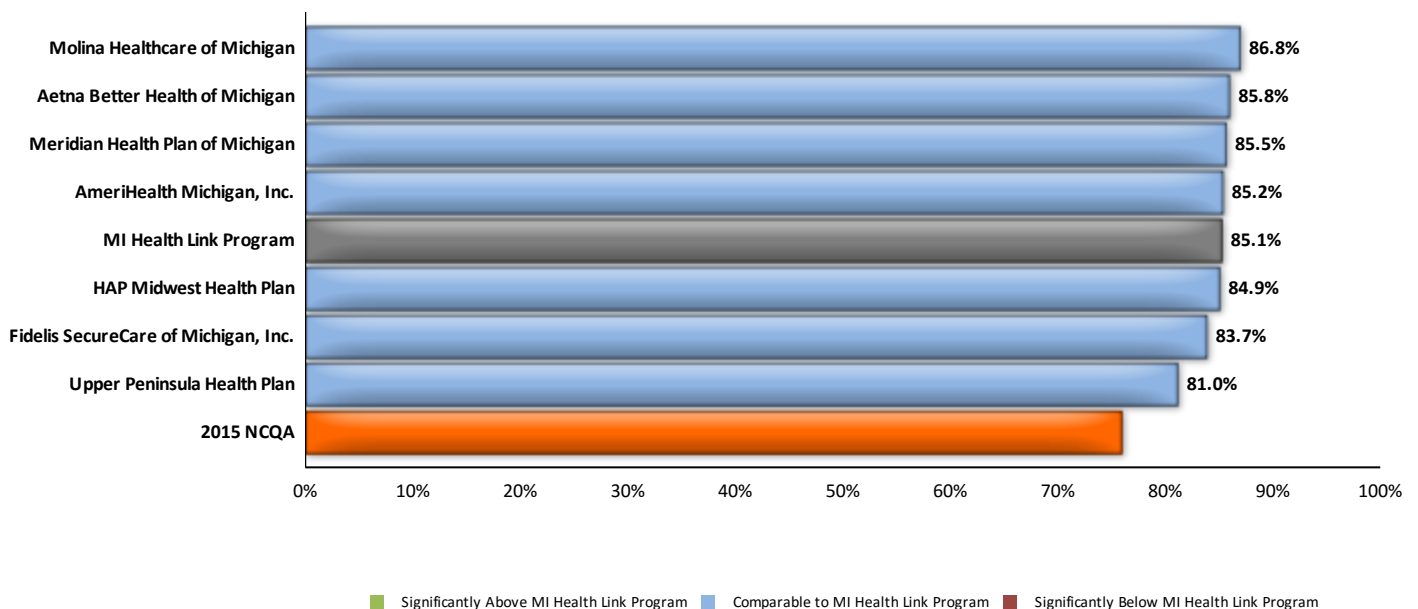
Adult members were asked how often they were advised to quit smoking or using tobacco by a doctor or other health provider (Question 40 in the CAHPS Adult Medicaid Health Plan Survey):

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

**Figure 3-10 – Advising Smokers and Tobacco Users to Quit Rates**



### Discussing Cessation Medications

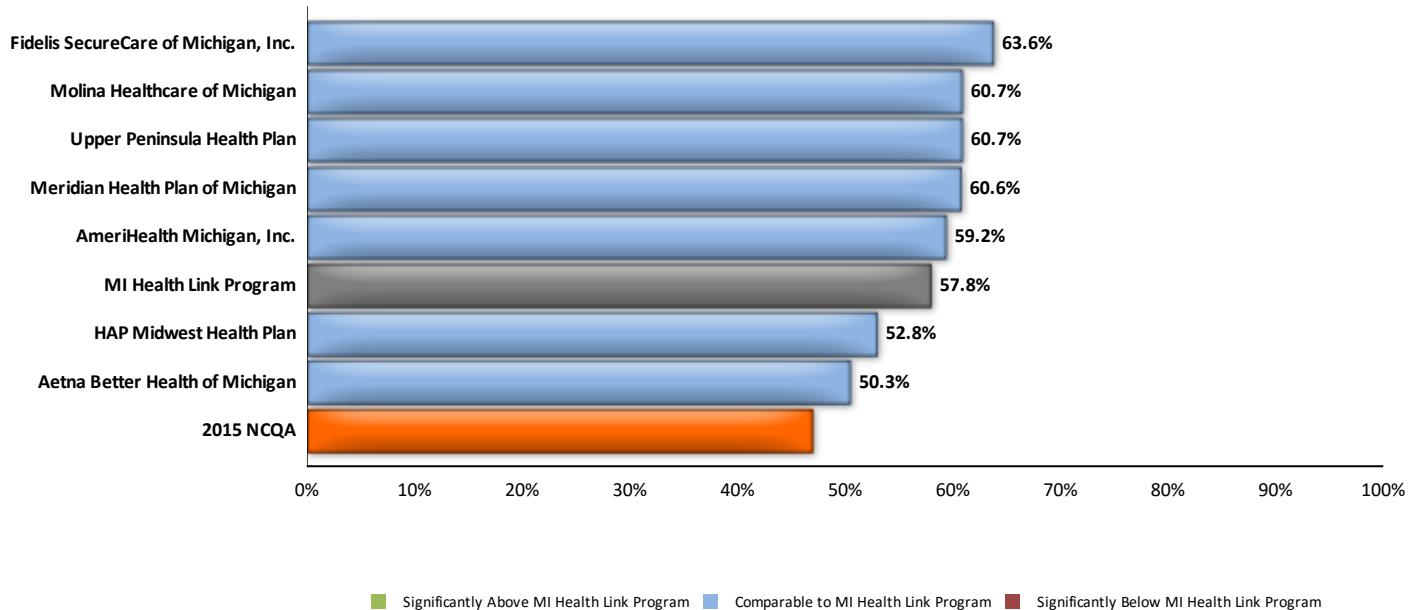
Adult members were asked how often medication was recommended or discussed by a doctor or other health provider to assist them with quitting smoking or using tobacco (Question 41 in the CAHPS Adult Medicaid Health Plan Survey):

- **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 3-11 shows the Discussing Cessation Medications rates.

**Figure 3-11 – Discussing Cessation Medications Rates**



### Discussing Cessation Strategies

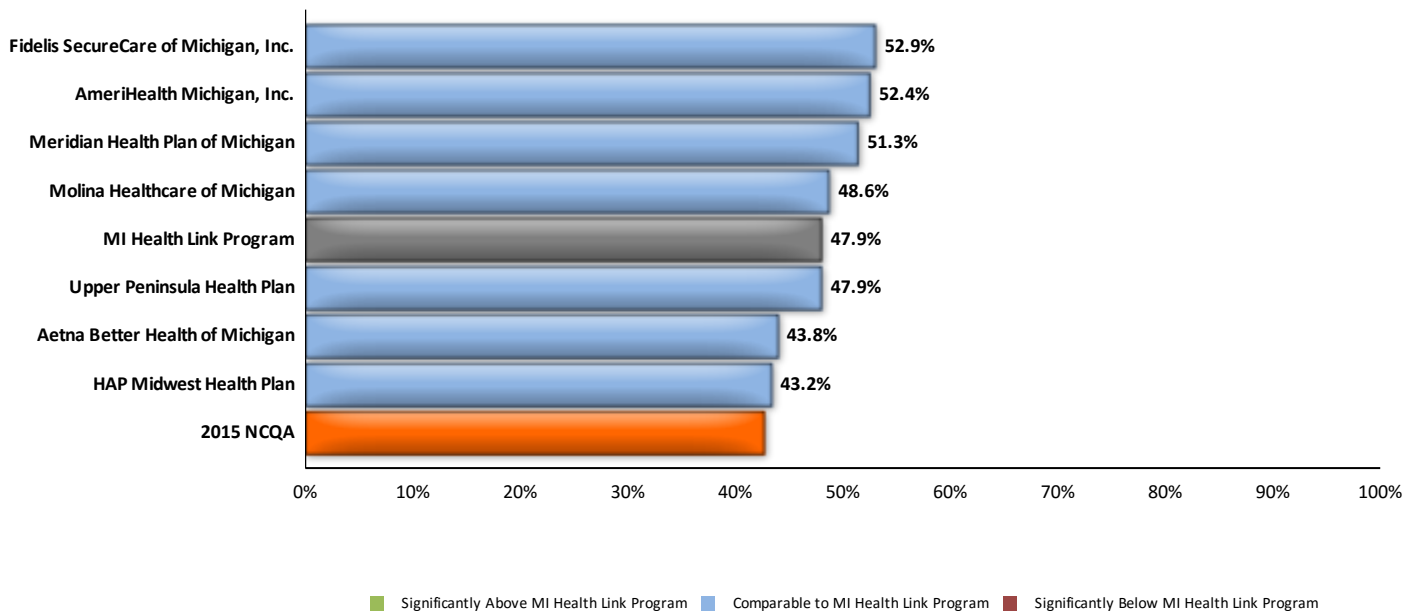
Adult members were asked how often their doctor or health provider discussed or provided methods and strategies other than medication to assist them with quitting smoking or using tobacco (Question 42 in the CAHPS Adult Medicaid Health Plan Survey):

- **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 3-12 shows the Discussing Cessation Strategies rates.

**Figure 3-12 – Discussing Cessation Strategies Rates**



### Aspirin Use and Discussion<sup>3-6</sup>

#### Aspirin Use

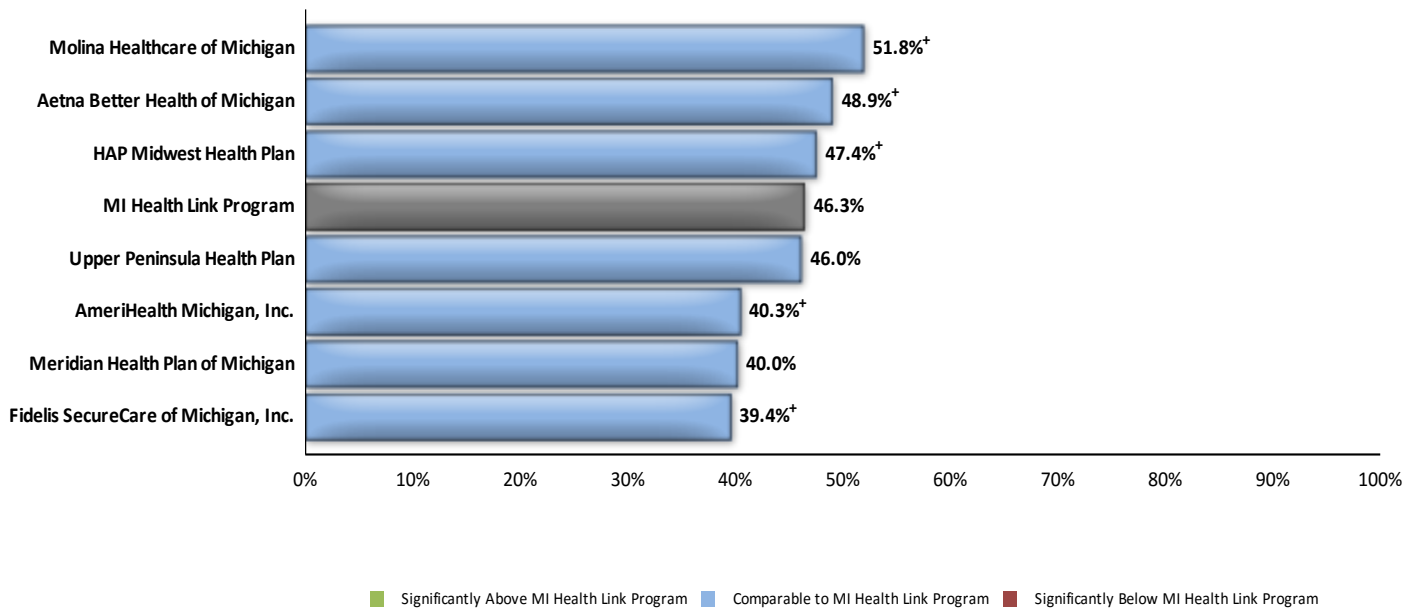
Adult members were asked if they currently take aspirin daily or every other day (Question 43 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 43.** Do you take aspirin daily or every other day?
  - Yes
  - No
  - Don't know

The results of this measure represent the percentage of respondents who answered “Yes” to this question.

Figure 3-13 shows the Aspirin Use rates.

**Figure 3-13 – Aspirin Use Rates**



*Note: + indicates fewer than 100 responses*

<sup>3-6</sup> NCQA does not publish national averages for the Aspirin Use and Discussion measures.



**Discussing Aspirin Risks and Benefits**

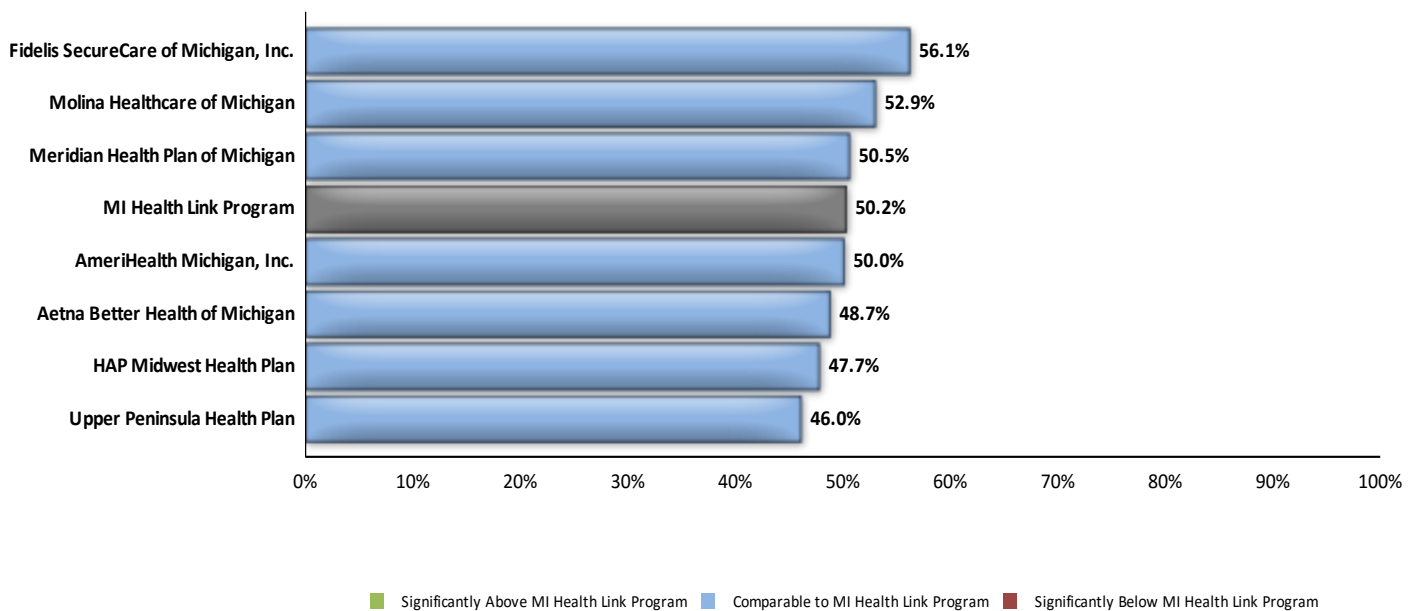
Adult members were asked if a doctor or health provider discussed with them the risks and benefits of aspirin to prevent a heart attack or stroke (Question 45 in the CAHPS Adult Medicaid Health Plan Survey):

- **Question 45.** Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
  - Yes
  - No

The results of this measure represent the percentage of respondents who answered “Yes” to this question.

Figure 3-14 shows the Discussing Aspirin Risks and Benefits rates.

**Figure 3-14 – Discussing Aspirin Risks and Benefits Rates**



### Summary of Results

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

**Table 3-9 – Statewide Comparisons: Global Ratings**

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Aetna Better Health of Michigan	—	—	—	—
AmeriHealth Michigan, Inc.	—	—	—	—
Fidelis SecureCare of Michigan, Inc.	↓	—	—	—
HAP Midwest Health Plan	↓	—	—	—
Meridian Health Plan of Michigan	—	—	—	—
Molina Healthcare of Michigan	—	—	—	↓
Upper Peninsula Health Plan	↑	↑	—	↑
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ indicates the plan's score is statistically significantly higher than the MI Health Link Program average ↓ indicates the plan's score is statistically significantly lower than the MI Health Link Program average — indicates the plan's score is not statistically significantly different than the MI Health Link Program average				

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

**Table 3-10 – Statewide Comparisons: Composite Measures**

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Aetna Better Health of Michigan	—	—	—	—	—
AmeriHealth Michigan, Inc.	↓	—	—	—	—
Fidelis SecureCare of Michigan, Inc.	↓	—	—	—	—
HAP Midwest Health Plan	—	—	—	↓	—
Meridian Health Plan of Michigan	↑	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Upper Peninsula Health Plan	↑	↑	—	↑	—
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ indicates the plan's score is statistically significantly higher than the MI Health Link Program average ↓ indicates the plan's score is statistically significantly lower than the MI Health Link Program average — indicates the plan's score is not statistically significantly different than the MI Health Link Program average					

Table 3-11 provides a summary of the Statewide Comparisons for the Effectiveness of Care measures.

**Table 3-11 – Statewide Comparisons: Effectiveness of Care Measures**

Plan Name	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies	Aspirin Use	Discussing Aspirin Risks and Benefits
Aetna Better Health of Michigan	—	—	—	— <sup>+</sup>	—
AmeriHealth Michigan, Inc.	—	—	—	— <sup>+</sup>	—
Fidelis SecureCare of Michigan, Inc.	—	—	—	— <sup>+</sup>	—
HAP Midwest Health Plan	—	—	—	— <sup>+</sup>	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	— <sup>+</sup>	—
Upper Peninsula Health Plan	—	—	—	—	—
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ indicates the plan's score is statistically significantly higher than the MI Health Link Program average ↓ indicates the plan's score is statistically significantly lower than the MI Health Link Program average — indicates the plan's score is not statistically significantly different than the MI Health Link Program average					

## Additional Areas of Evaluation

MDHHS elected to add 10 supplemental questions to the CAHPS 5.0 Adult Medicaid Survey with the HEDIS supplemental item set. HSAG calculated results for each supplemental question.

One question (Question 59) was asked to determine whether any health care decisions were made by an adult member within the last six months. Table 3-12 shows the results for this question.

**Table 3-12 – Health Care Decisions Made in the Last Six Months**

	Yes		No	
	N	%	N	%
<b>MI Health Link Program</b>	<b>1,720</b>	<b>47.8%</b>	<b>1,880</b>	<b>52.2%</b>
Aetna Better Health of Michigan	222	43.4%	289	56.6%
AmeriHealth Michigan, Inc.	168	43.1%	222	56.9%
Fidelis SecureCare of Michigan, Inc.	191	49.0%	199	51.0%
HAP Midwest Health Plan	210	45.9%	248	54.1%
Meridian Health Plan of Michigan	339	55.1%	276	44.9%
Molina Healthcare of Michigan	264	48.9%	276	51.1%
Upper Peninsula Health Plan	326	46.8%	370	53.2%

One question (Question 60) asked adult members how often they were involved as much as they wanted in decisions about their health care within the last six months. Table 3-13 shows the results for this question.

**Table 3-13 – Involvement in Health Care Decisions**

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
<b>MI Health Link Program</b>	<b>45</b>	<b>2.8%</b>	<b>162</b>	<b>10.0%</b>	<b>299</b>	<b>18.5%</b>	<b>1,113</b>	<b>68.7%</b>
Aetna Better Health of Michigan	5	2.4%	24	11.4%	40	19.0%	142	67.3%
AmeriHealth Michigan, Inc.	8	5.1%	20	12.7%	25	15.8%	105	66.5%
Fidelis SecureCare of Michigan, Inc.	4	2.2%	24	13.5%	34	19.1%	116	65.2%
HAP Midwest Health Plan	5	2.6%	14	7.2%	32	16.4%	144	73.8%
Meridian Health Plan of Michigan	8	2.4%	34	10.4%	66	20.2%	219	67.0%
Molina Healthcare of Michigan	5	2.0%	19	7.8%	58	23.8%	162	66.4%
Upper Peninsula Health Plan	10	3.3%	27	8.8%	44	14.4%	225	73.5%

*Please note: Results presented in this table are based on respondents that answered "Yes" to Question 59.*

One question (Question 61) was asked to determine whether adult members required home health care or assistance within the last six months. Table 3-14 shows the results for this question.

**Table 3-14 – Home Health Care**

	Yes		No	
	N	%	N	%
<b>MI Health Link Program</b>	<b>760</b>	<b>20.7%</b>	<b>2,911</b>	<b>79.3%</b>
Aetna Better Health of Michigan	109	20.5%	423	79.5%
AmeriHealth Michigan, Inc.	89	22.5%	307	77.5%
Fidelis SecureCare of Michigan, Inc.	114	28.8%	282	71.2%
HAP Midwest Health Plan	84	18.2%	378	81.8%
Meridian Health Plan of Michigan	128	20.5%	497	79.5%
Molina Healthcare of Michigan	142	25.8%	408	74.2%
Upper Peninsula Health Plan	94	13.2%	616	86.8%

One question (Question 62) asked adult members how often it was easy for them to get home health care or assistance through their health plan within the last six months. Table 3-15 shows the results for this question.

**Table 3-15 – Ease in Acquiring Home Health Care**

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
<b>MI Health Link Program</b>	<b>120</b>	<b>16.9%</b>	<b>72</b>	<b>10.2%</b>	<b>121</b>	<b>17.1%</b>	<b>395</b>	<b>55.8%</b>
Aetna Better Health of Michigan	23	22.5%	10	9.8%	16	15.7%	53	52.0%
AmeriHealth Michigan, Inc.	6	7.1%	11	13.1%	13	15.5%	54	64.3%
Fidelis SecureCare of Michigan, Inc.	19	17.8%	6	5.6%	18	16.8%	64	59.8%
HAP Midwest Health Plan	15	19.5%	12	15.6%	11	14.3%	39	50.6%
Meridian Health Plan of Michigan	19	16.2%	13	11.1%	27	23.1%	58	49.6%
Molina Healthcare of Michigan	24	18.5%	16	12.3%	24	18.5%	66	50.8%
Upper Peninsula Health Plan	14	15.4%	4	4.4%	12	13.2%	61	67.0%

*Please note: Results presented in this table are based on respondents that answered "Yes" to Question 61.*

One question (Question 63) asked adult members whether they had the same personal doctor before joining their health plan. Table 3-16 shows the results for this question.

**Table 3-16 – Same Personal Doctor**

	Yes		No	
	N	%	N	%
<b>MI Health Link Program</b>	<b>2,501</b>	<b>68.6%</b>	<b>1,146</b>	<b>31.4%</b>
Aetna Better Health of Michigan	384	72.7%	144	27.3%
AmeriHealth Michigan, Inc.	263	66.2%	134	33.8%
Fidelis SecureCare of Michigan, Inc.	189	48.2%	203	51.8%
HAP Midwest Health Plan	317	68.6%	145	31.4%
Meridian Health Plan of Michigan	460	73.4%	167	26.6%
Molina Healthcare of Michigan	355	66.2%	181	33.8%
Upper Peninsula Health Plan	533	75.6%	172	24.4%

One question (Question 64) asked adult members how often it was easy to get a personal doctor that they were happy with since joining their health plan. Table 3-17 shows the results for this question.

**Table 3-17 – Ease in Acquiring a Personal Doctor**

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
<b>MI Health Link Program</b>	<b>142</b>	<b>14.2%</b>	<b>195</b>	<b>19.5%</b>	<b>286</b>	<b>28.5%</b>	<b>379</b>	<b>37.8%</b>
Aetna Better Health of Michigan	18	13.7%	31	23.7%	36	27.5%	46	35.1%
AmeriHealth Michigan, Inc.	22	19.6%	25	22.3%	28	25.0%	37	33.0%
Fidelis SecureCare of Michigan, Inc.	24	13.6%	31	17.6%	42	23.9%	79	44.9%
HAP Midwest Health Plan	26	21.1%	18	14.6%	39	31.7%	40	32.5%
Meridian Health Plan of Michigan	19	13.0%	37	25.3%	50	34.2%	40	27.4%
Molina Healthcare of Michigan	18	11.3%	31	19.5%	47	29.6%	63	39.6%
Upper Peninsula Health Plan	15	9.7%	22	14.2%	44	28.4%	74	47.7%

*Please note: Results presented in this table are based on respondents that answered "No" to Question 63.*

One question (Question 65) asked adult members if they had gotten any new prescription medications or refilled a prescription within the last six months. Table 3-18 shows the results for this question.

**Table 3-18 – New Prescription or Prescription Refill**

	Yes		No	
	N	%	N	%
<b>MI Health Link Program</b>	<b>2,835</b>	<b>77.1%</b>	<b>841</b>	<b>22.9%</b>
Aetna Better Health of Michigan	404	76.4%	125	23.6%
AmeriHealth Michigan, Inc.	290	72.3%	111	27.7%
Fidelis SecureCare of Michigan, Inc.	292	72.8%	109	27.2%
HAP Midwest Health Plan	357	76.6%	109	23.4%
Meridian Health Plan of Michigan	515	82.3%	111	17.7%
Molina Healthcare of Michigan	402	74.0%	141	26.0%
Upper Peninsula Health Plan	575	81.0%	135	19.0%

One question (Question 66) asked adult members how often it was easy for them to get a prescription medication from their health plan within the last six months. Table 3-19 shows the results for this question.

**Table 3-19 – Ease in Getting a Prescription**

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
<b>MI Health Link Program</b>	<b>38</b>	<b>1.4%</b>	<b>180</b>	<b>6.8%</b>	<b>555</b>	<b>20.8%</b>	<b>1,891</b>	<b>71.0%</b>
Aetna Better Health of Michigan	7	1.8%	21	5.5%	78	20.5%	275	72.2%
AmeriHealth Michigan, Inc.	4	1.5%	18	6.6%	51	18.8%	198	73.1%
Fidelis SecureCare of Michigan, Inc.	4	1.5%	32	11.7%	48	17.6%	189	69.2%
HAP Midwest Health Plan	9	2.7%	25	7.5%	75	22.6%	223	67.2%
Meridian Health Plan of Michigan	7	1.4%	34	7.0%	118	24.2%	329	67.4%
Molina Healthcare of Michigan	3	0.8%	20	5.2%	85	22.3%	273	71.7%
Upper Peninsula Health Plan	4	0.7%	30	5.6%	100	18.6%	404	75.1%

*Please note: Results presented in this table are based on respondents that answered "Yes" to Question 65.*

One question (Question 67) asked adult members who had helped them in coordinating their care within the last six months. Table 3-20 shows the results for this question.

**Table 3-20– Who Helped with Coordination of Care**

	Someone from your health plan		Someone from your doctor's office or clinic		Someone from another organization		A friend or family member		You	
	N	%	N	%	N	%	N	%	N	%
<b>MI Health Link Program</b>	<b>858</b>	<b>24.1%</b>	<b>1,030</b>	<b>29.0%</b>	<b>198</b>	<b>5.6%</b>	<b>1,174</b>	<b>33.0%</b>	<b>1,708</b>	<b>48.0%</b>
Aetna Better Health of Michigan	102	20.1%	130	25.6%	20	3.9%	170	33.5%	260	51.2%
AmeriHealth Michigan, Inc.	94	24.5%	97	25.3%	16	4.2%	148	38.5%	178	46.4%
Fidelis SecureCare of Michigan, Inc.	107	28.1%	114	29.9%	23	6.0%	145	38.1%	156	40.9%
HAP Midwest Health Plan	73	16.4%	128	28.8%	18	4.1%	170	38.3%	201	45.3%
Meridian Health Plan of Michigan	179	29.1%	196	31.9%	28	4.6%	173	28.1%	317	51.5%
Molina Healthcare of Michigan	142	26.9%	153	29.0%	27	5.1%	180	34.2%	243	46.1%
Upper Peninsula Health Plan	161	23.1%	212	30.5%	66	9.5%	188	27.0%	353	50.7%

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



One question (Question 68) asked adult members how satisfied they were with the help they received in coordinating their care within the last six months. Table 3-21 shows the results for this question.

**Table 3-21—Satisfaction with Help in Coordination of Care**

	Very dissatisfied		Dissatisfied		Neither dissatisfied nor satisfied		Satisfied		Very satisfied	
	N	%	N	%	N	%	N	%	N	%
<b>MI Health Link Program</b>	<b>134</b>	<b>3.8%</b>	<b>92</b>	<b>2.6%</b>	<b>352</b>	<b>9.9%</b>	<b>1,471</b>	<b>41.5%</b>	<b>1,498</b>	<b>42.2%</b>
Aetna Better Health of Michigan	20	4.0%	17	3.4%	51	10.2%	212	42.4%	200	40.0%
AmeriHealth Michigan, Inc.	19	5.0%	9	2.3%	37	9.7%	177	46.2%	141	36.8%
Fidelis SecureCare of Michigan, Inc.	18	4.7%	14	3.7%	35	9.2%	148	38.9%	165	43.4%
HAP Midwest Health Plan	14	3.1%	10	2.2%	52	11.6%	200	44.7%	171	38.3%
Meridian Health Plan of Michigan	15	2.4%	10	1.6%	69	11.1%	256	41.4%	269	43.5%
Molina Healthcare of Michigan	19	3.6%	17	3.3%	51	9.8%	219	41.9%	217	41.5%
Upper Peninsula Health Plan	29	4.2%	15	2.2%	57	8.2%	259	37.3%	335	48.2%

## 4. Key Drivers of Satisfaction

### Key Drivers of Satisfaction

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

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader’s Guide section. Table 4-1 depicts those items identified for each of the three measures as being key drivers of satisfaction for the MI Health Link Program.

**Table 4-1 – MI Health Link Program Key Drivers of Satisfaction**

Rating of Health Plan
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.
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 forms from their health plan were often not easy to fill out.
Respondents reported that it was often not easy to obtain appointments with specialists.
Rating of All Health Care
Respondents reported that when they did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
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.
Rating of Personal Doctor
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 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. 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 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 1-888-248-8962.

**SURVEY INSTRUCTIONS**

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



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



↓ **START HERE** ↓

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

- Yes → *Go to Question 3*  
 No

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

\_\_\_\_\_



## YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

Yes  
 No → *Go to Question 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



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 Best
Personal Doctor Personal Doctor
Possible Possible

GETTING HEALTH CARE FROM SPECIALISTS

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

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 Best
Specialist Specialist
Possible 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?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 Plan           |                       |                       |                       |                       | Health Plan           |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | 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 mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2015?

- Yes
- No
- Don't know





◆

49. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

50. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- Yes
- No → **Go to Question 52**

51. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

52. 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

53. Are you male or female?

- Male
- Female

54. 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

◆

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

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

56. 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

57. Did someone help you complete this survey?

- Yes
- No → **Go to Question 59**

58. 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

59. We want to know how you, your doctors, and other health providers make decisions about your health care.

In the last 6 months, were any decisions made about your health care?

- Yes
- No → **Go to Question 61**

60. In the last 6 months, how often were you involved as much as you wanted in these decisions about your health care?

- Never
- Sometimes
- Usually
- Always

61. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 6 months, did you need someone to come into your home to give you home health care or assistance?

- Yes
- No → **Go to Question 63**

62. In the last 6 months, how often was it easy to get home health care or assistance through your health plan?

- Never
- Sometimes
- Usually
- Always

63. Did you have the same personal doctor before you joined this health plan?

- Yes → **Go to Question 65**
- No

64. Since you joined your health plan, how often was it easy to get a personal doctor you are happy with?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 67**

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

- Never
- Sometimes
- Usually
- Always

67. In the last 6 months, who helped to coordinate your care? Mark one or more.

- Someone from your health plan
- Someone from your doctor's office or clinic
- Someone from another organization
- A friend or family member
- You

68. How satisfied are you with the help you received to coordinate your care in the last 6 months?

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied
- Satisfied
- Very satisfied

**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**