

2021 Adult Medicaid Health Plan CAHPS® Report

*Michigan Department of Health and Human
Services*

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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 Medicaid health plans (MHPs) and the Fee-for-Service (FFS) population as part of its process for evaluating the quality of health care services provided to adult members in the MDHHS Medicaid Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Health Plan Survey for the MDHHS Medicaid Program.^{1-1,1-2} The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving members' overall experiences.

This report presents the 2021 adult CAHPS results of members enrolled in an MHP or FFS. A sample of at least 1,350 adult members was selected from the FFS program and each MHP. The surveys were completed from February to May 2021. The standardized survey instrument selected was the CAHPS 5.1H Adult Medicaid Health Plan Survey.¹⁻³

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

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

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





¹⁻² HSAG surveyed the FFS Medicaid population. The MHPs contracted with various survey vendors to administer the CAHPS survey.

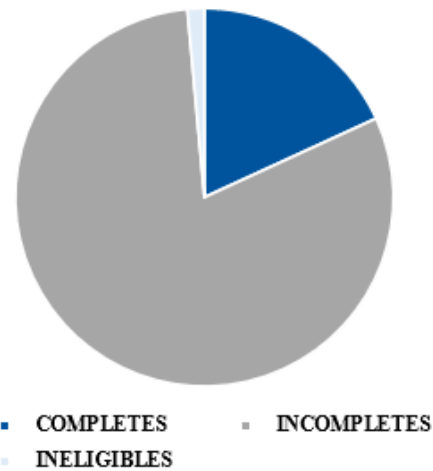
¹⁻³ The 2021 CAHPS results were reported to the National Committee for Quality Assurance (NCQA) for the 10 MHPs. The 2021 CAHPS survey results for the FFS program were not reported to NCQA.

Survey Administration Overview

The information presented below is a summary of the survey dispositions for the MDHHS Medicaid Program.¹⁻⁴

START SURVEY:	FINISH SURVEY:
02.09.21	05.14.21
TOTAL SAMPLE SIZE	19,778
RESPONSE RATE	17.70%

 COMPLETES	3,452
 INCOMPLETES	15,292
 INELIGIBLES	273
 UNDELIVERABLES	761



DETAILS

	Mail 1	Mail 2	Mail 3	Phone	Internet
COMPLETES	1,594	846	24	786	202
	Not Enrolled	Language Barrier	Deceased	Incapacitated	
INELIGIBLES	156	42	19	56	

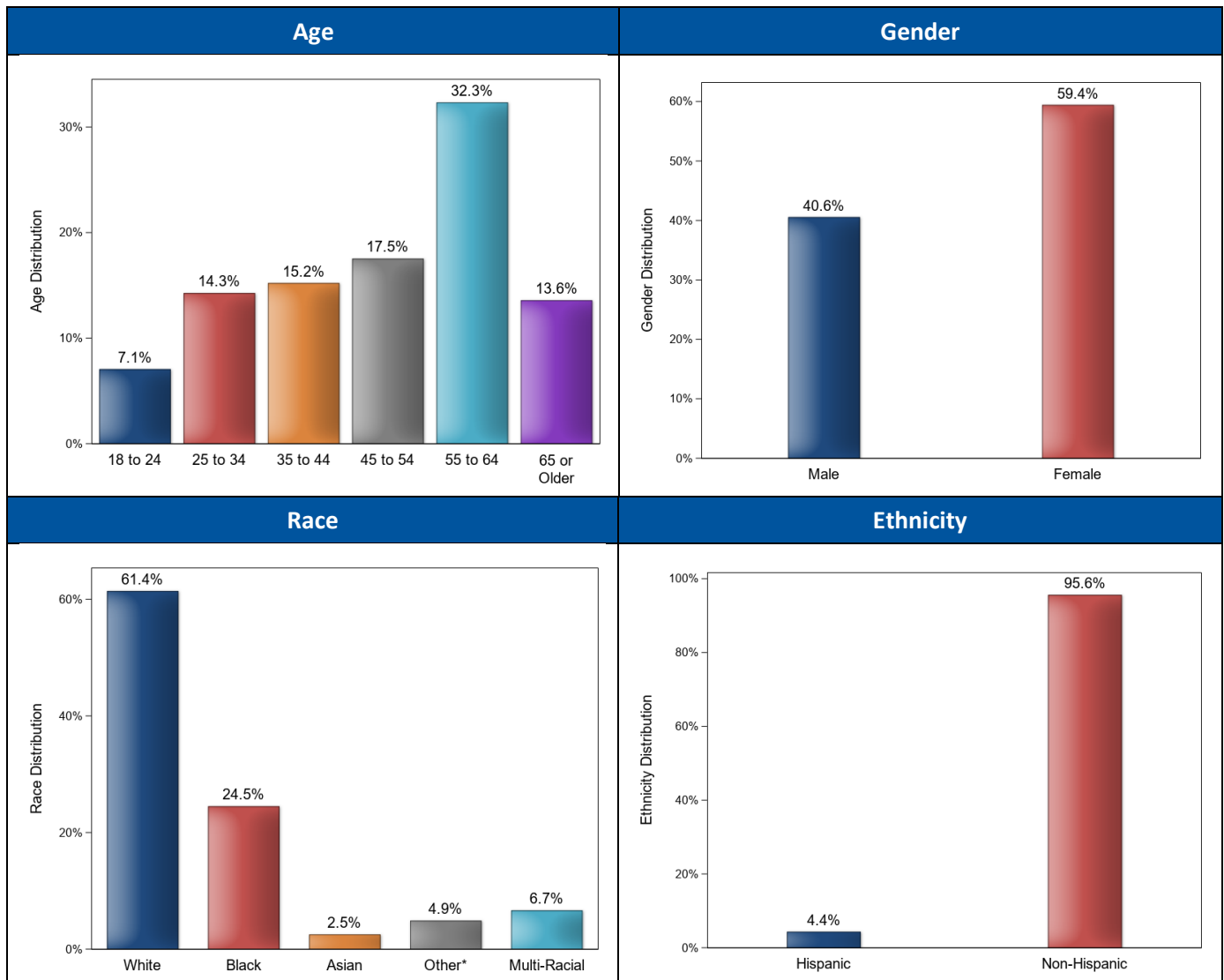
¹⁻⁴ The survey administration protocol employed for FFS was a mixed-mode methodology, which allowed members to complete a survey via mail or telephone. The MHPs employed various data collection protocols. The survey administration protocols included mail, telephone, and/or Internet. The figure above shows the timeline used for the FFS survey administration and does not reflect the timelines used by the MHPs.

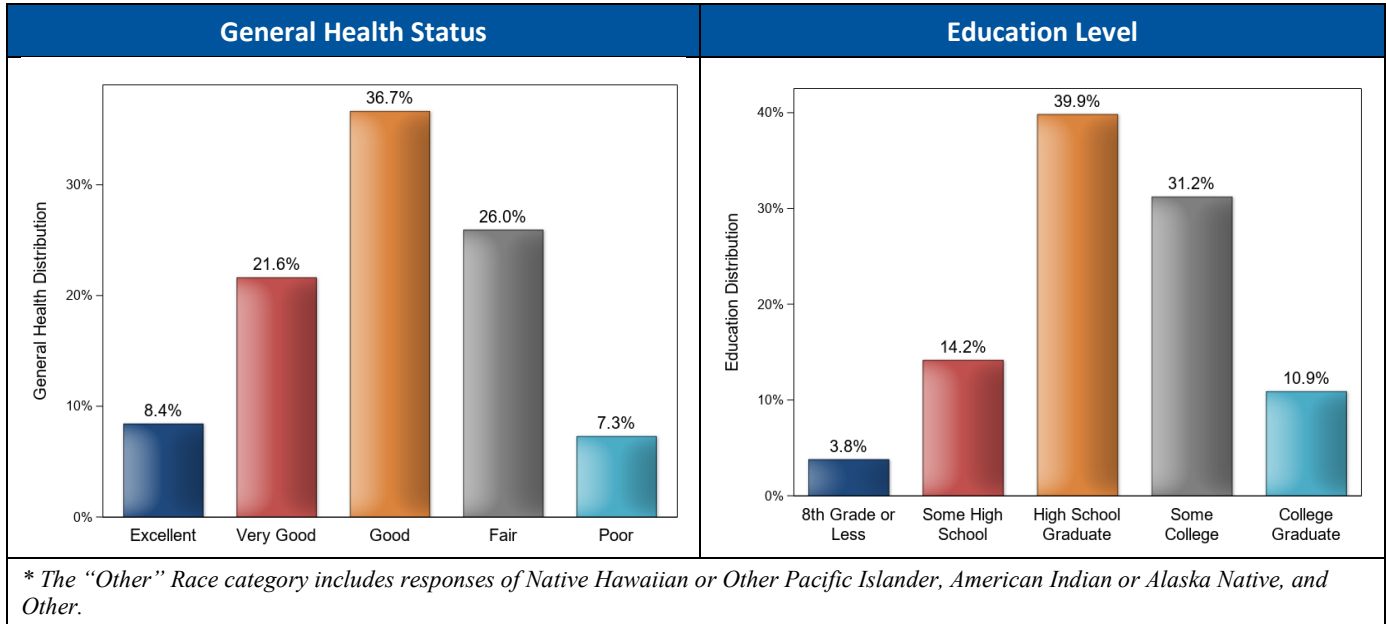
Key Findings

Demographics

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

Table 1-1—Member Demographics





NCQA Comparisons and Trend Analysis

HSAG calculated overall scores for the Effectiveness of Care measures and top-box scores (i.e., rates of experience) for the other measures. HSAG compared scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2020 Quality Compass[®] Benchmark and Compare Quality Data.^{1-5,1-6} 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 found in the Results section beginning on page 3-8.

In addition, a trend analysis was performed that compared the 2021 CAHPS results to their corresponding 2020 CAHPS results. The detailed results of this analysis are found in the Trend Analysis section beginning on page 4-1. Table 1-2, on the following page, provides highlights of the NCQA Comparisons and Trend Analysis findings for the MDHHS Medicaid Program for each measure. The percentages presented below the stars represent the scores, while the stars represent overall member experience ratings when compared to NCQA Quality Compass Benchmark and Compare Quality Data.

¹⁻⁵ Quality Compass[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻⁶ National Committee for Quality Assurance. *Quality Compass[®]: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

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

Measure	NCQA Comparisons	Trend Analysis
Global Ratings		
<i>Rating of Health Plan</i>	★★ 62.4%	—
<i>Rating of All Health Care</i>	★★★★ 58.7%	—
<i>Rating of Personal Doctor</i>	★★ 67.0%	—
<i>Rating of Specialist Seen Most Often</i>	★★ 68.8%	—
Composite Measures		
<i>Getting Needed Care</i>	★★★★ 86.2%	▲
<i>Getting Care Quickly</i>	★★★★ 83.9%	—
<i>How Well Doctors Communicate</i>	★★ 93.2%	—
<i>Customer Service</i>	★★ 88.6%	—
Individual Item Measure		
<i>Coordination of Care</i>	★★ 84.2%	—
Effectiveness of Care Measures		
<i>Advising Smokers and Tobacco Users to Quit</i>	★★★★ 78.5%	—
<i>Discussing Cessation Medications</i>	★★★★ 58.1%	—
<i>Discussing Cessation Strategies</i>	★★★★ 49.7%	—
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.		

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 found in the Results section beginning on page 3-12. Table 1-3 and Table 1-4 show a summary of the statistically significant results of this analysis.

Table 1-3—Statewide Comparisons: Statistically Significant Results

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>
Blue Cross Complete of Michigan			↓		
HAP Empowered	↑				
McLaren Health Plan		↑		↑	
Meridian Health Plan of Michigan					↓
Molina Healthcare of Michigan	↓				
Priority Health Choice, Inc.					↑
UnitedHealthcare Community Plan					↓
Upper Peninsula Health Plan	↑	↑	↑		↑
↑ Statistically significantly above the MDHHS Medicaid Managed Care Program. ↓ Statistically significantly below the MDHHS Medicaid Managed Care Program.					

Table 1-4—Statewide Comparisons: Statistically Significant Results (Continued)

	<i>Customer Service</i>	<i>Advising Smokers and Tobacco Users to Quit</i>	<i>Discussing Cessation Medications</i>
Total Health Care, Inc.		↑	↑
Upper Peninsula Health Plan	↑		
↑ Statistically significantly above the MDHHS Medicaid Managed Care Program. ↓ Statistically significantly below the MDHHS Medicaid Managed Care Program.			

Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement efforts, HSAG conducted a key drivers analysis. HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as “key drivers” since these items are driving members’ levels of experience with each of the three measures. The detailed results of this analysis are found in the Key Drivers of Member Experience Analysis section beginning on page 5-1. Table 1-5 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the MDHHS Medicaid Program.

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

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q9. Ease of getting the care, tests, or treatment the child needed	Never vs. Always	✓	✓	NS
	Sometimes vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q12. Personal doctor explained things in an understandable way	Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q13. Personal doctor listened carefully	Never vs. Always	NS	✓	NS
	Sometimes vs. Always	NS	✓	✓
	Usually vs. Always	NS	✓	✓
Q14. Personal doctor showed respect for what was said	Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q15. Personal doctor spent enough time	Never vs. Always	✓	NS	✓
	Sometimes vs. Always	✓	✓	✓
	Usually vs. Always	✓	✓	✓
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	Never vs. Always	NS	NS	✓
	Sometimes vs. Always	NS	✓	✓
	Usually vs. Always	NS	✓	✓
Q24. Health plan’s customer service gave the information or help needed	Never vs. Always	✓	NS	NA
	Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q25. Treated with courtesy and respect by health plan's customer service staff	Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
<p><i>NA indicates that this question was not evaluated for this measure.</i></p> <p><i>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.</i></p>				

This section provides a comprehensive overview of CAHPS, including the survey administration protocol and analytic methodology. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the CAHPS results presented in this report.

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1H Adult Medicaid Health Plan Survey. The CAHPS 5.1H Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's Healthcare Effectiveness Data and Information Set (HEDIS[®]).^{2-1,2-2} In 2002, AHRQ convened the CAHPS Instrument Panel to re-evaluate and update the CAHPS Health Plan Surveys and to improve the state-of-the-art methods for assessing members' experiences with care.²⁻³ The result of this re-evaluation and update process was the development of the CAHPS 3.0H Health Plan Surveys. The goal of the CAHPS 3.0H Health Plan Surveys was to effectively and efficiently obtain information from the person receiving care. In 2006, AHRQ released the CAHPS 4.0 Health Plan Surveys. Based on the CAHPS 4.0 versions, NCQA introduced new HEDIS versions of the Adult Health Plan Survey in 2007 and the Child Health Plan Survey in 2009, which are referred to as the CAHPS 4.0H Health Plan Surveys.^{2-4,2-5} In 2012, AHRQ released the CAHPS 5.0 Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Health Plan Surveys.²⁻⁶ In 2020, NCQA updated the CAHPS 5.0H Medicaid Health Plan Surveys by eliminating some items from the surveys.²⁻⁷ In 2020,

²⁻¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

²⁻² National Committee for Quality Assurance. *HEDIS[®] 2002, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2001.

²⁻³ National Committee for Quality Assurance. *HEDIS[®] 2003, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2002.

²⁻⁴ National Committee for Quality Assurance. *HEDIS[®] 2007, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2006.

²⁻⁵ National Committee for Quality Assurance. *HEDIS[®] 2009, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

²⁻⁶ National Committee for Quality Assurance. *HEDIS[®] 2013, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2012.

²⁻⁷ National Committee for Quality Assurance. *HEDIS[®] 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

AHRQ released the CAHPS 5.1 Health Plan Surveys. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in October 2020, which are referred to as the CAHPS 5.1H Health Plan Surveys.²⁻⁸

The sampling and data collection procedures for the CAHPS 5.1H Health Plan Surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of results.

2021 CAHPS Performance Measures

The CAHPS 5.1H Adult Medicaid Health Plan Survey includes 40 core questions that yield 12 measures. These measures include four global rating questions, four composite measures, one individual item measure, and three Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect overall member experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “*Getting Needed Care*” or “*Getting Care Quickly*”). The individual item measure is an individual question that looks at a specific area of care (i.e., “*Coordination of Care*”). The Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation.

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

²⁻⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

Figure 2-1—CAHPS Measures

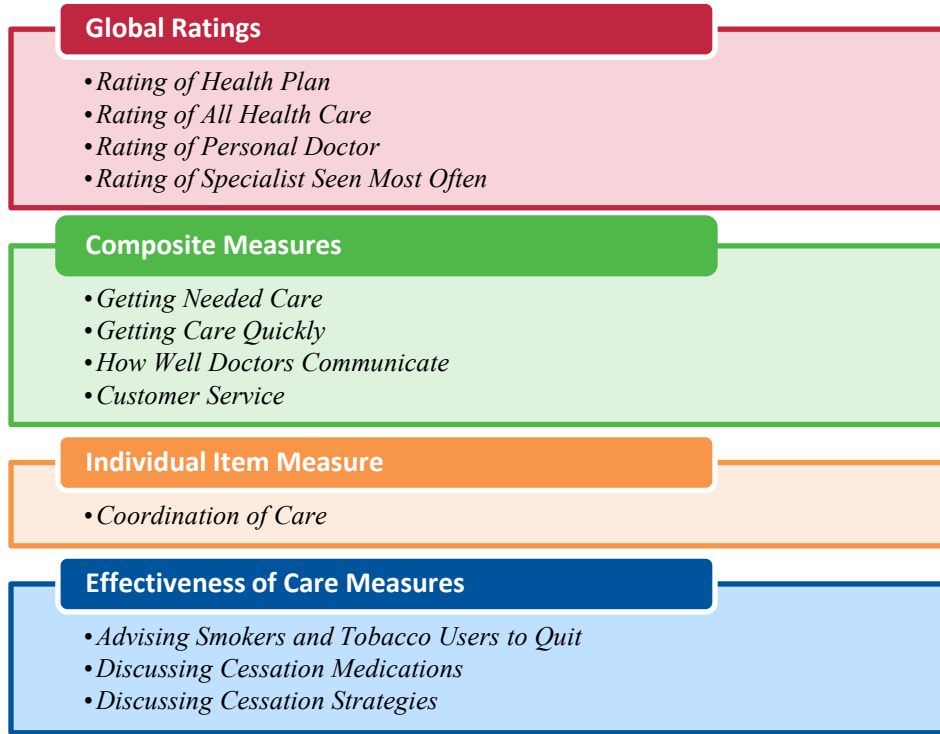


Table 2-1 presents the survey language and response options for each measure.

Table 2-1—Question Language and Response Options

Question Language	Response Options
Global Ratings	
<i>Rating of Health Plan</i>	
28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0–10 Scale
<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 health care in the last 6 months?	0–10 Scale
<i>Rating of Personal Doctor</i>	
18. 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?	0–10 Scale

Question Language	Response Options
<i>Rating of Specialist Seen Most Often</i>	
22. We want to know your rating of the specialist you talked to 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 you needed?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?	Never, Sometimes, Usually, Always
<i>Getting Care Quickly</i>	
4. In the last 6 months, when you <u>needed care right away</u> , how often did you get care as soon as you needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?	Never, Sometimes, Usually, Always
<i>How Well Doctors Communicate</i>	
12. 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
13. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
15. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always
<i>Customer Service</i>	
24. 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
25. 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
Individual Item Measure	
<i>Coordination of Care</i>	
17. 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
Effectiveness of Care Measures	
<i>Advising Smokers and Tobacco Users to Quit</i>	
33. 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

Question Language	Response Options
<i>Discussing Cessation Medications</i>	
34. 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
<i>Discussing Cessation Strategies</i>	
35. 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

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 inspected the file records to check for any apparent problems with the file, 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. The MHPs contracted with separate survey vendors to perform sampling. Following HEDIS requirements, members were sampled who met the following criteria:

- Were 18 years of age or older as of December 31, 2020.
- 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 2020.
- Had Medicaid as a payer.

Next, a sample of members was selected for inclusion in the survey. No more than one member per household was selected as part of the survey samples. A sample of at least 1,350 adult members was selected from the FFS program and each MHP.²⁻⁹

²⁻⁹ Some MHPs elected to oversample their population.

Survey Protocol

The survey administration protocol employed for FFS was a mixed-mode methodology, which allowed for two methods by which members could complete a survey. The first, or mail phase, consisted of sampled members receiving a survey via mail. Members received an English version of the survey, with the option of completing the survey in Spanish. Non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of members who did not mail in a completed survey. A series of up to three CATI calls to each non-respondent were attempted at different times of the day, on different days of the week, and in different weeks.²⁻¹⁰ 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.

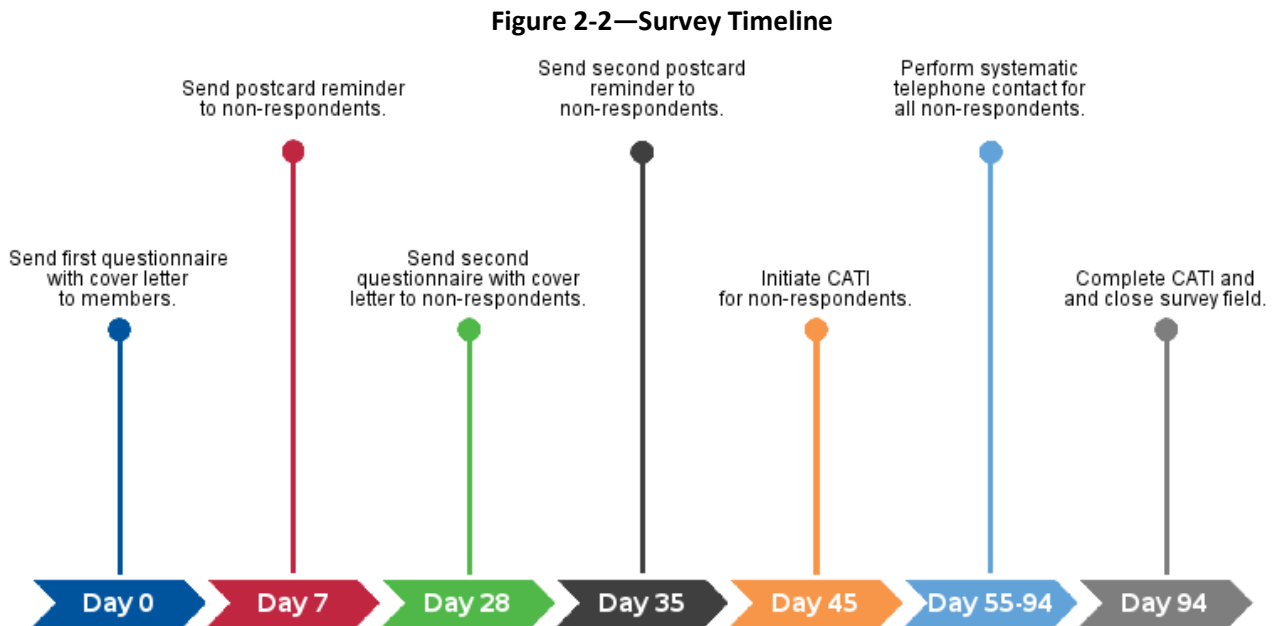
The MHPs employed various data collection protocols. The survey administration protocols included mail, telephone, and/or Internet. In addition, some MHPs had an option for members to complete the survey in Spanish. Table 2-2 shows the protocols used by each of the MHPs and FFS, as indicated by a checkmark (✓).

Table 2-2—Data Collection Protocols

	Mail	Telephone	Internet	Spanish
Fee-for-Service	✓	✓		✓
Aetna Better Health of Michigan	✓	✓	✓	✓
Blue Cross Complete of Michigan	✓	✓	✓	
HAP Empowered	✓	✓		
McLaren Health Plan	✓	✓	✓	
Meridian Health Plan of Michigan	✓	✓		✓
Molina Healthcare of Michigan	✓	✓		
Priority Health Choice, Inc.	✓	✓		✓
Total Health Care, Inc.	✓	✓	✓	
UnitedHealthcare Community Plan	✓	✓	✓	✓
Upper Peninsula Health Plan	✓	✓	✓	

²⁻¹⁰ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS Measurement Year 2020 Survey Measures*. Washington, DC: NCQA; 2020.

Figure 2-2 shows the timeline used for the FFS survey administration. Please note, this timeline does not reflect the timelines used by the MHPs.



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.

Who Responded to the Survey

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.²⁻¹¹ HSAG considered a survey completed if members answered at least

three of the following five questions: 3, 10, 19, 23, and 28. 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.

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

Demographics of Adult Members

The demographics analysis evaluated demographic information of adult members based on responses to the survey. The demographic characteristics included age, gender, race, ethnicity, level of education, and general health status.

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.²⁻¹² 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 (+).

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*, and *Customer Service* composite measures, and the *Coordination of Care* individual item measure.

²⁻¹¹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2020.

²⁻¹² *ibid.*

For the global ratings and individual item, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores).

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

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

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

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator. The scores presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results. Please exercise caution when reviewing the trend analysis results for the *Medical Assistance with Smoking and Tobacco Use Cessation* measures, as the 2021 results contain members who responded to the survey in 2020 or 2021 and indicated that they were current smokers or tobacco users.

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 adult 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 scores to NCQA's 2020 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).²⁻¹³ Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 2-3.

Table 2-3—Star Ratings

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

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 adult Medicaid national averages are presented in the figures for comparison.²⁻¹⁴

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 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

²⁻¹³ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

²⁻¹⁴ The source for the national data contained in this publication is Quality Compass® 2020 and is used with the permission of NCQA. Quality Compass 2020 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.

whether each MHP's score was statistically significantly different from the MDHHS Medicaid Managed Care Program. This analytic approach follows 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 2021 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 2021 than in 2020 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2021 than in 2020 are noted with downward triangles (▼). Scores in 2021 that were not statistically significantly different from scores in 2020 are noted with a dash (—).

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 2-4 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 2-4—Correlation Matrix

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q4. Received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Q9. Ease of getting the care, tests, or treatment needed	✓	✓	✓	Always
Q12. Personal doctor explained things in an understandable way	✓	✓	✓	Always
Q13. Personal doctor listened carefully	✓	✓	✓	Always
Q14. Personal doctor showed respect for what was said	✓	✓	✓	Always
Q15. Personal doctor spent enough time	✓	✓	✓	Always
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	✓	✓	✓	Always
Q20. Received appointment with a specialist as soon as needed	✓	✓		Always
Q24. Health plan's customer service gave the information or help needed	✓	✓		Always
Q25. Treated with courtesy and respect by health plan's customer service staff	✓	✓		Always
Q27. Ease of filling out forms from health plan	✓	✓		Always

HSAG measured each global rating's performance by assigning the responses into a three-point scale as follows:

- 0 to 6 = 1 (Dissatisfied)
- 7 to 8 = 2 (Neutral)
- 9 to 10 = 3 (Satisfied)

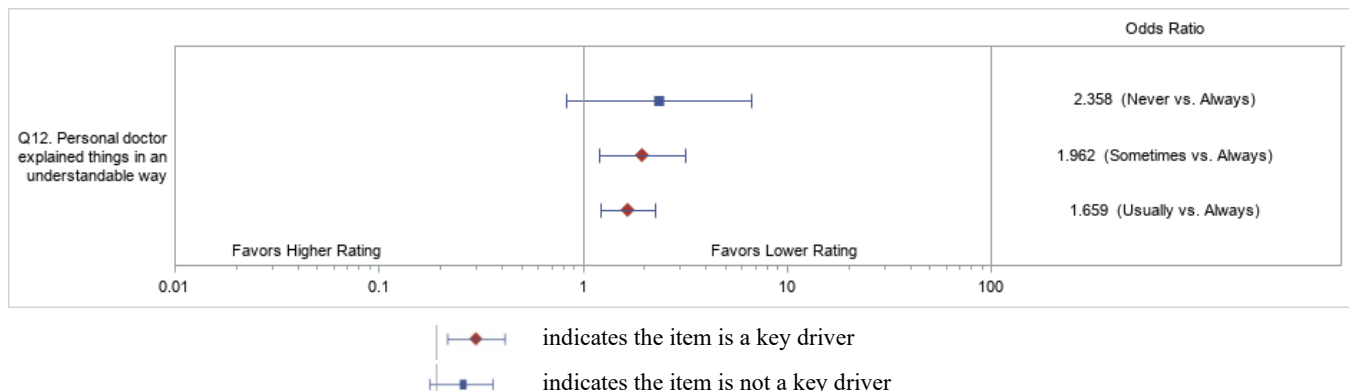
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal 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 the 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") 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 provide a non-baseline response to choose a lower rating increases.

In the example below, the results indicate that respondents who answered "Never," "Sometimes," or "Usually" to question 12 are 2.4, 2.0, or 1.7 times, respectively, more likely to provide a lower rating for their health plan than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

Key Drivers of Member Experience: Rating of Health Plan



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.²⁻¹⁵

Causal Inferences

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

Survey Vendor Effects

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

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. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.²⁻¹⁶ To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first round) for each measure. Results indicate that early respondents are statistically significantly more likely to provide a higher top-box response for the *Rating of Health*

²⁻¹⁵ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

²⁻¹⁶ Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." *European Journal of Epidemiology* 17.11 (2001): 991-999.

Plan, Getting Needed Care, Customer Service, Discussing Cessation Medications, and Discussing Cessation Strategies measures. Therefore, MDHHS should consider the potential for non-response bias when interpreting CAHPS results.

Coronavirus Disease 2019 (COVID-19) Impact

Due to the increased use of telehealth services (e.g., phone and video calls) during the COVID-19 pandemic, AHRQ released the 5.1 version of the CAHPS Adult Health Plan Survey in October 2020 to acknowledge that members may receive care in person, by phone, or by video. Based on this version, NCQA introduced a new HEDIS version of the survey with updates to the following questions: 3, 5, 6, 7, 10, 11, 19, 20, 21, and 22; therefore, caution should be exercised when comparing 2021 results to prior years' results. Also, caution should be exercised when evaluating the results as the number of completed surveys may have been impacted by COVID-19, as well as members' perceptions of and experiences with the health care system.

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	19,778	3,452	273	17.70%
Fee-for-Service	1,350	303	72	23.71%
MDHHS Medicaid Managed Care Program	18,428	3,149	201	17.28%
Aetna Better Health of Michigan	1,553	256	25	16.75%
Blue Cross Complete of Michigan	1,971	368	22	18.88%
HAP Empowered	1,755	223	20	12.85%
McLaren Health Plan	1,350	213	10	15.90%
Meridian Health Plan of Michigan	1,890	325	20	17.38%
Molina Healthcare of Michigan	1,836	304	18	16.72%
Priority Health Choice, Inc.	1,863	328	23	17.83%
Total Health Care, Inc.	2,160	336	32	15.79%
UnitedHealthcare Community Plan	1,890	257	18	13.73%
Upper Peninsula Health Plan	2,160	539	13	25.10%

Demographics of Adult Members

Figure 3-1 through Figure 3-6 depict the demographics of members who completed a survey.

Figure 3-1—Adult Member Demographics: Age

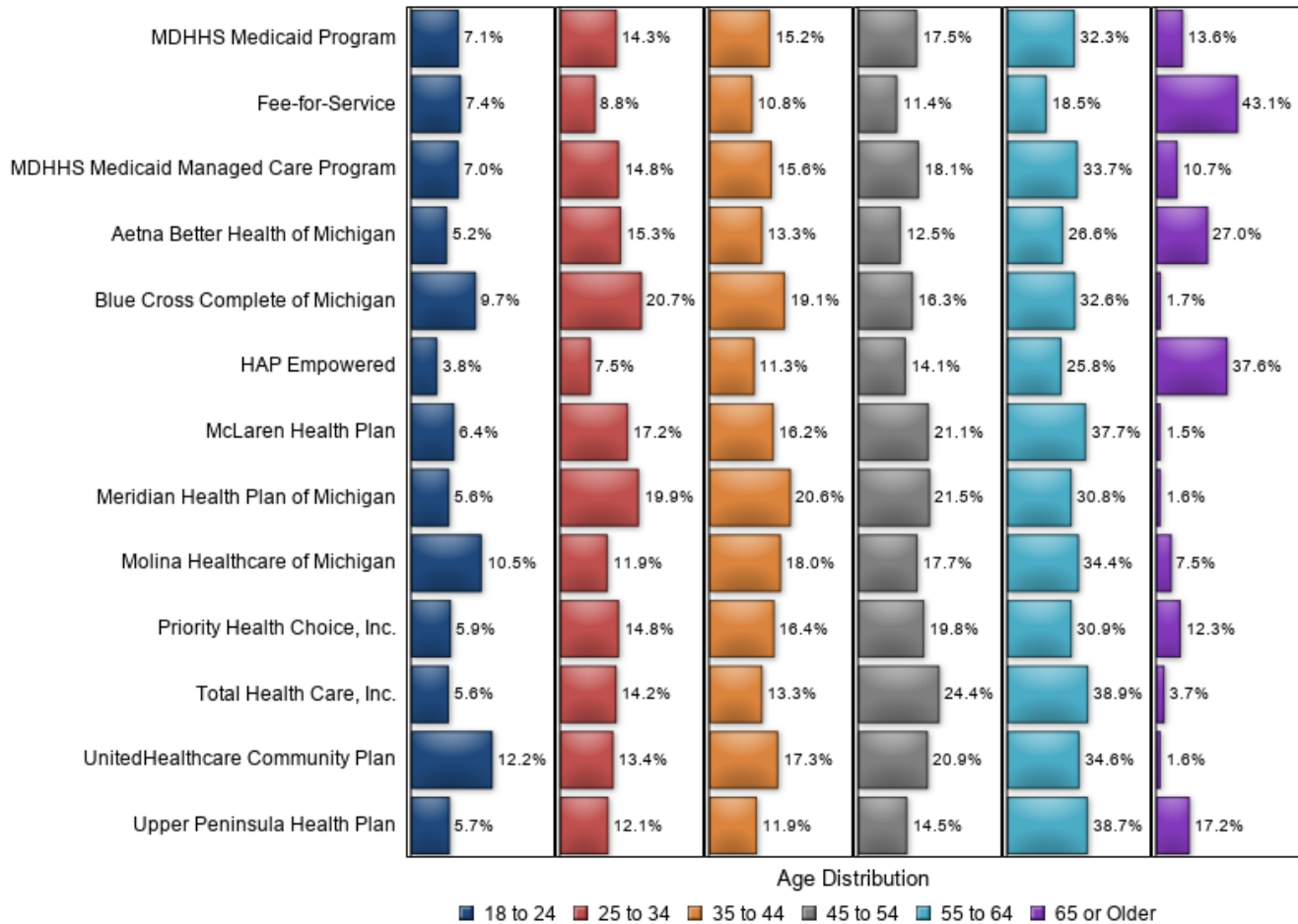


Figure 3-2—Adult Member Demographics: Gender

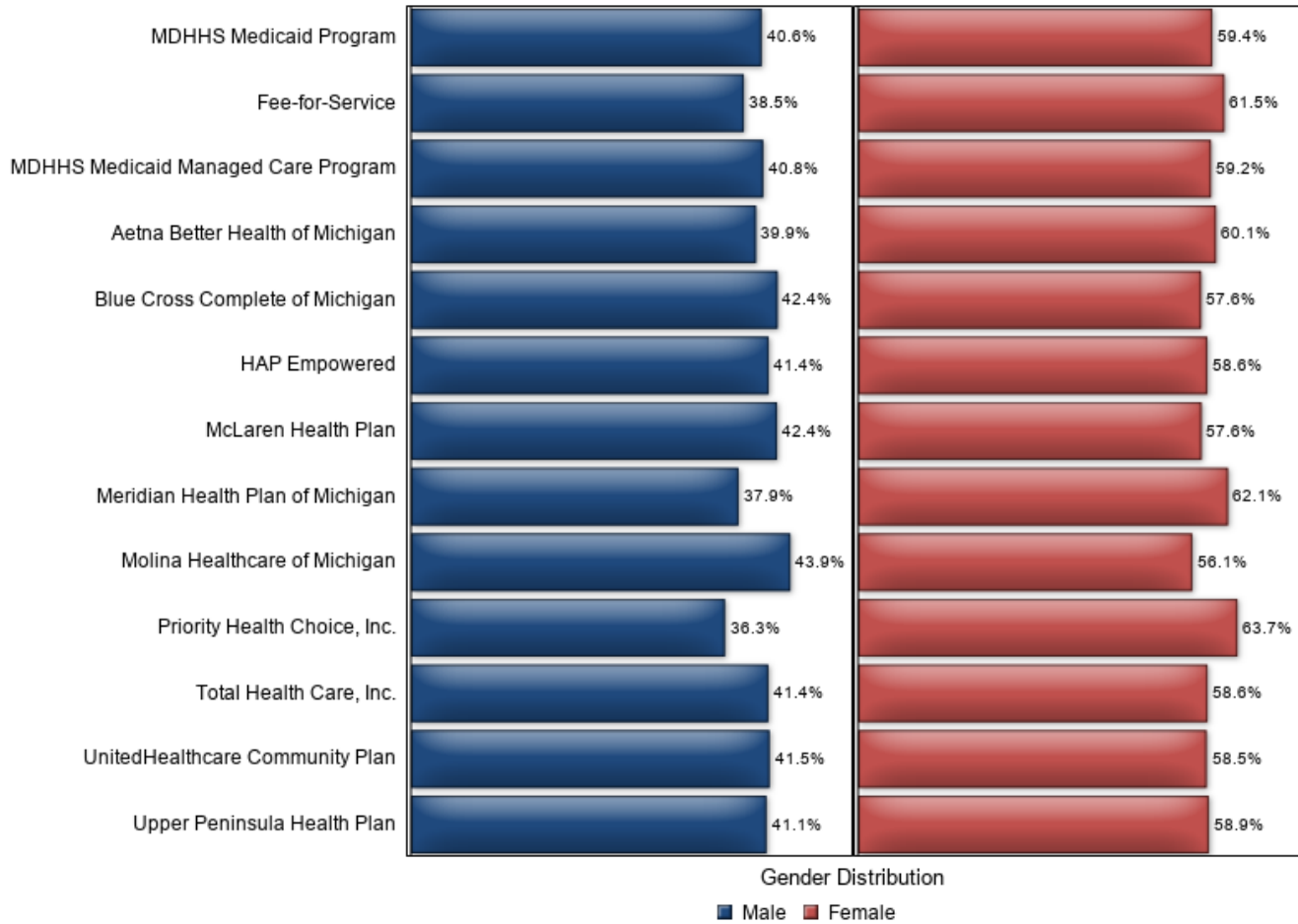
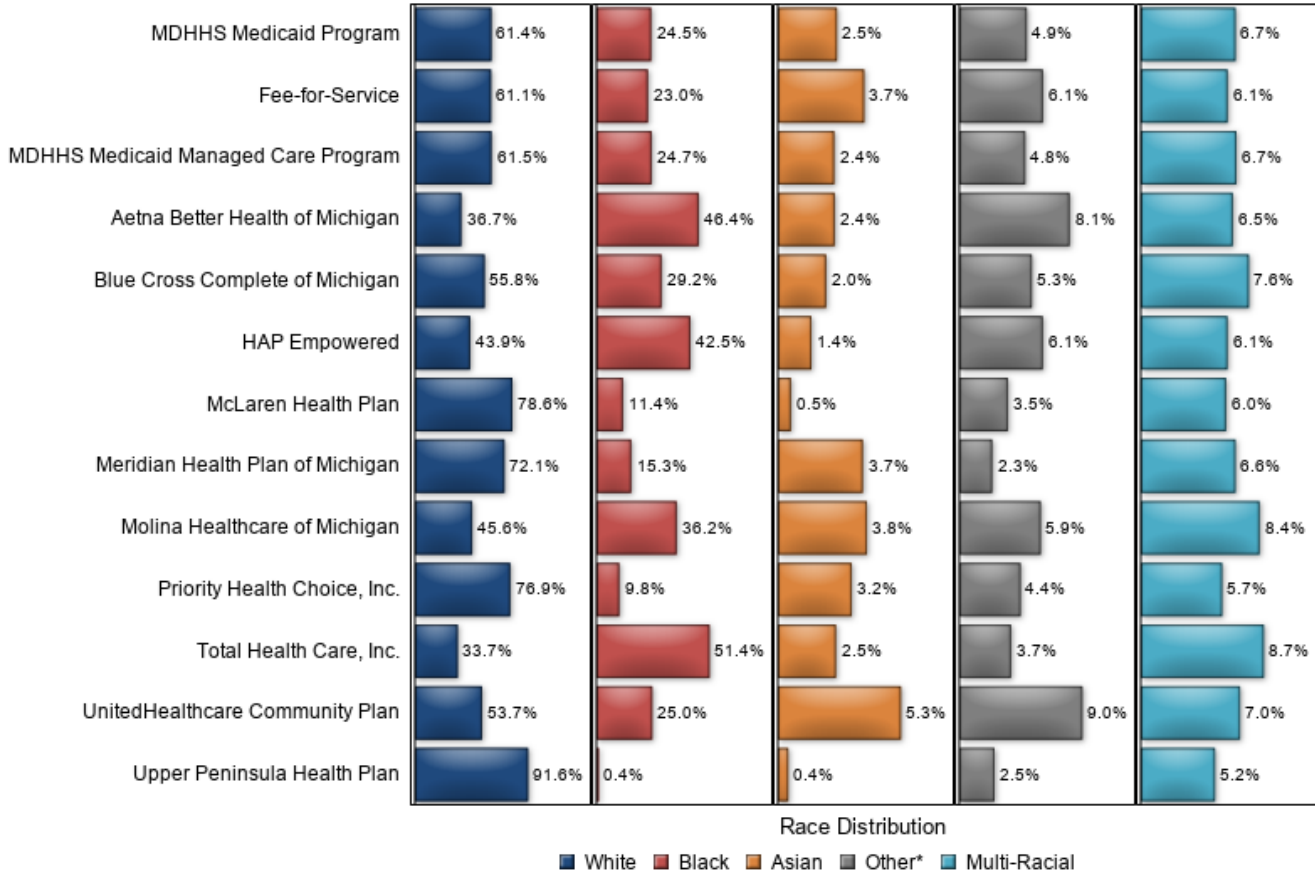


Figure 3-3—Adult Member Demographics: Race



**The "Other" race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

Figure 3-4—Adult Member Demographics: Ethnicity

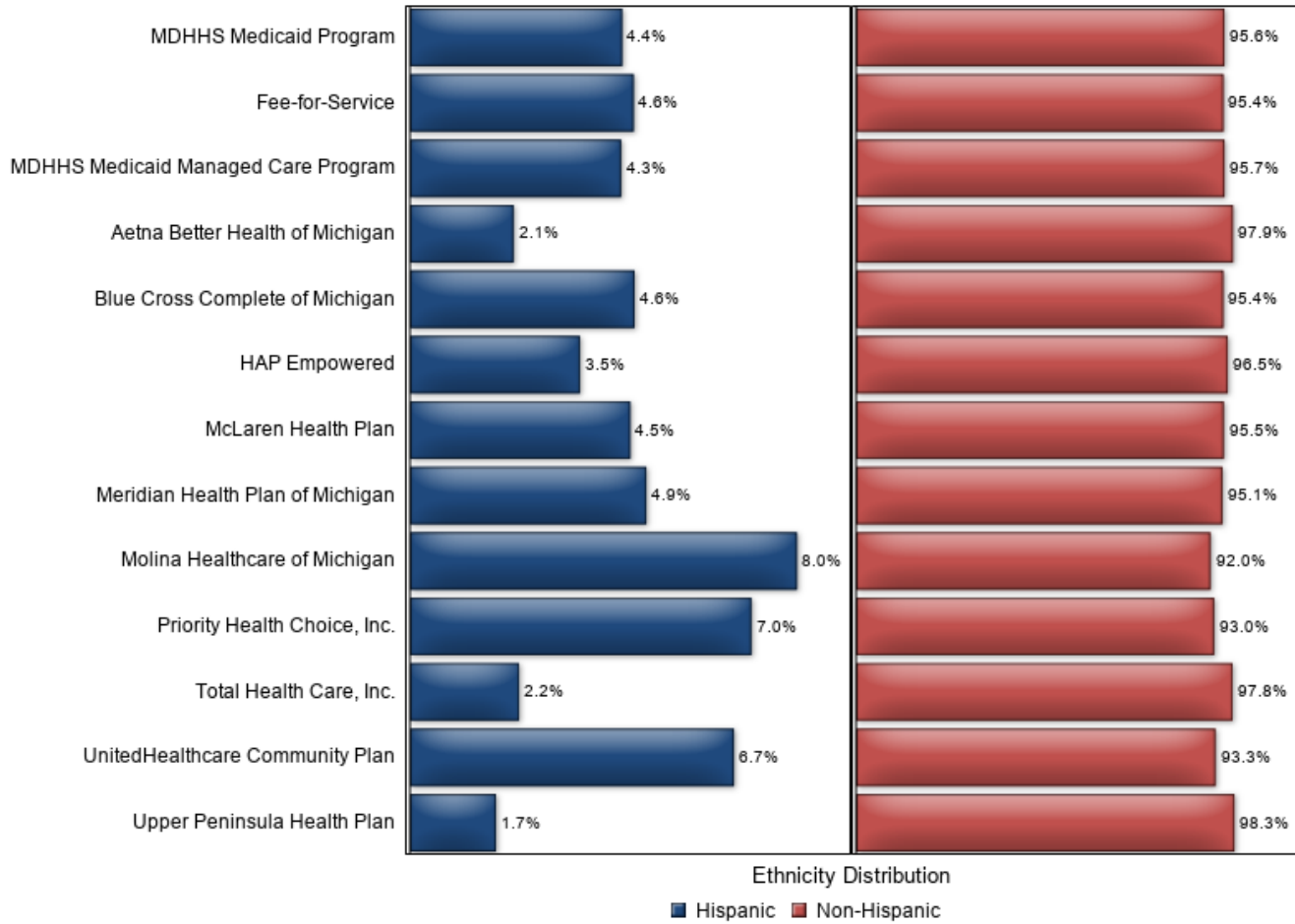


Figure 3-5—Adult Member Demographics: Education Level

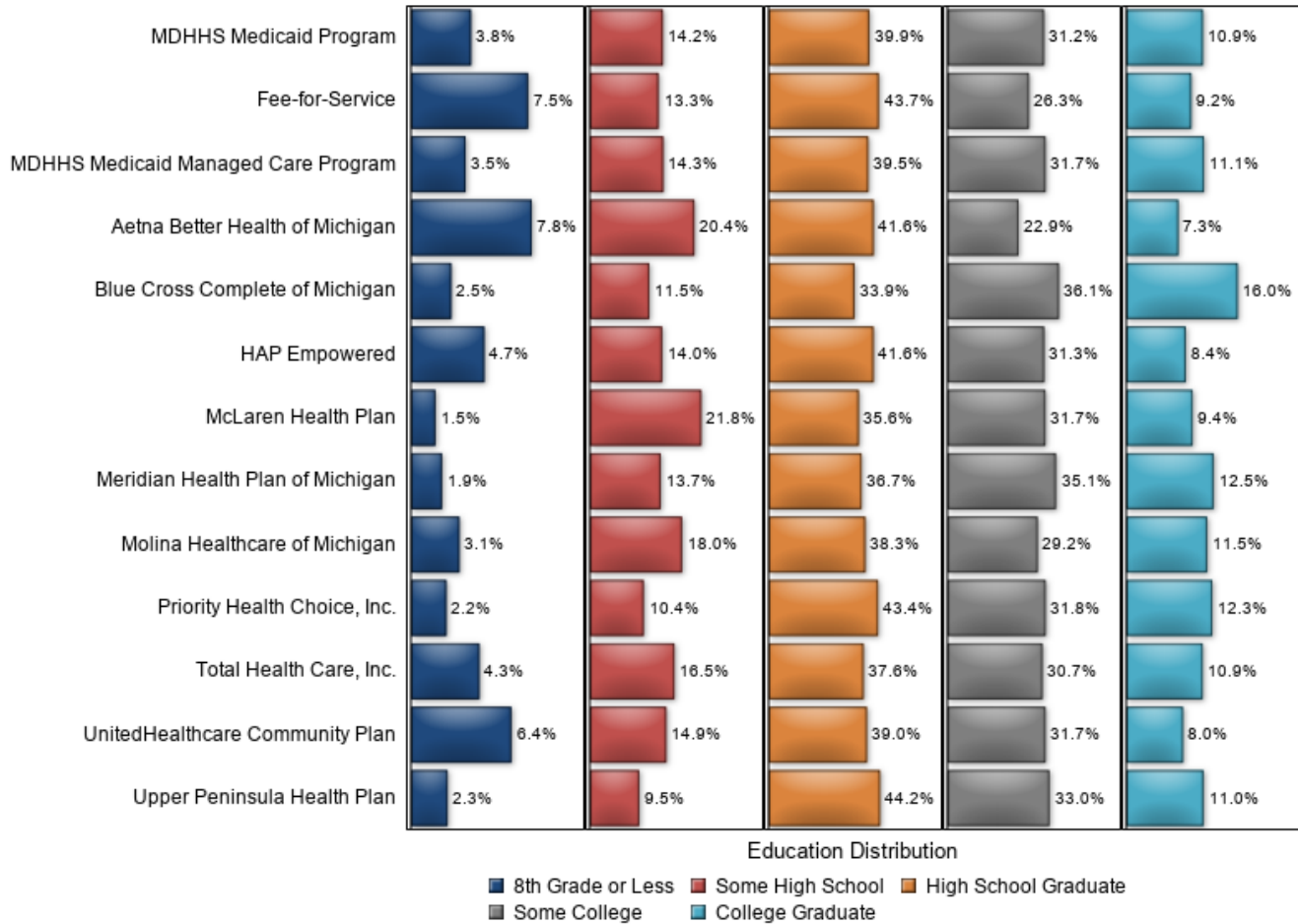
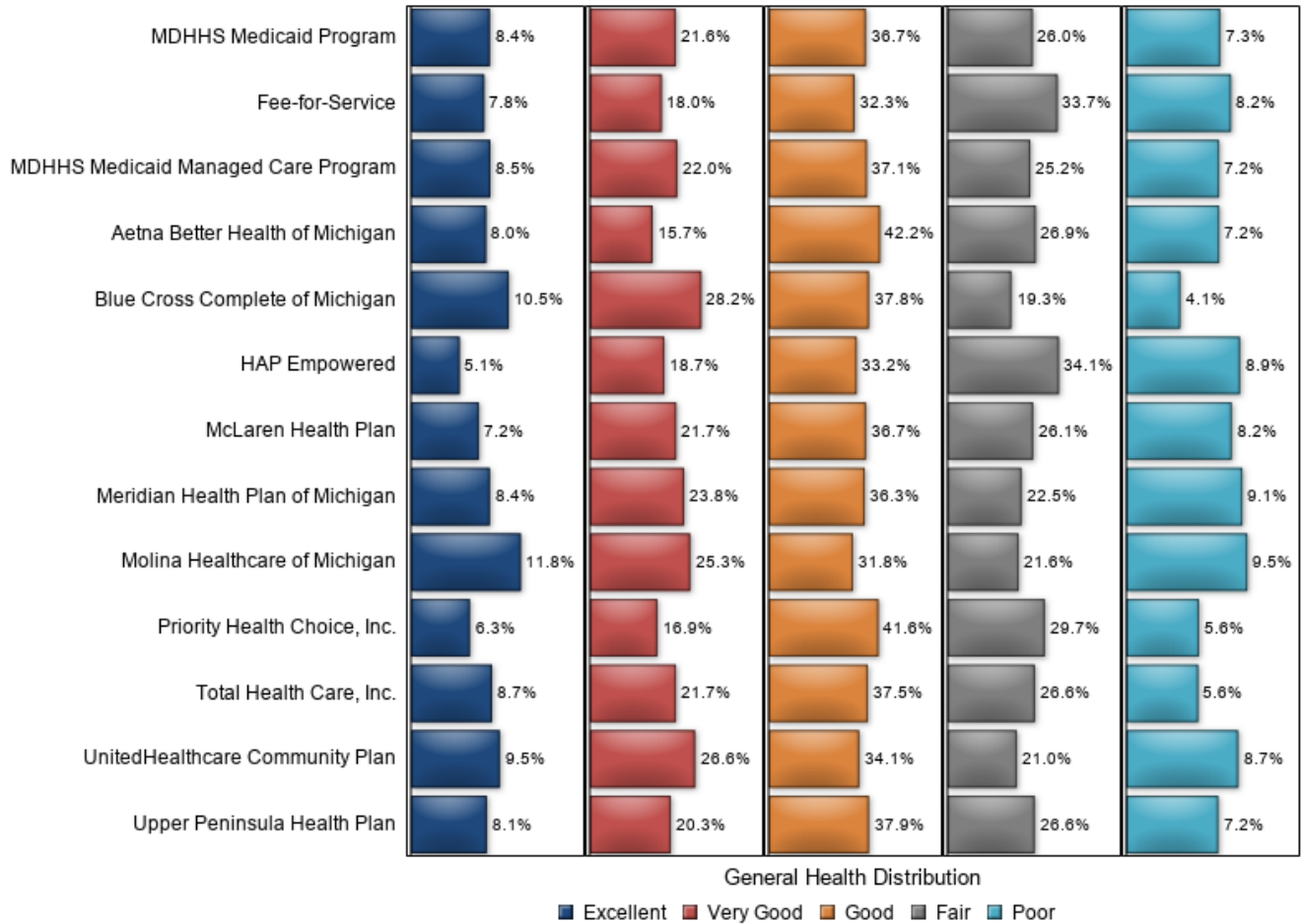


Figure 3-6—Adult Member Demographics: General Health Status



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 2020 Quality Compass Benchmark and Compare Quality Data.³⁻¹ 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 3-2.

Table 3-2—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 three 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 2020*. Washington, DC: NCQA, September 2020.

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

Table 3-3—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	★★ 62.4%	★★★★ 58.7%	★★ 67.0%	★★ 68.8%
Fee-for-Service	★★★★ 63.7%	★★★★ 58.3%	★★★★ 69.9%	★★ 69.6%
MDHHS Medicaid Managed Care Program	★★ 62.0%	★★★★ 58.8%	★ 66.1%	★★ 68.5%
Aetna Better Health of Michigan	★★ 58.1%	★ 53.8%	★★ 67.2%	★★★★ ⁺ 70.4%
Blue Cross Complete of Michigan	★★ 60.1%	★★ 56.1%	★ 60.7%	★★ 66.4%
HAP Empowered	★★★★★ 70.8%	★★★★ 58.2%	★★★★ 71.6%	★★★★★ 76.2%
McLaren Health Plan	★★ 61.3%	★★★★★ 68.3%	★★★★ 73.7%	★★★★★ ⁺ 74.7%
Meridian Health Plan of Michigan	★★★★ 64.0%	★★ 56.9%	★ 64.7%	★★★★ 70.9%
Molina Healthcare of Michigan	★ 57.7%	★★★★ 58.7%	★ 64.7%	★★ 68.2%
Priority Health Choice, Inc.	★★★★ 67.8%	★★★★ 59.9%	★★ 68.7%	★★ 68.7%
Total Health Care, Inc.	★★ 61.4%	★★★★ 59.0%	★★★★ 71.4%	★ 64.7%
UnitedHealthcare Community Plan	★★ 60.9%	★★ 54.9%	★ 65.2%	★ ⁺ 60.2%
Upper Peninsula Health Plan	★★★★★ 73.9%	★★★★★ 68.6%	★★★★ 72.8%	★★★★ 70.4%

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

Table 3-4 shows the scores and overall member experience ratings on the four composite measures.

Table 3-4—NCQA Comparisons: Composite Measures

	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
MDHHS Medicaid Program	★★★★ 86.2%	★★★★ 83.9%	★★ 93.2%	★★ 88.6%
Fee-for-Service	★★★★★ 88.9%	★★★★★ 88.9%	★★★ 94.2%	★ 87.1%
MDHHS Medicaid Managed Care Program	★★★★ 85.4%	★★ 82.5%	★★ 92.9%	★★ 89.0%
Aetna Better Health of Michigan	★★★★ 85.6%	★★★★ 83.6%	★★★★ 94.5%	★★★★ 91.1%
Blue Cross Complete of Michigan	★★ 83.3%	★★★★ 83.7%	★★★★ 94.1%	★★ 88.7%
HAP Empowered	★★★★★ 88.0%	★★★★★ 87.9%	★★★★★ 95.3%	★★★★ 90.7%
McLaren Health Plan	★★★★★ 92.2%	★★★★★ ⁺ 88.5%	★★★ 93.9%	★★★★★ ⁺ 92.2%
Meridian Health Plan of Michigan	★★ 83.1%	★ 78.4%	★★★★ 93.6%	★★ 88.5%
Molina Healthcare of Michigan	★★★★ 83.6%	★★ 82.6%	★ 90.0%	★ 87.2%
Priority Health Choice, Inc.	★★★★★ 87.4%	★★★★★ 88.4%	★★★★ 94.4%	★★★★★ 93.3%
Total Health Care, Inc.	★★★★ 86.1%	★★★★ 84.1%	★★★★ 93.7%	★★★★★ 91.8%
UnitedHealthcare Community Plan	★★★★ 85.5%	★ 77.0%	★ 91.4%	★ ⁺ 84.6%
Upper Peninsula Health Plan	★★★★★ 89.2%	★★★★★ 90.8%	★★★★ 94.0%	★★★★★ 95.1%

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

Table 3-5 shows the scores and overall member experience ratings on the one individual item measure and three Effectiveness of Care measures.

Table 3-5—NCQA Comparisons: Individual Item and Effectiveness of Care Measures

	<i>Coordination of Care</i>	<i>Advising Smokers and Tobacco Users to Quit</i>	<i>Discussing Cessation Medications</i>	<i>Discussing Cessation Strategies</i>
MDHHS Medicaid Program	★★ 84.2%	★★★ 78.5%	★★★ 58.1%	★★★ 49.7%
Fee-for-Service	★ 79.2%	★★★★ 83.9%	★★★★ 62.3%	★★★ 48.5%
MDHHS Medicaid Managed Care Program	★★★ 85.6%	★★ 77.0%	★★★ 56.9%	★★★ 50.0%
Aetna Better Health of Michigan	★+ 81.6%	★★★ 78.7%	★★★ 57.9%	★★★ 53.7%
Blue Cross Complete of Michigan	★★★ 87.3%	★★★ 79.3%	★★★ 54.3%	★★★ 49.7%
HAP Empowered	★★★★★+ 91.4%	★★ 76.1%	★★★ 59.4%	★★★ 53.8%
McLaren Health Plan	★★★+ 86.1%	★ 72.5%	★★ 51.8%	★★ 47.3%
Meridian Health Plan of Michigan	★ 81.5%	★★ 75.7%	★★★ 56.1%	★★ 46.8%
Molina Healthcare of Michigan	★★★+ 86.6%	★ 73.8%	★★★ 58.4%	★★★ 51.4%
Priority Health Choice, Inc.	★★★★★ 92.3%	★★★ 79.4%	★★★ 56.3%	★★★ 51.2%
Total Health Care, Inc.	★★★ 85.8%	★★★★★ 88.8%	★★★★★ 69.5%	★★★★★ 60.1%
UnitedHealthcare Community Plan	★★★+ 85.7%	★★★ 80.8%	★★★★ 60.1%	★★★ 52.0%
Upper Peninsula Health Plan	★★★★ 88.6%	★★★ 79.5%	★★★★ 63.0%	★★★★ 56.0%

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

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated overall scores for the Effectiveness of Care measures and top-box scores for the other measures. For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 2-3. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide section beginning on page 2-8.

The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program results were weighted based on the eligible population for each adult population (i.e., FFS and/or MHPs). HSAG compared the MHP 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. Also, the NCQA adult Medicaid national averages are presented for comparison.³⁻²

In some instances, the 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.

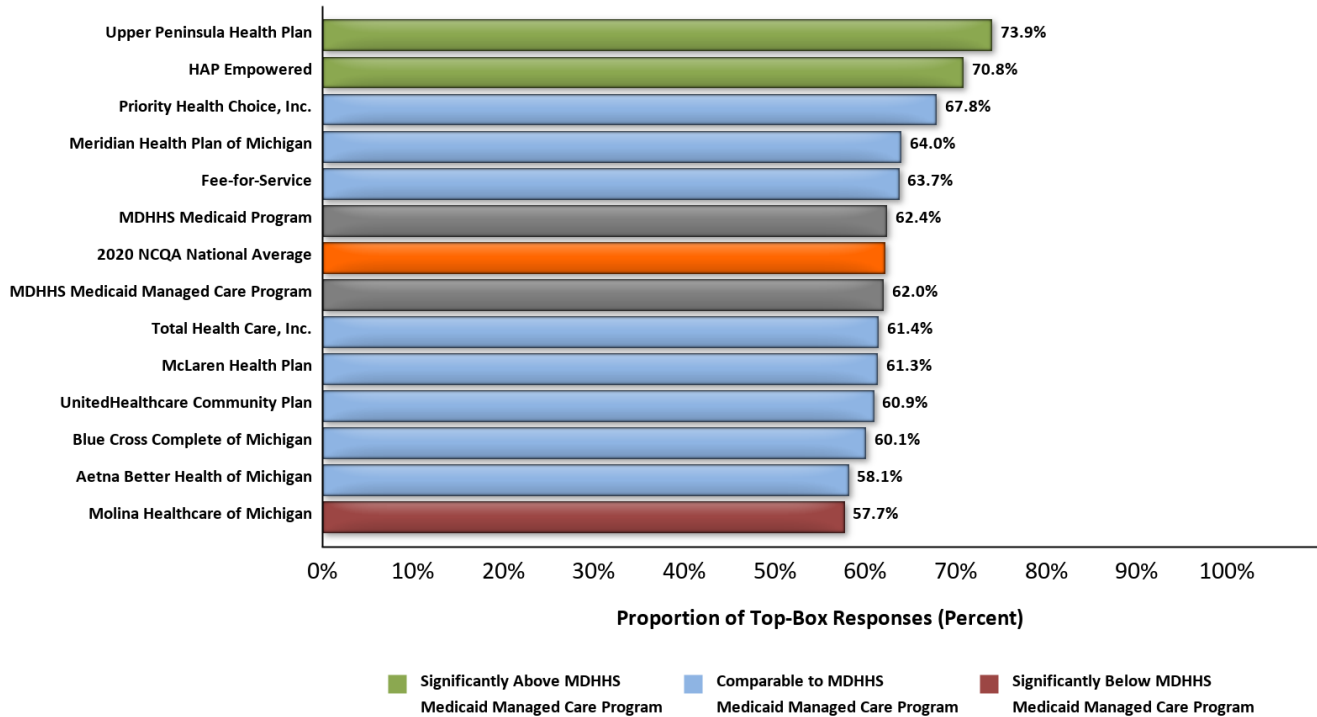
³⁻² The source for the national data contained in this publication is Quality Compass[®] 2020 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these 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 3-7 shows the *Rating of Health Plan* top-box scores.

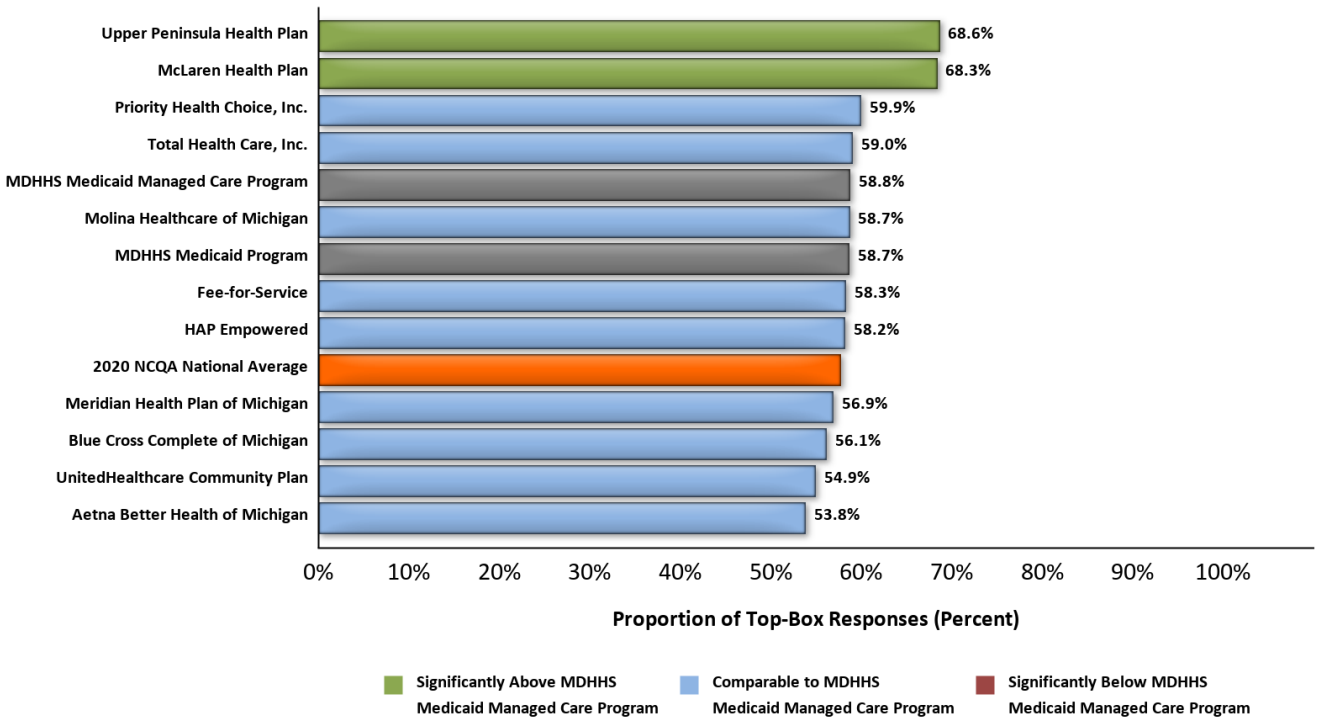
Figure 3-7—Rating of Health Plan Top-Box Scores



Rating of All Health Care

Figure 3-8 shows the *Rating of All Health Care* top-box scores.

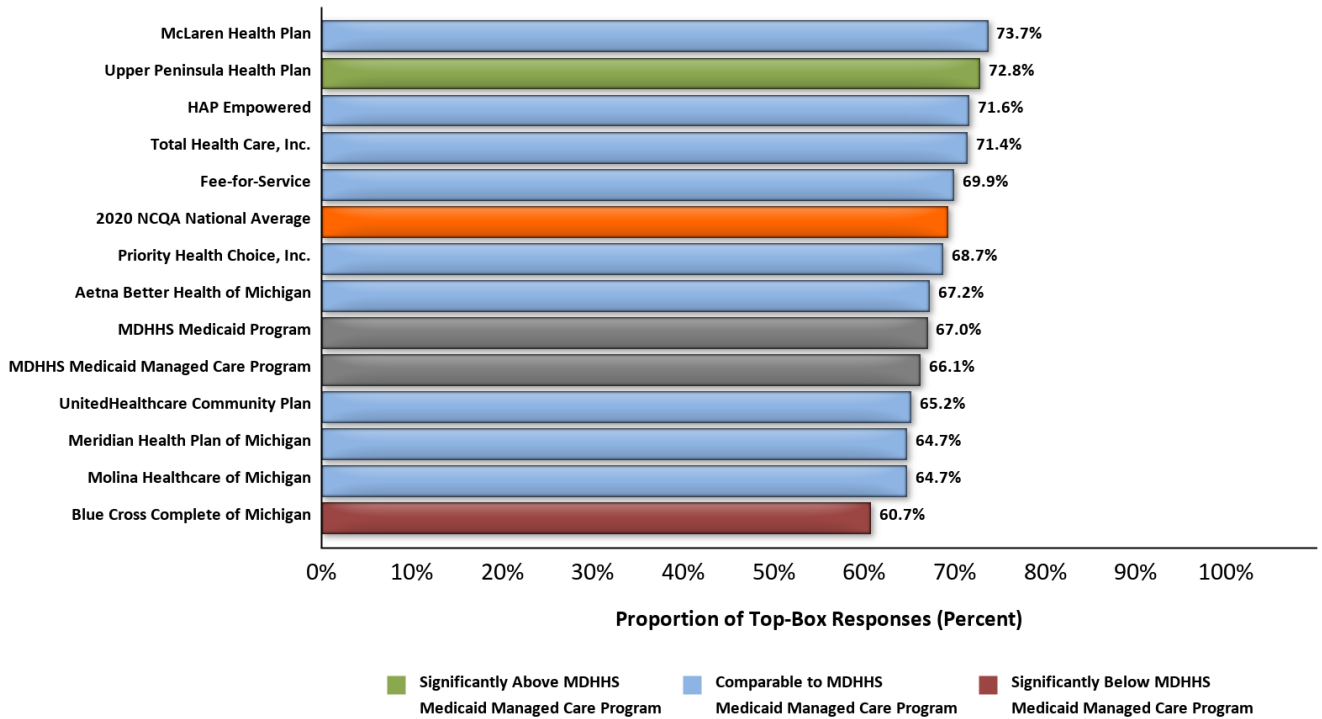
Figure 3-8—Rating of All Health Care Top-Box Scores



Rating of Personal Doctor

Figure 3-9 shows the *Rating of Personal Doctor* top-box scores.

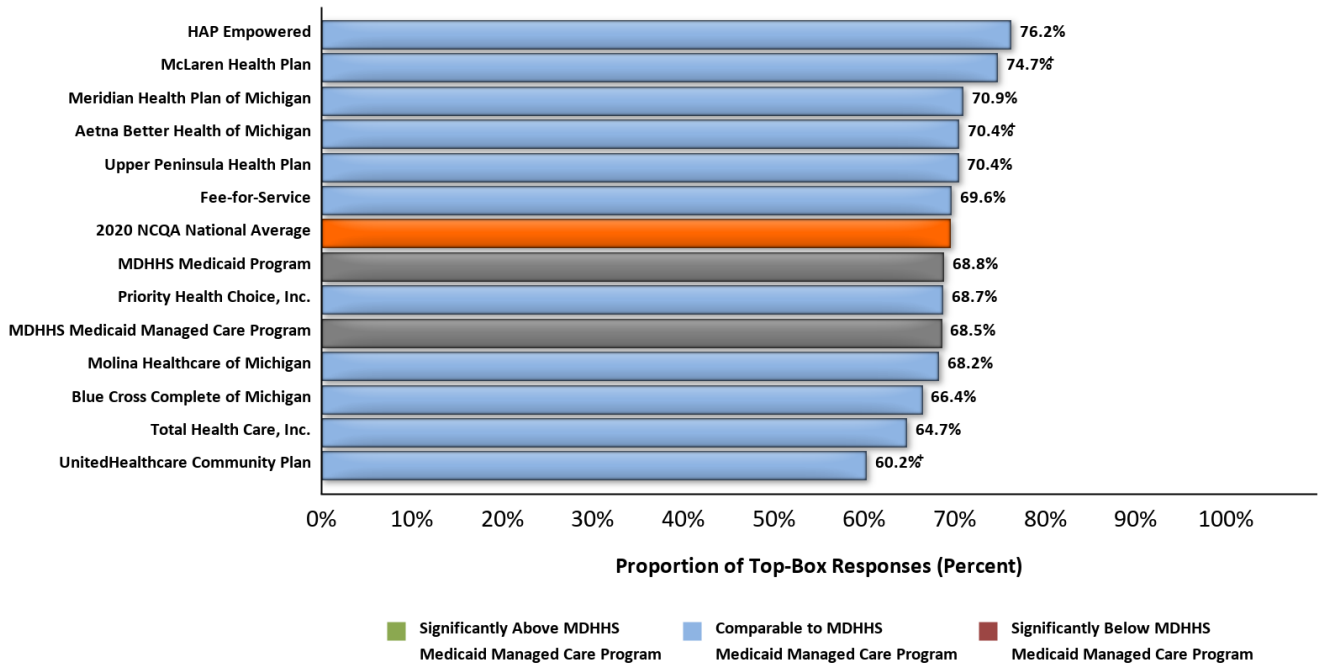
Figure 3-9—Rating of Personal Doctor Top-Box Scores



Rating of Specialist Seen Most Often

Figure 3-10 shows the *Rating of Specialist Seen Most Often* top-box scores.

Figure 3-10—Rating of Specialist Seen Most Often Top-Box Scores



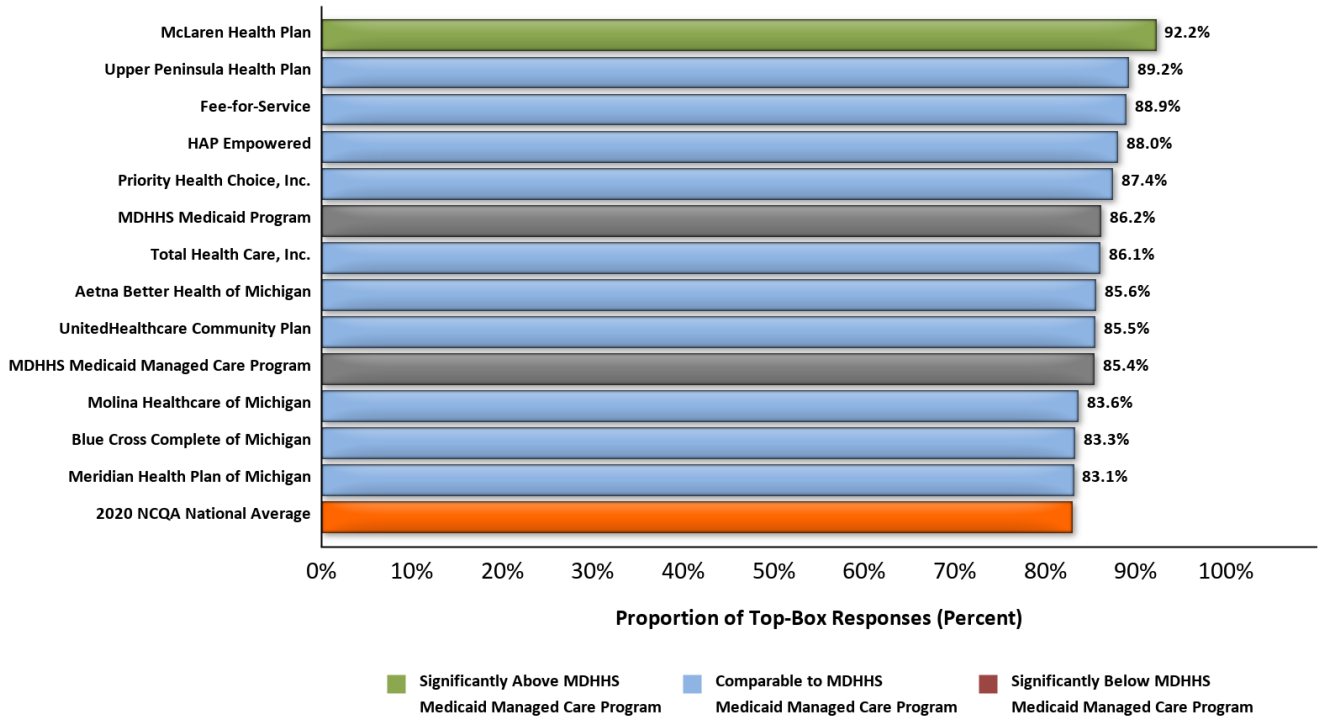
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Composite Measures

Getting Needed Care

Figure 3-11 shows the *Getting Needed Care* top-box scores.

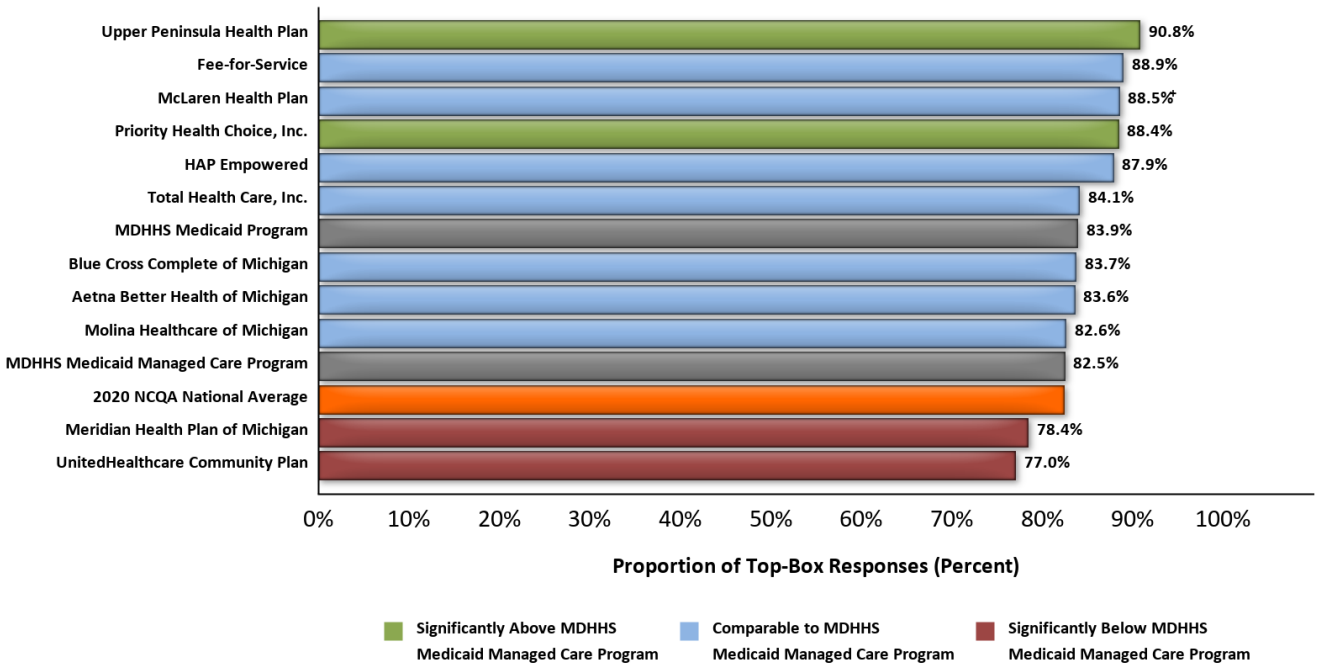
Figure 3-11—Getting Needed Care Top-Box Scores



Getting Care Quickly

Figure 3-12 shows the *Getting Care Quickly* top-box scores.

Figure 3-12—Getting Care Quickly Top-Box Scores

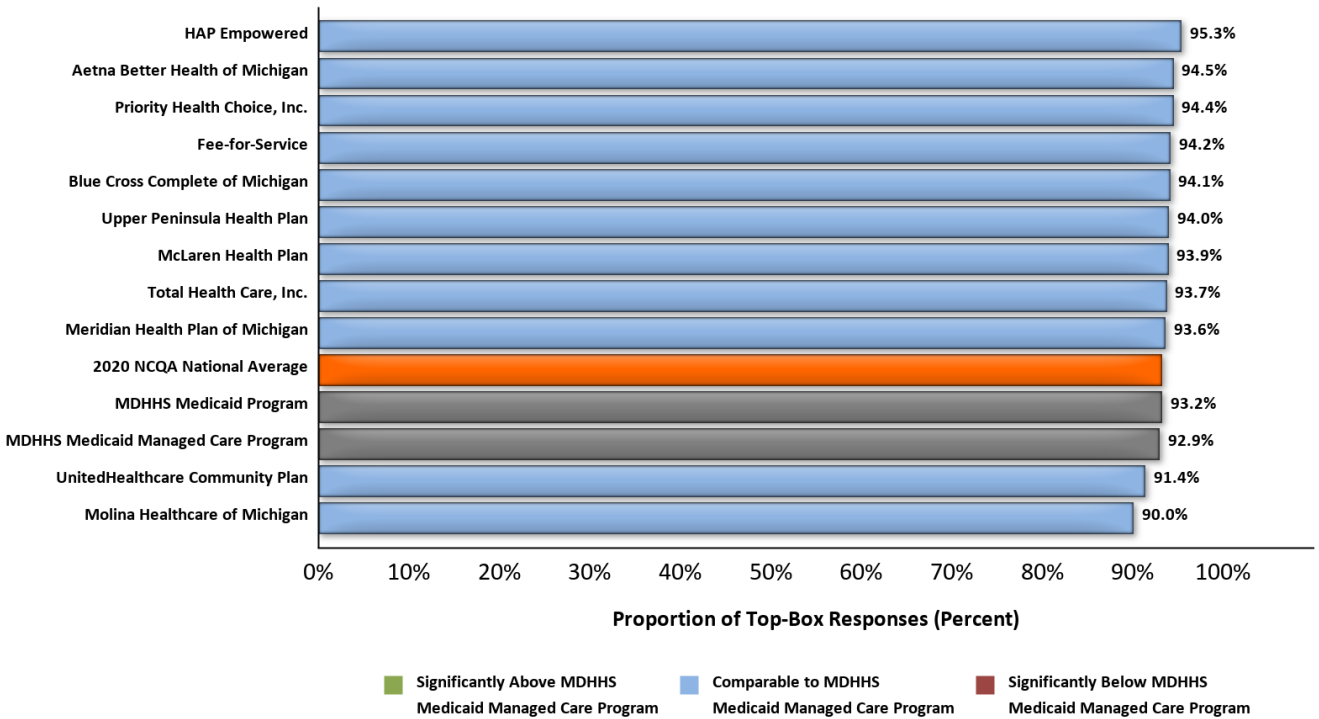


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

Figure 3-13 shows the *How Well Doctors Communicate* top-box scores.

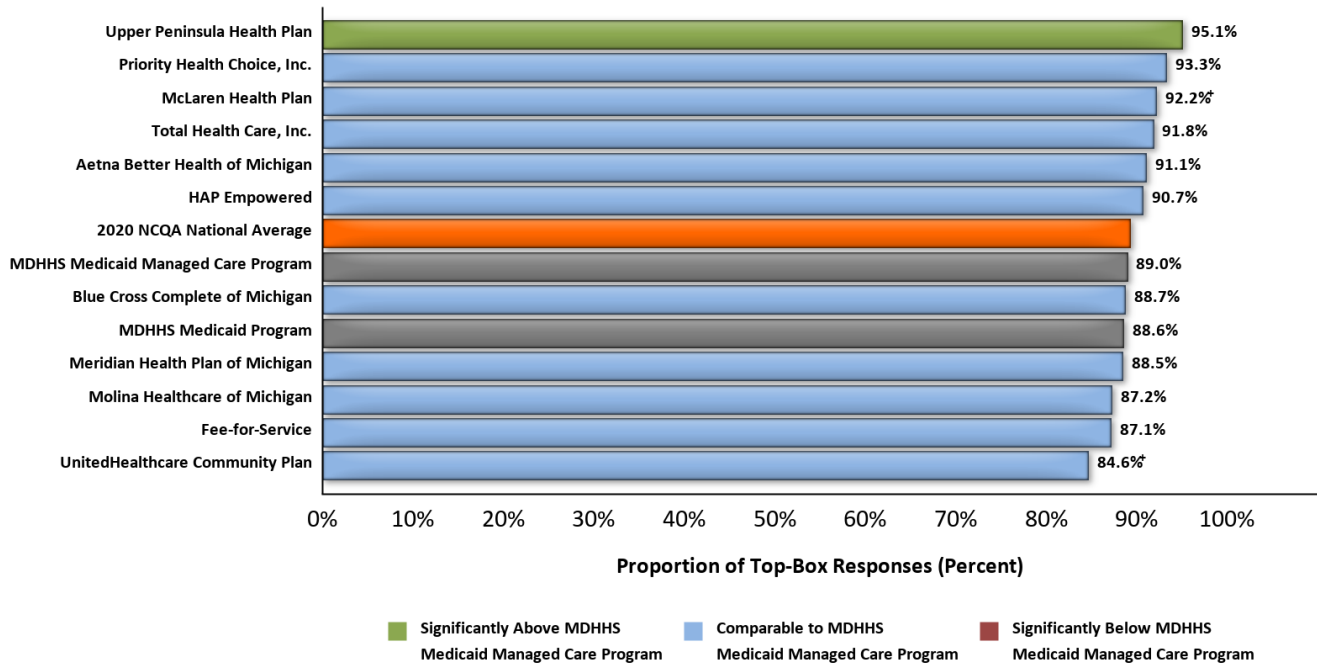
Figure 3-13—How Well Doctors Communicate Top-Box Scores



Customer Service

Figure 3-14 shows the *Customer Service* top-box scores.

Figure 3-14—Customer Service Top-Box Scores



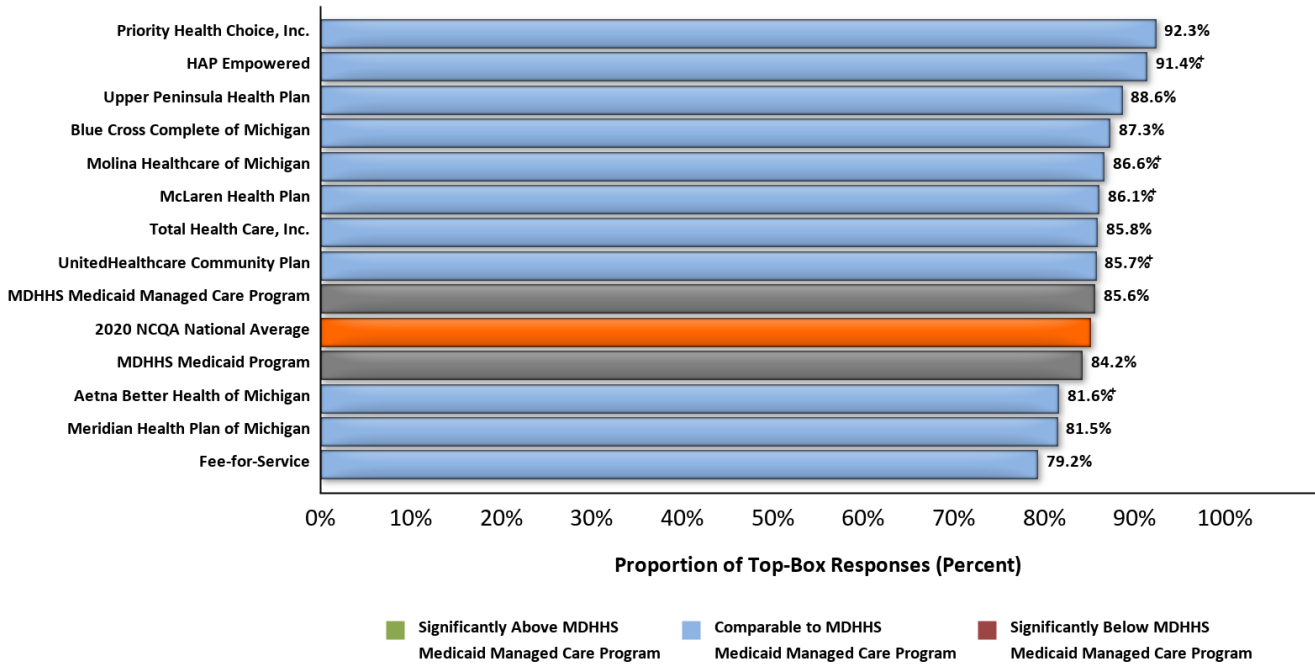
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Individual Item Measure

Coordination of Care

Figure 3-16 shows the *Coordination of Care* top-box scores.

Figure 3-15—Coordination of Care Top-Box Scores



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

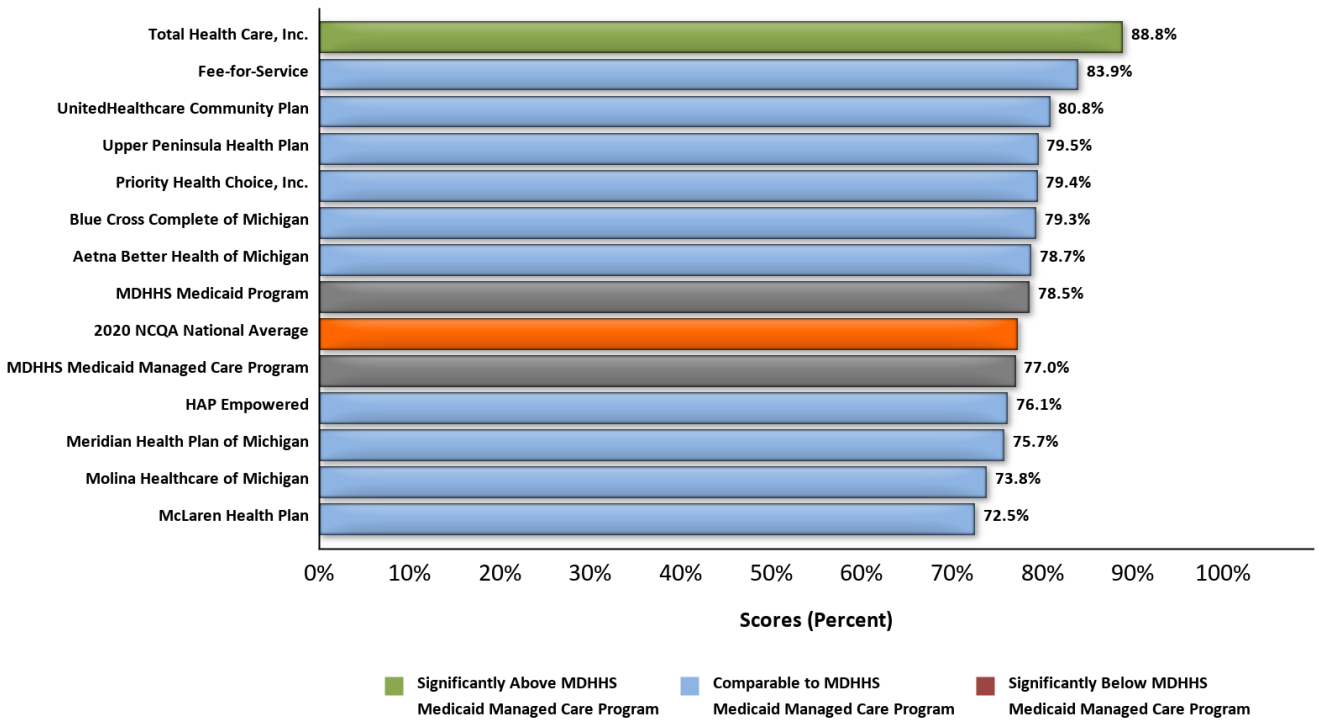
Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

Figure 3-17 shows the *Advising Smokers and Tobacco Users to Quit* scores.

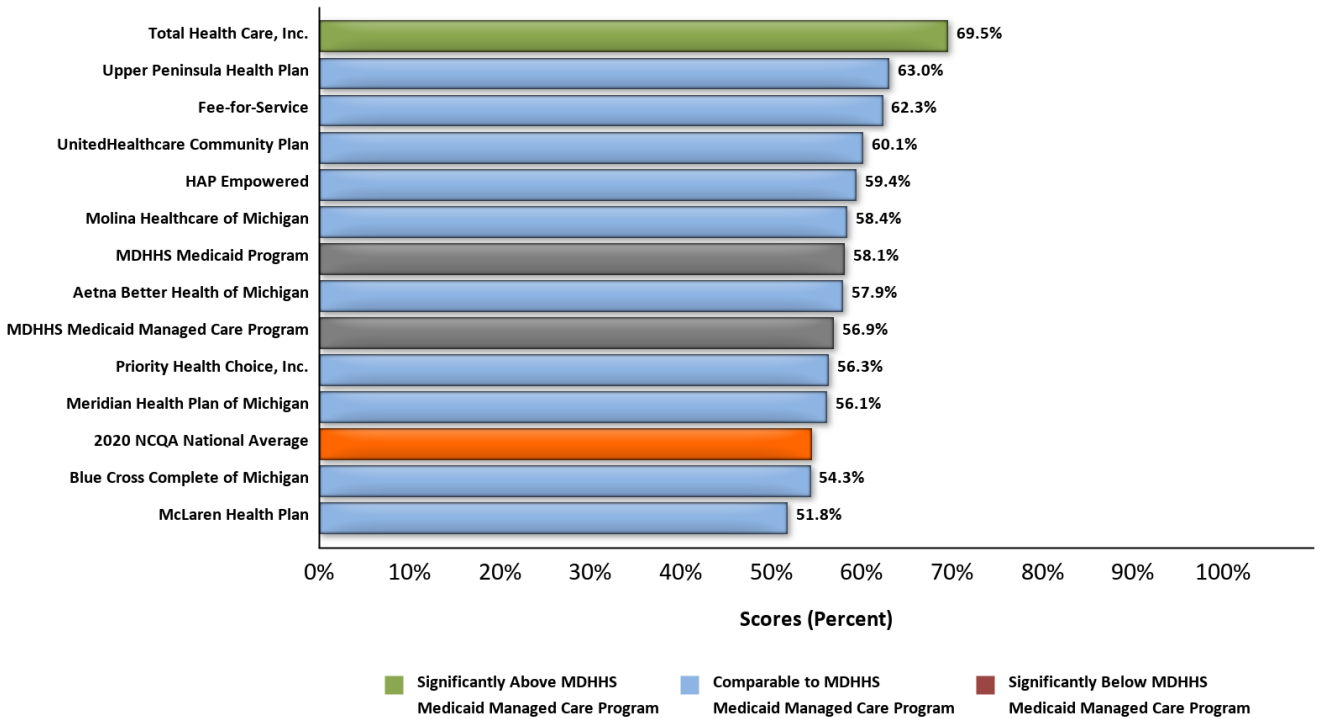
Figure 3-16—Advising Smokers and Tobacco Users to Quit Scores



Discussing Cessation Medications

Figure 3-18 shows the *Discussing Cessation Medications* scores.

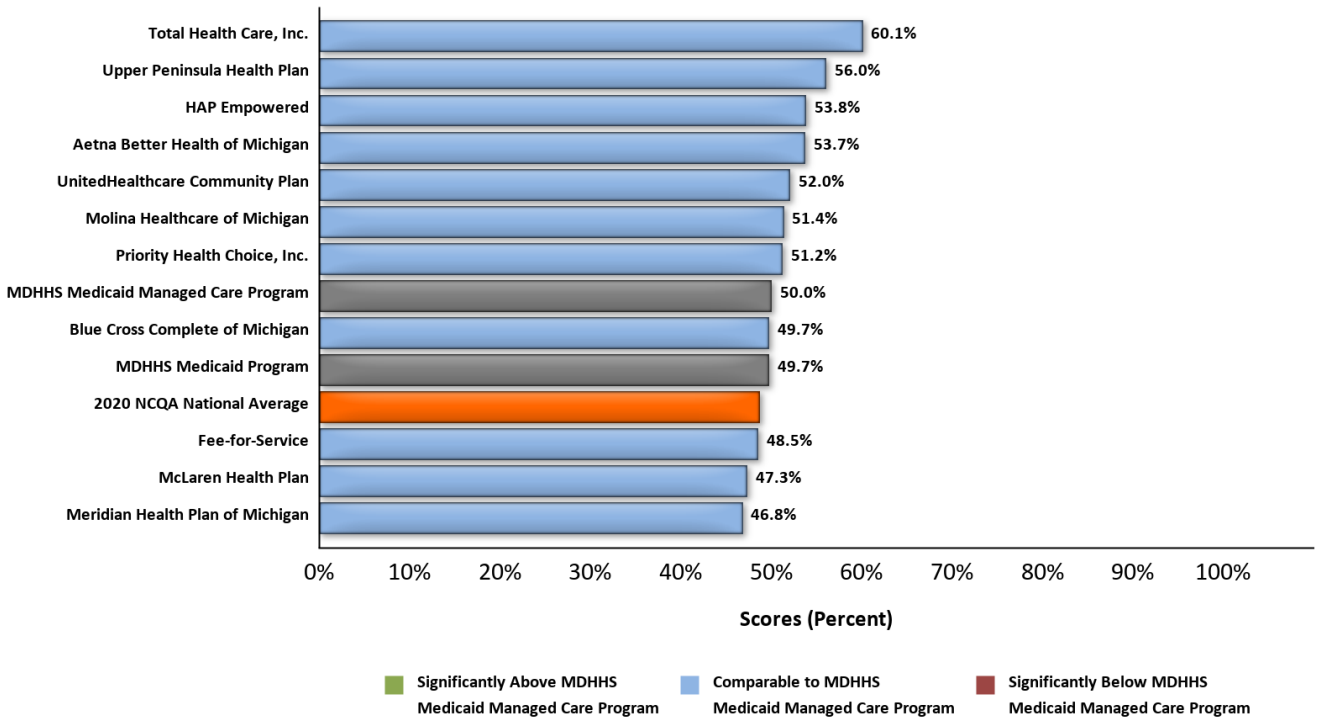
Figure 3-17—Discussing Cessation Medications Scores



Discussing Cessation Strategies

Figure 3-19 shows the *Discussing Cessation Strategies* scores.

Figure 3-18—Discussing Cessation Strategies Scores



4. Trend Analysis

The results from the 2021 and 2020 completed CAHPS surveys were used to perform the trend analysis presented in this section.⁴⁻¹ The 2021 scores were compared to the 2020 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 scores derived from fewer than 100 respondents. For more detailed information regarding this analysis, please refer to the Reader's Guide section beginning on page 2-11.

⁴⁻¹ Following NCQA's methodology of calculating a rolling average for the Effectiveness of Care measures, the 2021 scores contain members who responded to the 2020 and 2021 surveys and indicated that they were current smokers or tobacco users. The 2020 scores contain members who responded to the 2020 and 2019 surveys and indicated that they were current smokers or tobacco users.

Global Ratings

Rating of Health Plan

Table 4-1 shows the 2020 and 2021 top-box scores and the trend results for *Rating of Health Plan*.

Table 4-1—Rating of Health Plan Trend Analysis

	2020	2021	Trend Results
MDHHS Medicaid Program	62.9%	62.4%	—
Fee-for-Service	54.2%	63.7%	▲
MDHHS Medicaid Managed Care Program	65.4%	62.0%	▼
Aetna Better Health of Michigan	64.4%	58.1%	—
Blue Cross Complete of Michigan	67.9%	60.1%	▼
HAP Empowered	70.4%	70.8%	—
McLaren Health Plan	61.6%	61.3%	—
Meridian Health Plan of Michigan	63.0%	64.0%	—
Molina Healthcare of Michigan	74.3%	57.7%	▼
Priority Health Choice, Inc.	68.9%	67.8%	—
Total Health Care, Inc.	57.5%	61.4%	—
UnitedHealthcare Community Plan	58.7%	60.9%	—
Upper Peninsula Health Plan	69.1%	73.9%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Rating of All Health Care

Table 4-2 shows the 2020 and 2021 top-box scores and the trend results for *Rating of All Health Care*.

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

	2020	2021	Trend Results
MDHHS Medicaid Program	56.6%	58.7%	—
Fee-for-Service	53.3%	58.3%	—
MDHHS Medicaid Managed Care Program	57.5%	58.8%	—
Aetna Better Health of Michigan	56.3%	53.8%	—
Blue Cross Complete of Michigan	63.7%	56.1%	—
HAP Empowered	58.9%	58.2%	—
McLaren Health Plan	54.8%	68.3%	▲
Meridian Health Plan of Michigan	53.5%	56.9%	—
Molina Healthcare of Michigan	62.1%	58.7%	—
Priority Health Choice, Inc.	56.7%	59.9%	—
Total Health Care, Inc.	53.4%	59.0%	—
UnitedHealthcare Community Plan	56.8%	54.9%	—
Upper Peninsula Health Plan	62.5%	68.6%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Rating of Personal Doctor

Table 4-3 shows the 2020 and 2021 top-box scores and the trend results for *Rating of Personal Doctor*.

Table 4-3—Rating of Personal Doctor Trend Analysis

	2020	2021	Trend Results
MDHHS Medicaid Program	66.9%	67.0%	—
Fee-for-Service	65.7%	69.9%	—
MDHHS Medicaid Managed Care Program	67.3%	66.1%	—
Aetna Better Health of Michigan	66.9%	67.2%	—
Blue Cross Complete of Michigan	71.0%	60.7%	▼
HAP Empowered	72.4%	71.6%	—
McLaren Health Plan	66.5%	73.7%	—
Meridian Health Plan of Michigan	61.8%	64.7%	—
Molina Healthcare of Michigan	68.4%	64.7%	—
Priority Health Choice, Inc.	78.3%	68.7%	▼
Total Health Care, Inc.	64.0%	71.4%	—
UnitedHealthcare Community Plan	69.9%	65.2%	—
Upper Peninsula Health Plan	70.0%	72.8%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Rating of Specialist Seen Most Often

Table 4-4 shows the 2020 and 2021 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

	2020	2021	Trend Results
MDHHS Medicaid Program	67.1%	68.8%	—
Fee-for-Service	70.3%	69.6%	—
MDHHS Medicaid Managed Care Program	66.1%	68.5%	—
Aetna Better Health of Michigan	75.4%	70.4% ⁺	—
Blue Cross Complete of Michigan	63.7%	66.4%	—
HAP Empowered	70.8%	76.2%	—
McLaren Health Plan	66.7% ⁺	74.7% ⁺	—
Meridian Health Plan of Michigan	61.7%	70.9%	—
Molina Healthcare of Michigan	72.6%	68.2%	—
Priority Health Choice, Inc.	64.3%	68.7%	—
Total Health Care, Inc.	70.5%	64.7%	—
UnitedHealthcare Community Plan	64.6%	60.2% ⁺	—
Upper Peninsula Health Plan	70.0%	70.4%	—

⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
[▲] Statistically significantly higher in 2021 than in 2020.
[▼] Statistically significantly lower in 2021 than in 2020.
 — Not statistically significantly different in 2021 than in 2020.

Composite Measures

Getting Needed Care

Table 4-5 shows the 2020 and 2021 top-box scores and trend results for the *Getting Needed Care* composite measure.

Table 4-5—Getting Needed Care Trend Analysis

	2020	2021	Trend Results
MDHHS Medicaid Program	83.6%	86.2%	▲
Fee-for-Service	83.7%	88.9%	—
MDHHS Medicaid Managed Care Program	83.5%	85.4%	—
Aetna Better Health of Michigan	87.5%	85.6%	—
Blue Cross Complete of Michigan	81.5%	83.3%	—
HAP Empowered	86.8%	88.0%	—
McLaren Health Plan	87.9%	92.2%	—
Meridian Health Plan of Michigan	81.3%	83.1%	—
Molina Healthcare of Michigan	84.1%	83.6%	—
Priority Health Choice, Inc.	86.9%	87.4%	—
Total Health Care, Inc.	82.9%	86.1%	—
UnitedHealthcare Community Plan	82.2%	85.5%	—
Upper Peninsula Health Plan	88.2%	89.2%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Getting Care Quickly

Table 4-6 shows the 2020 and 2021 top-box scores and trend results for the *Getting Care Quickly* composite measure.

Table 4-6—Getting Care Quickly Trend Analysis

	2020	2021	Trend Results
MDHHS Medicaid Program	83.1%	83.9%	—
Fee-for-Service	85.3%	88.9%	—
MDHHS Medicaid Managed Care Program	82.5%	82.5%	—
Aetna Better Health of Michigan	83.3%	83.6%	—
Blue Cross Complete of Michigan	85.7%	83.7%	—
HAP Empowered	86.4%	87.9%	—
McLaren Health Plan	83.9%	88.5% ⁺	—
Meridian Health Plan of Michigan	80.1%	78.4%	—
Molina Healthcare of Michigan	82.7%	82.6%	—
Priority Health Choice, Inc.	88.4%	88.4%	—
Total Health Care, Inc.	82.1%	84.1%	—
UnitedHealthcare Community Plan	80.0%	77.0%	—
Upper Peninsula Health Plan	86.4%	90.8%	▲

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ Statistically significantly higher in 2021 than in 2020.
 ▼ Statistically significantly lower in 2021 than in 2020.
 — Not statistically significantly different in 2021 than in 2020.

How Well Doctors Communicate

Table 4-7 shows the 2020 and 2021 top-box scores and trend results for the *How Well Doctors Communicate* composite measure.

Table 4-7—How Well Doctors Communicate Trend Analysis

	2020	2021	Trend Results
MDHHS Medicaid Program	93.3%	93.2%	—
Fee-for-Service	92.8%	94.2%	—
MDHHS Medicaid Managed Care Program	93.4%	92.9%	—
Aetna Better Health of Michigan	94.4%	94.5%	—
Blue Cross Complete of Michigan	95.5%	94.1%	—
HAP Empowered	94.6%	95.3%	—
McLaren Health Plan	93.8%	93.9%	—
Meridian Health Plan of Michigan	93.3%	93.6%	—
Molina Healthcare of Michigan	92.8%	90.0%	—
Priority Health Choice, Inc.	96.8%	94.4%	—
Total Health Care, Inc.	92.3%	93.7%	—
UnitedHealthcare Community Plan	91.1%	91.4%	—
Upper Peninsula Health Plan	93.1%	94.0%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Customer Service

Table 4-8 shows the 2020 and 2021 top-box scores and trend results for the *Customer Service* composite measure.

Table 4-8—Customer Service Trend Analysis

	2020	2021	Trend Results
MDHHS Medicaid Program	88.3%	88.6%	—
Fee-for-Service	85.2%	87.1%	—
MDHHS Medicaid Managed Care Program	89.2%	89.0%	—
Aetna Better Health of Michigan	91.2%	91.1%	—
Blue Cross Complete of Michigan	90.3%	88.7%	—
HAP Empowered	91.8%	90.7%	—
McLaren Health Plan	87.7% ⁺	92.2% ⁺	—
Meridian Health Plan of Michigan	89.9%	88.5%	—
Molina Healthcare of Michigan	87.9%	87.2%	—
Priority Health Choice, Inc.	89.1% ⁺	93.3%	—
Total Health Care, Inc.	86.7%	91.8%	—
UnitedHealthcare Community Plan	88.6%	84.6% ⁺	—
Upper Peninsula Health Plan	94.5%	95.1%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.</p>			

Individual Item Measure

Coordination of Care

Table 4-9 shows the 2020 and 2021 top-box scores and trend results for the *Coordination of Care* individual item measure.

Table 4-9—Coordination of Care Trend Analysis

	2020	2021	Trend Results
MDHHS Medicaid Program	85.1%	84.2%	—
Fee-for-Service	85.4%	79.2%	—
MDHHS Medicaid Managed Care Program	85.0%	85.6%	—
Aetna Better Health of Michigan	88.3%	81.6% ⁺	—
Blue Cross Complete of Michigan	81.3% ⁺	87.3%	—
HAP Empowered	85.6%	91.4% ⁺	—
McLaren Health Plan	80.2% ⁺	86.1% ⁺	—
Meridian Health Plan of Michigan	87.6%	81.5%	—
Molina Healthcare of Michigan	88.0% ⁺	86.6% ⁺	—
Priority Health Choice, Inc.	89.5%	92.3%	—
Total Health Care, Inc.	83.6%	85.8%	—
UnitedHealthcare Community Plan	80.2%	85.7% ⁺	—
Upper Peninsula Health Plan	88.2%	88.6%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in 2020. [▼] Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

Table 4-10 shows the 2020 and 2021 scores and trend results for the *Advising Smokers and Tobacco Users to Quit* measure.

Table 4-10—Advising Smokers and Tobacco Users to Quit Trend Analysis

	2020	2021	Trend Results
MDHHS Medicaid Program	82.0%	78.5%	—
Fee-for-Service	86.8%	83.9%	—
MDHHS Medicaid Managed Care Program	80.6%	77.0%	—
Aetna Better Health of Michigan	85.8%	78.7%	—
Blue Cross Complete of Michigan	85.2%	79.3%	—
HAP Empowered	81.0%	76.1%	—
McLaren Health Plan	79.0%	72.5%	—
Meridian Health Plan of Michigan	78.1%	75.7%	—
Molina Healthcare of Michigan	77.3%	73.8%	—
Priority Health Choice, Inc.	81.8%	79.4%	—
Total Health Care, Inc.	86.0%	88.8%	—
UnitedHealthcare Community Plan	85.0%	80.8%	—
Upper Peninsula Health Plan	80.0%	79.5%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Discussing Cessation Medications

Table 4-11 shows the 2020 and 2021 scores and trend results for the *Discussing Cessation Medications* measure.

Table 4-11—Discussing Cessation Medications Trend Analysis

	2020	2021	Trend Results
MDHHS Medicaid Program	59.4%	58.1%	—
Fee-for-Service	60.1%	62.3%	—
MDHHS Medicaid Managed Care Program	59.2%	56.9%	—
Aetna Better Health of Michigan	60.0%	57.9%	—
Blue Cross Complete of Michigan	65.1%	54.3%	—
HAP Empowered	67.3%	59.4%	—
McLaren Health Plan	56.7%	51.8%	—
Meridian Health Plan of Michigan	55.0%	56.1%	—
Molina Healthcare of Michigan	58.6%	58.4%	—
Priority Health Choice, Inc.	58.9%	56.3%	—
Total Health Care, Inc.	65.0%	69.5%	—
UnitedHealthcare Community Plan	63.1%	60.1%	—
Upper Peninsula Health Plan	60.0%	63.0%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Discussing Cessation Strategies

Table 4-12 shows the 2020 and 2021 scores and trend results for the *Discussing Cessation Strategies* measure.

Table 4-12—Discussing Cessation Strategies Trend Analysis

	2020	2021	Trend Results
MDHHS Medicaid Program	51.0%	49.7%	—
Fee-for-Service	49.3%	48.5%	—
MDHHS Medicaid Managed Care Program	51.5%	50.0%	—
Aetna Better Health of Michigan	54.1%	53.7%	—
Blue Cross Complete of Michigan	56.1%	49.7%	—
HAP Empowered	55.5%	53.8%	—
McLaren Health Plan	50.3%	47.3%	—
Meridian Health Plan of Michigan	46.9%	46.8%	—
Molina Healthcare of Michigan	49.6%	51.4%	—
Priority Health Choice, Inc.	55.1%	51.2%	—
Total Health Care, Inc.	53.9%	60.1%	—
UnitedHealthcare Community Plan	57.1%	52.0%	—
Upper Peninsula Health Plan	54.6%	56.0%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

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 2-11.

Figure 5-1 through Figure 5-3 depict the survey items identified for each of the three measures as being key drivers of member experience (i.e., items indicated with a red diamond) for the MDHHS Medicaid Program.

Figure 5-1—MDHHS Medicaid Program Key Drivers of Member Experience: Rating of Health Plan

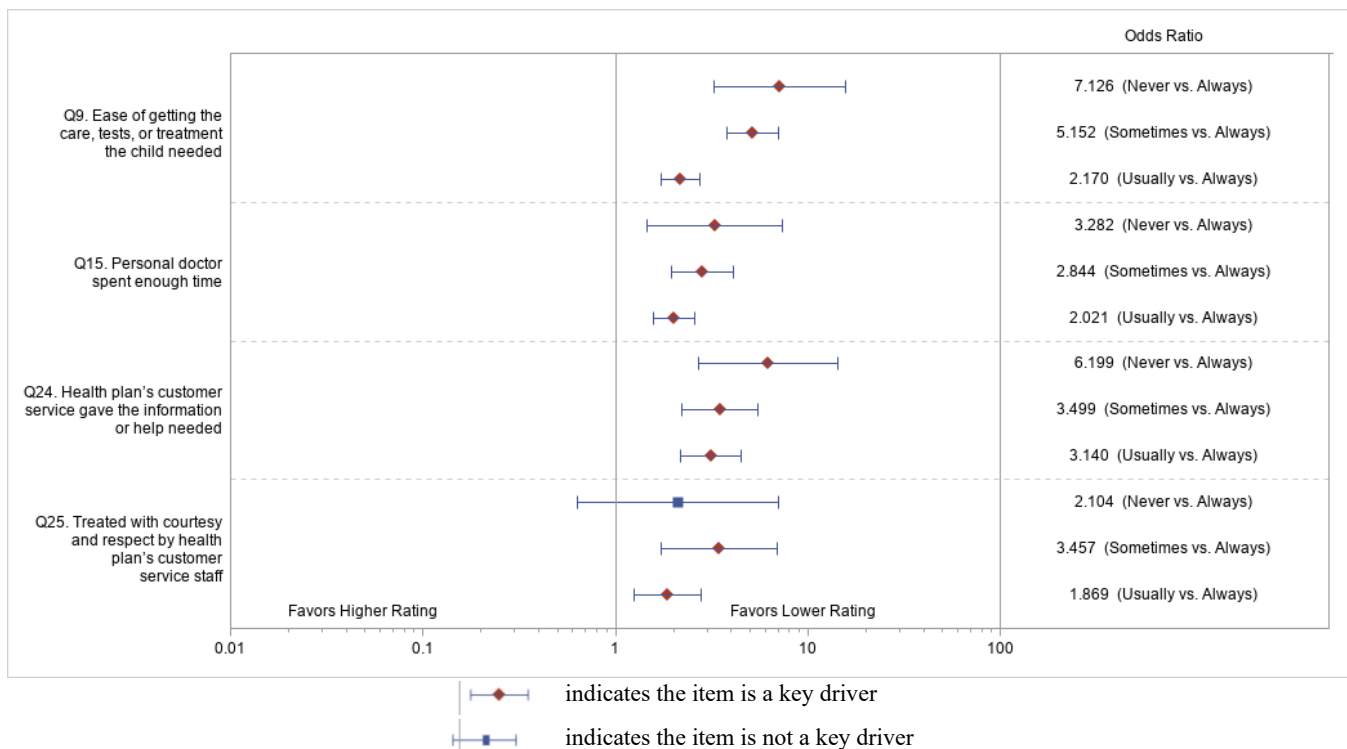


Figure 5-2—MDHHS Medicaid Program Key Drivers of Member Experience: Rating of All Health Care

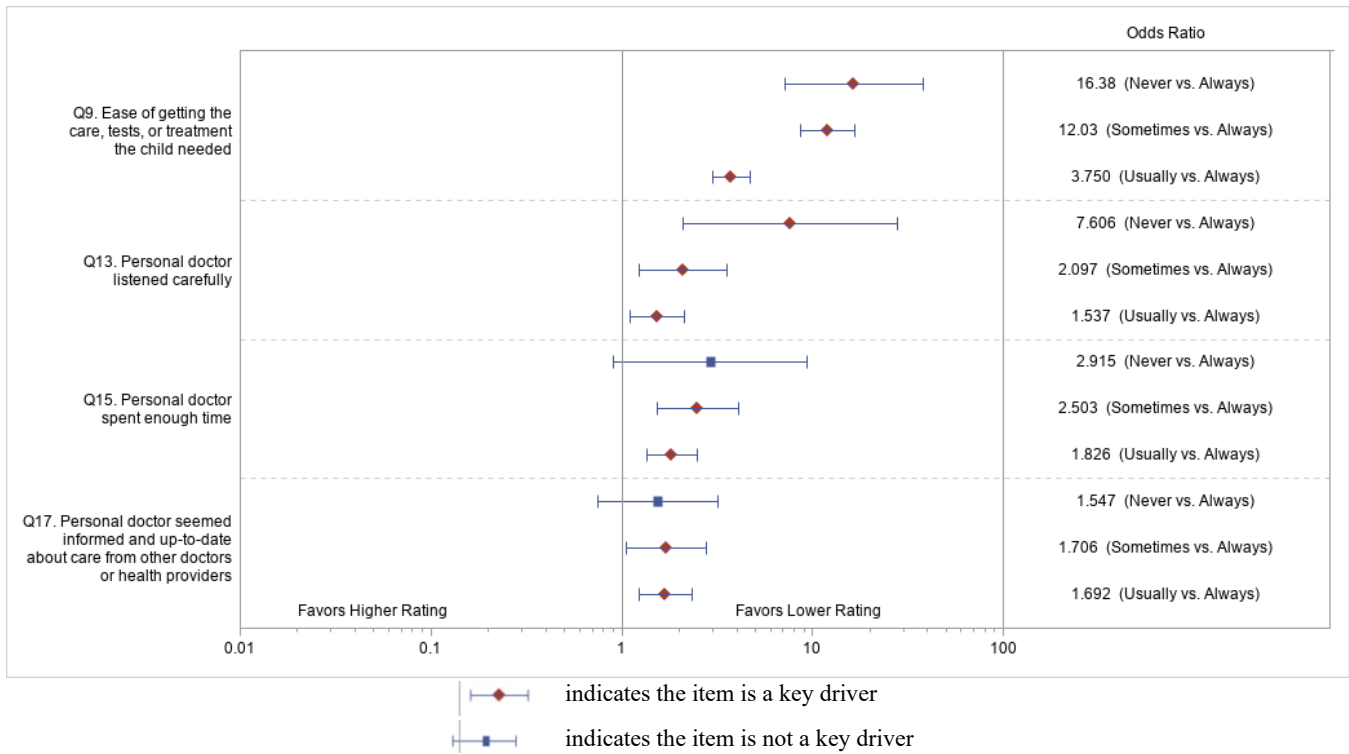
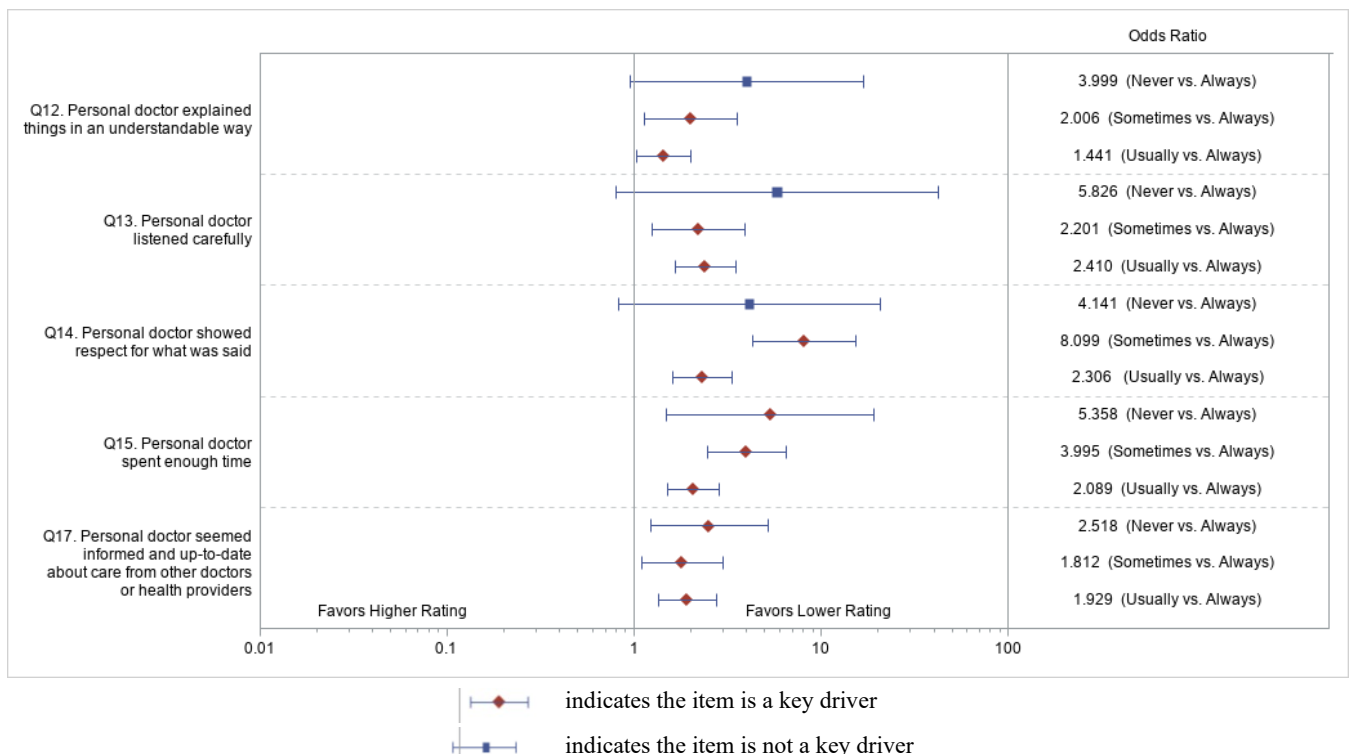


Figure 5-3—MDHHS Medicaid Program Key Drivers of Member Experience: Rating of Personal Doctor



6. Survey Instrument

The survey instrument selected was the CAHPS 5.1H Adult Medicaid Survey. HSAG administered the CAHPS survey to the FFS program. The MHPs contracted with various survey vendors to administer the CAHPS survey. This section provides a copy of the survey instrument administered by HSAG.



Michigan Department of
Health & Human Services



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

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

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

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle 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** ↓

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

- Yes → *Go to Question 3*
- No

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



YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. 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?

- 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 in person, phone, or video appointments for a check-up or routine care?

- 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 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 get health care for yourself in person, by phone, or by video?

- 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 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 you needed?

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 19*

11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

- None → Go to Question 18
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

12. 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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

16. 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 18

17. 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

18. 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, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. 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 with a specialist?

- Yes
- No → *Go to Question 23*

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

21. How many specialists have you talked to in the last 6 months?

- None → *Go to Question 23*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

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

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

YOUR HEALTH PLAN

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

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

- Yes
- No → *Go to Question 26*

24. 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

25. 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

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

- Yes
- No → **Go to Question 28**

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

- Never
- Sometimes
- Usually
- Always

28. 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 | | | | | |

31. Have you had either a flu shot or flu spray in the nose since July 1, 2020?

- Yes
- No
- Don't know

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

- Every day
- Some days
- Not at all → **Go to Question 36**
- Don't know → **Go to Question 36**

33. 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

34. 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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

30. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor



35. 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

36. 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

37. Are you male or female?

- Male
- Female

38. 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

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

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

40. 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

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

- Yes → *Go to Question 42*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always



◆ ◆

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

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

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