

2021 Children's Special Health Care Services Program Member Experience Report

*Michigan Department of Health and Human
Services*

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1. Executive Summary

Introduction

The Michigan Department of Health and Human Services (MDHHS) assesses the perceptions and experiences of members enrolled in the MDHHS Children's Special Health Care Services (CSHCS) Program as part of its process for evaluating the quality of health care services provided to child members. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report results of the CSHCS Survey. The goal of the CSHCS Survey is to provide performance feedback that is actionable and that will aid in improving members' overall experiences.

This report presents the 2021 CSHCS Survey results of child members enrolled in the CSHCS Fee-for-Service (FFS) program and the Medicaid health plans (MHPs). The survey instrument selected was a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) 5.1 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set and the Children with Chronic Conditions (CCC) measurement set.^{1-1,1-}

² The surveys were completed by parents or caregivers of child members from June to September 2021.

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

- MDHHS CSHCS Program: Combined results for the FFS subgroups (Medicaid and non-Medicaid) and the MHPs.
- MDHHS CSHCS Managed Care Program: Combined results for the MHPs.
- MDHHS CSHCS FFS Program: Combined results for the FFS Medicaid and FFS non-Medicaid subgroups.

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

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

Survey Administration Overview

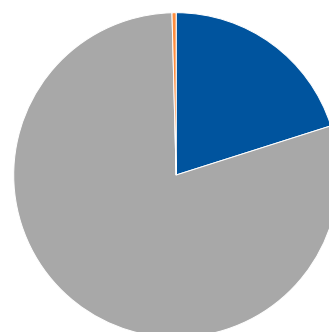
The information presented below is a summary of the survey dispositions for the MDHHS CSHCS Program.

Start Survey On:	Finish Survey On:
06.08.21	09.07.21

TOTAL SAMPLE SIZE	14,214
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RESPONSE RATE	20.18%
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 COMPLETES	2,857
 INCOMPLETES	11,299
 INELIGIBLES	58
 UNDELIVERABLES	992



■ COMPLETES ■ INCOMPLETES
■ INELIGIBLES

DETAILS

	Mail 1	Mail 2	Mail 3	Phone
COMPLETES	1,499	867	490	1
	Not Eligible	Deceased	Language Barrier	
INELIGIBLES	56	2	0	

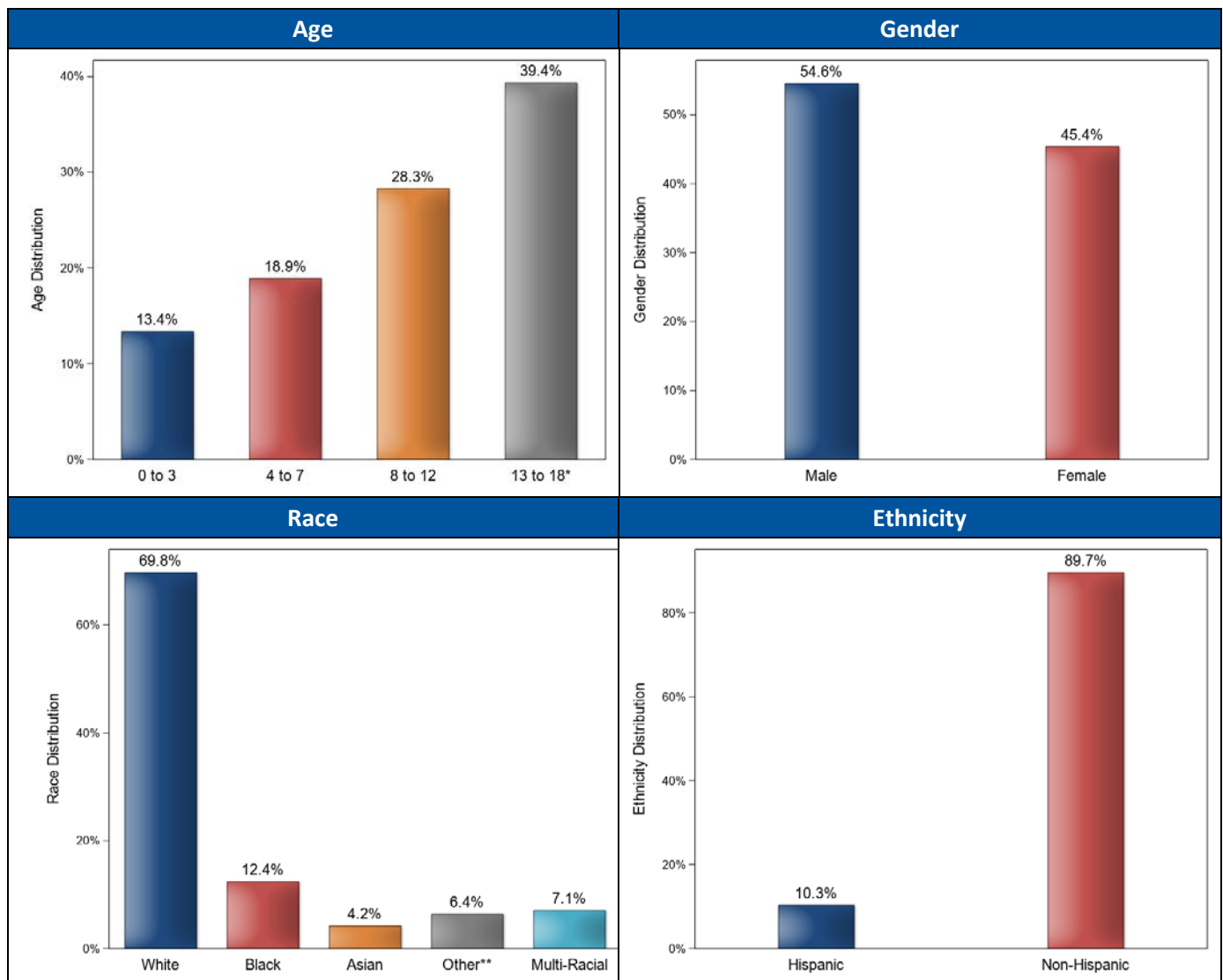
Note: There was only one request to complete the survey in Spanish over the telephone.

Key Findings

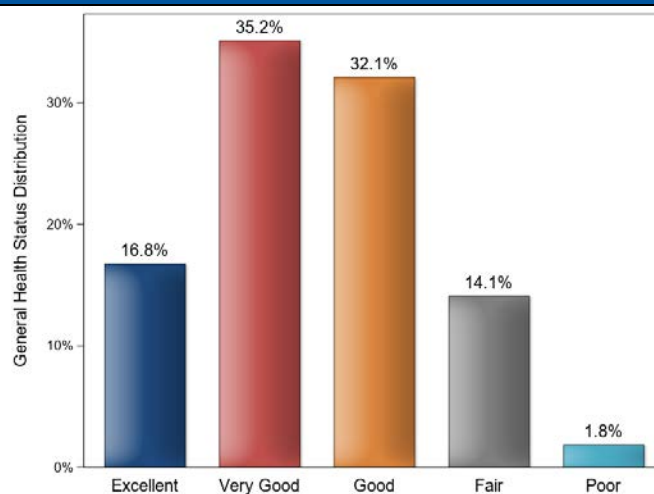
Demographics

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

Table 1-1—Child Member Survey Demographics



General Health Status

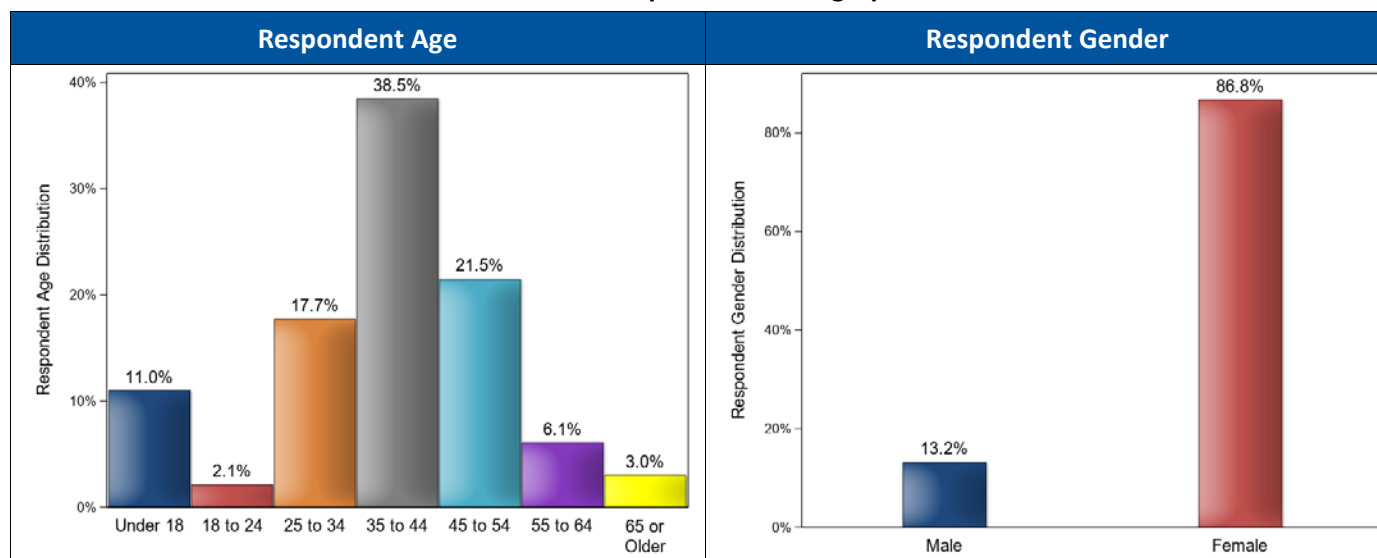


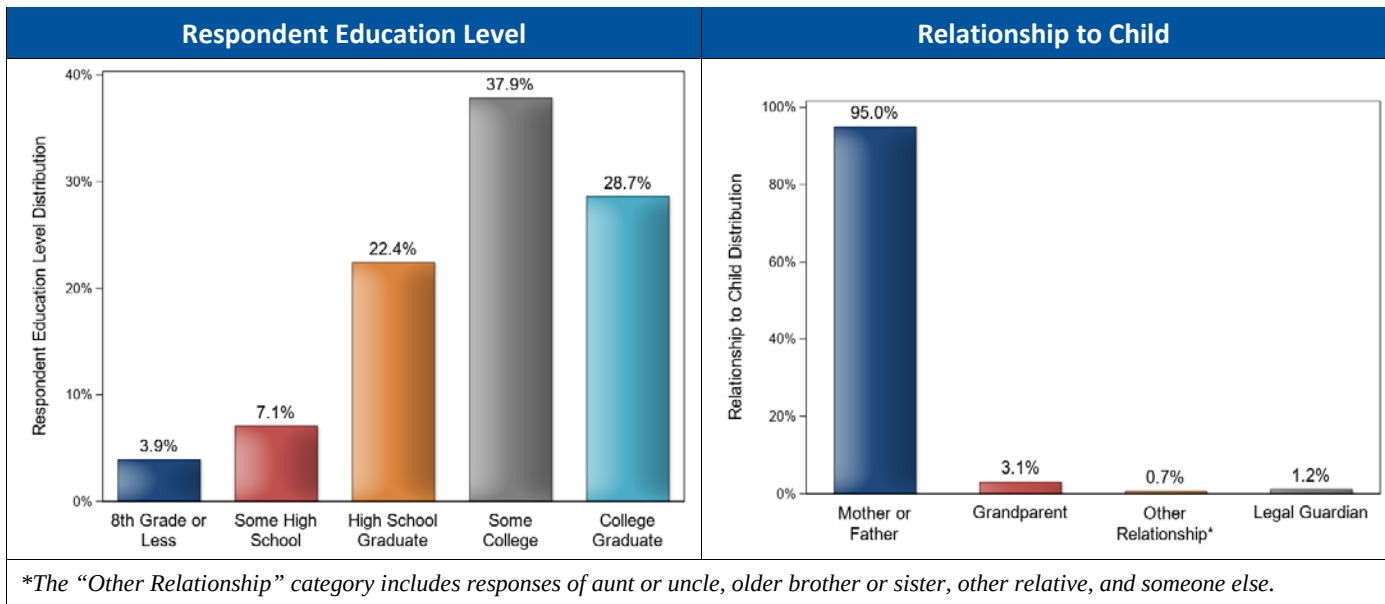
* Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of February 28, 2021. Some children eligible for the CAHPS Survey turned 18 between March 1, 2021, and the time of survey administration.

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

Table 1-2 provides an overview of the demographics of parents or caregivers who completed a CSHCS Survey for the MDHHS CSHCS Program.

Table 1-2—Respondent Demographics





Trend Analysis

HSAG compared the 2021 results to their corresponding 2019 and 2020 results to determine if the results were statistically significantly different. Table 1-3 provides the statistically significant results of the trend analysis findings for the MDHHS CSHCS Program.

Table 1-3—Trend Analysis Comparison for the MDHHS CSHCS Program

Measure	Trend Results (2021 to 2019)	Trend Results (2021 to 2020)
Composite Measures		
Transportation	—	▼
CSHCS Family Center	▼	—
Individual Item Measures		
Access to Prescription Medicines	▲	—
▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years.		

Managed Care Statewide Comparisons

HSAG compared the MHP and FFS results to the MDHHS CSHCS Managed Care Program to determine if the results were statistically significantly different than the MDHHS CSHCS Managed Care Program. Table 1-4 shows the statistically significant results of this analysis.

Table 1-4—Managed Care Statewide Comparisons: Statistically Significant Results

Measure	MDHHS CSHCS FFS Program	FFS Medicaid Subgroup	Blue Cross Complete of Michigan	Molina Healthcare of Michigan	Priority Health Choice, Inc.	Upper Peninsula Health Plan
Global Ratings						
Rating of Health Care	↑		↑		↑	
Rating of Specialist Seen Most Often	↑					
Composite Measures						
Customer Service	↑					
How Well Doctors Communicate	↑					
Transportation		↓ ⁺		↑ ⁺		↑ ⁺
Individual Item Measures						
Access to Prescription Medicines	↓					
Local Health Department Services	↑	↑				
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ Statistically significantly above the MDHHS CSHCS Managed Care Program average. ↓ Statistically significantly below the MDHHS CSHCS Managed Care Program average.						

FFS Statewide Comparisons

HSAG compared the FFS Medicaid and FFS non-Medicaid subgroups' results to determine if the results were statistically significantly different from each other. Statistically significant differences were found for the *Transportation* measure. The FFS Medicaid subgroup scored significantly lower, while the FFS non-Medicaid subgroup score significantly higher.

Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement (QI) 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 Health Care*, and *Rating of Specialist Seen Most Often*. 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 described 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 CSHCS Program.

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

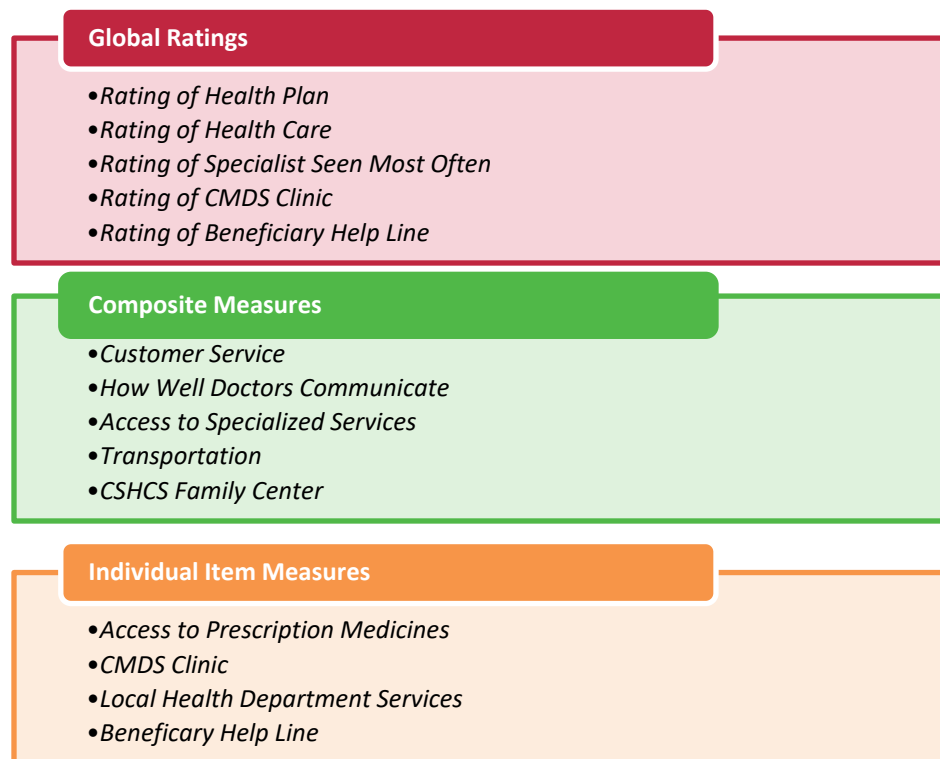
Key Drivers	Response Options	Odds Ratio Estimates		
		Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often
Q8. Child received care as soon as needed when care was needed right away	(Never + Sometimes) vs. Always	NS	✓	NS
	Usually vs. Always	NS	NS	NS
Q11. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	(Never + Sometimes) vs. Always	✓	NS	✓
	Usually vs. Always	NS	NS	NS
Q13. Child's personal doctor showed respect for what the parent/caretaker said	(Never + Sometimes) vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q15. Child's personal doctor spent enough time with the child	(Never + Sometimes) vs. Always	NS	✓	NS
	Usually vs. Always	NS	✓	NS
Q26. Ease of getting special therapy the child needed	(Never + Sometimes) vs. Always	✓	NS	✓
	Usually vs. Always	✓	NS	✓
Q32. Child's health plan's customer service gave the parent/caretaker the information or help needed	(Never + Sometimes) vs. Always	✓	✓	NA
	Usually vs. Always	✓	✓	NA
Q33. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	NS	NS	NA
Q35. Ease of filling out forms from the child's health plan	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q38. Child received appointment in a Children's Multidisciplinary Specialty (CMDS) Clinic as soon as needed	(Never + Sometimes) vs. Always	NS	✓	✓
	Usually vs. Always	NS	✓	✓
NA indicates that this question was not evaluated for this measure. NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses does not significantly affect their rating.				

2021 CSHCS Survey Performance Measures

The CSHCS Survey administered to the MHPs and the FFS population includes 73 survey questions that yield 14 measures of experience. These measures include five global rating questions, five composite measures, and four individual item measures. The global measures (also referred to as global ratings) reflect overall respondents' experience with the health plan, health care, specialists, CMDS clinics, and beneficiary help line. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Customer Service*, *How Well Doctors Communicate*). The individual item measures are individual questions that look at specific areas of care (e.g., *Access to Prescription Medicines*).

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

Figure 2-1—CSHCS Survey Measures



²⁻¹ HSAG did not modify the survey instrument to refer to the Rating of FFS Program instead of Rating of Health Plan, since the same survey instrument was used to capture responses from parents or caretakers of child members enrolled in the MHPs and the FFS program.

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 Specialist Seen Most Often</i>		
6.	We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
<i>Rating of Health Care</i>		
18.	We want to know your rating of health care for your child's CSHCS condition in the last 6 months from <u>all doctors and other health providers</u> . Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0–10 Scale
<i>Rating of Health Plan</i>		
36.	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0–10 Scale
<i>Rating of CMDS Clinic</i>		
43.	We want to know your rating for the services that your child received in a CMDS Clinic in the last 6 months. Using any number from 0 to 10, where 0 is not useful at all and 10 is the most useful in helping your child, what number would you use to rate that CMDS Clinic?	0–10 Scale
<i>Rating of Beneficiary Help Line</i>		
60.	We want to know your rating of all your experience with the Beneficiary Help Line. Using any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible, what number would you use to rate the Beneficiary Help Line in the last 6 months?	0–10 Scale
Composite Measures		
<i>How Well Doctors Communicate</i>		
11.	In the last 6 months, how often did your child's doctor or other health providers explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
12.	In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?	Never, Sometimes, Usually, Always
13.	In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?	Never, Sometimes, Usually, Always
15.	In the last 6 months, how often did doctors or other health providers spend enough time with your child?	Never, Sometimes, Usually, Always
<i>Access to Specialized Services</i>		
23.	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always

Question Language		Response Options
26.	In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
Transportation		
29.	In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?	Never, Sometimes, Usually, Always
30.	In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?	Never, Sometimes, Usually, Always
Customer Service		
32.	In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
33.	In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
CSHCS Family Center		
50.	In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS <u>Family Center</u> ?	Never, Sometimes, Usually, Always
54.	In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS Family Phone Line?	Never, Sometimes, Usually, Always
Individual Item Measures		
Access to Prescription Medicines		
20.	In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
CMDS Clinic		
38.	In the last 6 months, how often did you get an appointment as soon as your child needed in a CMDS Clinic?	Never, Sometimes, Usually, Always
Local Health Department Services		
47.	Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.	Extremely Dissatisfied, Somewhat Dissatisfied, Neither Satisfied Nor Dissatisfied, Somewhat Satisfied, Extremely Satisfied
Beneficiary Help Line		
56.	In the last 6 months, how often was it easy to get the help you needed when you called the Beneficiary Help Line?	Never, Sometimes, Usually, Always

How Results Were Collected

Sampling Procedures

MDHHS provided HSAG with a list of all eligible child members in the CSHCS 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 child members who met the following criteria:

- Were 17 years of age or younger as of February 28, 2021.
- Were currently enrolled in a CSHCS plan/program.
- Had been continuously enrolled in the plan or program for at least six months of the measurement period (i.e., September 1, 2020, through February 28, 2021) with no more than one gap of enrollment of up to 45 days.

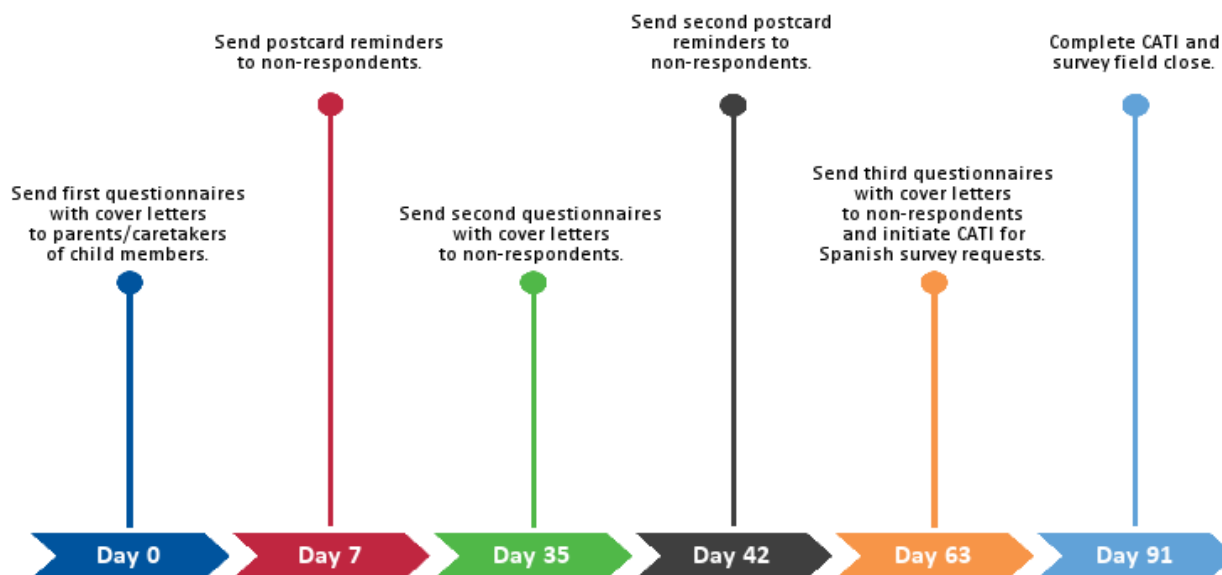
A sample of 1,650 child members was selected from each reporting unit. No more than one member per household was selected as part of the survey samples. Some MHPs did not have 1,650 eligible child members for inclusion in the CSHCS Survey; therefore, each member from the MHP's eligible population was included in the sample following deduplication. 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.

Survey Protocol

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

Figure 2-2 shows the timeline used for the survey administration.

Figure 2-2—Survey Timeline

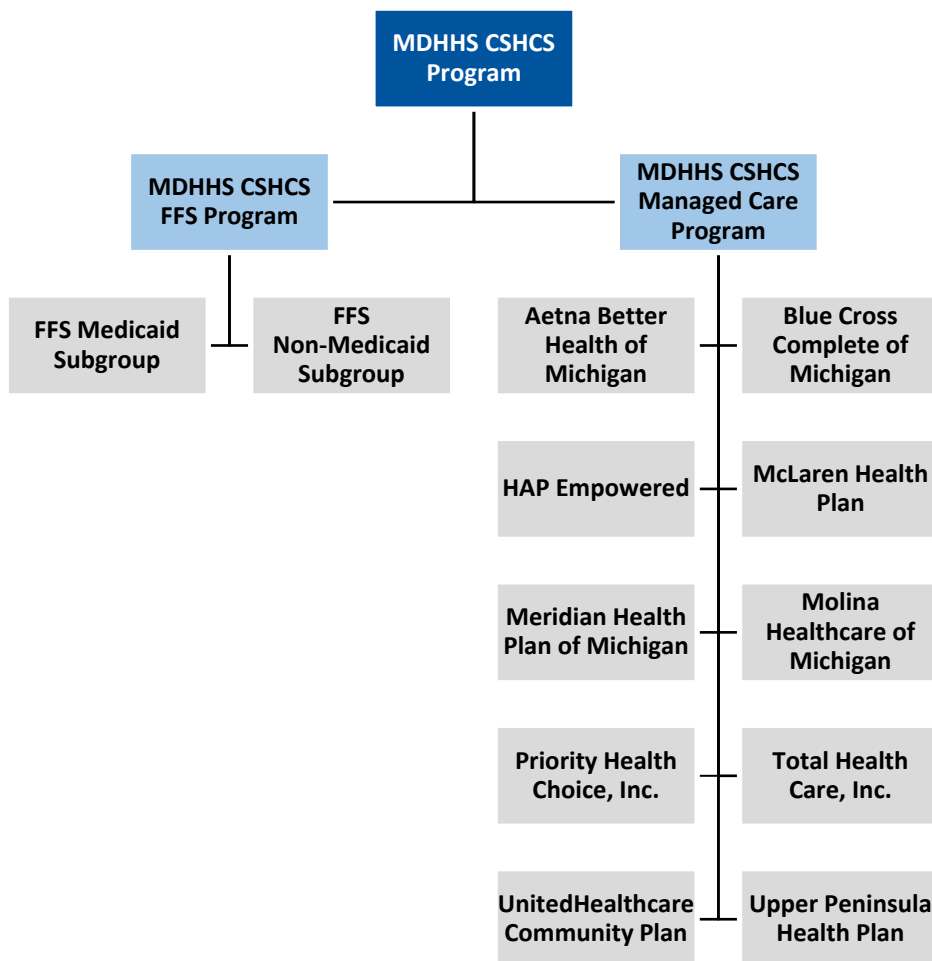


Note: There was only one request to complete the survey in Spanish over the telephone during telephone follow-up.

How CAHPS Results Were Calculated and Displayed

HSAG developed a scoring approach, based in part on scoring standards devised by the Agency for Healthcare Research and Quality (AHRQ), the developers of CAHPS, to comprehensively assess the experience of parents and caregivers of child members. In addition to individual plan results, HSAG calculated scores for the MDHHS CSHCS Program, MDHHS CSHCS Managed Care Program, and MDHHS CSHCS FFS Program. Figure 2-3 depicts how results were combined to calculate each program average. This section provides an overview of each analysis.

Figure 2-3—CSHCS Programs



Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible child members of the sample. HSAG considered a survey completed if at least one question was answered. Eligible child members included the entire sample minus ineligible child members. Ineligible child members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier other than Spanish (the CSHCS Survey was made available in both English and Spanish).

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

Demographics of Child Members and Respondents

The demographics analysis evaluated demographic information of child members and respondents based on parents' or caregivers' responses to the survey. The demographic characteristics of children included age, gender, race, ethnicity, and general health status. Self-reported parent or caregiver demographic information included age, gender, education level, and relationship to the child.

Respondent Analysis

HSAG performed a *t* test to determine whether the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is 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. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows in the tables. If the respondent population differs significantly from the actual population of the plan or program, then caution must be exercised when extrapolating the survey results to the entire population.

Scoring Calculations

For purposes of the Statewide Comparisons and Trend analyses, HSAG calculated top-box scores for each measure, following the National Committee for Quality Assurance (NCQA) HEDIS Specifications for Survey Measures.²⁻² 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

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

responses, which are denoted with a cross (+). Additionally, a threshold of 11 responses was required for results to be reported; therefore, results based on fewer than 11 respondents were suppressed and are noted as “Not Applicable” in the figures.

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 *Customer Service, How Well Doctors Communicate, Access to Specialized Services, Transportation, and CSHCS Family Center* composite measures;
- “Usually” or “Always” for the *Access to Prescription Medicines, CMDs Clinic, and Beneficiary Help Line* individual item measures;
- “Somewhat satisfied” or “Extremely satisfied” for the *Local Health Department Services* individual item measure.

Statewide Comparisons

Weighting

HSAG calculated a weighted rate for the MDHHS CSHCS Program, MDHHS CSHCS Managed Care Program, and MDHHS CSHCS FFS Program based on the total eligible population for each plan's or program's child population.

Managed Care Statewide Comparisons

The results of the MHPs, the CSHCS FFS Medicaid subgroup, and the MDHHS CSHCS FFS Program were compared to the MDHHS CSHCS Managed Care Program to determine if the results were statistically significantly different. Colors in the figures note statistically significant differences. Green indicates a top-box score that was statistically significantly above the MDHHS CSHCS Managed Care Program. Conversely, red indicates a top-box score that was statistically significantly below the MDHHS CSHCS Managed Care Program. Blue represents top-box scores that were not statistically significantly different from the MDHHS CSHCS Managed Care Program.

For the MHP comparisons, two types of hypothesis tests were applied to these results. First, a global *F* test was performed to determine whether the difference between the MHPs' results were statistically significant. If the *F* test demonstrated statistically significant differences (i.e., *p* value < 0.05), then a *t* test was performed for each MHP. The *t* test determined whether each MHP's results were statistically significantly different from the MDHHS CSHCS Managed Care Program.

A global *F* test was not performed in order to compare the CSHCS FFS Medicaid subgroup or the MDHHS CSHCS FFS Program to the MDHHS CSHCS Managed Care Program because only two populations were being compared. Instead, a *t* test was performed to determine if the CSHCS FFS

Medicaid subgroup and the MDHHS CSHCS FFS Program were statistically significantly different from the MDHHS CSHCS Managed Care Program. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant performance differences.

FFS Statewide Comparisons

The results of the CSHCS FFS Medicaid and CSHCS FFS non-Medicaid subgroups were compared to each other to determine if the results were statistically significantly different. Green indicates a population's top-box score that was statistically significantly above the other population's rate. Conversely, red indicates a population's top-box score that was statistically significantly below the other population's rate. Blue indicates that the top-box scores for the populations were not statistically significantly different from each other.

A *t* test was performed to determine whether the CSHCS FFS Medicaid subgroup's results were statistically significantly different from the CSHCS FFS non-Medicaid subgroup's results. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant performance differences.

Trend Analysis

HSAG compared the 2021 results to the corresponding 2019 and 2020 results to determine whether there were statistically significant differences. A *t* test was performed to determine whether results in 2021 were statistically significantly different from results in previous years. 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.

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 Health Care*, and *Rating of Specialist Seen Most Often*. 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 2-2 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 2-2—Potential Key Drivers

Question Number	Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often	Baseline Response
Q4. Child received appointment with specialist as soon as needed	✓	✓	✓	Always
Q8. Child received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q11. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	✓	✓	✓	Always
Q12. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓	Always
Q13. Child's personal doctor showed respect for what the parent/caretaker said	✓	✓	✓	Always
Q14. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓	Always
Q15. Child's personal doctor spent enough time with the child	✓	✓	✓	Always
Q17. Child's health plan, doctor's office, or clinic helped coordinate child's care among different providers or services	✓	✓		Yes
Q20. Ease of getting prescription medicines the child needed	✓	✓	✓	Always
Q23. Ease of getting special medical equipment or devices the child needed	✓	✓	✓	Always
Q26. Ease of getting special therapy the child needed	✓	✓	✓	Always
Q29. Parent/caretaker received help with transportation for their child's related CSHCS condition	✓	✓		Always
Q32. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓		Always
Q33. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓		Always

Question Number	Rating of Health Plan	Rating of Health Care	Rating of Specialist Seen Most Often	Baseline Response
Q35. Ease of filling out forms from the child's health plan	✓	✓		Always
Q38. Child received appointment in a CMDS Clinic as soon as needed	✓	✓	✓	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)

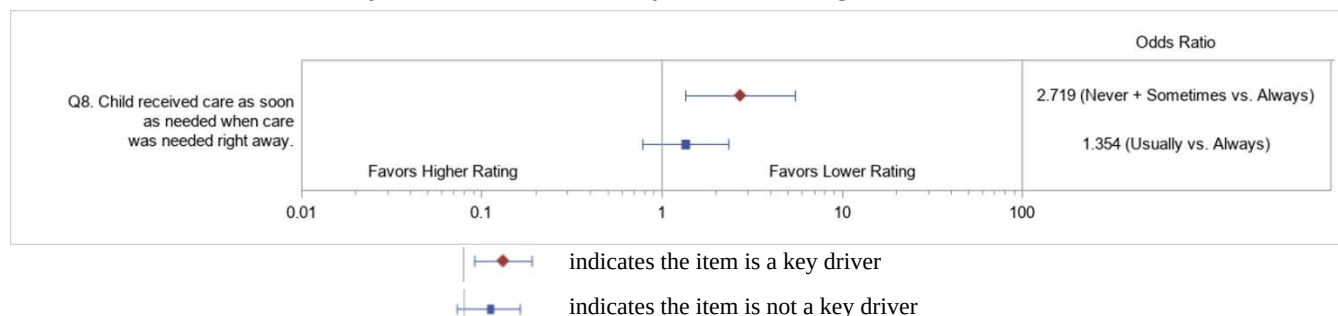
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal 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 the correlation increases, the importance of the question to the respondent's overall experience increases.

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

In the example figure below, the results indicate that respondents who answered "Never" and "Sometimes" or "Usually" to Question 8 are 2.719 or 1.354 times, respectively, more likely to provide a lower rating for their child's 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 CSHCS 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 CSHCS Survey 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.²⁻³

Causal Inferences

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

National Data for Comparisons

While comparisons to national data were performed for some of the survey measures, it is important to keep in mind that differences may exist between the CSHCS population and the CCC Medicaid population; therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

²⁻³ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

CSHCS Survey Instrument

For purposes of the 2021 CSHCS Survey administration, the standardized CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set was modified, such that additional questions specific to the CSHCS program were added and standard CAHPS survey question language was changed. Given the modifications to the standardized CAHPS survey, caution should be exercised when interpreting the results presented in this report.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their child's 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.²⁻⁴ 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 mailing/round) for each measure. Results indicate that early respondents are statistically significantly more likely to provide a higher top-box response for the following measures: *Rating of Health Plan*, *Rating of Health Care*, and *Transportation*. Therefore, MDHHS should consider that potential non-response bias does exist when interpreting the survey results for these measures.

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 Child 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, 4, 5, 6, 7, and 9; 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 parents or caretakers of child members' perceptions of and experiences with the health care system.

²⁻⁴ Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." *European journal of epidemiology* 17.11 (2001): 991-999.

3. Results

Who Responded to the Survey

Table 3-1 shows the total number of child members sampled, the number of surveys completed, the number of ineligible child members, and the response rates. Aetna Better Health of Michigan, HAP Empowered, Total Health Care, Inc., and Upper Peninsula Health Plan did not meet the minimum required sample size of 1,650; therefore, each member from the MHPs' eligible populations were included in the sample following deduplication.

Table 3-1—Distribution of Surveys and Response Rates

	Sample Size	Completes	Ineligibles	Response Rates
MDHHS CSHCS Program	14,214	2,857	58	20.18%
MDHHS CSHCS FFS Program	3,300	955	23	29.14%
FFS Medicaid Subgroup	1,650	392	8	23.87%
FFS Non-Medicaid Subgroup	1,650	563	15	34.43%
MDHHS CSHCS Managed Care Program	10,914	1,902	35	17.48%
Aetna Better Health of Michigan	189	21	1	11.17%
Blue Cross Complete of Michigan	1,650	268	3	16.27%
HAP Empowered	73	10	0	13.70%
McLaren Health Plan	1,650	273	5	16.60%
Meridian Health Plan of Michigan	1,650	333	3	20.22%
Molina Healthcare of Michigan	1,650	294	6	17.88%
Priority Health Choice, Inc.	1,650	260	4	15.80%
Total Health Care, Inc.	204	31	0	15.20%
UnitedHealthcare Community Plan	1,650	297	12	18.13%
Upper Peninsula Health Plan	548	115	1	21.02%

Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey to the demographic characteristics of all members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, and race/ethnicity. Table 3-2 through Table 3-4 present the results of the respondent analysis. Please note that variables from the sample frame were used as the source of data for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the source of data.

Table 3-2—Respondent Analysis: Age

Program/Plan Name		0 to 3	4 to 7	8 to 12	13 to 17
MDHHS CSHCS Program	R SF	15.3%↓ 19.5%	18.8%↓ 22.0%	29.1% 28.0%	36.8%↑ 30.5%
MDHHS CSHCS FFS Program	R SF	14.8% 16.8%	19.0% 20.8%	29.2% 28.8%	37.1%↑ 33.6%
FFS Medicaid Subgroup	R SF	19.6% 23.3%	20.4% 21.1%	25.5% 26.2%	34.4%↑ 29.4%
FFS Non-Medicaid Subgroup	R SF	11.4% 12.6%	17.9% 20.6%	31.8% 30.5%	38.9% 36.3%
MDHHS CSHCS Managed Care Program	R SF	15.6%↓ 20.6%	18.7%↓ 22.6%	29.0% 27.6%	36.7%↑ 29.2%
Aetna Better Health of Michigan	R SF	14.3% 22.6%	23.8% 19.6%	33.3% 27.4%	28.6% 30.4%
Blue Cross Complete of Michigan	R SF	23.1% 26.1%	21.6% 24.7%	26.9% 24.7%	28.4% 24.5%
HAP Empowered	R SF	10.0% 17.3%	30.0% 22.1%	20.0% 31.7%	40.0% 28.8%
McLaren Health Plan	R SF	15.8%↓ 20.2%	19.8% 23.5%	25.6% 26.1%	38.8%↑ 30.3%
Meridian Health Plan of Michigan	R SF	16.2% 19.7%	17.1%↓ 23.8%	28.8% 28.3%	37.8%↑ 28.2%
Molina Healthcare of Michigan	R SF	7.5%↓ 15.3%	13.3%↓ 18.2%	30.6% 32.0%	48.6%↑ 34.4%
Priority Health Choice, Inc.	R SF	19.6%↓ 26.3%	24.6% 25.7%	28.5%↑ 22.8%	27.3% 25.3%
Total Health Care, Inc.	R SF	6.5%↓ 17.1%	19.4% 20.8%	45.2% 31.8%	29.0% 30.2%
UnitedHealthcare Community Plan	R SF	11.1%↓ 18.8%	15.8%↓ 21.1%	32.0% 28.4%	41.1%↑ 31.8%
Upper Peninsula Health Plan	R SF	21.7% 22.6%	20.0% 23.1%	27.8% 28.1%	30.4% 26.1%
An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage. ↑ Indicates the respondent percentage is significantly higher than the sample frame percentage. ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage. Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.					

Table 3-3—Respondent Analysis: Gender

Program/Plan Name		Male	Female
MDHHS CSHCS Program	R	54.8%	45.2%
	SF	54.6%	45.4%
MDHHS CSHCS FFS Program	R	54.2%	45.8%
	SF	54.1%	45.9%
FFS Medicaid Subgroup	R	55.9%	44.1%
	SF	55.3%	44.7%
FFS Non-Medicaid Subgroup	R	53.1%	46.9%
	SF	53.3%	46.7%
MDHHS CSHCS Managed Care Program	R	55.0%	45.0%
	SF	54.8%	45.2%
Aetna Better Health of Michigan	R	61.9%	38.1%
	SF	57.8%	42.2%
Blue Cross Complete of Michigan	R	51.5%	48.5%
	SF	53.8%	46.2%
HAP Empowered	R	80.0%	20.0%
	SF	58.7%	41.3%
McLaren Health Plan	R	59.0%	41.0%
	SF	54.8%	45.2%
Meridian Health Plan of Michigan	R	50.2%	49.8%
	SF	54.5%	45.5%
Molina Healthcare of Michigan	R	53.4%	46.6%
	SF	54.3%	45.7%
Priority Health Choice, Inc.	R	55.0%	45.0%
	SF	56.1%	43.9%
Total Health Care, Inc.	R	61.3%	38.7%
	SF	55.9%	44.1%
UnitedHealthcare Community Plan	R	54.5%	45.5%
	SF	55.5%	44.5%
Upper Peninsula Health Plan	R	68.7%↑	31.3%↓
	SF	56.1%	43.9%
An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage. ↑ Indicates the respondent percentage is significantly higher than the sample frame percentage. ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage. Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.			

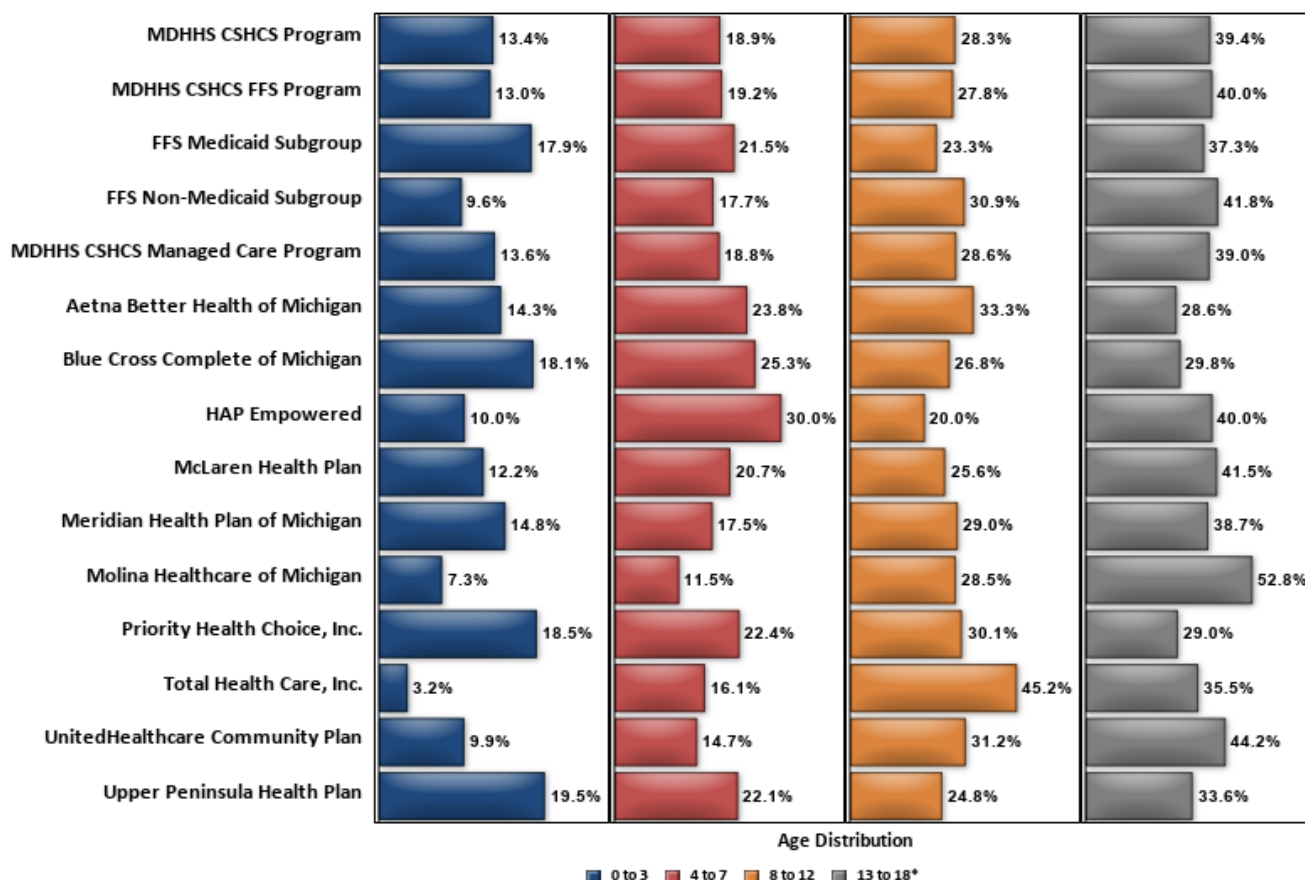
Table 3-4—Respondent Analysis: Race and Ethnicity

Program/Plan Name		White	Black	Other	Hispanic
MDHHS CSHCS Program	R SF	68.2%↑ 61.2%	12.8%↓ 21.4%	13.8%↑ 12.0%	5.2% 5.3%
MDHHS CSHCS FFS Program	R SF	75.4%↑ 71.2%	5.4%↓ 9.2%	15.9% 16.4%	3.2% 3.2%
FFS Medicaid Subgroup	R SF	69.6%↑ 62.5%	7.1%↓ 15.2%	19.4% 18.3%	3.8% 3.9%
FFS Non-Medicaid Subgroup	R SF	79.4% 76.9%	4.3% 5.4%	13.5% 15.1%	2.8% 2.7%
MDHHS CSHCS Managed Care Program	R SF	64.6%↑ 56.7%	16.6%↓ 26.9%	12.7%↑ 10.1%	6.2% 6.3%
Aetna Better Health of Michigan	R SF	38.1% 25.2%	47.6% 63.5%	9.5% 8.3%	4.8% 3.0%
Blue Cross Complete of Michigan	R SF	56.7%↑ 49.5%	17.9%↓ 32.5%	16.0%↑ 11.1%	9.3% 6.9%
HAP Empowered	R SF	60.0% 26.9%	30.0% 59.6%	0.0%↓ 7.7%	10.0% 5.8%
McLaren Health Plan	R SF	69.6% 67.1%	13.6%↓ 20.3%	11.0% 8.2%	5.9% 4.4%
Meridian Health Plan of Michigan	R SF	69.7%↑ 63.0%	12.6%↓ 21.7%	12.0% 9.9%	5.7% 5.4%
Molina Healthcare of Michigan	R SF	52.4% 48.9%	28.2%↓ 34.8%	12.6% 9.6%	6.8% 6.7%
Priority Health Choice, Inc.	R SF	69.2%↑ 63.0%	10.8%↓ 16.3%	10.8% 10.0%	9.2% 10.7%
Total Health Care, Inc.	R SF	48.4%↑ 25.3%	38.7%↓ 62.9%	12.9% 8.6%	0.0%↓ 3.3%
UnitedHealthcare Community Plan	R SF	64.0%↑ 51.6%	16.8%↓ 31.7%	15.5% 11.5%	3.7% 5.2%
Upper Peninsula Health Plan	R SF	87.8% 85.0%	1.7% 1.3%	10.4% 11.7%	0.0%↓ 2.0%
An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage. ↑ Indicates the respondent percentage is significantly higher than the sample frame percentage. ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage. Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.					

Demographics of Child Members

Figure 3-1 through Figure 3-5 depict the age, gender, race, ethnicity, and general health status of children for whom a parent or caregiver completed a survey.

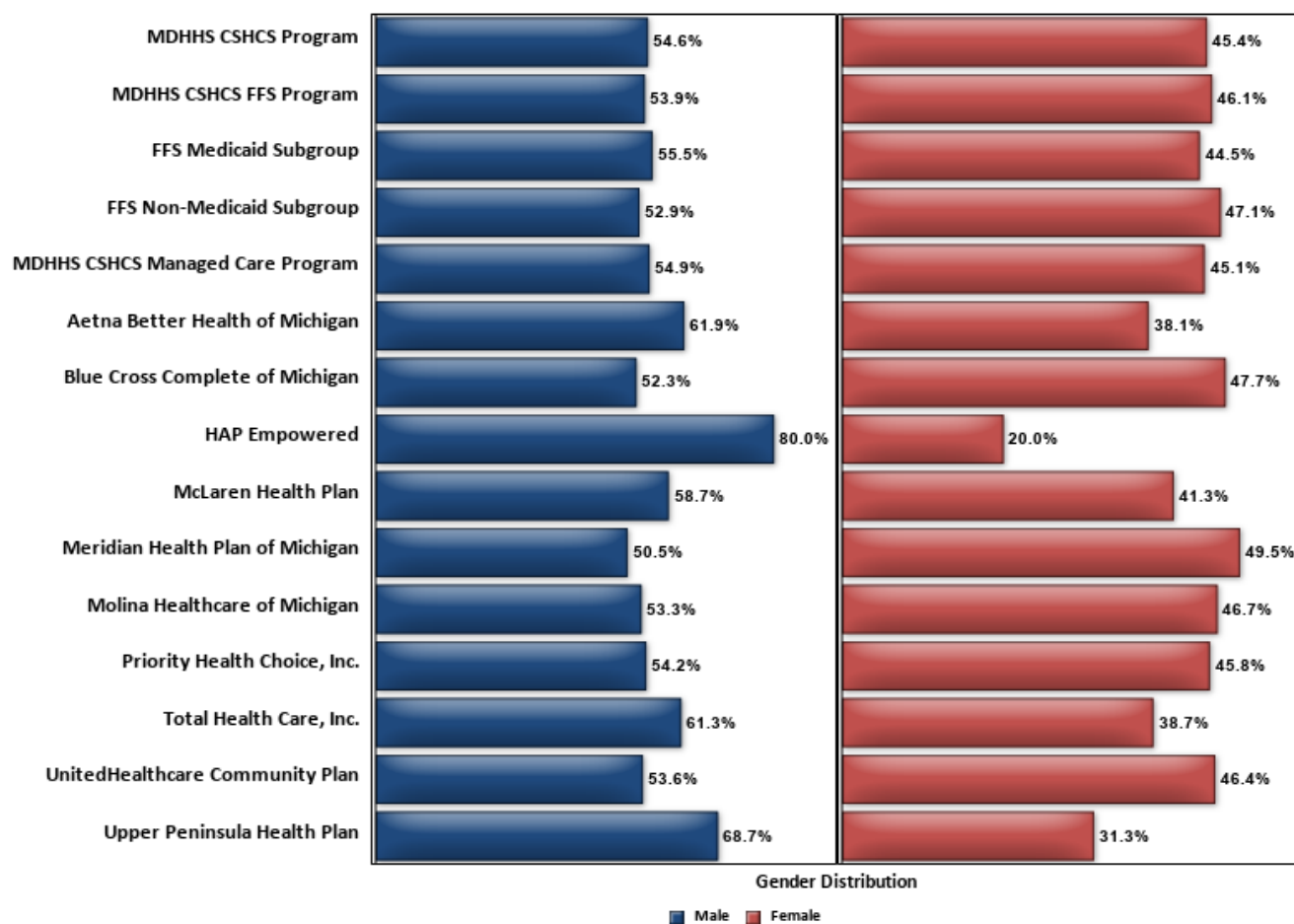
Figure 3-1—Child Member Demographics: Age



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

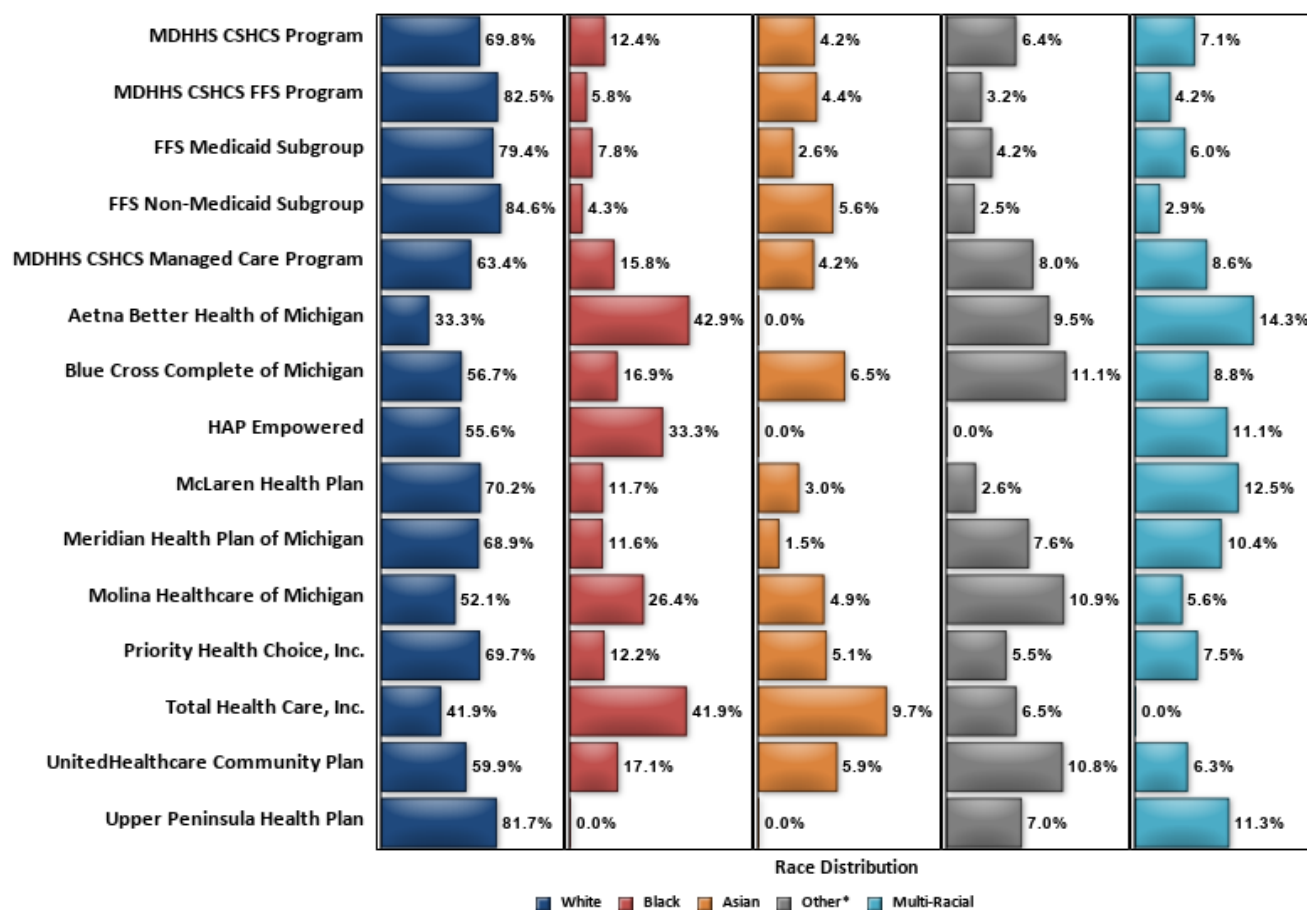
*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of February 28, 2021. Some children eligible for the CAHPS Survey turned 18 between March 1, 2021 and the time of survey administration.

Figure 3-2—Child Member Demographics: Gender



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

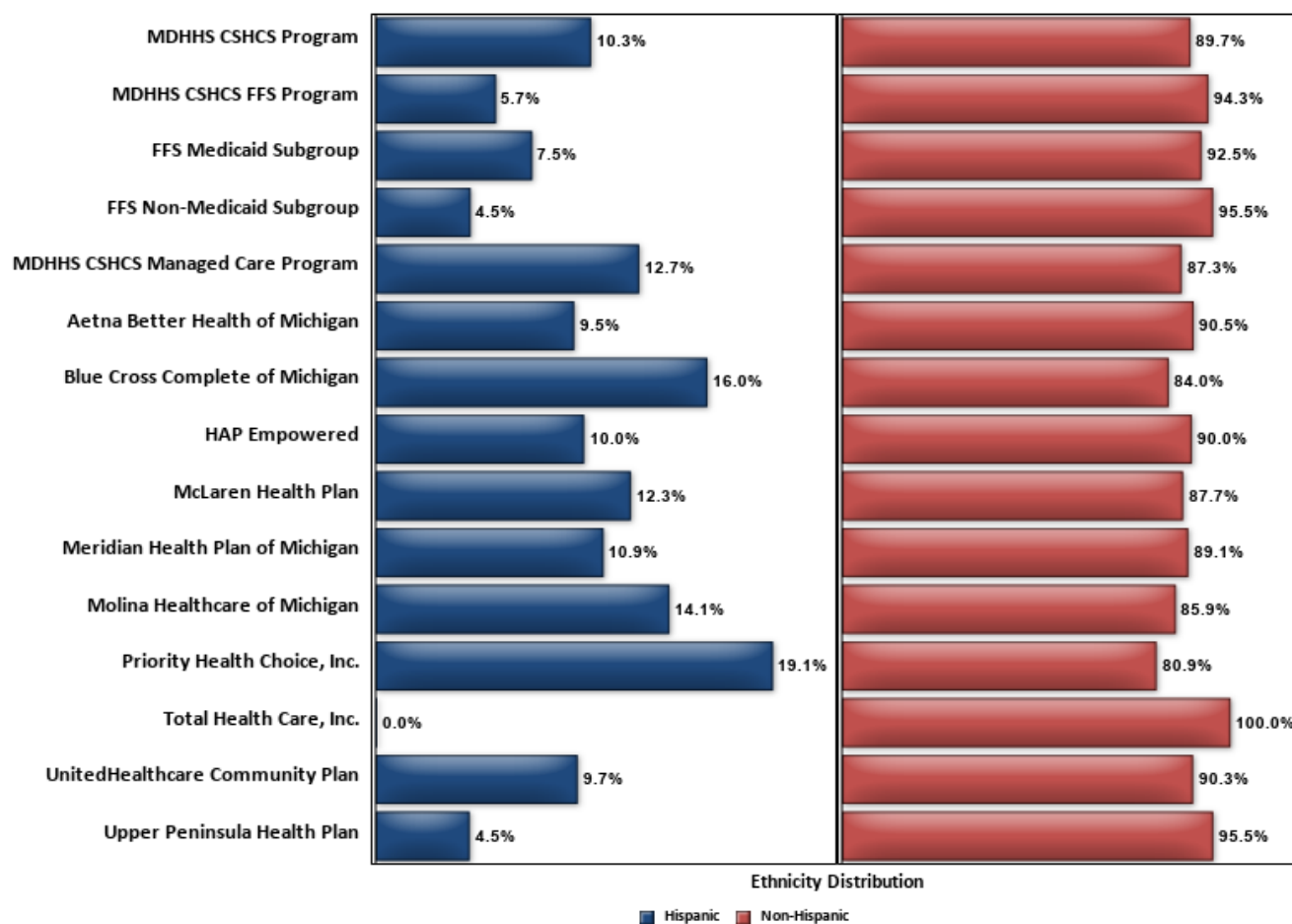
Figure 3-3—Child Member Demographics: Race



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

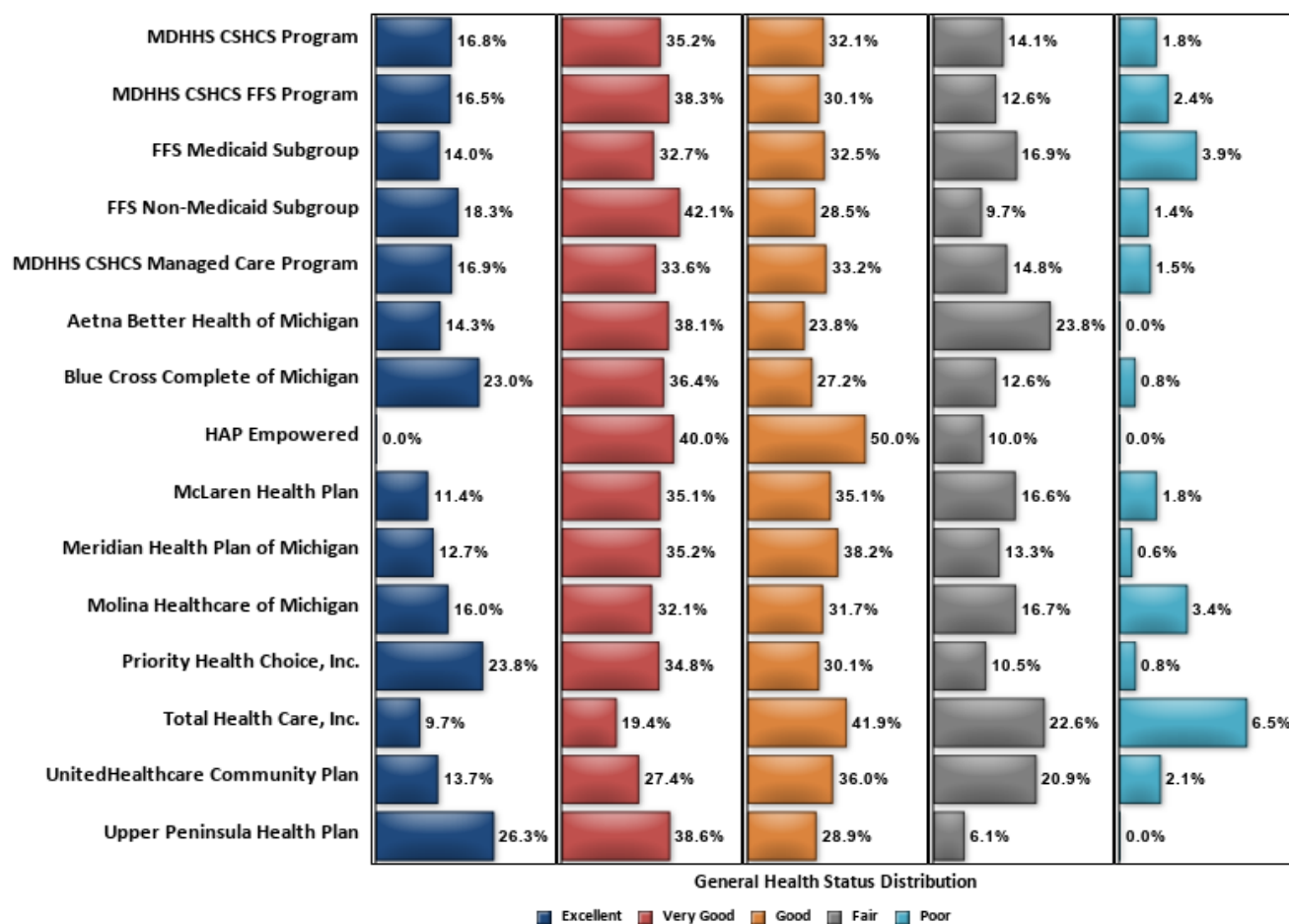
*The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.

Figure 3-4—Child Member Demographics: Ethnicity



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

Figure 3-5—Child Member Demographics: General Health Status



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

Table 3-5 depicts the age, gender, race, ethnicity, and general health status of children for whom a parent or caregiver completed a survey in 2020 and 2021 for the MDHHS CSHCS Program.

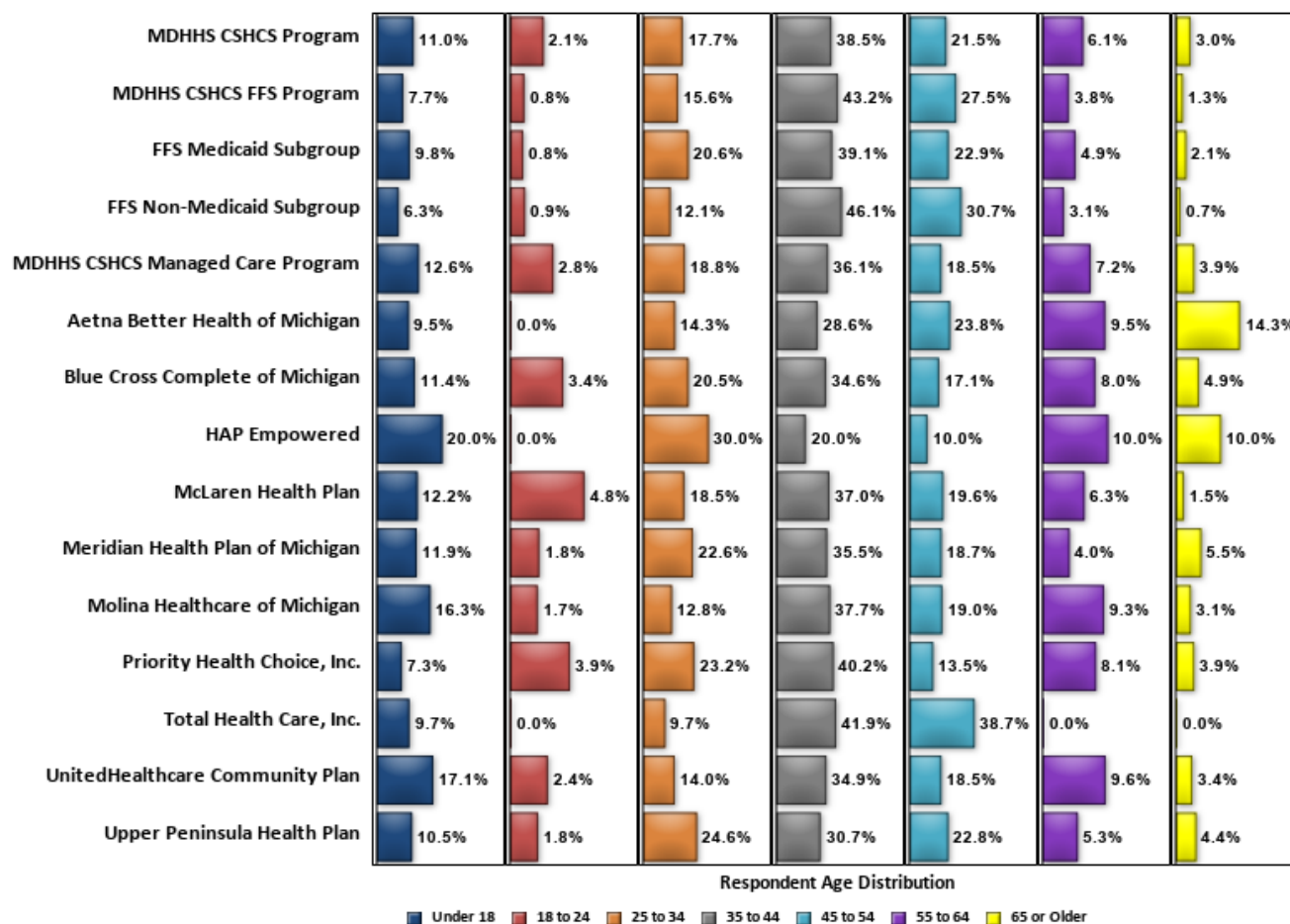
Table 3-5—Child Member Demographics: MDHHS CSHCS Program

Category	2020	2021
Age		
0 to 3	15.8%	13.4%
4 to 7	19.7%	18.9%
8 to 12	28.3%	28.3%
13 to 18*	36.2%	39.4%
Gender		
Male	54.0%	54.6%
Female	46.0%	45.4%
Race		
White	71.1%	69.8%
Black	12.6%	12.4%
Asian	3.4%	4.2%
Other**	6.3%	6.4%
Multi-Racial	6.6%	7.1%
Ethnicity		
Hispanic	10.3%	10.3%
Non-Hispanic	89.7%	89.7%
General Health Status		
Excellent	16.9%	16.8%
Very Good	35.6%	35.2%
Good	34.7%	32.1%
Fair	11.3%	14.1%
Poor	1.5%	1.8%
Please note, percentages may not total 100% due to rounding. *Children were eligible for inclusion in the survey if they were age 17 or younger as of the end of the measurement period. Some children eligible for the survey turned age 18 between the end of the measurement period and the time of survey administration. **The “Other” race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.		

Demographics of Respondents

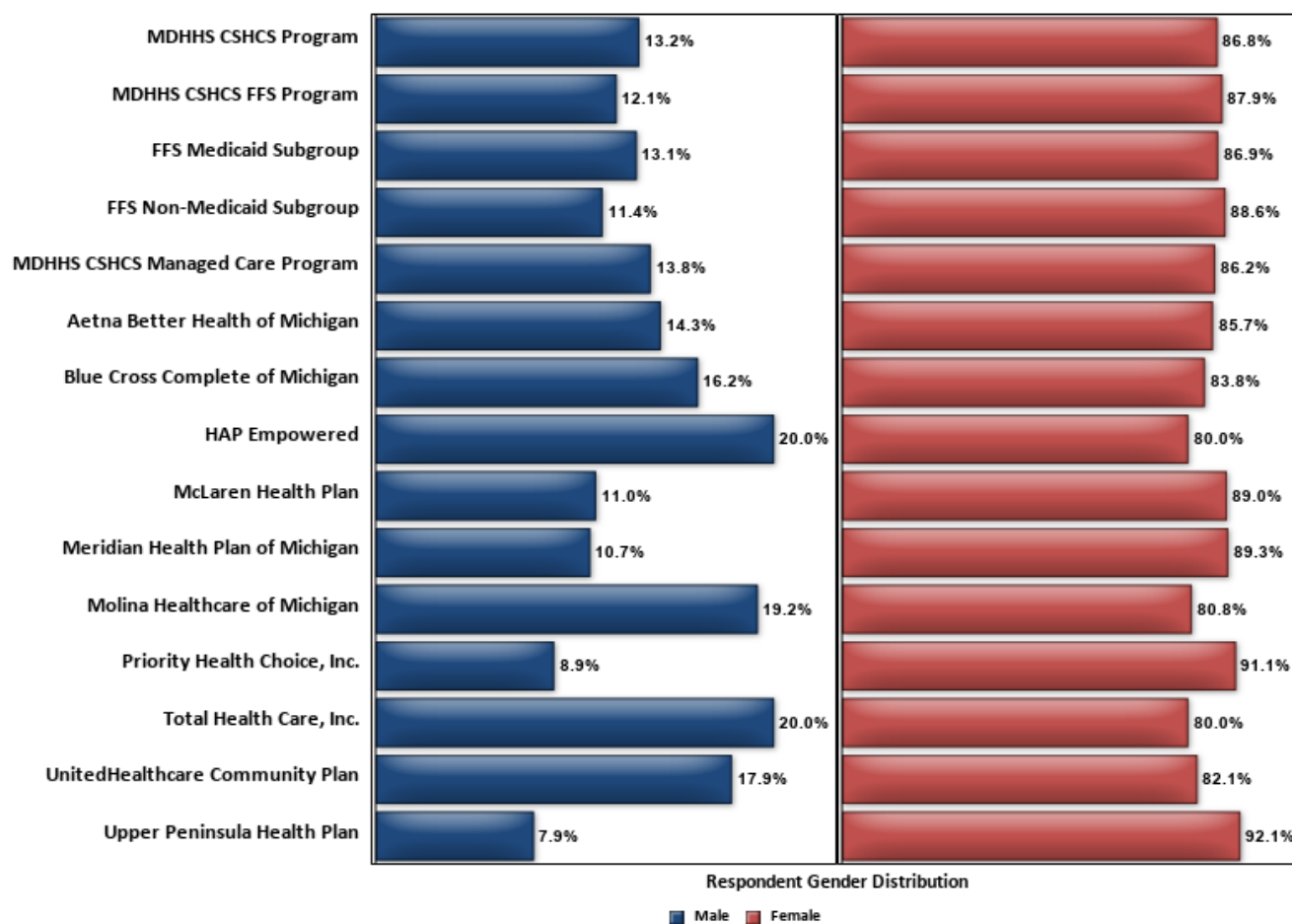
Figure 3-6 through Figure 3-9 depict the age, gender, education level, and relationship to child of parents or caregivers who completed the survey.

Figure 3-6—Respondent Demographics: Age



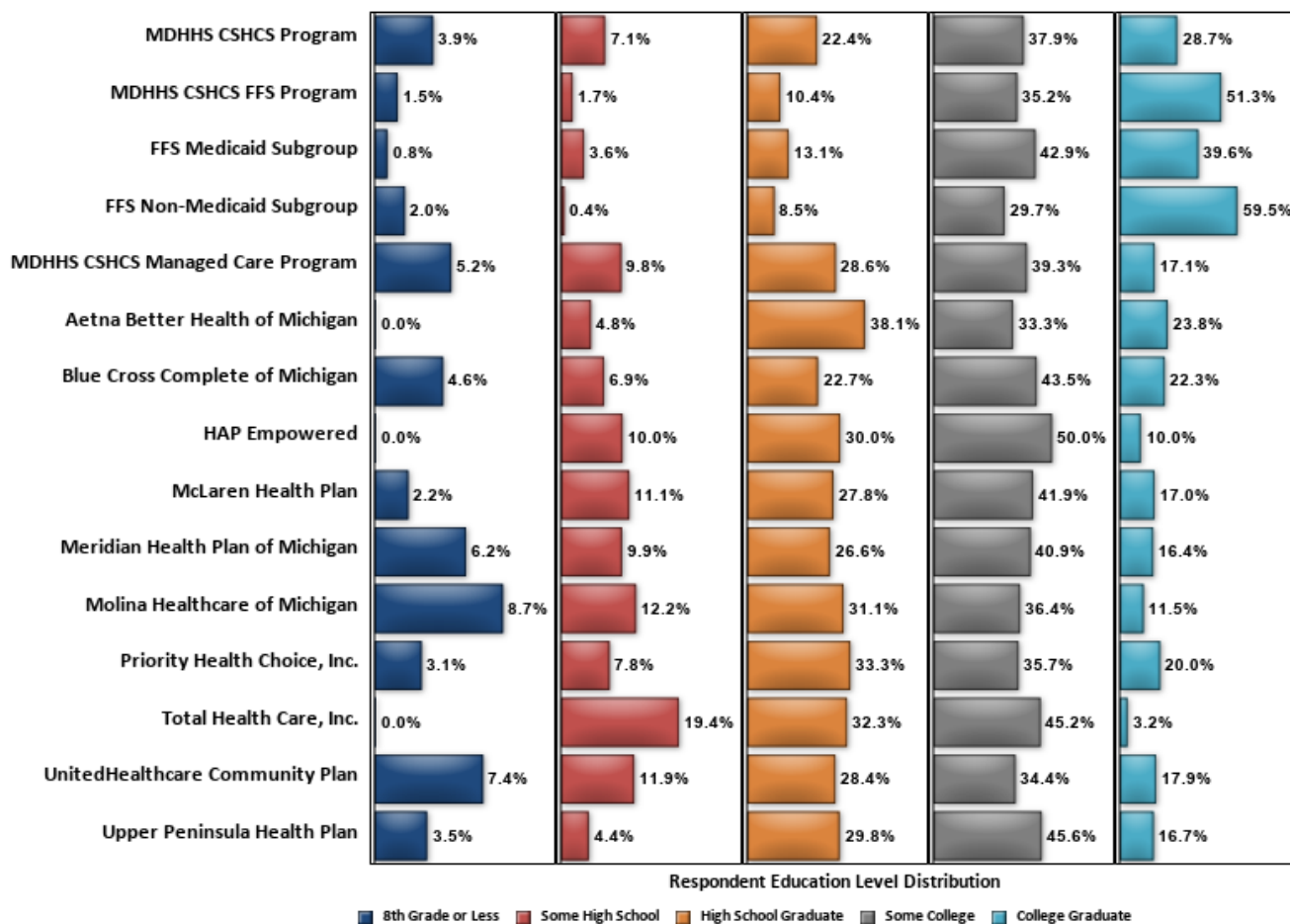
Please note, some percentages may not total 100 percent due to rounding.

Figure 3-7—Respondent Demographics: Gender



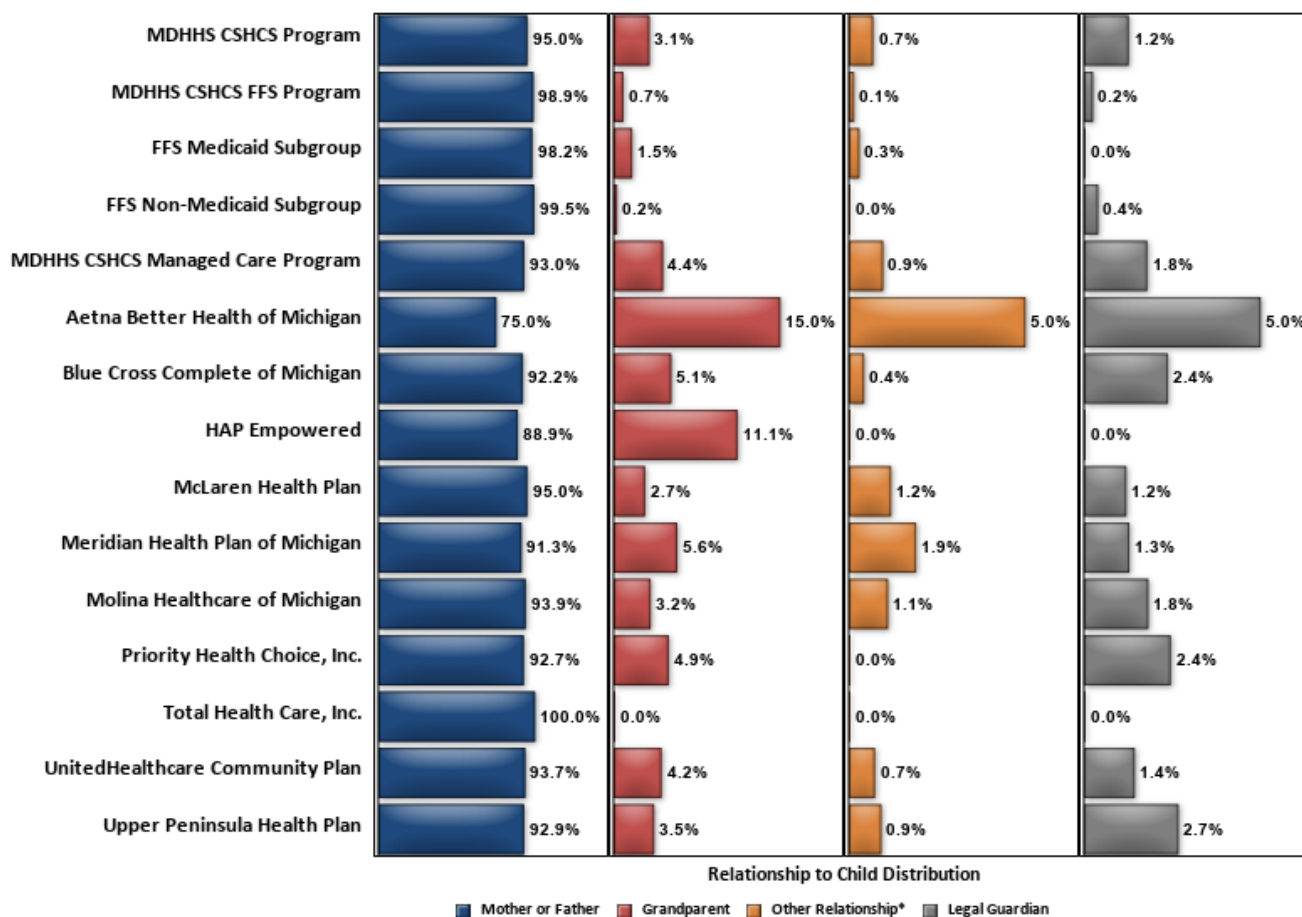
Please note, some percentages may not total 100 percent due to rounding.

Figure 3-8—Respondent Demographics: Education Level



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

Figure 3-9—Respondent Demographics: Relationship to Child



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

**The "Other Relationship" category includes responses of aunt or uncle, older brother or sister, other relative, or someone else.*

Table 3-6 depicts the age, gender, education level, and relationship to child of parents or caregivers who completed the survey in 2020 and 2021 for the MDHHS CSHCS Program.

Table 3-6—Respondent Demographics: MDHHS CSHCS Program

Category	2020	2021
Respondent Age		
Under 18	9.7%	11.0%
18 to 24	2.4%	2.1%
25 to 34	19.8%	17.7%
35 to 44	37.7%	38.5%
45 to 54	20.8%	21.5%
55 to 64	6.6%	6.1%
65 or Older	2.9%	3.0%
Respondent Gender		
Male	12.2%	13.2%
Female	87.8%	86.8%
Respondent Education Level		
8th Grade or Less	4.0%	3.9%
Some High School	5.8%	7.1%
High School Graduate	23.6%	22.4%
Some College	38.0%	37.9%
College Graduate	28.7%	28.7%
Relationship to Child		
Mother or Father	94.0%	95.0%
Grandparent	3.2%	3.1%
Other Relationship*	1.2%	0.7%
Legal Guardian	1.6%	1.2%
Please note, percentages may not total 100% due to rounding.		
*The “Other Relationship” category includes responses of aunt or uncle, older brother or sister, other relative, and someone else.		

Statewide Comparisons

HSAG calculated top-box scores for each measure. For additional information on the calculation of top-box scores and weighting, please refer to the Reader's Guide beginning on page 2-7. For additional information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 2-1. Colors in the figures note statistically significant differences. The NCQA Medicaid national averages for the CCC population are presented for comparison, where appropriate.^{3-1,3-2} Populations with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents. In addition, HSAG did not present top-box scores for measures with fewer than 11 responses, which are indicated as "Not Applicable" in the following figures.

Managed Care Comparisons

The MDHHS CSHCS Program, MDHHS CSHCS Managed Care Program, and MDHHS CSHCS FFS Program results were weighted based on the eligible population for each child population (i.e., CSHCS FFS Medicaid subgroup, CSHCS FFS non-Medicaid subgroup, and MHPs). HSAG compared the MHP, FFS Medicaid subgroup, and MDHHS CSHCS FFS Program results to the MDHHS CSHCS Managed Care Program to determine if the results were statistically significantly different.³⁻³

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

FFS Comparisons

The MDHHS CSHCS FFS Program results were weighted based on the eligible population for each FFS population (i.e., CSHCS FFS Medicaid subgroup and CSHCS FFS non-Medicaid subgroup). The weighted MDHHS CSHCS Program and MDHHS CSHCS Managed Care Program results are displayed in the figures for reference only and were not compared to the MDHHS CSHCS FFS Program. HSAG

³⁻¹ The source for 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 the AHRQ.

³⁻² NCQA national averages for the child with CCC Medicaid population are presented for comparative purposes. Given the potential differences in demographic make-up of the CSHCS and child Medicaid with CCC populations, caution should be exercised when interpreting the comparisons to NCQA national averages.

³⁻³ The MDHHS CSHCS Managed Care Program is displayed as "MDHHS CSHCS MC Program" in the legend under the figures.

compared the CSHCS FFS Medicaid subgroup and FFS non-Medicaid subgroup results to each other to determine if the results were statistically significantly different.

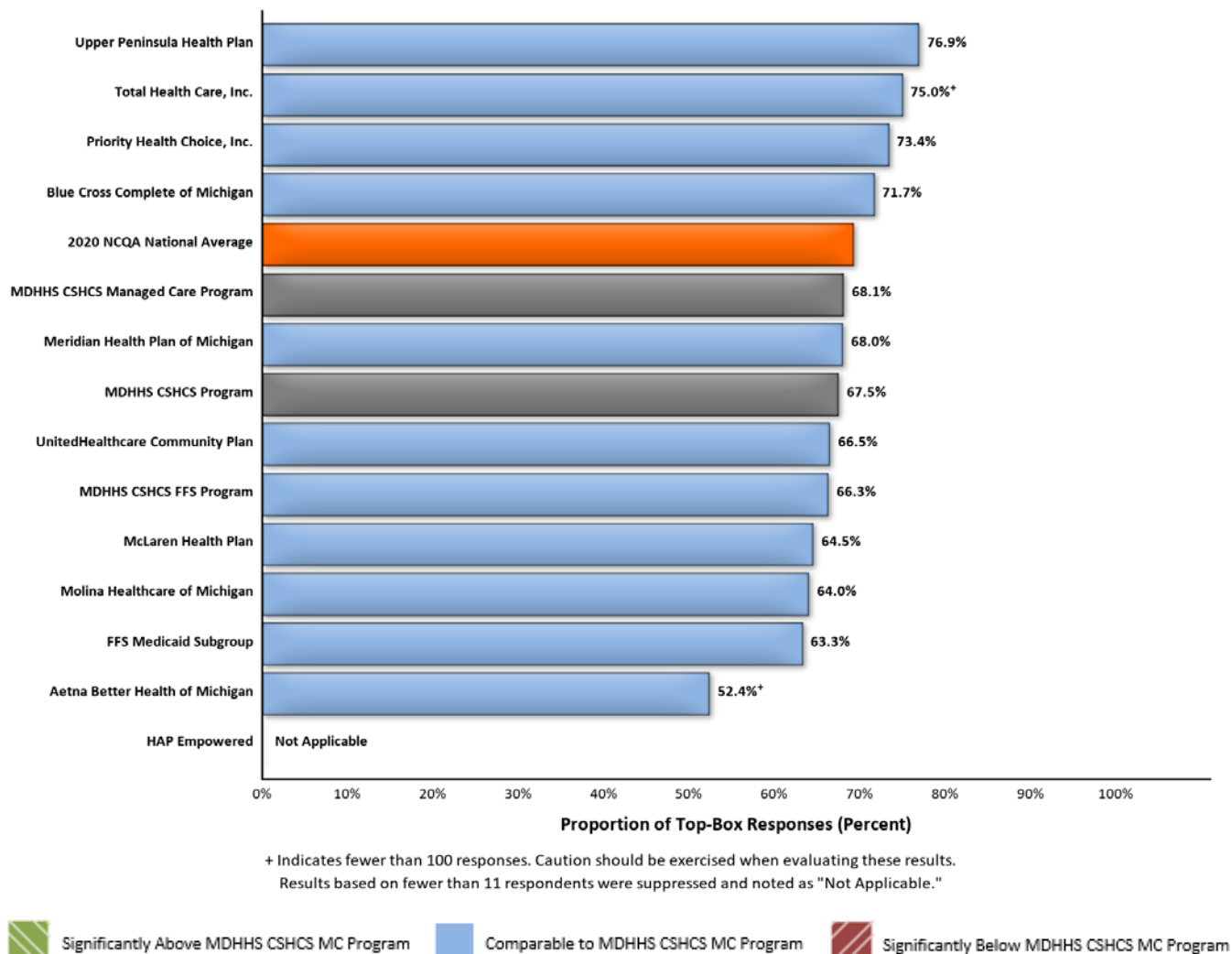
Global Ratings

Rating of Health Plan

Figure 3-10 and Figure 3-11 show the managed care and FFS comparisons, respectively, for the *Rating of Health Plan* measure.

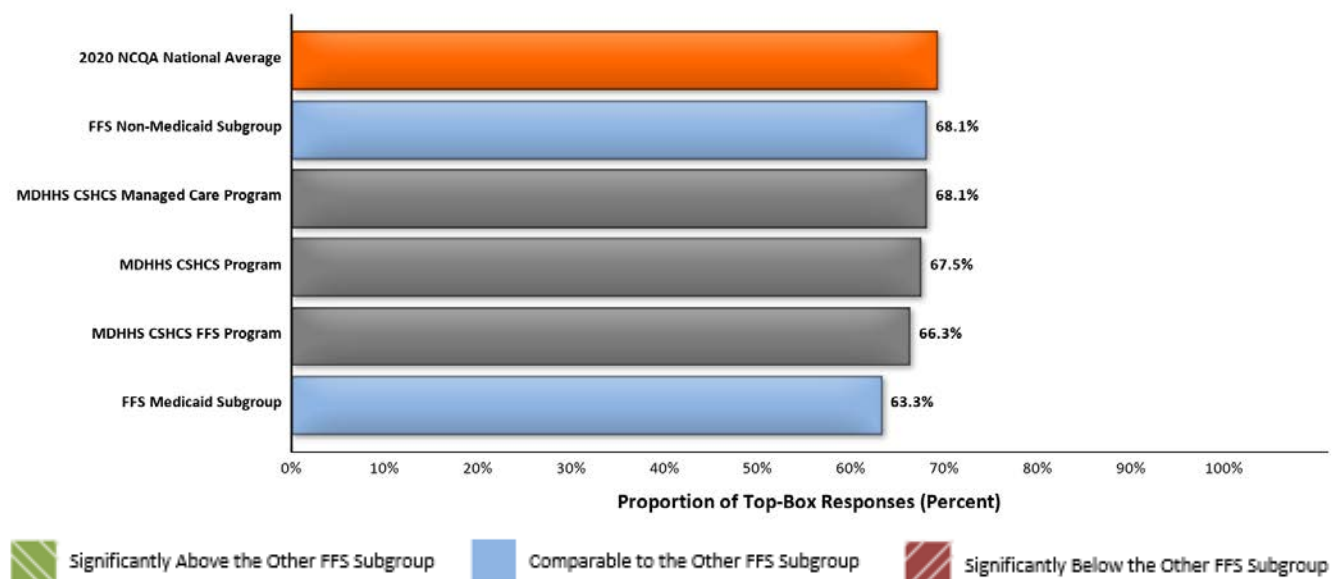
Managed Care Comparisons

**Figure 3-10—Managed Care Comparisons
Rating of Health Plan Top-Box Scores**



FFS Comparisons

**Figure 3-11—FFS Comparisons
Rating of Health Plan Top-Box Scores**

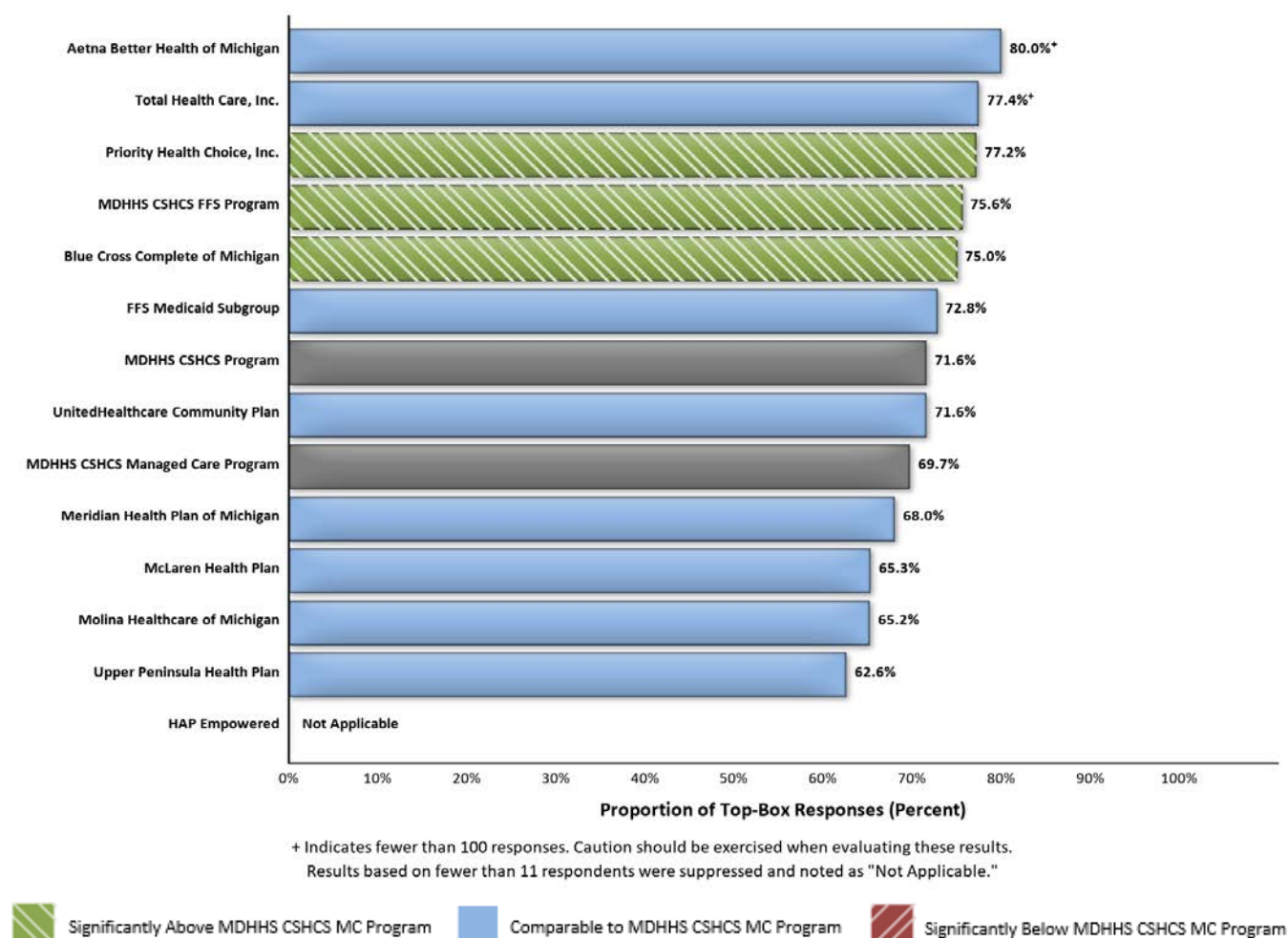


Rating of Health Care

Figure 3-12 and Figure 3-13 show the managed care and FFS comparisons, respectively, for the *Rating of Health Care* measure.³⁻⁴

Managed Care Comparisons

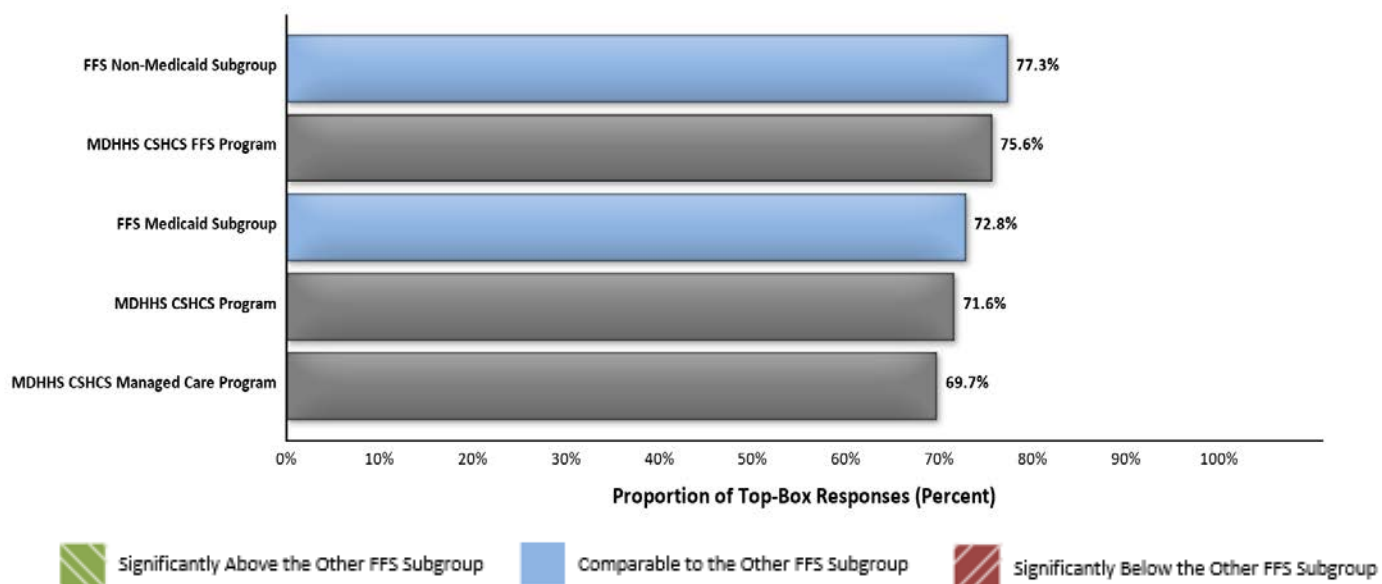
**Figure 3-12—Managed Care Comparisons
Rating of Health Care Top-Box Scores**



³⁻⁴ Language for the *Rating of Health Care* global rating question in the CSHCS Survey was modified from the standard question in the CAHPS 5.1 Child Medicaid Health Plan Survey. Given that the results are not comparable to the NCQA national average, the 2020 NCQA national average is not displayed.

FFS Comparisons

**Figure 3-13—FFS Comparisons
Rating of Health Care Top-Box Scores**

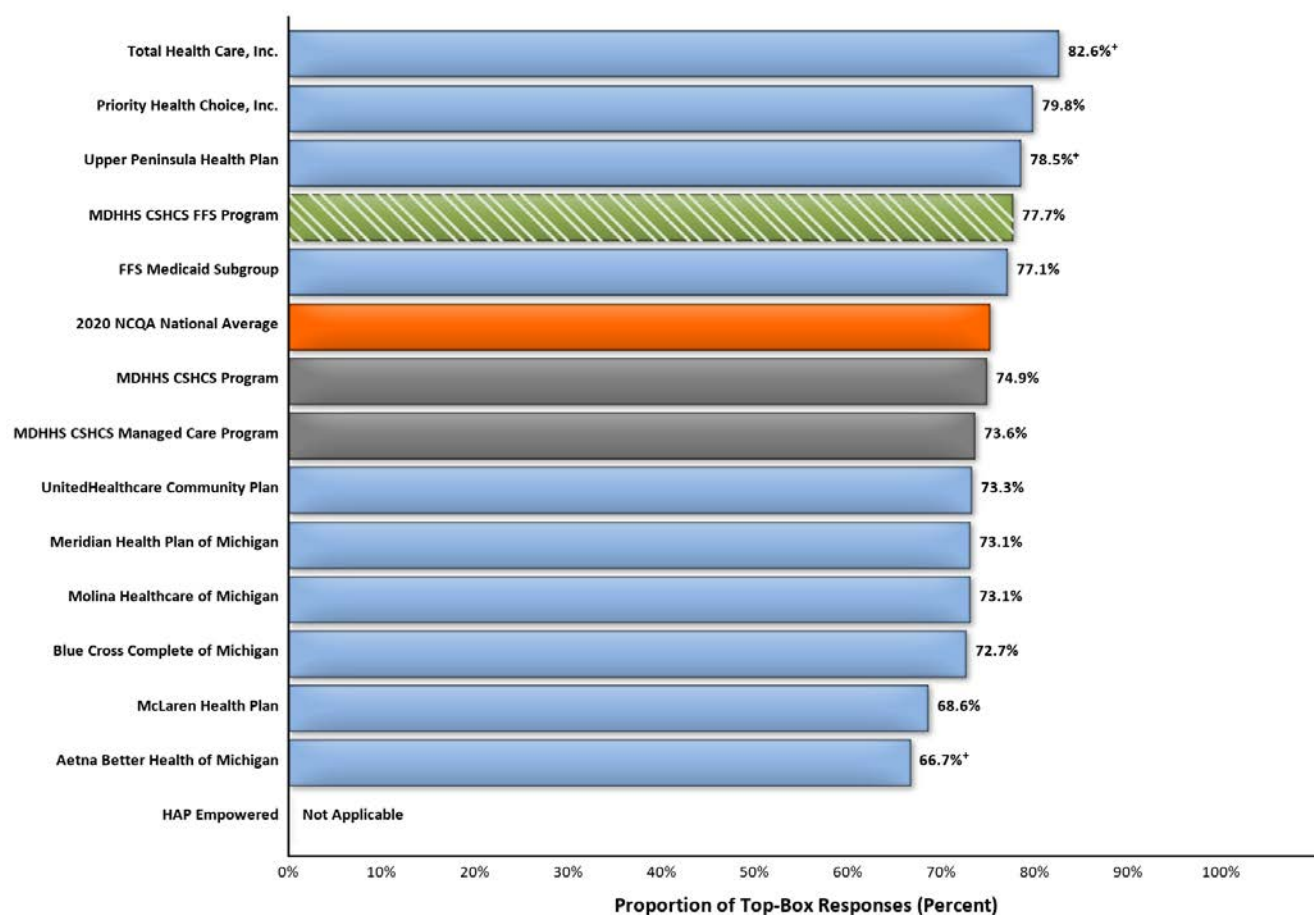


Rating of Specialist Seen Most Often

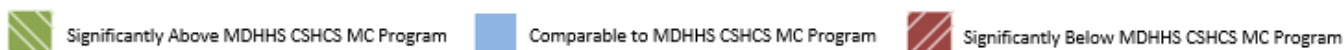
Figure 3-14 and Figure 3-15 show the managed care and FFS comparisons, respectively, for the *Rating of Specialist Seen Most Often* measure.

Managed Care Comparisons

Figure 3-14—Managed Care Comparisons
Rating of Specialist Seen Most Often Top-Box Scores

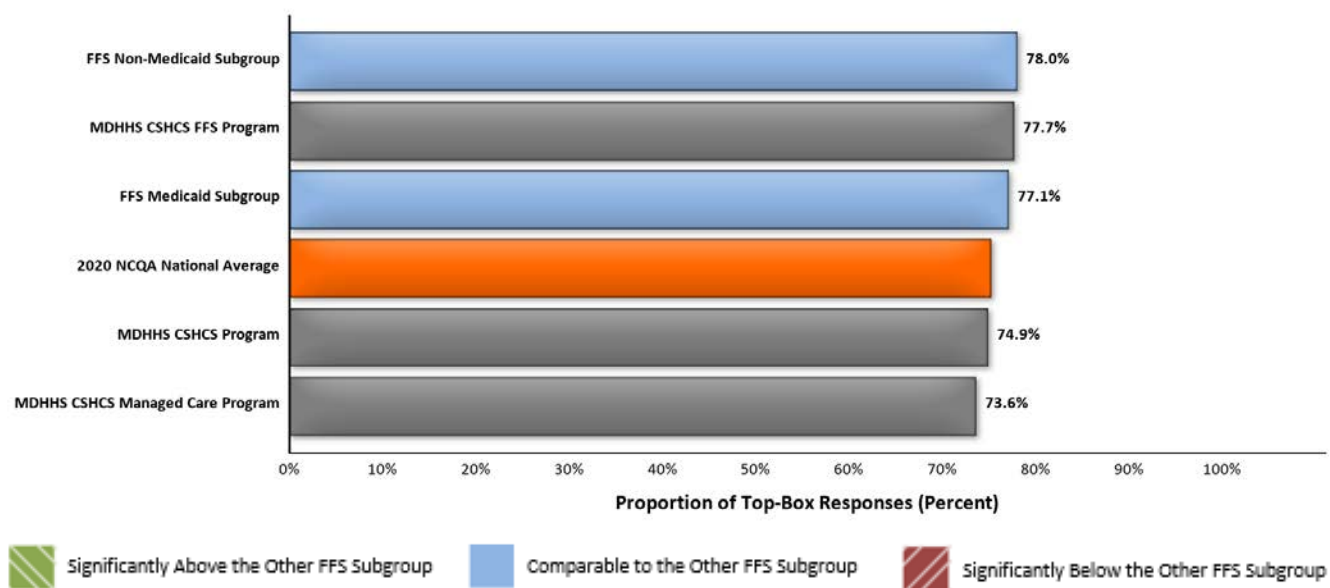


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
Results based on fewer than 11 respondents were suppressed and noted as "Not Applicable."



FFS Comparisons

Figure 3-15—FFS Comparisons
Rating of Specialist Seen Most Often Top-Box Scores

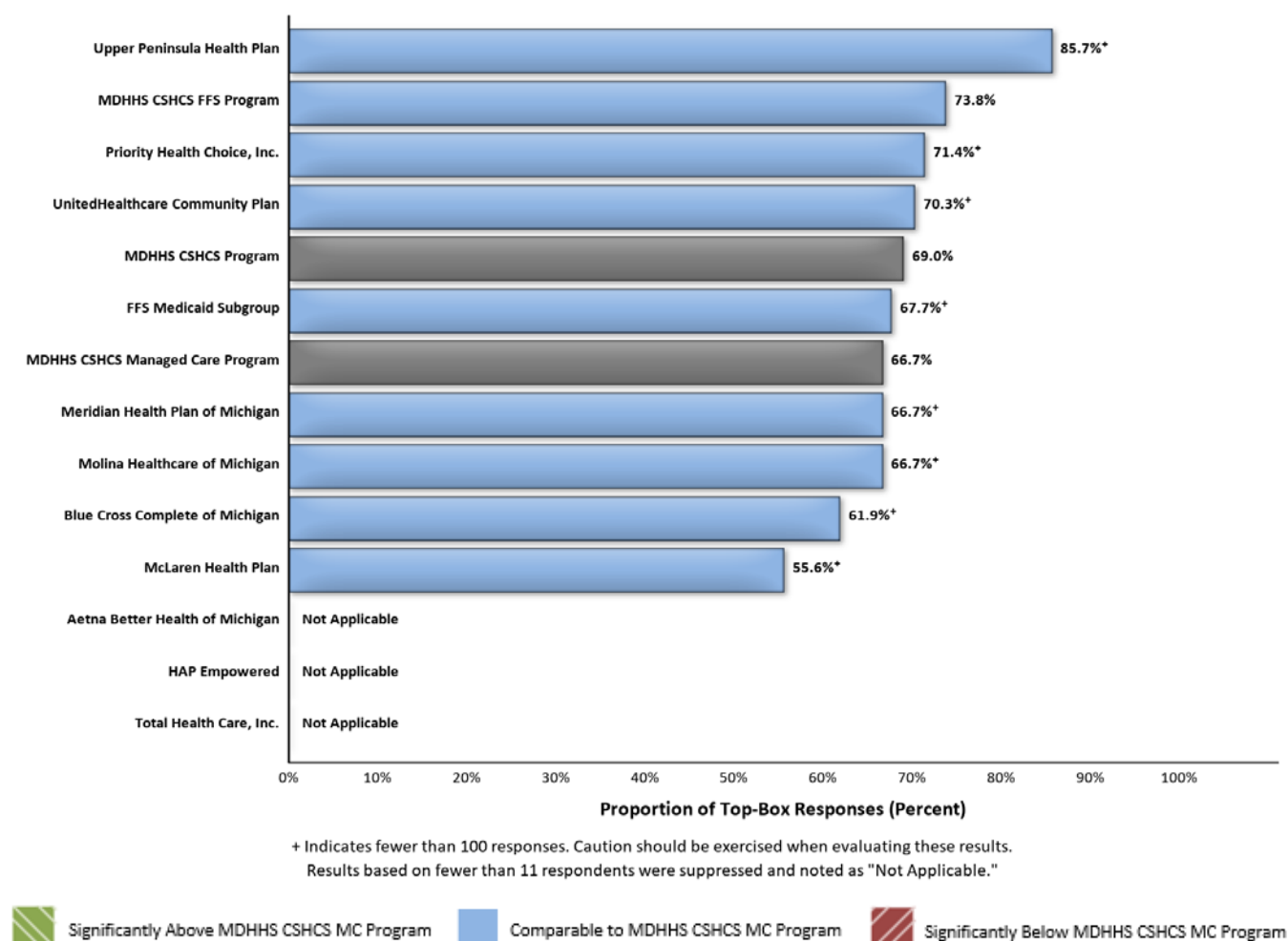


Rating of CMDS Clinic

Figure 3-16 and Figure 3-17 show the managed care and FFS comparisons, respectively, for the *Rating of CMDS Clinic* measure.³⁻⁵

Managed Care Comparisons

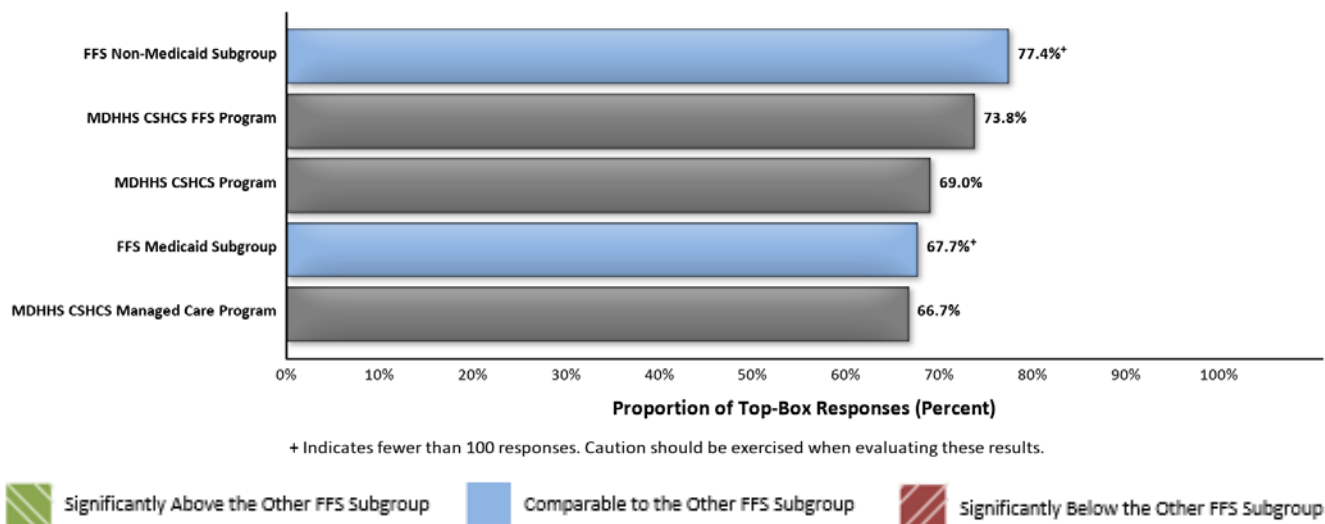
**Figure 3-16—Managed Care Comparisons
Rating of CMDS Clinic Top-Box Scores**



³⁻⁵ The *Rating of CMDS Clinic* global rating question is not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2020 NCQA national average is not available for this measure.

FFS Comparisons

**Figure 3-17—FFS Comparisons
Rating of CMDS Clinic Top-Box Scores**

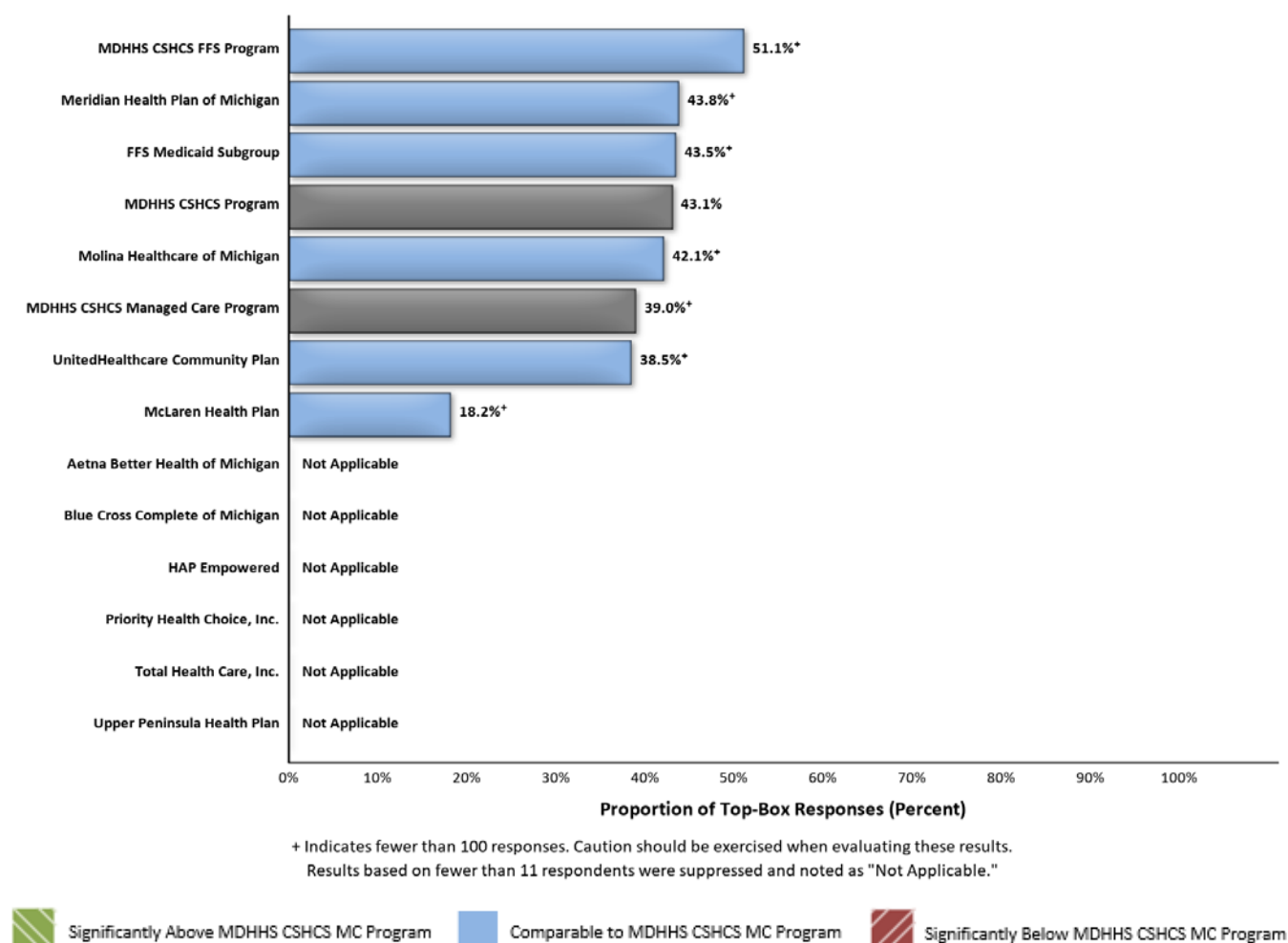


Rating of Beneficiary Help Line

Figure 3-18 and Figure 3-19 show the managed care and FFS comparisons, respectively, for the *Rating of Beneficiary Help Line* measure.³⁻⁶

Managed Care Comparisons

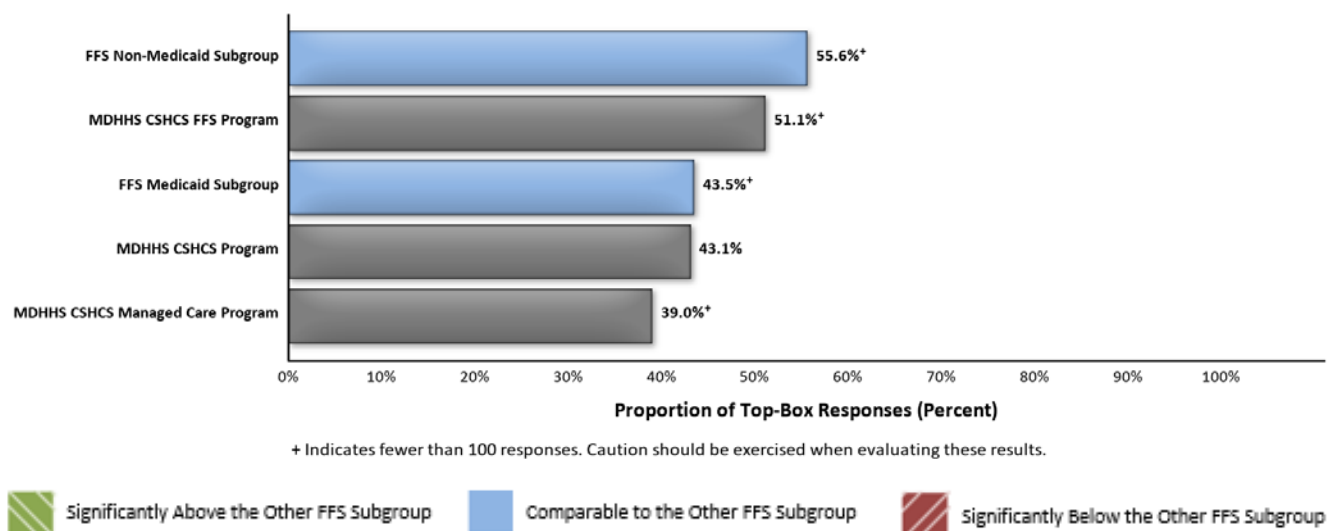
**Figure 3-18—Managed Care Comparisons
Rating of Beneficiary Help Line Top-Box Scores**



³⁻⁶ The *Rating of Beneficiary Help Line* global rating question is not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2020 NCQA national average is not available for this measure.

FFS Comparisons

Figure 3-19—FFS Comparisons
Rating of Beneficiary Help Line Top-Box Scores



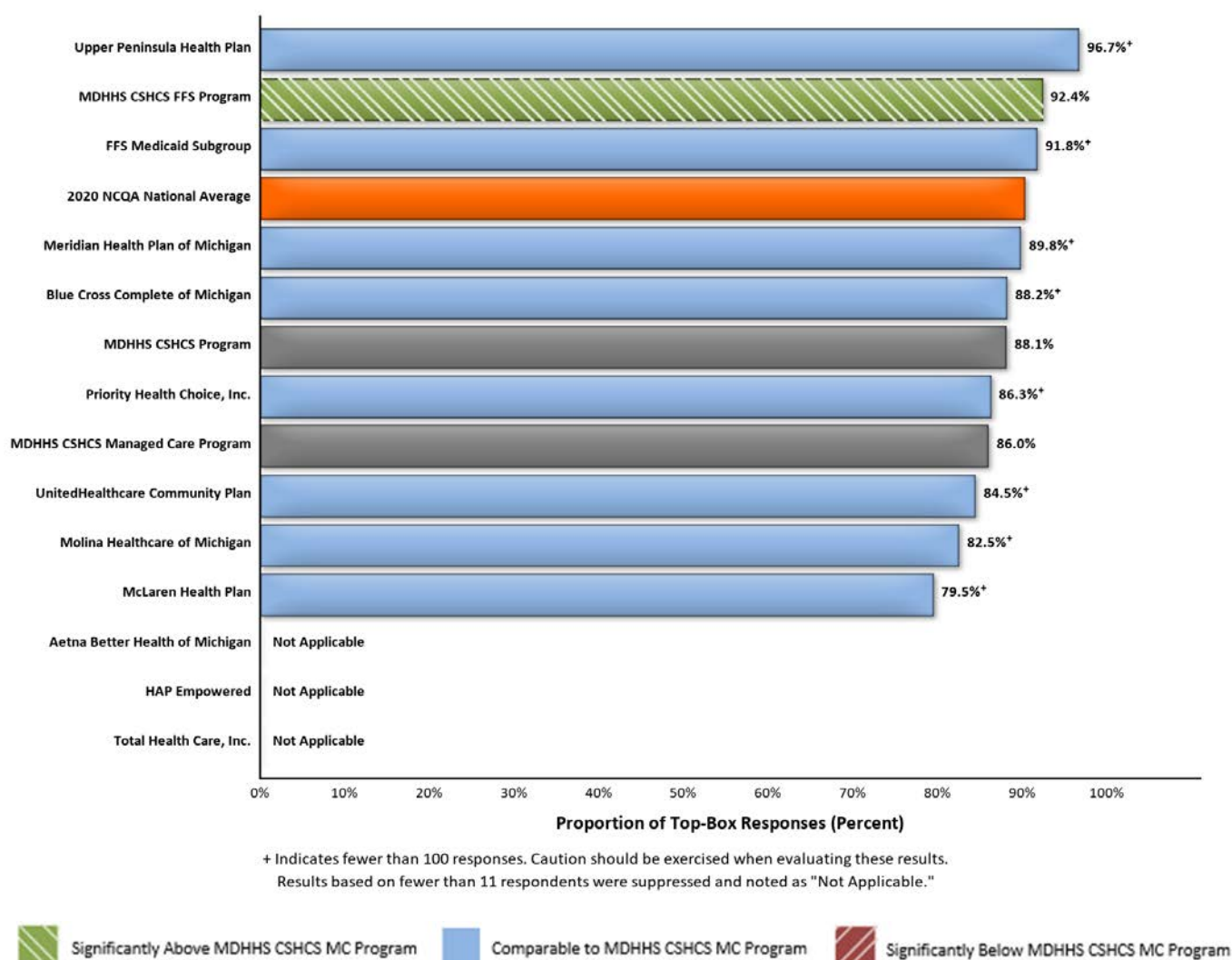
Composite Measures

Customer Service

Figure 3-20 and Figure 3-21 show the managed care and FFS comparisons, respectively, for the *Customer Service* measure.

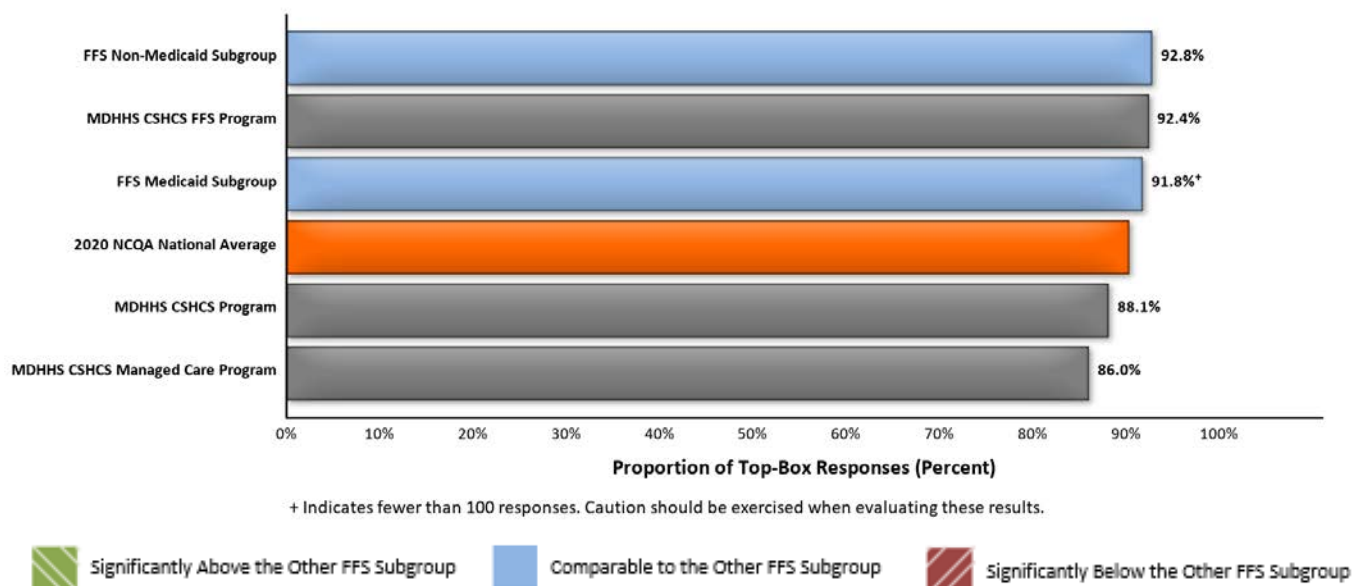
Managed Care Comparisons

**Figure 3-20—Managed Care Comparisons
Customer Service Top-Box Scores**



FFS Comparisons

**Figure 3-21—FFS Comparisons
Customer Service Top-Box Scores**

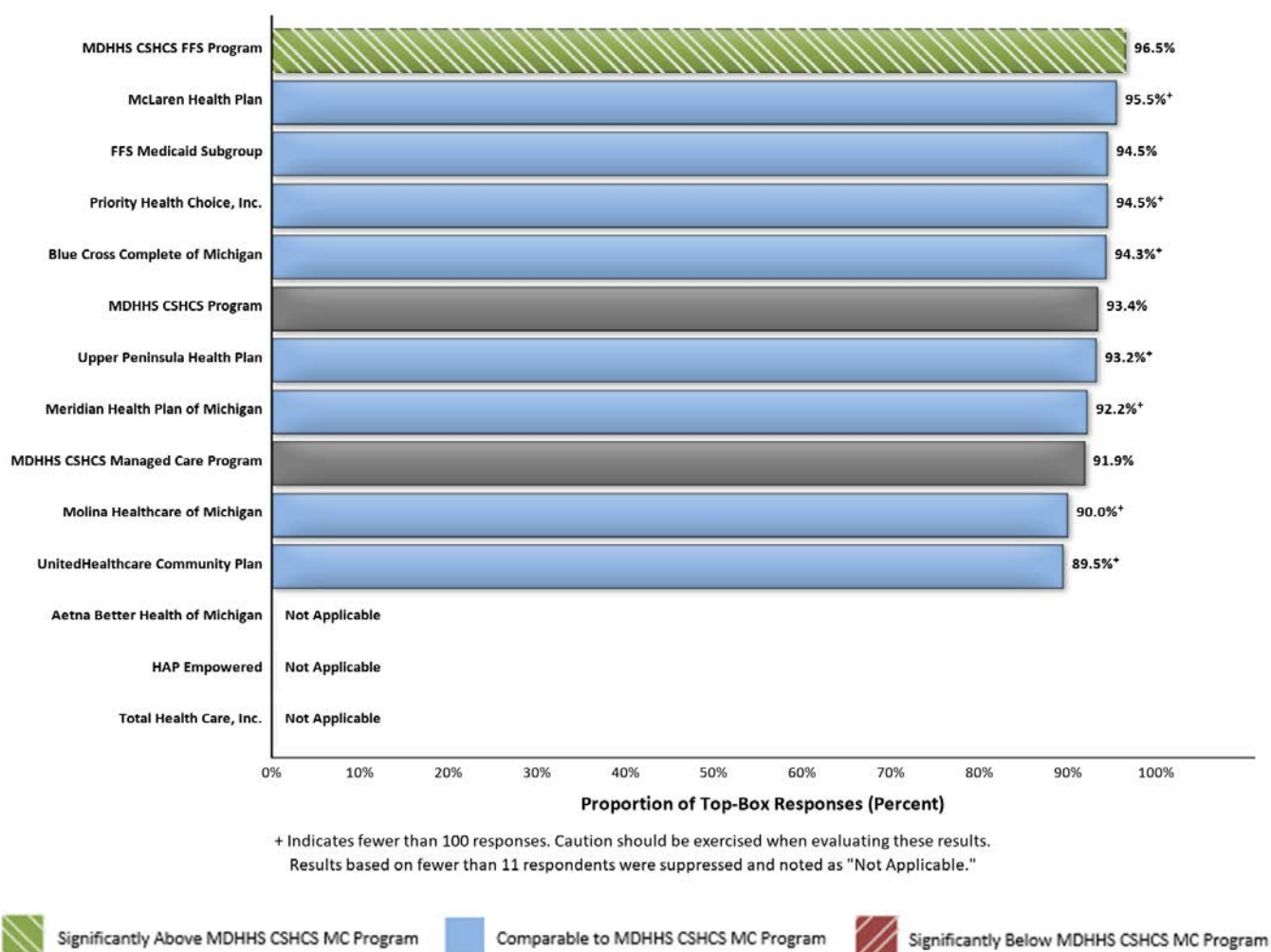


How Well Doctors Communicate

Figure 3-22 and Figure 3-23 show the managed care and FFS comparisons, respectively, for the *How Well Doctors Communicate* measure.³⁻⁷

Managed Care Comparisons

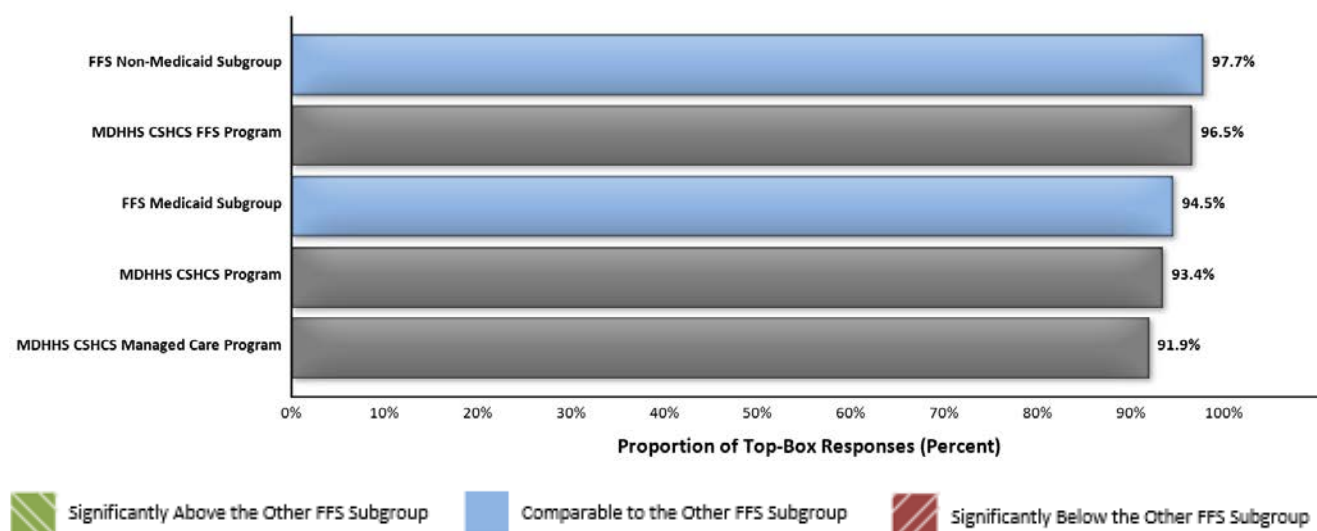
**Figure 3-22—Managed Care Comparisons
How Well Doctors Communicate Top-Box Scores**



³⁻⁷ The survey questions that comprise the *How Well Doctors Communicate* composite measure in the CAHPS 5.1 Child Medicaid Health Plan Survey were modified for inclusion in the CSHCS Survey. Given that the results are not comparable to the NCQA national average, the 2020 NCQA national average is not displayed.

FFS Comparisons

Figure 3-23—FFS Comparisons
How Well Doctors Communicate Top-Box Scores

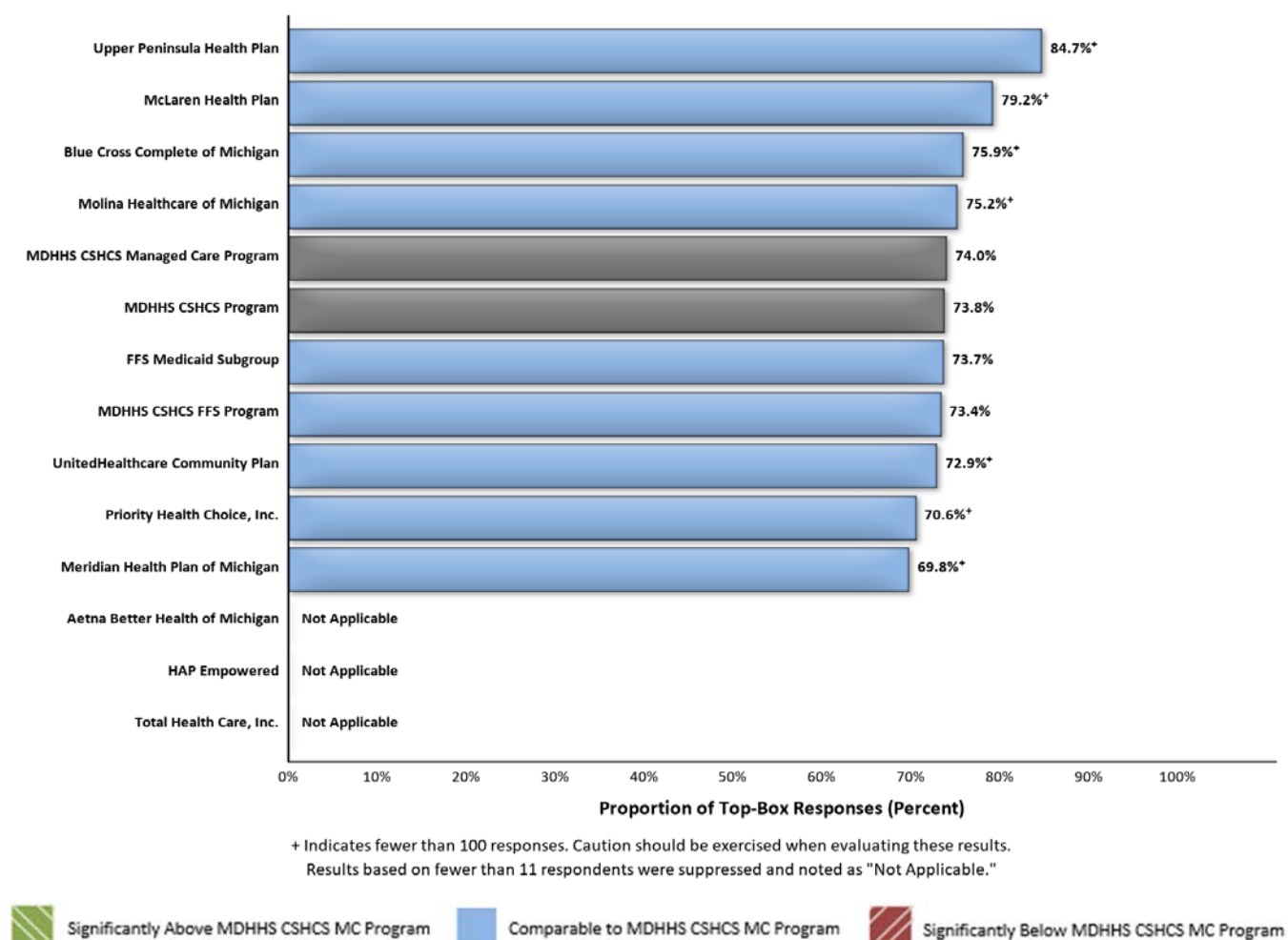


Access to Specialized Services

Figure 3-24 and Figure 3-25 show the managed care and FFS comparisons, respectively, for the *Access to Specialized Services* measure.³⁻⁸

Managed Care Comparisons

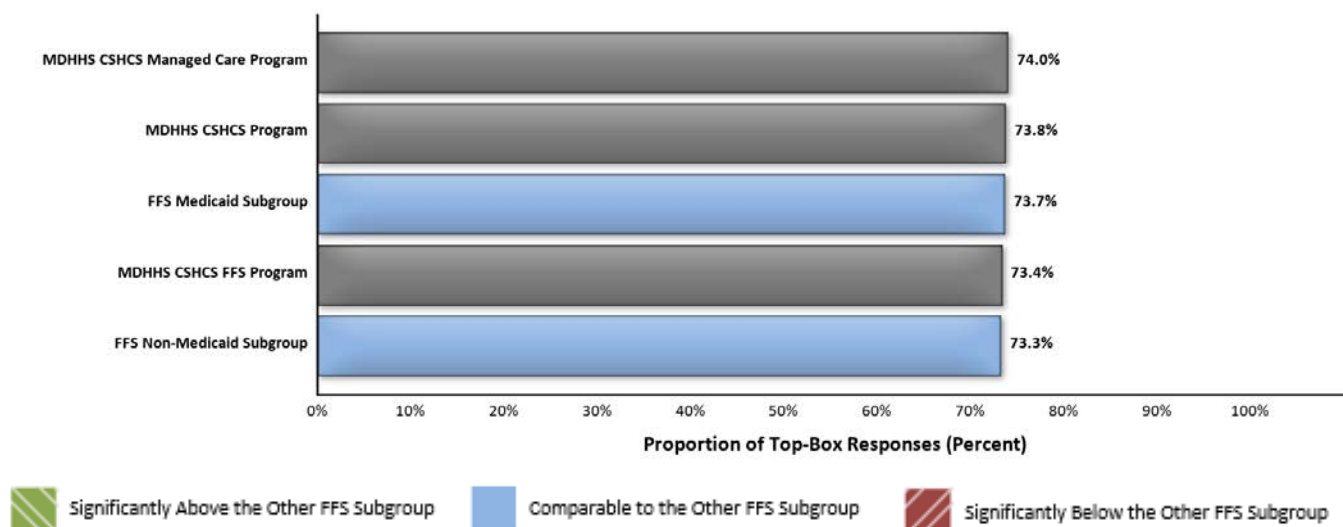
**Figure 3-24—Managed Care Comparisons
Access to Specialized Services Top-Box Scores**



³⁻⁸ The survey questions that comprise the *Access to Specialized Services* composite measure in the CSHCS Survey differed from the CAHPS 5.1 Child Medicaid Health Plan Survey (i.e., one question was removed from the composite). Given that the results are not comparable to the NCQA national average, the 2020 NCQA national average is not displayed.

FFS Comparisons

**Figure 3-25—FFS Comparisons
Access to Specialized Services Top-Box Scores**

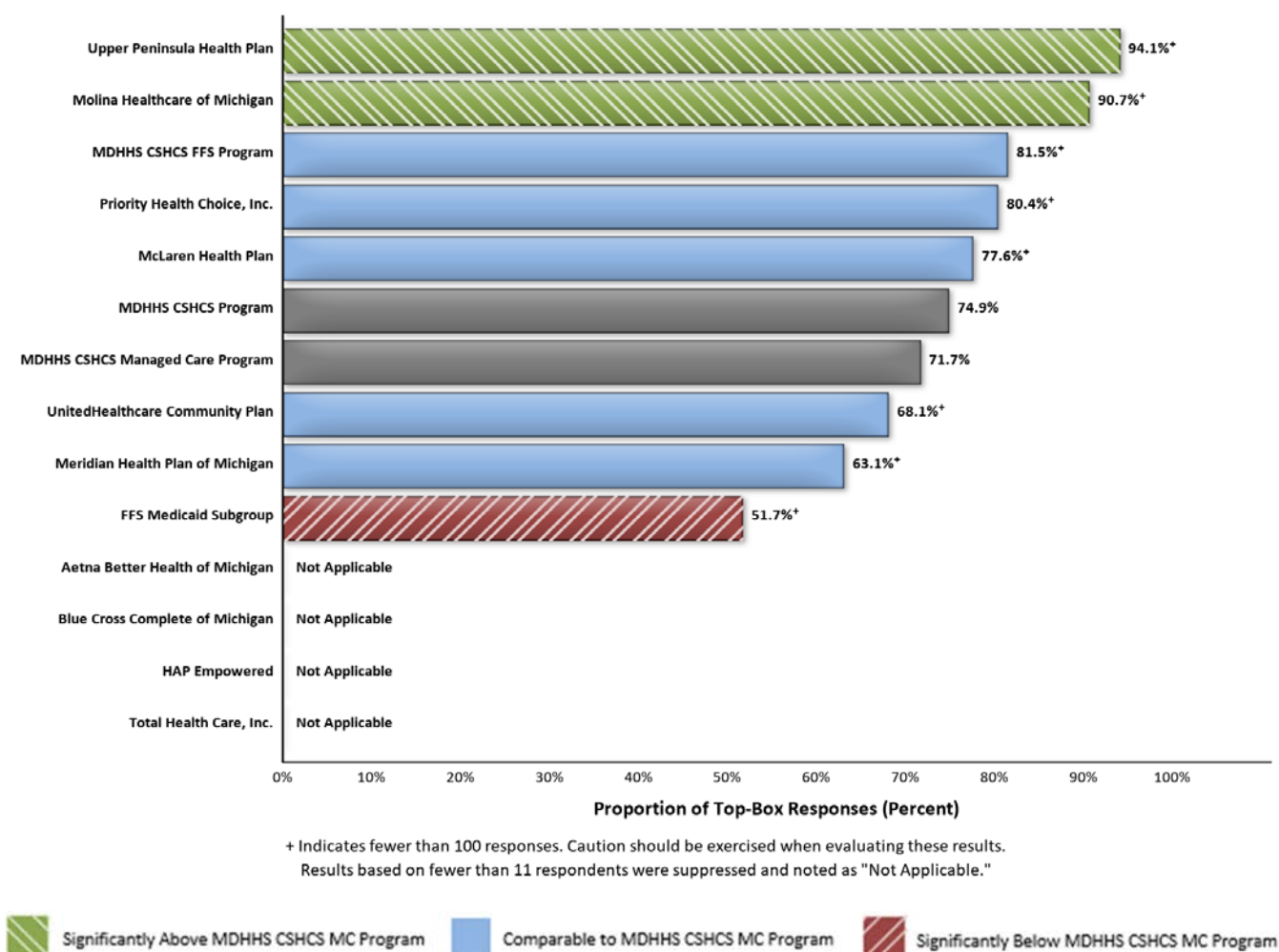


Transportation

Figure 3-26 and Figure 3-27 show the managed care and FFS comparisons, respectively, for the *Transportation* top-box scores.³⁻⁹

Managed Care Comparisons

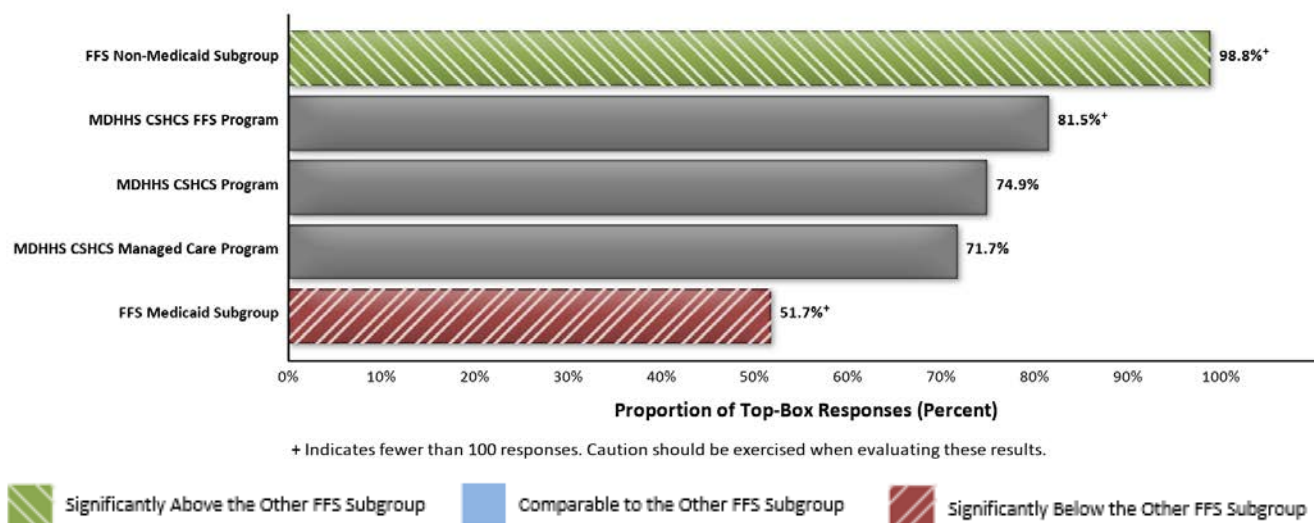
**Figure 3-26—Managed Care Comparisons
Transportation Top-Box Scores**



³⁻⁹ The *Transportation* composite measure survey questions are not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and are specific to the CSHCS Survey. Therefore, a 2020 NCQA national average is not available for this measure.

FFS Comparisons

**Figure 3-27—FFS Comparisons
Transportation Top-Box Scores**

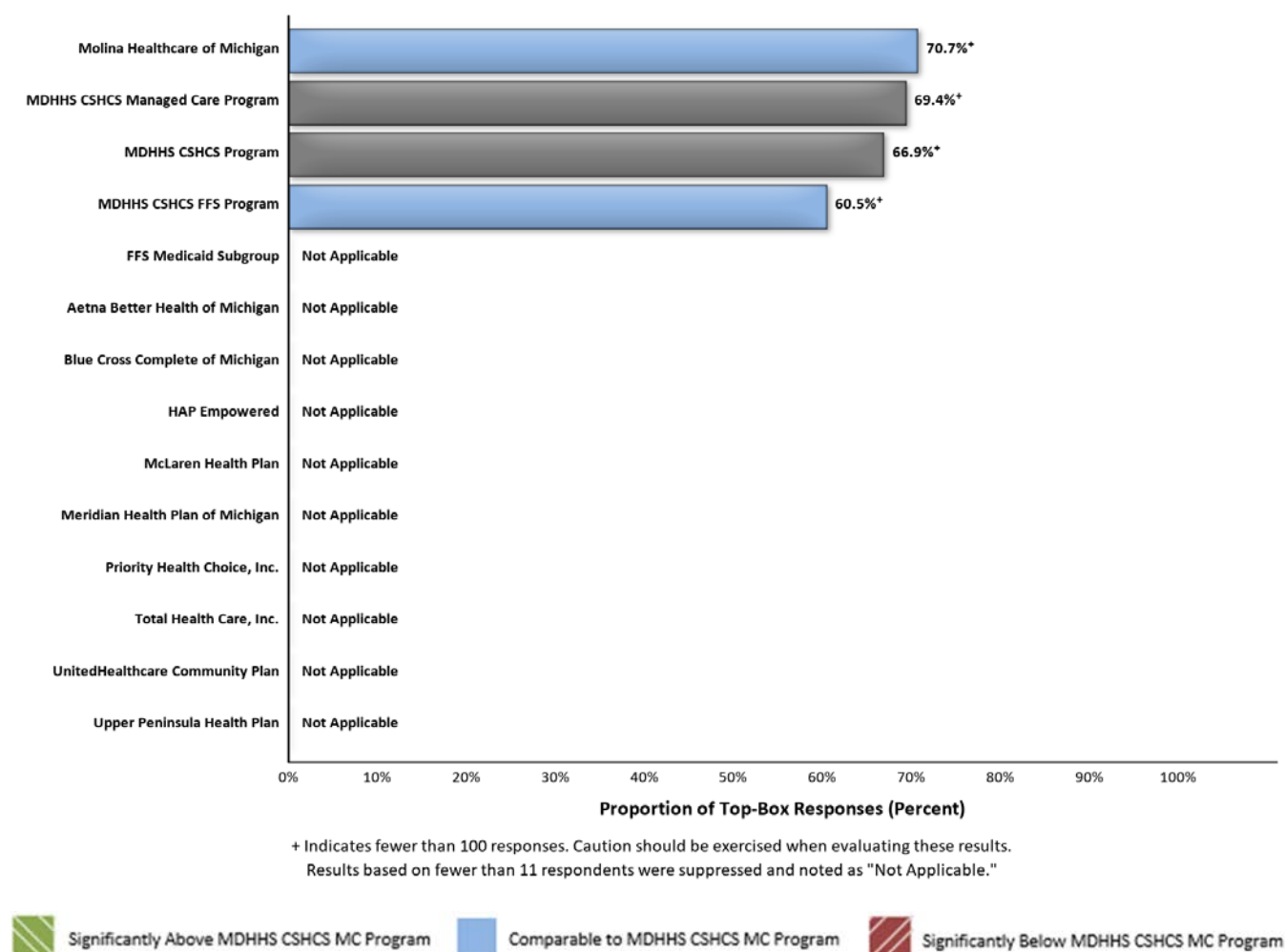


CSHCS Family Center

Figure 3-28 through Figure 3-29 show the managed care and FFS comparisons, respectively, for the *CSHCS Family Center* measure.³⁻¹⁰

Managed Care Comparisons

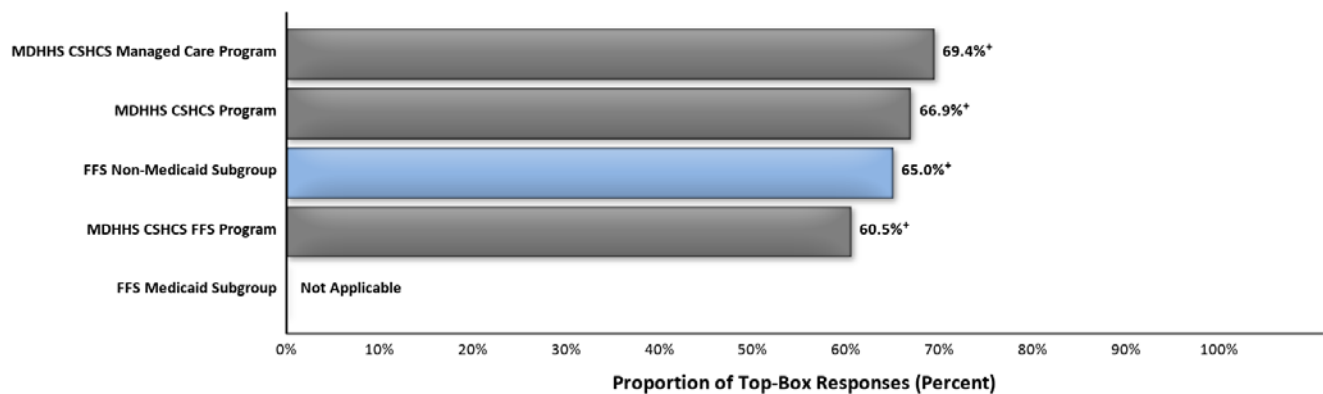
**Figure 3-28—Managed Care Comparisons
CSHCS Family Center Top-Box Scores**



³⁻¹⁰ The *CSHCS Family Center* composite measure survey questions are not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and are specific to the CSHCS Survey. Therefore, a 2020 NCQA national average is not available for this measure.

FFS Comparisons

**Figure 3-29—FFS Comparisons
CSHCS Family Center Top-Box Scores**



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

Significantly Above the Other FFS Subgroup
 Comparable to the Other FFS Subgroup
 Significantly Below the Other FFS Subgroup

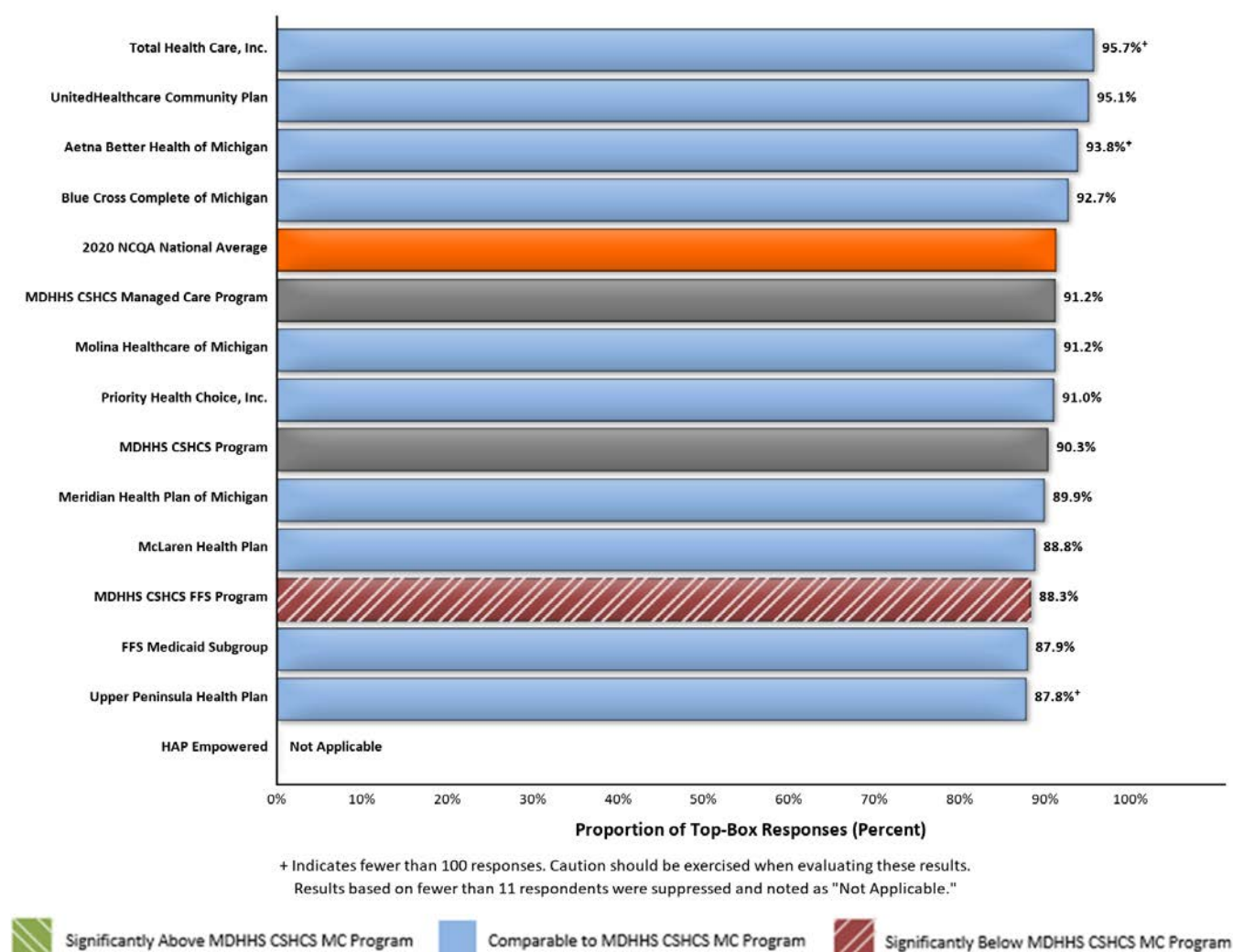
Individual Item Measures

Access to Prescription Medicines

Figure 3-30 and Figure 3-31 show the managed care and FFS comparisons, respectively, for the *Access to Prescription Medicines* measure.

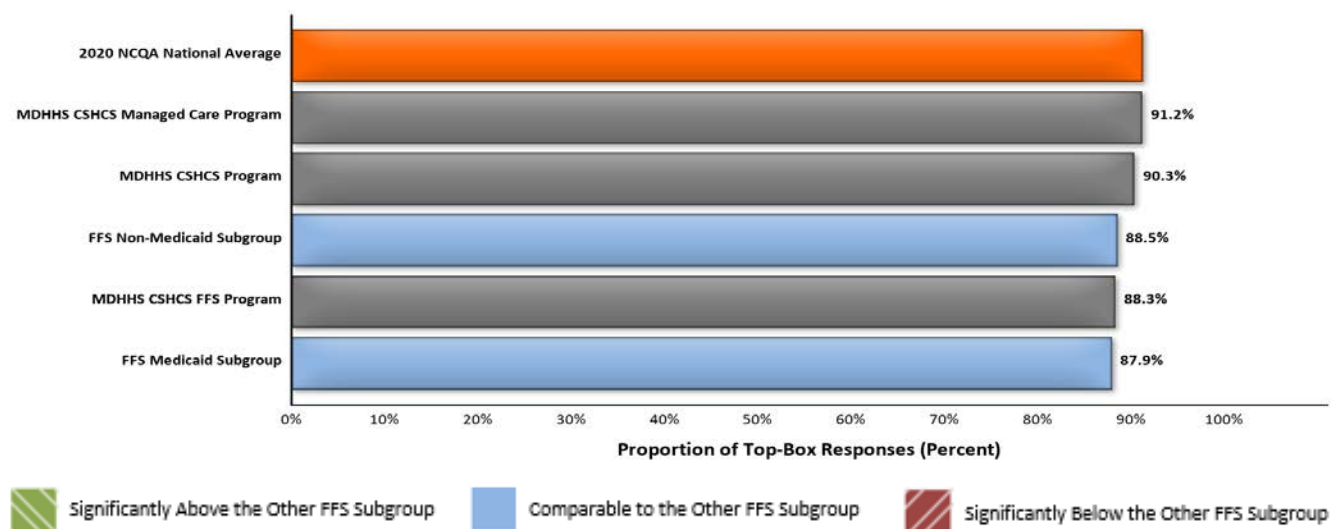
Managed Care Comparisons

**Figure 3-30—Managed Care Comparisons
Access to Prescription Medicines Top-Box Scores**



FFS Comparisons

Figure 3-31—FFS Comparisons
Access to Prescription Medicines Top-Box Scores

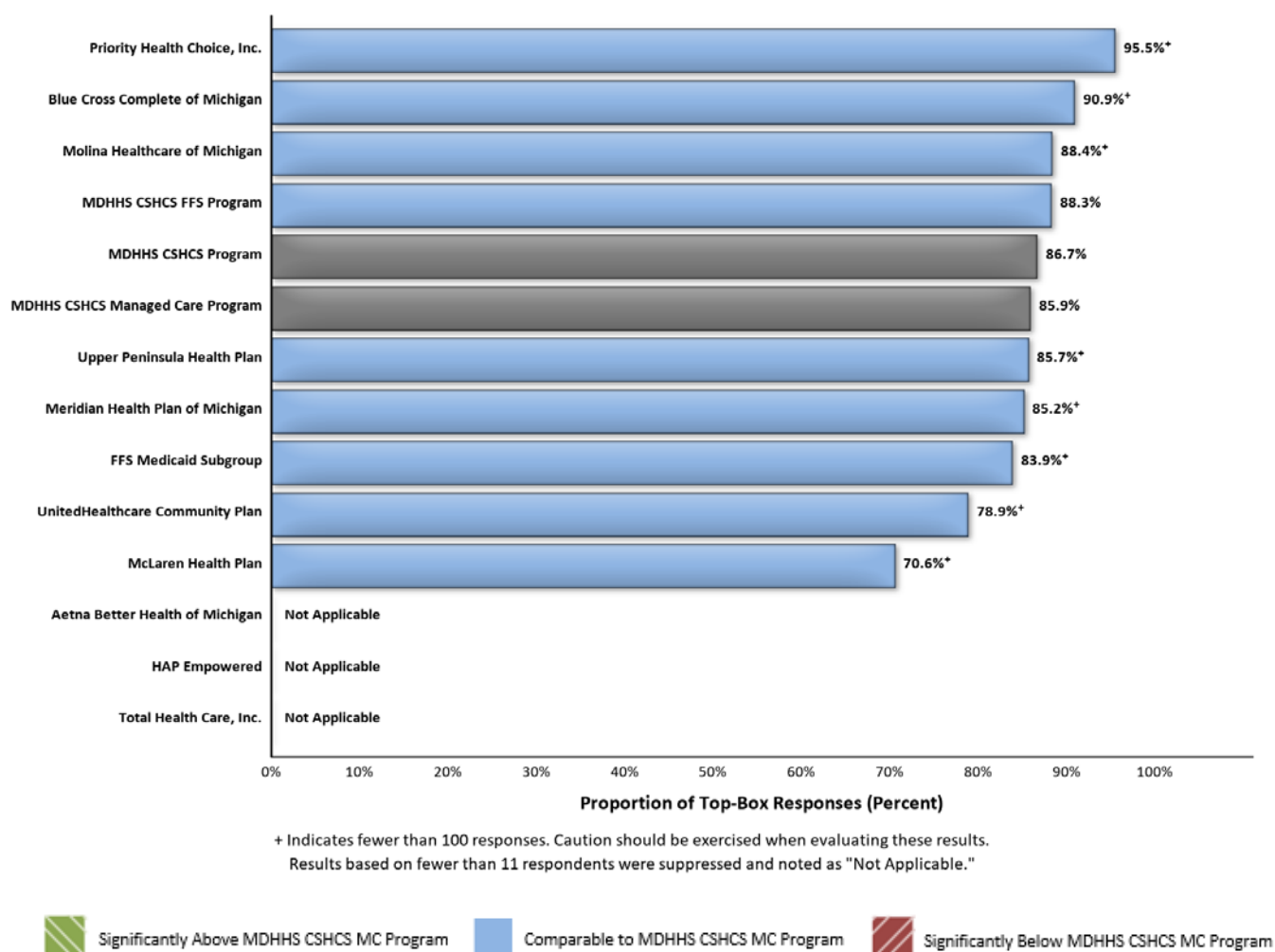


CMDS Clinic

Figure 3-32 and Figure 3-33 show the managed care and FFS comparisons, respectively, for the *CMDS Clinic* measure.³⁻¹¹

Managed Care Comparisons

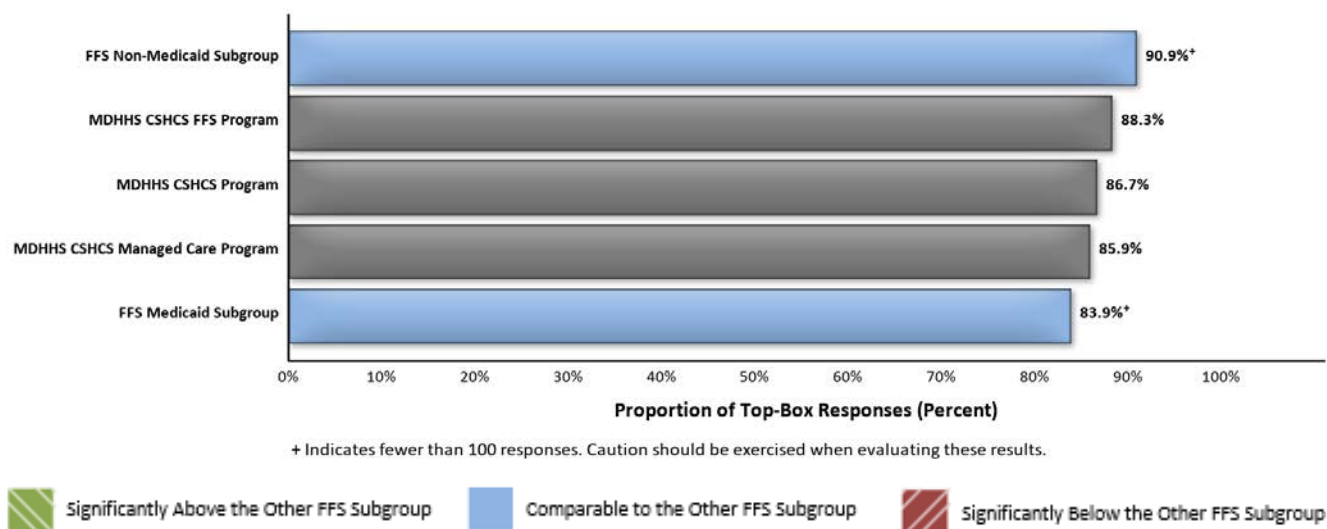
**Figure 3-32—Managed Care Comparisons
CMDS Clinic Top-Box Scores**



³⁻¹¹ The *CMDS Clinic* individual item measure survey question is not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2020 NCQA national average is not available for this measure.

FFS Comparisons

**Figure 3-33—FFS Comparisons
CMD5 Clinic Top-Box Scores**

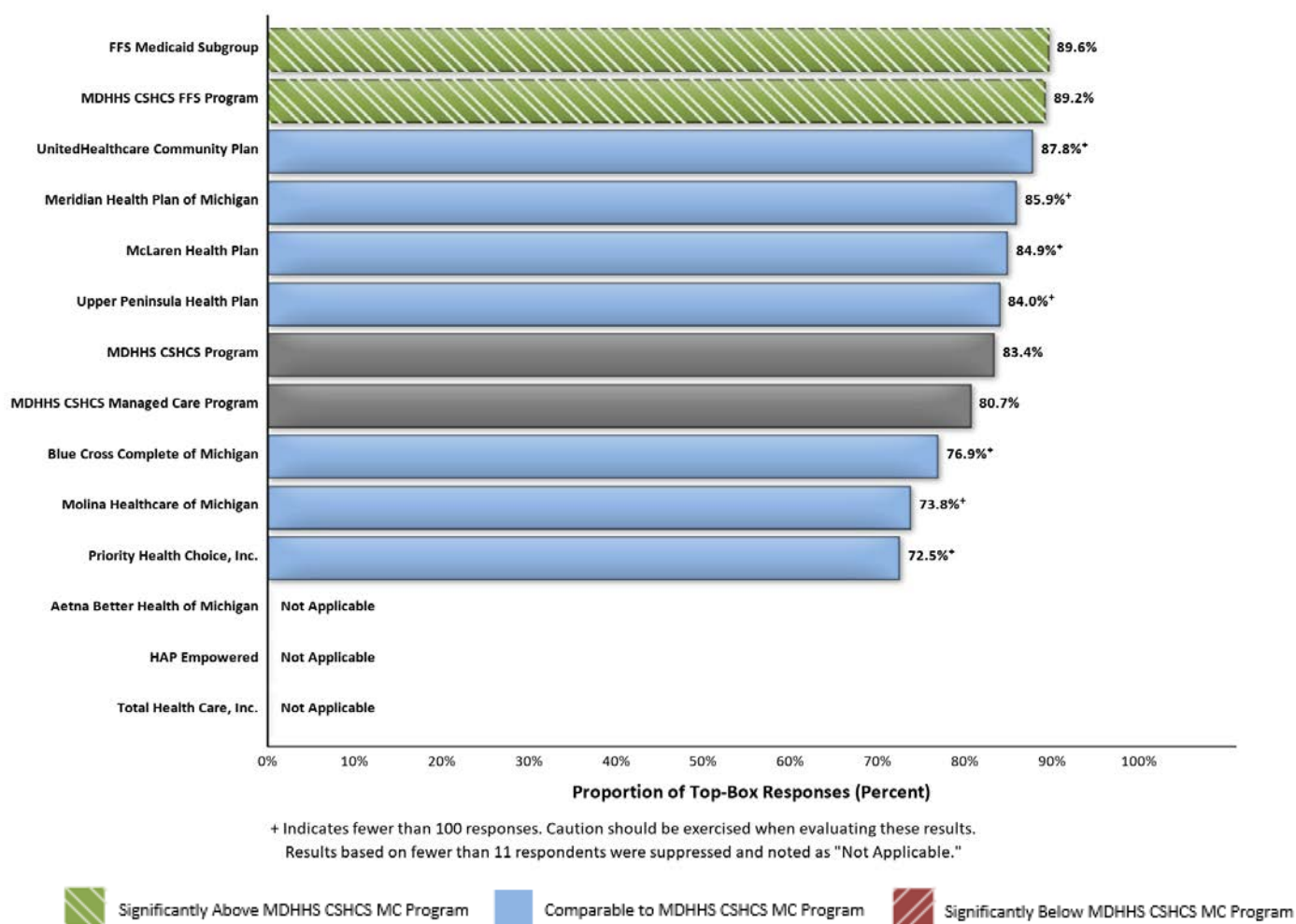


Local Health Department Services

Figure 3-34 and Figure 3-35 show the managed care and FFS comparisons, respectively, for the *Local Health Department Services* measure.³⁻¹²

Managed Care Comparisons

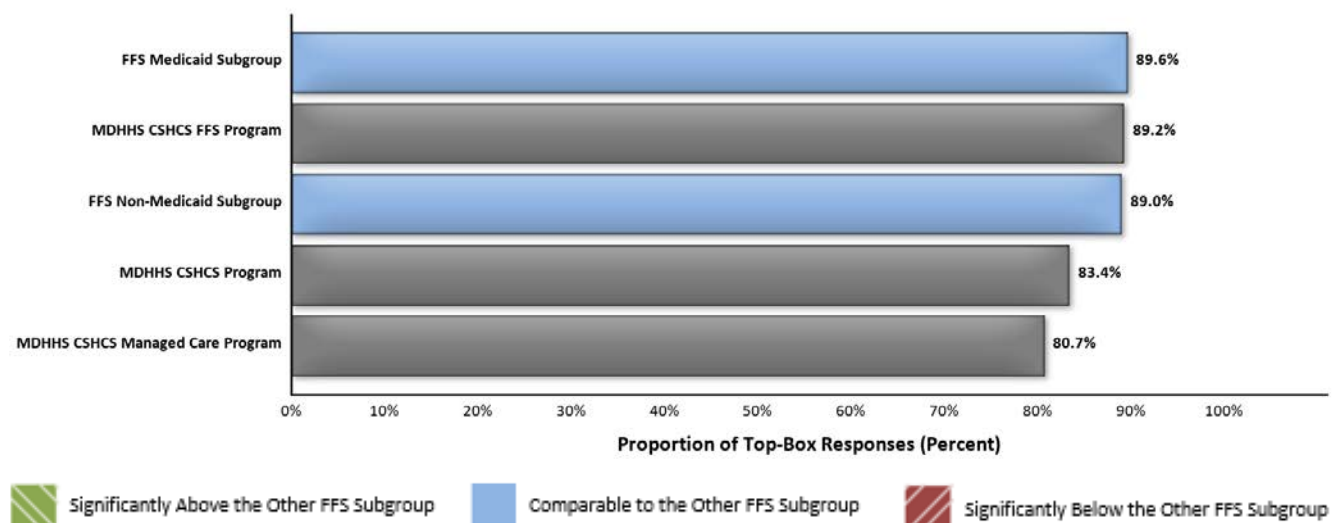
Figure 3-34—Managed Care Comparisons
Local Health Department Services Top-Box Scores



³⁻¹² The *Local Health Department Services* individual item measure survey question is not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2020 NCQA national average is not available for this measure.

FFS Comparisons

**Figure 3-35—FFS Comparisons
Local Health Department Services Top-Box Scores**

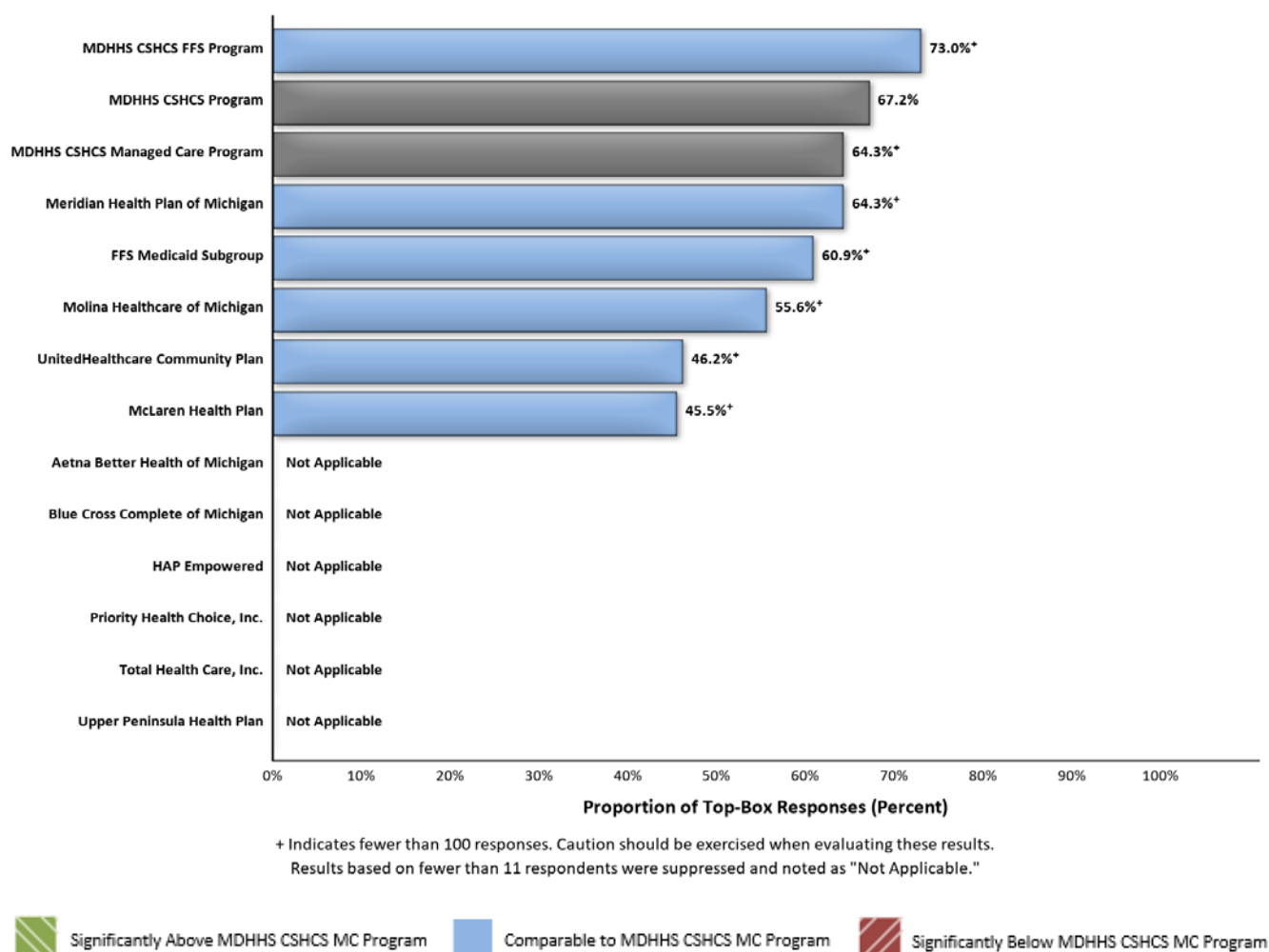


Beneficiary Help Line

Figure 3-36 and Figure 3-37 show the managed care and FFS comparisons, respectively, for the *Beneficiary Help Line* measure.³⁻¹³

Managed Care Comparisons

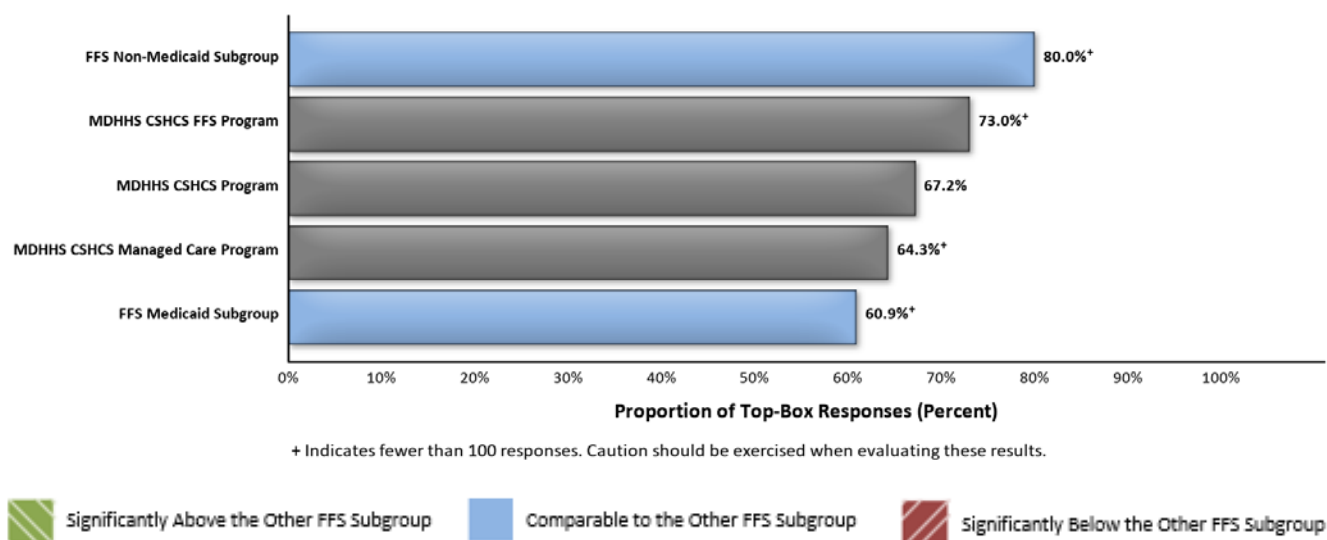
**Figure 3-36—Managed Care Comparisons
Beneficiary Help Line Top-Box Scores**



³⁻¹³ The *Beneficiary Help Line* individual item measure survey question is not included in the standard CAHPS 5.1 Child Medicaid Health Plan Survey and is specific to the CSHCS Survey. Therefore, a 2020 NCQA national average is not available for this measure.

FFS Comparisons

**Figure 3-37—FFS Comparisons
Beneficiary Help Line Top-Box Scores**



4. Trend Analysis

The 2021 scores were compared to the 2019 and 2020 scores to determine whether there were statistically significant differences. Statistically significant differences between 2021 scores and previous years' scores are noted with triangles. Statistical significance is impacted by the size of the respondent population; therefore, while there might be differences that are important, they are not statistically significant due to small denominators. Measures with fewer than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents. HSAG did not present results for measures with fewer than 11 responses, which are indicated as "Not Applicable (NA)" within the tables. HSAG did not present results for measures that were not trendable, which are indicated as "Not Trendable (NT)" within the tables.

Global Ratings

Rating of Health Plan

Table 4-1 shows the 2019, 2020, and 2021 top-box scores and trend results for *Rating of Health Plan*.

Table 4-1—Rating of Health Plan Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	65.4%	68.5%	67.5%	—	—
MDHHS CSHCS FFS Program	60.1%	67.4%	66.3%	▲	—
FFS Medicaid Subgroup	61.1%	61.9%	63.3%	—	—
FFS Non-Medicaid Subgroup	59.6%	70.0%	68.1%	▲	—
MDHHS CSHCS Managed Care Program	68.1%	69.1%	68.1%	—	—
Aetna Better Health of Michigan	57.7% ⁺	52.6% ⁺	52.4% ⁺	—	—
Blue Cross Complete of Michigan	67.6%	65.0%	71.7%	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	71.7%	66.4%	64.5%	—	—
Meridian Health Plan of Michigan	68.7%	73.8%	68.0%	—	—
Molina Healthcare of Michigan	65.4%	63.4%	64.0%	—	—
Priority Health Choice, Inc.	71.7%	77.5%	73.4%	—	—
Total Health Care, Inc.	65.0% ⁺	74.2% ⁺	75.0% ⁺	—	—
UnitedHealthcare Community Plan	67.8%	70.6%	66.5%	—	—
Upper Peninsula Health Plan	68.8% ⁺	70.1%	76.9%	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Rating of Health Care

Table 4-2 shows the 2019, 2020, and 2021 top-box scores and the trend results for *Rating of Health Care*.

Table 4-2—Rating of Health Care Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	71.9%	72.5%	71.6%	—	—
MDHHS CSHCS FFS Program	74.7%	75.5%	75.6%	—	—
FFS Medicaid Subgroup	73.6%	71.9%	72.8%	—	—
FFS Non-Medicaid Subgroup	75.3%	77.1%	77.3%	—	—
MDHHS CSHCS Managed Care Program	70.5%	70.9%	69.7%	—	—
Aetna Better Health of Michigan	57.7% ⁺	55.0% ⁺	80.0% ⁺	—	—
Blue Cross Complete of Michigan	68.0%	70.1%	75.0%	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	70.3%	70.9%	65.3%	—	—
Meridian Health Plan of Michigan	74.4%	73.1%	68.0%	—	—
Molina Healthcare of Michigan	70.1%	68.6%	65.2%	—	—
Priority Health Choice, Inc.	74.3%	73.2%	77.2%	—	—
Total Health Care, Inc.	74.4% ⁺	74.2% ⁺	77.4% ⁺	—	—
UnitedHealthcare Community Plan	67.2%	72.3%	71.6%	—	—
Upper Peninsula Health Plan	57.3% ⁺	63.6%	62.6%	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in previous years. [▼] Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Rating of Specialist Seen Most Often

Table 4-3 shows the 2019, 2020, and 2021 top-box scores and trend results for *Rating of Specialist Seen Most Often*.

Table 4-3—Rating of Specialist Seen Most Often Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	74.5%	76.9%	74.9%	—	—
MDHHS CSHCS FFS Program	77.8%	79.6%	77.7%	—	—
FFS Medicaid Subgroup	74.8%	78.1%	77.1%	—	—
FFS Non-Medicaid Subgroup	79.4%	80.3%	78.0%	—	—
MDHHS CSHCS Managed Care Program	72.7%	75.4%	73.6%	—	—
Aetna Better Health of Michigan	75.0% ⁺	72.7% ⁺	66.7% ⁺	—	—
Blue Cross Complete of Michigan	71.2%	75.1%	72.7%	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	76.5%	73.7%	68.6%	—	—
Meridian Health Plan of Michigan	77.6%	79.0%	73.1%	—	—
Molina Healthcare of Michigan	67.9%	72.4%	73.1%	—	—
Priority Health Choice, Inc.	74.0%	78.0%	79.8%	—	—
Total Health Care, Inc.	54.2% ⁺	69.6% ⁺	82.6% ⁺	▲	—
UnitedHealthcare Community Plan	70.5%	76.2%	73.3%	—	—
Upper Peninsula Health Plan	76.7% ⁺	67.2% ⁺	78.5% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Rating of CMDS Clinic

Table 4-4 shows the 2019, 2020, and 2021 top-box scores and the trend results for *Rating of CMDS Clinic*.

Table 4-4—Rating of CMDS Clinic Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	74.0%	73.9%	69.0%	—	—
MDHHS CSHCS FFS Program	72.0%	71.9%	73.8%	—	—
FFS Medicaid Subgroup	77.3% ⁺	73.0% ⁺	67.7% ⁺	—	—
FFS Non-Medicaid Subgroup	69.2% ⁺	71.4% ⁺	77.4% ⁺	—	—
MDHHS CSHCS Managed Care Program	75.0%	74.9%	66.7%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	69.6% ⁺	67.7% ⁺	61.9% ⁺	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	71.7% ⁺	78.0% ⁺	55.6% ⁺	—	—
Meridian Health Plan of Michigan	75.0% ⁺	83.3% ⁺	66.7% ⁺	—	—
Molina Healthcare of Michigan	75.9% ⁺	72.5% ⁺	66.7% ⁺	—	—
Priority Health Choice, Inc.	88.2% ⁺	70.4% ⁺	71.4% ⁺	—	—
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	74.1% ⁺	75.0% ⁺	70.3% ⁺	—	—
Upper Peninsula Health Plan	NA	84.6% ⁺	85.7% ⁺	NT	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in previous years. [▼] Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Rating of Beneficiary Help Line

Table 4-5 shows the 2019, 2020, and 2021 top-box scores and the trend results for *Rating of Beneficiary Help Line*.

Table 4-5—Rating of Beneficiary Help Line Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	44.7%	50.7%	43.1%	—	—
MDHHS CSHCS FFS Program	40.3%⁺	47.7%⁺	51.1%⁺	—	—
FFS Medicaid Subgroup	43.9% ⁺	39.3% ⁺	43.5% ⁺	—	—
FFS Non-Medicaid Subgroup	38.5% ⁺	51.5% ⁺	55.6% ⁺	—	—
MDHHS CSHCS Managed Care Program	47.1%	52.3%	39.0%⁺	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	48.4% ⁺	57.9% ⁺	NA	NT	NT
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	45.8% ⁺	46.2% ⁺	18.2% ⁺	—	—
Meridian Health Plan of Michigan	48.4% ⁺	50.0% ⁺	43.8% ⁺	—	—
Molina Healthcare of Michigan	57.1% ⁺	52.9% ⁺	42.1% ⁺	—	—
Priority Health Choice, Inc.	38.5% ⁺	30.8% ⁺	NA	NT	NT
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	33.3% ⁺	69.2% ⁺	38.5% ⁺	—	—
Upper Peninsula Health Plan	NA	NA	NA	NT	NT
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in previous years. [▼] Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Composite Measures

Customer Service

Table 4-6 shows the 2019, 2020, and 2021 top-box scores and trend results for the *Customer Service* composite measure.

Table 4-6—Customer Service Composite Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	86.5%	89.1%	88.1%	—	—
MDHHS CSHCS FFS Program	85.9%	91.0%	92.4%	▲	—
FFS Medicaid Subgroup	82.8% ⁺	87.7% ⁺	91.8% ⁺	▲	—
FFS Non-Medicaid Subgroup	87.5%	92.6%	92.8%	▲	—
MDHHS CSHCS Managed Care Program	86.8%	88.1%	86.0%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	84.8% ⁺	86.5% ⁺	88.2% ⁺	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	87.7% ⁺	86.8% ⁺	79.5% ⁺	—	—
Meridian Health Plan of Michigan	89.7%	91.0%	89.8% ⁺	—	—
Molina Healthcare of Michigan	87.0% ⁺	84.2% ⁺	82.5% ⁺	—	—
Priority Health Choice, Inc.	84.3% ⁺	91.6% ⁺	86.3% ⁺	—	—
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	80.8% ⁺	88.0% ⁺	84.5% ⁺	—	—
Upper Peninsula Health Plan	96.2% ⁺	91.9% ⁺	96.7% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

How Well Doctors Communicate

Table 4-7 shows the 2019, 2020, and 2021 top-box scores and trend results for the *How Well Doctors Communicate* composite measure.

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

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	93.5%	95.3%	93.4%	—	—
MDHHS CSHCS FFS Program	95.1%	97.7%	96.5%	—	—
FFS Medicaid Subgroup	94.9%	97.7%	94.5%	—	—
FFS Non-Medicaid Subgroup	95.3%	97.8%	97.7%	—	—
MDHHS CSHCS Managed Care Program	92.6%	94.0%	91.9%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	92.0%	94.3% ⁺	94.3% ⁺	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	89.9%	95.3% ⁺	95.5% ⁺	▲	—
Meridian Health Plan of Michigan	94.5%	95.5%	92.2% ⁺	—	—
Molina Healthcare of Michigan	93.6%	91.3% ⁺	90.0% ⁺	—	—
Priority Health Choice, Inc.	91.7%	97.1% ⁺	94.5% ⁺	—	—
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	91.8%	92.7% ⁺	89.5% ⁺	—	—
Upper Peninsula Health Plan	88.3% ⁺	94.4% ⁺	93.2% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Access to Specialized Services

Table 4-8 shows the 2019, 2020, and 2021 top-box scores and trend results for the *Access to Specialized Services* composite measure.

Table 4-8—Access to Specialized Services Composite Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	74.0%	72.9%	73.8%	—	—
MDHHS CSHCS FFS Program	74.7%	74.5%	73.4%	—	—
FFS Medicaid Subgroup	74.9%	75.9%	73.7%	—	—
FFS Non-Medicaid Subgroup	74.6%	73.9%	73.3%	—	—
MDHHS CSHCS Managed Care Program	73.6%	71.9%	74.0%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	68.4% ⁺	70.9% ⁺	75.9% ⁺	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	77.4% ⁺	77.2% ⁺	79.2% ⁺	—	—
Meridian Health Plan of Michigan	80.1%	72.1% ⁺	69.8% ⁺	▼	—
Molina Healthcare of Michigan	73.0% ⁺	66.7% ⁺	75.2% ⁺	—	—
Priority Health Choice, Inc.	70.5% ⁺	77.3% ⁺	70.6% ⁺	—	—
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	68.8% ⁺	74.2% ⁺	72.9% ⁺	—	—
Upper Peninsula Health Plan	71.3% ⁺	66.6% ⁺	84.7% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Transportation

Table 4-9 shows the 2019, 2020, and 2021 top-box scores and trend results for the *Transportation* composite measure.

Table 4-9—Transportation Composite Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	75.9%	83.4%	74.9%	—	▼
MDHHS CSHCS FFS Program	82.2%⁺	84.8%⁺	81.5%⁺	—	—
FFS Medicaid Subgroup	74.9% ⁺	68.8% ⁺	51.7% ⁺	—	—
FFS Non-Medicaid Subgroup	86.1% ⁺	92.2% ⁺	98.8% ⁺	▲	—
MDHHS CSHCS Managed Care Program	72.6%	82.6%	71.7%	—	▼
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	72.8% ⁺	67.5% ⁺	NA	NT	NT
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	87.6% ⁺	81.7% ⁺	77.6% ⁺	—	—
Meridian Health Plan of Michigan	68.8% ⁺	91.6% ⁺	63.1% ⁺	—	▼
Molina Healthcare of Michigan	72.3% ⁺	79.5% ⁺	90.7% ⁺	▲	—
Priority Health Choice, Inc.	77.1% ⁺	89.5% ⁺	80.4% ⁺	—	—
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	63.7% ⁺	89.5% ⁺	68.1% ⁺	—	—
Upper Peninsula Health Plan	84.2% ⁺	80.8% ⁺	94.1% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

CSHCS Family Center

Table 4-10 shows the 2019, 2020, and 2021 top-box scores and trend results for the *CSHCS Family Center* composite measure.

Table 4-10—CSHCS Family Center Composite Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	77.8%	72.3%⁺	66.9%⁺	▼	—
MDHHS CSHCS FFS Program	73.7%⁺	72.1%⁺	60.5%⁺	—	—
FFS Medicaid Subgroup	75.8% ⁺	71.2% ⁺	NA	NT	NT
FFS Non-Medicaid Subgroup	72.6% ⁺	72.5% ⁺	65.0% ⁺	—	—
MDHHS CSHCS Managed Care Program	80.0%⁺	72.5%⁺	69.4%⁺	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	88.1% ⁺	NA	NA	NT	NT
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	91.2% ⁺	63.3% ⁺	NA	NT	NT
Meridian Health Plan of Michigan	76.5% ⁺	NA	NA	NT	NT
Molina Healthcare of Michigan	93.0% ⁺	NA	70.7% ⁺	—	NT
Priority Health Choice, Inc.	50.0% ⁺	NA	NA	NT	NT
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	65.6% ⁺	90.6% ⁺	NA	NT	NT
Upper Peninsula Health Plan	NA	NA	NA	NT	NT
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Individual Item Measures

Access to Prescription Medicines

Table 4-11 shows the 2019, 2020, and 2021 top-box scores and trend results for the *Access to Prescription Medicines* individual item measure.

Table 4-11—Access to Prescription Medicines Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	88.1%	91.4%	90.3%	▲	—
MDHHS CSHCS FFS Program	87.7%	90.4%	88.3%	—	—
FFS Medicaid Subgroup	87.1%	88.8%	87.9%	—	—
FFS Non-Medicaid Subgroup	88.1%	91.2%	88.5%	—	—
MDHHS CSHCS Managed Care Program	88.2%	91.9%	91.2%	▲	—
Aetna Better Health of Michigan	94.1% ⁺	83.3% ⁺	93.8% ⁺	—	—
Blue Cross Complete of Michigan	89.8%	94.1%	92.7%	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	87.6%	91.0%	88.8%	—	—
Meridian Health Plan of Michigan	86.3%	92.1%	89.9%	—	—
Molina Healthcare of Michigan	85.7%	89.6%	91.2%	—	—
Priority Health Choice, Inc.	91.1%	92.0%	91.0%	—	—
Total Health Care, Inc.	88.5% ⁺	95.8% ⁺	95.7% ⁺	—	—
UnitedHealthcare Community Plan	92.4%	92.9%	95.1%	—	—
Upper Peninsula Health Plan	88.2% ⁺	96.1% ⁺	87.8% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

CMDS Clinic

Table 4-12 shows the 2019, 2020, and 2021 top-box scores and trend results for the *CMDS Clinic* individual item measure.

Table 4-12—CMDS Clinic Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	86.1%	86.0%	86.7%	—	—
MDHHS CSHCS FFS Program	87.4%	90.6%	88.3%	—	—
FFS Medicaid Subgroup	86.4% ⁺	94.6% ⁺	83.9% ⁺	—	▼
FFS Non-Medicaid Subgroup	87.9% ⁺	88.7% ⁺	90.9% ⁺	—	—
MDHHS CSHCS Managed Care Program	85.5%	83.5%	85.9%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	76.6% ⁺	71.0% ⁺	90.9% ⁺	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	84.4% ⁺	77.5% ⁺	70.6% ⁺	—	—
Meridian Health Plan of Michigan	89.7% ⁺	92.6% ⁺	85.2% ⁺	—	—
Molina Healthcare of Michigan	83.3% ⁺	82.5% ⁺	88.4% ⁺	—	—
Priority Health Choice, Inc.	96.2% ⁺	89.3% ⁺	95.5% ⁺	—	—
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	82.8% ⁺	81.1% ⁺	78.9% ⁺	—	—
Upper Peninsula Health Plan	NA	100.0% ⁺	85.7% ⁺	NT	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Local Health Department Services

Table 4-13 shows the 2019, 2020, and 2021 top-box scores and trend results for the *Local Health Department Services* individual item measure.

Table 4-13—Local Health Department Services Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	82.2%	80.9%	83.4%	—	—
MDHHS CSHCS FFS Program	85.9%	88.3%	89.2%	—	—
FFS Medicaid Subgroup	82.4%	88.6%	89.6%	—	—
FFS Non-Medicaid Subgroup	87.8%	88.2%	89.0%	—	—
MDHHS CSHCS Managed Care Program	80.2%	76.9%	80.7%	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	78.9% ⁺	76.0% ⁺	76.9% ⁺	—	—
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	81.4% ⁺	69.6%	84.9% ⁺	—	▲
Meridian Health Plan of Michigan	80.1%	76.7%	85.9% ⁺	—	—
Molina Healthcare of Michigan	80.5% ⁺	70.3% ⁺	73.8% ⁺	—	—
Priority Health Choice, Inc.	80.6% ⁺	82.2% ⁺	72.5% ⁺	—	—
Total Health Care, Inc.	86.7% ⁺	NA	NA	NT	NT
UnitedHealthcare Community Plan	82.1% ⁺	85.9% ⁺	87.8% ⁺	—	—
Upper Peninsula Health Plan	64.5% ⁺	90.3% ⁺	84.0% ⁺	—	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in previous years. ▼ Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

Beneficiary Help Line

Table 4-14 shows the 2019, 2020, and 2021 top-box scores and trend results for the *Beneficiary Help Line* individual item measure.

Table 4-14—Beneficiary Help Line Trend Analysis

	2019	2020	2021	Trend Results (2021-2019)	Trend Results (2021-2020)
MDHHS CSHCS Program	62.5%	68.7%	67.2%	—	—
MDHHS CSHCS FFS Program	59.7%⁺	66.6%⁺	73.0%⁺	—	—
FFS Medicaid Subgroup	66.7% ⁺	59.1% ⁺	60.9% ⁺	—	—
FFS Non-Medicaid Subgroup	56.0% ⁺	70.0% ⁺	80.0% ⁺	—	—
MDHHS CSHCS Managed Care Program	64.0%	69.9%⁺	64.3%⁺	—	—
Aetna Better Health of Michigan	NA	NA	NA	NT	NT
Blue Cross Complete of Michigan	76.0% ⁺	82.4% ⁺	NA	NT	NT
HAP Empowered	NA	NA	NA	NT	NT
McLaren Health Plan	72.7% ⁺	70.0% ⁺	45.5% ⁺	—	—
Meridian Health Plan of Michigan	53.6% ⁺	83.3% ⁺	64.3% ⁺	—	—
Molina Healthcare of Michigan	83.3% ⁺	46.7% ⁺	55.6% ⁺	—	—
Priority Health Choice, Inc.	45.5% ⁺	NA	NA	NT	NT
Total Health Care, Inc.	NA	NA	NA	NT	NT
UnitedHealthcare Community Plan	54.5% ⁺	81.8% ⁺	46.2% ⁺	—	—
Upper Peninsula Health Plan	NA	NA	NA	NT	NT
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in previous years. [▼] Statistically significantly lower in 2021 than in previous years. — Not statistically significantly different in 2021 than in previous years. NA Indicates that results for this measure are not displayed because too few members responded to the question(s). NT Indicates the results for this measure are not trendable.					

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 Health Care*, and *Rating of Specialist Seen Most Often*. 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 2-9.

Figure 5-1 through Figure 5-3 depict the results of the analysis for the MDHHS CSHCS Program. The items identified as key drivers are indicated with a red diamond.

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

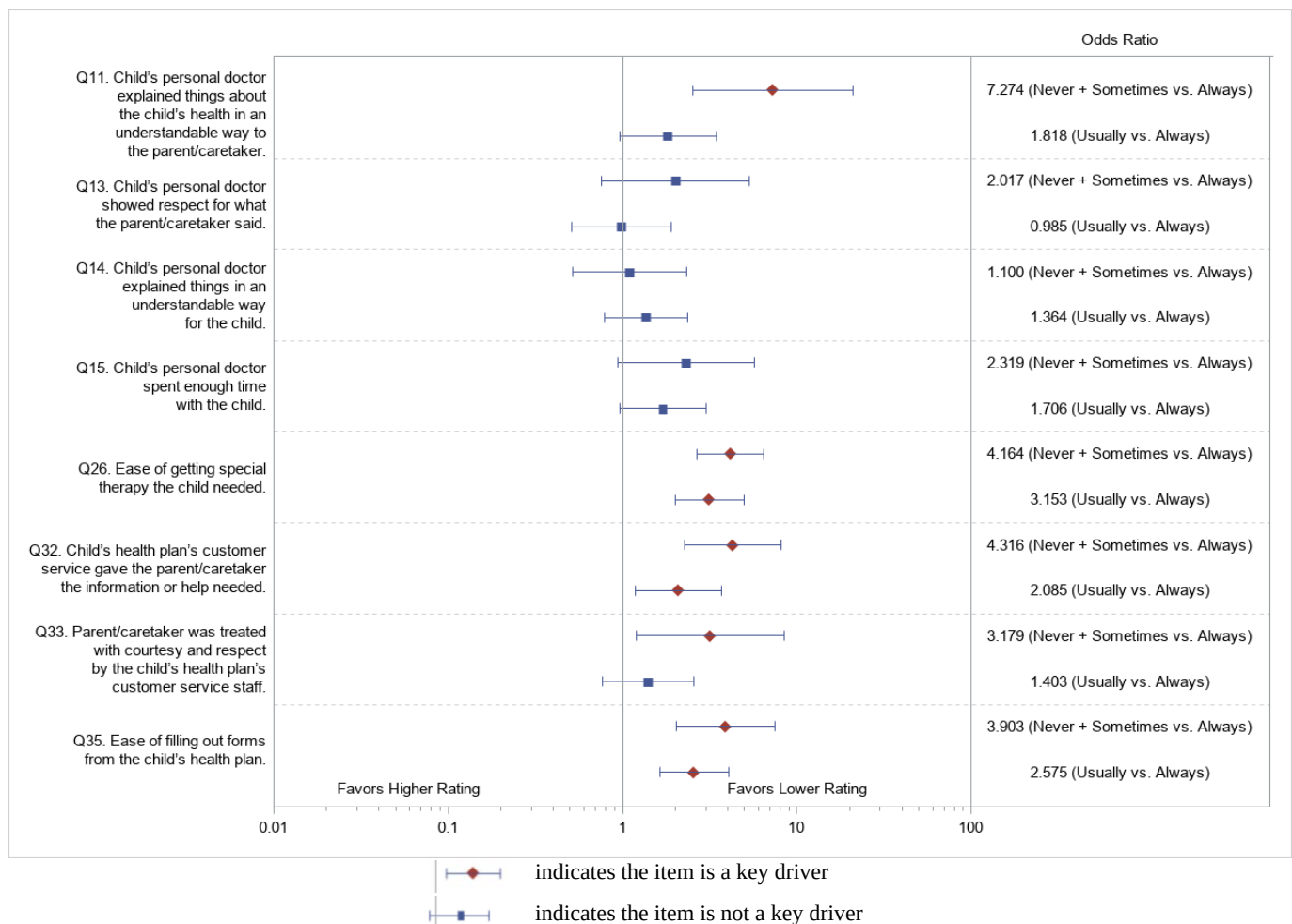


Figure 5-2—MDHHS CSHCS Program Key Drivers of Member Experience: Rating of Health Care

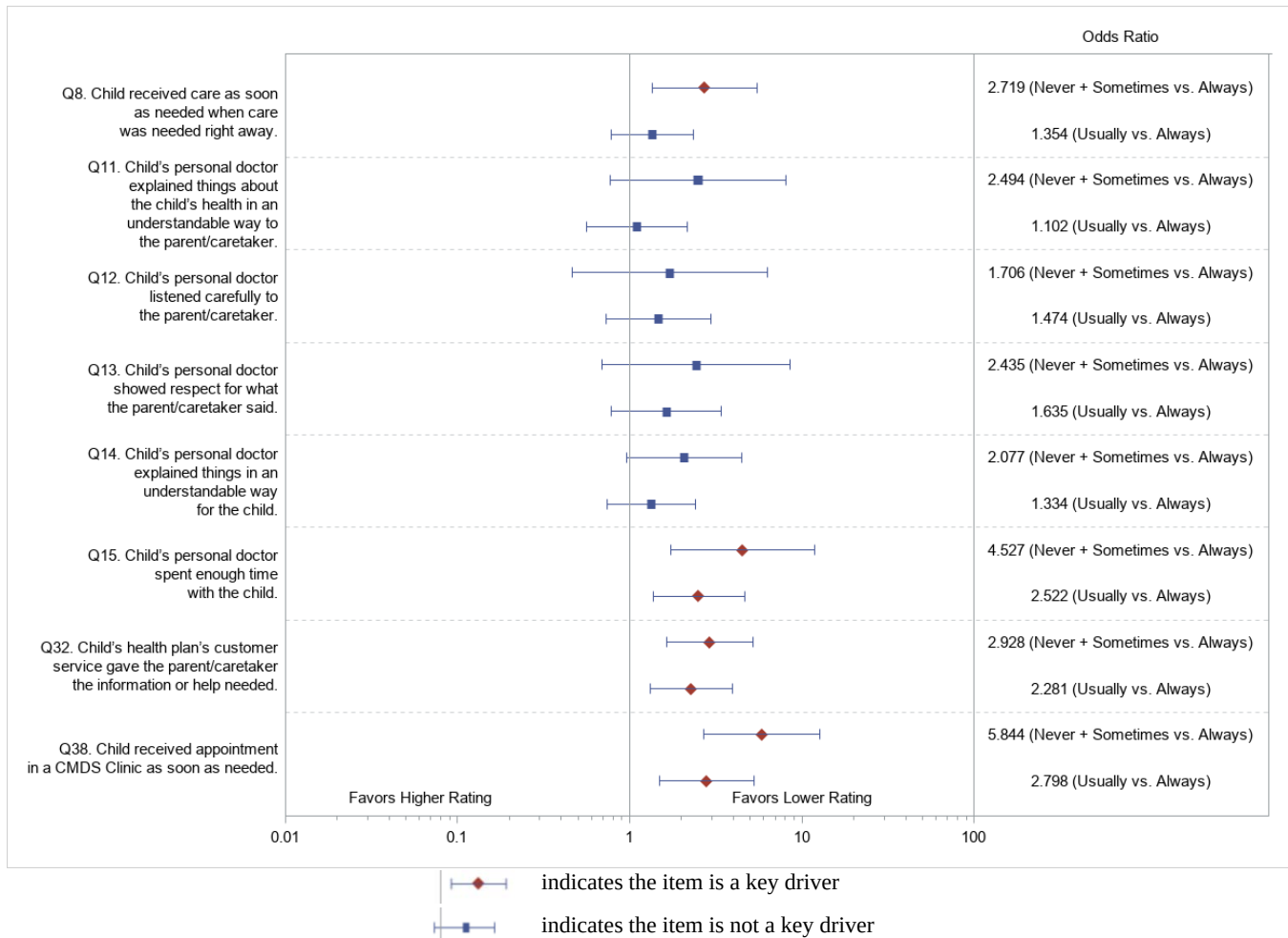
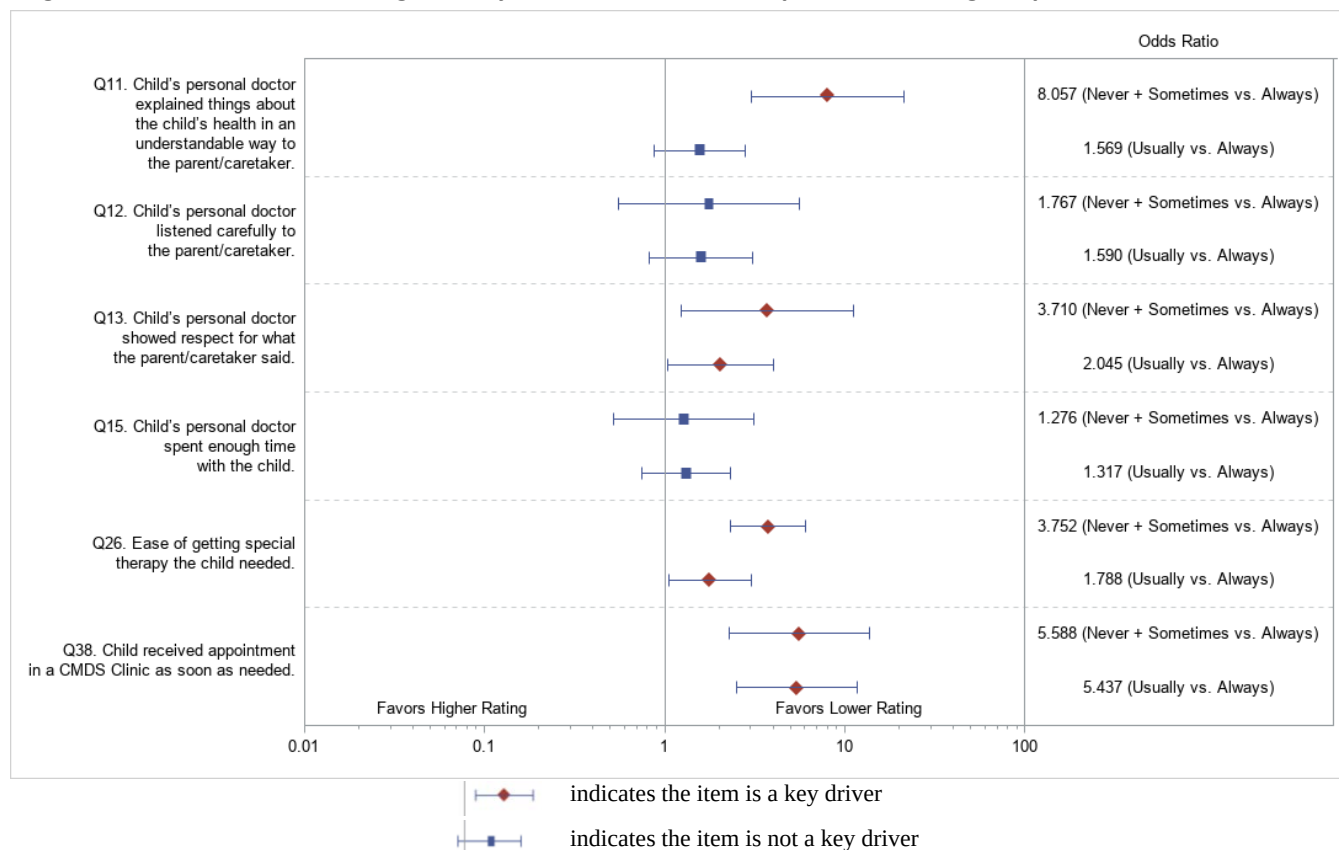


Figure 5-3—MDHHS CSHCS Program Key Drivers of Member Experience: Rating of Specialist Seen Most Often



6. Survey Instrument

Survey Instrument

The survey instrument selected was a modified version of the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. This section provides a copy of the survey instrument administered. The first question in the survey asked the parent or caregiver to confirm their child's enrollment. For sampled members in an MHP, the MHP name was included in the first survey question. For sampled members in the FFS Medicaid subgroup, the parent or caregiver was asked if their child was enrolled in Children's Special Health Care Services and Michigan Medicaid. For sampled members in the FFS non-Medicaid subgroup, the parent or caregiver was asked if their child was enrolled in Children's Special Health Care Services.



All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. 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 barcode number on the front 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 1-877-455-7158.

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks



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

☒ Yes ➔ *Go to Question 1*
☐ No

↓ START HERE ↓

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

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

☐ Yes ➔ *Go to Question 3*
☐ No

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



HEALTH CARE FROM A SPECIALIST

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

3. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?
- ☐ Yes
- ☐ No ➔ *Go to Question 7*
4. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
5. How many specialists has your child talked to in the last 6 months?
- ☐ None ➔ *Go to Question 7*
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists
6. We want to know your rating of the specialist your child 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

HEALTH CARE FOR CSHCS CONDITION	
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These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

7. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?
- ☐ Yes
- ☐ No ➔ **Go to Question 16**
8. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
9. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?
- ☐ None ➔ **Go to Question 16**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times
10. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
11. In the last 6 months, how often did your child's doctor or other health providers explain things about your child's health in a way that was easy to understand?
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

12. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

13. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

14. In the last 6 months, how often did your child's doctors or other health providers explain things in a way that was easy for your child to understand?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child is not able to understand or speak with his or her doctor

15. In the last 6 months, how often did doctors or other health providers spend enough time with your child?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

16. In the last 6 months, did your child get care from more than one kind of health provider or use more than one kind of health care service?

☐ Yes
☐ No → Go to Question 18

17. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

☐ Yes
☐ No

18. We want to know your rating of health care for your child's CSHCS condition in the last 6 months from all doctors and other health providers. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

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

PRESCRIPTIONS

The next questions are about prescription medicine your child needed for the CSHCS condition.

19. In the last 6 months, did you get or refill any prescription medicines for your child?

☐ Yes
☐ No → Go to Question 22

20. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

21. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

☐ Yes
☐ No

SUPPLIES AND EQUIPMENT

22. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

☐ Yes
☐ No → Go to Question 25

23. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

24. Did anyone from your child's health plan, doctor's office, or clinic help you get the special medical equipment or devices for your child?

- ☐ Yes
- ☐ No

SPECIAL THERAPIES

25. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- ☐ Yes
- ☐ No → Go to Question 28

26. In the last 6 months, how often was it easy to get this therapy for your child?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

27. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- ☐ Yes
- ☐ No

TRANSPORTATION

28. In the last 6 months, did you ask for help with transportation related to the CSHCS condition for your child?

- ☐ Yes
- ☐ No → Go to Question 31

29. In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?

- ☐ Never → Go to Question 31
- ☐ Sometimes
- ☐ Usually
- ☐ Always

30. In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan. If your child is not in a Medicaid health plan, please answer these questions with regard to your child's Medicaid and/or CSHCS program experience.

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

- ☐ Yes
- ☐ No → Go to Question 34

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No → Go to Question 36

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

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

CHILDREN'S MULTIDISCIPLINARY SPECIALTY (CMDS) CLINICS

The following questions are about services delivered in Children's Multidisciplinary Specialty (CMDS) clinics. CMDS clinics include a variety of physician specialties and other health professionals who meet with CSHCS clients to evaluate the child and develop a comprehensive care plan. CMDS clinics are located in large pediatric hospitals.

37. Is your child being followed now, or has he or she had an appointment in the last 6 months, in a Children's Multidisciplinary Specialty (CMDS) Clinic?

☐ Yes
☐ No → Go to Question 44
☐ I don't know → Go to Question 44

38. In the last 6 months, how often did you get an appointment as soon as your child needed in a CMDS Clinic?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

39. Did anyone from your child's health plan, doctor's office, or clinic help you get an appointment in a CMDS Clinic for your child?

☐ Yes
☐ No

40. What is the diagnosis category that best describes the condition that is the main reason your child goes to a CMDS Clinic? (Please select only one.)

☐ Blood diseases, sickle cell disease, cancers, AIDS, hemophilia
☐ Amputation, limb loss, muscular dystrophy
☐ Neurology conditions, seizures
☐ Kidney or urinary disease
☐ Apnea, pulmonary (lung) and breathing difficulty conditions, cystic fibrosis, asthma
☐ Heart conditions
☐ Diabetes or endocrine disorders
☐ Spina Bifida
☐ Genetic and metabolic disease
☐ Stomach conditions
☐ Cleft Palate
☐ Other
☐ I don't know

41. Did your CMDS Clinic develop a plan of care for your child?

☐ Yes
☐ No
☐ I don't know

42. In the last 6 months, did anyone from your child's CMDS Clinic help coordinate your child's care?

☐ Yes
☐ No
☐ I don't know

43. We want to know your rating for the services that your child received in a CMDS Clinic in the last 6 months. Using any number from 0 to 10, where 0 is not useful at all and 10 is the most useful in helping your child, what number would you use to rate that CMDS clinic?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
0 1 2 3 4 5 6 7 8 9 10
Not useful at Most useful
all in helping in helping
my child my child

LOCAL HEALTH DEPARTMENT SERVICES

The next section is about services your child receives at the Children's Special Health Care Services office in your local health department.

44. In the last 6 months, have you had any contact, either by phone, mail, or in person, with the CSHCS office at your local or county health department?

☐ Yes
☐ No → **Go to Question 48**
☐ I don't know → **Go to Question 48**

45. In the last 6 months, how many times have you had contact, either by phone, mail, or in person, with the CSHCS office in your local health department?

☐ 1 time
☐ 2 times
☐ 3 times
☐ 4 or more times

46. From the list below, please mark all of the topics that have been covered in your contacts by phone, mail, or in person with the CSHCS office in the local health department in the last 6 months. Mark one or more.

☐ Adding or changing providers
☐ Arranging for a diagnostic evaluation
☐ Assistance to identify other community resources
☐ Financial review
☐ Application to join CSHCS
☐ Transportation assistance
☐ Care Coordination/Plan of Care
☐ Insurance or COBRA questions
☐ Children with Special Needs Fund
☐ Questions about Medicaid
☐ Assistance as child becomes an adult
☐ Other

47. Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.

☐ Extremely dissatisfied
☐ Somewhat dissatisfied
☐ Neither satisfied nor dissatisfied
☐ Somewhat satisfied
☐ Extremely satisfied

FAMILY CENTER

48. Have you received any information about the CSHCS Family Center in the last 6 months?

☐ Yes
☐ No
☐ I don't know

- 48a. Would you like more information about the CSHCS Family Center?

☐ Yes
☐ No

49. In the last 6 months, have you utilized any services provided by the CSHCS Family Center?

☐ Yes
☐ No → **Go to Question 51**

50. In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS Family Center?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

51. Did you know that there is a Parent-to-Parent Support Network available to support families of children with special needs?

☐ Yes
☐ No

- 51a. Would you like more information about a Parent-to-Parent Support Network that supports families of children with special needs?

☐ Yes
☐ No

52. Are you aware of the toll free CSHCS Family Phone Line (1-800-359-3722)?

☐ Yes
☐ No

- 52a. Would you like more information about the toll free CSHCS Family Phone Line?

☐ Yes
☐ No

If you answered "No" at Question 52, then go to Question 55.

53. In the last 6 months, did you call the toll free CSHCS Family Phone Line to get information or help for your child?

- ☐ Yes
☐ No → Go to Question 55

54. In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS Family Phone Line?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

BENEFICIARY HELP LINE

55. In the last 6 months, did you call the Beneficiary Help Line (1-800-642-3195) to get information or help for your child?

- ☐ Yes
☐ No → Go to Question 57

56. In the last 6 months, how often was it easy to get the help you needed when you called the Beneficiary Help Line?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

57. In the last 6 months, have you called the Beneficiary Help Line with a complaint or problem?

- ☐ Yes
☐ No → Go to Question 60

58. How long did it take the Beneficiary Help Line to resolve your complaint?

- ☐ Same day
☐ 2-7 days
☐ 8-14 days
☐ 15-21 days
☐ More than 21 days
☐ I am still waiting for it to be settled → Go to Question 60

59. Was your complaint or problem settled to your satisfaction?

- ☐ Yes
☐ No

If Question 55 and Question 57 were both answered "No", please skip Question 60 and go to Question 61.

60. We want to know your rating of all your experience with the Beneficiary Help Line. Using any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible, what number would you use to rate the Beneficiary Help Line in the last 6 months?

- | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Worst | | | | | | Best | | | | | |
| Experience | | | | | | Experience | | | | | |
| Possible | | | | | | Possible | | | | | |

ABOUT YOUR CHILD AND YOU

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

- ☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

62. What is your child's age?

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

63. Is your child male or female?

- ☐ Male
☐ Female

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

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

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

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

66. What is your age?

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

67. Are you male or female?

- ☐ Male
- ☐ Female

68. 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

69. How are you related to the child?

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

70. Are you listed as either the parent or guardian on CSHCS records?

- ☐ Yes
- ☐ No

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