

2020 Integrated Care Organization CAHPS® Report

*Michigan Department of Health and Human
Services*

August 2020



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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 Integrated Care Organization (ICO) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members in the ICO Program (also referred to as MI Health Link Program). MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Health Plan Survey for the MI Health Link Program.¹⁻¹ The goal of the CAHPS Health Plan Survey is to provide feedback that is actionable and that will aid in improving members’ overall experiences.

This report presents the 2020 CAHPS results of adult members enrolled in a MI Health Link health plan. A sample of 1,350 adult members was selected from each health plan. The survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.¹⁻² The surveys were completed by adult members from March to June 2020. Seven MI Health Link health plans were included in the 2020 survey as listed in Table 1-1.

Table 1-1—Participating MI Health Link Health Plans

Plan Name	Plan Name Abbreviation
Aetna Better Health Premier Plan	Aetna Better Health Premier Plan
AmeriHealth Caritas VIP Care Plus	AmeriHealth Caritas
HAP Empowered	HAP Empowered
MeridianComplete	MeridianComplete
Michigan Complete Health	Michigan Complete Health
Molina Dual Options MI Health Link Medicare-Medicaid Plan	Molina Dual Options
Upper Peninsula Health Plan MI Health Link Medicare-Medicaid Plan	Upper Peninsula Health Plan

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).

Report Overview

Results presented in this report include:

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

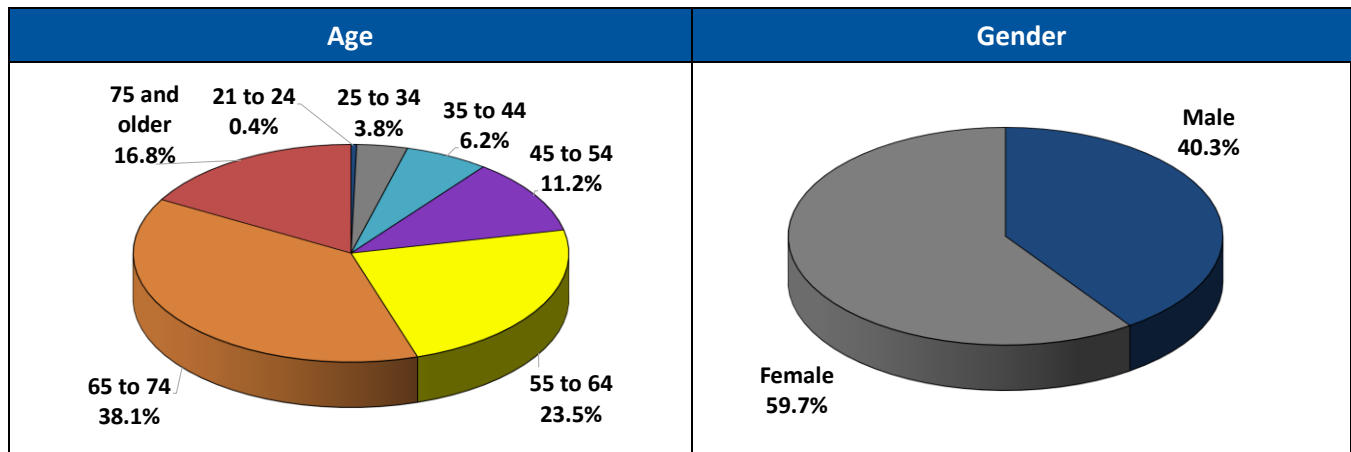
HSAG presents plan-level and aggregate statewide results (i.e., the MI Health Link Program) and compares them to national Medicaid data.¹⁻³ Additionally, the overall frequency (i.e., percentage) of responses for the supplemental items are reported.

Key Findings

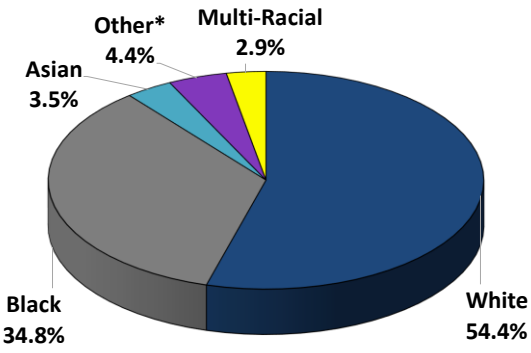
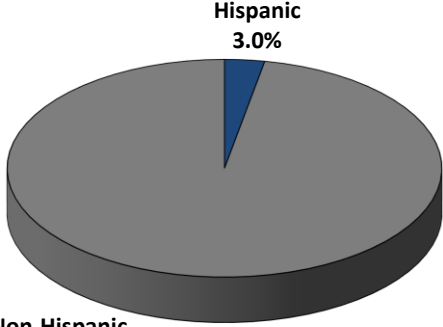
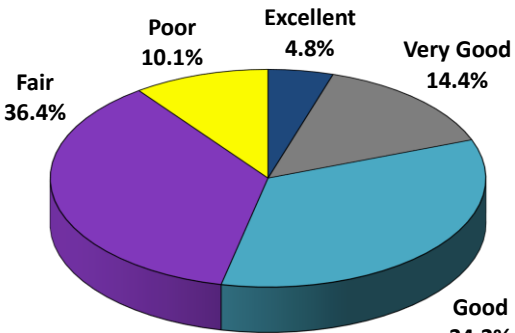
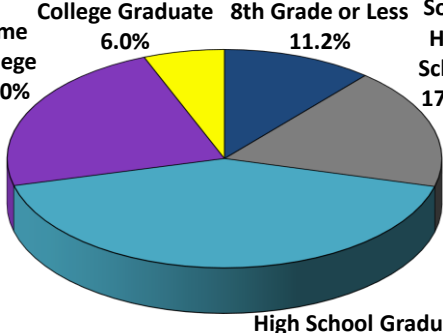
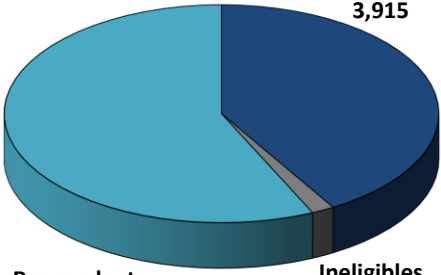
Survey Demographics and Dispositions

Table 1-2 provides an overview of the adult member demographics and survey dispositions for the MI Health Link Program. Please note, some percentages displayed in the table below may not total 100 percent due to rounding.

Table 1-2—Member Demographics and Survey Dispositions



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

Race	Ethnicity																								
 <p>A 3D pie chart showing the distribution of race among respondents. The largest slice is White at 54.4%, followed by Black at 34.8%. Other categories include Other* (4.4%), Multi-Racial (2.9%), and Asian (3.5%).</p> <table border="1"> <thead> <tr> <th>Race</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>54.4%</td> </tr> <tr> <td>Black</td> <td>34.8%</td> </tr> <tr> <td>Other*</td> <td>4.4%</td> </tr> <tr> <td>Multi-Racial</td> <td>2.9%</td> </tr> <tr> <td>Asian</td> <td>3.5%</td> </tr> </tbody> </table>	Race	Percentage	White	54.4%	Black	34.8%	Other*	4.4%	Multi-Racial	2.9%	Asian	3.5%	 <p>A 3D pie chart showing the distribution of ethnicity. Non-Hispanic respondents make up 97.0% of the total, while Hispanic respondents make up 3.0%.</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Non-Hispanic</td> <td>97.0%</td> </tr> <tr> <td>Hispanic</td> <td>3.0%</td> </tr> </tbody> </table>	Ethnicity	Percentage	Non-Hispanic	97.0%	Hispanic	3.0%						
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General Health Status	Education Level																								
 <p>A 3D pie chart showing the distribution of general health status. Fair is the most common status at 36.4%, followed by Good at 34.2%. Other categories include Very Good (14.4%), Poor (10.1%), and Excellent (4.8%).</p> <table border="1"> <thead> <tr> <th>Health Status</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Fair</td> <td>36.4%</td> </tr> <tr> <td>Good</td> <td>34.2%</td> </tr> <tr> <td>Very Good</td> <td>14.4%</td> </tr> <tr> <td>Poor</td> <td>10.1%</td> </tr> <tr> <td>Excellent</td> <td>4.8%</td> </tr> </tbody> </table>	Health Status	Percentage	Fair	36.4%	Good	34.2%	Very Good	14.4%	Poor	10.1%	Excellent	4.8%	 <p>A 3D pie chart showing the distribution of education levels. High School Graduate is the most common level at 41.9%, followed by Some College at 23.0%. Other categories include 8th Grade or Less (11.2%), Some High School (17.9%), and College Graduate (6.0%).</p> <table border="1"> <thead> <tr> <th>Education Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>High School Graduate</td> <td>41.9%</td> </tr> <tr> <td>Some College</td> <td>23.0%</td> </tr> <tr> <td>8th Grade or Less</td> <td>11.2%</td> </tr> <tr> <td>Some High School</td> <td>17.9%</td> </tr> <tr> <td>College Graduate</td> <td>6.0%</td> </tr> </tbody> </table>	Education Level	Percentage	High School Graduate	41.9%	Some College	23.0%	8th Grade or Less	11.2%	Some High School	17.9%	College Graduate	6.0%
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Survey Dispositions																									
<p>RESPONSE RATE = 42.14%</p>  <p>A 3D pie chart showing the distribution of survey dispositions. Respondents account for 3,915 (42.14%), Non-Respondents for 5,375 (57.86%), and Ineligibles for 160 (1.70%).</p> <table border="1"> <thead> <tr> <th>Disposition</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Respondents</td> <td>3,915</td> <td>42.14%</td> </tr> <tr> <td>Non-Respondents</td> <td>5,375</td> <td>57.86%</td> </tr> <tr> <td>Ineligibles</td> <td>160</td> <td>1.70%</td> </tr> </tbody> </table>		Disposition	Count	Percentage	Respondents	3,915	42.14%	Non-Respondents	5,375	57.86%	Ineligibles	160	1.70%												
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<p>*The "Other" Race category includes responses of Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other.</p>																									

NCQA Comparisons and Trend Analysis

HSAG calculated scores for each measure and compared the scores (i.e., rates of experience) for each measure to the National Committee for Quality Assurance's (NCQA's) 2019 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).^{1-4,1-5} Based on this comparison, HSAG determined star ratings of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of this analysis are found in the Results section beginning on page 3-5.

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

¹⁻⁴ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019*. Washington, DC: NCQA, September 2019.

¹⁻⁵ Given the potential differences in the demographic make-up of the MI Health Link population and services received from the MI Health Link health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA Quality Compass Benchmark and Compare Quality Data.

Table 1-3—NCQA Comparisons and Trend Analysis: MI Health Link Program

Measure	NCQA Comparisons	Trend Analysis
Global Ratings		
<i>Rating of Health Plan</i>	★★★★★ 69.0%	—
<i>Rating of All Health Care</i>	★★★★★ 59.6%	▲
<i>Rating of Personal Doctor</i>	★★★★★ 74.0%	▲
<i>Rating of Specialist Seen Most Often</i>	★★★★★ 73.9%	▲
Composite Measures		
<i>Getting Needed Care</i>	★★★★★ 87.4%	—
<i>Getting Care Quickly</i>	★★★★★ 87.5%	—
<i>How Well Doctors Communicate</i>	★★★★★ 94.3%	▲
<i>Customer Service</i>	★★★★★ 92.3%	—
Individual Item Measure		
<i>Coordination of Care</i>	★★★★★ 88.1%	▲
Effectiveness of Care Measures		
<i>Advising Smokers and Tobacco Users to Quit</i>	★★★★★ 86.5%	—
<i>Discussing Cessation Medications</i>	★★★★★ 66.7%	—
<i>Discussing Cessation Strategies</i>	★★★★★ 54.4%	—
Star Assignments Based on Percentiles: ★★★★★90th or Above ★★★★★75th-89th ★★★★★50th-74th ★★★★★25th-49th ★Below 25th ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.		

Statewide Comparisons

HSAG compared the MI Health Link health plan results to the MI Health Link Program to determine if plan results were statistically significantly different from the MI Health Link Program. The detailed results of this analysis are found in the Results section beginning on page 3-9. Table 1-4 shows a summary of the statistically significant results of this analysis.

Table 1-4—Statewide Comparisons: Statistically Significant Results

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	<i>How Well Doctors Communicate</i>	<i>Coordination of Care</i>
Aetna Better Health Premier Plan	↓			↓	
MeridianComplete			↓		
Michigan Complete Health	↓			↑	
Upper Peninsula Health Plan	↑	↑	↑	↑	↑
↑ Statistically significantly above the MI Health Link Program. ↓ Statistically significantly below the MI Health Link Program.					

2020 CAHPS Performance Measures

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 40 core questions that yield 12 measures. These measures include four global rating questions, four composite measures, one individual item measure, and three Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect overall member experience with their health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “*Getting Needed Care*” or “*Getting Care Quickly*”). The individual item measure is an individual question that looks at a specific area of care (i.e., “*Coordination of Care*”). The Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation.

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

Table 2-1—CAHPS Measures

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

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

Table 2-2—Question Language and Response Options

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

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

Question Language	Response Options
Individual Item Measure	
<i>Coordination of Care</i>	
17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Never, Sometimes, Usually, Always
Effectiveness of Care Measures	
<i>Advising Smokers and Tobacco Users to Quit</i>	
33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Never, Sometimes, Usually, Always
<i>Discussing Cessation Medications</i>	
34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	Never, Sometimes, Usually, Always
<i>Discussing Cessation Strategies</i>	
35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	Never, Sometimes, Usually, Always

How CAHPS Results Were Collected

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

Sampling Procedures

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

- Were 21 years of age or older as of December 31, 2019.
- Were currently enrolled in a MI Health Link health plan.
- Had been continuously enrolled in the plan for at least five of the last 6 months of the measurement year (i.e., July 1, 2019 to December 31, 2019).

No more than one member per household was selected as part of the survey sample. A sample of 1,350 adult members was selected from each MI Health Link health plan. HSAG tried to obtain new addresses

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 three-wave, mail-only protocol, except for sampled members that 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 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 second postcard reminder, and a third survey mailing. Table 2-3 shows the timeline used for the survey administration.

Table 2-3—Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the adult member.	0 days
Send a postcard reminder to non-respondents eight days after mailing the first questionnaire.	8 days
Send a second questionnaire (and letter) to non-respondents 29 days after mailing the first questionnaire.	29 days
Send a second postcard reminder to non-respondents seven days after mailing the second questionnaire.	36 days
Send a third questionnaire (and letter) to non-respondents 28 days after mailing the second questionnaire.	57 days
Survey field closes 35 days after mailing the third questionnaire.	92 days

How CAHPS Results Were Calculated and Displayed

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

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible members of the sample. HSAG considered a survey completed if members answered at least three of the following five questions: 3, 10, 19, 23, and 28. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased,

were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

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

Demographics of Adult Members

The demographics analysis evaluated demographic information of adult members based on responses to the survey. The demographic characteristics included age, gender, race, ethnicity, level of education, and general health status. MDHHS should exercise caution when extrapolating the MI Health Link survey results to the entire population if the respondent population differs significantly from the actual population of the plan.

Scoring Calculations

For purposes of the NCQA Comparisons, Statewide Comparisons, and Trend analyses, HSAG calculated scores for each measure following NCQA HEDIS Specifications for Survey Measures.²⁻¹ Although NCQA requires a minimum of 100 responses on each item in order to report the item as a reportable survey result, HSAG presented results with fewer than 100 responses, which are denoted with a cross (+). Caution should be exercised when evaluating measures' results with fewer than 100 responses.

Global Ratings, Composite Measures, and Individual Item Measure

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

- "9" or "10" for the global ratings;
- "Usually" or "Always" for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composites, and the *Coordination of Care* individual item.

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

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

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

²⁻¹ National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2019.

- *Discussing Cessation Strategies*

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator. The scores presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results. Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measures, as the 2020 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2019 and 2020.

Weighting

HSAG calculated a weighted MI Health Link Program score based on the total eligible population for each plan’s adult MI Health Link population.

NCQA Comparisons

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

Table 2-4—Star Ratings

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

There are no national benchmarks available for a dual eligible population; therefore, national adult Medicaid data were used for comparative purposes.²⁻²

²⁻² Given the potential differences in the demographic make-up of the MI Health Link population and services received from the MI Health Link health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA Quality Compass Benchmark and Compare Quality Data.

Statewide Comparisons

MI Health Link Health Plan Comparisons

HSAG compared the results of the MI Health Link health plans to the MI Health Link Program. Two types of hypothesis tests were applied to these results. First, a global F test was calculated, which determined whether the difference between MI Health Link health plans' scores was significant. If the F test demonstrated plan-level differences (i.e., p value < 0.05), then a t test was performed for each MI Health Link health plan. The t test determined whether each MI Health Link health plan's score was statistically significantly different from the MI Health Link Program average. This analytic approach follows the Agency for Healthcare Research and Quality's (AHRQ's) recommended methodology for identifying significant plan-level performance differences.

Colors in the figures note statistically significant differences. Green indicates a score that was statistically significantly higher than the MI Health Link Program. Conversely, red indicates a score that was statistically significantly lower than the MI Health Link Program. Blue indicates scores that were not statistically significantly different from the MI Health Link Program.

Trend Analysis

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

Statistically significant differences between 2020 scores and 2019 scores are noted with triangles in the tables. Scores that were statistically significantly higher in 2020 than in 2019 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2020 than in 2019 are noted with downward triangles (▼). Scores in 2020 that were not statistically significantly different from scores in 2019 are noted with a dash (—).

Key Drivers of Member Experience Analysis

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

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

Table 2-5—Correlation Matrix

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	Baseline Response
Q4. Received Care as Soon as Needed	✓	✓	✓	Always
Q6. Received Appointment for Check-up or Routine Care as Soon as Needed	✓	✓	✓	Always
Q9. Ease of Getting Care, Tests, or Treatment	✓	✓	✓	Always
Q12. Doctor Explained Things in Way They Could Understand	✓	✓	✓	Always
Q13. Doctor Listened Carefully	✓	✓	✓	Always
Q14. Doctor Showed Respect	✓	✓	✓	Always
Q15. Doctor Spent Enough Time with You	✓	✓	✓	Always
Q17. Doctor Seemed Informed and Up-to-Date About Care from Other Doctors or Health Providers	✓	✓	✓	Always
Q20. Seeing a Specialist	✓	✓		Always
Q24. Obtaining Help Needed from Customer Service	✓	✓		Always
Q25. Health Plan Customer Service Treated with Courtesy and Respect	✓	✓		Always
Q27. Forms from Health Plan Easy to Fill Out	✓	✓		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 correlation is used in the analysis, and the range is 0 to 1. A zero indicates no relationship between the response to a question and the member’s experience. As the value of correlation increases, the importance of the question to the respondent’s overall experience increases.

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

In the example table below, the results indicate that respondents who answered "Never," "Sometimes," or "Usually" to question 9 are 3.6, 4.9, or 2.8 times, respectively, more likely to provide a lower rating for their health plan than respondents who answered "Always." Respondents who answered "Sometimes" to question 25 are 4.2 times more likely to provide a Dissatisfied (1) rating and 3.9 times more likely to provide a Dissatisfied (1) or Neutral (2) rating for their health plan than respondents who answered "Always."

Key Drivers	Response Options	Odds Ratio Estimates
		Rating of Health Plan
Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never vs. Always	3.6
	Sometimes vs. Always	4.9
	Usually vs. Always	2.8
Q25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Sometimes vs. Always	4.2 (1) 3.9 (1 or 2)

Limitations and Cautions

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

Case-Mix Adjustment

The demographics of a response group may impact member experience. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix

adjusting Medicaid CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these results.²⁻³

Non-Response Bias

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

Causal Inferences

Although this report examines whether respondents report differences with various aspects of their health care experiences, these differences may not be completely attributable to the plan. These analyses identify whether respondents give different ratings of experience with their plan. 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 the survey measures, it is important to note that the survey instrument utilized for the 2020 survey administration was the standard CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set; however, the population being surveyed was a Medicare-Medicaid dual eligible population, not an adult Medicaid population. There are currently no available benchmarks for a dual eligible population; therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

COVID-19 Impact

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

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

Who Responded to the Survey

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

Table 3-1—Distribution of Surveys and Response Rates

	Sample Size	Completes	Ineligibles	Response Rates
MI Health Link Program	9,450	3,915	160	42.14%
Aetna Better Health Premier Plan	1,350	532	30	40.30%
AmeriHealth Caritas	1,350	476	13	35.60%
HAP Empowered	1,350	541	18	40.62%
MeridianComplete	1,350	629	30	47.65%
Michigan Complete Health	1,350	413	27	31.22%
Molina Dual Options	1,350	572	19	42.98%
Upper Peninsula Health Plan	1,350	752	23	56.67%

Demographics of Adult Members

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

Table 3-2—Adult Member Demographics: Age

	21 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
MI Health Link Program	0.4%	3.8%	6.2%	11.2%	23.5%	38.1%	16.8%
Aetna Better Health Premier Plan	0.4%	5.3%	6.5%	11.1%	23.5%	37.8%	15.5%
AmeriHealth Caritas	0.7%	3.9%	5.2%	10.9%	22.4%	37.4%	19.6%
HAP Empowered	0.4%	2.5%	6.1%	11.8%	21.3%	40.4%	17.5%
MeridianComplete	0.2%	4.9%	6.7%	13.0%	25.3%	37.8%	12.2%
Michigan Complete Health	0.7%	2.7%	5.7%	9.0%	22.4%	39.2%	20.2%
Molina Dual Options	0.5%	2.5%	5.8%	9.0%	23.3%	42.3%	16.5%
Upper Peninsula Health Plan	0.3%	4.0%	7.0%	12.3%	24.8%	33.9%	17.8%

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

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

Table 3-3—Adult Member Demographics: Gender

	Male	Female
MI Health Link Program	40.3%	59.7%
Aetna Better Health Premier Plan	42.0%	58.0%
AmeriHealth Caritas	45.3%	54.7%
HAP Empowered	40.8%	59.2%
MeridianComplete	37.0%	63.0%
Michigan Complete Health	42.7%	57.3%
Molina Dual Options	36.8%	63.2%
Upper Peninsula Health Plan	39.7%	60.3%
<i>Please note, percentages may not total 100% due to rounding.</i>		

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

Table 3-4—Adult Member Demographics: Race

	White	Black	Asian	Other*	Multi-Racial
MI Health Link Program	54.4%	34.8%	3.5%	4.4%	2.9%
Aetna Better Health Premier Plan	49.6%	38.4%	4.3%	4.3%	3.5%
AmeriHealth Caritas	39.1%	48.8%	5.0%	4.5%	2.6%
HAP Empowered	37.8%	48.4%	4.9%	5.7%	3.2%
MeridianComplete	68.7%	21.6%	1.9%	4.0%	3.7%
Michigan Complete Health	35.0%	54.6%	5.2%	4.0%	1.2%
Molina Dual Options	35.7%	53.1%	4.7%	4.3%	2.2%
Upper Peninsula Health Plan	91.7%	0.5%	0.5%	3.9%	3.4%
<i>Please note, percentages may not total 100% due to rounding.</i>					
<i>*The "Other" category includes responses of Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other.</i>					

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

Table 3-5—Adult Member Demographics: Ethnicity

	Hispanic	Non-Hispanic
MI Health Link Program	3.0%	97.0%
Aetna Better Health Premier Plan	2.9%	97.1%
AmeriHealth Caritas	3.7%	96.3%
HAP Empowered	4.3%	95.7%
MeridianComplete	3.6%	96.4%
Michigan Complete Health	2.3%	97.7%
Molina Dual Options	4.2%	95.8%
Upper Peninsula Health Plan	0.6%	99.4%
<i>Please note, percentages may not total 100% due to rounding.</i>		

Table 3-6 depicts the education level of members who completed a survey.

Table 3-6—Adult Member Demographics: Education Level

	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
MI Health Link Program	11.2%	17.9%	41.9%	23.0%	6.0%
Aetna Better Health Premier Plan	13.0%	20.3%	41.0%	20.3%	5.3%
AmeriHealth Caritas	11.9%	19.7%	40.2%	24.6%	3.7%
HAP Empowered	13.1%	17.9%	38.5%	22.3%	8.2%
MeridianComplete	11.1%	17.6%	43.7%	21.8%	5.9%
Michigan Complete Health	13.1%	21.2%	40.5%	18.3%	6.9%
Molina Dual Options	9.3%	18.0%	39.3%	28.1%	5.3%
Upper Peninsula Health Plan	8.7%	13.5%	47.1%	24.0%	6.7%
<i>Please note, percentages may not total 100% due to rounding.</i>					

Table 3-7 depicts the general health status of members who completed a survey.

Table 3-7—Adult Member Demographics: General Health Status

	Excellent	Very Good	Good	Fair	Poor
MI Health Link Program	4.8%	14.4%	34.2%	36.4%	10.1%
Aetna Better Health Premier Plan	5.1%	13.9%	34.6%	36.1%	10.3%
AmeriHealth Caritas	4.8%	13.2%	34.6%	36.6%	10.8%
HAP Empowered	3.6%	16.3%	36.2%	35.0%	8.9%
MeridianComplete	5.6%	13.3%	32.2%	36.7%	12.3%
Michigan Complete Health	6.7%	13.4%	33.3%	38.7%	7.9%
Molina Dual Options	4.5%	13.7%	35.3%	36.2%	10.4%
Upper Peninsula Health Plan	4.2%	16.4%	33.5%	36.4%	9.5%
<i>Please note, percentages may not total 100% due to rounding.</i>					

NCQA Comparisons

In order to assess the overall performance of the MI Health Link Program, HSAG compared scores for the measures to NCQA’s Quality Compass Benchmark and Compare Quality Data.^{3-1,3-2} Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-8.

Table 3-8—Star Ratings

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

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

³⁻¹ Given the potential differences in the demographic make-up of the MI Health Link population and services received from the MI Health Link health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA Quality Compass Benchmark and Compare Quality Data.

³⁻² National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019*. Washington, DC: NCQA, September 2019.

Table 3-9 shows the scores and overall member experience ratings on each of the four global ratings.

Table 3-9—NCQA Comparisons: Global Ratings

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	<i>Rating of Specialist Seen Most Often</i>
MI Health Link Program	★★★★★ 69.0%	★★★★★ 59.6%	★★★★★ 74.0%	★★★★★ 73.9%
Aetna Better Health Premier Plan	★★★ 64.0%	★★★ 56.2%	★★★★★ 71.2%	★★★★★ 71.0%
AmeriHealth Caritas	★★★★★ 69.7%	★★★★★ 59.0%	★★★★★ 73.7%	★★ 67.2%
HAP Empowered	★★★★★ 66.7%	★★★ 56.2%	★★★★★ 72.3%	★★★ 70.0%
MeridianComplete	★★★★★ 71.4%	★★★★★ 59.9%	★★★ 69.9%	★★★★★ 77.8%
Michigan Complete Health	★★★ 63.6%	★★★ 56.6%	★★★★★ 74.2%	★★★ 70.1%
Molina Dual Options	★★★★★ 69.6%	★★★★★ 59.7%	★★★★★ 76.9%	★★★★★ 78.5%
Upper Peninsula Health Plan	★★★★★ 77.9%	★★★★★ 70.5%	★★★★★ 77.7%	★★★★★ 72.8%

Table 3-10 shows the scores and overall member experience ratings on the four composite measures.

Table 3-10—NCQA Comparisons: Composite Measures

	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>
MI Health Link Program	★★★★★ 87.4%	★★★★★ 87.5%	★★★★★ 94.3%	★★★★★ 92.3%
Aetna Better Health Premier Plan	★★★☆☆ 85.4%	★★★★★ 85.5%	★★☆☆* 91.3%	★★★☆☆ 90.1%
AmeriHealth Caritas	★★★★★ 87.9%	★★★★★ 85.6%	★★★★★ 93.8%	★★★★★ 93.6%
HAP Empowered	★★★★★ 86.1%	★★★★★ 86.5%	★★★☆☆ 93.2%	★★★★★ 91.8%
MeridianComplete	★★★★★ 89.2%	★★★★★ 87.1%	★★★★★ 95.0%	★★★★★ 93.1%
Michigan Complete Health	★★★★★ 86.1%	★★★★★ 87.8%	★★★★★ 96.5%	★★★★★ 93.3%
Molina Dual Options	★★★★★ 87.3%	★★★★★ 88.1%	★★★★★ 95.3%	★★★★★ 92.0%
Upper Peninsula Health Plan	★★★★★ 90.6%	★★★★★ 91.4%	★★★★★ 96.5%	★★★★★ 95.2%

Table 3-11 shows the scores and overall member experience ratings on the one individual item measure and three Effectiveness of Care measures.

Table 3-11—NCQA Comparisons: Individual Item and Effectiveness of Care Measures

	<i>Coordination of Care</i>	<i>Advising Smokers and Tobacco Users to Quit</i>	<i>Discussing Cessation Medications</i>	<i>Discussing Cessation Strategies</i>
MI Health Link Program	★★★★★ 88.1%	★★★★★ 86.5%	★★★★★ 66.7%	★★★★★ 54.4%
Aetna Better Health Premier Plan	★★★★★ 88.7%	★★★★★ 88.7%	★★★★★ 66.9%	★★★★★ 55.0%
AmeriHealth Caritas	★★★ 85.7%	★★★★★ 83.6%	★★★★★ 62.8%	★★★★★ 52.3%
HAP Empowered	★★★★★ 87.6%	★★★★★ 84.4%	★★★★★ 65.6%	★★★★★ 57.3%
MeridianComplete	★★★★★ 90.4%	★★★★★ 89.2%	★★★★★ 66.5%	★★★★★ 55.2%
Michigan Complete Health	★★ 83.9%	★★★★★ 83.8%	★★★★★ 70.4%	★★★★★ 60.2%
Molina Dual Options	★★★★★ 86.6%	★★★★★ 86.4%	★★★★★ 67.3%	★★★★★ 51.2%
Upper Peninsula Health Plan	★★★★★ 93.0%	★★★★★ 85.6%	★★★★★ 66.8%	★★★★★ 55.9%

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated scores for each measure. For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 2-1. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide section beginning on page 2-5.

The MI Health Link Program results were weighted based on the eligible population for each adult population (i.e., MI Health Link health plans). HSAG compared the MI Health Link health plan results to the MI Health Link Program to determine if the results were statistically significantly different than the MI Health Link Program. Colors in the figures note statistically significant differences. Health plan scores with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. Also, the NCQA adult Medicaid national averages are presented for comparison.^{3-3,3-4}

In some instances, the scores presented for two plans may be similar, but one was statistically significantly different from the MI Health Link Program, and the other was not. In these instances, it was the difference in the number of respondents between the two plans that explains the different statistical results. It is more likely that a statistically significant result will be found in a plan with a larger number of respondents.

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

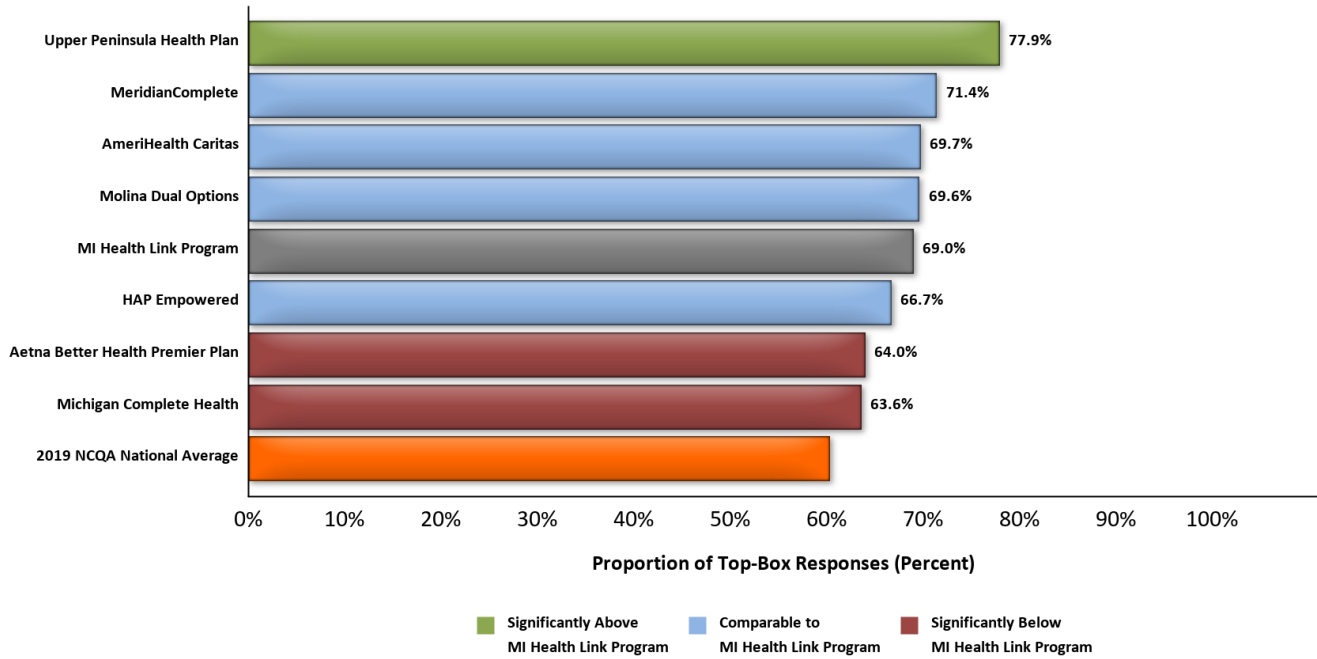
³⁻⁴ NCQA national averages for the adult Medicaid population were used for comparisons. Given the potential differences in the demographics of these populations (i.e., adult Medicaid and Medicare/Medicaid dual eligible members), caution should be exercised when interpreting these results.

Global Ratings

Rating of Health Plan

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

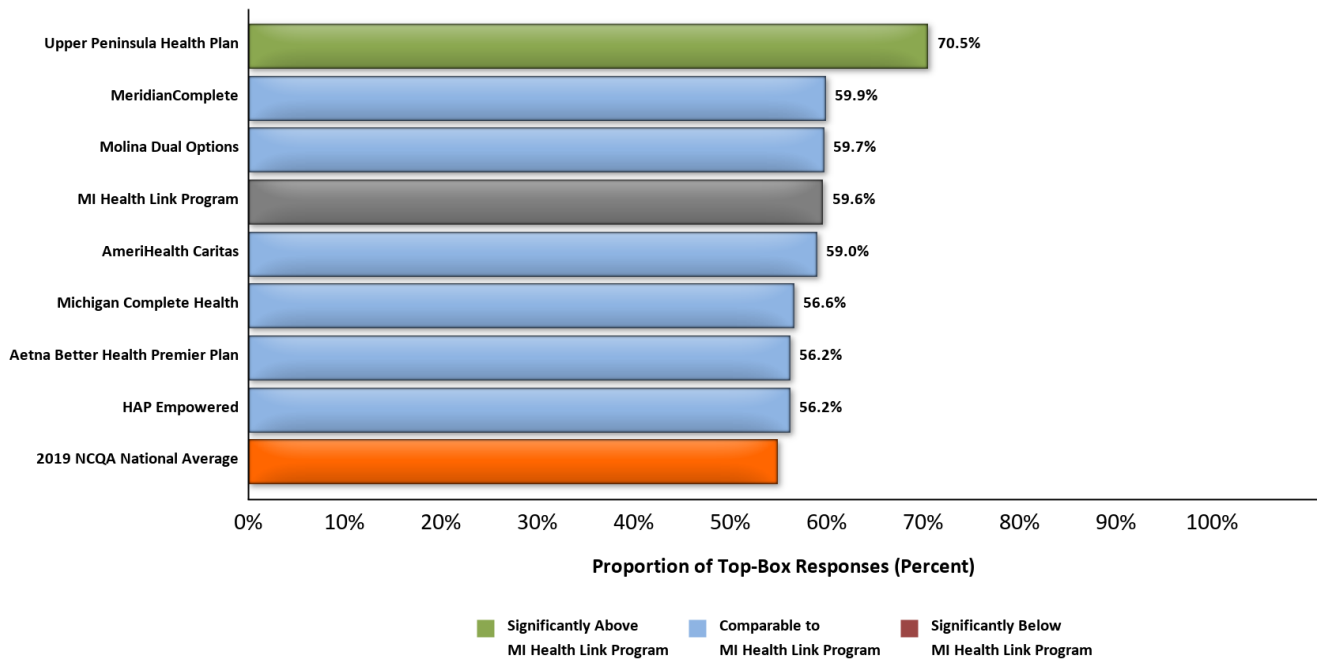
Figure 3-1—Rating of Health Plan Top-Box Scores



Rating of All Health Care

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

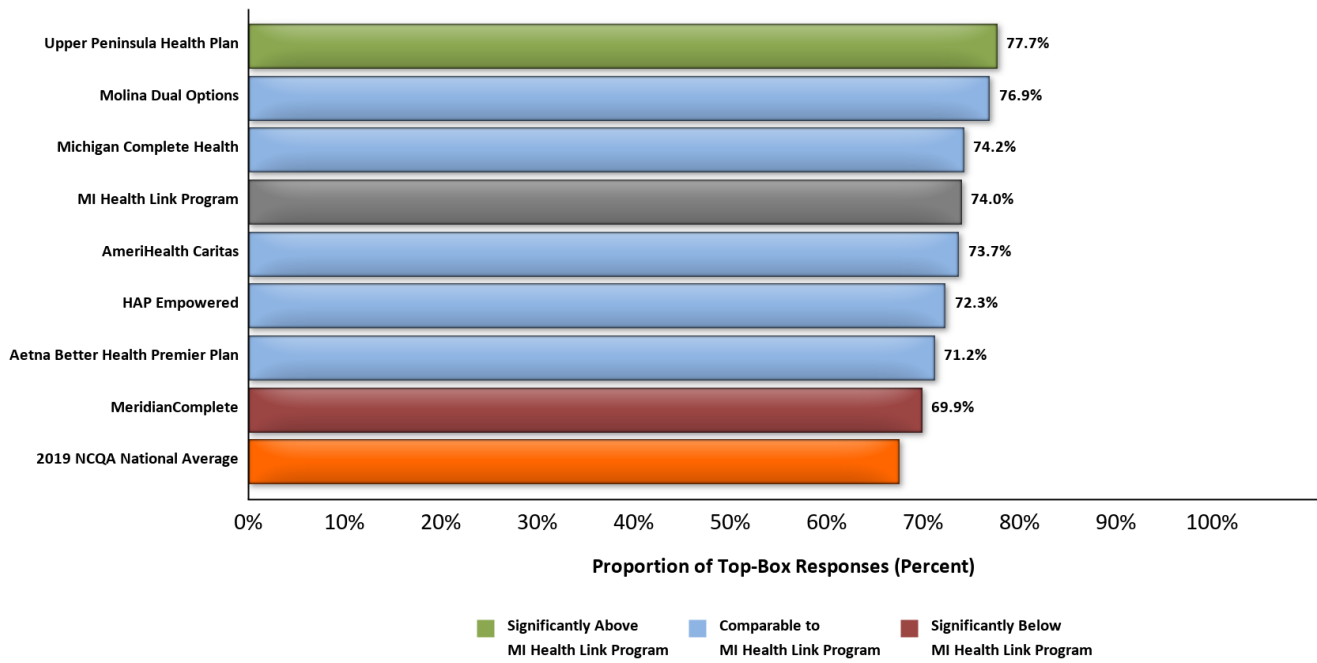
Figure 3-2—Rating of All Health Care Top-Box Scores



Rating of Personal Doctor

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

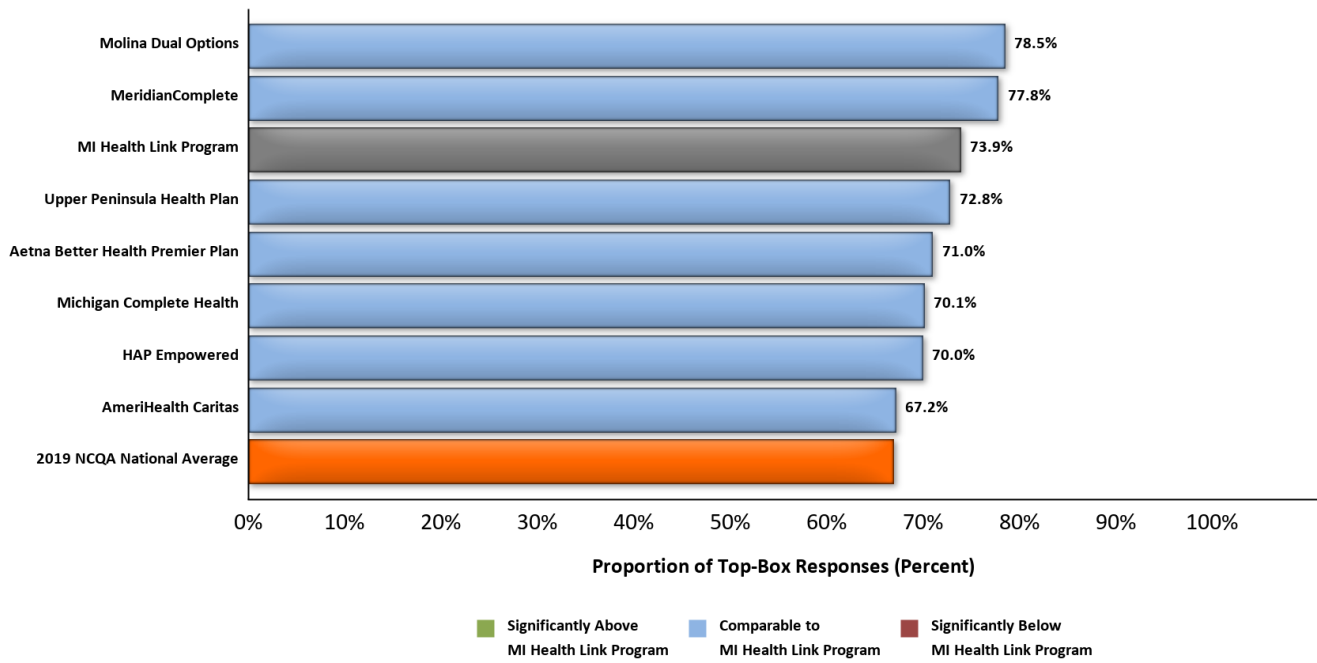
Figure 3-3—Rating of Personal Doctor Top-Box Scores



Rating of Specialist Seen Most Often

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

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

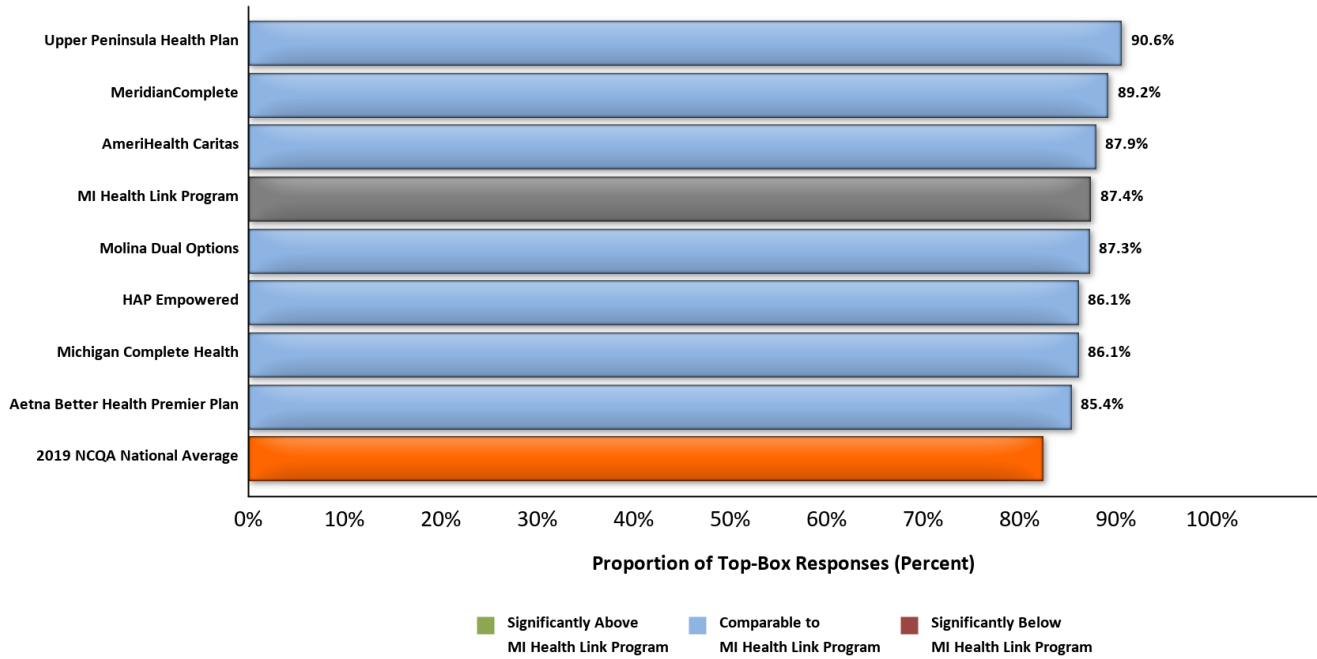


Composite Measures

Getting Needed Care

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

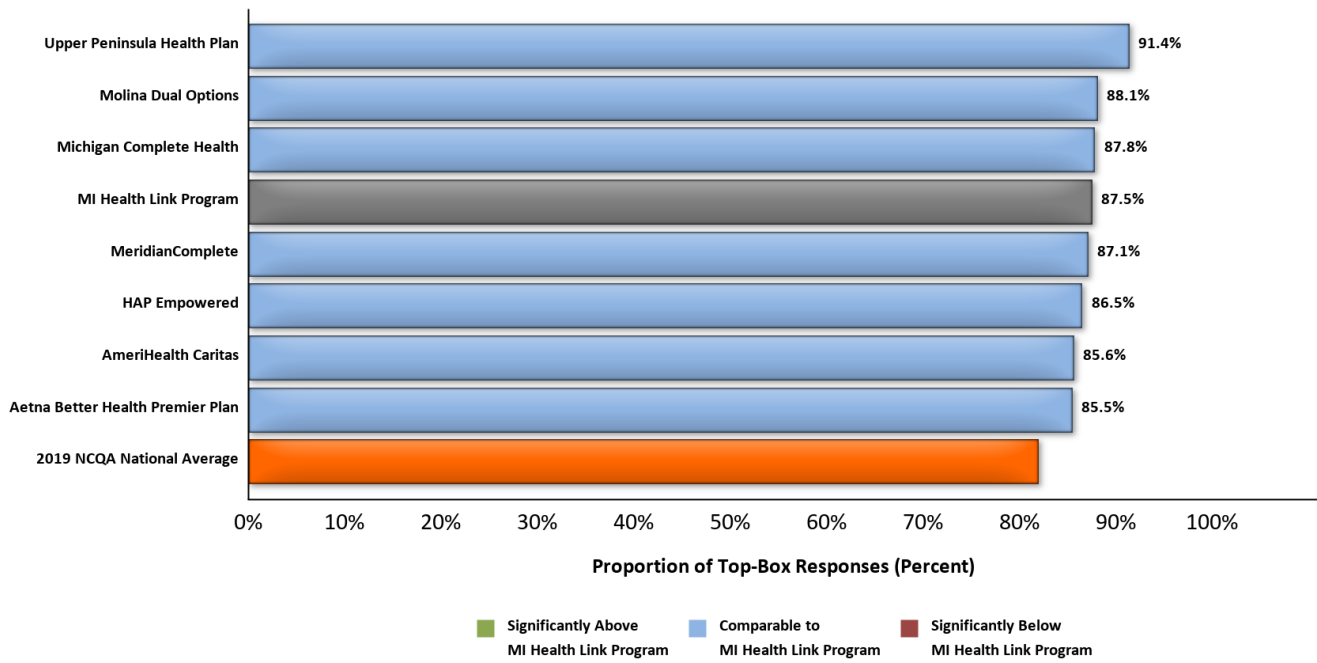
Figure 3-5—Getting Needed Care Top-Box Scores



Getting Care Quickly

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

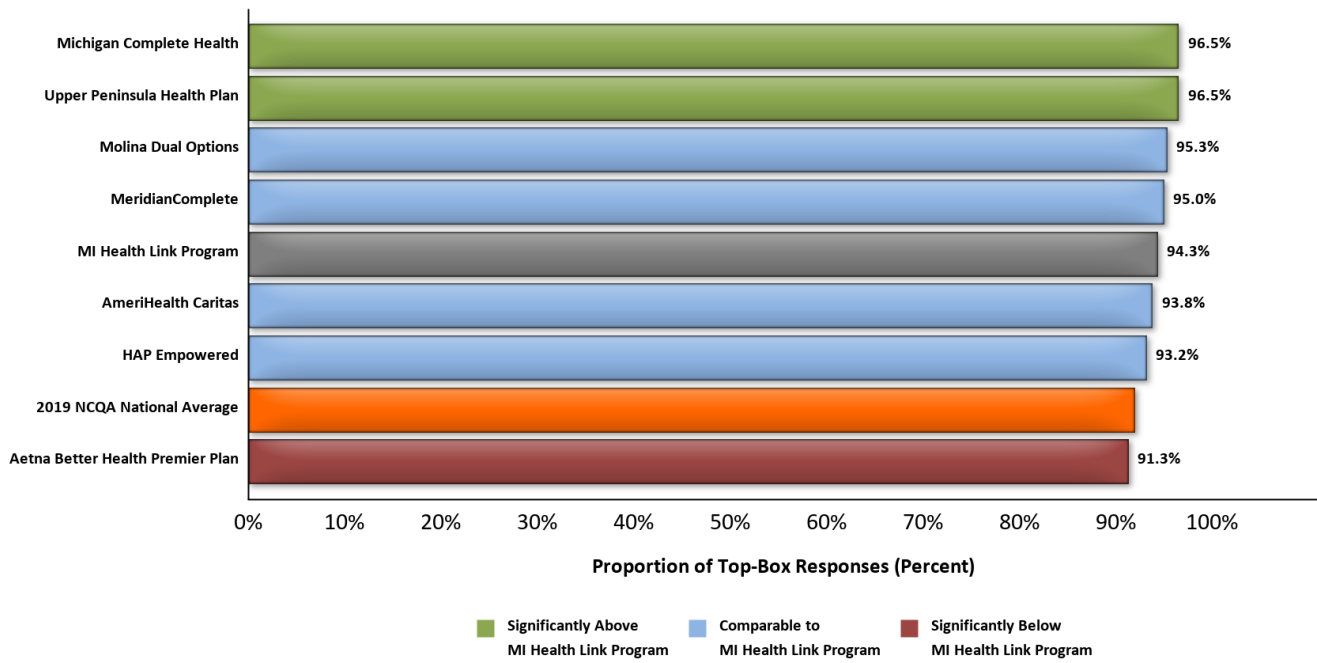
Figure 3-6—Getting Care Quickly Top-Box Scores



How Well Doctors Communicate

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

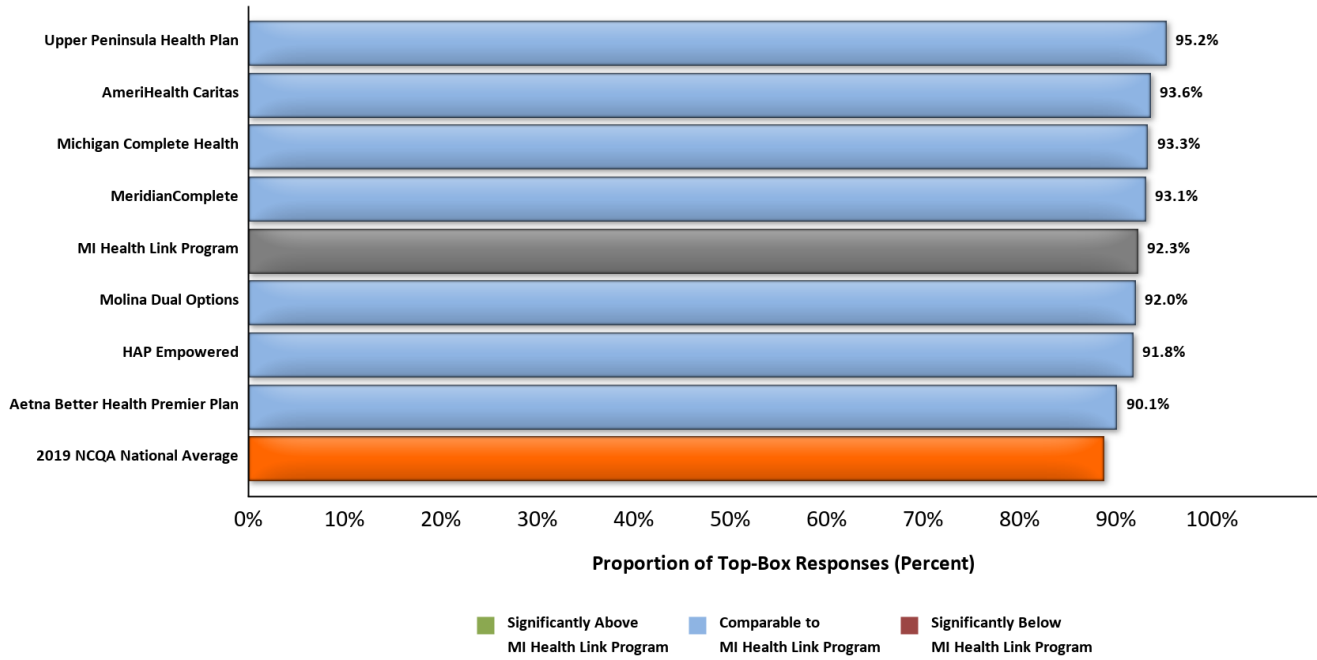
Figure 3-7—How Well Doctors Communicate Top-Box Scores



Customer Service

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

Figure 3-8—Customer Service Top-Box Scores

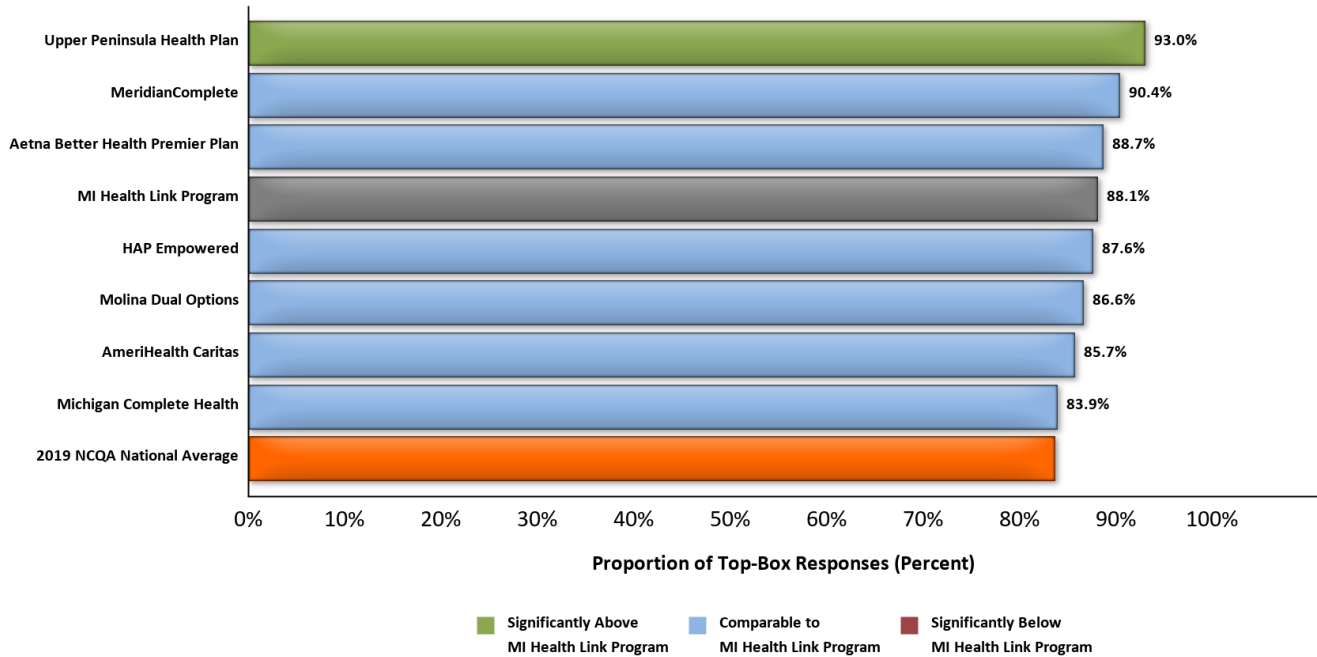


Individual Item Measure

Coordination of Care

Figure 3-9 shows the *Coordination of Care* top-box scores.

Figure 3-9—Coordination of Care Top-Box Scores



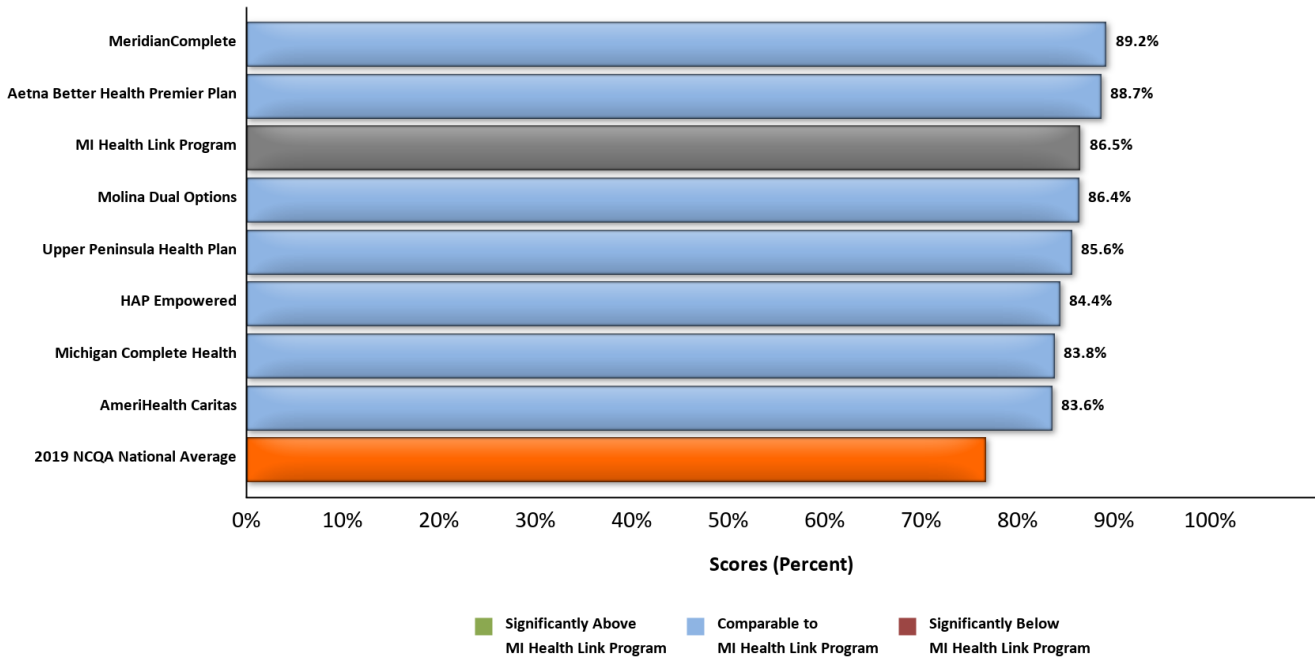
Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

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

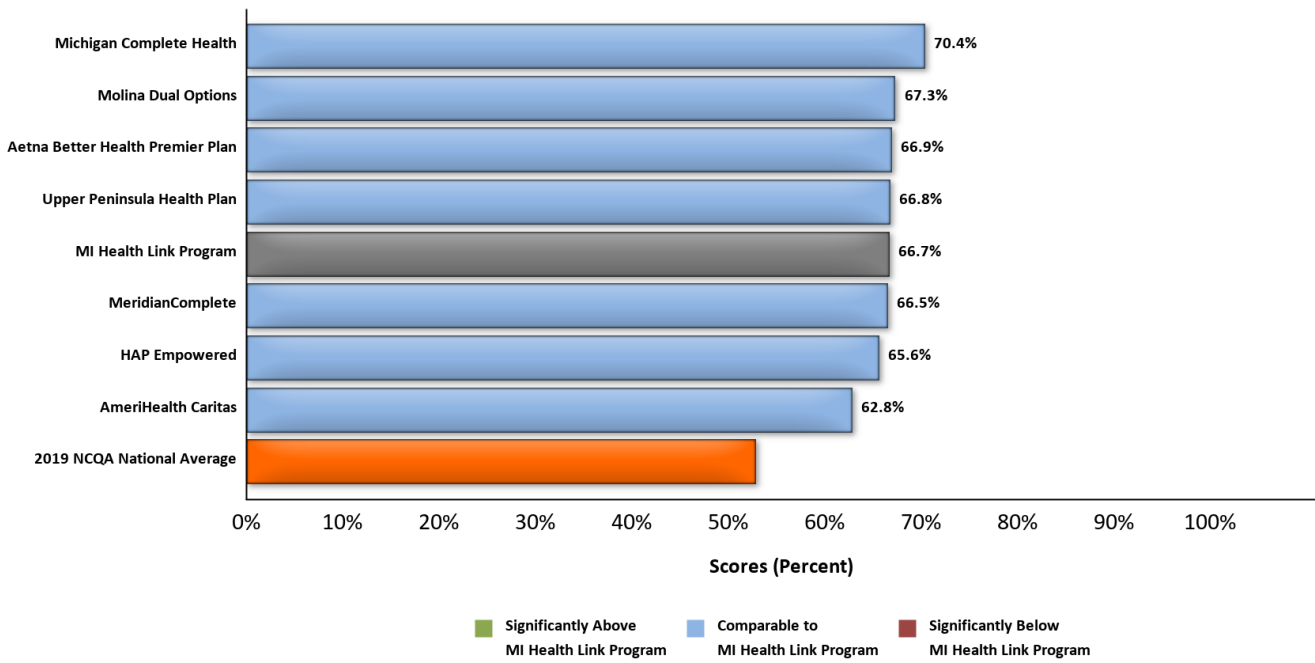
Figure 3-10—Advising Smokers and Tobacco Users to Quit Scores



Discussing Cessation Medications

Figure 3-11 shows the *Discussing Cessation Medications* scores.

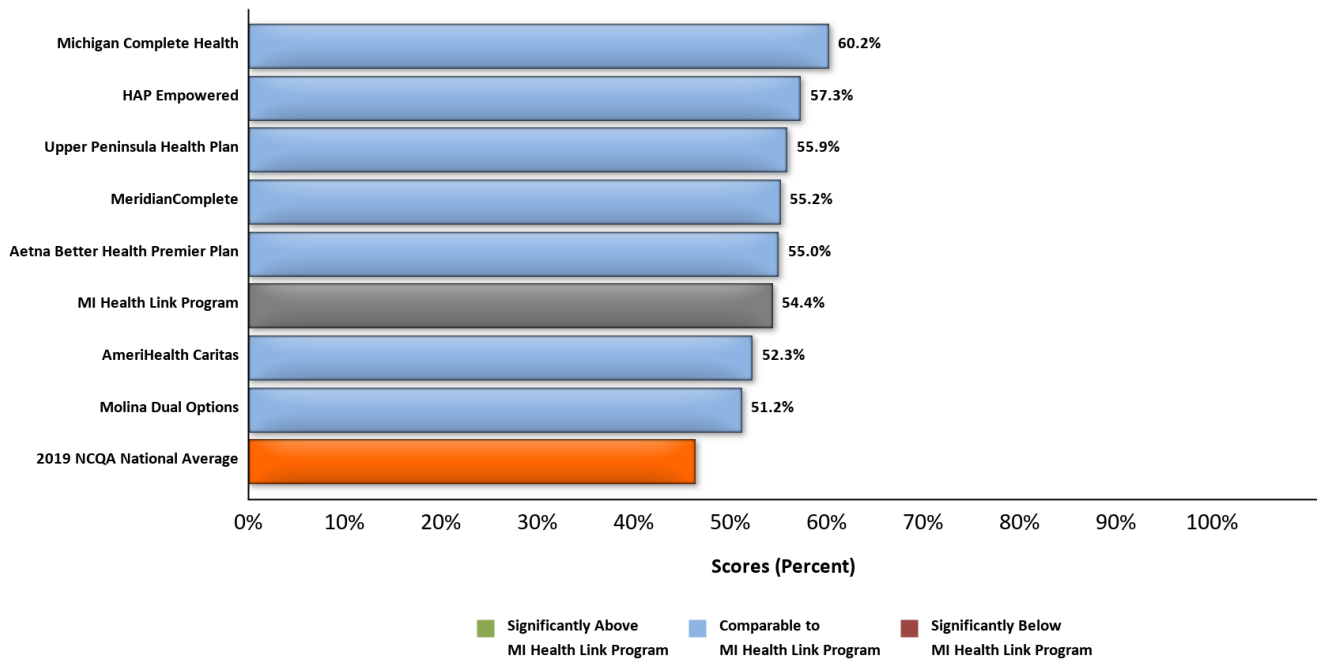
Figure 3-9—Discussing Cessation Medications Scores



Discussing Cessation Strategies

Figure 3-12 shows the *Discussing Cessation Strategies* scores.

Figure 3-10—Discussing Cessation Strategies Scores



Trend Analysis

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

Global Ratings

Rating of Health Plan

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

Table 4-1—Rating of Health Plan Trend Analysis

	2019	2020	Trend Results
MI Health Link Program	67.0%	69.0%	—
Aetna Better Health Premier Plan	63.9%	64.0%	—
AmeriHealth Caritas	68.2%	69.7%	—
HAP Empowered	69.0%	66.7%	—
MeridianComplete	66.3%	71.4%	—
Michigan Complete Health	54.1%	63.6%	▲
Molina Dual Options	67.7%	69.6%	—
Upper Peninsula Health Plan	75.0%	77.9%	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Rating of All Health Care

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

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

	2019	2020	Trend Results
MI Health Link Program	55.7%	59.6%	▲
Aetna Better Health Premier Plan	56.2%	56.2%	—
AmeriHealth Caritas	55.1%	59.0%	—
HAP Empowered	56.1%	56.2%	—
MeridianComplete	54.5%	59.9%	—
Michigan Complete Health	46.5%	56.6%	▲
Molina Dual Options	54.5%	59.7%	—
Upper Peninsula Health Plan	63.7%	70.5%	▲
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Rating of Personal Doctor

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

Table 4-3—Rating of Personal Doctor Trend Analysis

	2019	2020	Trend Results
MI Health Link Program	69.2%	74.0%	▲
Aetna Better Health Premier Plan	70.3%	71.2%	—
AmeriHealth Caritas	68.9%	73.7%	—
HAP Empowered	71.0%	72.3%	—
MeridianComplete	68.4%	69.9%	—
Michigan Complete Health	65.2%	74.2%	▲
Molina Dual Options	66.7%	76.9%	▲
Upper Peninsula Health Plan	74.7%	77.7%	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Rating of Specialist Seen Most Often

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

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

	2019	2020	Trend Results
MI Health Link Program	67.7%	73.9%	▲
Aetna Better Health Premier Plan	66.5%	71.0%	—
AmeriHealth Caritas	72.9%	67.2%	—
HAP Empowered	67.4%	70.0%	—
MeridianComplete	67.7%	77.8%	▲
Michigan Complete Health	63.1%	70.1%	—
Molina Dual Options	65.5%	78.5%	▲
Upper Peninsula Health Plan	73.9%	72.8%	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Composite Measures

Getting Needed Care

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

Table 4-5—Getting Needed Care Composite Trend Analysis

	2019	2020	Trend Results
MI Health Link Program	86.6%	87.4%	—
Aetna Better Health Premier Plan	87.3%	85.4%	—
AmeriHealth Caritas	87.9%	87.9%	—
HAP Empowered	87.5%	86.1%	—
MeridianComplete	87.4%	89.2%	—
Michigan Complete Health	81.9%	86.1%	—
Molina Dual Options	84.9%	87.3%	—
Upper Peninsula Health Plan	89.5%	90.6%	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Getting Care Quickly

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

Table 4-6—Getting Care Quickly Composite Trend Analysis

	2019	2020	Trend Results
MI Health Link Program	86.3%	87.5%	—
Aetna Better Health Premier Plan	85.2%	85.5%	—
AmeriHealth Caritas	87.8%	85.6%	—
HAP Empowered	87.5%	86.5%	—
MeridianComplete	87.1%	87.1%	—
Michigan Complete Health	82.6%	87.8%	—
Molina Dual Options	84.7%	88.1%	—
Upper Peninsula Health Plan	90.8%	91.4%	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

How Well Doctors Communicate

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

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

	2019	2020	Trend Results
MI Health Link Program	92.2%	94.3%	▲
Aetna Better Health Premier Plan	92.5%	91.3%	—
AmeriHealth Caritas	92.2%	93.8%	—
HAP Empowered	92.8%	93.2%	—
MeridianComplete	91.5%	95.0%	▲
Michigan Complete Health	92.8%	96.5%	▲
Molina Dual Options	91.0%	95.3%	▲
Upper Peninsula Health Plan	94.3%	96.5%	▲
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Customer Service

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

Table 4-8—Customer Service Composite Trend Analysis

	2019	2020	Trend Results
MI Health Link Program	91.1%	92.3%	—
Aetna Better Health Premier Plan	89.1%	90.1%	—
AmeriHealth Caritas	92.6%	93.6%	—
HAP Empowered	93.3%	91.8%	—
MeridianComplete	93.1%	93.1%	—
Michigan Complete Health	90.1%	93.3%	—
Molina Dual Options	88.9%	92.0%	—
Upper Peninsula Health Plan	94.6%	95.2%	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Individual Item Measure

Coordination of Care

Table 4-9 shows the 2019 and 2020 top-box scores and trend results for the *Coordination of Care* individual item measure.

Table 4-9—Coordination of Care Individual Item Trend Analysis

	2019	2020	Trend Results
MI Health Link Program	85.4%	88.1%	▲
Aetna Better Health Premier Plan	84.5%	88.7%	—
AmeriHealth Caritas	80.5%	85.7%	—
HAP Empowered	83.9%	87.6%	—
MeridianComplete	86.8%	90.4%	—
Michigan Complete Health	86.3%	83.9%	—
Molina Dual Options	84.8%	86.6%	—
Upper Peninsula Health Plan	90.6%	93.0%	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

Table 4-10 shows the 2019 and 2020 scores and trend results for the *Advising Smokers and Tobacco Users to Quit* measure.

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

	2019	2020	Trend Results
MI Health Link Program	86.1%	86.5%	—
Aetna Better Health Premier Plan	87.7%	88.7%	—
AmeriHealth Caritas	87.0%	83.6%	—
HAP Empowered	84.1%	84.4%	—
MeridianComplete	89.8%	89.2%	—
Michigan Complete Health	84.9%	83.8%	—
Molina Dual Options	84.4%	86.4%	—
Upper Peninsula Health Plan	85.1%	85.6%	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Discussing Cessation Medications

Table 4-11 shows the 2019 and 2020 scores and trend results for the *Discussing Cessation Medications* measure.

Table 4-11—Discussing Cessation Medications Trend Analysis

	2019	2020	Trend Results
MI Health Link Program	66.5%	66.7%	—
Aetna Better Health Premier Plan	66.2%	66.9%	—
AmeriHealth Caritas	65.8%	62.8%	—
HAP Empowered	63.7%	65.6%	—
MeridianComplete	66.1%	66.5%	—
Michigan Complete Health	66.3%	70.4%	—
Molina Dual Options	69.2%	67.3%	—
Upper Peninsula Health Plan	64.8%	66.8%	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Discussing Cessation Strategies

Table 4-12 shows the 2019 and 2020 scores and trend results for the *Discussing Cessation Strategies* measure.

Table 4-12—Discussing Cessation Strategies Trend Analysis

	2019	2020	Trend Results
MI Health Link Program	53.2%	54.4%	—
Aetna Better Health Premier Plan	51.3%	55.0%	—
AmeriHealth Caritas	52.8%	52.3%	—
HAP Empowered	56.0%	57.3%	—
MeridianComplete	55.3%	55.2%	—
Michigan Complete Health	53.5%	60.2%	—
Molina Dual Options	54.3%	51.2%	—
Upper Peninsula Health Plan	48.5%	55.9%	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

5. Key Drivers of Member Experience Analysis

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items with an odds ratio that is statistically significantly greater than 1. For additional information on the methodology used, please refer to the Reader’s Guide section on page 2-7. Table 5-1 depicts those items identified for each of the three measures as being key drivers of member experience for the MI Health Link Program.

Table 5-1—MI Health Link Program Key Drivers of Member Experience

Key Drivers	Response Options	Odds Ratio Estimates		
		<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>
Q4. In the last 6 months, when you <u>needed care right away</u> , how often did you get care as soon as you needed?	Never vs. Always	NS	NS	NS
	Sometimes vs. Always	NS	1.9	NS
	Usually vs. Always	NS	NS	NS
Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never vs. Always	3.4	15.3	NS
	Sometimes vs. Always	3.5	7.3	NS
	Usually vs. Always	2.4	4.0	NS
Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never vs. Always	NS	NS	NS
	Sometimes vs. Always	NS	NS	3.1
	Usually vs. Always	NS	NS	1.5
Q13. In the last 6 months, how often did your personal doctor listen carefully to you?	Never vs. Always	5.1	NS	8.6
	Sometimes vs. Always	2.5	NS	NS
	Usually vs. Always	1.5	NS	NS
Q15. In the last 6 months, how often did your personal doctor spend enough time with you?	Never vs. Always	NS	NS	15.2
	Sometimes vs. Always	NS	NS	NS
	Usually vs. Always	NS	NS	NS
Q17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Never vs. Always	NS	NS	3.0
	Sometimes vs. Always	NS	NS	2.6
	Usually vs. Always	NS	NS	1.6

Key Drivers	Response Options	Odds Ratio Estimates		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q24. In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?	Never vs. Always	7.3 (1) 6.2 (1 or 2)	NS	NA
	Sometimes vs. Always	2.4 (1) 3.4 (1 or 2)	NS	NA
	Usually vs. Always	2.5 (1 or 2)	NS	NA
Q25. In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?	Never vs. Always	NS	NS	NA
	Sometimes vs. Always	8.8 (1) 3.9 (1 or 2)	2.1	NA
	Usually vs. Always	NS	1.4	NA
Q27. In the last 6 months, how often were the forms from your health plan easy to fill out?	Never vs. Always	4.9 (1) 4.4 (1 or 2)	NS	NA
	Sometimes vs. Always	2.8 (1) 2.6 (1 or 2)	NS	NA
	Usually vs. Always	2.3 (1 or 2)	NS	NA

NA indicates that this question was not evaluated for this measure.
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers do not significantly affect their rating.
(1) indicates the tendency for respondents to choose a Dissatisfied rating over a Neutral or Satisfied rating
(1 or 2) indicates the tendency for respondents to choose a Dissatisfied or Neutral rating over a Satisfied rating

Supplemental Items Results

MDHHS elected to add 10 supplemental questions to the survey. These 10 questions focused on members’ health care decisions, home health care, personal doctor, prescriptions, and coordination of care. The following tables show the number (N) and percentage of responses (%) for each supplemental item.

Health Care Decisions

Members were asked if any decisions were made about their health care in the last six months (Question 41). Table 6-1 shows the results for this question.

Table 6-1—Health Care Decisions Made in the Last Six Months

	Yes		No	
	N	%	N	%
MI Health Link Program	1,636	43.7%	2,105	56.3%
Aetna Better Health Premier Plan	225	44.9%	276	55.1%
AmeriHealth Caritas	189	42.4%	257	57.6%
HAP Empowered	211	40.7%	307	59.3%
MeridianComplete	266	44.3%	334	55.7%
Michigan Complete Health	171	43.0%	227	57.0%
Molina Dual Options	230	42.0%	317	58.0%
Upper Peninsula Health Plan	344	47.1%	387	52.9%

Members were asked how often they were involved as much as they wanted in decisions about their health care in the last six months (Question 42). Table 6-2 shows the results for this question.

Table 6-2—Involvement in Health Care Decisions

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MI Health Link Program	40	2.6%	121	7.8%	305	19.6%	1,092	70.1%
Aetna Better Health Premier Plan	5	2.3%	13	6.1%	48	22.4%	148	69.2%
AmeriHealth Caritas	5	2.7%	18	9.8%	35	19.0%	126	68.5%
HAP Empowered	4	2.0%	27	13.6%	35	17.7%	132	66.7%
MeridianComplete	8	3.1%	14	5.5%	49	19.3%	183	72.0%
Michigan Complete Health	6	3.8%	14	8.8%	37	23.1%	103	64.4%
Molina Dual Options	4	1.8%	18	8.2%	41	18.7%	156	71.2%
Upper Peninsula Health Plan	8	2.4%	17	5.2%	60	18.2%	244	74.2%

Please note: Results presented in this table are based on respondents that answered “Yes” to Question 41.

Home Health Care

Members were asked if they needed someone to come to their home to give them home health care or assistance in the last six months (Question 43). Table 6-3 shows the results for this question.

Table 6-3—Home Health Care

	Yes		No	
	N	%	N	%
MI Health Link Program	995	26.1%	2,817	73.9%
Aetna Better Health Premier Plan	150	29.1%	366	70.9%
AmeriHealth Caritas	121	26.8%	330	73.2%
HAP Empowered	147	27.6%	386	72.4%
MeridianComplete	162	26.1%	458	73.9%
Michigan Complete Health	123	30.6%	279	69.4%
Molina Dual Options	161	29.0%	395	71.0%
Upper Peninsula Health Plan	131	17.8%	603	82.2%

Members were asked how often it was easy for them to get home health care or assistance through their health plan in the last six months (Question 44). Table 6-4 shows the results for this question.

Table 6-4—Ease in Acquiring Home Health Care

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MI Health Link Program	83	9.1%	60	6.6%	158	17.3%	613	67.1%
Aetna Better Health Premier Plan	14	10.4%	7	5.2%	26	19.3%	88	65.2%
AmeriHealth Caritas	8	7.4%	10	9.3%	17	15.7%	73	67.6%
HAP Empowered	13	9.4%	7	5.1%	27	19.6%	91	65.9%
MeridianComplete	10	6.7%	9	6.0%	23	15.3%	108	72.0%
Michigan Complete Health	6	5.4%	10	8.9%	18	16.1%	78	69.6%
Molina Dual Options	21	14.0%	11	7.3%	23	15.3%	95	63.3%
Upper Peninsula Health Plan	11	9.1%	6	5.0%	24	19.8%	80	66.1%

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 43.

Personal Doctor

Members were asked whether they have the same personal doctor they had before joining their current health plan (Question 45). Table 6-5 shows the results for this question.

Table 6-5—Same Personal Doctor

	Yes		No	
	N	%	N	%
MI Health Link Program	2,282	60.3%	1,504	39.7%
Aetna Better Health Premier Plan	315	60.9%	202	39.1%
AmeriHealth Caritas	223	48.8%	234	51.2%
HAP Empowered	330	63.2%	192	36.8%
MeridianComplete	390	64.7%	213	35.3%
Michigan Complete Health	210	52.4%	191	47.6%
Molina Dual Options	334	60.4%	219	39.6%
Upper Peninsula Health Plan	480	65.5%	253	34.5%

Members were asked how often it was easy to get a personal doctor that they were happy with since joining their health plan (Question 46). Table 6-6 shows the results for this question.

Table 6-6—Ease in Acquiring a Personal Doctor

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MI Health Link Program	112	8.2%	238	17.5%	429	31.6%	579	42.6%
Aetna Better Health Premier Plan	23	12.4%	33	17.8%	51	27.6%	78	42.2%
AmeriHealth Caritas	23	10.6%	39	18.0%	74	34.1%	81	37.3%
HAP Empowered	16	9.4%	35	20.6%	59	34.7%	60	35.3%
MeridianComplete	12	6.1%	30	15.2%	66	33.5%	89	45.2%
Michigan Complete Health	15	8.6%	35	20.1%	57	32.8%	67	38.5%
Molina Dual Options	13	6.8%	35	18.3%	57	29.8%	86	45.0%
Upper Peninsula Health Plan	10	4.5%	31	13.8%	65	29.0%	118	52.7%

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 45.

Prescriptions

Members were asked if they got any new prescription medications or refilled a prescription in the last six months (Question 47). Table 6-7 shows the results for this question.

Table 6-7—New Prescription or Prescription Refill

	Yes		No	
	N	%	N	%
MI Health Link Program	2,966	77.5%	863	22.5%
Aetna Better Health Premier Plan	395	75.7%	127	24.3%
AmeriHealth Caritas	352	75.2%	116	24.8%
HAP Empowered	394	75.2%	130	24.8%
MeridianComplete	485	78.5%	133	21.5%
Michigan Complete Health	290	72.9%	108	27.1%
Molina Dual Options	449	80.9%	106	19.1%
Upper Peninsula Health Plan	601	80.8%	143	19.2%

Members were asked how often it was easy for them to get their prescription medication from their health plan in the last six months (Question 48). Table 6-8 shows the results for this question.

Table 6-8—Ease in Getting a Prescription

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MI Health Link Program	24	0.9%	125	4.5%	562	20.1%	2,084	74.6%
Aetna Better Health Premier Plan	8	2.2%	30	8.1%	64	17.3%	268	72.4%
AmeriHealth Caritas	0	0.0%	11	3.3%	73	21.6%	254	75.1%
HAP Empowered	4	1.1%	15	4.1%	78	21.3%	269	73.5%
MeridianComplete	4	0.9%	27	5.8%	119	25.8%	312	67.5%
Michigan Complete Health	2	0.7%	10	3.7%	44	16.2%	216	79.4%
Molina Dual Options	1	0.2%	21	5.1%	78	18.8%	315	75.9%
Upper Peninsula Health Plan	5	0.9%	11	1.9%	106	18.5%	450	78.7%

Please note: Results presented in this table are based on respondents that answered “Yes” to Question 47.

Coordination of Care

Members were asked who helped them coordinate their care in the last six months (Question 49). Table 6-9 shows the results for this question.

Table 6-9—Who Helped with Coordination of Care

	Someone from your health plan		Someone from your doctor’s office or clinic		Someone from another organization		A friend or family member		You	
	N	%	N	%	N	%	N	%	N	%
MI Health Link Program	924	24.3%	952	25.0%	192	5.0%	1,348	35.4%	1,502	39.5%
Aetna Better Health Premier Plan	107	21.0%	128	25.1%	24	4.7%	207	40.6%	190	37.3%
AmeriHealth Caritas	120	25.8%	110	23.7%	17	3.7%	175	37.6%	177	38.1%
HAP Empowered	113	21.6%	115	22.0%	11	2.1%	203	38.9%	202	38.7%
MeridianComplete	170	27.7%	153	25.0%	32	5.2%	188	30.7%	263	42.9%
Michigan Complete Health	123	30.7%	78	19.5%	14	3.5%	150	37.4%	132	32.9%
Molina Dual Options	95	17.2%	133	24.1%	20	3.6%	195	35.3%	228	41.3%
Upper Peninsula Health Plan	196	26.5%	235	31.8%	74	10.0%	230	31.1%	310	41.9%

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

Members were asked how satisfied they were with the help they received in coordinating their care in the last six months (Question 50). Table 6-10 shows the results for this question.

Table 6-10—Satisfaction with Help in Coordination of Care

	Very dissatisfied		Dissatisfied		Neither dissatisfied nor satisfied		Satisfied		Very satisfied	
	N	%	N	%	N	%	N	%	N	%
MI Health Link Program	164	4.3%	62	1.6%	316	8.4%	1,358	35.9%	1,884	49.8%
Aetna Better Health Premier Plan	20	3.9%	12	2.4%	50	9.8%	188	36.9%	239	47.0%
AmeriHealth Caritas	16	3.5%	8	1.7%	34	7.4%	162	35.3%	239	52.1%
HAP Empowered	29	5.6%	9	1.7%	42	8.1%	190	36.7%	248	47.9%
MeridianComplete	24	3.9%	7	1.1%	61	10.0%	238	38.8%	283	46.2%
Michigan Complete Health	16	4.0%	9	2.2%	37	9.2%	149	37.1%	191	47.5%
Molina Dual Options	23	4.2%	12	2.2%	41	7.4%	206	37.3%	271	49.0%
Upper Peninsula Health Plan	36	4.9%	5	0.7%	51	7.0%	225	30.8%	413	56.6%

Survey Instrument

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



Michigan Department of
Health & Human Services



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

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

If you want to know more about this study, please call 1-888-248-8962.

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks



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

- Yes → *Go to Question 1*
- No

↓ START HERE ↓

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

- Yes → *Go to Question 3*
- No

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



YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
- Yes
 No → *Go to Question 5*
4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Never
 Sometimes
 Usually
 Always
5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
- Yes
 No → *Go to Question 7*
6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
- Never
 Sometimes
 Usually
 Always

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

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

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

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

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

- Never
 Sometimes
 Usually
 Always

YOUR PERSONAL DOCTOR

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

- Yes
 No → *Go to Question 19*

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 18**

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

- Never
- Sometimes
- Usually
- Always

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

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | | Best | | | | |
| Personal Doctor | | | | | | Personal Doctor | | | | |
| Possible | | | | | | Possible | | | | |

GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
- No → **Go to Question 23**



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

- Never
- Sometimes
- Usually
- Always

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

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

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

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

YOUR HEALTH PLAN

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

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

- Yes
- No → **Go to Question 26**

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 28**

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

- Never
- Sometimes
- Usually
- Always

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

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



ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Excellent
- Very Good
- Good
- Fair
- Poor

31. Have you had either a flu shot or flu spray in the nose since July 1, 2019?

- Yes
- No
- Don't know

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

36. What is your age?

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

37. Are you male or female?

- Male
- Female

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

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

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

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

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

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

ADDITIONAL QUESTIONS

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

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

- Yes
- No → *Go to Question 43*

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

- Never
- Sometimes
- Usually
- Always

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

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

- Yes
- No → *Go to Question 45*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes → *Go to Question 47*
- No

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

- Never
- Sometimes
- Usually
- Always



◆

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

- Yes
- No → **Go to Question 49**

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

- Never
- Sometimes
- Usually
- Always

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

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

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

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

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

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

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

