

2021 Healthy Michigan Plan CAHPS® Report

*Michigan Department of Health and Human
Services*

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Introduction

The Michigan Department of Health and Human Services (MDHHS) assesses the perceptions and experiences of members enrolled in the MDHHS Healthy Michigan Plan (HMP) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members in the HMP 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 HMP Program.¹⁻¹ The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving members' overall experiences.

This report presents the 2021 adult CAHPS results of members enrolled in an HMP health plan. A sample of 1,350 adult members was selected from each plan. The surveys were completed from June to September 2021. The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.¹⁻² MDHHS elected to include nine supplemental questions in the survey.

HSAG presents plan-level and aggregate statewide (i.e., the MDHHS HMP Program) results and compares them to national Medicaid data and the prior year's results. Additionally, overall scores for the supplemental items are reported.





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

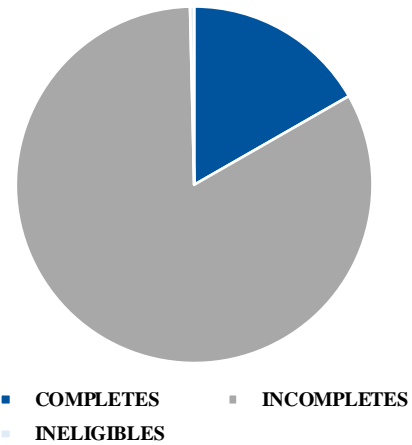
¹⁻² HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Survey Administration Overview

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

START SURVEY:	FINISH SURVEY:
06.22.21	09.14.21
TOTAL SAMPLE SIZE	13,500
RESPONSE RATE	16.78%

 COMPLETES	2,257
 INCOMPLETES	11,193
 INELIGIBLES	50
 UNDELIVERABLES	1,251



DETAILS

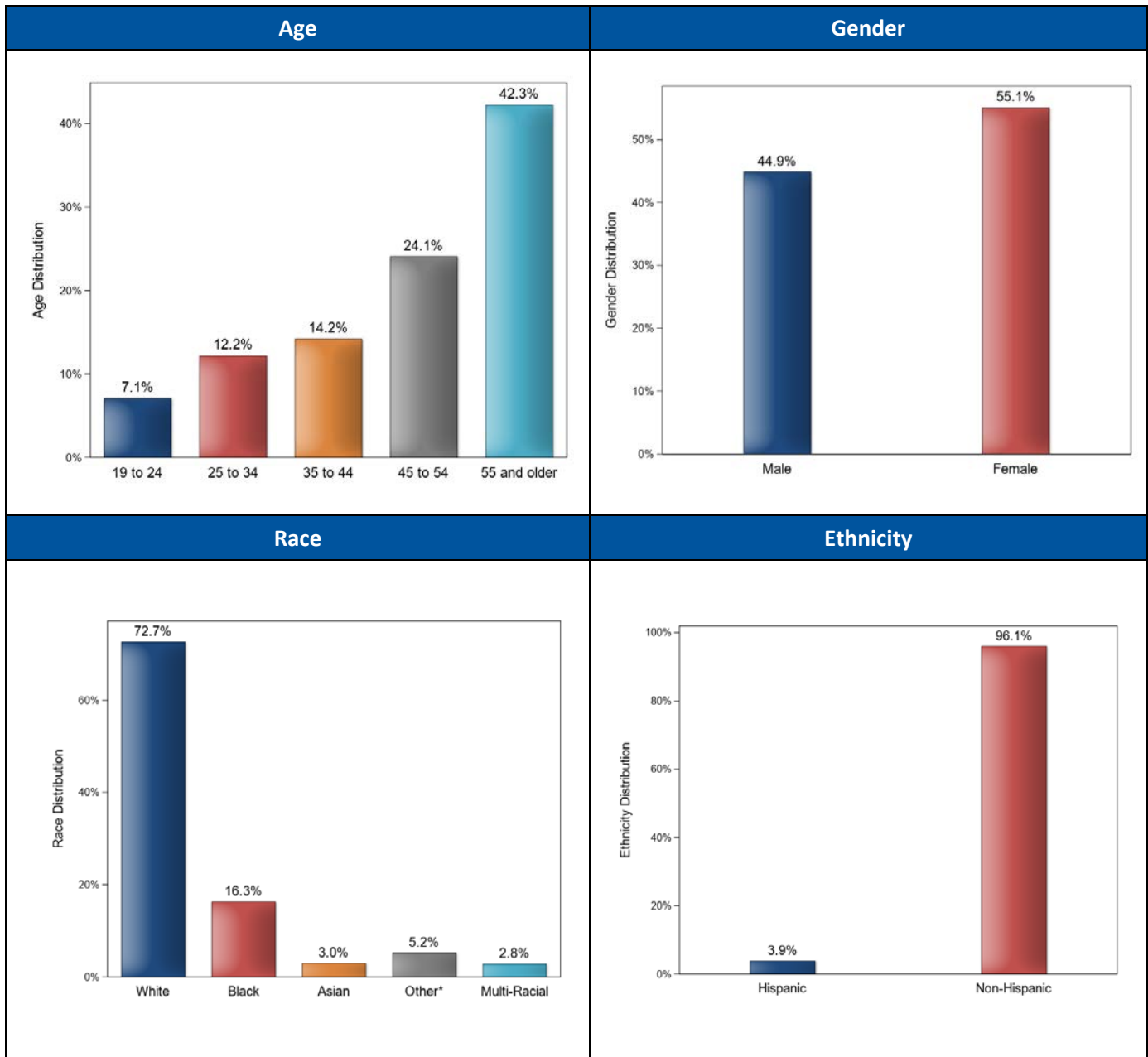
	Mail 1	Mail 2	Mail 3	
COMPLETES	1,162	757	338	
	Not Enrolled	Language Barrier	Deceased	Incapacitated
INELIGIBLES	45	0	3	2

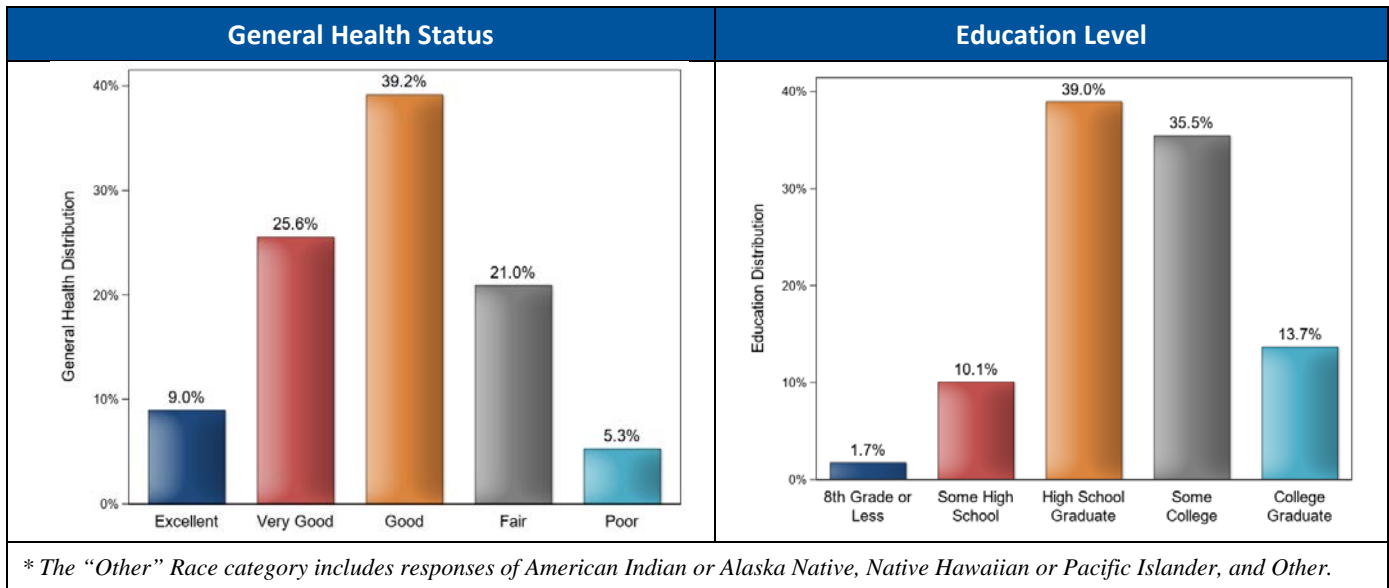
Key Findings

Demographics

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

Table 1-1—Member Demographics





NCQA Comparisons and Trend Analysis

HSAG calculated overall scores for the Effectiveness of Care measures and top-box scores (i.e., rates of experience) for the other measures. HSAG compared scores for each measure to the National Committee for Quality Assurance’s (NCQA’s) 2020 Quality Compass® Benchmark and Compare Quality Data.^{1-3,1-4} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of this analysis are found in the Results section beginning on page 3-12.

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

¹⁻³ Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA). National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

¹⁻⁴ Given the potential differences in the demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA Quality Compass benchmark data.

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

Measure	NCQA Comparisons	Trend Analysis
Global Ratings		
<i>Rating of Health Plan</i>	★★★ 63.8%	—
<i>Rating of All Health Care</i>	★★ 56.7%	—
<i>Rating of Personal Doctor</i>	★★ 67.7%	—
<i>Rating of Specialist Seen Most Often</i>	★ 61.9%	—
Composite Measures		
<i>Getting Needed Care</i>	★★★ 84.4%	—
<i>Getting Care Quickly</i>	★★★ 83.8%	—
<i>How Well Doctors Communicate</i>	★★★ 94.3%	—
<i>Customer Service</i>	★★★ 90.1%	—
Individual Item Measure		
<i>Coordination of Care</i>	★★ 83.3%	—
Effectiveness of Care Measures		
<i>Advising Smokers and Tobacco Users to Quit</i>	★★ 76.0%	—
<i>Discussing Cessation Medications</i>	★★★ 56.8%	—
<i>Discussing Cessation Strategies</i>	★★ 45.5%	—
Star Assignments Based on Percentiles: ★★★★★90th or Above ★★★★★75th-89th ★★★50th-74th ★★25th-49th ★Below 25th ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.		

Statewide Comparisons

HSAG compared the HMP health plan results to the MDHHS HMP Program to determine if plan results were statistically significantly different from the MDHHS HMP Program. The detailed results of this analysis are found in the Results section beginning on 3-15. Table 1-3 shows a summary of the statistically significant results of this analysis.

Table 1-3—Statewide Comparisons: Statistically Significant Results

	<i>Rating of Health Plan</i>	<i>Advising Smokers and Tobacco Users to Quit</i>
Blue Cross Complete of Michigan		↑
HAP Empowered	↓	↓
Priority Health Choice, Inc.	↑	
Upper Peninsula Health Plan	↑	↓
↑ Statistically significantly above the MDHHS HMP Program. ↓ Statistically significantly below the MDHHS HMP Program.		

Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement efforts, HSAG conducted a key drivers analysis. HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as “key drivers” since these items are driving members’ levels of experience with each of the three measures. The detailed results of this analysis are described in the Key Drivers of Member Experience Analysis section beginning on 5-1. Table 1-4 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 HMP Program.

Table 1-4—Key Drivers of Member Experience: MDHHS HMP Program

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4. Received care as soon as needed when care was needed right away	Never + Sometimes vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q17. Ease of getting the care, tests, or treatment needed	Never + Sometimes vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q20. Personal doctor explained things in an understandable way	Never + Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q21. Personal doctor listened carefully	Never + Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q22. Personal doctor showed respect for what was said	Never + Sometimes vs. Always	NS	✓	✓
	Usually vs. Always	NS	NS	✓
Q23. Personal doctor spent enough time	Never + Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q28. Received appointment with a specialist as soon as needed	Never + Sometimes vs. Always	✓	NS	NA
Q32. Health plan’s customer service gave the information or help needed	Never + Sometimes vs. Always	✓	NS	NA
Q33. Treated with courtesy and respect by health plan’s customer service staff	Never + Sometimes vs. Always	✓	NS	NA
Q35. Ease of filling out forms from health plan	Usually vs. Always	✓	NS	NA
<p><i>NA indicates that this question was not evaluated for this measure.</i> <i>NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for those responses does not significantly affect their rating.</i></p>				

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

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's HEDIS.²⁻¹ In 2002, AHRQ convened the CAHPS Instrument Panel to re-evaluate and update the CAHPS Health Plan Surveys and to improve the state-of-the-art methods for assessing members' experiences with care.²⁻² The result of this re-evaluation and update process was the development of the CAHPS 3.0H Health Plan Surveys. The goal of the CAHPS 3.0H Health Plan Surveys was to effectively and efficiently obtain information from the person receiving care. In 2006, AHRQ released the CAHPS 4.0 Health Plan Surveys. Based on the CAHPS 4.0 versions, NCQA introduced new HEDIS versions of the Adult Health Plan Survey in 2007 and the Child Health Plan Survey in 2009, which are referred to as the CAHPS 4.0H Health Plan Surveys.^{2-3,2-4} In 2012, AHRQ released the CAHPS 5.0 Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Health Plan Surveys.²⁻⁵ In October 2019, NCQA updated the CAHPS 5.0H Medicaid Health Plan Surveys by eliminating some items from the surveys.²⁻⁶ In October 2020, AHRQ released the 5.1 versions of the Adult and Child Health Plan Surveys to acknowledge that

²⁻¹ National Committee for Quality Assurance. *HEDIS® 2002, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2001.

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

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

²⁻⁴ National Committee for Quality Assurance. *HEDIS® 2009, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

²⁻⁵ National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2012.

²⁻⁶ National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

members may receive care in person, by phone, or by video. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.²⁻⁷

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

2021 CAHPS Performance Measures

The CAHPS 5.1 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 the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question that looks at a specific area of care (i.e., *Coordination of Care*). The Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation. In addition, MDHHS elected to add nine supplemental questions to the survey. Figure 2-1, on the following page, lists the measures included in the survey.

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

Figure 2-1—Survey Measures

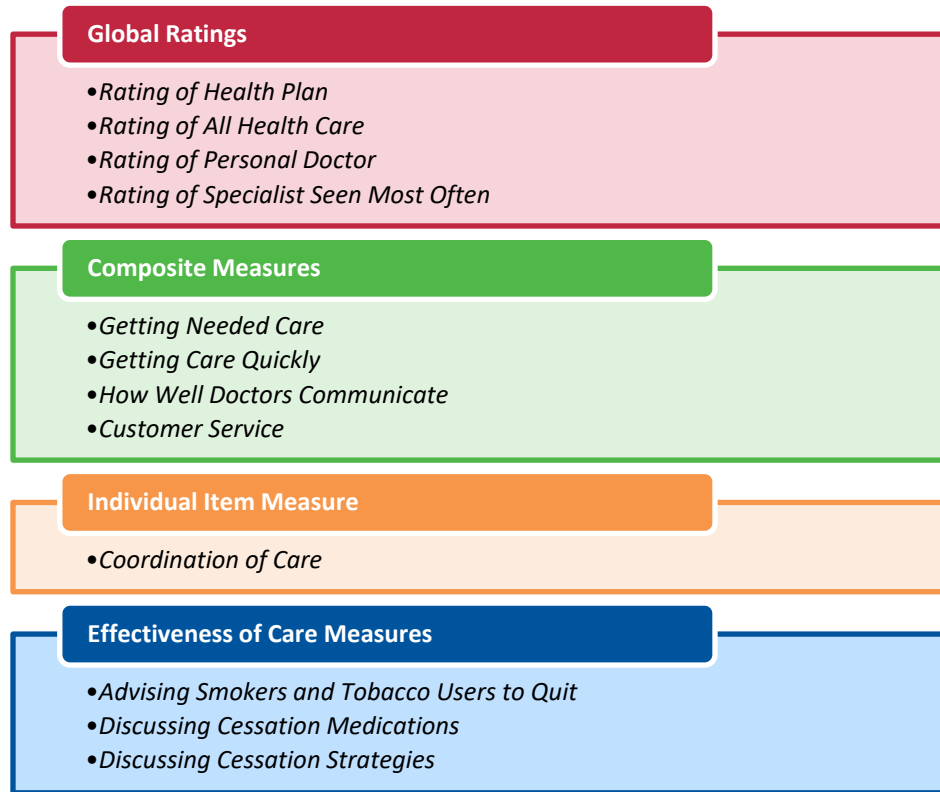


Table 2-1 presents the survey language and response options for each measure.

Table 2-1—Question Language and Response Options

Question Language	Response Options
Global Ratings	
<i>Rating of Health Plan</i>	
37. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0–10 Scale
<i>Rating of All Health Care</i>	
16. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0–10 Scale
<i>Rating of Personal Doctor</i>	
26. 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
<i>Rating of Specialist Seen Most Often</i>	
30. 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	
<i>Getting Needed Care</i>	
17. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always
28. 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
<i>Getting Care Quickly</i>	
4. In the last 6 months, when you <u>needed care right away</u> , how often did you get care as soon as you needed?	Never, Sometimes, Usually, Always
7. 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
<i>How Well Doctors Communicate</i>	
20. 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
21. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
22. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
23. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always

Question Language	Response Options
Customer Service	
32. 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
33. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care	
25. 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	
Advising Smokers and Tobacco Users to Quit	
42. 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
Discussing Cessation Medications	
43. 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
Discussing Cessation Strategies	
44. 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 HSAG adhered to are described below.

Sampling Procedures

MDHHS provided HSAG with a list of all eligible members 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 tried to obtain new addresses by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system. HSAG sampled adult members who met the following criteria:

- Were 19 years of age or older as of February 28, 2021.
- Were currently enrolled in an HMP health plan.
- Had been continuously enrolled in the plan for at least five of the last six months of the measurement period (September 1, 2020 to February 28, 2021).

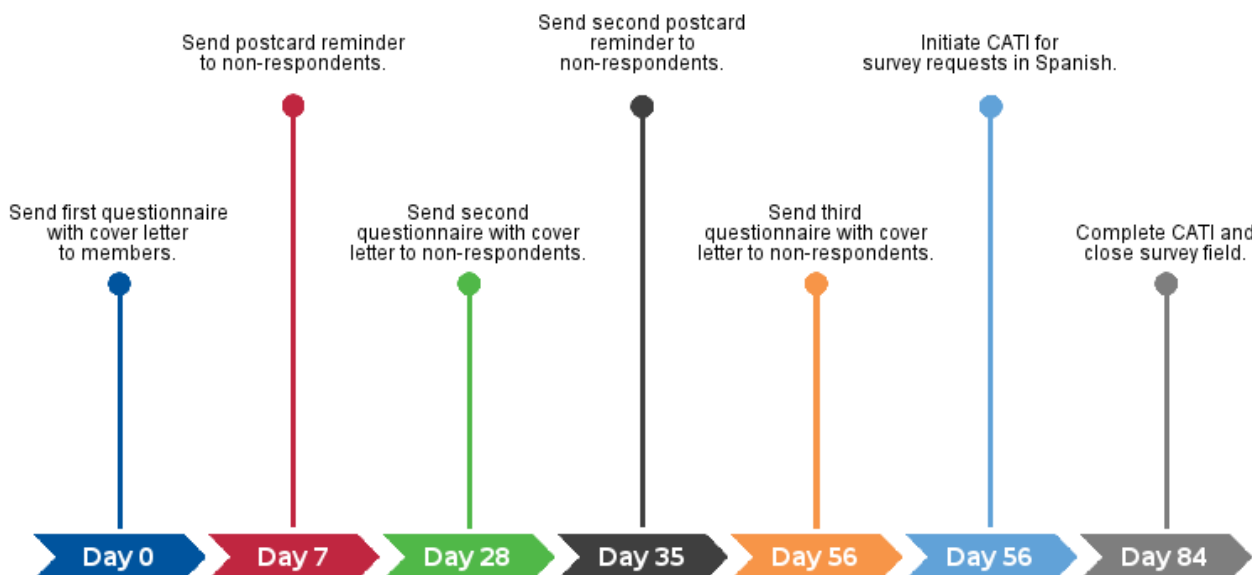
Next, a sample of members was selected for inclusion in the survey. No more than one member per household was selected as part of the survey samples. A sample of 1,350 adult members was selected from each HMP health plan.

Survey Protocol

The survey administration protocol employed was a mail-only methodology, except for sampled members that completed the survey in Spanish via Computer Assisted Telephone Interviewing (CATI). 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 sampled 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 in the survey administration.

Figure 2-2—Survey Timeline



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 HMP health plans to calculate results for the HMP Program. This section provides an overview of each analysis.

Who Responded to the Survey

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.²⁻⁸ HSAG considered a survey completed if members answered at least three of the following five questions: 3, 18, 27, 31, and 37. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: 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.

Respondent Analysis

HSAG evaluated the demographic characteristics of adult members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of members who responded to the survey (i.e., respondent percentages) were statistically significantly different from 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. Given that the demographics of a response group can influence overall experience scores, it is important to evaluate

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

all results in the context of the actual respondent population. 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 NCQA Comparisons, Statewide Comparisons, and Trend analyses, HSAG calculated scores for each measure following NCQA HEDIS Specifications for Survey Measures.²⁻⁹ Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable survey result, HSAG presented results with fewer than 100 responses. Therefore, caution should be exercised when evaluating measures' results with fewer than 100 responses, which are denoted with a cross (+).

Global Ratings, Composite Measures, and Individual Item Measure

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

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

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

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

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

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

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively.

²⁻⁹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2020.

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

Weighting

HSAG calculated a weighted MDHHS HMP Program score based on the total eligible population for each plan’s adult HMP population.

NCQA Comparisons

HSAG compared the scores to NCQA’s 2020 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).²⁻¹⁰ Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 2-2.

Table 2-2—Star Ratings

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

There are no national benchmarks available for this population; therefore, national adult Medicaid data were used for comparative purposes.²⁻¹¹

²⁻¹⁰ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

²⁻¹¹ Given the potential differences in the demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA Quality Compass benchmark data.

Statewide Comparisons

HMP Health Plan Comparisons

The results of the HMP health plans were compared to the MDHHS HMP Program. Two types of hypothesis tests were applied to these results. First, a global F test was calculated, which determined whether the difference between HMP 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 HMP health plan. The t test determined whether each HMP health plan's score was statistically significantly different from the MDHHS HMP Program. This analytic approach follows 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 MDHHS HMP Program. Conversely, red indicates a score that was statistically significantly lower than the MDHHS HMP Program. Blue indicates scores that were not statistically significantly different from the MDHHS HMP Program. Also, the NCQA adult Medicaid national averages are presented in the figures for comparison.²⁻¹²

Trend Analysis

HSAG performed a t test to determine whether results in 2021 were statistically significantly different from results in 2020. A difference was considered statistically significant if the two-sided p value of the t test was less than 0.05. The two-sided p value of the t test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance.

Scores that were statistically significantly higher in 2021 than in 2020 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2021 than in 2020 are noted with downward triangles (▼). Scores in 2021 that were not statistically significantly different from scores in 2020 are noted with a dash (—).

Key Drivers of Member Experience Analysis

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

²⁻¹² The source for the national data contained in this publication is Quality Compass® 2020 and is used with the permission of NCQA. Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

Table 2-3 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 2-3—Correlation Matrix

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q4. Received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q7. Received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Q17. Ease of getting the care, tests, or treatment needed	✓	✓	✓	Always
Q20. Personal doctor explained things in an understandable way	✓	✓	✓	Always
Q21. Personal doctor listened carefully	✓	✓	✓	Always
Q22. Personal doctor showed respect for what was said	✓	✓	✓	Always
Q23. Personal doctor spent enough time	✓	✓	✓	Always
Q25. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	✓	✓	✓	Always
Q28. Received appointment with a specialist as soon as needed	✓	✓		Always
Q32. Health plan's customer service gave the information or help needed	✓	✓		Always
Q33. Treated with courtesy and respect by health plan's customer service staff	✓	✓		Always
Q35. Ease of filling out forms from health plan	✓	✓		Always

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

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

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

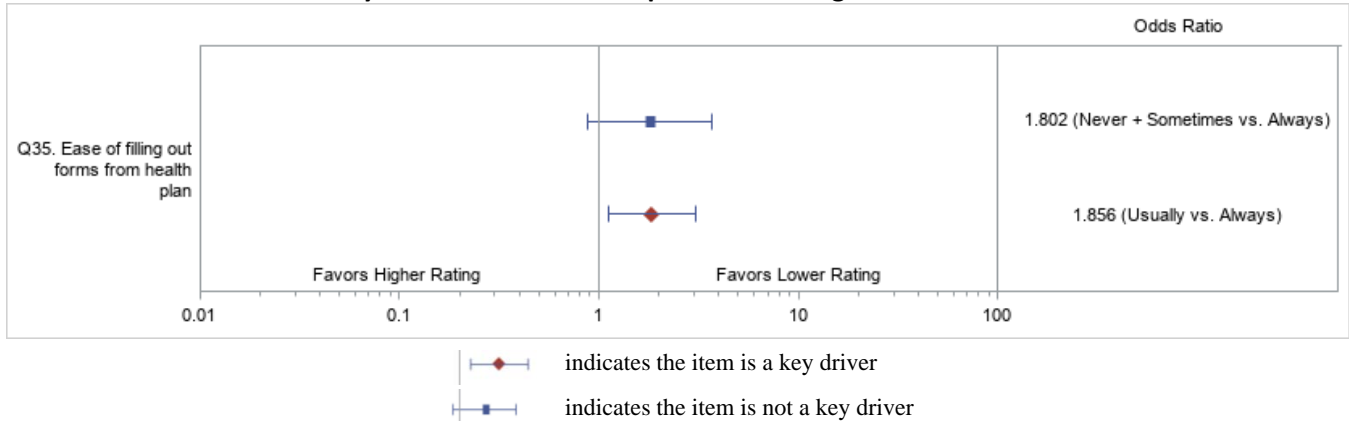
The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is

not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of the correlation is used in the analysis, and the range is 0 to 1. A zero indicates no relationship between the response to a question and the member's experience. As the value of 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") 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 35 are 1.802 times and 1.856 times, respectively, more likely to provide a lower rating for their health plan than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

Key Drivers of Member Experience: Rating of Health Plan



Limitations and Cautions

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

Case-Mix Adjustment

The demographics of a response group may impact member experience. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting CAHPS results to account for these differences; therefore, no case-mix adjusting was performed on these results.²⁻¹³

Causal Inferences

Although this report examines whether respondents report differences in experience with various aspects of their health care experiences, these differences may not be completely attributable to 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.

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. 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.²⁻¹⁴ 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 All Health Care*. While the first-year findings of the non-response bias analysis can only serve as a potential baseline for evaluating if there are similar trends over the years, MDHHS should consider that potential non-response bias does exist when interpreting CAHPS results for these measures.

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 2021 survey administration was the standard CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set; however, the population being

²⁻¹³ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

²⁻¹⁴ Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." *European journal of epidemiology* 17.11 (2001): 991-999.

surveyed was not a standard adult Medicaid population. There are currently no available benchmarks for this population; therefore, caution should be exercised when interpreting the comparisons to NCQA national data.

Coronavirus Disease 2019 (COVID-19) Impact

Due to the increased use of telehealth services (e.g., phone and video calls) during the COVID-19 pandemic, AHRQ released the 5.1 version of the CAHPS Adult Health Plan Survey in October 2020 to acknowledge that members may receive care in person, by phone, or by video. Based on this version, NCQA introduced a new HEDIS version of the survey with updates to the following questions: 3, 6, 7, 15, 18, 19, 27, 28, 29, and 30; therefore, caution should be exercised when comparing 2021 results to prior years' results. Also, caution should be exercised when evaluating the results as the number of completed surveys may have been impacted by COVID-19, as well as members' perceptions of and experiences with the health care system.

Who Responded to the Survey

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

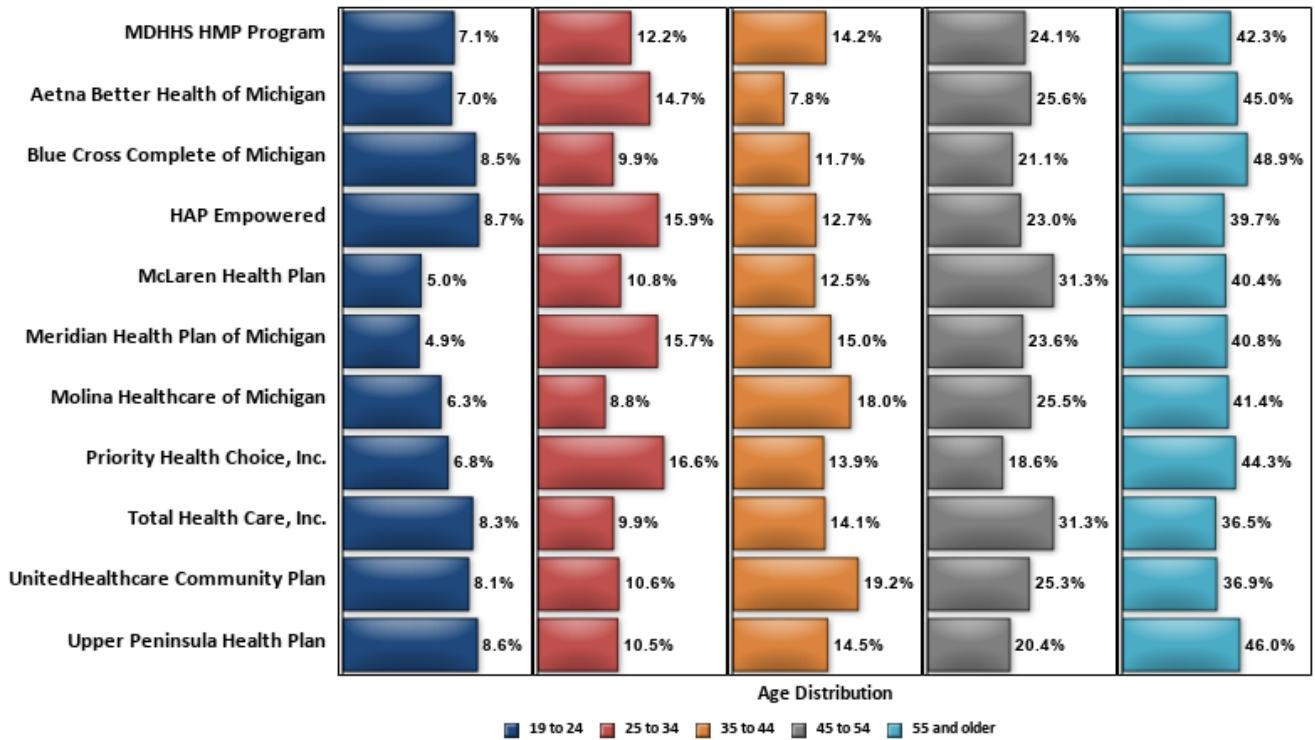
Table 3-1—Distribution of Surveys and Response Rates

	Sample Size	Completes	Ineligibles	Response Rates
MDHHS HMP Program	13,500	2,257	50	16.78%
Aetna Better Health of Michigan	1,350	131	7	9.75%
Blue Cross Complete of Michigan	1,350	225	4	16.72%
HAP Empowered	1,350	127	5	9.44%
McLaren Health Plan	1,350	241	2	17.88%
Meridian Health Plan of Michigan	1,350	270	4	20.06%
Molina Healthcare of Michigan	1,350	241	6	17.93%
Priority Health Choice, Inc.	1,350	297	5	22.08%
Total Health Care, Inc.	1,350	193	8	14.38%
UnitedHealthcare Community Plan	1,350	204	5	15.17%
Upper Peninsula Health Plan	1,350	328	4	24.37%

Demographics of Adult Members

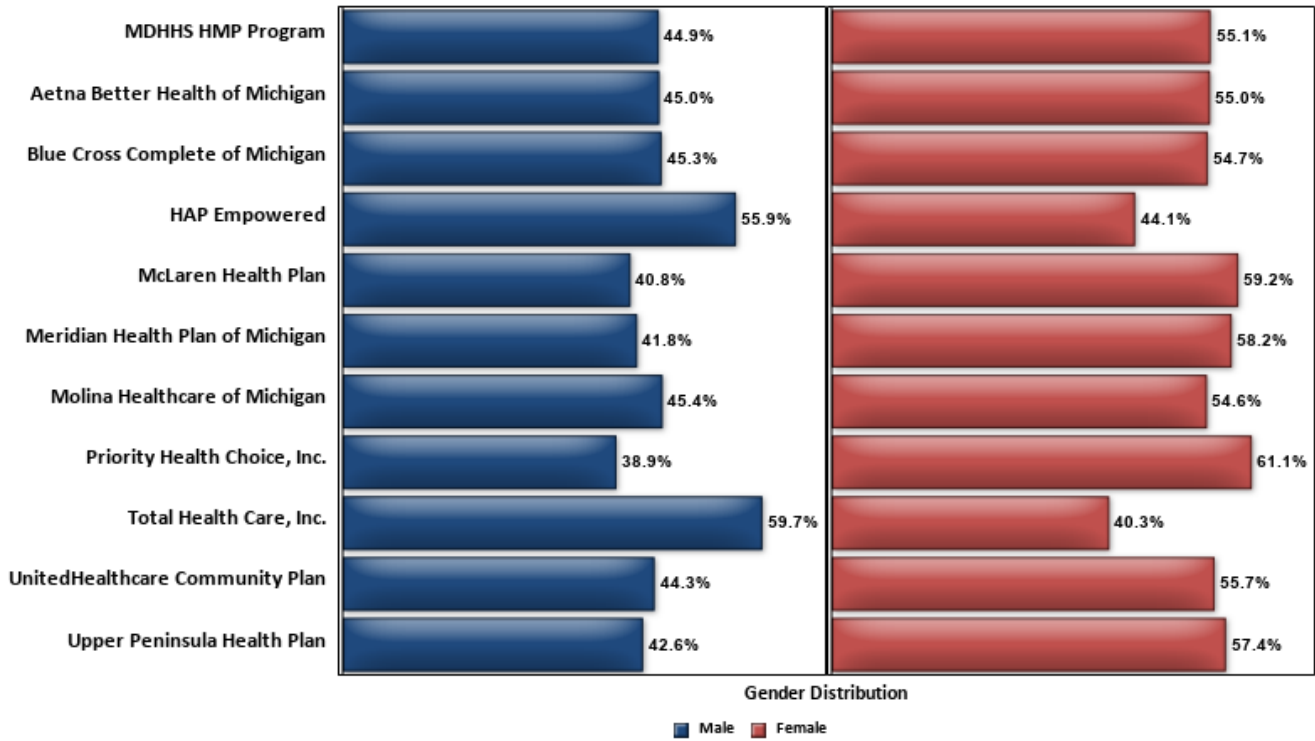
Figure 3-1 through Figure 3-6 depict the demographics of members who completed a survey.

Figure 3-1—Adult Member Demographics: Age



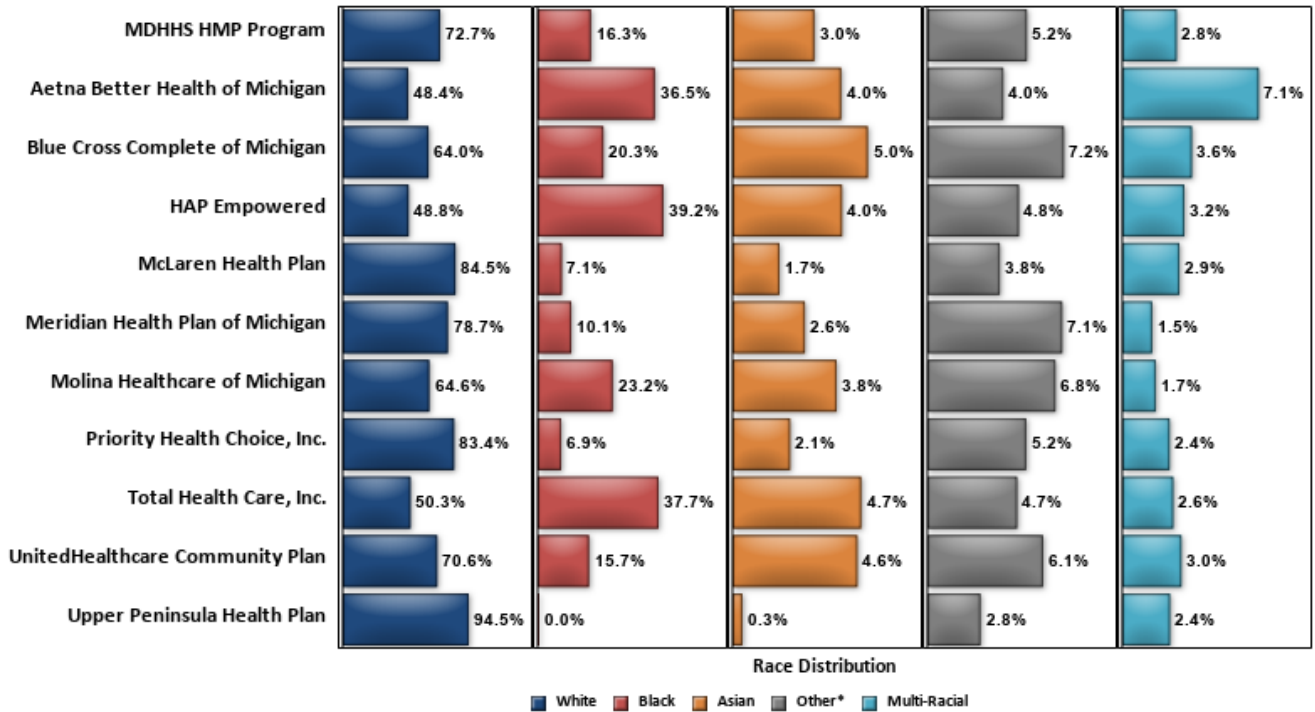
Please note, some percentages may not total 100 percent due to rounding.

Figure 3-2—Adult Member Demographics: Gender



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

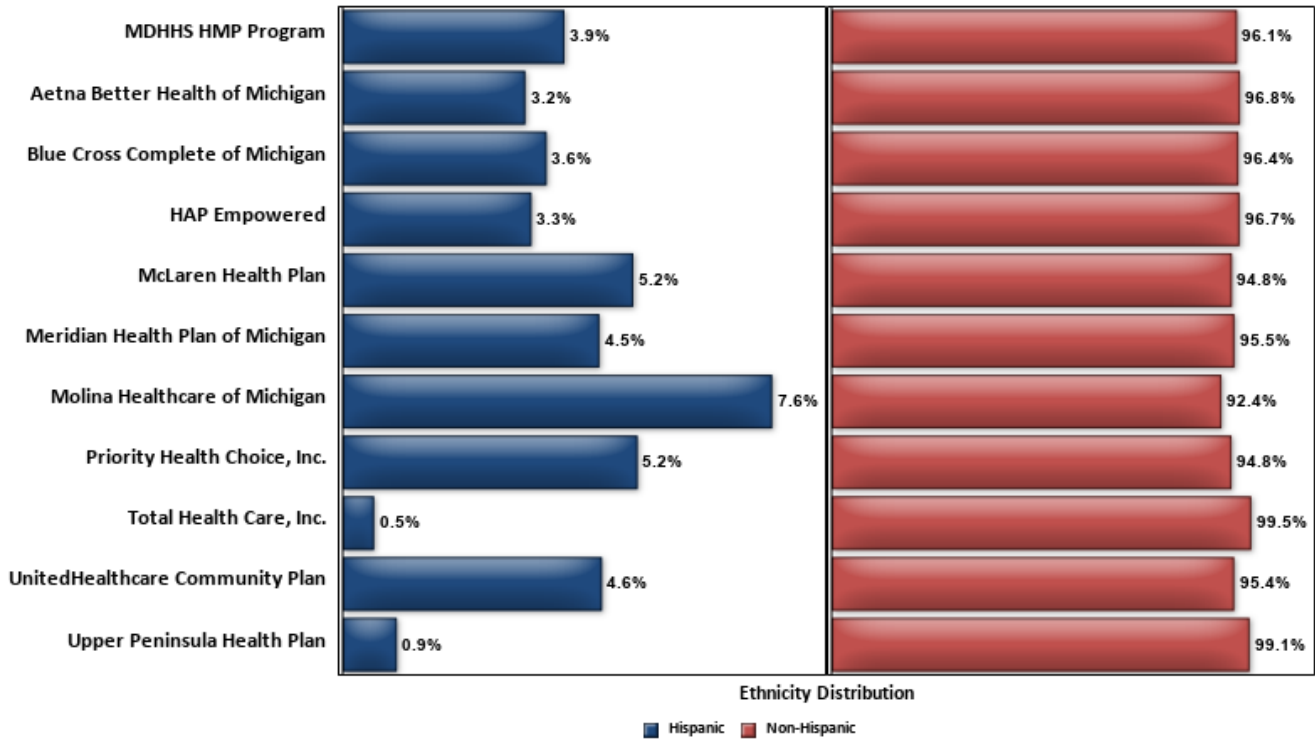
Figure 3-3—Adult Member Demographics: Race



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

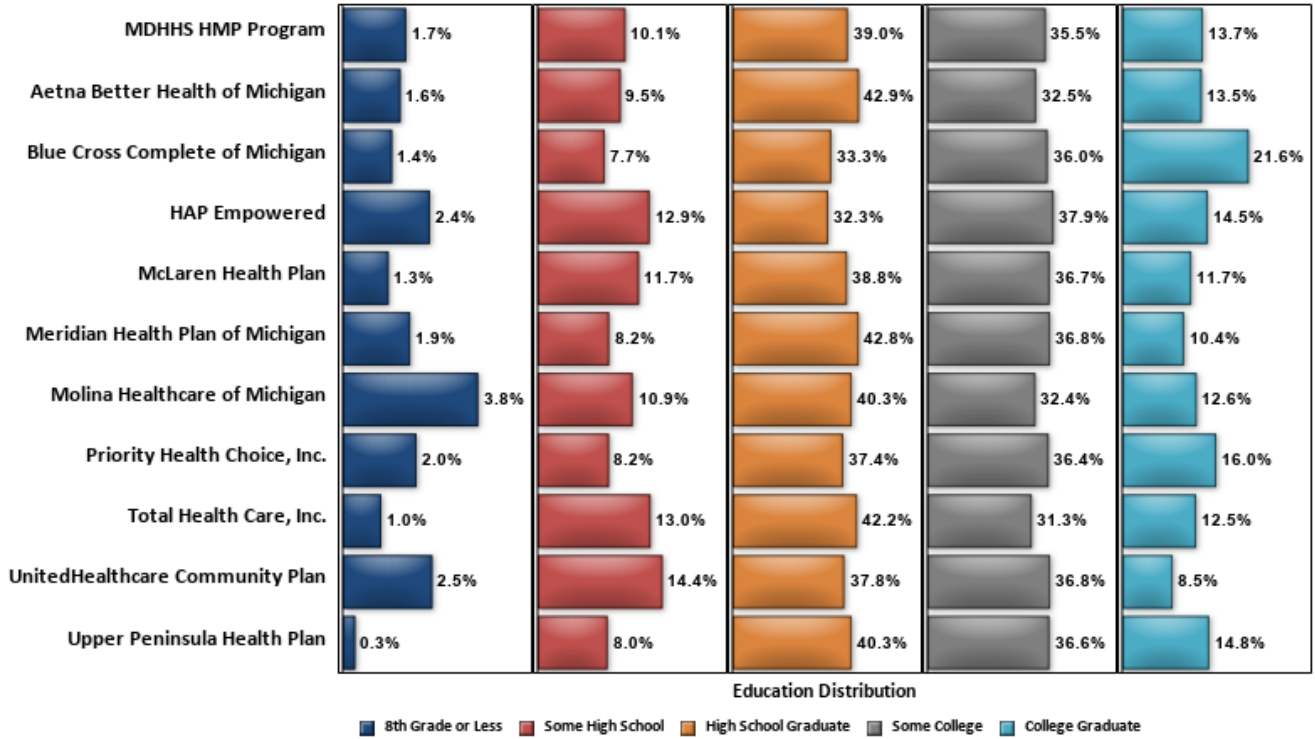
*The "Other" category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.

Figure 3-4—Adult Member Demographics: Ethnicity



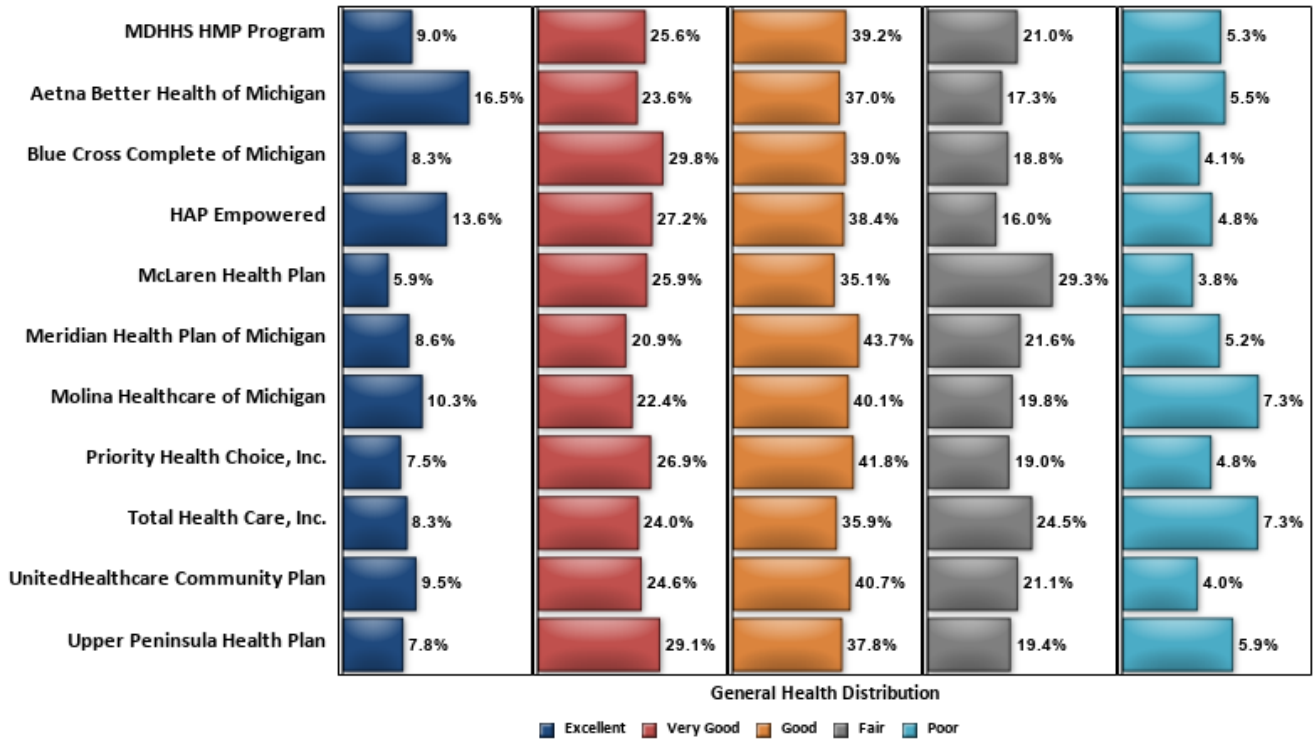
Please note, some percentages may not total 100 percent due to rounding.

Figure 3-5—Adult Member Demographics: Education Level



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

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



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

Respondent Analysis

HSAG compared the demographic characteristics of survey respondents 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, race, and ethnicity. Table 3-2 through Table 3-5 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		19 to 24	25 to 34	35 to 44	45 to 54	55 or older
MDHHS HMP Program	R SF	7.6%↓ 17.5%	12.8%↓ 27.3%	14.0%↓ 20.1%	24.9%↑ 18.7%	40.7%↑ 16.4%
Aetna Better Health of Michigan	R SF	6.9%↓ 20.6%	16.0%↓ 30.0%	8.4%↓ 19.0%	26.7%↑ 17.5%	42.0%↑ 12.9%
Blue Cross Complete of Michigan	R SF	8.4%↓ 15.6%	10.2%↓ 29.3%	11.6%↓ 19.1%	22.2% 18.9%	47.6%↑ 17.0%
HAP Empowered	R SF	10.2%↓ 17.6%	15.0%↓ 33.3%	13.4% 18.9%	23.6% 16.5%	37.8%↑ 13.7%
McLaren Health Plan	R SF	5.4%↓ 17.0%	10.8%↓ 26.7%	12.9%↓ 20.6%	32.0%↑ 18.8%	39.0%↑ 16.9%
Meridian Health Plan of Michigan	R SF	6.3%↓ 16.3%	15.2%↓ 27.5%	15.6%↓ 20.9%	24.1%↑ 18.9%	38.9%↑ 16.4%
Molina Healthcare of Michigan	R SF	6.6%↓ 20.0%	10.8%↓ 25.7%	15.8% 19.3%	27.4%↑ 18.8%	39.4%↑ 16.2%
Priority Health Choice, Inc.	R SF	7.1%↓ 16.4%	17.5%↓ 26.6%	12.5%↓ 21.0%	20.5% 18.0%	42.4%↑ 17.9%
Total Health Care, Inc.	R SF	8.3%↓ 18.7%	10.4%↓ 27.1%	15.0% 18.6%	31.1%↑ 19.7%	35.2%↑ 15.9%
UnitedHealthcare Community Plan	R SF	8.3%↓ 19.9%	12.3%↓ 26.3%	19.1% 20.1%	25.0%↑ 18.6%	35.3%↑ 15.0%
Upper Peninsula Health Plan	R SF	9.1%↓ 15.9%	11.0%↓ 24.5%	14.3%↓ 21.5%	20.4% 18.3%	45.1%↑ 19.7%

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 HMP Program	R SF	44.9%↓ 51.0%	55.1%↑ 49.0%
Aetna Better Health of Michigan	R SF	45.0%↓ 58.4%	55.0%↑ 41.6%
Blue Cross Complete of Michigan	R SF	44.9%↓ 52.5%	55.1%↑ 47.5%
HAP Empowered	R SF	56.7% 64.8%	43.3% 35.2%
McLaren Health Plan	R SF	39.8%↓ 52.4%	60.2%↑ 47.6%
Meridian Health Plan of Michigan	R SF	42.2%↓ 48.7%	57.8%↑ 51.3%
Molina Healthcare of Michigan	R SF	45.2% 50.2%	54.8% 49.8%
Priority Health Choice, Inc.	R SF	39.1%↓ 45.8%	60.9%↑ 54.2%
Total Health Care, Inc.	R SF	59.1% 57.5%	40.9% 42.5%
UnitedHealthcare Community Plan	R SF	45.1% 51.8%	54.9% 48.2%
Upper Peninsula Health Plan	R SF	43.0%↓ 49.3%	57.0%↑ 50.7%

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

Program/Plan Name		White	Black	Asian	Other
MDHHS HMP Program	R	72.3%↑	16.7%↓	0.8%	10.3%
	SF	62.1%	26.4%	0.7%	10.8%
Aetna Better Health of Michigan	R	46.9%	38.3%↓	2.3%	12.5%
	SF	39.1%	48.6%	0.6%	11.7%
Blue Cross Complete of Michigan	R	65.8%↑	21.9%↓	1.4%	11.0%
	SF	53.5%	32.9%	1.0%	12.6%
HAP Empowered	R	47.6%	35.5%↓	0.0%↓	16.9%
	SF	40.1%	47.2%	0.5%	12.2%
McLaren Health Plan	R	85.3%↑	7.8%↓	0.4%	6.5%
	SF	71.4%	18.9%	0.5%	9.1%
Meridian Health Plan of Michigan	R	80.5%↑	10.0%↓	0.8%	8.8%
	SF	69.2%	20.6%	0.6%	9.6%
Molina Healthcare of Michigan	R	63.2%↑	22.5%↓	0.9%	13.4%
	SF	55.0%	33.3%	0.7%	11.0%
Priority Health Choice, Inc.	R	81.9%↑	7.3%↓	0.3%	10.5%
	SF	76.9%	12.9%	0.6%	9.6%
Total Health Care, Inc.	R	52.6%↑	37.5%↓	1.0%	8.9%
	SF	36.9%	50.2%	0.8%	12.1%
UnitedHealthcare Community Plan	R	70.8%↑	17.4%↓	0.0%↓	11.8%
	SF	59.3%	27.3%	1.0%	12.4%
Upper Peninsula Health Plan	R	90.8%	0.6%	0.9%	7.7%
	SF	90.9%	1.3%	0.2%	7.6%

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 3-5—Respondent Analysis: Ethnicity

Program/Plan Name		Hispanic	Non-Hispanic
MDHHS HMP Program	R SF	2.8%↓ 4.7%	97.2%↑ 95.3%
Aetna Better Health of Michigan	R SF	2.3% 3.7%	97.7% 96.3%
Blue Cross Complete of Michigan	R SF	2.7% 4.4%	97.3% 95.6%
HAP Empowered	R SF	2.4% 3.8%	97.6% 96.2%
McLaren Health Plan	R SF	4.1% 4.8%	95.9% 95.2%
Meridian Health Plan of Michigan	R SF	3.3% 4.5%	96.7% 95.5%
Molina Healthcare of Michigan	R SF	4.1% 5.3%	95.9% 94.7%
Priority Health Choice, Inc.	R SF	3.4%↓ 7.8%	96.6%↑ 92.2%
Total Health Care, Inc.	R SF	0.5%↓ 3.1%	99.5%↑ 96.9%
UnitedHealthcare Community Plan	R SF	3.9% 4.5%	96.1% 95.5%
Upper Peninsula Health Plan	R SF	0.9% 1.8%	99.1% 98.2%

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.

NCQA Comparisons

In order to assess the overall performance of the MDHHS HMP Program, HSAG compared scores for each measure 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). The percentages presented in the following three tables represent the scores, while the stars represent overall member experience ratings for each measure when the scores were compared to NCQA’s Quality Compass Benchmark and Compare Quality Data.

Table 3-6 shows the scores and overall member experience ratings on each of the four global ratings.

Table 3-6—NCQA Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
MDHHS HMP Program	★★★ 63.8%	★★ 56.7%	★★ 67.7%	★ 61.9%
Aetna Better Health of Michigan	★ 56.9%	★★+ 57.1%+	★★+ 67.4%+	★+ 59.6%+
Blue Cross Complete of Michigan	★★ 61.5%	★★★★ 59.0%	★★ 67.1%	★+ 61.4%+
HAP Empowered	★ 50.8%	★+ 40.3%+	★+ 61.0%+	★+ 58.5%+
McLaren Health Plan	★★★★★ 66.7%	★★ 57.0%	★★ 68.6%	★★ 66.0%
Meridian Health Plan of Michigan	★★★★ 65.4%	★★ 56.8%	★★ 68.3%	★ 56.0%
Molina Healthcare of Michigan	★★ 62.8%	★ 51.6%	★★ 67.4%	★+ 62.4%+
Priority Health Choice, Inc.	★★★★★ 69.5%	★★★★★ 63.1%	★★★★ 71.2%	★★★★ 73.3%
Total Health Care, Inc.	★★★★ 65.6%	★★★★★ 64.5%	★★★★ 71.5%	★★★★+ 70.4%+

³⁻¹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

³⁻² Given the potential differences in the demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid NCQA Quality Compass benchmark data.

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
UnitedHealthcare Community Plan	★★ 60.5%	★★ 55.8%	★ 65.0%	★+ 61.3%+
Upper Peninsula Health Plan	★★★★ 68.7%	★★★ 58.6%	★★ 67.2%	★★ 67.0%

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

Table 3-7 shows the scores and overall member experience ratings on the four composite measures.

Table 3-7—NCQA Comparisons: Composite Measures

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
MDHHS HMP Program	★★★★ 84.4%	★★★★ 83.8%	★★★★ 94.3%	★★★★ 90.1%
Aetna Better Health of Michigan	★★★★+ 88.2%+	★★★★+ 87.8%+	★★★★+ 97.0%+	★+ 86.3%+
Blue Cross Complete of Michigan	★★★ 83.8%	★★+ 80.9%+	★★★ 93.7%	★+ 86.9%+
HAP Empowered	★+ 79.0%+	★+ 78.7%+	★+ 88.2%+	★★+ 88.3%+
McLaren Health Plan	★★★ 84.1%	★★★ 84.2%	★★ 92.0%	★★★★+ 92.4%+
Meridian Health Plan of Michigan	★★★ 84.2%	★★★★ 86.6%	★★★★ 95.7%	★★★★+ 93.2%+
Molina Healthcare of Michigan	★★★ 83.5%	★★★ 83.9%	★★★ 93.9%	★★★★+ 91.9%+
Priority Health Choice, Inc.	★★★★ 89.4%	★★★ 85.1%	★★★ 94.4%	★★+ 90.7%+
Total Health Care, Inc.	★★+ 83.4%+	★★+ 82.7%+	★★★ 94.2%	★+ 84.7%+
UnitedHealthcare Community Plan	★★★+ 84.9%+	★★+ 80.7%+	★★★★ 95.5%	★+ 85.5%+
Upper Peninsula Health Plan	★★ 82.5%	★★★ 85.9%	★★ 92.8%	★★★★+ 93.8%+

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

Table 3-8 shows the scores and overall member experience ratings on the one individual item measure and three Effectiveness of Care measures.

Table 3-8—NCQA Comparisons: Individual Item and Effectiveness of Care Measures

	<i>Coordination of Care</i>	<i>Advising Smokers and Tobacco Users to Quit</i>	<i>Discussing Cessation Medications</i>	<i>Discussing Cessation Strategies</i>
MDHHS HMP Program	★★ 83.3%	★★ 76.0%	★★★★ 56.8%	★★ 45.5%
Aetna Better Health of Michigan	★★★★ ⁺ 86.7% ⁺	★★★★ 80.6%	★★ 50.5%	★ 38.9%
Blue Cross Complete of Michigan	★ ⁺ 76.9% ⁺	★★★★ 80.4%	★★★★ 56.6%	★★ 45.5%
HAP Empowered	★ ⁺ 80.0% ⁺	★ 59.4%	★ 45.3%	★ 39.0%
McLaren Health Plan	★ ⁺ 79.3% ⁺	★ 72.7%	★★ 51.4%	★ 43.3%
Meridian Health Plan of Michigan	★★ ⁺ 85.0% ⁺	★★★★ 77.8%	★★★★★ 60.4%	★★ 46.1%
Molina Healthcare of Michigan	★ ⁺ 80.6% ⁺	★★ 75.0%	★★★★ 58.2%	★★ 44.8%
Priority Health Choice, Inc.	★★★★★ ⁺ 89.7% ⁺	★★ 76.9%	★★★★ 57.0%	★★ 47.2%
Total Health Care, Inc.	★★ ⁺ 83.9% ⁺	★★ 75.8%	★★★★ 58.9%	★★★★ 51.3%
UnitedHealthcare Community Plan	★★★★★ ⁺ 92.2% ⁺	★ 73.0%	★★★★ 56.8%	★★★★ 48.0%
Upper Peninsula Health Plan	★★ ⁺ 84.4% ⁺	★ 67.5%	★ 47.9%	★ 40.1%

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

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 2-4. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide beginning on page 2-10.

The MDHHS HMP Program results were weighted based on the eligible population for each adult population (i.e., HMP health plans). HSAG compared the HMP health plan results to the MDHHS HMP Program to determine if the results were statistically significantly different than the MDHHS HMP 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 provided for comparative purposes.^{3-3,3-4}

In some instances, the scores presented for two plans were similar, but one was statistically significantly different from the MDHHS HMP 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 significant result will be found in a plan with a larger number of respondents.

³⁻³ Given the potential differences in demographic make-up of the HMP population and services received from the HMP health plans compared to the adult Medicaid population, caution should be exercised when interpreting the comparisons to Adult Medicaid Quality Compass benchmark data (i.e., national averages).

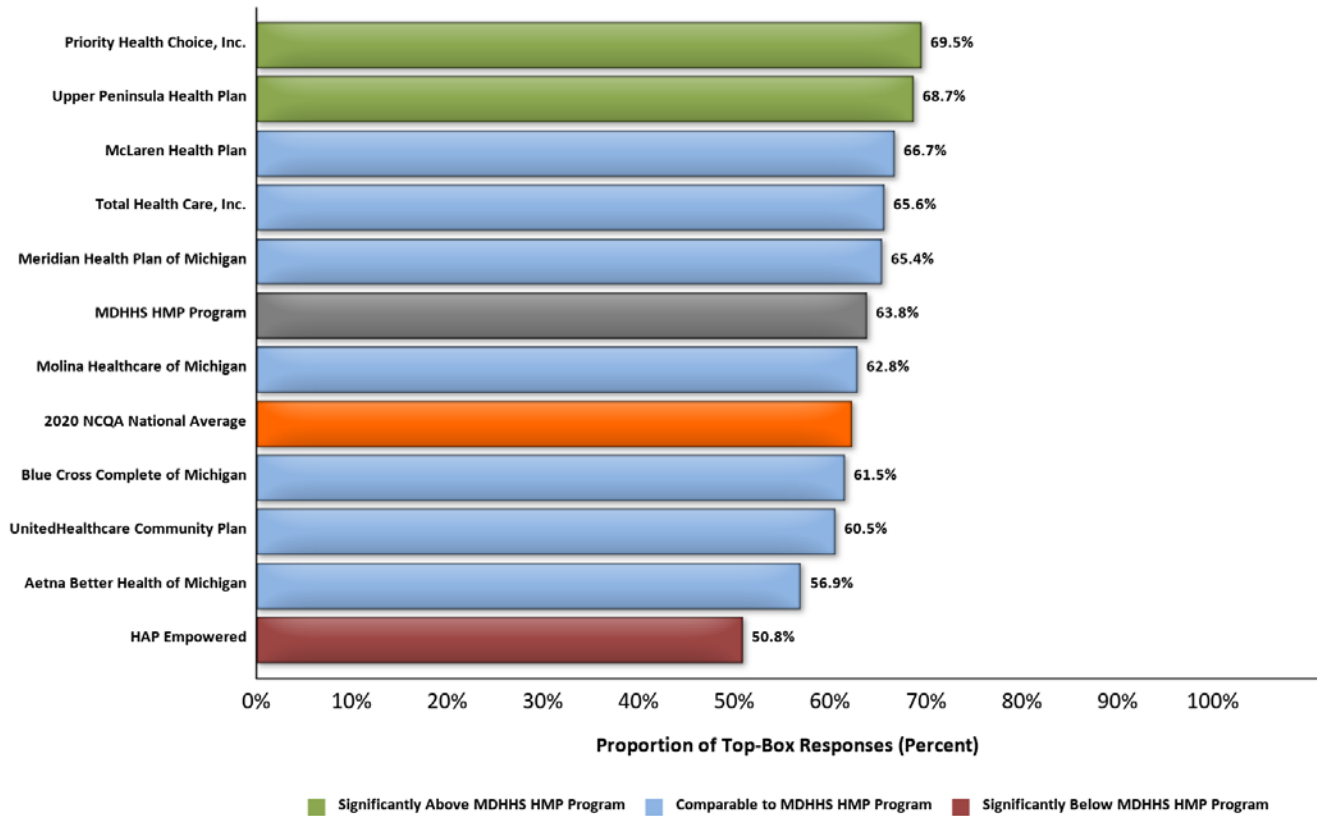
³⁻⁴ The source for the national data contained in this publication is Quality Compass[®] 2020 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS[®] is a registered trademark of AHRQ.

Global Ratings

Rating of Health Plan

Figure 3-7 shows the *Rating of Health Plan* top-box scores.

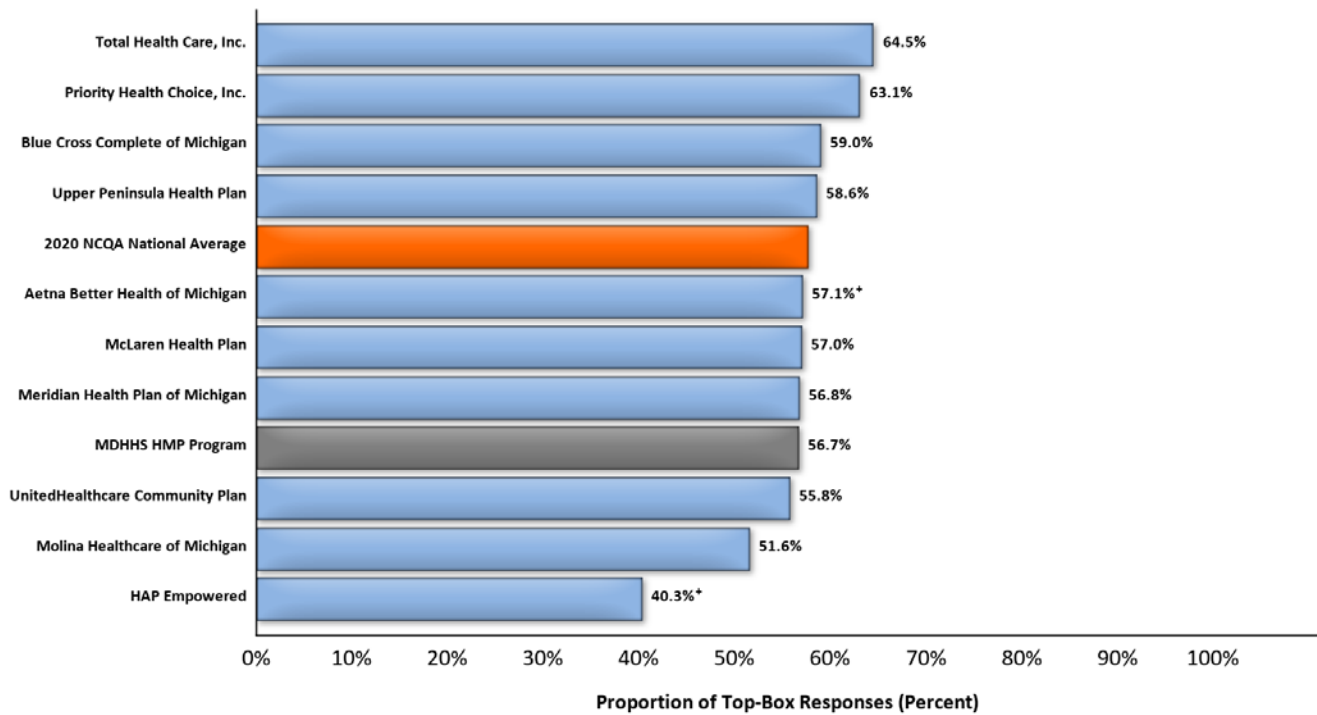
Figure 3-7—Rating of Health Plan Top-Box Scores



Rating of All Health Care

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

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



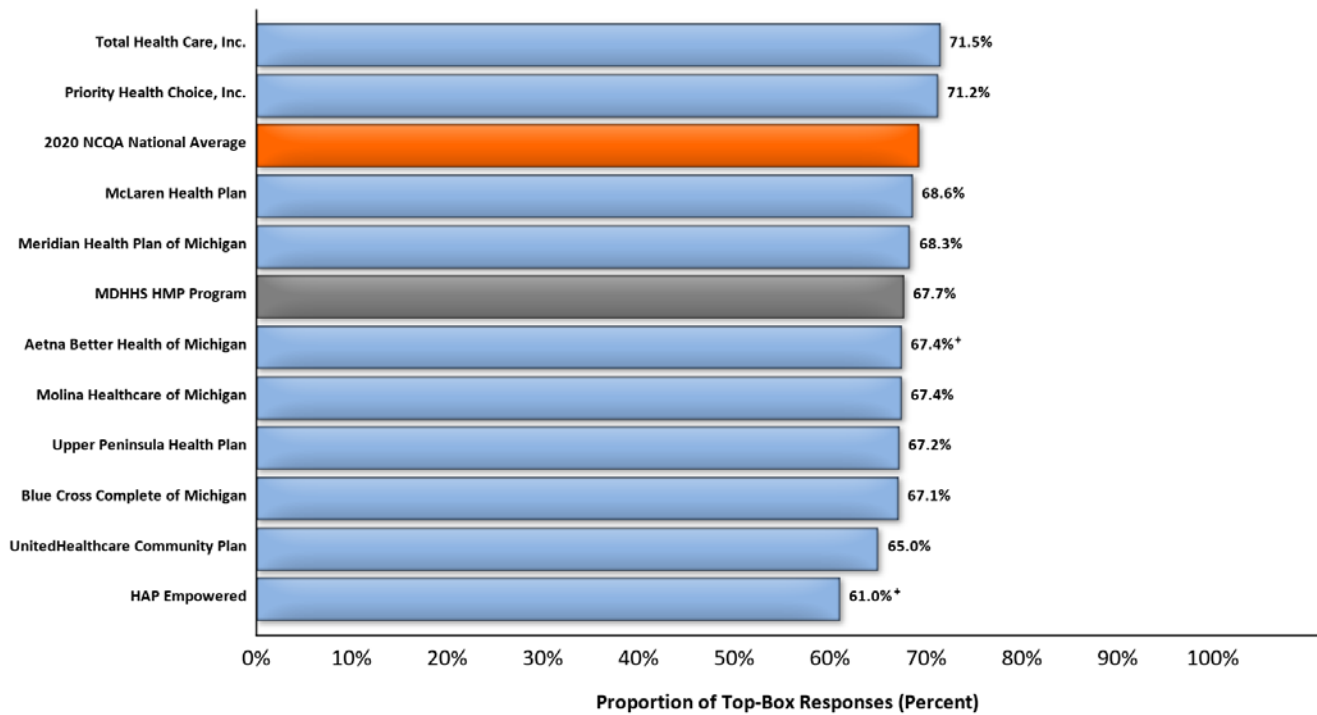
■ Significantly Above MDHHS HMP Program ■ Comparable to MDHHS HMP Program ■ Significantly Below MDHHS HMP Program

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

Rating of Personal Doctor

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

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



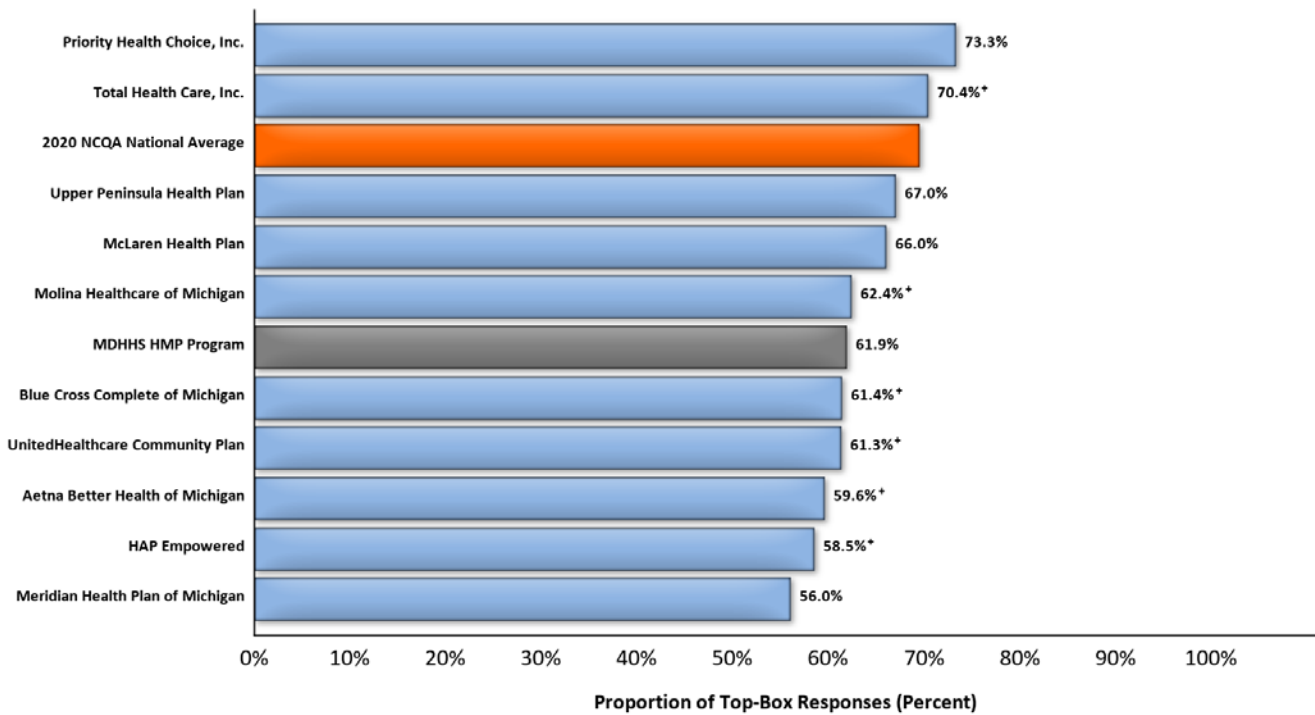
■ Significantly Above MDHHS HMP Program ■ Comparable to MDHHS HMP Program ■ Significantly Below MDHHS HMP Program

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

Rating of Specialist Seen Most Often

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

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



■ Significantly Above MDHHS HMP Program ■ Comparable to MDHHS HMP Program ■ Significantly Below MDHHS HMP Program

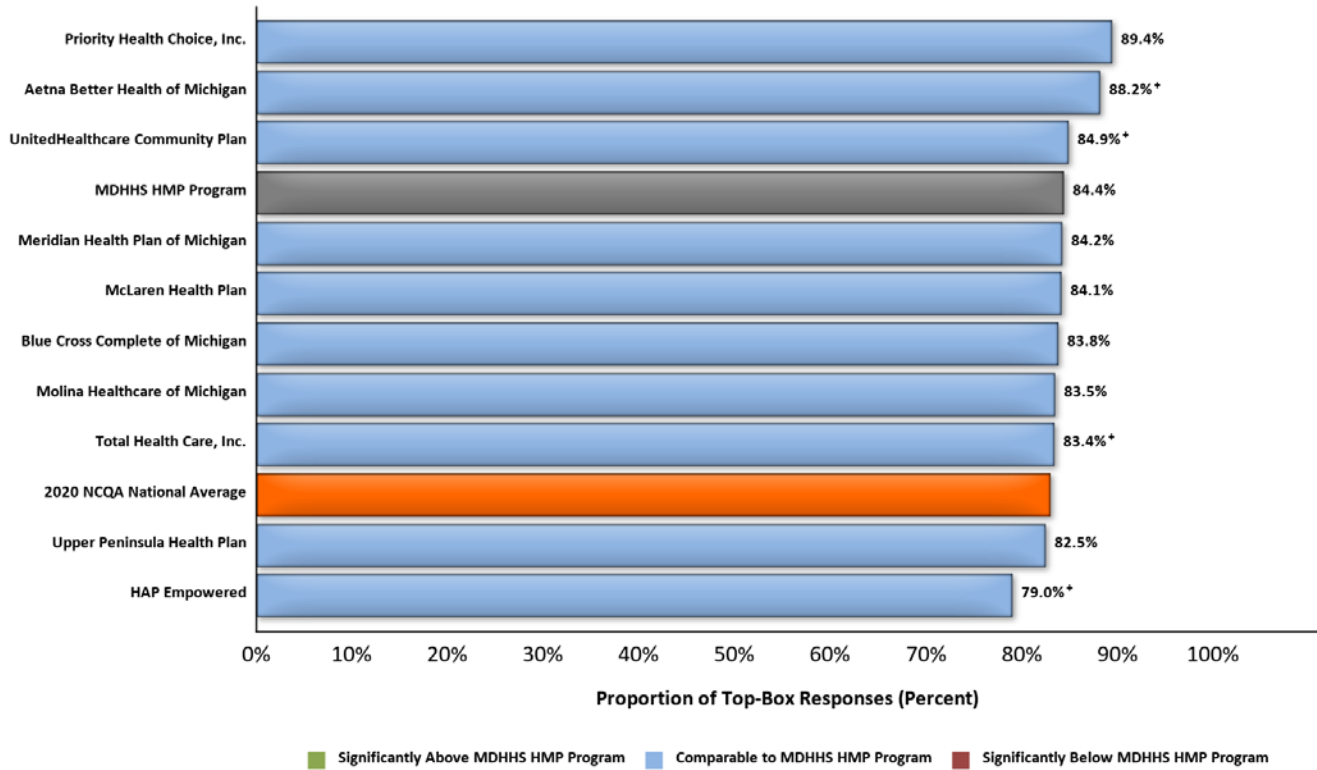
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Composite Measures

Getting Needed Care

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

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

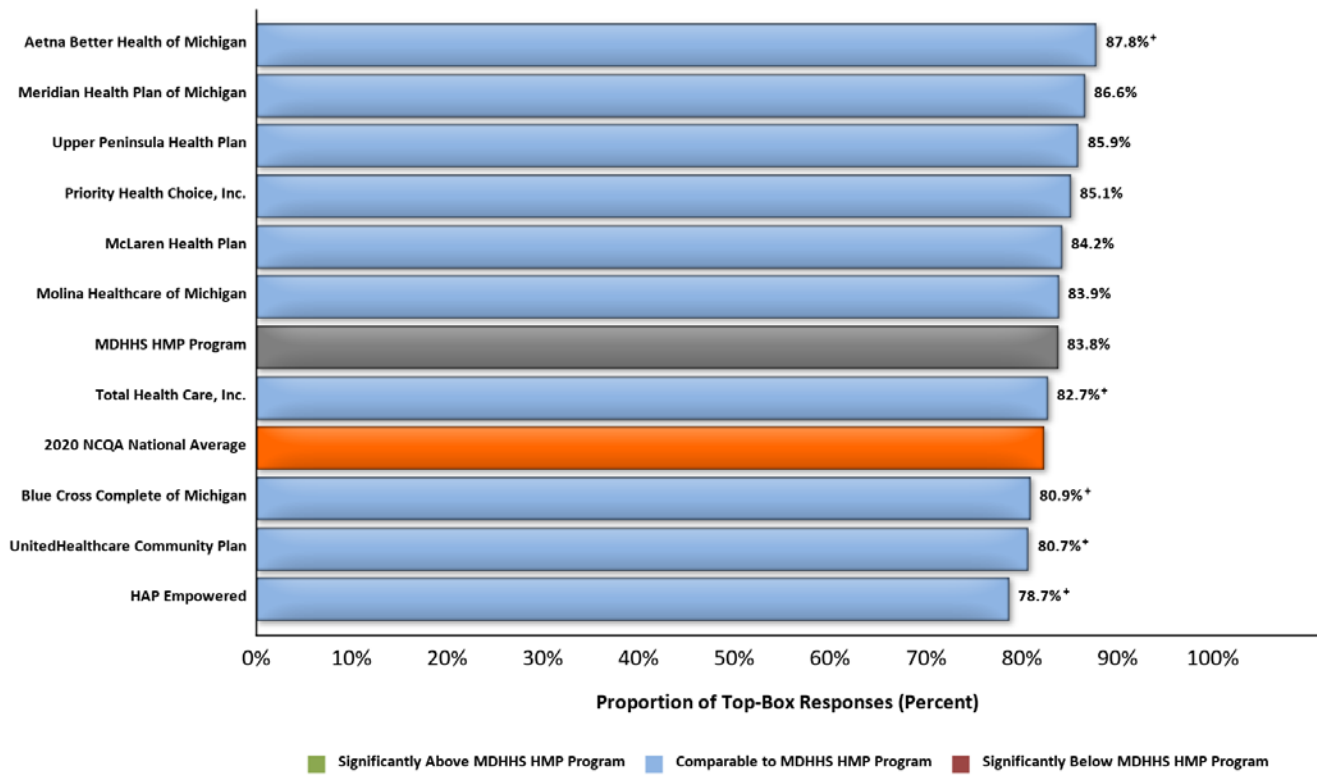


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Getting Care Quickly

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

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

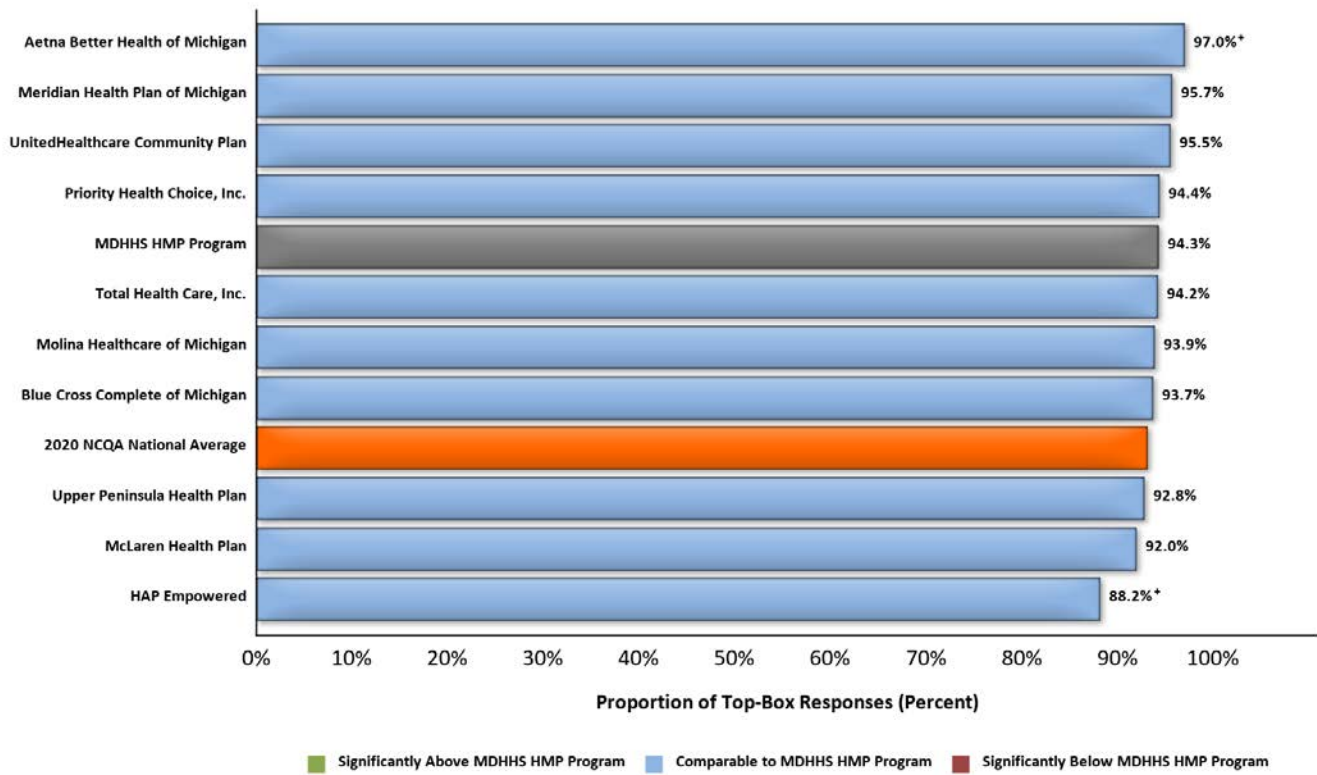


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

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

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

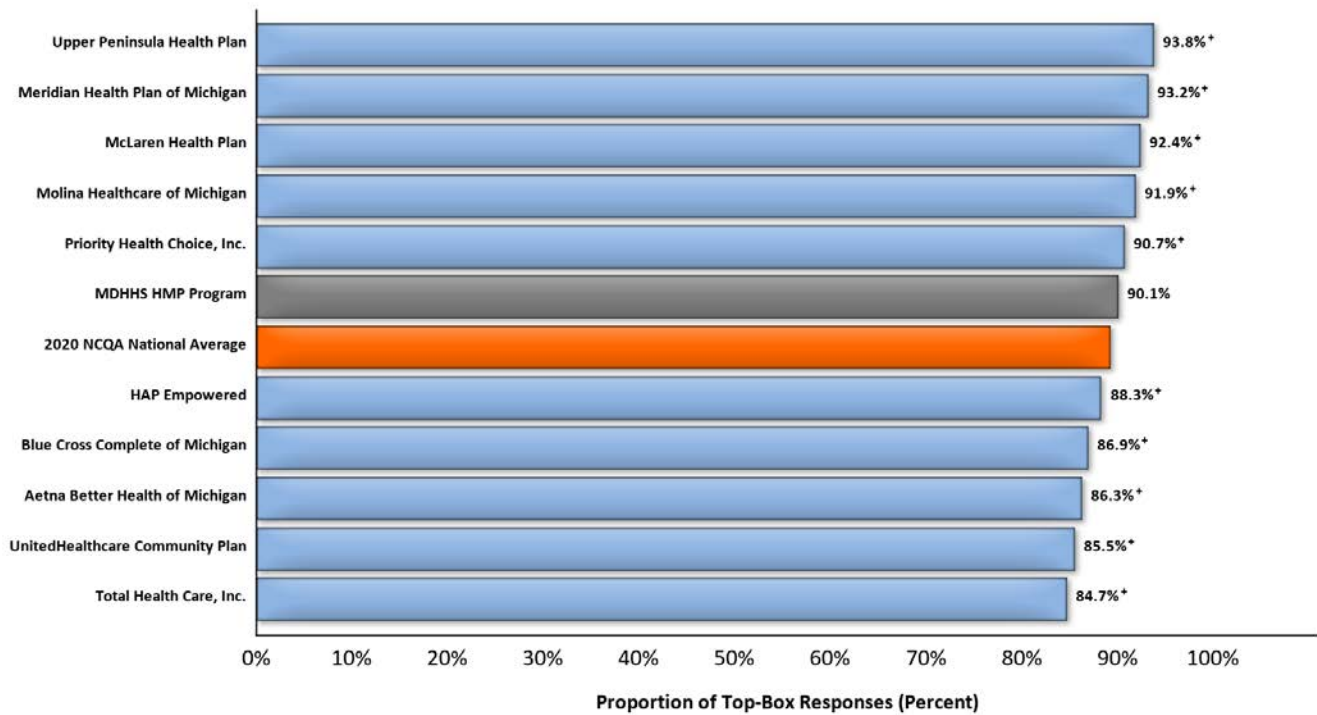


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Customer Service

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

Figure 3-14—Customer Service Top-Box Scores



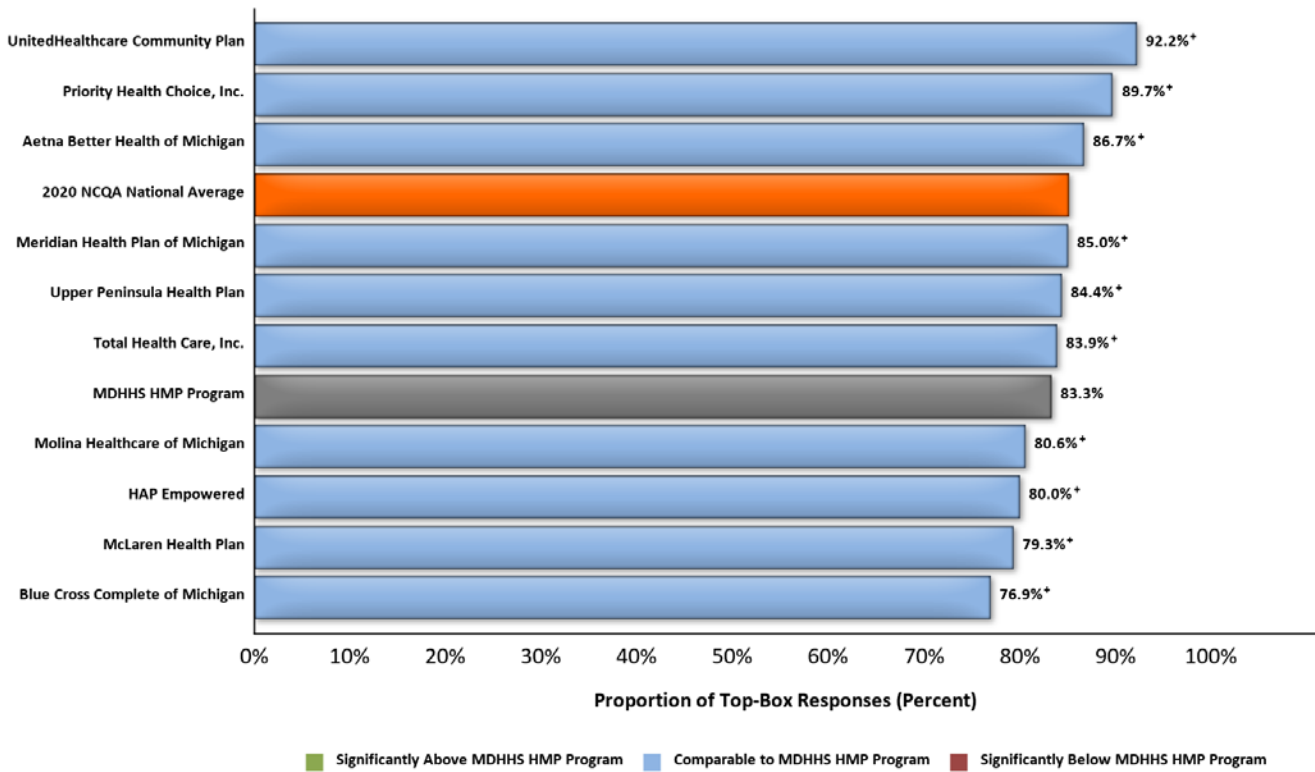
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Individual Item Measure

Coordination of Care

Figure 3-15 shows the *Coordination of Care* top-box scores.

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



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

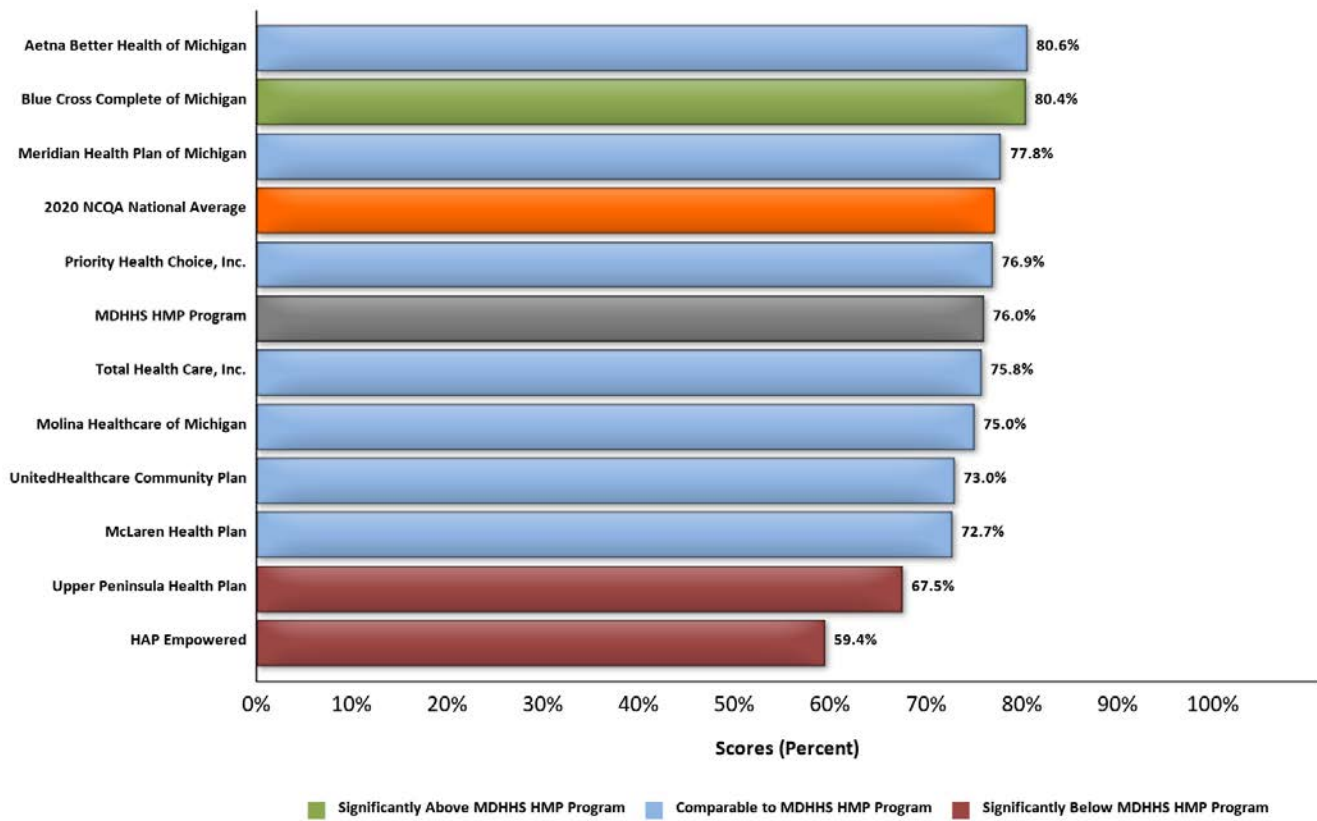
Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

Figure 3-16 shows the *Advising Smokers and Tobacco Users to Quit* scores.

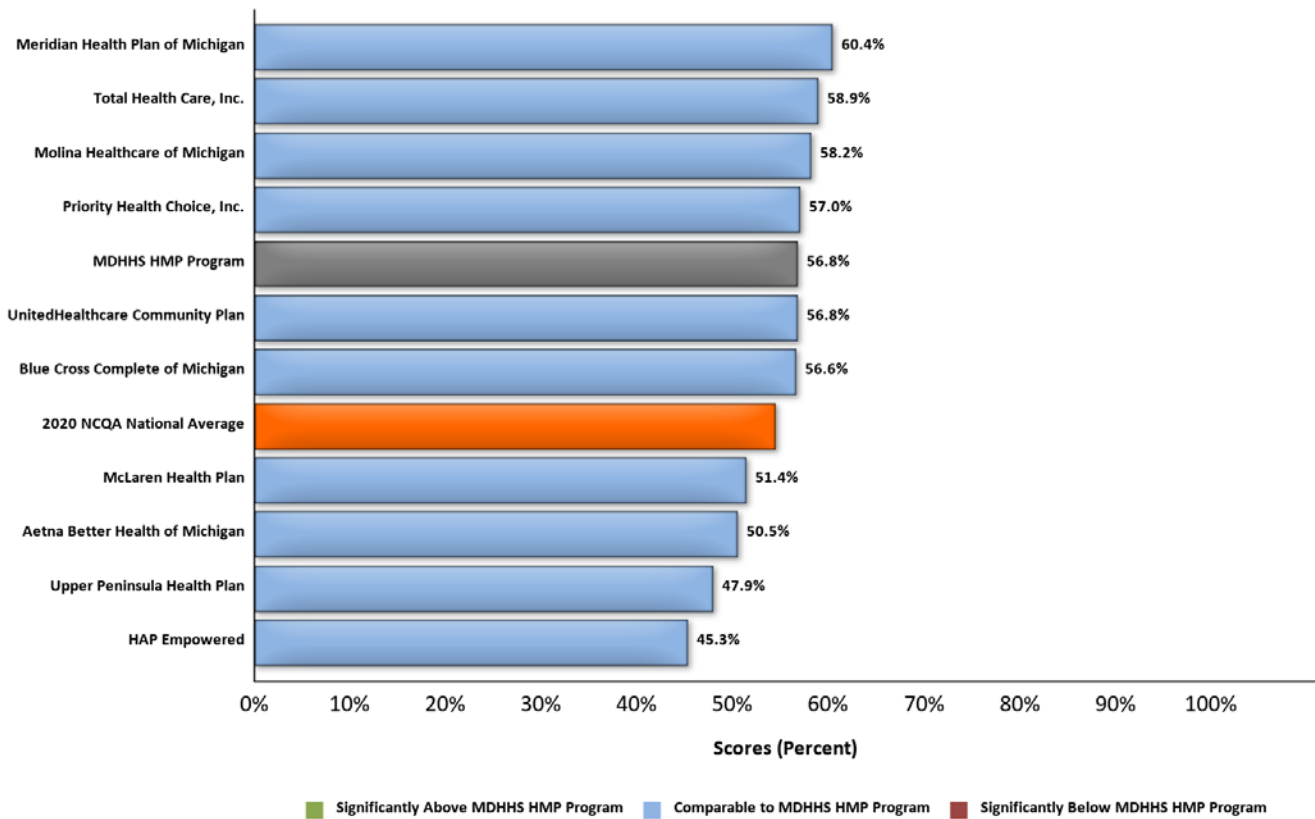
Figure 3-16—Advising Smokers and Tobacco Users to Quit Scores



Discussing Cessation Medications

Figure 3-17 shows the *Discussing Cessation Medications* scores.

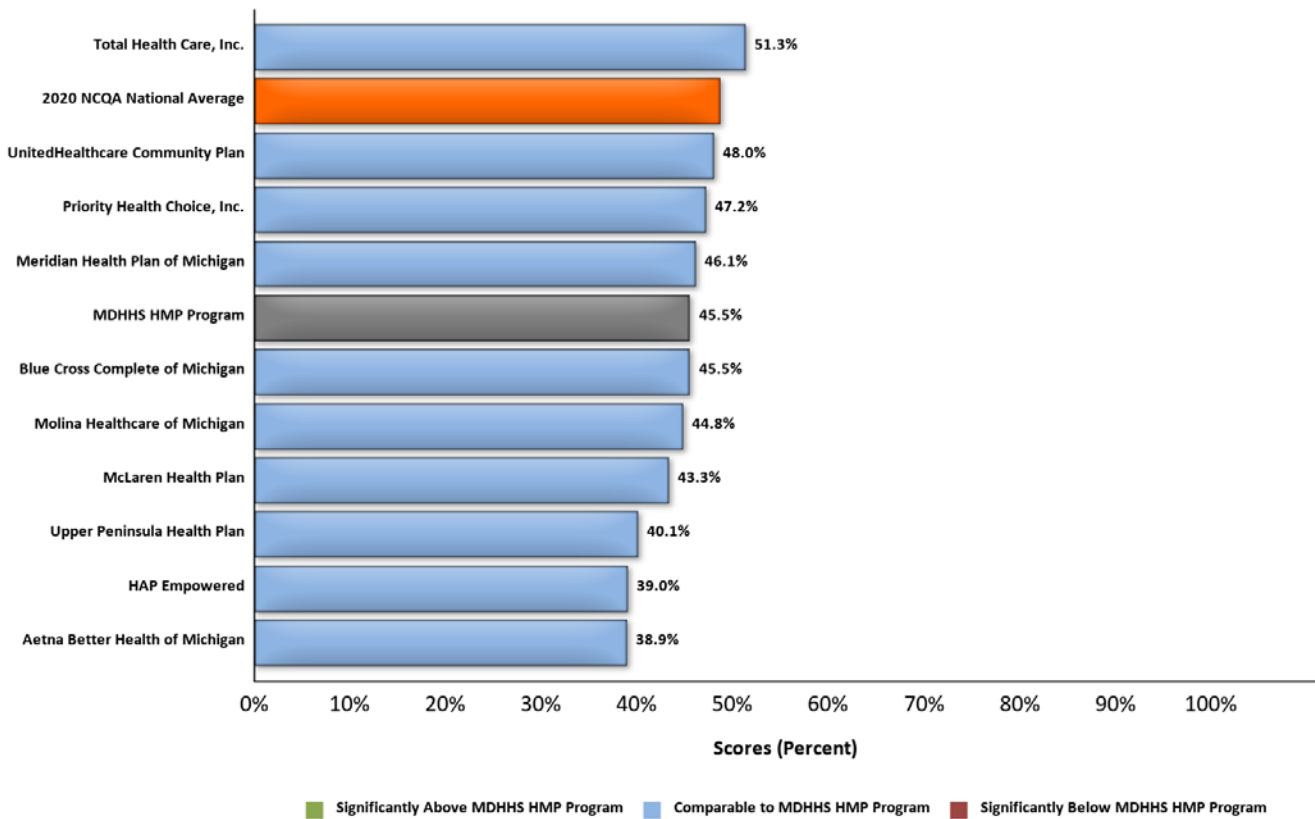
Figure 3-17—Discussing Cessation Medications Scores



Discussing Cessation Strategies

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

Figure 3-18—Discussing Cessation Strategies Scores



Trend Analysis

The results from the 2021 and 2020 completed CAHPS surveys were used to perform the trend analysis presented in this section.⁴⁻¹ The 2021 scores were compared to the 2020 scores to determine whether there were statistically significant differences. 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 beginning on page 2-10.

Global Ratings

Rating of Health Plan

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

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

Table 4-1—Rating of Health Plan Trend Analysis

	2020	2021	Trend Results
MDHHS HMP Program	63.2%	63.8%	—
Aetna Better Health of Michigan	55.5%	56.9%	—
Blue Cross Complete of Michigan	66.5%	61.5%	—
HAP Empowered	54.8%	50.8%	—
McLaren Health Plan	60.9%	66.7%	—
Meridian Health Plan of Michigan	65.5%	65.4%	—
Molina Healthcare of Michigan	58.6%	62.8%	—
Priority Health Choice, Inc.	66.1%	69.5%	—
Total Health Care, Inc.	63.3%	65.6%	—
UnitedHealthcare Community Plan	60.1%	60.5%	—
Upper Peninsula Health Plan	71.9%	68.7%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Rating of All Health Care

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

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

	2020	2021	Trend Results
MDHHS HMP Program	59.0%	56.7%	—
Aetna Better Health of Michigan	60.2%	57.1% ⁺	—
Blue Cross Complete of Michigan	58.7%	59.0%	—
HAP Empowered	57.0% ⁺	40.3% ⁺	▼
McLaren Health Plan	58.7%	57.0%	—
Meridian Health Plan of Michigan	58.2%	56.8%	—
Molina Healthcare of Michigan	59.9%	51.6%	—
Priority Health Choice, Inc.	58.9%	63.1%	—
Total Health Care, Inc.	61.5%	64.5%	—
UnitedHealthcare Community Plan	59.0%	55.8%	—
Upper Peninsula Health Plan	61.1%	58.6%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.</p>			

Rating of Personal Doctor

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

Table 4-3—Rating of Personal Doctor Trend Analysis

	2020	2021	Trend Results
MDHHS HMP Program	66.3%	67.7%	—
Aetna Better Health of Michigan	69.0%	67.4% ⁺	—
Blue Cross Complete of Michigan	70.1%	67.1%	—
HAP Empowered	65.5%	61.0% ⁺	—
McLaren Health Plan	63.8%	68.6%	—
Meridian Health Plan of Michigan	65.9%	68.3%	—
Molina Healthcare of Michigan	65.3%	67.4%	—
Priority Health Choice, Inc.	66.7%	71.2%	—
Total Health Care, Inc.	66.2%	71.5%	—
UnitedHealthcare Community Plan	64.3%	65.0%	—
Upper Peninsula Health Plan	71.7%	67.2%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in 2020. [▼] Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Rating of Specialist Seen Most Often

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

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

	2020	2021	Trend Results
MDHHS HMP Program	63.1%	61.9%	—
Aetna Better Health of Michigan	69.6% ⁺	59.6% ⁺	—
Blue Cross Complete of Michigan	66.3% ⁺	61.4% ⁺	—
HAP Empowered	73.6% ⁺	58.5% ⁺	—
McLaren Health Plan	58.0%	66.0%	—
Meridian Health Plan of Michigan	61.1% ⁺	56.0%	—
Molina Healthcare of Michigan	63.2%	62.4% ⁺	—
Priority Health Choice, Inc.	64.9%	73.3%	—
Total Health Care, Inc.	70.0% ⁺	70.4% ⁺	—
UnitedHealthcare Community Plan	63.4%	61.3% ⁺	—
Upper Peninsula Health Plan	68.9%	67.0%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in 2020. [▼] Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Composite Measures

Getting Needed Care

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

Table 4-5—Getting Needed Care Trend Analysis

	2020	2021	Trend Results
MDHHS HMP Program	83.3%	84.4%	—
Aetna Better Health of Michigan	81.4% ⁺	88.2% ⁺	—
Blue Cross Complete of Michigan	81.7%	83.8%	—
HAP Empowered	88.9% ⁺	79.0% ⁺	—
McLaren Health Plan	86.7%	84.1%	—
Meridian Health Plan of Michigan	82.5%	84.2%	—
Molina Healthcare of Michigan	82.1%	83.5%	—
Priority Health Choice, Inc.	84.3%	89.4%	—
Total Health Care, Inc.	87.4%	83.4% ⁺	—
UnitedHealthcare Community Plan	82.9%	84.9% ⁺	—
Upper Peninsula Health Plan	88.3%	82.5%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.</p>			

Getting Care Quickly

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

Table 4-6—Getting Care Quickly Trend Analysis

	2020	2021	Trend Results
MDHHS HMP Program	83.0%	83.8%	—
Aetna Better Health of Michigan	79.3% ⁺	87.8% ⁺	—
Blue Cross Complete of Michigan	86.1%	80.9% ⁺	—
HAP Empowered	85.8% ⁺	78.7% ⁺	—
McLaren Health Plan	83.6%	84.2%	—
Meridian Health Plan of Michigan	84.1%	86.6%	—
Molina Healthcare of Michigan	81.1%	83.9%	—
Priority Health Choice, Inc.	83.6%	85.1%	—
Total Health Care, Inc.	82.8%	82.7% ⁺	—
UnitedHealthcare Community Plan	77.8%	80.7% ⁺	—
Upper Peninsula Health Plan	87.5%	85.9%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in 2020. [▼] Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.</p>			

How Well Doctors Communicate

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

Table 4-7—How Well Doctors Communicate Trend Analysis

	2020	2021	Trend Results
MDHHS HMP Program	95.3%	94.3%	—
Aetna Better Health of Michigan	94.5% ⁺	97.0% ⁺	—
Blue Cross Complete of Michigan	95.0%	93.7%	—
HAP Empowered	97.1% ⁺	88.2% ⁺	▼
McLaren Health Plan	95.7%	92.0%	—
Meridian Health Plan of Michigan	94.7%	95.7%	—
Molina Healthcare of Michigan	95.6%	93.9%	—
Priority Health Choice, Inc.	94.9%	94.4%	—
Total Health Care, Inc.	94.6%	94.2%	—
UnitedHealthcare Community Plan	96.0%	95.5%	—
Upper Peninsula Health Plan	97.0%	92.8%	▼
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.</p>			

Customer Service

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

Table 4-8—Customer Service Trend Analysis

	2020	2021	Trend Results
MDHHS HMP Program	89.5%	90.1%	—
Aetna Better Health of Michigan	89.0% ⁺	86.3% ⁺	—
Blue Cross Complete of Michigan	91.8% ⁺	86.9% ⁺	—
HAP Empowered	91.4% ⁺	88.3% ⁺	—
McLaren Health Plan	92.5% ⁺	92.4% ⁺	—
Meridian Health Plan of Michigan	86.0% ⁺	93.2% ⁺	—
Molina Healthcare of Michigan	87.2% ⁺	91.9% ⁺	—
Priority Health Choice, Inc.	91.6% ⁺	90.7% ⁺	—
Total Health Care, Inc.	88.1% ⁺	84.7% ⁺	—
UnitedHealthcare Community Plan	93.0% ⁺	85.5% ⁺	—
Upper Peninsula Health Plan	92.1% ⁺	93.8% ⁺	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in 2020. [▼] Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Individual Item Measure

Coordination of Care

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

Table 4-9—Coordination of Care Trend Analysis

	2020	2021	Trend Results
MDHHS HMP Program	84.6%	83.3%	—
Aetna Better Health of Michigan	88.2% ⁺	86.7% ⁺	—
Blue Cross Complete of Michigan	81.6% ⁺	76.9% ⁺	—
HAP Empowered	85.1% ⁺	80.0% ⁺	—
McLaren Health Plan	84.0% ⁺	79.3% ⁺	—
Meridian Health Plan of Michigan	84.7% ⁺	85.0% ⁺	—
Molina Healthcare of Michigan	87.2% ⁺	80.6% ⁺	—
Priority Health Choice, Inc.	86.8%	89.7% ⁺	—
Total Health Care, Inc.	75.7% ⁺	83.9% ⁺	—
UnitedHealthcare Community Plan	84.4% ⁺	92.2% ⁺	—
Upper Peninsula Health Plan	88.5%	84.4% ⁺	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in 2020. [▼] Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.</p>			

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

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

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

	2020	2021	Trend Results
MDHHS HMP Program	76.3%	76.0%	—
Aetna Better Health of Michigan	76.4%	80.6%	—
Blue Cross Complete of Michigan	75.3%	80.4%	—
HAP Empowered	68.1%	59.4%	—
McLaren Health Plan	77.1%	72.7%	—
Meridian Health Plan of Michigan	78.0%	77.8%	—
Molina Healthcare of Michigan	76.0%	75.0%	—
Priority Health Choice, Inc.	80.0%	76.9%	—
Total Health Care, Inc.	81.5%	75.8%	—
UnitedHealthcare Community Plan	72.1%	73.0%	—
Upper Peninsula Health Plan	69.5%	67.5%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Discussing Cessation Medications

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

Table 4-11—Discussing Cessation Medications Trend Analysis

	2020	2021	Trend Results
MDHHS HMP Program	55.3%	56.8%	—
Aetna Better Health of Michigan	52.1%	50.5%	—
Blue Cross Complete of Michigan	48.0%	56.6%	—
HAP Empowered	50.4%	45.3%	—
McLaren Health Plan	54.4%	51.4%	—
Meridian Health Plan of Michigan	57.8%	60.4%	—
Molina Healthcare of Michigan	57.1%	58.2%	—
Priority Health Choice, Inc.	59.3%	57.0%	—
Total Health Care, Inc.	64.3%	58.9%	—
UnitedHealthcare Community Plan	55.3%	56.8%	—
Upper Peninsula Health Plan	49.8%	47.9%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

Discussing Cessation Strategies

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

Table 4-12—Discussing Cessation Strategies Trend Analysis

	2020	2021	Trend Results
MDHHS HMP Program	44.6%	45.5%	—
Aetna Better Health of Michigan	45.0%	38.9%	—
Blue Cross Complete of Michigan	39.7%	45.5%	—
HAP Empowered	45.7%	39.0%	—
McLaren Health Plan	48.1%	43.3%	—
Meridian Health Plan of Michigan	45.3%	46.1%	—
Molina Healthcare of Michigan	42.2%	44.8%	—
Priority Health Choice, Inc.	48.0%	47.2%	—
Total Health Care, Inc.	57.3%	51.3%	—
UnitedHealthcare Community Plan	44.8%	48.0%	—
Upper Peninsula Health Plan	41.9%	40.1%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2020. ▼ Statistically significantly lower in 2021 than in 2020. — Not statistically significantly different in 2021 than in 2020.			

5. Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader’s Guide on page 2-10.

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

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

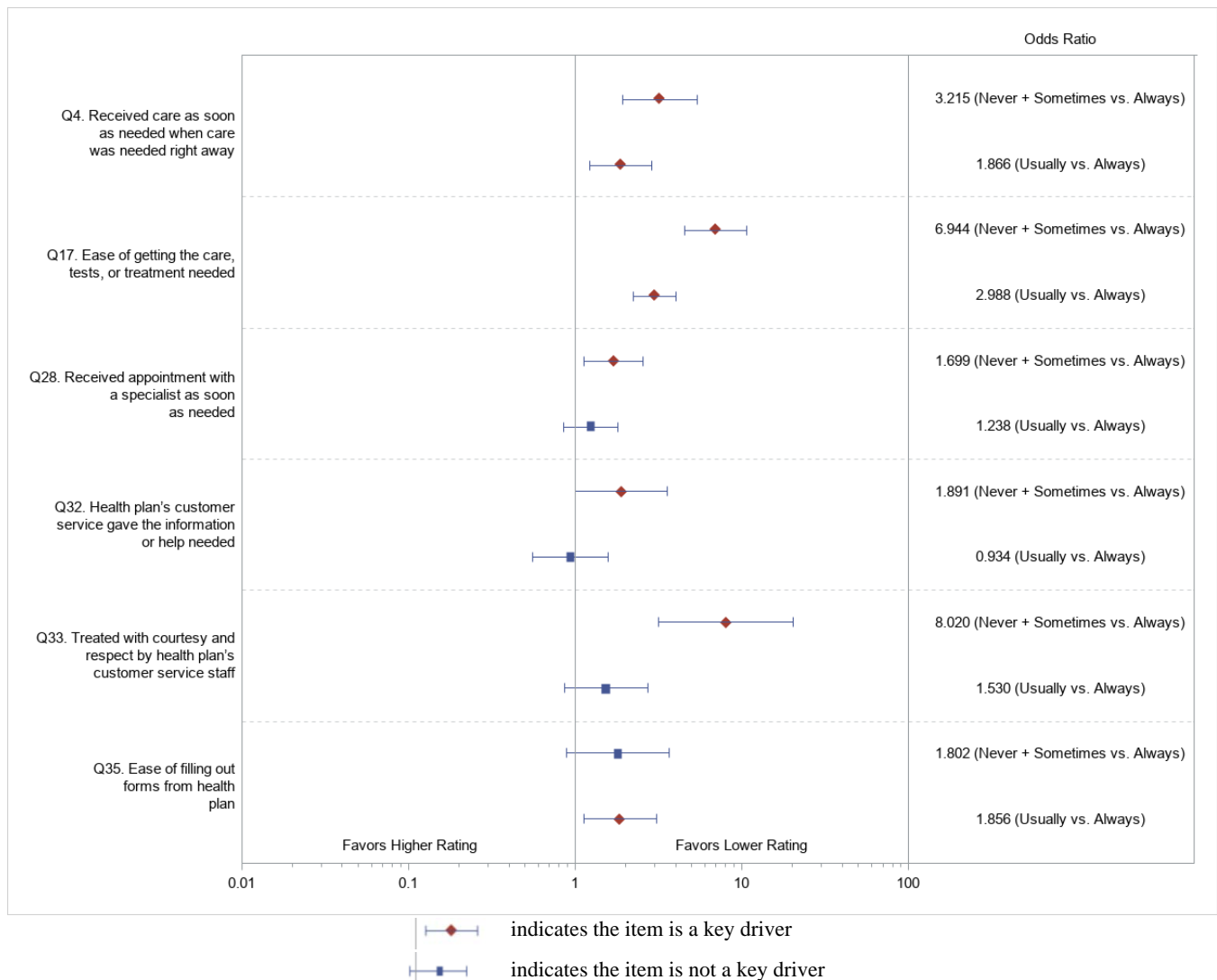
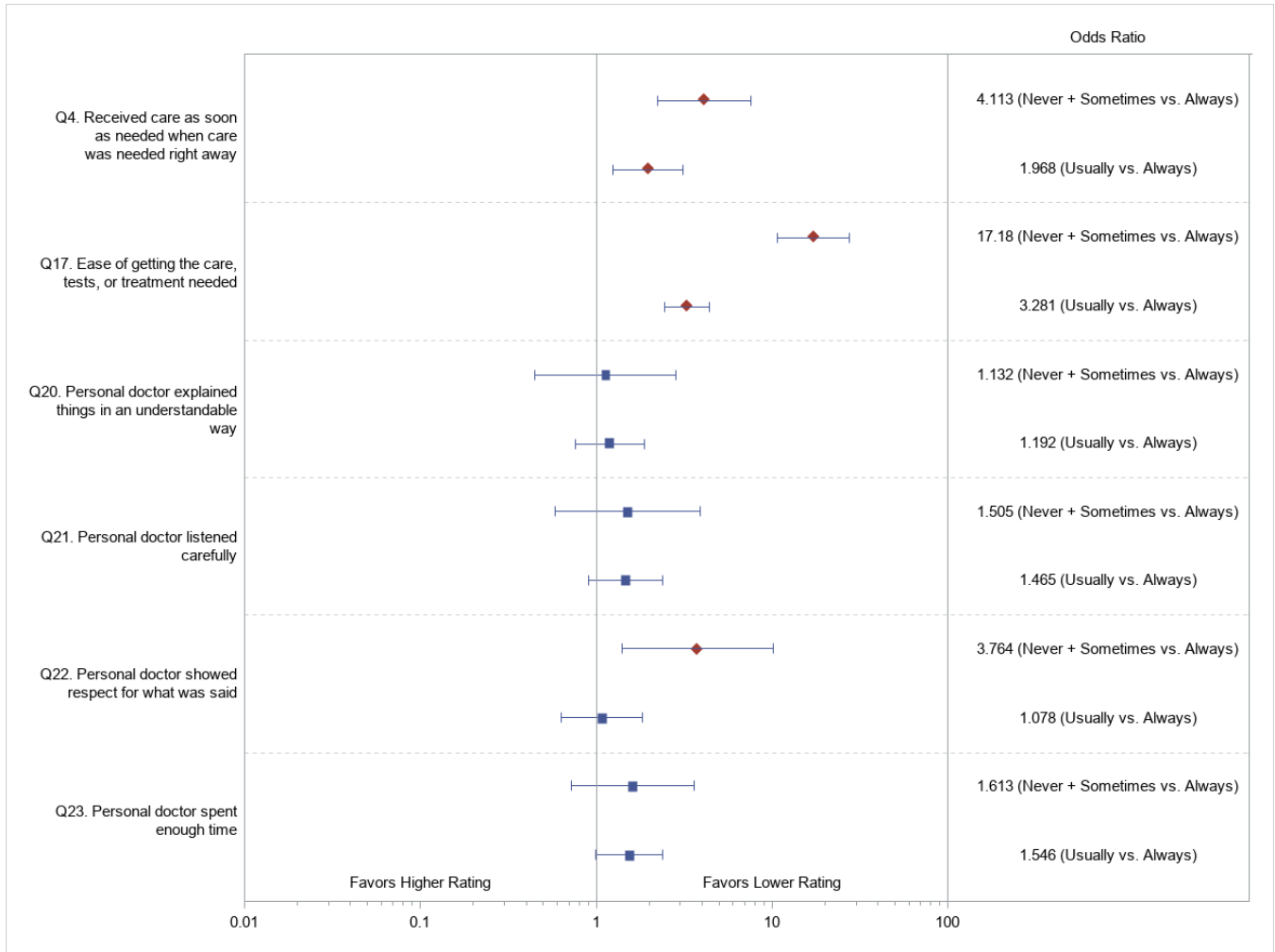


Figure 5-2—MDHHS HMP Program Key Drivers of Member Experience: Rating of All Health Care





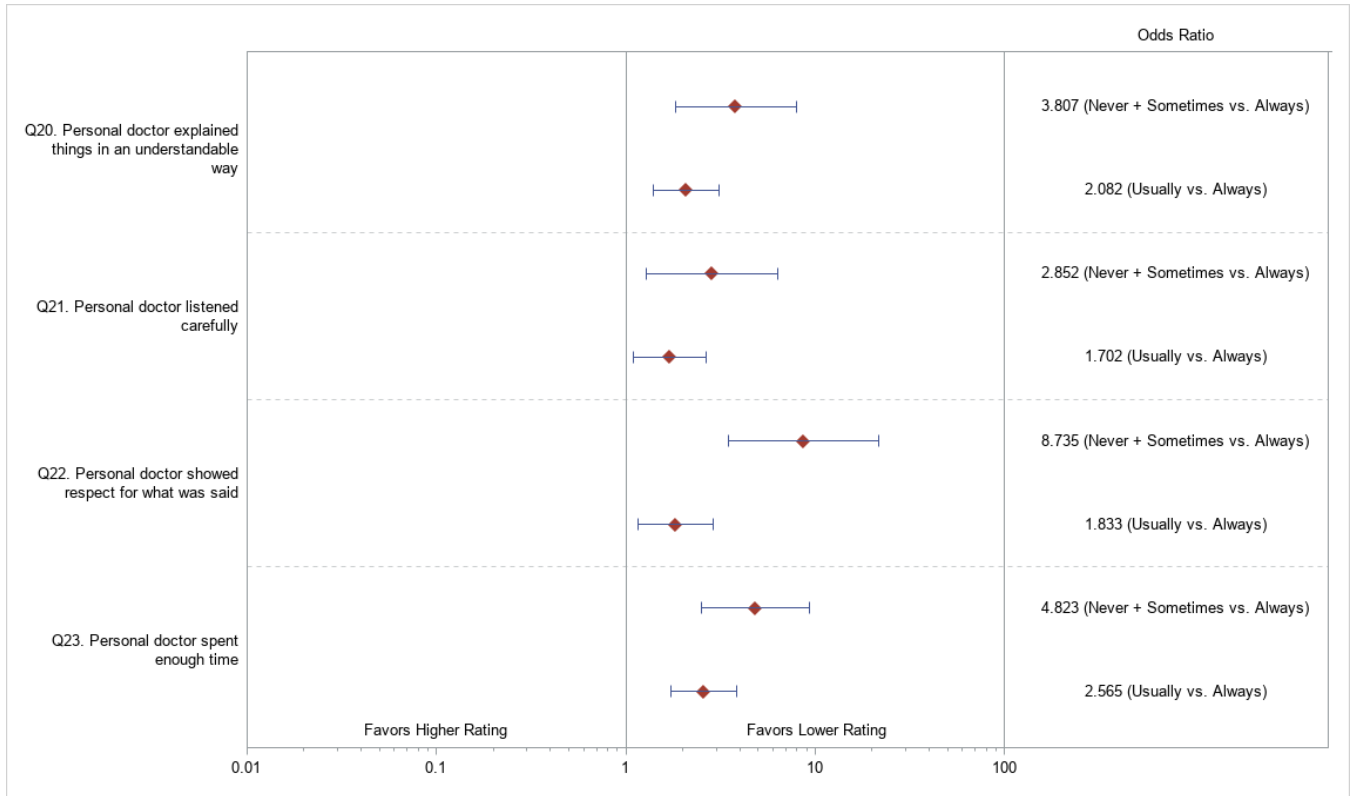


 indicates the item is a key driver
 indicates the item is not a key driver

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



 indicates the item is a key driver
 indicates the item is not a key driver

Supplemental Items Results

MDHHS elected to add nine supplemental questions to the survey.⁶⁻¹ These nine questions focused on the number of times members had gone to an emergency room, the number of days members waited between making an appointment and seeing a health provider, access to after-hours care, prescription medicine, and transportation. The following tables show the number (N) and percentage of responses (%) for each supplemental item.

Emergency Room Care

Members were asked how many times they had gone to an emergency room to receive care for themselves in the last 6 months (Question 5). Table 6-1 displays the responses for this question.

Table 6-1—How Many Times Visited Emergency Room

	None		1 time		2		3		4		5 to 9		10 or more times	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	307	48.3%	196	30.8%	74	11.6%	35	5.5%	10	1.6%	12	1.9%	2	0.3%
Aetna Better Health of Michigan	19	43.2%	13	29.5%	6	13.6%	4	9.1%	1	2.3%	1	2.3%	0	0.0%
Blue Cross Complete of Michigan	30	49.2%	18	29.5%	9	14.8%	3	4.9%	0	0.0%	0	0.0%	1	1.6%
HAP Empowered	9	37.5%	11	45.8%	3	12.5%	0	0.0%	1	4.2%	0	0.0%	0	0.0%
McLaren Health Plan	46	54.8%	20	23.8%	11	13.1%	6	7.1%	0	0.0%	1	1.2%	0	0.0%
Meridian Health Plan of Michigan	35	48.6%	21	29.2%	8	11.1%	5	6.9%	1	1.4%	1	1.4%	1	1.4%
Molina Healthcare of Michigan	38	53.5%	21	29.6%	5	7.0%	3	4.2%	2	2.8%	2	2.8%	0	0.0%
Priority Health Choice, Inc.	42	50.0%	26	31.0%	11	13.1%	3	3.6%	0	0.0%	2	2.4%	0	0.0%
Total Health Care, Inc.	24	46.2%	16	30.8%	6	11.5%	4	7.7%	1	1.9%	1	1.9%	0	0.0%
UnitedHealthcare Community Plan	34	50.7%	21	31.3%	7	10.4%	2	3.0%	2	3.0%	1	1.5%	0	0.0%
Upper Peninsula Health Plan	30	39.0%	29	37.7%	8	10.4%	5	6.5%	2	2.6%	3	3.9%	0	0.0%

Please note: Results presented in this table are based on respondents that answered “Yes” to Question 3.

⁶⁻¹ HSAG did not display responses to Question 9 (i.e., “After hours care is health care when your usual doctor’s office or clinic is closed. In the last 6 months, did you need to visit a doctor’s office or clinic for after hours care?”) and Question 12 (i.e., “In the last 6 months, did you get any new prescription medicines or refill a prescription?”) since they served as gateways to the other supplemental questions referencing after hours care and prescription medicine.

Number of Days to See a Health Provider

Members were asked how many days they waited between making an appointment and seeing a health provider in the last 6 months (Question 8). Table 6-2 and Table 6-3 display the responses for this question.

Table 6-2—Number of Days to See a Health Provider

	Same day		1 day		2 to 3 days		4 to 7 days		8 to 14 days	
	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	107	8.5%	98	7.8%	231	18.4%	268	21.3%	211	16.8%
Aetna Better Health of Michigan	7	9.3%	9	12.0%	12	16.0%	13	17.3%	19	25.3%
Blue Cross Complete of Michigan	11	9.4%	7	6.0%	19	16.2%	20	17.1%	25	21.4%
HAP Empowered	2	3.8%	4	7.5%	9	17.0%	14	26.4%	9	17.0%
McLaren Health Plan	14	9.7%	12	8.3%	31	21.5%	23	16.0%	29	20.1%
Meridian Health Plan of Michigan	14	8.8%	9	5.6%	25	15.6%	39	24.4%	31	19.4%
Molina Healthcare of Michigan	13	9.7%	10	7.5%	26	19.4%	32	23.9%	14	10.4%
Priority Health Choice, Inc.	11	6.9%	11	6.9%	29	18.1%	34	21.3%	30	18.8%
Total Health Care, Inc.	8	6.8%	11	9.4%	18	15.4%	30	25.6%	15	12.8%
UnitedHealthcare Community Plan	17	13.6%	8	6.4%	25	20.0%	22	17.6%	20	16.0%
Upper Peninsula Health Plan	10	5.8%	17	9.9%	37	21.5%	41	23.8%	19	11.0%

Please note: Results presented in this table are based on respondents that answered “Yes” to Question 6.

Table 6-3—Number of Days to See a Health Provider (Continued)

	15 to 30 days		31 to 60 days		61 to 90 days		91 days or longer	
	N	%	N	%	N	%	N	%
MDHHS HMP Program	191	15.2%	93	7.4%	36	2.9%	22	1.8%
Aetna Better Health of Michigan	10	13.3%	2	2.7%	0	0.0%	3	4.0%
Blue Cross Complete of Michigan	15	12.8%	14	12.0%	3	2.6%	3	2.6%
HAP Empowered	9	17.0%	4	7.5%	1	1.9%	1	1.9%
McLaren Health Plan	18	12.5%	13	9.0%	2	1.4%	2	1.4%
Meridian Health Plan of Michigan	26	16.3%	8	5.0%	5	3.1%	3	1.9%
Molina Healthcare of Michigan	23	17.2%	11	8.2%	4	3.0%	1	0.7%
Priority Health Choice, Inc.	28	17.5%	9	5.6%	6	3.8%	2	1.3%
Total Health Care, Inc.	24	20.5%	6	5.1%	4	3.4%	1	0.9%
UnitedHealthcare Community Plan	13	10.4%	15	12.0%	2	1.6%	3	2.4%
Upper Peninsula Health Plan	25	14.5%	11	6.4%	9	5.2%	3	1.7%

Please note: Results presented in this table are based on respondents that answered “Yes” to Question 6.

After Hours Care

Members were asked how often it was easy to receive the after hours care they thought they needed in the last 6 months (Question 10). Table 6-4 displays the responses for this question.

Table 6-4—How Often Received Needed After Hours Care

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MDHHS HMP Program	20	9.0%	34	15.4%	47	21.3%	120	54.3%
Aetna Better Health of Michigan	2	14.3%	3	21.4%	5	35.7%	4	28.6%
Blue Cross Complete of Michigan	3	15.0%	2	10.0%	1	5.0%	14	70.0%
HAP Empowered	0	0.0%	3	30.0%	4	40.0%	3	30.0%
McLaren Health Plan	3	10.7%	2	7.1%	7	25.0%	16	57.1%
Meridian Health Plan of Michigan	3	10.0%	3	10.0%	5	16.7%	19	63.3%
Molina Healthcare of Michigan	1	3.4%	4	13.8%	6	20.7%	18	62.1%
Priority Health Choice, Inc.	1	5.0%	4	20.0%	2	10.0%	13	65.0%
Total Health Care, Inc.	2	9.1%	5	22.7%	4	18.2%	11	50.0%
UnitedHealthcare Community Plan	2	9.5%	5	23.8%	5	23.8%	9	42.9%
Upper Peninsula Health Plan	3	11.1%	3	11.1%	8	29.6%	13	48.1%

Please note: Results presented in this table are based on respondents that answered “Yes” to Question 9.

Members were asked what reasons limited their ability to receive after hours care (Question 11). Table 6-5 displays the responses for this question.

Table 6-5—Reason Not Easy to Receive After Hours Care

	Unsure where to go for after hours care		Unsure where to find a list of doctor's offices or clinics open for after hours care		Doctor's office or clinic with after hours care was too far away		Office or clinic hours for after hours care did not meet your needs		Some other reason	
	N	%	N	%	N	%	N	%	N	%
MDHHS HMP Program	16	17.6%	16	17.6%	8	8.8%	14	15.4%	48	52.7%
Aetna Better Health of Michigan	2	22.2%	2	22.2%	1	11.1%	1	11.1%	3	33.3%
Blue Cross Complete of Michigan	1	16.7%	1	16.7%	0	0.0%	1	16.7%	4	66.7%
HAP Empowered	1	14.3%	2	28.6%	1	14.3%	1	14.3%	3	42.9%
McLaren Health Plan	1	10.0%	1	10.0%	1	10.0%	1	10.0%	6	60.0%
Meridian Health Plan of Michigan	3	33.3%	3	33.3%	2	22.2%	1	11.1%	4	44.4%
Molina Healthcare of Michigan	2	25.0%	0	0.0%	0	0.0%	3	37.5%	3	37.5%
Priority Health Choice, Inc.	2	33.3%	1	16.7%	0	0.0%	0	0.0%	3	50.0%
Total Health Care, Inc.	3	27.3%	4	36.4%	2	18.2%	2	18.2%	4	36.4%
UnitedHealthcare Community Plan	0	0.0%	2	18.2%	0	0.0%	1	9.1%	9	81.8%
Upper Peninsula Health Plan	1	7.1%	0	0.0%	1	7.1%	3	21.4%	9	64.3%
<p><i>Please note: Results presented in this table are based on respondents that answered "Yes" to Question 9 and did not answer "Always" to Question 10.</i></p> <p><i>Please note: Respondents can choose more than one response for this question. Therefore, percentages will not total 100%.</i></p>										

Prescription Medicine

Members were asked how often it was easy to get their prescription medicine from their health plan in the last 6 months (Question 13). Table 6-6 displays the responses for this question.

Table 6-6—Ease of Receiving Prescription Medicine

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MDHHS HMP Program	20	1.4%	90	6.2%	269	18.4%	1,082	74.1%
Aetna Better Health of Michigan	1	1.2%	6	7.1%	20	23.5%	58	68.2%
Blue Cross Complete of Michigan	1	0.7%	7	5.2%	20	14.8%	107	79.3%
HAP Empowered	2	2.9%	6	8.8%	13	19.1%	47	69.1%
McLaren Health Plan	3	1.9%	8	5.0%	27	16.9%	122	76.3%
Meridian Health Plan of Michigan	2	1.1%	15	8.0%	36	19.3%	134	71.7%
Molina Healthcare of Michigan	3	2.0%	11	7.2%	25	16.3%	114	74.5%
Priority Health Choice, Inc.	3	1.5%	6	3.1%	41	21.1%	144	74.2%
Total Health Care, Inc.	2	1.5%	10	7.6%	20	15.2%	100	75.8%
UnitedHealthcare Community Plan	1	0.8%	11	8.3%	29	22.0%	91	68.9%
Upper Peninsula Health Plan	2	0.9%	10	4.7%	38	17.7%	165	76.7%
<i>Please note: Results presented in this table are based on respondents that answered “Yes” to Question 12.</i>								

Members were asked how often they got the prescription medicine they needed through their health plan in the last 6 months (Question 14). Table 6-7 displays the responses for this question.

Table 6-7—How Often Received Prescription Medicine

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
MDHHS HMP Program	20	1.4%	71	4.9%	186	12.7%	1,186	81.1%
Aetna Better Health of Michigan	3	3.5%	5	5.9%	11	12.9%	66	77.6%
Blue Cross Complete of Michigan	0	0.0%	10	7.5%	14	10.4%	110	82.1%
HAP Empowered	3	4.5%	3	4.5%	11	16.4%	50	74.6%
McLaren Health Plan	2	1.3%	7	4.4%	14	8.9%	135	85.4%
Meridian Health Plan of Michigan	1	0.5%	11	5.9%	26	13.9%	149	79.7%
Molina Healthcare of Michigan	0	0.0%	8	5.2%	21	13.7%	124	81.0%
Priority Health Choice, Inc.	4	2.1%	7	3.6%	20	10.3%	163	84.0%
Total Health Care, Inc.	2	1.5%	5	3.8%	17	13.0%	107	81.7%
UnitedHealthcare Community Plan	4	3.0%	7	5.2%	23	17.0%	101	74.8%
Upper Peninsula Health Plan	1	0.5%	8	3.7%	29	13.2%	181	82.6%

Please note: Results presented in this table are based on respondents that answered “Yes” to Question 12.

Transportation

Members were asked if they called their health plan to get help with transportation to doctors’ offices or clinics (Question 36). Table 6-8 displays the responses for this question.

Table 6-8—Called Health Plan to Get Help with Transportation

	Yes		No	
	N	%	N	%
MDHHS HMP Program	140	6.4%	2,061	93.6%
Aetna Better Health of Michigan	10	8.1%	113	91.9%
Blue Cross Complete of Michigan	8	3.6%	212	96.4%
HAP Empowered	12	9.7%	112	90.3%
McLaren Health Plan	14	5.9%	225	94.1%
Meridian Health Plan of Michigan	19	7.2%	246	92.8%
Molina Healthcare of Michigan	20	8.5%	216	91.5%
Priority Health Choice, Inc.	14	4.8%	276	95.2%
Total Health Care, Inc.	14	7.4%	174	92.6%
UnitedHealthcare Community Plan	9	4.5%	189	95.5%
Upper Peninsula Health Plan	20	6.3%	298	93.7%

Survey Instrument

The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. This section provides a copy of the survey instrument.



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

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits 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 1-800-839-3455.

SURVEY INSTRUCTIONS

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



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

1. Our records show that you are now in [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 from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

- Yes
- No → *Go to Question 6*

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, how many times did you go to an emergency room to get care for yourself?

- None
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

6. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care?

- Yes
- No → *Go to Question 9*

7. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

8. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- 8 to 14 days
- 15 to 30 days
- 31 to 60 days
- 61 to 90 days
- 91 days or longer

9. After hours care is health care when your usual doctor's office or clinic is closed.

In the last 6 months, did you need to visit a doctor's office or clinic for after hours care?

- Yes
- No → *Go to Question 12*

10. In the last 6 months, how often was it easy to get the after hours care you thought you needed?

- Never
- Sometimes
- Usually
- Always → *Go to Question 12*

11. Were any of the following a reason it was not easy to get the after hours care you thought you needed? Mark one or more.

- You did not know where to go for after hours care
- You weren't sure where to find a list of doctor's offices or clinics in your health plan or network that are open for after hours care
- The doctor's office or clinic that had after hours care was too far away
- Office or clinic hours for after hours care did not meet your needs
- Some other reason

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

- Yes
- No → **Go to Question 15**

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

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did you get the prescription medicine you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

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

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

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

17. 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

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

- Yes
- No → **Go to Question 27**



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

- None → Go to Question 26
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

20. 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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

24. 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 26

25. 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

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

27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

- Yes
- No → *Go to Question 31*

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

- Never
- Sometimes
- Usually
- Always

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

- None → *Go to Question 31*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

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

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

YOUR HEALTH PLAN

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

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

- Yes
- No → *Go to Question 34*

32. 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

33. 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

44. 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

45. 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

46. Are you male or female?

- Male
- Female

47. 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

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

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

49. 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

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

